

1 - GENERAL CRASH INFORMATION

SPACE USED FOR BARCODE

AGENCY NAME AND ORI

NEOSHO POLICE DEPARTMENT - MO0730300

CR

LEFT THE SCENE Yes No

DRIVER NO. _____

CLEARED Yes No

CRASH CLASSIFICATION PROPERTY DAMAGE ONLY

NO. INJURED **0** NO. KILLED **0**

REPORT / CASE / INCIDENT NUMBER **0115-233**

NO. VEH. INV. **1** CRASH DATE **01-31-2015** CRASH TIME (MIL.) **0500** NOTIFIED DATE **01-31-2015** TIME NOTIFIED (MIL.) **0712** INVESTIGATION DATE **01-31-2015** TIME ARRIVED (MIL.) **0720** INVEST. AT SCENE Yes No

CRASH TYPE

ROADWAY On Roadway Off Roadway

NON-COLLISION Overturning Fire / Explosion Immersion Jackknife

Fell/Jumped From MV Cargo / Equip Loss / Shift Other Non-Collision

COLLISION INVOLVING Animal Pedalcycle Fixed Object Other Object Pedestrian

Railway Vehicle Animal Drawn Veh / Animal Ridden Trans. Motor Vehicle in Transport Parked Motor Vehicle Working Motor Vehicle

DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE

Front to Front Angle Other (Explain)

Front to Rear Sideswipe (Same Dir.) Sideswipe (Opp. Dir.) Unknown (Explain)

Rear to Rear Rear to Side Falling / Shifting Cargo (Set in motion by MV)

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 No - No commercial vehicle fields need completion.

1b. A person transported for medical attention; OR

1c. A vehicle towed due to disabling damage. 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 / GCWVR of more than 10,000 lbs; OR No - No commercial vehicle fields need completion.

2b. A motor vehicle with seating for 9 or more including driver; OR

2c. A vehicle with a hazardous materials placard. Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN Yes No BY WHOM _____ AVAILABLE FROM Investigating Agency

RECONSTRUCTION Yes No BY WHOM _____ AVAILABLE FROM Investigating Agency

2 - LOCATION

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

ON **CST W SOUTH ST** RDWY DIR **W** DISTANCE FROM **100** NA Feet After Before At NA

INTERSECTING **S of CST HAWTHORN DR**

SPEED LIMIT **25** ROAD MAINTAINED BY State County Municipal Private Property Other

SPEED LIMIT **25** INT. DIR **W** GEO - CODE **NA**

TRAFFICWAY One-Way Two-Way; Not Divided Two-Way; Divided; Unprotected Median Other

Two-Way; Not Divided; Continuous Center Turn Lane Two-Way; Divided; Positive Median Barrier Unknown

ROAD ALIGNMENT Straight Curve Unknown (Explain)

ROAD PROFILE Level Downhill Dip Uphill Hillcrest Unknown (Explain)

INTERSECTION TYPE NA 4-way Intersection Y-Intersection 5-way / More Unknown (Explain)

T-Intersection Roundabout Other (Explain)

ROAD CONDITION Dry Snow Slush Standing Water Sand / Gravel Unknown (Explain)

Wet Ice / Frost Mud / Dirt Moving Water Other (Explain)

ROAD SURFACE Concrete Brick Dirt / Sand Cobblestone

Asphalt Gravel Multi-Surface Unknown (Explain)

WEATHER CONDITION Clear Rain Sleet / Hail Fog / Mist Other (Explain)

Cloudy Snow Freezing (Temp) Severe Crosswind Unknown (Explain)

LIGHT CONDITION Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

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 _____

TRANSPORT _____ SAFETY DEVICES _____ LOCATION On Roadway In Driveway Access On Median / Crossing Island

On Sidewalk Off Roadway Unknown

CROSSING ROAD NA With Signal Not At Crosswalk Against Signal In Marked Crosswalk No Signal In Unmarked Crosswalk Unknown

OTHER ACTIONS NA / None Getting On / Off Vehicle Working In Trafficway Unknown Standing / Lying / Sitting In Trafficway Playing In Trafficway Other (Explain) Pushing / Working On Vehicle Walking / Running In Trafficway Behind / In Front of Parked / Stopped Veh. With Traffic Against Traffic

SCHOOL INFO. NA Going To / From School Getting On / Off School Bus Both Of The Above Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES None Failed To Yield Alcohol Vision Obstructed (Explain) Other (Explain) Distracted / Inattentive Drugs Physical Impairment (Explain) Unknown (Explain)

