



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 type="checkbox"/>	4	0	0416-309

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
3	04-29-2016	1229	04-29-2016	1232	04-29-2016	1239	<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. <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 / 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 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	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input 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	SE	NA	LAT: N LONG: W NA
ON		RDWY DIR	DISTANCE FROM	LOCATION
US HIGHWAY 60		W	<input checked="" type="checkbox"/> NA Feet Miles	CST HOWARD BUSH DR
SPEED LIMIT	ROAD MAINTAINED BY			INTERSECTING
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 INT. DIR GEO-CODE
				25 S NA

TRAFFICWAY	ROAD ALIGNMENT
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <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)
ROAD PROFILE	
<input type="checkbox"/> Level <input checked="" 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"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (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 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"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	<input 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"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)

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

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
SOCIA, ALLAN JOSEPH	16688 SPRUCE DR - NEOSHO, MO 64850	(417) 355-3854
CORNELL, ADAM LLOYD	485 LIBERTY RD - SOUTHWEST CITY, MO 64863	(417) 762-5025

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"/> 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 type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <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)

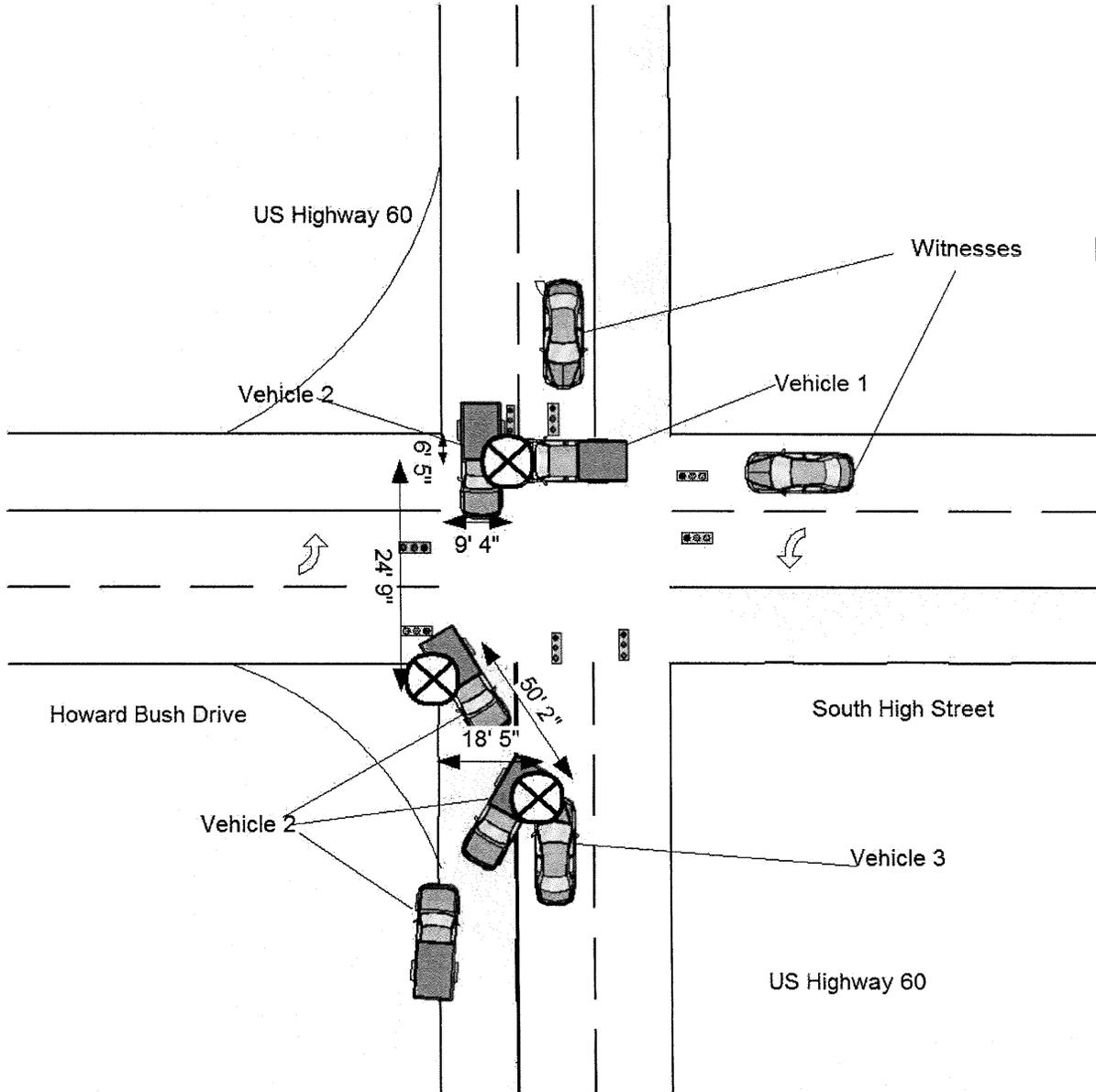
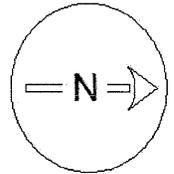
PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)	<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 ESTES, HELEN LOUISE 11229 IBEX RD - NEOSHO, MO 64850
PHONE NUMBER (417) 451-5930

