

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
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LEFT THE SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER NO. 1	CLEARED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY 0	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 0316-205
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NO. VEH. INV. 1	CRASH DATE 03-25-2016	CRASH TIME (MIL.) 1703	NOTIFIED DATE 03-25-2016	TIME NOTIFIED (MIL.) 1703	INVESTIGATION DATE 03-25-2016	TIME ARRIVED (MIL.) 1708	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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CRASH TYPE	ROADWAY <input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		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		DIRECTIONAL ANALYSIS FOR IMPACT WITH 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		Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)		<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
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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 type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" 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 / GCWR 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"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM J. MILLER	AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY NEWTON	MUNICIPALITY NEOSHO	BEAT / ZONE N	TRP/DIST/PCT NNE	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W NA		
ON CST W SOUTH ST		RDWY. DIR. W	DISTANCE FROM <input checked="" type="checkbox"/> NA Feet Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	INTERSECTING CST PINEVILLE RD	
SPEED LIMIT 15	ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			SPEED LIMIT 25	INT. DIR. S	GEO. CODE NA

TRAFFICWAY <input checked="" type="checkbox"/> One-Way <input 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	ROAD ALIGNMENT <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain)
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INTERSECTION TYPE <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"/> T-Intersection <input checked="" type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input 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) <input type="checkbox"/> Unknown (Explain)
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ROAD SURFACE <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)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <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)
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LIGHT CONDITION
 Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) 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: ELECTRICAL BOX - ON ROUNDABOUT - Estimated Damages: \$300.00

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
CHATMAN, JAMES WENDEL JR	1011 BEVERLY AV - NEOSHO, MO 64850	(425) 241-3944

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
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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
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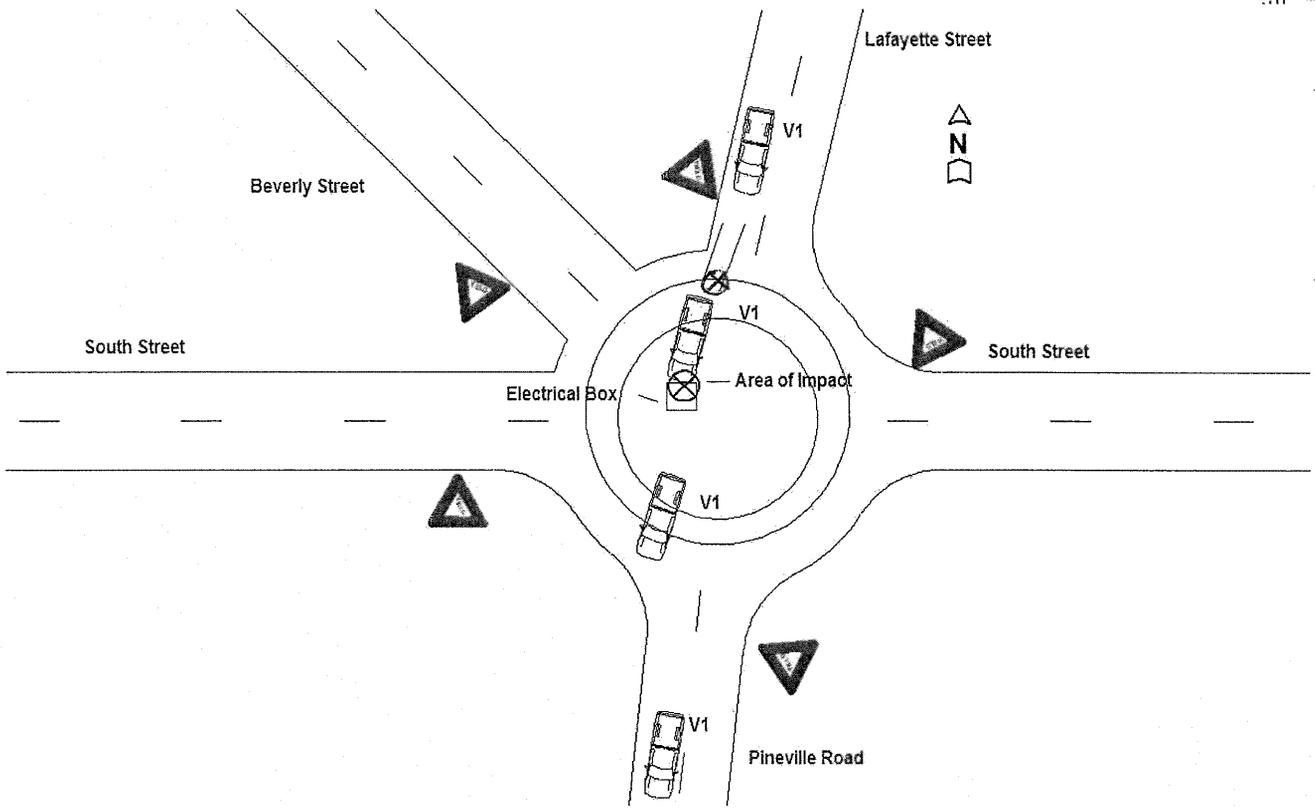
CROSSING ROAD <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <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 type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	SCHOOL INFO <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)
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PROBABLE CONTRIBUTING CIRCUMSTANCES <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)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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6. COLLISION
DIAGRAM

