

1 - GENERAL CRASH INFORMATION  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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	0	0	1115-004

NO. VEH. INV.	CRASH DATE	CRASH TIME (ML)	NOTIFIED DATE	TIME NOTIFIED (ML)	INVESTIGATION DATE	TIME ARRIVED (ML)	INVEST. AT SCENE
1	11-01-2015	1556	11-01-2015	1556	11-02-2015	1556	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE
	<input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	<input checked="" 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

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
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input 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	NW	NNW	LAT N 36 52 12.7 LONG W -94 22 39.8
ON	RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING
CST FAIRGROUND RD	N	327 <input type="checkbox"/> NA Feet	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	S of CST W HARMONY 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			35 W NA
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"/> Other <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Level <input checked="" 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 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 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)		
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 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				
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> 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
NEELY, BRENDA SUE	11900 WHISPERING PINES - NEOSHO, MO 64850	(417) 389-8974
HOLSER, NORMA MAY RUTH	920 1/2 LINCOLN ST - NEOSHO, MO 64850	(417) 355-5891

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

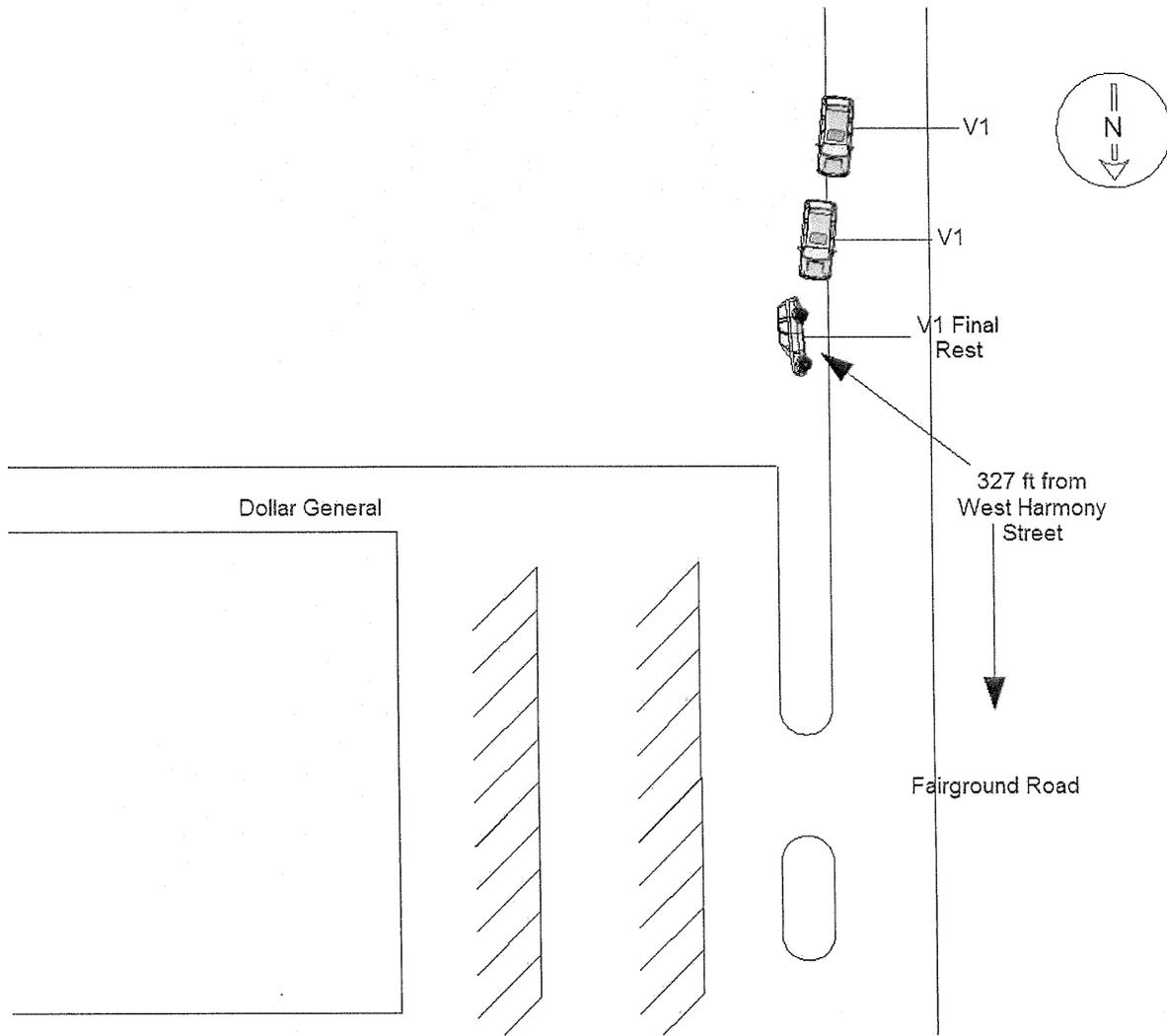
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
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DATE OF BIRTH	SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION	CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
						<input type="checkbox"/> On Roadway <input type="checkbox"/> 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 <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	<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

