

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
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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"/>	<input checked="" type="checkbox"/>	0	0	1115-189

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	11-21-2015	1620	11-21-2015	1627	11-21-2015	1631	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CRASH TYPE	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"/> 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 checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<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 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 / 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.
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EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OFC TYREE	<input type="checkbox"/> Investigating Agency
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	NA	LAT. N	LONG. W NA

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST W COLER ST	E	<input checked="" type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	CST N JEFFERSON ST

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 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)

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 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)

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: Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

None

4 - WITNESS

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
MILLS, MARY JUNE	505 BENHAM AVE - NEOSHO, MO 64850	(417) 456-2468

5 - PEDESTRIAN

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

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input checked="" type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input checked="" 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"/> 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 NES **W** U

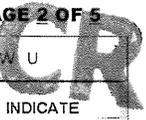
V2 NES **W** U

V3 NESWU

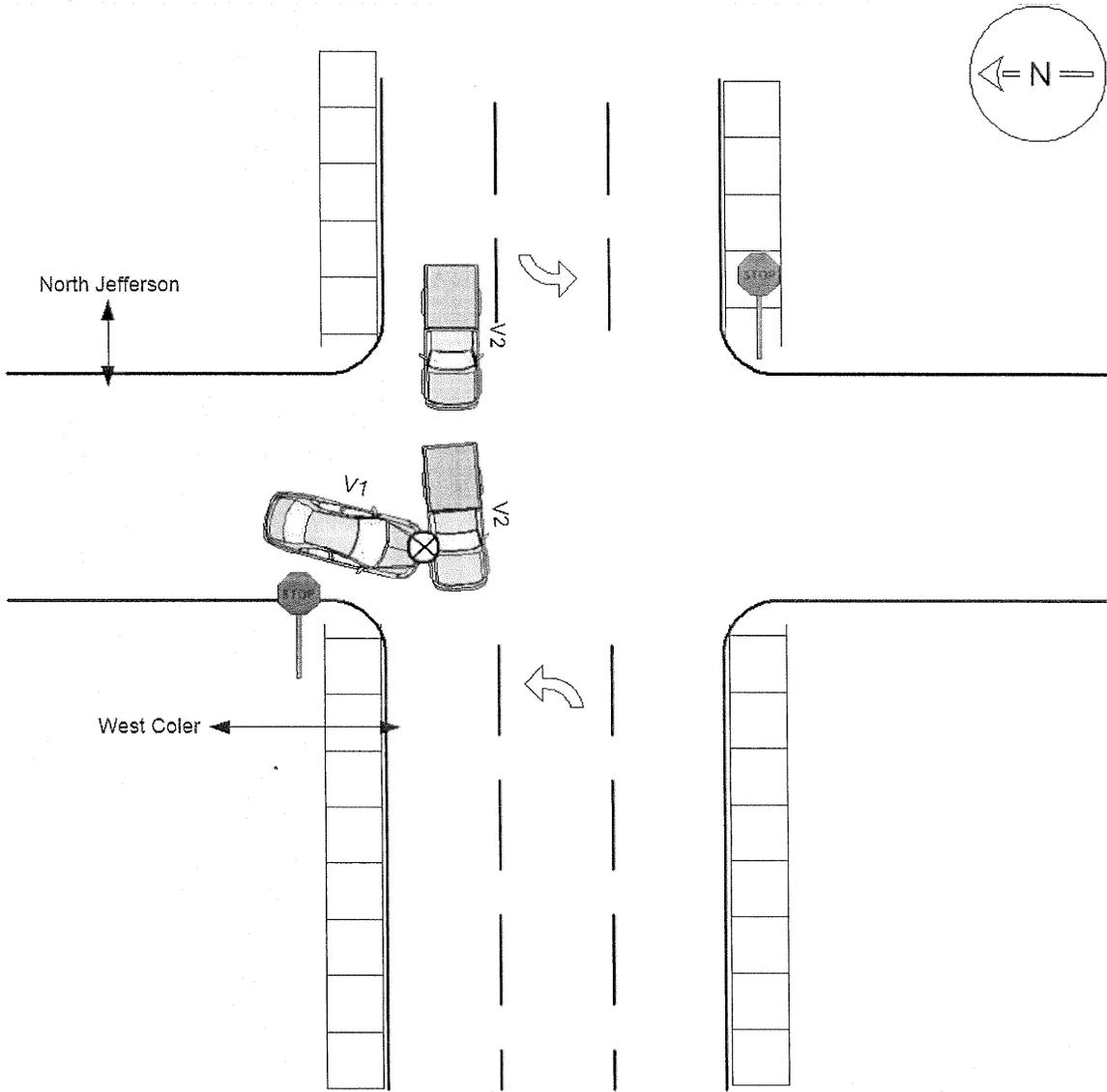
V4 NESWU

V5 NESWU

V6 NESWU



INDICATE NORTH



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 ANDERSON, SUVINA MARIE HOMELESS - NEOSHO, MO 64850
PHONE NUMBER (417) 389-4862

DRIVER LICENSE / ID NUMBER V078057007
STATE MO
LIC STATUS: Valid, Expired, Susp / Rev / Denied, Disqual CDL, NA, Canceled / Oth Invalid, Unknown
LIC TYPE: Operator Class F, CDL Class, Interm / Grad, Permit, MC Only, Unlicensed
MC ENDORSEMENT: Yes, No, Unknown (Explain)

