

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

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

MARTIN, LANA SUE 2704 LARAMIE LN - NEOSHO, MO 64850

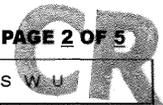
5 - PEDESTRIAN

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

CROSSING ROAD OTHER ACTIONS SCHOOL INFO.

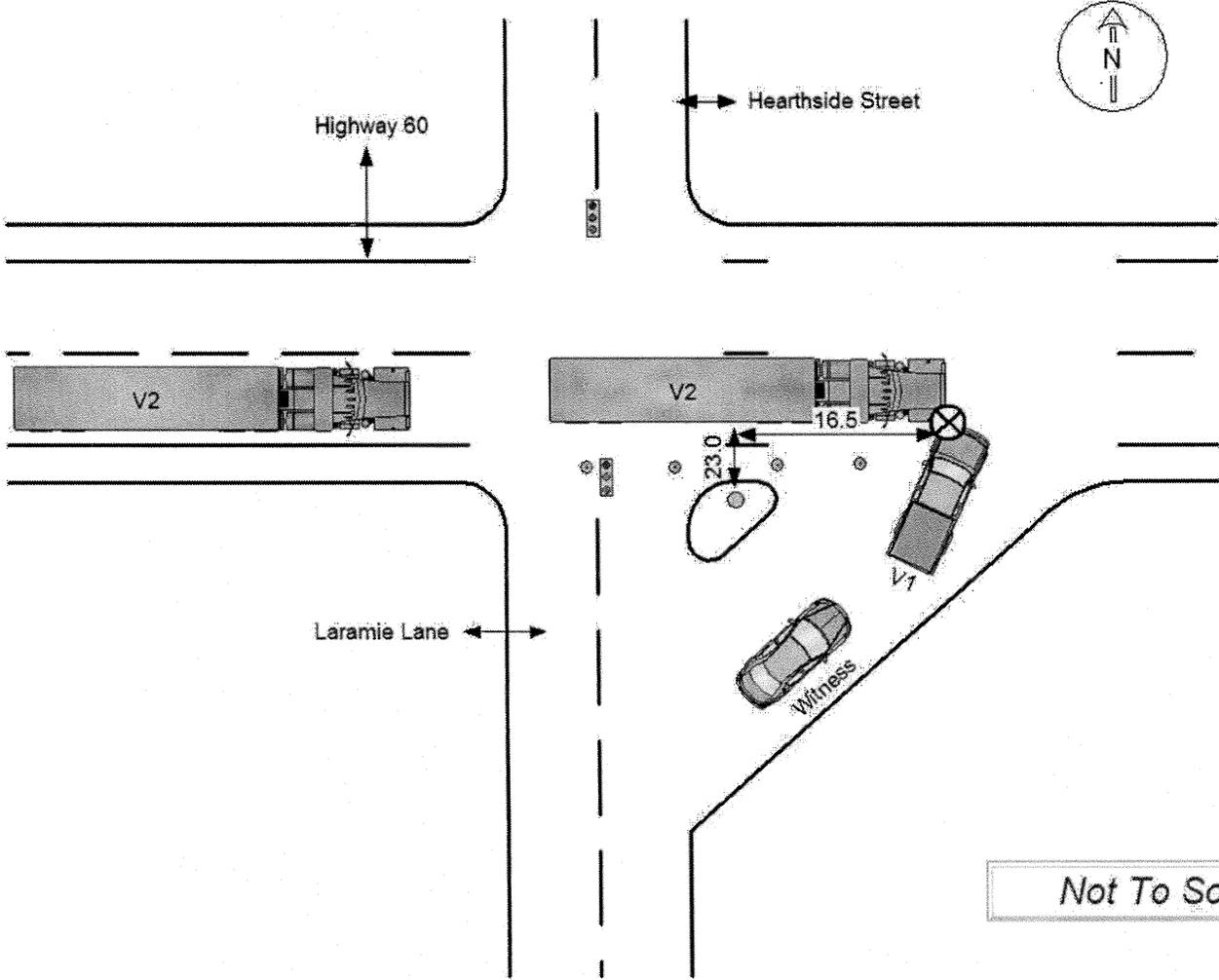
PROBABLE CONTRIBUTING CIRCUMSTANCES DISTRACTED / INATTENTIVE CODE(S) ALCOHOL USE



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



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 HAWKINS, MICHAEL SHANE 13260 JAY DR - NEOSHO, MO 64850
PHONE NUMBER: (417) 451-4210

