

1 - GENERAL CRASH INFORMATION

AGENCY NAME AND ORI

NEOSHO POLICE DEPARTMENT - MO0730300



SPACE USED FOR BARCODE

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO.	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 0815-149
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NO. VEH. INV. 1	CRASH DATE 08-14-2015	CRASH TIME (MIL.) 2145	NOTIFIED DATE 08-14-2015	TIME NOTIFIED (MIL.) 2158	INVESTIGATION DATE 08-17-2015	TIME ARRIVED (MIL.) 2210	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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CRASH TYPE	ROADWAY <input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVING <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 type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input checked="" type="checkbox"/> Working Motor Vehicle	DIRECTIONAL ANALYSIS FOR IMPACT WITH 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)
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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 / 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 type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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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 N	TRP/DIST/PCT NA	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W NA
ON PP 225 N WASHINGTON ST	RDWY. DIR. NA	DISTANCE FROM 0.6 Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	INTERSECTING S of CST E SPRING ST
SPEED LIMIT NA	ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Other			SPEED LIMIT 25

TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <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 checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input type="checkbox"/> Straight <input 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)
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INTERSECTION TYPE <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection <input checked="" type="checkbox"/> NA <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 checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <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) <input type="checkbox"/> Unknown (Explain)
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ROAD SURFACE <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)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
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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
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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 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	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)
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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

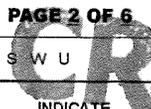
V3 N **E** S W U

V4 N **E** S W U

V5 N **E** S W U

V6 N **E** S W U

V7 N **E** S W U



INDICATE NORTH



Twin Rivers
225 North Washington St

Collision occurred
Approximately 0.6 miles north of to east Spring St

Twin Rivers Parking lot

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 MUIR, HERBERT JOHN 1825 FORD AV - SPRINGDALE, AR 72764
PHONE NUMBER (479) 290-5800

DRIVER LICENSE / ID NUMBER K069272003
STATE MO
LIC STATUS Valid
LIC TYPE Operator Class
MC ENDORSEMENT

DATE OF BIRTH 02-27-1951
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
INSURANCE COMPANY LOCKTON COMPANIES
PHONE NO. (Optional) POLICY NUMBER ISAH0885224

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
TYSON SALES AND DISTRIBUTION, INC., 1825 FORD AV - SPRINDALE, AR 72764
PHONE NUMBER (479) 290-5800

YEAR 2015 MAKE Mack MODEL COLOR WHI
VEH. TYPE 3 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 2VT033 STATE OK YEAR 2015
VIN 1M1AW07Y6FM052720
TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 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
Passenger Car, Van, Sport Utility Vehicle, etc.
Small Bus, Large Bus, School Bus, Intercity, etc.
Motorcycle, Motor Home, Farm Implements, etc.
Single-unit Truck, 2 axles, 6 tires, etc.
GVW / GCWW RATING (Not Licensed Weight)

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA
Police, Ambulance, Fire, etc.
Congestion Ahead, Crash Ahead, etc.

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 11 32
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
None
Vehicle Defects, Vision Obstructed, Failed To Dim Headlights, etc.
Improper Towing / Pushing, Improperly Stopped On Roadway, etc.
Object / Obstruction in Roadway, Distracted / Inattentive (Designate Type), etc.

7E. WORK ZONE Traffic Control None
Electric: Green/Yellow/Red, Flashing Red, etc.
Other: Stop Sign, No Passing Zone, etc.

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. Row 7F is empty.

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

COMMERCIAL / NON-COMMERCIAL Interstate Carrier
MC / MX / ICC NO. 3322
USDOT NO. 3322

CARGO BODY TYPE Enclosed Box
HAZARDOUS MATERIALS PLACARD DISPLAYED Yes

HAZARDOUS MATERIALS CLASS, HM CARGO PRESENT, HM CARGO RELEASED, 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.) 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
	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 PI AUSTIN FOHEY	DSN / BADGE NO. 122	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME	DSN / BADGE NO.	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			
08-14-2015	NA	NEWTON			
REPORTING OFFICER NAME			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	
PI AUSTIN FOHEY			122	<i>[Signature]</i>	
				DSN / BADGE NO.	

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

MAIN NARRATIVE

On 08-14-2015 at approximately 2158 hours I responded to the 200 block of north Washington in reference to a traffic crash. A report was taken.

I was advised by Central Dispatch a crash involving a train occurred in the area of Twin Rivers at 225 North Washington, Central Dispatch was not sure of the exact location. I arrived in the area and pulled in the parking lot of Twin Rivers where the front of the train was stopped. I saw two subjects with flashlight looking at the back of a tractor trailer. I made contact with both subjects and it was confirmed the accident had happened there.

The first person I spoke with was Herbert Muir he was identified by his Missouri driver's license. Mr. Muir said he is a truck driver for Tyson Foods and was backing a trailer up in the lot when the back of the trailer was struck by a train. He went on to say he could see the area he was backing up to but there was an area where the asphalt dropped off. Mr. Muir explained when the trailer dropped off the asphalt it rolled farther back and then was struck by the train, I asked if the tractor was still attached and he said it was. Mr. Muir said after the collision occurred he detached the trailer from the tractor and then moved the tractor. I could see there was damage to the back right side of the trailer mainly to the trailer doors and the side was dented.

I made contact with the train conductor identified as Drake Downing. He said the train was traveling north past Twin rivers. He explained he saw the trailer come close to the tracks and then the front left side of the train struck the back of the trailer. He said there was no damage to the train except for the die mirror broke off.

It is to be noted I did not get the insurance information for the train and the engineer certificate. I asked dayshift to try and obtain that information for me and complete a supplement.

No further.

SUPPLEMENTAL NARRATIVE - FOLLOW UP INFO**OFFICER: KMW 8/18/2015**

On 08-14-2015 at approximately 2158 hours officers responded to the 200 block of north Washington in reference to a traffic crash. A report was taken.

On 08/18/2015 Officer Fohey asked me to obtain more information for him as he was unable to reach anyone that knew the information he needed.

I was able to make contact with Allison with KCS Railroad and gather that information. I was advised the railroad is self insured, (There is no policy number), and she did not have have access to the Engineer Certificate Validation.

I was also asked to obtain the engineer and conductor's information; it is as follows:

Engineer: Rodney Cheek- Date of birth is 12/22/1974. His address is a po box.

(She did not know a physical address) The address is Po Box 224 Kendry Oklahoma 74933.

Conductor: Drake Downing- His address is 1724 South Margrave Road, Fort Scott Kansas 66701. His date of birth is 11/12/1985.

Allison's phone number is 913-206-1571.

Nothing further.

[Signature]
122

NEOSHO POLICE DEPARTMENT
201 N COLLEGE ST. NEOSHO, MO 64850

Page	1	Accident Supplement Page	
Accident No.	0815-149	Supplement No.	0815-149-001
Reported	08/18/2015 12:54:32	Tuesday	

CR

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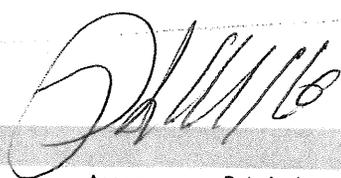
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Allison's phone number is 913-206-1571.

Nothing further.



OFFICERS

Date	Role	Officer Name	Agency	Duty Assignment
08/18/2015 12:54:32	Primary Officer	PIII PHILLIP WHITEMAN	NPD	Patrol
08/18/2015 12:54:40	Review Officer	PIII PHILLIP WHITEMAN	NPD	Patrol