DATE OF BIRTH 10-23-1992
SEX F SEAT LOC FL
INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED: NA
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: Expired
PHONE NO. (Optional)
POLICY NUMBER: NA
Driver, Vehicle

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

YEAR 2003 MAKE Buick MODEL LASABRE COLOR CHA
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. FF9Z0T STATE MO YEAR 2017
VIN 1G4HP52KX3U277080
TOWED FROM SCENE: Yes, No
TOWED DUE TO DIS. DAMAGE: Yes, No

VEHICLE DAMAGE (Mark all damaged areas)
None / No Damage
INITIAL IMPACT NO. 14
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
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
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), Truck Tractor With No Units, Truck Tractor With One Unit, Truck Tractor With Two Units, Truck Tractor With Three Units
GVW / GCVV 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: 03 34
ALCOHOL USE: Yes, No, Unknown

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: Yes, No, Unknown
TRAFFIC CONTROL: 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), 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, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 7F is empty.

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., 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)
2 FRANCISCO, CALVIN RUSSEL 2318 POSSUM HOLLOW RD - STEALLA, MO 64867
PHONE NUMBER (417) 628-3162

DRIVER LICENSE / ID NUMBER A078038001
STATE MO
LIC STATUS Valid
Operator Class F
MC ENDORSEMENT

DATE OF BIRTH 12-22-1998
SEX M SEAT LOC FL
INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05
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
INSURANCE COMPANY COLUMBIA
PHONE NO. (Optional) (417) 451-2808 -
POLICY NUMBER AUMO00000550925

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

YEAR 2003 MAKE Chevrolet MODEL S-10 COLOR BLK
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. OSX585
STATE MO YEAR 2017
VIN 1 G C C S 1 4 X 7 3 8 1 1 5 1 7 2
TOWED FROM SCENE
TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas)
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
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
Small Bus (9-15 W/Driver)
Large Bus (16+ W/Driver)
School Bus
Intercity
Transit / Commuter
Charter / Tour
Other
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)
Truck Tractor With No Units
Truck Tractor With One Unit
Truck Tractor With Two Units
Truck Tractor With Three Units
GVW / GCVV 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
CONTRIBUTING TRAFFIC CONDITIONS

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 34
ALCOHOL USE

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
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

7E. WORK ZONE
TRAFFIC CONTROL
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING

7F. 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

7G. COMMERCIAL MOTOR VEHICLE
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)

COMMERCIAL / NON-COMMERCIAL
Interstate Carrier
Intrastate Carrier
Not In Commerce - Government 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
4-DIGIT NO.
CLASS
HM CARGO PRESENT
HM CARGO RELEASED
HAZARDOUS MATERIAL NAME



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 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 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 / Rolllover 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 (**)

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

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)

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	

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)

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

On November 21st 2015 at approximately 16:31 an officer responded to the intersection of West Coler Street and North Jefferson Street to take a vehicle crash report.

While en route to the intersection of West Coler Street and North Jefferson Street I was notified by central dispatch this was a non injury vehicle crash. They also advised the vehicles were not in the intersection, the vehicles were parked at the business of CV glass.

Upon my arrival I made contact with the driver of V1 a Ms. Suvina Anderson. Ms. Anderson said she was making a right turn off of North Jefferson Street onto West Coler Street. As she was turning right she struck the side of V2. Ms. Anderson said she did not see the vehicle until it was too late.

I made contact with the driver of V2 a Mr. Calvin Francisco. Mr. Francisco said he was driving west on West Coler approaching the intersection of West Coler Street and North Jefferson Street. He said he seen V1 start to turn onto West Coler Street and he attempted to avoid the crash by driving into the turn lane. He said V1 then struck the right side of his pickup causing damage.

I spoke to a witness to the crash a Ms. Mary Mills. Ms. Mills said she watched the driver of V1 pull out off of North Lincoln and strike V2. I asked Ms. Mills to complete a voluntary statement form, she completed and signed the form, it will be attached to this report.

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

During the coarse of my investigation it was determined Ms. Anderson failed to yield the right of way to Mr. Francisco resulting in a vehicle crash and causing damage to his vehicle.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME OFF FRED TYREE	DSN / BADGE NO. 111	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT JOSHUA BUCKNER	DSN / BADGE NO. 105	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.



NEOSHO POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

Subject: Traffic Crash Case #: 1115-189 Date: 11-20-15 Time: 16:20

I seen Suvinia Anderson pull out at the stop sign at the corner of Coler and Lincoln and hit the black truck as she was looking at us- as she knows us as she was our former neighbor.

Her mouth ~~am~~ was moving so she probably had her music blaring like she always does and was singing.

She stated this is what a lack of sleep will do to you.

I was just in a accident and I didn't have any witnesses so I wanted to be one for this boy since I seen what happened so he doesn't have to go to small claims court like me

We thought we were hit also, the crash was so loud but we weren't.

~~Mmm Mmm Mmm Mmm~~

Page 1 of 1
Witnessed [Signature] #111

Signed Mary Mills