DRIVER LICENSE / ID NUMBER T980858745
STATE MO
LIC STATUS Valid
LIC TYPE Operator Class F
MC ENDORSEMENT NA

DATE OF BIRTH 10-02-1946
SEX F SEAT LOC FL
INJ 2 TRANSPORT 2 EJECTION 2
SAFETY DEVICES 03 05
VISION OBSTRUCTED NA
Not Obstructed Windshield Load on Veh

PROOF OF INSURANCE
INSURANCE COMPANY AMERICAN FAMILY MUTUAL
PHONE NO. (Optional) POLICY NUMBER 100397450780FPPA-MO
Driver Vehicle

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

YEAR 2015 MAKE Ford MODEL F150 COLOR RED
VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO. 6UW701 STATE MO YEAR 2016
VIN 1FTEW1EF8FE16186
TOWED FROM SCENE Yes
TOWED DUE TO DIS. DAMAGE Yes

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 1
TOWED BY Poore's Truck Salvage & Towing 451-4442

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, Passenger Van, Sport Utility Vehicle, Limousine, Motorized Bicycle, Pedalcycle, School Bus, Intercity, Charter / Tour, Other

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 09 34
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
None
Vehicle Defects, Vision Obstructed, Failed To Dim Headlights, Improper Towing / Pushing, Object / Obstruction in Roadway

7E. WORK ZONE
TRAFFIC CONTROL Green/Yellow/Red
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING No

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANSPORT, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 1: PEARMAN, GARY W, 11229 IBEX RD - NEOSHO, MO 64850, 07-20-1942, M, FR, 5, 1, 2, 03, 05, (417) 451-5930

7G. COMMERCIAL MOTOR VEHICLE NA
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO
PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL
CARGO BODY TYPE Enclosed Box, Flatbed, Concrete Mixer, Garbage / Refuse, Pole Trailer, Vehicle Towing, Intermodal Container Chassis, NA (No Cargo Body), Other, Unknown

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 ANDREWS, BILLY GLEN 10638 HWY AA - NEOSHO, MO 64850
PHONE NUMBER (417) 389-0674

DRIVER LICENSE / ID NUMBER T980874562
STATE MO
LIC STATUS Valid
LIC TYPE Operator Class F
MC ENDORSEMENT No

DATE OF BIRTH 02-03-1949
SEX M SEAT LOC FL INJ 2 TRANS-PORT 2 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED Not Obstructed

PROOF OF INSURANCE Yes
INSURANCE COMPANY FARMER'S INSURANCE
PHONE NO. (Optional) POLICY NUMBER 195896900

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

YEAR 1998 MAKE Chevrolet MODEL 3500 COLOR MAR
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 8KD001 STATE MO YEAR 2016
VIN 1GCHC33J8WF052417
TOWED FROM SCENE Yes TOWED DUE TO DIS- DAMAGE Yes

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 12
TOWED BY Ron's Towing 451-5787

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, Passenger Van, Sport Utility Vehicle, etc.

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 34 07 36 36 07 34 07
ALCOHOL USE Unk

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects, Speed - Exceeded Limit, Violation Signal / Sign, etc.

7E. WORK ZONE No
TRAFFIC CONTROL Green/Yellow/Red
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING No

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

7G. COMMERCIAL MOTOR VEHICLE NA
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO

COMMERCIAL / NON-COMMERCIAL Interstate Carrier, Intrastate Carrier, etc.
MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box, Flatbed, Concrete Mixer, etc.

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **3** 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **HALSEMA, SHELAGH LEE 12997 ROLLING HILLS - GRANBY, MO 64844** PHONE NUMBER **(417) 489-4107**

DRIVER LICENSE / ID NUMBER **T981381368** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Unknown NA Canceled / Oth Invalid Unknown

LIC TYPE Operator Class **F** Permit Unknown (Explain) CDL Class MC Only Unlicensed

MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **04-04-1973** SEX **F** SEAT LOC **FL** INJ **4** 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) Unknown (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **GEICO** Expired PHONE NO. (Optional) **(800) 841-3000 -** POLICY NUMBER **4432469791** NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD **HALSEMA, MERLE A 12997 ROLLING HILLS - GRANBY, MO 64844** PHONE NUMBER **(417) 658-9270**

YEAR **1990** MAKE **Buick** MODEL **LESABRE** COLOR **WHI** VEH. TYPE **1** TOTAL NO. OF OCC. **4**

LICENSE - PLATE NO. **CL8W3U** STATE **MO** YEAR **2017** VIN **1G4HR54C0LH510117** 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. **1** **15** **16** **17** **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 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 Pickup Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units

GVW / GCVW 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)

SEQUENCE OF EVENTS CODES Unknown **01 08 12 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 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 Yes (Explain) No Unknown NA