CR  
INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 1 PEREZ-LOPEZ, FRANCO 116 BROADWAY AVE - NEOSHO, MO 64850 PHONE NUMBER (417) 389-8974

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

DATE OF BIRTH 01-15-1993 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 [ ] Glare [ ] Other (Explain)

PROOF OF INSURANCE [ ] Yes [ ] No [ ] Not Required INSURANCE COMPANY [ ] Expired PHONE NO. (Optional) POLICY NUMBER [X] NA [ ] Driver [ ] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) LOPEZ, ALEX 612 ADAMS ST - NEOSHO, MO 64850 PHONE NUMBER [ ] SAD

YEAR 2000 MAKE General Motor Corp. MODEL JIMMY COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO WK3E5L STATE MO YEAR 2016 VIN 1G1K1C1S118W3YK207086 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 3 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) [X] 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 [ ] Motor Home [ ] Farm Implements [ ] Construction Equip. Heavy Mach. [ ] Other Vehicle (Code) [ ] Cargo Van [ ] 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 [X] NA [ ] Police [ ] Ambulance [ ] Fire [ ] Other (Must check "A" / "B") [ ] A. Emergency Vehicle on Emergency Run [ ] B. Stationary With Emergency Equip. Activated [ ] Congestion Ahead [ ] Crash Ahead [ ] Other Incident Ahead [ ] Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES [ ] Additional Codes Listed in Narrative (See Codes in Section 8) SEQUENCE OF EVENTS CODES [ ] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE [X] Yes [ ] Unk [ ] No [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [ ] None [ ] Vehicle Defects (Explain) [ ] Speed - Exceeded Limit [ ] Too Fast For Conditions [ ] Violation Signal / Sign [ ] Failed To Yield [X] 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 [X] 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 [X] None [ ] Unknown Electric: [ ] Green/Yellow/Red [ ] Flashing Red [ ] Flashing Yellow [ ] Ramp Meter [ ] Other (Explain) Other: [ ] Stop Sign [ ] No Passing Zone [ ] Turn Restricted [ ] Officer / Flagman [ ] Signal On School Bus Controls: [ ] Warning Sign / Device [ ] Railway Crossing Sign / Device [ ] School Zone [ ] Yield Sign [ ] Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING [ ] Yes (Explain) [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-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 1: LOPEZ, MARVIN, 913 N LINCOLN ST - NEOSHO, MO 64850, 05-17-1990, M, FR, 5, 1, 2, 03, 05, (417) 355-3151

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

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

HAZARDOUS MATERIALS PLACARD DISPLAYED [ ] Yes [ ] No [ ] Unknown 4-DIGIT NO. CLASS HM CARGO PRESENT [ ] Yes [ ] No [ ] Unknown HM CARGO RELEASED [ ] Yes [ ] No [ ] Unknown HAZARDOUS MATERIAL NAME



SEAT LOCATION		INJURY		TRANSPORTED		EJECTION		AIR BAG		SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fatal	19. Airborne	(For Medical Treatment)	1. NA	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat		
B - Pedalcycle	FC SC TC	2. Disabling	20. Ran Off Roadway - Right		2. No	3. Not Deployed	10. Deployment Unknown	2. Not Used	11. Child Restraint - Forward Facing		
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	21. Ran Off Roadway - Left		3. Partially	4. Removed	U. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing		
CP - Commercial Passenger		4. Probable - Not Apparent	22. Overturn / Rollover		4. Totally	5. Deployed - Front		4. Lap Belt Only	13. Other Helmet		
OE - Occupant - Enclosed Load Area		5. None Apparent	23. Fire / Explosion		U. Unknown	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing		
OU - Occupant - Unenclosed Load Area		U. Unknown	24. Immersion		N. NA	7. Deployed - Curtain		7. DOT Compliant MC Helmet	15. Other		
RC - Rail Crew		N. NA	25. Jackknife			8. Deployed - Other (Knee, Air Belt, etc.)		8. No Helmet	U. Use Unknown		
SV - Other (Explain in Narrative)			26. Cargo Loss / Shift						N. Not Applicable		
NA - Not Applicable			27. Equipment Failure								

