

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI 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"/>	<input checked="" type="checkbox"/>	0	0	0316-143
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
1	03-18-2016	1848	03-18-2016	1849	03-18-2016	1852	<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 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)

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. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2.	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 type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OFC HOUGHTON 123	<input checked="" 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	N	NFD1-N	LAT	LONG	NA
ON	ROWY DIR	DISTANCE FROM	LOCATION	INTERSECTING		
CST W SOUTH ST	E	26 <input type="checkbox"/> NA Feet	<input type="checkbox"/> After <input type="checkbox"/> NA	W of CST S HIGH ST		
SPEED LIMIT	ROAD MAINTAINED BY		<input checked="" type="checkbox"/> Before <input type="checkbox"/> At	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	N	NA
TRAFFICWAY	ROAD ALIGNMENT		ROAD PROFILE			
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve		<input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip			
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Uphill <input checked="" type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)			
INTERSECTION TYPE	ROAD CONDITION					
<input checked="" type="checkbox"/> NA	<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"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <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)					
<input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)						
ROAD SURFACE	WEATHER CONDITION					
<input checked="" 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 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 None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

OWNER: CITY OF NEOSHO - 203 E MAIN ST NEOSHO, MO 64850- - (417) 451-8050

PROPERTY: ROAD SIGN - STOP SIGN WITH STREET NAMES ON IT - Estimated Damages: \$100.00

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
PHILLIPS, JOSHUA EVANS	21695 PALM RD - GRANBY, MO 64844	(417) 396-6615

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

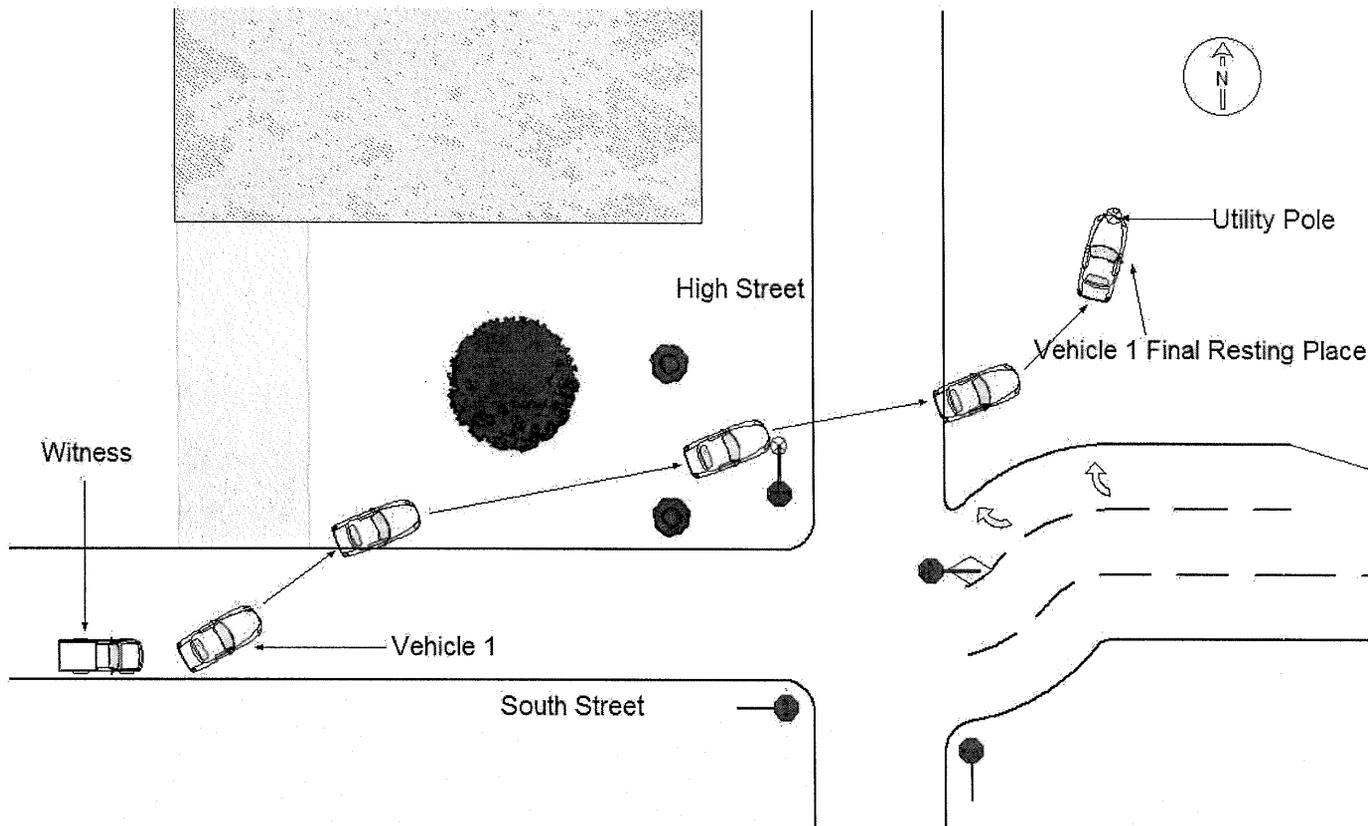
DATE OF BIRTH	SEX	STRUCK BY VEH #.	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown
CROSSING ROAD	OTHER ACTIONS		SCHOOL INFO.			
<input 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"/> None			<input checked="" type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<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)					

