



1 - GENERAL CRASH INFORMATION	AGENCY NAME AND ORI 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	2	0	0415-127

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
3	04-17-2015	1512	04-17-2015	1513	04-17-2015	1517	<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"/> Overturning	<input type="checkbox"/> Fell/Jumped From MV	<input type="checkbox"/> Animal	<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Front to Front	<input checked="" type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)		
	<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Cargo / Equip Loss / Shift	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.	<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Unknown (Explain)		
	<input type="checkbox"/> Immersion	<input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Fixed Object	<input checked="" type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Sideswipe (Opp. Dir.)				
	<input type="checkbox"/> Jackknife		<input type="checkbox"/> Other Object	<input type="checkbox"/> Parked Motor Vehicle	<input type="checkbox"/> Rear to Side	<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)				
			<input type="checkbox"/> Pedestrian	<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 / GCWVR 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 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	SW	NA	LAT: N	LONG: W	NA
ON		RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING	
CST S NEOSHO BD		S	<input checked="" type="checkbox"/> NA Feet	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	CST WALDO HATLER MEMORIAL DR	
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			35	E	NA

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

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

ROAD SURFACE	WEATHER CONDITION
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <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	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"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	<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"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (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

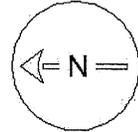
V3 N (E) S W U

V4 N E S W U

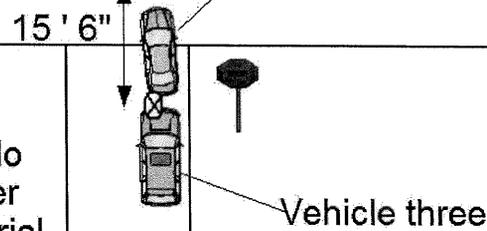
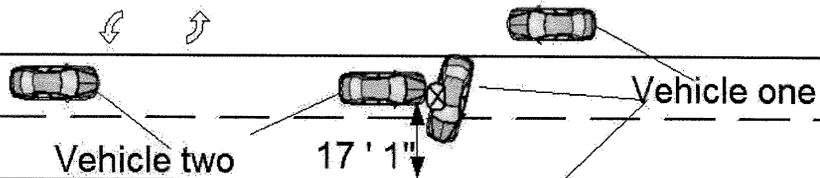
V5 N E S W U

V6 N E S W U

INDICATE NORTH



S Neosho Blvd



Waldo Hatler Memorial Dr.

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 JONES, SERENA DAWN 1502 S ELLIS ST - WEBB CITY, MO 64870

PHONE NUMBER
(417) 850-6568

DRIVER LICENSE / ID NUMBER **T202073055** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

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

MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **01-20-1980** SEX **F** SEAT LOC **FL** INJ **2** TRANS-PORT **2** EJECT-ION **2** AIR BAG **06** SAFETY DEVICES **05** VISION OBSTRUCTED NA Not Obstructed Windshield Load on Veh Trees / Brush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Glare Other (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **GEICO** Expired PHONE NO. (Optional) POLICY NUMBER **4224-26-56-13** NA Driver Vehicle

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

PHONE NUMBER SAD

YEAR **2009** MAKE **Toyota** MODEL **YARIS** COLOR **RED** VEH. TYPE **3** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **DG7P9P** STATE **MO** YEAR **2017** VIN **J T D B T 9 0 3 8 9 1 3 3 7 3 2 7** TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

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

INITIAL IMPACT NO. **4** **2** **3** **4** **5** **6** **7** **8** **15** **16** **17** **18** - Undercarriage **22** - Cargo **19** - Windshield **23** - Unknown **20** - Burned **24** - Other (Explain) **21** - Towed Unit

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 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 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 Unknown **01 05 34 07 34** ALCOHOL USE Yes 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 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	EJECT-ION	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 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



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**
2 HANSEN, COURTNEY LYNN 17096 HIGHWAY 59 - NEOSHO, MO 64850 PHONE NUMBER **(417) 592-3429**

DRIVER LICENSE / ID NUMBER **S202285027** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown
 LIC TYPE Operator Class **F** Permit Unknown (Explain) MC Only Unlicensed
 MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **09-24-1991** SEX **F** SEAT LOC **FL** INJ **4** TRANS-PORT **3** EJECTION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED NA 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 **FARMERS INSURANCE** PHONE NO. (Optional) POLICY NUMBER **187412519** NA Driver Vehicle

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

YEAR **2012** MAKE **Nissan** MODEL **ALTIMA** COLOR **BLK** VEH. TYPE **3** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **FG3G0U** STATE **MO** YEAR **2012** VIN **1N4ALZAP1C207797** 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 **DICKSON TOWING 451-0676**