DISTRACTED / INATTENTIVE CODE(S) NA

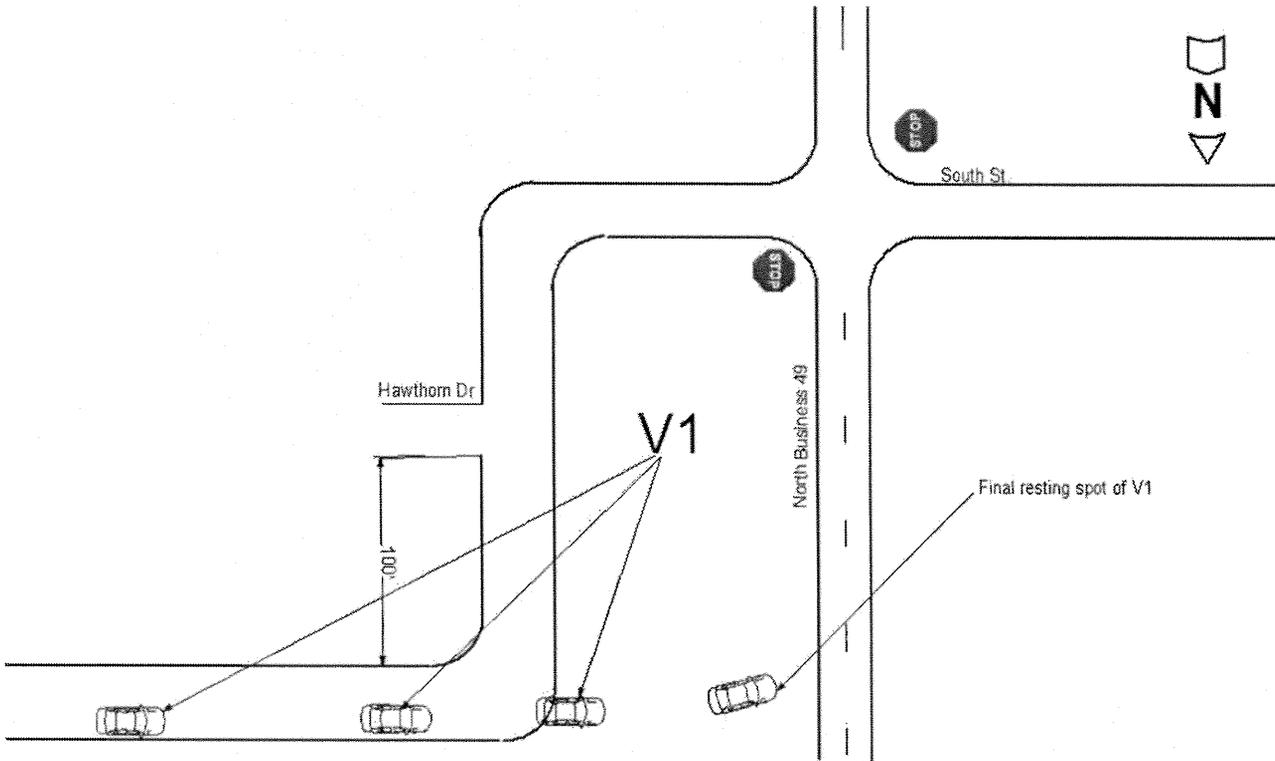
ALCOHOL USE Yes No Unknown

6. COLLISION
DIAGRAM

Compass Direction
Before Crash Event(s)
(Circle One)

V1 NES **W** U V2 NESWU V3 NESWU V4 NESWU V5 NESWU V6 NESWU

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 ROPONEI, JAY 116 BROOK ST APT 2 - NEOSHO, MO 64850 PHONE NUMBER (417) 451-0904

DRIVER LICENSE / ID NUMBER T998002739 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 ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 02-03-1987 SEX M 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) [] Windshield [] Building [] Hillcrest [] Stopped Veh [] Unknown (Explain) [] Load on Veh [] Embankment [] Parked Veh [] Glare [] NA [] Unknown

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

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [] SAD SMITH, CARLSON 1013 MELODY LN - NEOSHO, MO 64850 PHONE NUMBER (417) 455-2504

