

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"/>	1	0	0616-039

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	06-04-2016	1053	06-04-2016	1057	06-04-2016	1057	<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	<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)	<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 / 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.
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No - No commercial vehicle fields need completion. Yes - Go to number 2. No - No commercial vehicle fields need completion. Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input 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	CR	NA	LAT N	LONG W	NA

ON	RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING	
CST LUSK DR	N	125 <input type="checkbox"/> NA Feet Miles	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	N of CST CLEMON DR	
SPEED LIMIT	ROAD MAINTAINED BY		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		NA	NA	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; Continuous Center Turn Lane <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)

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	<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)

ROAD SURFACE	WEATHER CONDITION
<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Clear <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)

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
SKAGGS, JEFFERY EUGENE	1010 BLUFF ST - SENECA, MO 64865	(417) 389-6986

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

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<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	<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	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. COLLISION
DIAGRAM

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

V1 NES **W** U

V2 **N** ES W U

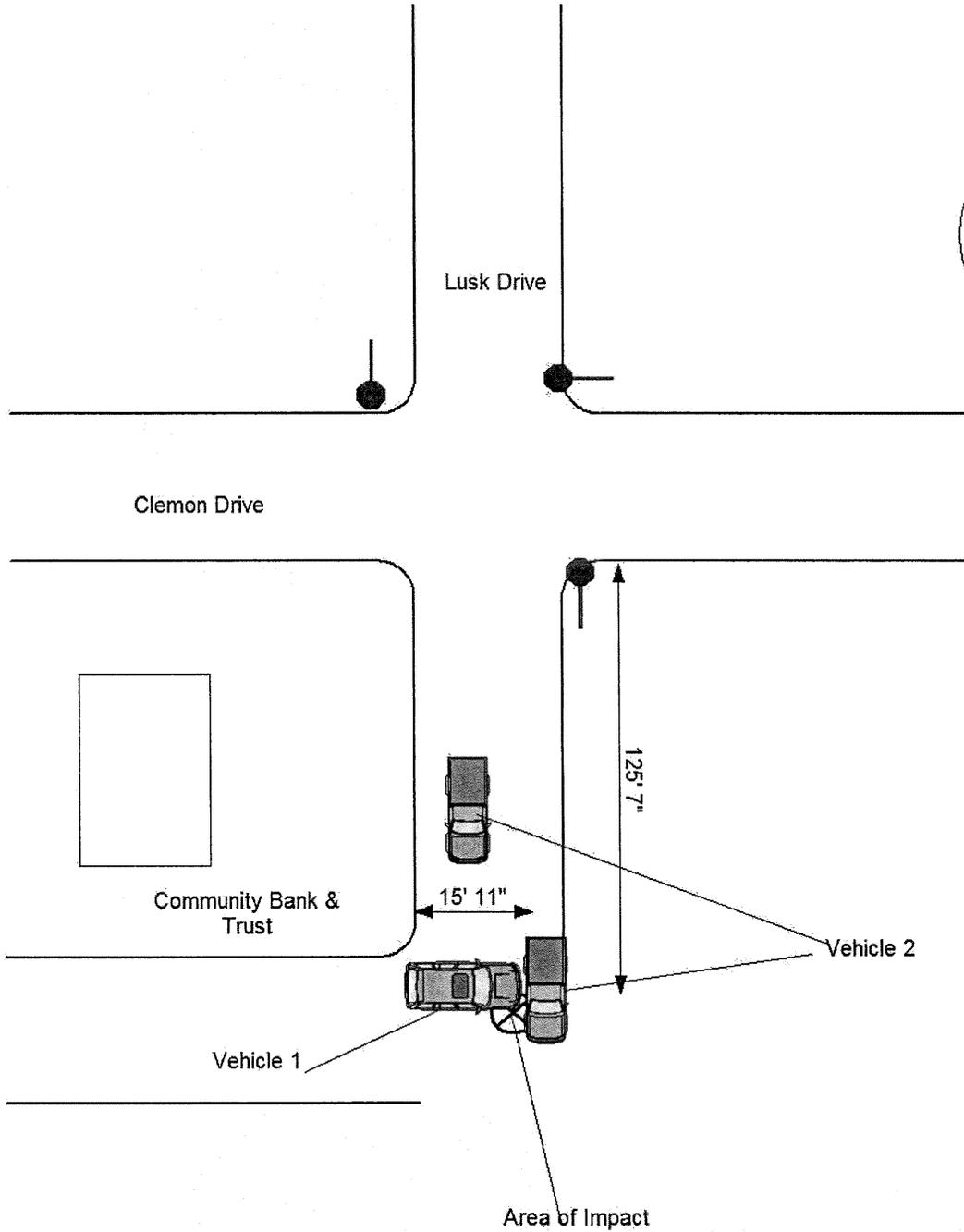
V3 NES W U

V4 NES W U

V5 NES W U

V6 NES 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 SCHARTZ, PATRICIA EILEEN 215 WHITE AV - NEOSHO, MO 64850 PHONE NUMBER (417) 451-3786

