

<b>1 - GENERAL CRASH INFORMATION</b>  SPACE USED FOR BARCODE	AGENCY NAME AND ORI: <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>
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LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/>	0	0	1015-266

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	10-27-2015	1000	10-27-2015	1055	10-27-2015	1058	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ROADWAY	NON-COLLISION	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"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<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 type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<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)

**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.
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EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OFC. HOUGHTON	<input type="checkbox"/> Investigating Agency NEOSHO POLICE DEPTMENT
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	NFD2-S	LAT: N LONG: W NA

ON	ROW/ DIR.	DISTANCE FROM	LOCATION	INTERSECTING
MO HIGHWAY 59	N	<input checked="" type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	US HIGHWAY 60

TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <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 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"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Dip <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 type="checkbox"/> Dry <input checked="" 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 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)	<input type="checkbox"/> Clear <input checked="" 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	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
WOOLEVER, MARSHALL LEE	1027 S HIGHVIEW - JOPLIN, MO 64804	(417) 629-6002
FARRAR, JERRY WAYNE	10781 MULBERRY RD - NEOSHO, MO 64850	(417) 451-8833

**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	OTHER ACTIONS	SCHOOL INFO.
						<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	<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)

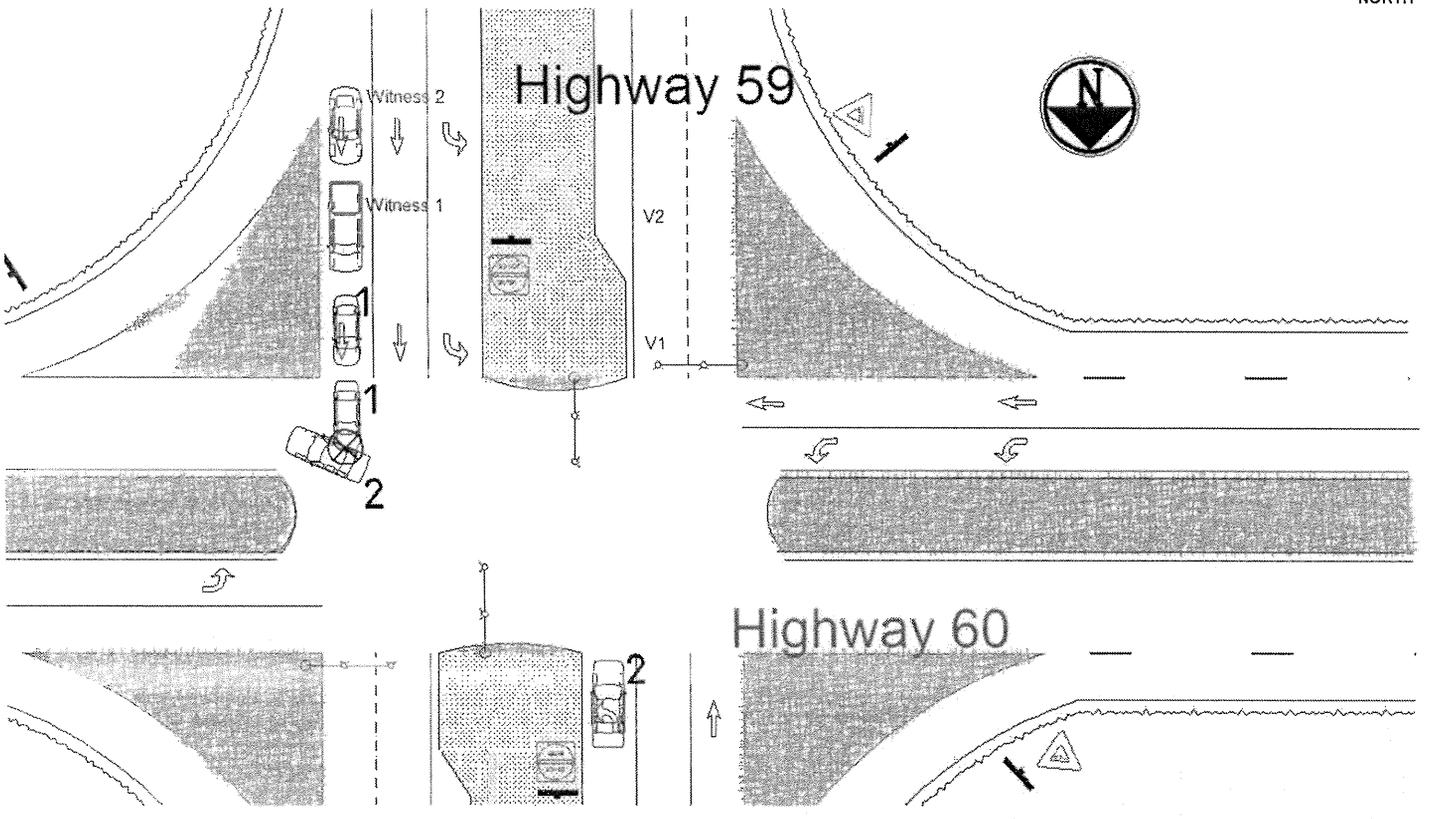
PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/>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



