

1 - GENERAL CRASH INFORMATION	AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>
SPACE USED FOR BARCODE	

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	0	0	1115-203

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	11-23-2015	1549	11-23-2015	1550	11-24-2015	1552	<input checked="" type="checkbox"/> Yes <input 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 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.
<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2.	<input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OFC HOUGHTON	<input type="checkbox"/> Investigating Agency NESOHO PD
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	CR	NFD2-B	LAT: N	LONG: W	NA

ON	RDWY DIR.	DISTANCE FROM	LOCATION	INTERSECTING
US HIGHWAY 60	E	45 <input type="checkbox"/> NA Feet	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	W of CST HOWARD BUSH DR
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT
45	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			25

TRAFFICWAY	ROAD ALIGNMENT
<input type="checkbox"/> One-Way <input checked="" 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"/> 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"/> NA <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	<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	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  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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown <input 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 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 <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	<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"/> 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)	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

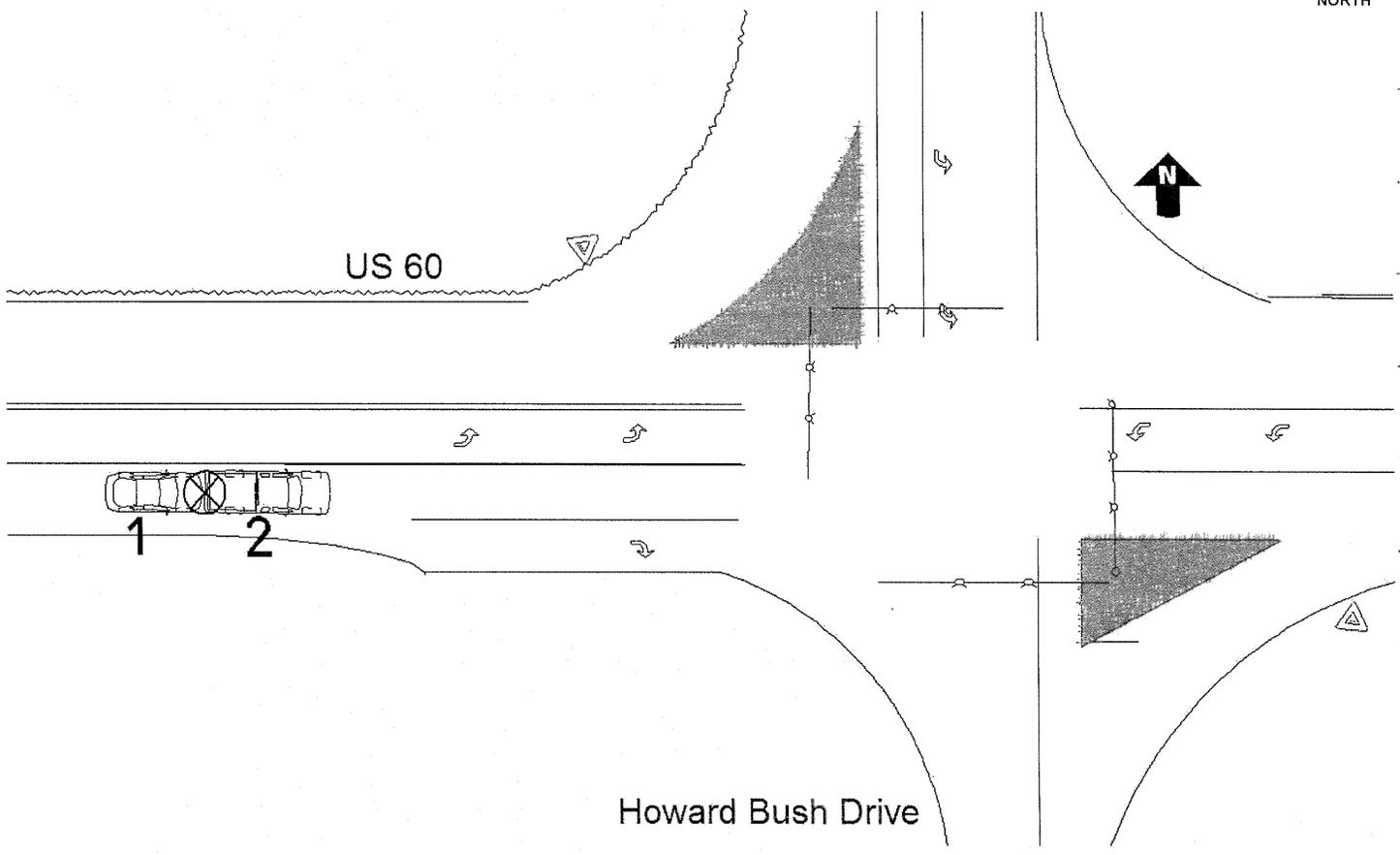
6. COLLISION DIAGRAM

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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ARNALL, DESTINY LAANDA 521 N MAIN ST - GRANBY, MO 64844 PHONE NUMBER (417) 389-9472

DRIVER LICENSE / ID NUMBER A202196003 STATE MO LIC STATUS Valid LJC TYPE Operator Class F MC ENDORSEMENT NA

DATE OF BIRTH 07-15-1999 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED NA

PROOF OF INSURANCE THE INSURANCE STORE NEOSHO PHONE NO. (417) 451-2808 - POLICY NUMBER PAP-15-2003995-00

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ARNALL, JAMIE L 7599 CARVER RD - NEOSHO, MO 64850 PHONE NUMBER (417) 455-0616

YEAR 2006 MAKE Mitsubishi MODEL ECLIPSE COLOR BLU VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. CJ4J6J STATE MO YEAR 2016 VIN 4A3AK34T36E009319 TOWED FROM SCENE No TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Passenger Car, Small Bus, Large Bus, Motorcycle, Motor Home, Single-unit Truck, etc.

EMERGENCY VEHICLE INVOLVEMENT Police, Fire, Ambulance, etc. CONTRIBUTING TRAFFIC CONDITIONS Congestion Ahead, Crash Ahead, etc.

