

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300			
SPACE USED FOR BARCODE							
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY	
						NO. INJURED: 0	
						NO. KILLED: 0	
REPORT / CASE / INCIDENT NUMBER: 0316-120							
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE	
2		03-15-2016		0707		03-15-2016	
						TIME NOTIFIED (MIL.): 0709	
						INVESTIGATION DATE: 03-15-2016	
						TIME ARRIVED (MIL.): 0713	
						INVEST. AT SCENE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ROADWAY				COLLISION INVOLVING			
<input checked="" type="checkbox"/> On Roadway				<input type="checkbox"/> Animal			
<input type="checkbox"/> Fire / Explosion				<input type="checkbox"/> Railway Vehicle			
<input type="checkbox"/> Immersion				<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.			
<input type="checkbox"/> Jackknife				<input checked="" type="checkbox"/> Motor Vehicle in Transport			
<input type="checkbox"/> Fell/Jumped From MV				<input type="checkbox"/> Parked Motor Vehicle			
<input type="checkbox"/> Cargo / Equip Loss / Shift				<input type="checkbox"/> Working Motor Vehicle			
<input type="checkbox"/> Other Non-Collision				<input type="checkbox"/> Pedestrian			
				<input type="checkbox"/> Front to Front			
				<input checked="" type="checkbox"/> Angle			
				<input type="checkbox"/> Front to Rear			
				<input type="checkbox"/> Sideswipe (Same Dir.)			
				<input type="checkbox"/> Rear to Rear			
				<input type="checkbox"/> Sideswipe (Opp. Dir.)			
				<input type="checkbox"/> Rear to Side			
				<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 / GCVWR 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"/> No - No commercial vehicle fields need completion.			
<input type="checkbox"/> Yes - Go to number 2. →				<input checked="" type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.			
EVIDENTIARY PHOTOS TAKEN				BY WHOM			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				AVAILABLE FROM <input type="checkbox"/> Investigating Agency			
RECONSTRUCTION				BY WHOM			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				AVAILABLE FROM <input type="checkbox"/> Investigating Agency			
2 - LOCATION							
COUNTY		MUNICIPALITY		BEAT / ZONE		TRP/DIST/PCT	
NEWTON		NEOSHO		NW		NA	
						GPS COORDINATES (DD MM SS.S FORMAT)	
						LAT: N LONG: W NA	
ON				RDWY DIR.		DISTANCE FROM	
LP BUSINESS HIGHWAY 49				W		<input checked="" type="checkbox"/> NA	
						LOCATION	
						INTERSECTING	
						US HIGHWAY 175	
SPEED LIMIT		ROAD MAINTAINED BY					
45		<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other					
						SPEED LIMIT	
						45	
						INT. DIR.	
						N	
						GEO. CODE	
						NA	
TRAFFICWAY				ROAD ALIGNMENT			
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other				<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve			
<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)			
				ROAD PROFILE			
				<input checked="" 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"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (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 checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (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"/> Clear <input 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 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 <input checked="" 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							
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
CROSSING ROAD		OTHER ACTIONS		SCHOOL INFO.			
<input checked="" type="checkbox"/> NA		<input checked="" type="checkbox"/> NA / None		<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				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 checked="" type="checkbox"/> NA		<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

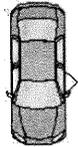
Compass Direction Before Crash Event(s) (Circle One)

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

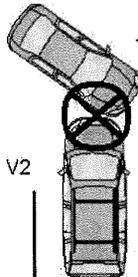
INDICATE NORTH

Highway 86

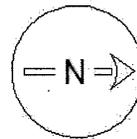
V1



V1



V2



Gateway Dr



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 PEREZ, RICHARD MICHAEL 19810 KODIAK RD 8 - NEOSHO, MO 64850
PHONE NUMBER (417) 355-5041

DRIVER LICENSE / ID NUMBER Z078180002
STATE MO
LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown
LIC TYPE [X] Operator Class F [] Permit [] CDL Class [] Interm / Grad [] NA [] MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 10-01-1977
SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-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)

PROOF OF INSURANCE [X] Yes [] No [] Not Required
INSURANCE COMPANY SAGAMORE
PHONE NO. (Optional) POLICY NUMBER PA709332
[] Driver [X] Vehicle

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

YEAR 2008 MAKE Dodge MODEL CALIBER COLOR BLK
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO PN3K8D STATE MO YEAR 2016 VIN 1 B 3 H B 4 8 B 1 8 D 7 9 7 7 8 0
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 3
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit
TOWED BY Poore's Truck Salvage & Towing 451-4442

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [] Vehicle Used As Public Conveyance
[X] 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 / GCVV 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 [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 [] 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 12 | 03 | 34 [] Unknown
ALCOHOL USE [X] No [] Yes [] Unk [] 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) [X] NA (See Codes in Section 8)

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: [] 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 [X] 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-TION, 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 [] 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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 2 WELKER, MONICA ELIZABETH 1451 PINEVILLE RD B1A7 - NEOSHO, MO 64850 PHONE NUMBER (417) 388-2076

DRIVER LICENSE / ID NUMBER R068348015 STATE MO LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown [] NA [] Operator Class F [] Permit [] Unknown (Explain) MC ENDORSEMENT [] Yes [] No [X] NA [] CDL Class [] Interm / Grad [] MC Only [] Unlicensed [] Unknown (Explain)