YEAR 2003 MAKE Pontiac MODEL GRAND AM COLOR CPR VEH. TYPE 1 TOTAL NO. OF OCC. 3

LICENSE - PLATE NO. CJO9GM STATE MO YEAR 2015 VIN 1G2NV52E63C09332 TOWED FROM SCENE [] Yes [X] No TOWED DUE TO DIS. DAMAGE [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage TOWED BY [] Unknown [X] NA INITIAL IMPACT NO. 18 15 16 17 18 19 20 21 22 23 24 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 [] Van (< 9 W/Driver) [] Passenger Van (9+ W/Driver) [] Sport Utility Vehicle [] Limousine (7-8 W/Driver) [] Limousine (9-15 W/Driver) [] Motorized Bicycle [] Pedalcycle [] To / From School [] Small Bus (9-15 W/Driver) [] Large Bus (16+ W/Driver) [] School Bus [] Intercity [] Transit / Commuter [] Charter / Tour [] Other [] Motorcycle [] ATV [] 2 Wh [] 3 Wh [] 4 Wh [] 5 Wh / More [] Unknown [] Motor Home [] Farm Implements [] Construction Equip. Heavy Mach. [] Other Vehicle (Code) [] Cargo Van [] Pickup [] Other Heavy Truck [] Unknown (Explain) [] Single-unit Truck; 2 axles, 6 tires [] Single-unit Truck; 3 or more axles [] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) [] Truck Tractor With No Units [] Truck Tractor With One Unit [] Truck Tractor With Two Units [] Truck Tractor With Three Units [] GVW / 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 [X] NA [] Police [] Ambulance [] Fire [] Other (Must check "A" / "B") [] A. Emergency Vehicle on Emergency Run [] 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 [] Unknown 01 07 46 36 ANIMAL CODE(S) FIXED OBJECT CODE(S) 42 ALCOHOL USE [] Yes [] No [X] 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 [X] 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) [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: [] 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) [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 PHONENUMBER NENNIS, MENDINGKO 212 W MAIN ST APT 5 - NEOSHO, MO 64850 05-05-1992 M FR 5 1 2 03 05 (417) 389-9517 ROBONEI, DIRILEN ROBERT 1016 BROADWAY ST - NEOSHO, MO 64850 01-16-1994 M SR 5 1 2 03 05 (417) 451-2816

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 [] Intrastate 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 [] Flatbed [] Concrete Mixer [] Garbage / Refuse [] Pole Trailer [] Vehicle Towing Another Veh. [] Intermodal Container Chassis [] NA (No Cargo Body) [] Other [] Cargo Tank [] Dump [] Auto Transporter [] Grain / Chip / Gravel [] Log [] 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	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	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	(For Medical Treatment) 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

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)			
1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start In Traffic	10. Start From Parked 11. Backing 12. Stopped In Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road	19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure	28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. 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			
20. Tree / Stump (Standing) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support	26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier	32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End	38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support

DISTRACTED / INATTENTIVE CODES			
1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device	5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing	9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming	13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)

VEHICLE TYPE CODES			
1. Motor Vehicle In Transport 2. Parked Motor Vehicle	3. Working Motor Vehicle 4. Pedalcycle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown	

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

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

On 01-31-2015 at approximately 0712 hours I responded to the area of Business 49 and South Street, in reference to a traffic crash. A traffic crash report was taken.

I arrived on scene and could see there was a vehicle in the ditch alongside Business 49, it appeared the vehicle was traveling west on South Street and missed the turn and drove off the road down a hill to the ditch. I approached the vehicle and saw there were no occupants in the vehicle; I gave the vehicle registration number to Central Dispatch to attempt to get an address for the owner of the car.

Central Dispatch advised me of the address, I asked another officer to go check the address to see if we could locate who was driving the vehicle. The owner of the vehicle was located and he stated the vehicle was just registered in his name and his daughter was the one that actually drives it. He contacted his daughter to find out what happened and she told him that her brother Jay Roponei was the one driving the vehicle. She was asked where the brother could be and she stated at 116 Brook Street Apartment 2, the brother was located at that address and brought back to the scene.

I asked the brother what caused the accident; he stated he and a couple of his friends were on the way to Wal-Mart when he drove off the road at the curve on South Street. I asked him how drove off the roadway and he stated he just did not realize the curve was there and drove off the road and down the hill. He stated he tried to stop before driving of the road but it was too late. Mr. Roponei also said he was pretty tired when the accident occurred.

It is to be noted that Sergeant Fienen made contact with the two passengers that were in the car at the time of the crash.

I have no further at this time.

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.