

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	1215-048

NO. VEH. INV.	CRASH DATE	CRASH TIME (ML)	NOTIFIED DATE	TIME NOTIFIED (ML)	INVESTIGATION DATE	TIME ARRIVED (ML)	INVEST. AT SCENE
2	12-07-2015	1056	12-07-2015	1102	12-07-2015	1102	<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 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 / 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	HOUGHTON 123	<input type="checkbox"/> Investigating Agency NEOSHO 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	SW	NSW	LAT: N	LONG: W NA
ON		RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST S NEOSHO BLVD		S	08 <input type="checkbox"/> NA Feet	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	N of CST W DAUGHERTY RD
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT	INT. DIR.
45	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			25	W
TRAFFICWAY			ROAD ALIGNMENT		ROAD PROFILE
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input checked="" type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <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"/> Unknown (Explain) <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)		
INTERSECTION TYPE			ROAD CONDITION		
<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)			<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 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)			<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

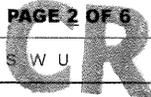
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

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			OTHER ACTIONS			SCHOOL INFO.					
<input type="checkbox"/> With Signal <input checked="" type="checkbox"/> NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown			<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"/> Unknown <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic			<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"/> 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		

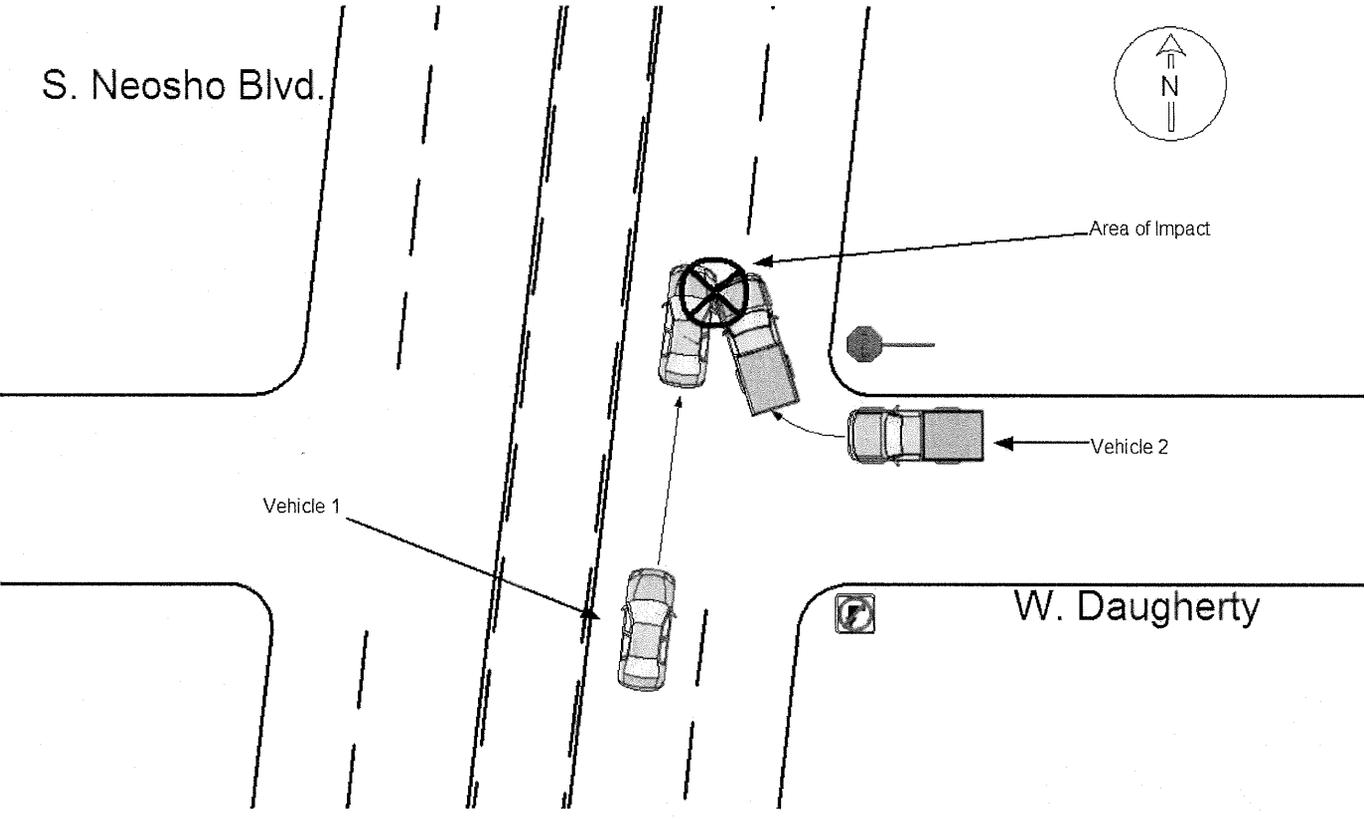
6. COLLISION  
DIAGRAM

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



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)
1 PHELPS, CYNTHIA MARIE 13131 HERON DR - NEOSHO, MO 64850
PHONE NUMBER (417) 627-5278

