



1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND OR 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"/>	0	0	0116-051

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	01-08-2015	1904	01-08-2015	1904	01-09-2016	1905	<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

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.
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No - No commercial vehicle fields need completion. Yes - Go to number 2. No - No commercial vehicle fields need completion. Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BUCKNER 105	<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	NW	NA	LAT: N LONG: W NA
ON		RDWY DIR	DISTANCE FROM	LOCATION
CST HARMONY ST		E	<input checked="" type="checkbox"/> NA Feet	<input type="checkbox"/> After <input type="checkbox"/> NA
SPEED LIMIT	ROAD MAINTAINED BY			INTERSECTING
35	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			CST NEOSHO BD
			Miles	<input type="checkbox"/> Before <input checked="" type="checkbox"/> At
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 type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	
INTERSECTION TYPE		ROAD CONDITION		
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Dry <input checked="" 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 type="checkbox"/> Clear <input checked="" 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 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 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

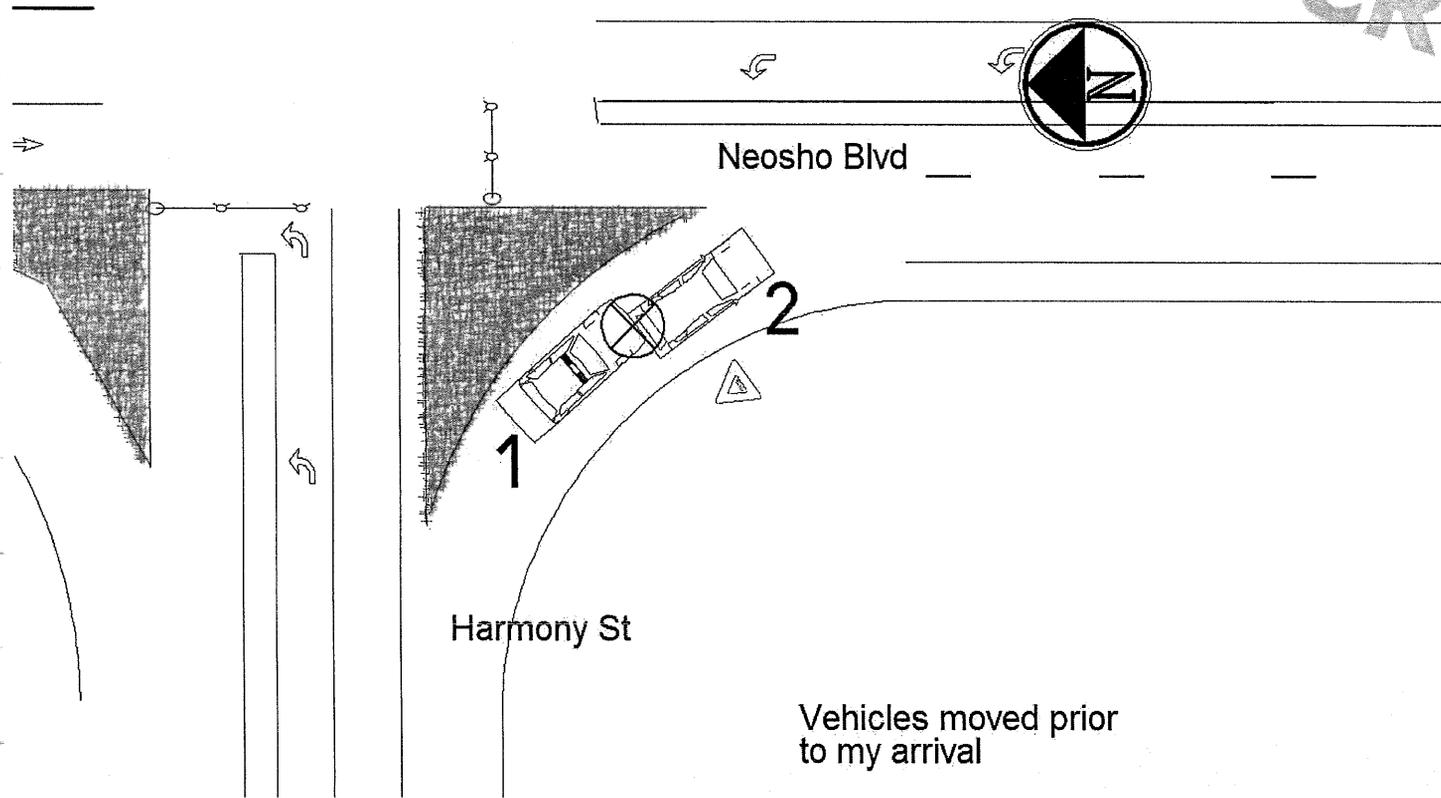
5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

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 type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <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)		
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 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
CR



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **PHONE NUMBER**
2 THURMAN, MIKKA LANAE 1680 MAYBERRY DR APT B - NEOSHO, MO 64850 (417) 569-6919

