



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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	1015-257

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	10-23-2015	1700	10-26-2015	1800	10-26-2015	1802	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ROADWAY	NON-COLLISION	FELL/JUMPED FROM MV	COLLISION INVOLVING	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE	
<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<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 checked="" type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> Angle <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <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)

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 / GCWR 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	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER 2	<input checked="" type="checkbox"/> Investigating Agency NPD
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	N	NNE	LAT: N LONG: W NA

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST 112 W SPRING ST	W	50 Feet	<input type="checkbox"/> After <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	W of CST JEFFERSON ST
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT INT. DIR GEO-CODE
25	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			25 N NA

TRAFFICWAY	ROAD ALIGNMENT
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input checked="" 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"/> Other <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain) <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)

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection <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)	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <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)

ROAD SURFACE	WEATHER CONDITION
<input checked="" type="checkbox"/> Concrete <input 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)	<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)

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

5 - PEDESTRIAN: NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<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 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 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)

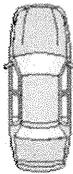
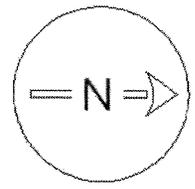
PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	<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



Unit 1



Unit 1

Unit 2

112 West Spring St

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 12341 VIXEN RD - STARK CITY, MO 64866 PHONE NUMBER (417) 592-4130

DRIVER LICENSE / ID NUMBER M078107002 STATE MO LIC STATUS [X] Valid [] Expired [] NA [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown LIC TYPE [X] Operator Class F [] CDL Class [] Interm / Grad [] Permit [] MC Only [] Unlicensed [] Unknown (Explain) MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 09-23-1952 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 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

PROOF OF INSURANCE [X] Yes [] No [] Not Required INSURANCE COMPANY STATE FARM EXPIRED [] PHONE NO. (Optional) POLICY NUMBER 2202409A19251 DRIVER [X] Vehicle []

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

YEAR 2006 MAKE Mercury MODEL MARINER COLOR WHI TAN VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. UK3UZZ STATE MO YEAR 2016 VIN 2 M E H M 7 5 V 0 6 X 6 2 2 3 9 8 TOWED FROM SCENE [] Yes [X] No TOWED DUE TO DIS. DAMAGE [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [X] None / No Damage TOWED BY [] Unknown [X] NA INITIAL IMPACT NO. 9

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 [] 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 01 08 11 35 [] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE [X] No [] Yes [] Unk [] 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) [X] NA (See Codes in Section 8)

7E. WORK ZONE [] Yes [] No [] Unknown TRAFFIC CONTROL [X] None [] Unknown Electric: [] Green/Yellow/Red [] Flashing Red [] Flashing Yellow [] Ramp Meter [] Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING [] Yes (Explain) [X] No [] Unknown [] NA

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. Row 7F is empty.

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 [] 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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
PHONE NUMBER
2

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

DATE OF BIRTH SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES 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 LONESTAR Expired PHONE NO. (Optional) POLICY NUMBER Z4667689 NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD JENNINGS, SEPTEMBER ARLENE 15789 HIGHWAY H - GRANBY, MO 64836 PHONE NUMBER (417) 592-0752

YEAR MAKE MODEL COLOR SIL VEH. TYPE TOTAL NO. OF OCC. 2007 Honda CRV SIL 2 1

LICENSE - PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE DL9D1J MO 2017 J H L R E 4 8 7 4 7 C 0 8 5 9 4 1 Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA INITIAL IMPACT NO. 14 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Towed Unit

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) 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 / GCW 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 13 34 Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE Yes No Unk 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 Traffic Control None Unknown Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain) Workers Present Controls: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus 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 SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER WATSON, BEVERLY JUNE 01-27-1947 F FR 5 1 2 03 U (417) 638-5239 HC 71 BOX 159 - AVA, MO 65608

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 - Other Vehicle MC / MX / ICC NO. US DOT NO. Not In Commerce - Rental Vehicle

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 4-DIGIT NO CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME Yes No Unknown Yes No Unknown

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
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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 (**)		

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)

On 10/26/15 officers took a report for a vehicle crash that occurred on 10/23/15 in the 100 Block of West Spring Street

Driver 2 (D2) September Jennings came to the Police Department on 10/26/15. D2 advised she had been in a motor vehicle crash on 10/23/15. D2 reported she parked vehicle 2 (V2) on Spring Street facing west in front of the license office. V2 was a silver 2007 Honda CRV bearing Missouri registration DL9D1J. D2 stated her mother Beverly Watson stayed in the parked vehicle. When D2 exited the office her mother told her the car parked in front of V2 had backed into it. D2 took pictures of the other vehicle and made contact with a male subject that approached the vehicle. D2 stated the male subject admitted to backing into the V2 but stated he did no damage. D2 said she wanted to call police but the subject said there was no need. D2 said she asked for his information and he said she didn't need it and left. D2 stated she thought she would just talk to her insurance company. D2 explained when she spoke with her agent on the 26th she was told to inform police and make a report.

I observed V2 to have a small amount of damage on the passenger corner where the fender and bumper meet.

D2 provided me with pictures taken at the scene and I have included them in this report. From the pictures I was able to locate Driver 1 (D1) Mark Darch. I made contact with D1 via phone.

D1 stated he was at the license office on 10/23/15. D1 was in operation of Vehicle 1 (V1) a white and tan 2006 Mercury Mariner bearing Missouri registration UK3U2Z. D1 explained he backed V1 into a parking stall on the street in front of V2. D1 added when he changed gears V1 lurched back and bumped V2. D1 stated he got out and looked and saw no damage. D1 said he spoke with Ms. Watson then when into the office. D1 explained when he exited the office he spoke to D2 and the accident and admitted he hit V2. D1 said D2 said the damage to V2 on the passenger side was new, but asked him that they not call police. D1 stated he didn't see how he did the damage on the other side of the vehicle from where the vehicles hit. D1 added V1 had no damage. D1 explained he told D2 if she didn't want to call police they didn't have to and they both left.

Nothing further.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF DUSTIN DOTY	DSN / BADGE NO. 113	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NNE
REVIEWING OFFICER NAME SGT BRADLEY FIENEN	DSN / BADGE NO. 106	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

[Handwritten signature] 106

1015-257
CR



NEOSHO POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

Subject: 10-50 Case #: 1015-257 Date: 10/26/15 Time: 1841

Oct. 23 rd Before 5pm il went to DOR of Neosho. Parked on North side of road. My mother Beverly Watson stayed in car to wait for me. When I came out of DOR and got into car my mother was shaken up, stated that the car parked in front of me hit my parked car. I got out of car and looked. I immediate seen where there was damage to the front passenger side. I took pictures while waiting for the gentleman to come to his car. When the gentleman came up to his car I approached him. I told him that he hit my car and that he caused damage. I asked for his information. He replied that that I was calling to report what happend. He replied that he hit the car and that he didnt cause damage so he would not provide info. and he turn away and left in his car.

[Handwritten mark]

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Signed *[Signature]*

Witnessed *[Signature]* 113