

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO.	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY 0	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 1115-154
NO. VEH. INV. 2	CRASH DATE 11-18-2015	CRASH TIME (MIL.) 1335	NOTIFIED DATE 11-18-2015	TIME NOTIFIED (MIL.) 1344	INVESTIGATION DATE 11-18-2015	TIME ARRIVED (MIL.) 1351	INVEST. AT SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CRASH TYPE <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		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		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input checked="" 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 type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle		<input 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. <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 / GCWWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM <b>OFC TYREE</b>	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY <b>NEWTON</b>	MUNICIPALITY <b>NEOSHO</b>	BEAT / ZONE <b>S</b>	TRP/DIST/PCT <b>NA</b>	GPS COORDINATES (DD MM SS.S FORMAT) LAT N LONG W <b>NA</b>
ON <b>US HIGHWAY 60</b>		RDWY. DIR. <b>E</b>	DISTANCE FROM <b>10</b> <input type="checkbox"/> NA Feet _____ Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At
SPEED LIMIT <b>45</b>	ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	INTERSECTING <b>N of CST HOWARD BUSH DR</b>		SPEED LIMIT <b>35</b>
TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane		ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)
INTERSECTION TYPE <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)		ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)		
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)		WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <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

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

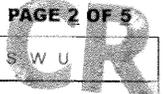
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #.	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown
CROSSING ROAD <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		SCHOOL INFO. <input checked="" type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)				DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

