



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

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	0116-016

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
1	01-04-2016	1532	01-04-2016	1534	01-04-2016	1542	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING			DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE		
	<input type="checkbox"/> On Roadway <input checked="" 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 checked="" 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 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 checked="" 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	BESHEARS	<input checked="" 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	CR	NFD2-C	LAT: N	LONG: W	NA
ON	CST SECOND ST	RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING	
		S	<input checked="" type="checkbox"/> NA Feet _____ Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	CST NELSON AV	
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			25	NA	NA
TRAFFICWAY		ROAD ALIGNMENT		ROAD PROFILE		
<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"/> Unknown (Explain)		
<input 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			ROAD CONDITION			
<input type="checkbox"/> NA <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain)			<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <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 type="checkbox"/> Brick <input checked="" type="checkbox"/> Asphalt <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"/> Rain <input type="checkbox"/> Cloudy <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						
<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

**OWNER: NEOSHO PUBLIC WORKS - 200 NELSON AV NEOSHO, MO 64850 - (417) 451-8070**

**PROPERTY: STOP SIGN AND POST - STOP SIGN AND METAL POST - Estimated Damages: \$50.00**

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

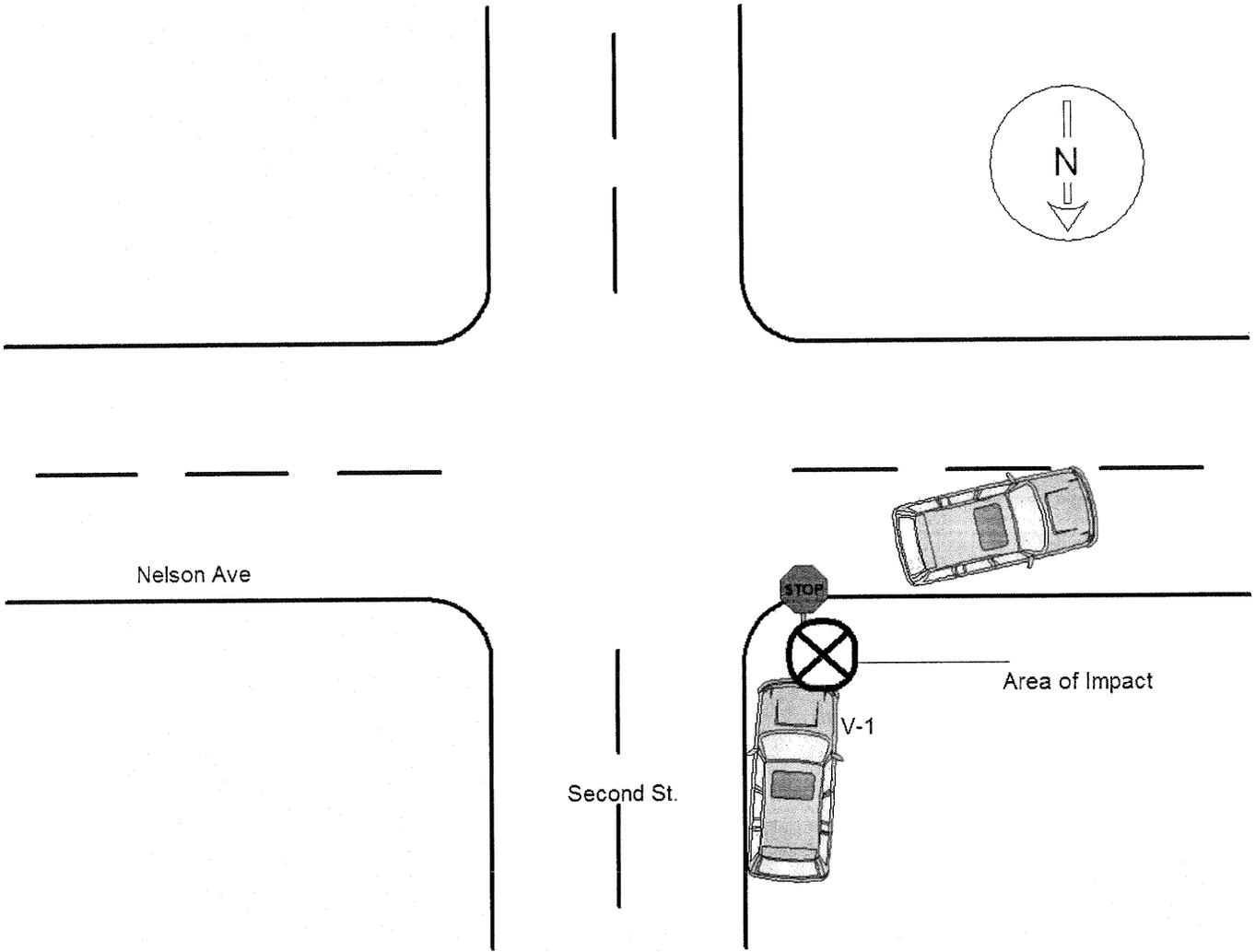
DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION	OTHER ACTIONS	SCHOOL INFO.	
						<input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown	<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 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)	
CROSSING ROAD						PROBABLE CONTRIBUTING CIRCUMSTANCES		DISTRACTED / INATTENTIVE CODE(S)	
<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"/> None <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 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 DUNN, ANITA JUNE 321 S HAMILTON ST 502 - NEOSHO, MO 64850
PHONE NUMBER (417) 451-8877
DRIVER LICENSE / ID NUMBER T980860715 STATE MO LIC STATUS [X] Valid [ ] Expired [ ] Susp / Rev / Denied [ ] Disqual CDL [ ] Canceled / Oth Invalid [ ] Unknown [ ] NA