DRIVER LICENSE / ID NUMBER: M078311001
STATE: MO
LIC STATUS: Valid
LIC TYPE: CDL Class A

DATE OF BIRTH: 08-12-1968
SEX: M SEAT LOC: FL INJ: 5 TRANS-PORT: 1 EJECT-TION: 2 AIR BAG: 01 SAFETY DEVICES: 05
VISION OBSTRUCTED: NA

PROOF OF INSURANCE: Yes
INSURANCE COMPANY: ACE AMERICAN INSURANCE COMPANY
PHONE NO. (Optional): (800) 678-3210 - 2
POLICY NUMBER: MMT H08853939

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
RUAN LOGISTICS CORPORATION, PO BOX #855 - DES MOINES, IA 50304
PHONE NUMBER: (800) 678-3210

YEAR: 2014 MAKE: International MODEL: PROSTAR COLOR: RED
VEH. TYPE: 1 TOTAL NO. OF OCC.: 1

LICENSE - PLATE NO: 50552W STATE: WI YEAR: 2015
VIN: 3HSDJ1SJR6EN774251
TOWED FROM SCENE: Yes

VEHICLE DAMAGE (Mark all damaged areas)
INITIAL IMPACT NO: 2
TOWED BY: Ron's Towing 451-5787

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, Sport Utility Vehicle, etc.
GVW / GCW RATING: Greater than 26,000 lbs.

EMERGENCY VEHICLE INVOLVEMENT: NA
CONTRIBUTING TRAFFIC CONDITIONS: NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES: 01 34
ALCOHOL USE: No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES: None
Vehicle Defects, Speed, Vision Obstructed, etc.

7E. WORK ZONE: Yes
TRAFFIC CONTROL: Green/Yellow/Red
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING: Yes

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, EJECT-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER.

7G. COMMERCIAL MOTOR VEHICLE

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)
RUAN LOGISTICS CORP PO BOX 855 - DES MOINES, IA 50304
PHONE NUMBER: 417-451-4210

COMMERCIAL / NON-COMMERCIAL: Intrastate Carrier
USDOT NO.: 149350

CARGO BODY TYPE: Enclosed Box
HAZARDOUS MATERIALS: No

HAZARDOUS MATERIALS: No
4-DIGIT NO., CLASS, HM CARGO PRESENT, HM CARGO RELEASED, HAZARDOUS MATERIAL NAME

8 - CODES

SEAT LOCATION	FR SR TR FC SC TC FL SL TL	INJURY	TRANSPORTED (For Medical Treatment)	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	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 (**)	37. Collision Inv. Other Object (Explain) 38. Other Non-collision 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell/Jumped From MV	44. Thrown/Falling Object 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator
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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) 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	44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown
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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)
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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
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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)
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9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

On October 7th 2015 at approximately 14:35 an officer responded to the intersection of Highway 60 and Laramie Lane in reference to a vehicle crash.

As I neared the intersection I observed this intersection was currently having the road resurfaced and workers present with heavy equipment present as well. Upon my arrival to the intersection of Highway 60 and Laramie Lane, I made contact with a Mr. Charles Arnce. I asked Mr. Arnce if he needed EMS to respond and check him out, he stated he did not need EMS to respond at this time. I asked Mr. Arnce to describe the sequence of events of the vehicle crash.

He said he was travelling north on Laramie Lane approaching the intersection of Laramie Lane and Highway 60. Mr. Arnce, the driver of V1 said as he approached the intersection there were three dump trucks sitting on Laramie Lane near the intersection. He said he needed to travel on Highway 60 west, and due to the road resurfacing equipment near the intersection he decided to go through the merging lane onto Highway 60 east and make a left turn onto Highway 60 west. He said he did not see the other vehicle until he struck it with his left front fender area of his vehicle.

I spoke with the driver of V2 a Mr. Michael Hawkins, he said he was travelling east on Highway 60 at approximately 45 mph. He said the driver of V1 just turned into his vehicle striking it on the right front fender area. He said he did not see the vehicle until it struck his vehicle.

I spoke with a witness to the vehicle crash she was identified by her Missouri Operator License as Ms. Lana Martin. Ms. Martin said she was behind V1 on Laramie Lane and a construction worker motioned for her and V1 to proceed onto Highway 60. She advised she observed four or five dump trucks turning onto Laramie Lane. She advised she observed V1 pull in front of V2 on Highway 60. I requested Ms. Martin to complete a voluntary statement form to describe the sequence of events. She stated she would complete the form; the form will be attached to this report.

I photographed the damage to both V1 and to V2 and the photographs will be attached to this report.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF FRED TYREE	DSN / BADGE NO. 111	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME PII RUSTY SCHLESSMAN	DSN / BADGE NO. 112	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

*Rusty Schlessman*