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

CR
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 BROWN, KRISHA ANN 803 S WASHINGTON ST - DIAMOND, MO 64840
PHONE NUMBER (417) 396-6615

DRIVER LICENSE / ID NUMBER S078037022
STATE MO
LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Unknown
LIC TYPE [X] Operator Class F [] Permit [] Unknown (Explain)
[] NA [] CDL Class [] MC Only [] MC Endorsement [] Yes [] No [X] NA
[] NA [] Interm / Grad [] Unlicensed [] Unknown (Explain)

DATE OF BIRTH 02-04-1988
SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED [X] Not Obstructed [] Trees / Brush [] Sign [] Moving Veh [] Other (Explain)
[] Windshield [] Building [] Hillcrest [] Stopped Veh [] Unknown (Explain)
[] NA [] Load on Veh [] Embankment [] Parked Veh [] Glare

PROOF OF INSURANCE [X] Yes [] No [] Not Required
INSURANCE COMPANY AAA
PHONE NO. (Optional) POLICY NUMBER A7-022707-6
[] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [] SAD
Bowers, Robert GENE 1526 PINEVILLE RD - NEOSHO, MO 64850
PHONE NUMBER (417) 624-0368

YEAR 2005 MAKE MAZD MODEL RX-8 COLOR SIL VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO HL3W0W STATE MO YEAR 2017 VIN J M, 1, F, E, 1, 7, N, 2, 5, 0, 1, 4, 3, 3, 1, 6
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
Undercarriage 22 - Cargo 23 - Unknown 24 - Other (Explain)
18 - Windshield 19 - Windshield 20 - Burned 21 - Towed Unit
Poore's Truck Salvage & Towing 451-4442 - 11364 OAK RD, NEOSHO, MO 64850 - (417) 451-4442
11364 OAK RD, NEOSHO, MO 64850

