

MISSOURI UNIFORM CRASH REPORT



1 - GENERAL CRASH INFORMATION

AGENCY NAME AND OR:

NEOSHO POLICE DEPARTMENT - MO0730300

SPACE USED FOR BARCODE

LEFT THE SCENE DRIVER NO. CLEARED CRASH CLASSIFICATION PROPERTY DAMAGE ONLY NO. INJURED NO. KILLED REPORT / CASE / INCIDENT NUMBER

NO. VEH. INV. CRASH DATE CRASH TIME (MIL.) NOTIFIED DATE TIME NOTIFIED (MIL.) INVESTIGATION DATE TIME ARRIVED (MIL.) INVEST. AT SCENE

CRASH TYPE ROADWAY NON-COLLISION COLLISION INVOLVING DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following? 2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:

EVIDENTIARY PHOTOS TAKEN BY WHOM AVAILABLE FROM RECONSTRUCTION BY WHOM AVAILABLE FROM

2 - LOCATION

COUNTY MUNICIPALITY BEAT / ZONE TRP/DIST/PCT GPS COORDINATES (DD MM SS.S FORMAT)

ON RDWY. DIR. DISTANCE FROM LOCATION INTERSECTING SPEED LIMIT ROAD MAINTAINED BY

TRAFFICWAY ROAD ALIGNMENT ROAD PROFILE

INTERSECTION TYPE ROAD CONDITION

ROAD SURFACE WEATHER CONDITION

LIGHT CONDITION

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES

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

4 - WITNESS

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

5 - PEDESTRIAN

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

DATE OF BIRTH SEX STRUCK BY VEH # INJ TRANSPORT SAFETY DEVICES LOCATION

CROSSING ROAD OTHER ACTIONS SCHOOL INFO.

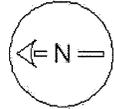
PROBABLE CONTRIBUTING CIRCUMSTANCES DISTRACTED / INATTENTIVE CODE(S) ALCOHOL USE

6. COLLISION
DIAGRAM

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

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

INDICATE
NORTH



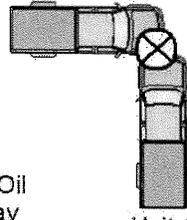
Hwy 60
Appx. 200'

Lusk Dr.

Unit 2

Murphy Oil
Driveway

Unit 1



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 BREWER, RICHARD LEE 1705 SAGINAW RD - JOPLIN, MO 64804** PHONE NUMBER **(417) 291-1986**

DRIVER LICENSE / ID NUMBER **U202123024** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invald Unknown NA

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

MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **03-01-1968** 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) Load on Veh Embankment Parked Veh Glare

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **PROGRESSIVE** Expired PHONE NO. (Optional) **(800) 876-5581 -** POLICY NUMBER **902980406** NA Driver Vehicle

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

YEAR **2006** MAKE **Chevrolet** MODEL **1500** COLOR **LBL** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **3AM867** STATE **MO** YEAR **2016** VIN **1GCEK19Z66Z152828** 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**

| | | | | | |
|----|----|----|----|----|---|
| 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 15 | 16 | 17 | 8 | |
| 14 | 13 | 12 | 11 | 10 | 9 |

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

| | | | | | |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Passenger Car | <input type="checkbox"/> Small Bus (9-15 W/Driver) | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Motor Home | <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires | GVW / GCVV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input checked="" type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Van (< 9 W/Driver) | <input type="checkbox"/> Large Bus (16+ W/Driver) | <input type="checkbox"/> ATV | <input type="checkbox"/> Farm Implements | <input type="checkbox"/> Single-unit Truck; 3 or more axles | |
| <input type="checkbox"/> Passenger Van (9+ W/Driver) | <input type="checkbox"/> School Bus | <input type="checkbox"/> 2 Wh | <input type="checkbox"/> Construction Equip. Heavy Mach. | <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) | |
| <input type="checkbox"/> Sport Utility Vehicle | <input type="checkbox"/> Intercity | <input type="checkbox"/> 3 Wh | <input type="checkbox"/> Other Vehicle (Code) _____ | <input type="checkbox"/> Truck Tractor With No Units | |
| <input type="checkbox"/> Limousine (7-8 W/Driver) | <input type="checkbox"/> Transit / Commuter | <input type="checkbox"/> 4 Wh | <input type="checkbox"/> Cargo Van | <input type="checkbox"/> Truck Tractor With One Unit | |
| <input type="checkbox"/> Limousine (9-15 W/Driver) | <input type="checkbox"/> Charter / Tour | <input type="checkbox"/> 5 Wh / More | <input checked="" type="checkbox"/> Pickup | <input type="checkbox"/> Truck Tractor With Two Units | |
| <input type="checkbox"/> Motorized Bicycle | <input type="checkbox"/> Other | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other Heavy Truck | <input type="checkbox"/> Truck Tractor With Three Units | |
| <input type="checkbox"/> Pedalcycle | | | <input type="checkbox"/> Unknown (Explain) | | |
| <input type="checkbox"/> 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 Unknown No NA