DRIVER LICENSE / ID NUMBER T078199001
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)
[ ] CDL Class [ ] MC Only [ ] NA
[ ] Interm / Grad [ ] Unlicensed [ ] MC ENDORSEMENT [ ] Yes [ ] No [X] NA [ ] Unknown (Explain)

DATE OF BIRTH 08-15-1963
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) [X] Unknown (Explain)

PROOF OF INSURANCE [X] Yes [X] No [ ] Not Required
INSURANCE COMPANY TRUMBULL INS. CO.
PHONE NO. (Optional) (800) 453-9691 - POLICY NUMBER 46PH 412509
[ ] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
ONDO, WILLIAM SCOTT 9865 GATEWAY DR - NEOSHO, MO 64850
PHONE NUMBER (417) 317-9100

YEAR 1988 MAKE Ford MODEL F150
COLOR RED VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO 1PU697 STATE MO YEAR 2016
VIN 1 F T D F 1 5 Y 3 J K A 7 5 4 2 9
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 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 [ ] Small Bus (9-15 W/Driver) [ ] Motorcycle [ ] Motor Home [ ] Single-unit Truck; 2 axes, 6 tires [ ] GVW / GCW RATING (Not Licensed Weight)
[ ] Van (< 9 W/Driver) [ ] Large Bus (16+ W/Driver) [ ] ATV [ ] Farm Implements [ ] Single-unit Truck; 3 or more axes [ ] (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
[ ] Passenger Van (9+ W/Driver) [ ] School Bus [ ] 2 Wh [ ] Other Vehicle (Code) [ ] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
[ ] Sport Utility Vehicle [ ] Intercity [ ] 3 Wh [ ] Cargo Van [ ] Truck Tractor With No Units [ ] Less than or equal to 10,000 lbs.
[ ] Limousine (7-8 W/Driver) [ ] Transit / Commuter [ ] 4 Wh [ ] Pickup [ ] Truck Tractor With One Unit [ ] 10,001 - 26,000 lbs.
[ ] Limousine (9-15 W/Driver) [ ] Charter / Tour [ ] 5 Wh / More [ ] Other Heavy Truck [ ] Truck Tractor With Two Units [ ] Greater than 26,000 lbs.
[ ] Motorized Bicycle [ ] Other [ ] Unknown (Explain) [ ] Truck Tractor With Three Units [ ] Unknown
[ ] Pedalcycle [ ] To / From School [ ] Unknown (Explain)

EMERGENCY VEHICLE INVOLVEMENT [X] NA
[ ] Police [ ] Ambulance [ ] A. Emergency Vehicle on Emergency Run [ ] Congestion Ahead [ ] Other Incident Ahead
[ ] Fire [ ] Other (Must check "A" / "B") [ ] B. Stationary With Emergency Equip. Activated [ ] Crash Ahead [X] Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES [ ] Additional Codes Listed in Narrative (See Codes in Section 8)
SEQUENCE OF EVENTS CODES 03 14 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 [ ] Following Too Close [X] 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 [ ] DISTRACTED / INATTENTIVE CODE(S) [X] NA (See Codes in Section 8)
[ ] Alcohol [ ] Improper Passing [ ] Physical Impairment (Explain) [ ] Failed To Secure Load / Improper Loading
[ ] Drugs [ ] Improperly Parked [ ] Improper Start From Park [ ] Animal(s) In Roadway

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: [X] Stop Sign [ ] No Passing Zone [ ] Turn Restricted [ ] Officer / Flagman [ ] Signal On School Bus
Workers Present [ ] Yes [X] No [ ] Unknown
Controls: [ ] 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-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 1: ONDO, WILLIAM SCOTT, 9865 GATEWAY DR - JOPLIN, MO 64804, 10-14-1957, M, FR, 5, 1, 2, 03, 05, (417) 627-5278.

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 Container Chassis [ ] NA (No Cargo Body) [ ] Other
[ ] Cargo Tank [ ] Dump [ ] Auto Transporter [ ] Grain / Chip / Gravel [ ] Log [ ] Another Veh. [ ] 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) THOMPSON, DORTHY ANNETTA 1419 GREENWOOD BD - NEOSHO, MO 64850

DRIVER LICENSE / ID NUMBER T980417855 STATE MO LIC STATUS Valid MC ENDORSEMENT NA

DATE OF BIRTH 09-29-1942 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05

PROOF OF INSURANCE Yes Insurance Company TWIN CITY FIRE INS CO PHONE NO. (Optional) POLICY NUMBER 55 PHL450609-030587