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES 01 08 34 ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES Vehicle Defects, Speed - Exceeded Limit, Following Too Close, etc.

7E. WORK ZONE Traffic Control Green/Yellow/Red, Flashing Red, etc. CONTROL MALFUNCTIONING / INOPERATIVE / MISSING No

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

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, etc. MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box, Cargo Tank, Flatbed, Dump, Concrete Mixer, etc.

HAZARDOUS MATERIALS PLACARD DISPLAYED, 4-DIGIT NO., CLASS, HM CARGO PRESENT, HM CARGO RELEASED, HAZARDOUS MATERIAL NAME



SEAT LOCATION		INJURY		TRANSPORTED		EJECTION		AIR BAG		SAFETY DEVICES																							
XX - Not Known	FR SR TR	1. Fatal	2. Disabling	3. Evident - Not Disabling	4. Probable - Not Apparent	5. None Apparent	U. Unknown	N. NA	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	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	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)	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	

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 11-23-2015 at approximately 1550 hours, Officers were dispatched to the intersection of Highway 60 and Howard Bush Drive for a report of a traffic crash.

Upon my arrival on scene I made contact with Destiny Arnall, the driver of vehicle 1 (V1). Ms. Arnall stated she was driving eastbound on Highway 60. She told me she had her visor down because the sun was in her eyes earlier. She said she was getting ready to turn right and wanted to see if the light at the intersection was green. She said she looked up to move the visor up so she could see and didn't notice traffic was stopped. Ms. Arnall said she saw the truck in front of her, vehicle 2 (V2) was stopped and tried to stop before striking V2 but was unable to do so.

I made contact with the driver of V2, identified as Jonathan Brown. Mr. Brown stated he was driving east on Highway 60. He stated he was preparing to stop for traffic and was struck from the rear by V1. He stated he pulled over to the side of the road to not block traffic and V1 followed. Mr. Brown had a passenger in the vehicle I identified as Kathryn Crowder.

I asked all parties if anyone was injured and all replied that they were not. Neither driver wanted to tow their vehicles and both vehicles were driven from the scene after being cleared.

After speaking to both drivers and viewing the available evidence on scene, I determined the driver of V1 followed V2 too closely and did not leave enough room to safely stop, resulting in a traffic crash.

I have nothing further to add at this time.

REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
OFF JOSHUA HOUGHTON	123	CR	NFD2-B
REVIEWING OFFICER NAME	DSN / BADGE NO	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.