INITIAL IMPACT NO. **1** NA 2 3 4 5 6 7 8 9
 10 11 12 13 14 15 16 17
 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 GVW / GCW 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 To / From School Unknown 5 Wh / More Unknown (Explain)

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 **01 07 08 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 DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)
 Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading
 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)
 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) **CONTROL MALFUNCTIONING / INOPERATIVE / MISSING** Yes (Explain) No Unknown

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

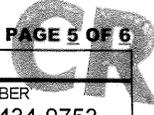
7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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 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 Unknown
 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

NO. **3** 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **ROBERTSON, MATTHEW A 2706 S SERGEANT ST - JOPLIN, MO 64801** PHONE NUMBER **(417) 434-0753**

DRIVER LICENSE / ID NUMBER **P202216037** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Unknown NA Canceled / Oth Invalid Unknown

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

MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **01-20-1985** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED NA Not Obstructed Windshield Load on Veh Trees / Brush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Glare Other (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY Expired **SAFE CO INSURANCE** PHONE NO. (Optional) **(800) 332-3226 -** POLICY NUMBER **Z4708292** NA Driver Vehicle

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

YEAR **2005** MAKE **Nissan** MODEL **MURANO** COLOR **GRY** VEH. TYPE **3** TOTAL NO. OF OCC. **4**

LICENSE - PLATE NO **MJIBOY** STATE **MO** YEAR **2015** VIN **J1N18AZ08W125W418720** 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. NA **1**

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
1	15	16	17	8	9	19 - Windshield	23 - Unknown
14	13	12	11	10	1	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 / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
<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 checked="" 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"/> Less than or equal to 10,000 lbs.
<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> 10,001 - 26,000 lbs.
<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"/> Greater than 26,000 lbs.
<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Unknown
<input type="checkbox"/> To / From School					

EMERGENCY VEHICLE INVOLVEMENT NA

<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input checked="" type="checkbox"/> CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA
<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" / "B") →	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Congestion Ahead
			<input type="checkbox"/> Crash Ahead
			<input type="checkbox"/> Other Incident Ahead
			<input type="checkbox"/> Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES Unknown **12 34** ANIMAL CODE(S) _____ FIXED OBJECT CODE(S) _____ ALCOHOL USE No Unk NA

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 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)

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 NA

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ROBERTSON, MEGAN R 2706 S SERGEANT ST - JOPLIN, MO 64804	03-04-1980	F	FR	N	1	2	03	05	(417) 434-0753
ROBERTSON, HADESSAH 2706 S SERGEANT ST - JOPLIN, MO 64804	12-06-2012	F	TL	5	1	2	03	11	
ROBERTSON, ARTHUR 2706 S SERGEANT ST - JOPLIN, MO 64804	12-04-2014	M	TR	5	1	2	03	12	

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 Intrastate Carrier 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 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 FC SC TC FL SL TL	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.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 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 April 17th 2015 at approximately 15:13 I was dispatched to a multi vehicle accident on South Neosho Blvd. Upon my arrival I observed three vehicles involved in an accident.

The vehicles were as follows, Red in color Toyota Yaris, Black in color Nissan Altima, Gray in color Nissan Murano. The Toyota Yaris had passenger side air bag deployed and severe damage to the passenger side. The Nissan Altima was in the center turn lane on South Neosho Blvd facing south with damage to the front of the vehicle. The Nissan Murano was sitting facing east on Waldo Hatler Memorial Drive with minor damage to the front bumper area.

Driver two said that she was traveling south on South Neosho Blvd and Vehicle one was traveling north and in the center turn lane. Driver two said vehicle one turned left in front of her. Driver two said she could not stop before her vehicle struck vehicle one passenger side doors. Driver two said vehicle one spun around and struck the front of vehicle three. Driver two refused medical treatment at the scene, but was taken by personal vehicle to the hospital.

Driver three said that he was sitting at the intersection and was looking both ways and did not see the impact of vehicle one and vehicle two. Driver three said when he looked in front of him he noticed there had been an accident and that vehicle one rolled back and struck the front of his vehicle. Driver three said him and his three passengers were not injured.

Driver one said she was traveling north on South Neosho Blvd and got into the turn lane to make a left turn onto Waldo Hatler Memorial Drive. Driver one said she thought there was no one coming in her direction. Driver one stated she proceeded to turn left and before she knew it she seen vehicle two. Driver one said she did not have time to react before vehicle one struck the passenger side of her vehicle.

Driver one was transported to the Freeman West Hospital by Newton County Ambulance.

Vehicle one was towed by Ron's Towing. Vehicle two was towed by Dickson Towing.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME OFF FRED TYREE	DSN / BADGE NO. 111	BEAT / ZONE SW	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME <i>[Signature]</i>	DSN / BADGE NO. 107	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.