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 CARTER, JUDITH MAYE 18572 E SATE HIGHWAY 76 - ROCKY COMFORT, MO 64861
PHONE NUMBER (417) 451-3418

DRIVER LICENSE / ID NUMBER M078123010
STATE MO
LIC STATUS [X] Valid [ ] Expired [ ] Susp / Rev / Denied [ ] Disqual CDL [ ] Canceled / Oth Invalid [ ] Unknown
LIC TYPE [X] Operator Class F [ ] Permit [ ] Unknown (Explain)
MC ENDORSEMENT [ ] Yes [ ] No [X] NA [ ] Unknown (Explain)

DATE OF BIRTH 08-17-1950
SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-ION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED [ ] NA [X] Not Obstructed [ ] Windshield [ ] Load on Veh [ ] Trees / Brush [ ] Building [ ] Embankment [ ] Sign [ ] Hillcrest [ ] Parked Veh [ ] Moving Veh [ ] Stopped Veh [ ] Other (Explain) [ ] Unknown (Explain)

PROOF OF INSURANCE [X] Yes [ ] No [ ] Not Required
INSURANCE COMPANY STATE FARM
PHONE NO. (Optional) (417) 451-1030 -
POLICY NUMBER 229-854-A19-25
[ ] Driver [X] Vehicle

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

YEAR 2001 MAKE Mercury MODEL GRAND MA COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO PJ7R2F STATE MO YEAR 2015 VIN 2MEFM74WX1X700194
TOWED FROM SCENE [ ] Yes [X] No TOWED DUE TO DIS. DAMAGE [ ] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [ ] None / No Damage
INITIAL IMPACT NO. 1
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
[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) [ ] Intercity [ ] Transit / Commuter [ ] Charter / Tour [ ] Other
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 09 01 34 [ ] Unknown
ANIMAL CODE(S) [ ] FIXED OBJECT CODE(S) [ ] ALCOHOL USE [X] No [ ] Yes [ ] Unk [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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 [X] No [ ] Unknown
TRAFFIC CONTROL [ ] None [ ] Unknown
Electric: [X] 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) [X] No [ ] Unknown [ ] NA

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES PHONE NUMBER
LOVE, BETTY SUE 1306 LOVE RD - ROCKY COMFORT, MO 64861 11-08-1925 F FR 5 1 2 03 05 (417) 628-3816

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 - 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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
NO. 2 WEBB, GERALDINE 16926 HIGHWAY V - DIAMOND, MO 64840
PHONE NUMBER (417) 325-6266

DRIVER LICENSE / ID NUMBER J078223005 STATE MO
LIC STATUS [X] Valid [ ] Expired [ ] Susp / Rev / Denied [ ] Disqual CDL [ ] NA [ ] Canceled / Oth Invalid [ ] Unknown
LIC TYPE [X] Operator Class F [ ] Permit [ ] Unknown (Explain) [ ] CDL Class [ ] MC Only [ ] MC ENDORSEMENT [ ] Yes [ ] No [X] NA [ ] Unknown (Explain) [ ] Interm / Grad [ ] Unlicensed

DATE OF BIRTH 01-22-1939 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 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 TRAVELERS INSURANCE
PHONE NO. (Optional) POLICY NUMBER 9926068482031
[ ] Driver [X] Vehicle