DRIVER LICENSE / ID NUMBER **R078056001** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown NA Operator Class **F** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **02-20-1990** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJEC-TION **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) Unknown (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY Expired **PROGRESSIVE** PHONE NO. (Optional) **908460492** POLICY NUMBER **908460492** NA Driver Vehicle

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

YEAR **2005** MAKE **Pontiac** MODEL **VIBE** COLOR **RED** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **KC3D7R** STATE **MO** YEAR **2017** VIN **5 Y 2 S L 6 3 8 4 5 Z 4 1 8 4 6 9** TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA

INITIAL IMPACT NO. **8**

2	3	4	5	6	7
1	15	16	17	8	
14	13	12	11	10	9

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 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 / GCWW 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) Unknown **03 34** ANIMAL CODE(S) _____ FIXED OBJECT CODE(S) _____ ALCOHOL USE Yes Unk No NA

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

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)									

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. **PHONE NUMBER** SAO

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO **USDOT NO**

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.**

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 Yes No Unknown 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	19. Airborne	(For Medical Treatment)	28. Separation Of Units	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat		
B - Pedalcycle	FC SC TC	2. Disabling	20. Ran Off Roadway - Right		29. Returned To Roadway	3. Not Deployed	10. Deployment	2. Not Used	11. Child Restraint - Forward Facing		
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	21. Ran Off Roadway - Left	1. No	30. Collision Inv. Pedestrian	4. Removed	U. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing		
CP - Commercial Passenger		4. Probable - Not Apparent	22. Overturn / Rollover	2. No	31. Collision Inv. Bicycle/Pedalcycle	5. Deployed - Front		4. Lap Belt Only	13. Other Helmet		
OE - Occupant - Enclosed Load Area		5. None Apparent	23. Fire / Explosion	3. EMS	32. Collision Inv. Railway Veh.	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing		
OU - Occupant - Unenclosed Load Area		U. Unknown	24. Immersion	3. Other	33. Collision Inv. Animal (**)	7. Deployed - Curtain		7. DOT Compliant MC Helmet	15. Other		
RC - Rail Crew		N. NA	25. Jackknife	U. Unknown	34. Collision Inv. MV in Transport	8. Deployed - Other (Knee, Air Belt, etc.)		8. No Helmet	N. Not Applicable		
SV - Other (Explain in Narrative)			26. Cargo Loss / Shift		35. Collision Inv. Parked MV						
NA - Not Applicable			27. Equipment Failure		36. Collision Inv. Fixed Object (**)						

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)											
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object						
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV						
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)						
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator						
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV							
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway							
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV							
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV								
9. Start In Traffic	18. Cross Road	27. Equipment Failure	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

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS				
20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES				
1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.	
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls	
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)	
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming		

VEHICLE TYPE CODES				
1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes		
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown		

OTHER VEHICLE CODES				
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle	
2. Golf Cart	4. Forklift		7. Other (Explain)	

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

On 01-08-2015 I was dispatched to the intersection of West Harmony Street and Neosho Boulevard in reference to a traffic crash. A traffic crash report was taken.

Prior to my arrival the driver of Vehicle 1 (V1), Ofc. John Miller notified me that both vehicles had been moved off of the roadway onto a private lot.

I arrived on scene and identified V1 as a 2013 Ford Taurus Police Interceptor and it had damage to the front mounted push bumper. I identified V2 as a 2005 Pontiac Vibe, driven by Mikka Thurman, and it had damage to the rear bumper.

Both drivers refused medical attention and stated they were not injured.

Ms. Thurman explained she was making a right turn onto Neosho Boulevard off of Harmony Street. She stated during her turn she slowed down to make sure traffic was clear and she felt her vehicle jar forward as it was struck from behind by V1. She said she did not know what to do, so she continued on until she was able to pull into a private parking lot.

Ofc. Miller stated he was making a right turn onto Neosho Boulevard off of Harmony Street. Ofc. Miller said V2 was in front of him and it started forward to make the right turn. He stated He looked back to make sure the traffic was clear so that he could make his turn and when he looked foward V2 had stopped in front of him. Ofc. Miller explained he tried to stop to avoid the crash; but was unable to do so and struck the rear bumper of V2.

Photographs were taken of the damage to both vehicles and they have been attached to this report.

Based on both parties statements and the physical evidence I determined V1 was following to close to V2 and did not leave enough room to allow V2 to make the turn before continuing on and crashing into the rear bumper of V2.

Nothing else follows.

10. REPORTING AND REVIEWING OFFICER INFORMATION				
REPORTING OFFICER NAME	DSN / BADGE NO	BEAT / ZONE	TROOP / DISTRICT / PRECINCT	
SGT JOSHUA BUCKNER	105	NW	NA	
REVIEWING OFFICER NAME	DSN / BADGE NO	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.	
LT ROBERT SHARP	102			

CR