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

V1 NESWU V2 NESWU V3 NESWU V4 NESWU V5 NESWU V6 NESWU



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 WELCH, CHAD WESLEY 735 S LAFAYETTE ST - NEOSHO, MO 64850
PHONE NUMBER (425) 241-3944

DRIVER LICENSE / ID NUMBER 905498414
STATE AR
LIC STATUS Valid
Operator Class
Permit
MC ENDORSEMENT

DATE OF BIRTH 05-15-1974
SEX M SEAT LOC FL
INJ 5 TRANS-PORT 1 EJEC-TION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED
Not Obstructed
Trees / Brush
Sign
Moving Veh
Other (Explain)

PROOF OF INSURANCE
INSURANCE COMPANY
PHONE NO. (Optional)
POLICY NUMBER NONE

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

YEAR 2010 MAKE Ford MODEL F150 COLOR WHI
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 3WW997 STATE MO YEAR 2016
VIN 1 F T E X 1 C 8 7 A K E 1 3 4 3 5
TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas)
None / No Damage
TOWED BY Poore's Truck Salvage & Towing 451-4442

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car
Small Bus (9-15 W/Driver)
Motorcycle
Motor Home
Single-unit Truck; 2 axles, 6 tires
GVW / GCW RATING

EMERGENCY VEHICLE INVOLVEMENT
Police
Ambulance
A. Emergency Vehicle on Emergency Run
CONTRIBUTING TRAFFIC CONDITIONS

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 07 46 36 01 36 29 01
ALCOHOL USE

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects (Explain)
Vision Obstructed
Failed To Dim Headlights
Improper Towing / Pushing
Object / Obstruction in Roadway

7E. WORK ZONE
TRAFFIC CONTROL
Electric: Green/Yellow/Red
Flashing Red
Flashing Yellow
Ramp Meter
Other (Explain)

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJEC-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

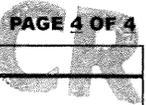
7G. COMMERCIAL MOTOR VEHICLE
Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Lease, etc.) - NAME & ADDRESS (Street, City, State, Zip)
PHONE NUMBER
SAO

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

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

HAZARDOUS MATERIALS
PLACARD DISPLAYED
4-DIGIT NO.
CLASS
HM CARGO PRESENT
HM CARGO RELEASED
HAZARDOUS MATERIAL NAME



SEAT LOCATION		INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known	FR SR TR	1. Fatal	(For Medical Treatment)	1. NA	1. None / NA	1. None
B - Pedalcycle	FC SC TC	2. Disabling	1. No	2. No	3. Not Deployed	2. Not Used
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	2. EMS	3. Partially	4. Removed	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable - Not Apparent	3. Other	4. Totally	5. Deployed - Front	4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent	U. Unknown	U. Unknown	6. Deployed - Side	5. Shoulder and Lap Belt
OU - Occupant - Unenclosed Load Area		U. Unknown	N. NA		7. Deployed - Curtain	6. DOT Compliant MC Helmet
RC - Rail Crew		N. NA			8. Deployed - Other (Knee, Air Belt, etc.)	7. No Helmet
SV - Other (Explain in Narrative)						8. No Helmet
NA - Not Applicable						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

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
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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)

Prior to my arrival to the scene, Central Dispatch Center (CDC) stated the witness to the crash identified as James Chatman, saw a white truck drive through the middle of the traffic circle and "take out" an electrical box. CDC stated he was able to get a Missouri license registration 3WW997. CDC stated the registration number came back not on file.

Upon my arrival to the scene, I observed a green metal electrical box lying in the ditch. I observed tire markings traveling from Lafayette Street entering the traffic circle. The markings go straight onto the traffic circle where the pickup truck jumped the curb into the grass area and struck the electrical box. Photographs of the damage were taken and added to this report.

I spoke with Mr. Chatman; he stated he was working in his yard when he witnessed a full size white truck traveling at a high rate of speed from Lafayette Street heading towards the traffic circle. He said the truck hit his brakes causing it to skid, then it jumped the curb onto the traffic circle and it struck the electrical box. He said the truck did not stop after that and it continued south down Pineville Road.

Later Sgt. Joshua Buckner was dispatched to the area of Lafayette Street and Robinson Avenue where the suspect in this case was located and identified as Chad Welch. I responded to the area and Mr. Welch admitted he was driving the pickup truck at the time of the crash. He said he knew he ran over a green box but decided to continue on driving until he realized his tires were flat.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PII JOHN MILLER	119	N	NNE
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT JOSHUA BUCKNER	105		