DRIVER LICENSE / ID NUMBER: S078094006 STATE: MO LIC STATUS: Valid LIC TYPE: Operator Class F MC ENDORSEMENT: No

DATE OF BIRTH: 04-09-1943 SEX: F SEAT LOC: FL INJ: 3 TRANS-PORT: 2 EJEC-TION: 2 AIR BAG: 03 SAFETY DEVICES: 05 VISION OBSTRUCTED: No

PROOF OF INSURANCE: Yes INSURANCE COMPANY: FARMER'S INSURANCE PHONE NO. (Optional): (417) 451-3555 - POLICY NUMBER: 19235-01-82

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

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

LICENSE - PLATE NO: MD5E2C STATE: MO YEAR: 2016 VIN: 1D8GU28K68W222850 TOWED FROM SCENE: No TOWED DUE TO DIS. DAMAGE: No

VEHICLE DAMAGE (Mark all damaged areas): None / No Damage INITIAL IMPACT NO: 1

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles: Passenger Car, School Bus, etc.

EMERGENCY VEHICLE INVOLVEMENT: NA CONTRIBUTING TRAFFIC CONDITIONS: NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES: 08 | 01 | 34 ALCOHOL USE: No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES: Failed To Yield, Improper Turn, etc.

7E. WORK ZONE: No TRAFFIC CONTROL: None 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, EJEC-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

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, etc.

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	7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 2 RICHMOND, DUSTIN JERRY 226 S OZARK TRAIL - GOODMAN, MO 64843	PHONE NUMBER (417) 592-2024
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DRIVER LICENSE / ID NUMBER W202119005	STATE MO	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown	LIC TYPE <input checked="" type="checkbox"/> Operator Class <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> CDL Class <u>A</u> <input type="checkbox"/> MC Only <input type="checkbox"/> Interm / Grad <input type="checkbox"/> Unlicensed	MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)
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DATE OF BIRTH 04-09-1974	SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Glare	Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Other (Explain)	Other (Explain) <input type="checkbox"/> Unknown (Explain)
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PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	INSURANCE COMPANY PROGRESSIVE CASUALTY <input type="checkbox"/> Expired	PHONE NO. (Optional) (417) 435-2423 -	POLICY NUMBER 13429526 <input type="checkbox"/> NA	<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle
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7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input checked="" type="checkbox"/> SAD	PHONE NUMBER <input checked="" type="checkbox"/> SAD
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YEAR 2004	MAKE Dodge	MODEL 1500	COLOR BLK	VEH. TYPE 1	TOTAL NO. OF OCC. 1
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LICENSE - PLATE NO 9YC492	STATE MO	YEAR 2016	VIN 1 D 7 H U 1 8 D 2 4 J 2 5 4 1 3 9	TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage	TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																
INITIAL IMPACT NO: 5	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">2</td><td style="width:10%;">3</td><td style="width:10%;">4</td><td style="width:10%;">5</td><td style="width:10%;">6</td><td style="width:10%;">7</td><td style="width:10%;">18 - Undercarriage</td><td style="width:10%;">22 - Cargo</td> </tr> <tr> <td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td>9</td><td>19 - Windshield</td><td>23 - Unknown</td> </tr> <tr> <td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td><td>20 - Burned</td><td>24 - Other (Explain)</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>21 - Towed Unit</td><td></td> </tr> </table>	2	3	4	5	6	7	18 - Undercarriage	22 - Cargo	1	15	16	17	8	9	19 - Windshield	23 - Unknown	14	13	12	11	10	9	20 - Burned	24 - Other (Explain)							21 - Towed Unit	
2	3	4	5	6	7	18 - Undercarriage	22 - Cargo																										
1	15	16	17	8	9	19 - Windshield	23 - Unknown																										
14	13	12	11	10	9	20 - Burned	24 - Other (Explain)																										
						21 - Towed Unit																											