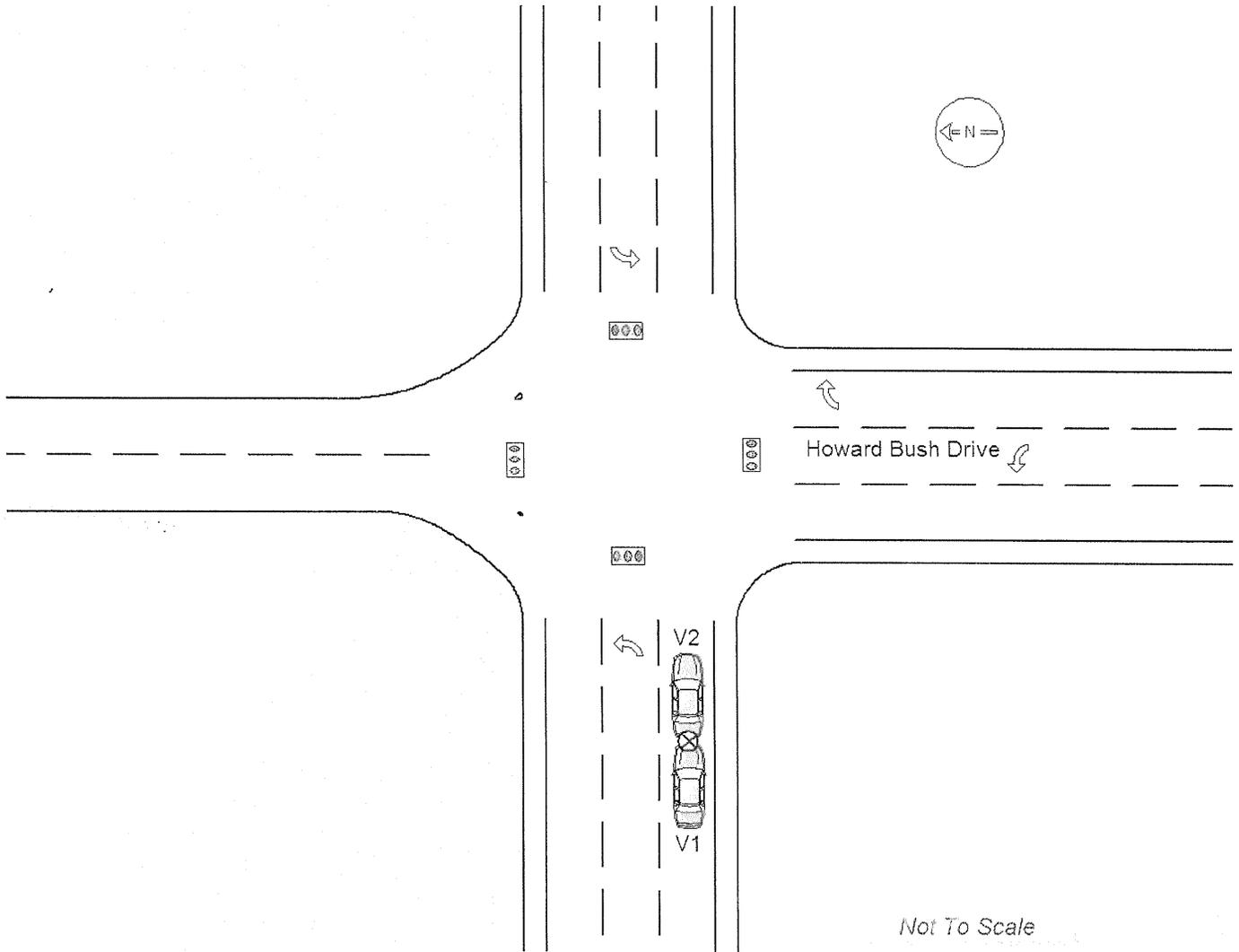
6. COLLISION DIAGRAM

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



Highway 60

Howard Bush Drive

Not To Scale

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 BOHNERT, ELIZABETH ANN 1016 KENTLAND DR - NEOSHO, MO 64850
PHONE NUMBER (417) 439-0866

DRIVER LICENSE / ID NUMBER R079231003
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 12-15-1958
SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED [X] NA [ ] Not Obstructed [ ] Windshield [ ] Load on Veh [ ] Trees / Brush [ ] Building [ ] Embankment [ ] Sign [ ] Hillcrest [ ] Parked Veh [ ] Moving Veh [ ] Stopped Veh [ ] Glare [ ] Other (Explain) [ ] Unknown (Explain)

PROOF OF INSURANCE [X] Yes [ ] No [ ] Not Required
INSURANCE COMPANY PROGRESSIVE [ ] Expired
PHONE NO. (Optional) (636) 273-6700 - POLICY NUMBER 25171874-7
[ ] Driver [X] Vehicle

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

YEAR 2001 MAKE Ford MODEL LINCOLN COLOR WHI
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO FM5H8Y STATE MO YEAR 2016 VIN 1LNHM82W41Y647393
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 [ ] Small Bus (9-15 W/Driver) [ ] Motorcycle [ ] Motor Home
[ ] Van (< 9 W/Driver) [ ] Large Bus (16+ W/Driver) [ ] ATV [ ] Farm Implements
[ ] Passenger Van (9+ W/Driver) [ ] School Bus [ ] 2 Wh [ ] Construction Equip. Heavy Mach.
[ ] Sport Utility Vehicle [ ] Intercity [ ] 3 Wh [ ] Other Vehicle (Code)
[ ] Limousine (7-8 W/Driver) [ ] Transit / Commuter [ ] 4 Wh [ ] Cargo Van
[ ] Limousine (9-15 W/Driver) [ ] Charter / Tour [ ] 5 Wh / More [ ] Pickup
[ ] Motorized Bicycle [ ] Other [ ] Unknown [ ] Other Heavy Truck
[ ] Pedalcycle [ ] To / From School [ ] Unknown (Explain)
[ ] 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 [ ] A. Emergency Vehicle on Emergency Run
[ ] Fire [ ] Other (Must check "A" / "B") [ ] B. Stationary With Emergency Equip. Activated
CONTRIBUTING TRAFFIC CONDITIONS [X] NA
[ ] Congestion Ahead [ ] Other Incident Ahead
[ ] 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 [ ] Unknown 01 12 01 34
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 [X] Following Too Close [ ] Improper Lane Usage / Change [ ] Unknown (Explain)
[ ] 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
[ ] Alcohol [ ] Improper Passing [ ] Physical Impairment (Explain) [ ] Failed To Secure Load / Improper Loading
[ ] Drugs [ ] Improperly Parked [ ] Improper Start From Park [ ] Animal(s) In Roadway
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)
Workers Present [ ] Yes [X] No [ ] Unknown
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)