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

YEAR 2009 MAKE CADILLAC MODEL CTS COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. KC8E6L STATE MO YEAR 2017 VIN 1G6KD57Y79U105861
TOWED FROM SCENE [ ] Yes [X] No TOWED DUE TO DIS. DAMAGE [ ] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [ ] None / No Damage TOWED BY [ ] Unknown [X] NA
INITIAL IMPACT NO. 5 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
[X] 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 [ ] 2 Wh [ ] Construction Equip. Heavy Mach. [ ] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
[ ] Sport Utility Vehicle [ ] Intercity [ ] 3 Wh [ ] Other Vehicle (Code) [ ] Truck Tractor With No Units [ ] Less than or equal to 10,000 lbs.
[ ] Limousine (< 8 W/Driver) [ ] Transit / Commuter [ ] 4 Wh [ ] Cargo Van [ ] Truck Tractor With One Unit [ ] 10,001 - 26,000 lbs.
[ ] Limousine (9-15 W/Driver) [ ] Charter / Tour [ ] 5 Wh / More [ ] Pickup [ ] Truck Tractor With Two Units [ ] Greater than 26,000 lbs.
[ ] Motorized Bicycle [ ] Other [ ] Unknown [ ] Other Heavy Truck [ ] Truck Tractor With Three Units [ ] Unknown
[ ] Pedalcycle [ ] To / From School [ ] Unknown (Explain)

EMERGENCY VEHICLE INVOLVEMENT [X] NA
[ ] Police [ ] Ambulance [ ] A. Emergency Vehicle on Emergency Run [ ] Congestion Ahead [ ] Other Incident Ahead
[ ] Fire [ ] Other (Must check "A" / "B") [ ] B. Stationary With Emergency Equip. Activated [ ] Crash 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 05 34 [ ] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S)
ALCOHOL USE [ ] Yes [ ] Unk [X] No [ ] NA

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)
[X] 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) [X] 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 [X] No [ ] Unknown TRAFFIC CONTROL [ ] None [ ] Unknown
Electric: [X] Green/Yellow/Red [ ] Flashing Red [ ] Flashing Yellow [ ] Ramp Meter [ ] Other (Explain)
Workers Present [ ] Yes [X] No [ ] Unknown Other [ ] Stop Sign [ ] No Passing Zone [ ] Turn Restricted [ ] Officer / Flagman [ ] Signal On School Bus
[ ] Yes [X] No [ ] Unknown Controls. [ ] Warning Sign / Device [ ] Railway Crossing Sign / Device [ ] School Zone [ ] Yield Sign [ ] Other (Explain)

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.

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 [ ] Not In Commerce - Government Vehicle [ ] Not In Commerce - Other Vehicle [ ] MC / MX / ICC NO. [ ] USDOT NO.
[ ] Intrastate Carrier [ ] Not In Commerce - Rental Vehicle

CARGO BODY TYPE [ ] Enclosed Box [ ] Flatted [ ] Concrete Mixer [ ] Garbage / Refuse [ ] Pole Trailer [ ] Vehicle Towing [ ] Intermodal Container Chassis [ ] NA (No Cargo Body) [ ] Other
[ ] Cargo Tank [ ] Dump [ ] Auto Transporter [ ] Grain / Chip / Gravel [ ] Log [ ] Other 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



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 OF - 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)

See Supplemental Narrative Page

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF JOSHUA HOUGHTON	DSN / BADGE NO 123	BEAT / ZONE SW	TROOP / DISTRICT / PRECINCT NFD2-S
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			
10-27-2015	NFD2-S	NEWTON			
REPORTING OFFICER NAME			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	
OFF JOSHUA HOUGHTON			123		
				DSN / BADGE NO.	
				105-	

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

**MAIN NARRATIVE**

On 10-27-2015 at approximately 1055 hours, Officers were dispatched to the intersection of Highway 59 and Highway 60 for a report of a traffic crash.

Upon my arrival, I made contact with Judith Carter, the driver of vehicle 1 (V1). Ms. Carter stated she was stopped at the intersection in the northbound lane of Highway 59. She stated the light turned green and she began driving into the intersection. She told me she did not see another vehicle coming and stated she struck vehicle 2 (V2) in the intersection. She told me it looked like a woman was driving the vehicle. Ms. Carter said she stopped where she was for a moment because she was confused and shook up. She told me the driver of V2 drove to the side of the road and looked like she was going to stop there but continued driving. She told me V2 went North on Highway 59.

As I was on scene, a man pulled up and stated he saw the incident take place. I identified the man as Jerry Farrar by his Missouri Driver's License. Mr. Farrar said he was approximately 3 cars behind Ms. Carter at the light. He said the light turned green and Ms. Carter began into the intersection. Mr. Farrar said he saw a white truck turn into the intersection from the southbound left turn lane of highway 59. He stated the white truck ran the red light at the intersection. He said the white truck was followed by V2. He told me he was certain the light was green when Ms. Carter entered the intersection. He said V1 struck V2 in the intersection.