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

YEAR 2007 MAKE Ford MODEL FUSION COLOR RED VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO HD7M6B STATE MO YEAR 2017 VIN 3 F A H P 0 7 Z 4 7 R 1 7 9 4 6 7

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO 3 TOWED BY Neosho Towing 540-1392 - 18156 HIGHWAY 59 NEOSHO MO - 417-540-1392 BUHR'S COLLISION

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Passenger Car, School Bus, Intercity, Charter / Tour, Other

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA

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

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

7E. WORK ZONE No TRAFFIC CONTROL None CONTROL MALFUNCTIONING / INOPERATIVE / MISSING No

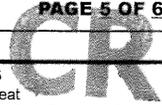
Table with columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 1: CORMIER, CHRISTOPHER LEE, 1419 GREENWOOD BD - NEOSHO, MO 64850, 02-26-2003, M, FR, 5, 1, 2, 03, 05, (417) 614-0887

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

COMMERCIAL / NON-COMMERCIAL Interstate Carrier, Intra-state Carrier, Not In Commerce - Government Vehicle, Not In Commerce - Other Vehicle, MC / MX / ICC NO., USDOT NO.

CARGO BODY TYPE Enclosed Box, Flatbed, Concrete Mixer, Garbage / Refuse, Pole Trailer, Vehicle Towing, Intermodal Container Chassis, NA (No Cargo Body), Other

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	<table border="1"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	<b>INJURY</b> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	<b>TRANSPORTED</b> (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	<b>EJECTION</b> 1. NA 2. No 3. Partially 4. Totally U. Unknown	<b>AIR BAG</b> 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	<b>SAFETY DEVICES</b> 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
FR	SR	TR													
FC	SC	TC													
FL	SL	TL													
<b>VEHICLE ACTION / SEQUENCE OF EVENTS</b> (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 / 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										
<b>ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b>															
60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown											
<b>FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b>															
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											
<b>DISTRACTED / INATTENTIVE CODES</b>															
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)												
<b>VEHICLE TYPE CODES</b>															
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													
<b>OTHER VEHICLE CODES</b>															
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)							
<b>9. NARRATIVE / STATEMENTS</b> (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	SW	NSW
REVIEWING OFFICER NAME	DSN / BADGE NO	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI	
				NEOSHO POLICE DEPARTMENT - MO0730300	
CRASH DATE	TRP / DIST / PCT	COUNTY			
12-07-2015	NSW	NEWTON			
REPORTING OFFICER NAME			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	
OFF JOSHUA HOUGHTON			123		
DSN / BADGE NO.					

## NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

**MAIN NARRATIVE**

On 12-07-2015 at approximately 1102 hours, Officers were dispatched to the intersection of West Daugherty Road and Neosho Boulevard for a report of a traffic crash with no injuries.

Upon my arrival I made contact with Dorothy Thompson, the driver of vehicle 2 (V2). Ms. Thompson stated she was driving North on Neosho Boulevard. Ms. Thompson stated she was struck on the passenger side by a red Ford truck, vehicle 1 (V1). She said she believes the vehicle was pulling onto Neosho Boulevard from West Daugherty Street. Ms. Thompson said she was in the left lane and V1 crossed into her lane, striking her vehicle in the front right. She stated both her and the other vehicle pulled to the side of the road to exchange information. I asked Ms. Thompson where the vehicle was now and she stated it had left prior to my arrival.

Ms. Thompson stated her grandson, Christopher Cormier, was in the vehicle at the time of the incident. She stated he was un-injured. I spoke with Mr. Cormier and he said he was fine. Both Ms. Thompson and Mr. Cormier stated they did not need medical attention.

Ms. Thompson said she had a phone number for the driver of V1. She called the individual and I spoke with her. She stated her name was Cynthia Phelps. I asked Ms. Phelps to return to the scene and she stated she could not because she was sick and should not have been driving in the first place. I asked Ms. Phelps when she could come into the police department to get information from her and she said she would be in later on 12-07-2015. She called back later on the same date and stated she could not get a ride to the police department until 12-08-2015 at around 1100 hours.

Ms. Thompson stated her vehicle was no longer drivable because the tire was flat and the steering wheel would not turn right. Neosho Towing was contacted for V2 and it was taken to Buh's Collision for repairs.

I made contact with Ms. Phelps on 12-08-2015. She stated she was feeling very ill and should not have been driving. I asked Ms. Phelps if she could explain what happened. She stated she was turning onto Neosho Boulevard from Daugherty Road. She said she went from the right lane immediately into the left after initiating the turn without checking the lane to see if it was clear. She stated that was when she struck V2.

Ms. Phelps said she had a passenger with her at the time of the incident. She told me he was the vehicle owner and his name was William Ondo. She stated he was uninjured.

At the conclusion of my investigation, after viewing all available evidence at the scene and speaking with both drivers, I determined Ms. Phelps crossed a marked traffic lane, striking V2.

I have nothing further to add at this time.

*[Signature]* 123

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