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding)	
1. Going Straight	10. Start From Parked
2. Overtaking	11. Backing
3. Making Right Turn	12. Stopped In Traffic
4. Right Turn on Red	13. Parked
5. Making Left Turn	14. Changing Lanes
6. Making U-Turn	15. Avoiding
7. Skidding / Sliding	16. Cross Median
8. Slowing / Stopping	17. Cross Center Of Road
9. Start In Traffic	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

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS	
60. Deer	61. Farm Animal
62. Dog	63. Other Animal
	U. Unknown

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS	
20. Tree / Stump (Standing)	26. Culvert
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support
22. Guardrail Face	28. Bridge Pier / Abutment / Support
23. Utility Pole	29. Curb
24. Fence	30. Mail Box
25. Street Light Support	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

DISTRACTED / INATTENTIVE CODES	
1. External Distraction	5. Communication Device - Hand-held
2. Passengers	6. Communication Device - Hands Free
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing
4. Navigation Device	8. Communication Device - Web Browsing
9. Eating / Drinking	10. Reading
11. Tobacco Use	12. Grooming
13. Computer Equipment / Electronic Games / etc.	14. Adjusting Vehicle Controls
	15. Other (Explain)

VEHICLE TYPE CODES	
1. Motor Vehicle In Transport	3. Working Motor Vehicle
2. Parked Motor Vehicle	4. Pedalcycle
	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
	U. Unknown

OTHER VEHICLE CODES	
1. Riding Mower / Garden Tractor	3. Snowmobile
2. Golf Cart	4. Forklift
	5. Animal Drawn Vehicle / Animal Ridden For Transportation
	6. Low Speed Vehicle
	7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

See Supplemental Narrative Page

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
OFF JOSHUA HOUGHTON	123	NW	NNW
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT JOSHUA BUCKNER	105		

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI	
				NEOSHO POLICE DEPARTMENT - MO0730300	
CRASH DATE	TRP / DIST / PCT	COUNTY			
11-01-2015	NNW	NEWTON			
REPORTING OFFICER NAME			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	
OFF JOSHUA HOUGHTON			123	SGT JOSHUA BUCKNER	
				DSN / BADGE NO.	
				105	

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

**MAIN NARRATIVE**

On 11-01-2015 at approximately 1556 hours, Officers were dispatched to the intersection of Fairground Road and West Harmony Street for a report of a traffic crash.

Upon my arrival at the intersection, I noted a Black GMC Jimmy in the tall grass that was on its side. I made contact with Norma Holser. Ms. Holser stated her and a friend, Brenda Neely witnessed the incident occur and she called 911 to report the crash. She stated her and Ms. Neely were standing in the parking lot and she heard a noise and turned to see the vehicle leave the roadway. She said she called Ms. Neely's attention to the crash and Ms. Neely said she turned to see the vehicle come to a rest. Ms. Holser said the driver of the vehicle was currently in the passenger seat of a white truck parked nearby. She said she told the driver to wait for the police to get to the scene before leaving. She stated both men wanted to leave and asked if Ms. Neely and Ms. Holser would call a tow truck for them. Ms. Holser said they also asked them not to call the police, but she said they had already done so.

I made contact with Marvin Lopez, the passenger in the vehicle. I asked Mr. Lopez to explain what happened. He stated the vehicle, which belongs to his brother was being driven by Franco Perez-Lopez. He stated both of them had been drinking and neither had a valid operator's license. Mr. Lopez said they were driving north on fairground road and Mr. Perez-Lopez lost control of the vehicle causing the traffic crash. I asked him if either of them were hurt and he said they were not.

As I was speaking to Mr. Lopez, I noticed the white truck with the driver of the GMC Jimmy leaving the parking lot. I stopped the vehicle and informed the driver I was stopping him because I believed the passenger in his vehicle was the driver of a vehicle that was crashed. The man stated he spoke "No English." I asked the passenger if he spoke English and he shook his head and said "No English." Sergeant Buckner Transported Mr. Lopez to the area I stopped the vehicle at to translate. I asked Mr. Lopez to ask Mr. Perez-Lopez if he had been drinking. Mr. Lopez stated Mr. Perez-Lopez said he had been drinking but had not been driving.

I asked Ms. Holser and Ms. Neely to complete written statements stating who they saw in the driver's seat of the vehicle. Both said they had seen Mr. Perez-Lopez get out of the driver's seat and crawl out the window of the vehicle. For copies of the statements, see incident 1115-004.

The vehicle was removed from the ditch Dickson Towing and driven from the scene by a licensed driver.

Based on statements from the witnesses and the passenger and the driver, at the end of my investigation I determined Mr. Perez-Lopez had been driving while intoxicated, resulting in a traffic crash.

I have nothing further to add at this time.

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