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 [ ] Not In Commerce - Government Vehicle [ ] Not In Commerce - Other Vehicle
[ ] Intrastate 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 [ ] Intermodal [ ] NA (No Cargo Body) [ ] Other
[ ] Cargo Tank [ ] Dump [ ] Auto Transporter [ ] Grain / Chip / Gravel [ ] Log [ ] Another Veh. [ ] Container Chassis [ ] 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

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 JOHNSON, CHRISTINA MARIE 17005 HWY O - STARK CITY, MO 64866** PHONE NUMBER **(417) 658-5372**

DRIVER LICENSE / ID NUMBER **500881479** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Unknown  NA  Canceled / Oth Invalid  Unknown

LIC TYPE  Operator Class **F**  Permit  Unknown (Explain)  CDL Class  MC Only  Interm / Grad  Unlicensed

MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **02-14-1977** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED  NA  Not Obstructed  Windshield  Load on Veh  Trees / Brush  Building  Embankment  Sign  Hillcrest  Parked Veh  Moving Veh  Stopped Veh  Glare  Other (Explain)  Unknown (Explain)

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **AMERICAN FAMILY** Expired  PHONE NO. (Optional) **(417) 451-1173 -** POLICY NUMBER **2356-1662-01-68-FPPA**  Driver  Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)  SAD **BUTTON, VERNON LEON 612 STEVENS ST - NEOSHO, MO 64850** PHONE NUMBER **(417) 638-5372**

YEAR **2000** MAKE **Chevrolet** MODEL **IMPALA** COLOR **BLU** VEH. TYPE **1** TOTAL NO. OF OCC. **4**

LICENSE - PLATE NO **DE9R9G** STATE **MO** YEAR **2016** VIN **2 G 1 W F 5 5 E 7 Y 9 3 1 9 9 2 0** TOWED FROM SCENE  Yes  No TOWED DUE TO DIS. DAMAGE  Yes  No

VEHICLE DAMAGE (Mark all damaged areas)  None / No Damage TOWED BY  Unknown  NA

INITIAL IMPACT NO: **8** 2 3 4 5 6 7 18 - Undercarriage 22 - Cargo  
1 15 16 17 19 - Windshield 23 - Unknown  
8 20 - Burned 24 - Other (Explain)  
14 13 12 11 10 9 21 - Towed Unit

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles  Vehicle Used As Public Conveyance

Passenger Car  Small Bus (9-15 W/Driver)  Motorcycle  Motor Home  Single-unit Truck; 2 axles, 6 tires  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

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  Other Vehicle (Code)  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

Sport Utility Vehicle  Intercity  3 Wh  Cargo Van  Pickup  Other Heavy Truck  Unknown (Explain)

Limousine (7-8 W/Driver)  Transit / Commuter  4 Wh

Limousine (9-15 W/Driver)  Charter / Tour  5 Wh / More

Motorized Bicycle  Other  Unknown

Pedalcycle  To / From School  Unknown (Explain)

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  Other Incident Ahead  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  Unknown **01 12 34** ANIMAL CODE(S)  FIXED OBJECT CODE(S)  ALCOHOL USE  No  Yes  Unk  NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES  None

Vehicle Defects (Explain)  Vision Obstructed  Failed To Dim Headlights  Improper Towing / Pushing  Object / Obstruction in Roadway  Distracted / Inattentive (Designate Type)  Unknown (Explain)  Other (Explain)

