

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
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LEFT THE SCENE	DRIVER NO.	CLEARED	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 checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	0115-152

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
2	01-20-2015	1618	01-20-2015	1620	01-21-2015	1623	<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 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 / 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 checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2. →	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Investigating Agency
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	NA	LAT. N	LONG. W	NA

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST WEST HARMONY ST	E	NA Feet Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	CST S NEOSHO BD
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT
35	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			35
				INT. DIR. GEO. CODE
				S 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 type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)
	ROAD PROFILE
	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Dry <input checked="" 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 type="checkbox"/> Concrete <input checked="" 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 type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input checked="" type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (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

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)

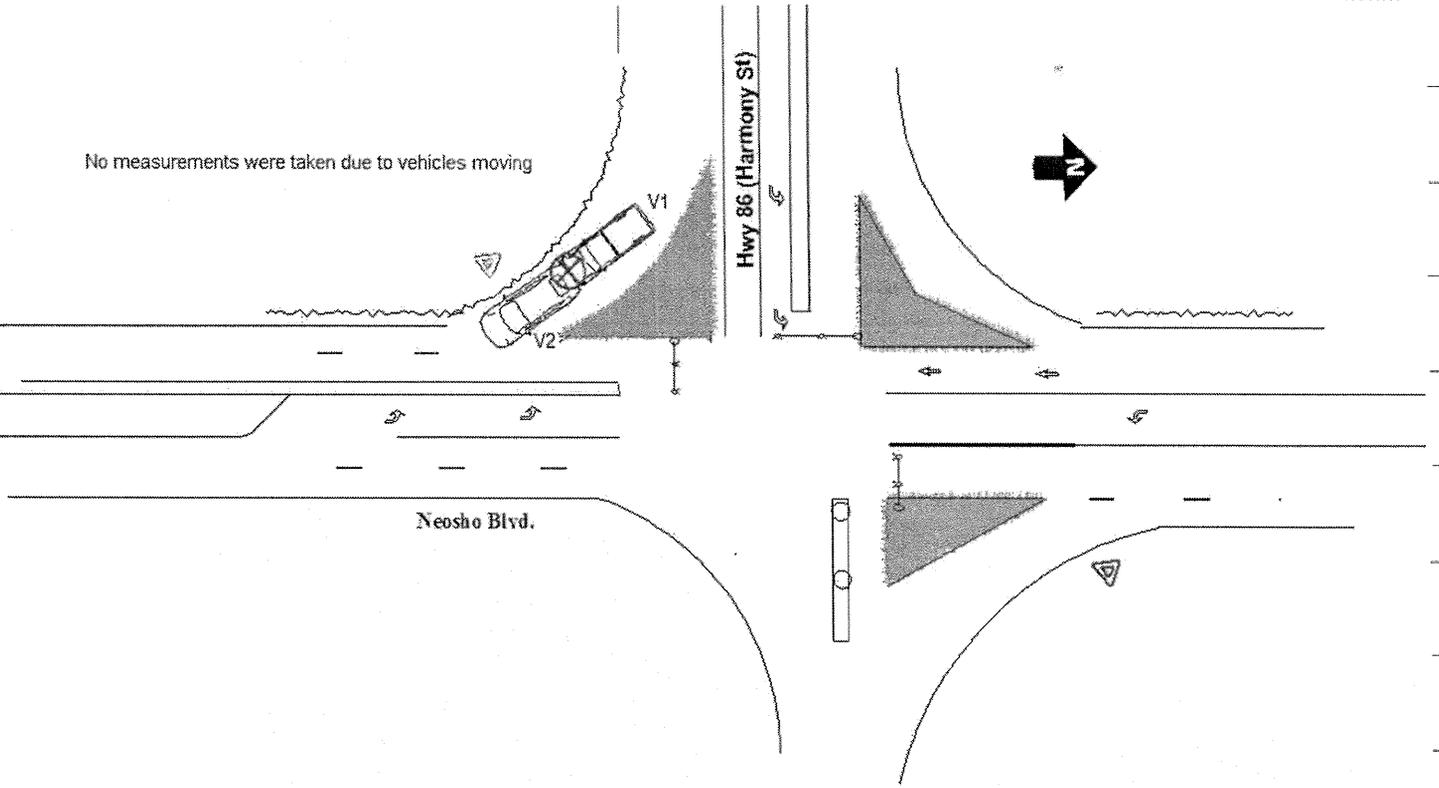
V1 N(⊙)S W U V2 N(⊙)S W U V3 N(⊙)S W U V4 N(⊙)S W U V5 N(⊙)S W U V6 N(⊙)S W U

INDICATE
NORTH

No measurements were taken due to vehicles moving

Hwy 86 (Harmony St)

Neosho Blvd.



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
NO: 2 WENTWORTH, ROBERT WAYNE 249 HILLCREST DR - NEOSHO, MO 64850
PHONE NUMBER (417) 451-5993

DRIVER LICENSE / ID NUMBER 275402622 STATE MO LIC STATUS Valid
LIC TYPE Operator Class F
MC ENDORSEMENT NA

DATE OF BIRTH 05-18-1944 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)

PROOF OF INSURANCE Yes
INSURANCE COMPANY STATE FARM
PHONE NO. (Optional) POLICY NUMBER 0164310-E05-251
Driver Vehicle

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

YEAR 2014 MAKE Toyota MODEL PRIUS COLOR SIL VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO KC6D9R STATE MO YEAR 2016 VIN JTDKN13DU9E0386739
TOWED FROM SCENE No
TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO 9
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 / GCWW RATING (Not Licensed Weight)

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 03 12
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
None
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

