

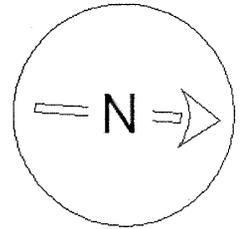


1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300								
SPACE USED FOR BARCODE												
LEFT THE SCENE DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY NO. INJURED NO. KILLED		REPORT / CASE / INCIDENT NUMBER				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>		0 0		1115-240				
NO. VEH. INV.	CRASH DATE		CRASH TIME (MIL.)	NOTIFIED DATE		TIME NOTIFIED (MIL.)	INVESTIGATION DATE		INVEST. AT SCENE			
1	11-27-2015		2257	11-27-2015		2257	11-28-2015		<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"/> Off Roadway	<input checked="" type="checkbox"/> On Roadway			<input type="checkbox"/> Overturning			<input type="checkbox"/> Animal			<input type="checkbox"/> Front to Front		
				<input type="checkbox"/> Fire / Explosion			<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Angle		
				<input type="checkbox"/> Immersion			<input type="checkbox"/> Railway Vehicle			<input type="checkbox"/> Sideswipe (Same Dir.)		
				<input type="checkbox"/> Jackknife			<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.			<input type="checkbox"/> Sideswipe (Opp. Dir.)		
				<input type="checkbox"/> Fell/Jumped From MV			<input type="checkbox"/> Motor Vehicle in Transport			<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)		
				<input type="checkbox"/> Cargo / Equip Loss / Shift			<input type="checkbox"/> Parked Motor Vehicle			<input type="checkbox"/> Unknown (Explain)		
				<input type="checkbox"/> Other Non-Collision			<input type="checkbox"/> Working Motor Vehicle			<input type="checkbox"/> Other (Explain)		
				<input checked="" type="checkbox"/> Fixed Object						<input type="checkbox"/> Unknown (Explain)		
				<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.							
<input type="checkbox"/> No - No commercial vehicle fields need completion.					<input checked="" type="checkbox"/> Yes - Go to number 2. →							
<input checked="" 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				P. WHITEMAN				NPD				
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 WALDO HATLER DR				E		200 <input type="checkbox"/> NA Feet		<input checked="" type="checkbox"/> After <input type="checkbox"/> NA		E of BU 49		
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							NA	N	NA		
TRAFFICWAY						ROAD ALIGNMENT			ROAD PROFILE			
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other						<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve			<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip			
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown						<input type="checkbox"/> Unknown (Explain)			<input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)			
INTERSECTION TYPE <input checked="" type="checkbox"/> NA						ROAD CONDITION						
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)						<input 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"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)						<input checked="" 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 type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone						<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)						
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (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 type="checkbox"/> Daylight <input checked="" 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 <input type="checkbox"/> None												
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality												
OWNER: STEVEN PATRICK HART - 2801 S HIGH ST NEOSHO, MO 64850- - (417) 451-1419												
PROPERTY: MAILBOX - SET OF 3 MAILBOXES - Estimated Damages: \$200.00												
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative												
NAME								ADDRESS (Street, City, State, Zip)		PHONE NUMBER		
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> 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			OTHER ACTIONS <input checked="" type="checkbox"/> NA / None				SCHOOL INFO. <input checked="" type="checkbox"/> NA					
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk			<input type="checkbox"/> Getting On / Off Vehicle				<input type="checkbox"/> Going To / From School					
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk			<input type="checkbox"/> Standing / Lying / Sitting In Trafficway				<input type="checkbox"/> Getting On / Off School Bus					
<input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk			<input type="checkbox"/> Pushing / Working On Vehicle				<input type="checkbox"/> Both Of The Above					
<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown			<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.				<input type="checkbox"/> Unknown (Explain)					
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None						DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA		ALCOHOL USE				
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)												

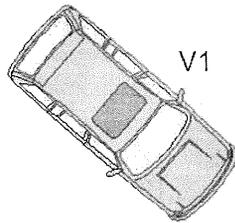
6. COLLISION DIAGRAM
Compass Direction Before Crash Event(s) (Circle One)

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



Waldo Hatler Drive



V1



V1

Mailboxes

Ditch

Ditch

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) COLTON, ALEX LEE 500 MAPLE ST - NEOSHO, MO 64850 PHONE NUMBER (417) 451-2766

DRIVER LICENSE / ID NUMBER W078287013 STATE MO LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown NA Operator Class F Permit Unknown MC ENDORSEMENT CDL Class MC Only Unlicensed Yes No NA Unknown (Explain)

DATE OF BIRTH 09-20-1995 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED 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 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 2000 MAKE Nissan MODEL XTERRA COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO WJ3J6S STATE MO YEAR 2016 VIN 5N1ED28Y9YC591483 TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO 2 15 16 17 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain) TOWED BY DICKSONS TOWING

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 To / From School 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) (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 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 Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) 30 ALCOHOL USE Yes Unk No NA

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 (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) Workers Present Yes No Unknown 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.

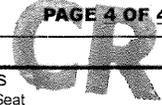
7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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



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 -	1. No	3. Partially	4. Removed	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable -	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	7. DOT Compliant
RC - Rail Crew		N. NA	N. NA		8. Deployed - Other	8. No Helmet
SV - Other (Explain in Narrative)					(Knee, Air Belt, etc.)	U. Use Unknown
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
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)

On 11/27/2015 at approximately 22:57 hours officers responded to the 1400 block of Waldo Hatler Drive to take a traffic crash report. Officer Whitehill requested my assistance to an area in front of 1408 Waldo Hatler Drive. Officer Whitehill stated he was following a white Nissan Xterra when it left the roadway (left) and ran into a set of 3 mailboxes. (See his DWI report 1115-240 for further).

I observed there to be a white in color 2000 Nissan Xterra sports utility vehicle bearing Missouri WJ3J6S sitting on top of what appeared to be the remains of mailboxes. There was minimal damage to the front bumper area where the vehicle hit the mailboxes.

Due to the hour of night the owners of the mailboxes were not identified. The vehicle was towed by Dixon Towing due to disabling damage. Pictures were taken on scene and are included with this report.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PIII PHILLIP WHITEMAN	116	N	NA
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT REECE HIMMELSBACH	104		