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 [] Construction Equip. Heavy Mach. [] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
[] Sport Utility Vehicle [] Intercity [] Other Vehicle (Code) [] Truck Tractor With No Units
[] Limousine (7-8 W/Driver) [] Transit / Commuter [] Cargo Van [] Truck Tractor With One Unit
[] Limousine (9-15 W/Driver) [] Charter / Tour [] 2 Wh [] Pickup [] Truck Tractor With Two Units
[] Motorized Bicycle [] Other [] 3 Wh [] Other Heavy Truck [] Truck Tractor With Three Units
[] Pedalcycle [] To / From School [] 4 Wh [] Unknown (Explain)
[] 5 Wh / More [] Unknown
[] 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 [] A. Emergency Vehicle on Emergency Run
[] Fire [] Other (Must check "A" / "B") [] 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 21 36 01 36
ANIMAL CODE(S) FIXED OBJECT CODE(S) 36 23
ALCOHOL USE [X] No [] Yes [] Unk [] 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 [] Improper Lane Usage / Change [] Unknown (Explain)
[X] 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
[] Alcohol [] Improper Passing [] Physical Impairment (Explain) [] Failed To Secure Load / Improper Loading
[] Drugs [] Improperly Parked [] Improper Start From Park [] Animal(s) In Roadway
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)
Workers 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-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 [] Not In Commerce - Government Vehicle [] Not In Commerce - Other Vehicle [] MC / MX / ICC NO.
[] Intrastate Carrier [] Not In Commerce - Rental Vehicle [] 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
[] 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

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	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)	AIR BAG 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 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																
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 (**) 7. Skidding / Sliding 16. Cross Median 25. Jackknife 34. Collision Inv. MV in Transport 42. Downhill Runaway 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 (**) 43. Fell/Jumped From MV																		
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)																		
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	N	NFD1-N
REVIEWING OFFICER NAME	DSN / BADGE NO	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
PIII PHILLIP WHITEMAN	116		

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI	
				NEOSHO POLICE DEPARTMENT - MO0730300	
CRASH DATE	TRP / DIST / PCT	COUNTY			
03-18-2016	NFD1-N	NEWTON			
REPORTING OFFICER NAME			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	
OFF JOSHUA HOUGHTON			123	PIII PHILLIP WHITEMAN	
				DSN / BADGE NO.	
				116	

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

MAIN NARRATIVE

On 03-18-2016 at approximately 1849 hours, Officers were dispatched in reference to a non-injury traffic crash in the area of South Street and High Street.

Upon my arrival at the intersection of South Street and High Street I observed a silver in color Mazda bearing Missouri HL3W0W crashed into a utility pole. I made contact with Krisha Brown the driver of the vehicle involved in the crash. Ms. Brown stated she was not hurt, but seemed confused. She stated she was not certain what happened. She stated she has a history of seizures and believes she may have had one. Ms. Brown refused medical attention on scene.

I made contact with Joshua Phillips who stated he was behind Ms. Brown's vehicle when the incident occurred. I asked Mr. Phillips to explain what he saw. He stated he saw Ms. Brown's vehicle, heading east, leave the road to the left and begin coasting through a yard north west of the intersection. He stated she continued east and ran over a stop sign before crossing High Street. He stated she continued coasting through a patch of grass until the vehicle came to a rest after striking a utility pole.

I asked Mr. Phillips if he spoke with Ms. Brown prior to my arrival and he stated he had. He told me he asked her if she was alright and she responded incoherently. He stated she seemed very confused and gave inconsistent responses to simple questions including how old she was. He stated at no point did Ms. Brown's tail lights illuminate, indicating she was attempting to stop.

I observed tire tracks through the grass where Ms. Brown coasted through the yards. It appeared as if she rolled and was not accelerating or decelerating. I took photographs of the path the car travelled. Poor's Salvage was contacted to tow Ms. Brown's vehicle due to damage. I photographed the damage to Ms. Brown's vehicle.

I asked Ms. Brown if she would be willing to submit to a portable breath test and she agreed. The test was negative and Ms. Brown showed no signs of impairment from alcohol or narcotics. She stated she was not on any narcotic medication at the time of the incident and had not been drinking. At the conclusion of my investigation at the scene and after speaking with the driver and available witness, I determined Ms. Brown likely had a seizure resulting in a temporary loss of consciousness and resulting in the traffic crash.

Empire Electric was contacted to assess damage to the pole. The responding technician stated he did not believe there was damage to the pole. I took photographs of the pole where Ms. Brown's vehicle struck the pole. I did not note any damage. Neosho Public Works was contacted reference the damaged street sign and are in process of repairing it currently.

Copies of all photographs are attached to this report.

I have nothing further to add at this time.

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