DATE OF BIRTH 10-23-1984 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 05 SAFETY DEVICES 05 VISION OBSTRUCTED [] NA [] Not Obstructed [] Windshield [] Load on Veh [] Trees / Brush [] Building [] Embankment [] Sign [] Hillcrest [] Parked Veh [] Moving Veh [] Stopped Veh [] Other (Explain) [] Unknown (Explain)

PROOF OF INSURANCE [X] Yes [] No [] Not Required INSURANCE COMPANY GEICO PHONE NO. (Optional) POLICY NUMBER 4212-33-07-83 [] NA [] Driver [X] Vehicle

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

YEAR 2006 MAKE Dodge MODEL GRAND CA COLOR BLU VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO FB4E2K STATE MO YEAR 2017 VIN 2 D 4 G P 4 4 L 1 6 R 8 6 9 7 2 9 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. 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 (Explain) TOWED BY Ron's Towing 451-5787

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [] Vehicle Used As Public Conveyance [X] Passenger Car [] Small Bus (9-15 W/Driver) [] Motorcycle [] Motor Home [] Single-unit Truck; 2 axles, 6 tires [] Van (< 9 W/Driver) [] Large Bus (16+ W/Driver) [] ATV [] Farm Implements [] Single-unit Truck; 3 or more axles [] Passenger Van (9+ W/Driver) [] School Bus [] 2 Wh [] Construction Equip. Heavy Mach. [] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) [] Sport Utility Vehicle [] Intercity [] 3 Wh [] Other Vehicle (Code) [] Truck Tractor With No Units [] Less than or equal to 10,000 lbs. [] Limousine (7-8 W/Driver) [] Transit / Commuter [] 4 Wh [] Cargo Van [] 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 [] Unknown (Explain) [] Truck Tractor With Three Units [] Unknown [] Pedalcycle [] To / From School [] 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 01 34 ALCOHOL USE [X] No [] Yes [] Unk [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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 [] 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 [] Alcohol [] Improper Passing [] Physical Impairment (Explain) [] Failed To Secure Load / Improper Loading [] Failed To Yield [] 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 [X] No [] Yes [] Unknown TRAFFIC CONTROL [X] 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 [X] NA [] Yes (Explain) [] No [] Unknown

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 1: LAWRENCE, KAILYNN, 1451 PINEVILLE RD B1A7 - NEOSHO, MO 64850, 02-14-2011, M, SL, 5, 1, 2, 05, 05, (417) 388-2076

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 [] MC / MX / ICC NO. [] USDOT NO. [] Intrastate Carrier [] Not In Commerce - Rental Vehicle

CARGO BODY TYPE [] Enclosed Box [] Flatbed [] Concrete Mixer [] Garbage / Refuse [] Pole Trailer [] Vehicle Towing Another Veh. [] Intermodal Container Chassis [] NA (No Cargo Body) [] Other [] Cargo Tank [] Dump [] Auto Transporter [] Grain / Chip / Gravel [] Log [] 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. None / NA	1. NA	9. Deployed - Combination	1. None	10. Booster Seat	
B - Pedalcycle	FC SC TC	2. Disabling		3. Not Deployed	2. No	10. Deployment	2. Not Used	11. Child Restraint - Forward Facing	
M - Motorcycle	FL SL TL	3. Evident - Not Disabling		4. Removed	3. Partially	U. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing	
CP - Commercial Passenger		4. Probable - Not Apparent		5. Deployed - Front	4. Totally		4. Lap Belt Only	13. Other Helmet	
OE - Occupant - Enclosed Load Area		5. None Apparent U. Unknown		6. Deployed - Side	U. Unknown		5. Shoulder and Lap Belt	14. Reflective Clothing	
OJ - Occupant - Unenclosed Load Area		N. NA		7. Deployed - Curtain			7. DOT Compliant	15. Other	
RC - Rail Crew				8. Deployed - Other (Knee, Air Belt, etc.)			U. MC Helmet	U. Use Unknown	
SV - Other (Explain in Narrative)							8. No Helmet	N. Not Applicable	
NA - Not Applicable									

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 March 15th, 2016 at about 0709 hours, I responded to the intersection of Business Highway 49 and Highway 175 in reference to a traffic crash.

I spoke with Richard Perez, driver one. Mr. Perez stated he was stopped in the turn lane, facing east, attempting to turn north onto Highway 175. He stated he observed a pick-up truck traveling west on Business Highway 49. He stated the truck slowed and turned north onto Highway 175. He said he observed vehicle 2 and it was following closely behind the pick-up truck. He told me he thought vehicle 2 was turning north also.

Mr. Perez stated he started to turn north onto Highway 175 and vehicle two did not turn north. He stated he turned and was struck by vehicle 2. Mr. Perez stated he was not injured as a result of the accident.

I observed vehicle 1 was a black Dodge Caliber, bearing Missouri license PN3K8D. I observed the front passenger corner of vehicle 1 was damaged as a result of the accident.

I spoke with Monica Welker, driver 2. Ms. Welker stated she was traveling west on Business Highway 49. She said she slowed so the vehicle in front of her could turn north onto Highway 175. She told me the vehicle turned and she proceeded west. She said as she was going through the intersection, vehicle 1 turned in front of her.

Ms. Welker told me she was unable to stop before striking vehicle 1. I observed the front of vehicle 2 was damaged as a result of the crash. Vehicle 2 was a blue Dodge Grand Caravan, bearing Missouri license FB4E2K. Ms. Welker stated she and her passenger were not injured as a result of the crash.

I photographed the damaged areas of both vehicles and the photographs area attached to this report. I have nothing further to report.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PIII JOHNNY HUMPHRIES	120	NW	NA
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT BRADLEY FIENEN	106		