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
HALSEMA, PATRICK RALPH 12997 ROLLING HILLS - GRANBY, MO 64844	11-30-1972	M	FR	4	1	2	03	05	(417) 489-4107
BLIZARD, HANNAH LEE 12997 ROLLING HILLS - NEOSHO, MO 64850	04-23-1995	F	TL	5	1	2	03	05	(417) 342-2767
BLIZARD, BRYSTON L 12997 ROLLING HILLS - GRANBY, MO 64844	10-25-2012	M	TR	5	1	2	03	10	

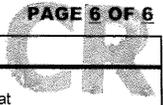
7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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 _____



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	9. Deployed -	1. None	10. Booster Seat
B - Pedalcycle	FC SC TC	2. Disabling		2. No	3. Not Deployed	Combination	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident -		3. Partially	4. Removed	10. Deployment	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		Not Disabling	1. No	4. Totally	5. Deployed - Front	Unknown	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		4. Probable -	2. EMS	U. Unknown	6. Deployed - Side	U. Air Bag Presence	5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		Not Apparent	3. Other		7. Deployed - Curtain	Unknown	7. DOT Compliant	15. Other
RC - Rail Crew		5. None Apparent	U. Unknown		8. Deployed - Other		MC Helmet	U. Use Unknown
SV - Other (Explain in Narrative)		U. Unknown	N. NA		(Knee, Air Belt, etc.)		8. No Helmet	N. Not Applicable
NA - Not Applicable		N. NA						

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
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.
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
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 (**)
			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

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 04-29-2016, I was dispatched to an injury traffic crash at US 60 and Howard Bush Drive. Upon my arrival, I noticed a red Ford F-150 facing south in the intersection with front end damage. I noticed a maroon Chevrolet dually on the eastbound shoulder facing west that had extensive damage and a white Buick LeSabre that was westbound in the turn lane waiting to turn south onto Howard Bush Drive that had front end damage.

I spoke with a witness, Adam Cornell. Mr. Cornell said they were stopped in the eastbound turn lane to turn north onto High Street. Mr. Cornell said the lights for eastbound traffic were red and the dually went through the red light. Mr. Cornell said the red truck was going south on a green light when the dually went in front of the Ford and the Ford truck struck the dually.

I spoke with another witness, Allan Socia, and he said he was behind the red Ford truck. He said the light for southbound turned green and the Ford truck started going when the dually came out in front of the Ford truck.

I spoke with the driver of the red Ford, Helen Estes. Ms. Estes said she was southbound on High Street and stopped at the light. She said her light turned green and she was going across 60 to Howard Bush Drive. Ms. Estes said as she was going through the intersection, the dually came out in front of her and her truck struck the dually. Ms. Estes was transported to Freeman West Hospital. Ms. Estes' truck was towed by Ron's Towing, upon her request.

I spoke with the driver of the white Buick, Shelagh Halsema. Ms. Halsema said she was stopped in the westbound turn lane waiting to turn south onto Howard Bush Drive. Ms. Halsema said she saw the dually start through the intersection as the red Ford was going through the intersection and she saw them collide. Ms. Halsema said after the impact, the dually spun around and hit the curbing then struck the front of her vehicle. Ms. Halsema's vehicle was drivable. Ms. Halsema and her passengers refused treatment on scene, but said they were going to take themselves to the doctor. Ms. Halsema and Patrick Halsema said their backs and necks were starting to hurt.

I was not able to speak with the driver of the Chevrolet dually, Billy Andrews, due to his injuries. Mr. Andrews was transported to Freeman West and his truck was towed by Poore's Towing.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PIII RUSTY SCHLESSMAN	112	SE	NA
REVIEWING OFFICER NAME	DSN / BADGE NO	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT MICHAEL WHITEHEAD	107		

NEOSHO POLICE DEPARTMENT
201 N COLLEGE ST. NEOSHO, MO 64850

Page	1	Accident Supplement Page	
Accident No.	0416-309	Supplement No.	0416-309-001
Reported	05/03/2016 06:29:17	Tuesday	

CR

On 04-29-2016, at approximately 1232 hours, officers were dispatched to an injury traffic crash at US 60 and Howard Bush Drive. One of the drivers, Billy Andrews, was injured and transported to Freeman Hospital; no one was able to obtain a statement from him on scene.

On 05/02/2016 Billy Andrews came to the Neosho Police Department to complete a statement at the request of his insurance company. He stated when he approached the light (headed east), it was green. He said he saw a white colored vehicle in the left turn lane then next thing he knew he was struck by another vehicle on the driver's side.

Mr. Andrews filled out, and signed, a voluntary statement form. It is included with this report. It should be noted Mr. Andrews stated he does not remember much due to being injured.

Nothing further.

OFFICERS

Date	Role	Officer Name	Agency	Duty Assignment
05/03/2016 06:29:17	Primary Officer	PIII PHILLIP WHITEMAN	NPD	Patrol

Phillip 16
[Signature]



NEOSHO POLICE DEPARTMENT
VOLUNTARY STATEMENT FORM

Subject: Traffic Accident Case #: 0416-309 Date: 5.2.16 Time: 15:45

approach light - saw green light - saw white car
in turn lane (left) - then hit from left side -
60 hwy - headed east

Billy Andrews.

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Signed [Signature]

Witnessed [Signature] [Signature] 116