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance			GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input checked="" type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown
<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements
<input type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> 2 Wh	<input type="checkbox"/> Construction Equip. Heavy Mach.
<input type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> 3 Wh	<input type="checkbox"/> Other Vehicle (Code) _____
<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> 4 Wh	<input type="checkbox"/> Cargo Van
<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input checked="" type="checkbox"/> Pickup
<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Heavy Truck
<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)
<input type="checkbox"/> To / From School			<input type="checkbox"/> Truck Tractor With No Units
			<input type="checkbox"/> Truck Tractor With One Unit
			<input type="checkbox"/> Truck Tractor With Two Units
			<input type="checkbox"/> Truck Tractor With Three Units

EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA	CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") →	<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)
<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
SEQUENCE OF EVENTS CODES: <input type="checkbox"/> Unknown 01 15 34	ANIMAL CODE(S) _____ FIXED OBJECT CODE(S) _____

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None			DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway

7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)	

7F. 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 <input checked="" type="checkbox"/> 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) <input type="checkbox"/> SAO	PHONE NUMBER <input type="checkbox"/> SAO

COMMERCIAL / NON-COMMERCIAL	<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle	MC / MX / ICC NO.	USDOT NO.
	<input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle		
CARGO BODY TYPE	<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other	<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log	<input type="checkbox"/> Unknown

HAZARDOUS MATERIALS	PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	4-DIGIT NO.	CLASS	HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME
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8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES									
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> <ol style="list-style-type: none"> Fatal Disabling Evident - Not Disabling Probable - Not Apparent None Apparent U. Unknown N. NA 	FR	SR	TR	FC	SC	TC	FL	SL	TL	<ol style="list-style-type: none"> No EMS Other U. Unknown N. NA 	<ol style="list-style-type: none"> NA No Partially Totally U. Unknown 	<ol style="list-style-type: none"> None / NA Not Deployed Removed Deployed - Front Deployed - Side Deployed - Curtain Deployed - Other (Knee, Air Belt, etc.) Deployed - Combination Deployment Unknown Air Bag Presence Unknown 	<ol style="list-style-type: none"> None Not Used Shoulder Belt Only Lap Belt Only Shoulder and Lap Belt DOT Compliant MC Helmet No Helmet Booster Seat Child Restraint - Forward Facing Child Restraint - Rear Facing Other Helmet Reflective Clothing Other Use Unknown 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 (**)	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)

On 06-04-2016, at approximately 1057 hours, I pulled up on a traffic crash on Lusk Drive, just north of Clemon Drive. I noticed a black Dodge 1500 extended cab truck facing north on Lusk Drive and it was on the west side of the road. I noticed a black Dodge Nitro that was facing west on Lusk Drive that was behind the Dodge truck. The truck had passenger side damage and the Dodge Nitro had front end damage.

I spoke with the driver of the truck, Dustin Richmond. Mr. Richmond was identified from his Missouri driver's license. Mr. Richmond said he had stopped at the stop sign at Clemon Drive and Lusk Drive then went north on Lusk Drive. Mr. Richmond said as he got to the entrance of Community Bank & Trust he noticed a black sport utility pulling out coming toward his vehicle. Mr. Richmond said he swerved to the left to avoid the vehicle. Mr. Richmond said he got onto the curb at the edge of Wal-Mart parking lot, but the other vehicle still struck his truck. Mr. Richmond said he was not injured.

I spoke with the driver of the Dodge Nitro, identified as Patricia Schartz from a Missouri driver's license. Ms. Schartz said she was leaving Community Bank & Trust. She said she was stopped and noticed a vehicle coming south so she went to step on the brake to wait on the vehicle to go by. Ms. Schartz said when she went to step on the brake, she must've stepped on the gas pedal instead, because her vehicle took off and it struck the Dodge truck.

Ms. Schartz was injured and was transported to Freeman Neosho Hospital by Newton County Ambulance. Ms. Schartz's son arrived on scene and moved her vehicle out of the roadway. Mr. Richmond drove his vehicle from the scene.

I spoke with a witness, Jeffery Skaggs. Mr. Skaggs said he was traveling south on Lusk Drive from Highway 60 when he saw a black Dodge Nitro pull out from Community Bank & Trust then strike the passenger side of a black Dodge truck that was traveling north on Lusk Drive. Mr. Skaggs said the driver of the truck swerved to the left to avoid the Dodge Nitro, but the Nitro still hit the truck.

Nothing further

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PIII RUSTY SCHLESSMAN	DSN / BADGE NO. 112	BEAT / ZONE CR	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME PIII BRANDON BESHEARS	DSN / BADGE NO. 110	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.