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

YEAR 2003 MAKE Ford MODEL EXPLORER COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO OCP99 STATE MO YEAR 2016 VIN 1 F M Z U 7 2 K 5 3 U A 6 8 0 6 3 TOWED FROM SCENE [X] Yes [ ] No TOWED DUE TO DIS. DAMAGE [X] Yes [ ] No

VEHICLE DAMAGE (Mark all damaged areas) [ ] None / No Damage
INITIAL IMPACT NO. 2
18 Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit
Neosho Towing 540-1392

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [ ] Vehicle Used As Public Conveyance
[ ] Passenger Car [ ] Van (< 9 W/Driver) [ ] Passenger Van (9+ W/Driver) [X] 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 [ ] 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 - 28,000 lbs. [ ] Greater than 28,000 lbs. [ ] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] NA
[ ] Police [ ] Ambulance [ ] Fire [ ] Other (Must check "A" / "B") [ ] A. Emergency Vehicle on Emergency Run [ ] 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 08 36 ANIMAL CODE(S) FIXED OBJECT CODE(S) 27 ALCOHOL USE [X] No [ ] Unk [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [ ] None
[ ] Vehicle Defects (Explain) [X] 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 [ ] 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 [ ] Failed To Secure Load / Improper Loading [ ] 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)
Wokers Present [ ] Yes [X] No [ ] Unknown Other [X] 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) [X] 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, EJECT-ION, 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 [ ] Intrastate Carrier [ ] Not In Commerce - Government Vehicle [ ] Not In Commerce - Rental 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 Another Veh. [ ] Intermodal Container Chassis [ ] NA (No Cargo Body) [ ] Other [ ] Unknown
[ ] 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

<b>8 - CODES</b>																
<b>SEAT LOCATION</b> 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 (For Medical Treatment)</b> 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 Unknown 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 (Items with double-asterisk [**] require additional coding)</b> 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)																

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

On 01-04-2016 I responded to Second St. and Nelson Ave in reference to a single vehicle traffic crash. Upon my arrival I made contact with the driver of vehicle one identified as Ms. Anita Dunn.

Ms. Dunn said she was traveling south on Second St. and when she was approaching the intersection at Nelson Ave, she was blinded by a glare from the sunshine.

Ms. Dunn said she drove off the roadway and struck the stop sign. I noticed the right front of Ms. Dunn's vehicle had initially struck the stop sign post and it appeared if Ms. Dunn accelerated after striking the post. The vehicle traveled completely over the stop sign and post, causing a large tear in the fuel tank allowing fuel to leak.

I noticed a long narrow fuel trail after the impact leading from the stop sign down Nelson Ave to where Ms. Dunn traveled before stopping. Ms. Dunn's vehicle had to be towed due to the leaking fuel tank and a damaged radiator.

I checked the area and noticed the Sunshine was creating a bad glare at this intersection, thus making it difficult to see. I obtained two photographs of the area and contacted Neosho Public Works to replace the stop sign.

Nothing further.

<b>10. REPORTING AND REVIEWING OFFICER INFORMATION</b>			
REPORTING OFFICER NAME <b>PIII BRANDON BESHEARS</b>	DSN / BADGE NO. <b>110</b>	BEAT / ZONE <b>CR</b>	TROOP / DISTRICT / PRECINCT <b>NFD2-C</b>
REVIEWING OFFICER NAME <b>SGT REECE HIMMELSBACH</b>	DSN / BADGE NO. <b>104</b>	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.