Speed - Exceeded Limit  Driver Fatigue / Asleep  Failed To Use Lights  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

Too Fast For Conditions  Improper Signal  Following Too Close  Wrong Side (Not Passing)  Wrong Side (One-Way)  Physical Impairment (Explain)  DISTRACTED / INATTENTIVE CODE(S)  NA (See Codes in Section 8)

Violation Signal / Sign  Improper Backing  Wrong Side (Not Passing)  Improper Turn  Improper Passing  Improperly Parked  Alcohol  Drugs

7E. WORK ZONE:  Yes  No  Unknown TRAFFIC CONTROL:  None  Unknown

Electric:  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain)

Workers Present  Yes  No  Unknown Other  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 MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
BUTTON, VERNON LEON 612 STEVENS ST - NEOSHO, MO 64850	06-18-1925	M	SR	5	1	2	03	05	(417) 658-5372
JOHNSON, VICTORIA MARIE 17005 HIGHWAY O - STARK CITY, MO 64866	07-07-2014	F	SC	5	1	2	03	11	(417) 638-5372
JOHNSON, DORTHY LEE 612 STEVENS ST - NEOSHO, MO 64850	09-26-1928	F	FR	5	1	2	03	05	(417) 638-5372

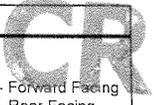
7G. COMMERCIAL MOTOR VEHICLE  NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)  SAO PHONE NUMBER  SAO

COMMERCIAL / NON-COMMERCIAL  Interstate Carrier  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  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

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	(For Medical Treatment)	1. NA	1. None / NA	1. None
B - Pedalcycle	FC SC TC	2. Disabling		2. No	3. Not Deployed	2. Not Used
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	1. No	3. Partially	4. Removed	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable - Not Apparent	2. EMS	4. Totally	5. Deployed - Front	4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent	3. Other	U. Unknown	6. Deployed - Side	5. Shoulder and Lap Belt
OU - Occupant - Unenclosed Load Area		U. Unknown	U. Unknown		7. Deployed - Curtain	6. DOT Compliant MC Helmet
RC - Rail Crew		N. NA	N. NA		8. Deployed - Other (Knee, Air Belt, etc.)	7. No Helmet
SV - Other (Explain in Narrative)						8. No Helmet
NA - Not Applicable						N. Not Applicable

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

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 November 18th 2015 at approximately 13:51 hours an officer responded to the intersection of Highway 60 and Howard Bush Drive to take a vehicle crash report.

Upon my arrival to the intersection of Highway 60 and Howard Bush Drive I observed the roadway to be clear of any obstruction. I observed two vehicles were sitting on the shoulder of the road on Howard Bush Drive facing south. I made contact with the driver of V1 a Ms. Elizabeth Bohnert. Ms. Bohnert said she was stopped at the stop light at the intersection of Highway 60 and Howard Bush Drive when she noticed her shoe lace was entangled with the brake pedal. She said she lifted her foot off of the brake pedal in attempt to untangle the shoe lace, in doing so she accidently stepped onto the accelerator pedal. Ms. Bohnert said her vehicle moved forward and struck the rear of the vehicle in front of her. She said she moved her vehicle out of the road way to keep from blocking traffic. I asked her if she needed Emergency Medical Service (EMS) to respond. Ms. Bohnert said she was not injured and did not need EMS to respond.

I made contact with the driver of V2 a Ms. Christina Johnson. Ms. Johnson said she was stopped at the traffic light for approximately 3 minutes when all of a sudden she felt an impact in the rear of her vehicle. I asked if anyone in her vehicle needed EMS to respond, she said no one in the car was injured and did not need EMS. She said she moved her vehicle out of the intersection so not to block traffic.

I photographed the damage to both vehicles 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 S	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME WATZMAN	DSN / BADGE NO. 107	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.