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, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE NA
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO
PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL
CARGO BODY TYPE
HAZARDOUS MATERIALS

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

8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED	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> <ol style="list-style-type: none"> Fatal Disabling Evident - Not Disabling Probable - Not Apparent None Apparent U. Unknown N. NA 	FR	SR	TR	FC	SC	TC	FL	SL	TL	<ol style="list-style-type: none"> No EMS Other U. Unknown NA 	<ol style="list-style-type: none"> NA No Partially Totally U. Unknown 	<ol style="list-style-type: none"> None / NA Not Deployed Removed Deployed - Front Deployed - Side Deployed - Curtain Deployed - Other (Knee, Air Belt, etc.) Deployed - Combination Deployment Air Bag Presence Unknown 	<ol style="list-style-type: none"> None Not Used Shoulder Belt Only Lap Belt Only Shoulder and Lap Belt DOT Compliant MC Helmet No Helmet Booster Seat Child Restraint - Forward Facing Child Restraint - Rear Facing Other Helmet Reflective Clothing Other Use Unknown Not Applicable
FR	SR	TR												
FC	SC	TC												
FL	SL	TL												

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)			
<ol style="list-style-type: none"> Going Straight Overtaking Making Right Turn Right Turn on Red Making Left Turn Making U-Turn Skidding / Sliding Slowing / Stopping Start In Traffic 	<ol style="list-style-type: none"> Start From Parked Backing Stopped In Traffic Parked Changing Lanes Avoiding Cross Median Cross Center Of Road Cross Road 	<ol style="list-style-type: none"> Airborne Ran Off Roadway - Right Ran Off Roadway - Left Overturn / Rollover Fire / Explosion Immersion Jackknife Cargo Loss / Shift Equipment Failure 	<ol style="list-style-type: none"> Separation Of Units Returned To Roadway Collision Inv. Pedestrian Collision Inv. Bicycle/Pedalcycle Collision Inv. Railway Veh. Collision Inv. Animal (**) Collision Inv. MV in Transport Collision Inv. Parked MV Collision Inv. Fixed Object (**)

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS			
60. Deer	61. Farm Animal	62. Dog	63. Other Animal

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS			
<ol style="list-style-type: none"> Tree / Stump (Standing) Embankment / Driveway / Ground / Rock Bluff Guardrail Face Utility Pole Fence Street Light Support 	<ol style="list-style-type: none"> Culvert Highway Traffic Sign Post / Support Bridge Pier / Abutment / Support Curb Mail Box Concrete Traffic Barrier 	<ol style="list-style-type: none"> Building Traffic Signal Support Impact Attenuator / Crash Cushion Fire Hydrant Other (Explain) Bridge Parapet End 	<ol style="list-style-type: none"> Bridge Rail Guardrail End Other Traffic Barrier Overhead Sign Support Ditch Other Post / Pole / Support

DISTRACTED / INATTENTIVE CODES			
<ol style="list-style-type: none"> External Distraction Passengers Stereo / Audio / Video Equipment Navigation Device 	<ol style="list-style-type: none"> Communication Device - Hand-held Communication Device - Hands Free Communication Device - Texting / E-mailing Communication Device - Web Browsing 	<ol style="list-style-type: none"> Eating / Drinking Reading Tobacco Use Grooming 	<ol style="list-style-type: none"> Computer Equipment / Electronic Games / etc. Adjusting Vehicle Controls Other (Explain)

VEHICLE TYPE CODES			
<ol style="list-style-type: none"> Motor Vehicle In Transport Parked Motor Vehicle 	<ol style="list-style-type: none"> Working Motor Vehicle Pedalcycle 	<ol style="list-style-type: none"> Animal Drawn Vehicle / Animal Ridden For Transport Purposes Unknown 	

OTHER VEHICLE CODES			
<ol style="list-style-type: none"> Riding Mower / Garden Tractor Golf Cart 	<ol style="list-style-type: none"> Snowmobile Forklift 	<ol style="list-style-type: none"> Animal Drawn Vehicle / Animal Ridden For Transportation 	<ol style="list-style-type: none"> Low Speed Vehicle Other (Explain)

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

On 1/20/2015 at around 1620 hours officers were dispatched to the area of West Harmony and the South Neosho Boulevard for a traffic crash. Officers completed an investigation.

I arrived on scene West Harmony Street and the South Neosho Boulevard and observed two vehicles that had been in minor crash with no injuries.

I made contact with Driver 1 Trevor Tucker(D1), who was in operation Vehicle 1 a 2001 white Chevy 2500 pickup displaying Texas registration of 27MKX9(V1). D1 said he was traveling east on west Harmony Street then entered the right turning lane to enter South Neosho Boulevard. D1 said he is new to the area and was lost. D1 said he looked back to the left looking for landmarks and did not see the vehicle in front of him was at a complete stop. D1 said at this time V1 struck the vehicle in front of him.

I made contact with Driver 2 Robert Wentworth (D2), who was in operation of Vehicle 2, a 2014 silver Toyota Prius displaying Missouri KC6D9R(V2). D2 said he was traveling East on West Harmony Street when then entered right turning lane to enter South Neosho Boulevard. D2 said he stopped to wait for traffic when he was hit in the rear by V1.

V1 showed no signs of damage and V2 showed very minor damage to the rear bumper area. For this reason no measurements or photographs were taken. Both vehicle drove away from the scene and were not towed.

D1 was issued a summons for following too closely.

Nothing further.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME OFF DUSTIN DOTY	DSN / BADGE NO. 113	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME <i>[Signature]</i>	DSN / BADGE NO. 116	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.