V2 left the scene before my arrival. See Officer Miller's supplement to this report for the Reporting Party's statement and the driver of V2's statement.

At the conclusion of my investigation, I determined the driver of V2 failed to stop at a signal light, causing a traffic crash.

I also completed a Missouri Department of Revenue Driver Condition Report for Ms. Webb due to my concern for her driving with her medical condition.

I have nothing further to add at this time.

**SUPPLEMENTAL NARRATIVE - WITNESS STATEMENT / DRIVER TWO STATEMENT OFFICER: JLM 10/27/2015**

On 10-27-2015, Officer's were dispatched to the intersection of Highway 59 and Highway 60 for a traffic crash. Prior to our arrival Central Dispatch Center (CDC); advised a white Cadillac that was involved in the crash had left the scene. CDC said a witness to the crash followed the vehicle to the parking lot of Oriental House.

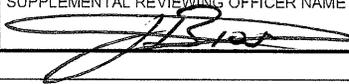
Upon my arrival to Oriental House, I observed a white Cadillac parked on the south side parking lot with a pickup truck parked directly behind it. I identified the driver of the pickup truck by his Missouri driver license as Marshall Woolever, which was the reporting party.

Mr. Woolever stated he was in the north bound lane on Business Highway 49 sitting at the stop light. He said the north and south bound lanes light turned green. The white Cadillac ran a red light turning left (east) onto Highway 60 where it was T-boned by a Mercury. He said there was no way for the Mercury to avoid the collision because there was a black truck in the inside lane. He said after the crash happened, he pulled over to the shoulder to help the people in the Mercury. He said when he went to get out the Cadillac started to drive off, so he followed it to the Oriental House where it parked.

Mr. Woolever completed a voluntary statement, which is attached to this report.

I spoke to the driver of the Cadillac (Vehicle 2) and identified the driver by her Missouri driver license as Geraldine Webb. I asked Ms. Webb if she knew that she was involved in a traffic crash. She stated she did know about being involved in the crash. I asked Ms. Webb why she did not stay at the scene. She stated she did not stay because after the crash happened nobody got out of their vehicle and she did not know what to do. She said she did not know why the guy in the truck followed her to the restaurant. I asked Ms. Webb why she decided to stop at the restaurant parking lot. She stated she did not know why she pulled into the parking lot.

I asked Ms. Webb if she had been taking any medication for any reason. She originally stated she did not take any medication, and then she said she had just picked up some medication that was prescribed by her doctor. Ms. Webb then pulled out from her purse a list of medication that she currently takes. Ms. Webb went on to tell me that some of the medication that she takes is for dementia. Ms. Webb's told me she was going to contact her boyfriend Edward Moss to come

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI	
				NEOSHO POLICE DEPARTMENT - MO0730300	
CRASH DATE	TRP / DIST / PCT	COUNTY			
10-27-2015	NFD2-S	NEWTON			
REPORTING OFFICER NAME			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	
OFF JOSHUA HOUGHTON			123		
				DSN / BADGE NO.	
				105	

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

out and speak with us.

Upon Mr. Moss's arrival, I asked him about Ms. Webb's dementia. He told me she has been rapidly declining lately and her short term memory is become worse. I asked Mr. Moss if he would be able to take her home because I did not feel Ms. Webb was in a safe state of mind to be driving. He agreed to take her home and he would come back later for the vehicle.

Ms. Webb reported no injuries and refused medical treatment.

I took a photograph of the damage to Ms. Webb's vehicle. It is attached to this report.

 #119



1015-266 CR

NEOSHO POLICE DEPARTMENT  
VOLUNTARY STATEMENT FORM

Subject: CRASH Case #: 1015-266 Date: 10-27-15 Time: 1110

I WAS N. Bound Bus 49 At Stop Light When  
We got the Green Light traffic started Across intersection  
When the Lady In White CADILLIAC <sup>that was South Bound</sup> DTS RAN  
Red Light Turning East on 60 Hwy the Lady in Mercury  
T-Boned CADILLIAC there was no way for her to Avoid  
it Because of A Black truck that was in the  
inside lane Next to Her After the incident  
I pulled over to the shoulder Along with Lady  
in the Mercury, After that Lady in CADILLIAC LEFT  
Scene of ACCIDENT so I Followed AND ENDED UP  
in Fraternal oriental House parking Lot

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Page 1 of 1

Signed [Signature]

Witnessed [Signature]