SEQUENCE OF EVENTS CODES Unknown **12 03 34** ANIMAL CODE(S) _____ FIXED OBJECT CODE(S) _____

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

| | | | | |
|-----------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Vehicle Defects (Explain) | <input type="checkbox"/> Vision Obstructed | <input type="checkbox"/> Failed To Dim Headlights | <input type="checkbox"/> Improper Towing / Pushing | <input type="checkbox"/> Object / Obstruction in Roadway |
| <input type="checkbox"/> Speed - Exceeded Limit | <input type="checkbox"/> Driver Fatigue / Asleep | <input type="checkbox"/> Failed To Use Lights | <input type="checkbox"/> Improperly Stopped On Roadway | <input type="checkbox"/> Distracted / Inattentive (Designate Type) |
| <input type="checkbox"/> Too Fast For Conditions | <input type="checkbox"/> Improper Signal | <input type="checkbox"/> Following Too Close | <input type="checkbox"/> Improper Lane Usage / Change | <input type="checkbox"/> Unknown (Explain) |
| <input type="checkbox"/> Violation Signal / Sign | <input type="checkbox"/> Improper Backing | <input type="checkbox"/> Wrong Side (Not Passing) | <input type="checkbox"/> Overcorrected | <input type="checkbox"/> Other (Explain) |
| <input checked="" type="checkbox"/> Failed To Yield | <input type="checkbox"/> Improper Turn | <input type="checkbox"/> Wrong Side (One-Way) | <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior | DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8) |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Improper Passing | <input type="checkbox"/> Physical Impairment (Explain) | <input type="checkbox"/> Failed To Secure Load / Improper Loading | |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Improperly Parked | <input type="checkbox"/> Improper Start From Park | <input type="checkbox"/> 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)

Workers Present Yes No Unknown Other: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus Yes (Explain) No Unknown NA

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 |
|----------------------------------------|--------------------------|-----|----------|-----|------------|----------|---------|----------------|--------------|
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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 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 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 XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable | FR SR TR | INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA | TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA | EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown | AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) | SAFETY DEVICES 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable |
| | FC SC TC | | | | | |
| | FL SL TL | | | | | |
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|-------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|---------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|--|--|
| 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 (**) | | | | |

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|------------------------------------------------------|-----------------|---------|------------------|
| 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 | 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 | |

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|-------------------------------|--------------------------|----------------------------------------------------------------|--|
| 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 | |

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|----------------------------------|---------------|------------------------------------------------------------|----------------------|
| 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)

On 4/8/2015 at around 2001 hours officers were dispatched to the area of Lusk Drive and Highway 60 in reference to a traffic crash.

I arrived on scene at Lusk Drive in front of Murphy Oil. I observed 2 vehicles in the middle of the road blocking traffic. I made contact with both drivers who advised they did not want medical treatment on scene. I asked the drivers to move the vehicles out of the road

I spoke with Driver 2 (D2) Jason Flynn who was operating Vehicle 2 (V2) a White 2013 Chevrolet 2500 displaying Missouri registration 7AP174. D2 stated he was traveling southbound on Lusk Drive. D2 said Vehicle 1 drove westbound out of Murphy Oil and struck his vehicle.

I spoke with Driver 1 (D1) Richard Brewer who was operating Vehicle 1 (V1) a light blue Chevrolet 1500 displaying Missouri registration 3AM867. D1 stated he was in a hurry to get back to his ex-wife because he forgot to give her something when they exchanged custody of their children. D1 said he had backed into the parking lot, and didn't look well enough as he pulled onto Lusk Drive hitting V2.

Both vehicles showed very little damage and drove away front the scene.

| | | | |
|-------------------------------------------------|------------------------|--------------------------|-----------------------------------|
| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
| REPORTING OFFICER NAME OFF DUSTIN DOTY | DSN / BADGE NO. 113 | BEAT / ZONE CR | TROOP / DISTRICT / PRECINCT NA |
| REVIEWING OFFICER NAME SGT REECE HIMMELSBACH | DSN / BADGE NO. 104 | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |