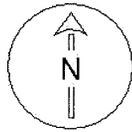


1 - GENERAL CRASH INFORMATION				AGENCY NAME AND OR			
SPACE USED FOR BARCODE				NEOSHO POLICE DEPARTMENT - MO0730300			
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No	PROPERTY DAMAGE ONLY	NO. INJURED
						0	0
						REPORT / CASE / INCIDENT NUMBER	
						0716-066	
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE	
2		07-09-2016		1231		07-09-2016	
						TIME NOTIFIED (MIL.)	
						1234	
						INVESTIGATION DATE	
						07-09-2016	
						TIME ARRIVED (MIL.)	
						1245	
						INVEST. AT SCENE	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE	
<input checked="" type="checkbox"/> On Roadway		<input type="checkbox"/> Overturning		<input type="checkbox"/> Animal		<input type="checkbox"/> Front to Front	
<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Pedalcycle		<input checked="" type="checkbox"/> Angle	
		<input type="checkbox"/> Immersion		<input type="checkbox"/> Fixed Object		<input type="checkbox"/> Front to Rear	
		<input type="checkbox"/> Jackknife		<input type="checkbox"/> Other Object		<input type="checkbox"/> Rear to Rear	
		<input type="checkbox"/> Fell/Jumped From MV		<input type="checkbox"/> Railway Vehicle		<input type="checkbox"/> Rear to Side	
		<input type="checkbox"/> Cargo / Equip Loss / Shift		<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.		<input type="checkbox"/> Other (Explain)	
		<input type="checkbox"/> Other Non-Collision		<input checked="" type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Sideswipe (Same Dir.)	
				<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Sideswipe (Opp. Dir.)	
						<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	
						<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 / 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"/> No - No commercial vehicle fields need completion.			
<input type="checkbox"/> Yes - Go to number 2. →				<input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.			
EVIDENTIARY PHOTOS TAKEN				AVAILABLE FROM			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Investigating Agency			
RECONSTRUCTION				AVAILABLE FROM			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Investigating Agency			
2 - LOCATION							
COUNTY		MUNICIPALITY		BEAT / ZONE		GPS COORDINATES (DD MM SS.S FORMAT)	
NEWTON		NEOSHO		N NA		LAT: N LONG: W NA	
ON				RDWY. DIR		INTERSECTING	
CST W SOUTH ST				W		E of CST S NEOSHO BD	
SPEED LIMIT		ROAD MAINTAINED BY		DISTANCE FROM		LOCATION	
25		<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		45 <input type="checkbox"/> NA Feet		<input type="checkbox"/> After <input type="checkbox"/> NA	
						<input checked="" type="checkbox"/> Before <input type="checkbox"/> At	
						25 W NA	
TRAFFICWAY				ROAD ALIGNMENT		ROAD PROFILE	
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided				<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve		<input checked="" 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"/> Unknown (Explain)		<input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
<input type="checkbox"/> Two-Way; Divided; Unprotected Median				<input type="checkbox"/> Other			
<input type="checkbox"/> Two-Way; Divided; Positive Median Barrier				<input type="checkbox"/> Unknown			
INTERSECTION TYPE				ROAD CONDITION			
<input checked="" type="checkbox"/> 4-way Intersection				<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"/> Y-Intersection				<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 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"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)			
<input type="checkbox"/> Brick							
<input type="checkbox"/> Dirt / Sand							
<input type="checkbox"/> Cobblestone							
<input type="checkbox"/> Gravel							
<input type="checkbox"/> Multi-Surface							
<input type="checkbox"/> Unknown (Explain)							
LIGHT CONDITION							
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)							
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None							
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality							
4 - WITNESS <input type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative							
NAME		ADDRESS (Street, City, State, Zip)				PHONE NUMBER	
MCAFFREY, BRECKIN SCOTT		3014 FAIRVIEW CR - NEOSHO, MO 64850				(417) 451-7782	
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian							
NO.		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)				PHONE NUMBER	
DATE OF BIRTH		SEX		STRUCK BY VEH #:		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"/> Getting On / Off Vehicle		<input type="checkbox"/> Going To / From School			
<input type="checkbox"/> Against Signal		<input type="checkbox"/> Standing / Lying / Sitting In Trafficway		<input type="checkbox"/> Getting On / Off School Bus			
<input type="checkbox"/> No Signal		<input type="checkbox"/> Pushing / Working On Vehicle		<input type="checkbox"/> Both Of The Above			
<input type="checkbox"/> Unknown		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> Unknown (Explain)			
<input type="checkbox"/> Not At Crosswalk		<input type="checkbox"/> Working In Trafficway					
<input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Playing In Trafficway					
<input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Walking / Running In Trafficway					
<input type="checkbox"/> Unknown		<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic					
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

INDICATE NORTH
CR

S. Neosho Blvd.



Wildcat Corner

Area of Impact

45'

W. South St.

Westco Home Furnishings

Not To Scale

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **1** 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **MCAFFREY, SALLY NOEL 1015 S HIGH - NEOSHO, MO 64850** PHONE NUMBER **(417) 451-7782**

DRIVER LICENSE / ID NUMBER **S078118004** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **04-28-1951** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED Not Obstructed Trees / Brush Sign Moving Veh Other (Explain) NA Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Glare

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY Expired **AMER. FAMILY** PHONE NO. (Optional) **(417) 451-7782 -** POLICY NUMBER NA **095614590510FPPAMO** Driver Vehicle

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

YEAR **1999** MAKE **Chevrolet** MODEL **SUBURBAN** COLOR **MAR** VEH. TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO. **5AT036** STATE **MO** YEAR **2017** VIN **1GNGK16R4XJ376972** 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. **14** 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 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 Pickup Other Heavy Truck Unknown (Explain) Single-unit Truck; 2 axles, 6 tires Single-unit Truck; 3 or more axles Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) Truck Tractor With No Units Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units

GVW / GCWV 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 Other Incident Ahead Crash Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE Yes No NA Unknown

SEQUENCE OF EVENTS CODES Unknown **01 05 34** ANIMAL CODE(S) FIXED OBJECT CODE(S)

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) (See Codes in Section 8) NA

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

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)									

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 Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Another Veh. Intermodal Container Chassis Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log NA (No Cargo Body) Other Unknown

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)** **2 MURPHY, AMANDA KAY 1135 GRANBY MINERS RD - GRANBY, MO 64844** PHONE NUMBER **(417) 680-8191**

DRIVER LICENSE / ID NUMBER **T980749045** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **03-01-1986** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED Not Obstructed Trees / Brush Sign Moving Veh Other (Explain) NA Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Glare

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **ALL STATE** Expired PHONE NO. (Optional) **(417) 624-7355 -** POLICY NUMBER **810288414** NA Driver Vehicle

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

YEAR **1999** MAKE **Pontiac** MODEL **BONNEVIE** COLOR **MAR** VEH. TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO. **CK2G4J** STATE **MO** YEAR **2017** VIN **1 G 2 H X 5 2 K 7 X H 2 3 0 5 5 0** 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. **2** NA

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	1	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 Pickup Other Heavy Truck Unknown (Explain)

Single-unit Truck; 2 axles, 6 tires Single-unit Truck; 3 or more axles Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) Truck Tractor With No Units Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units

GVW / GCW 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) ALCOHOL USE Yes Unk No NA

SEQUENCE OF EVENTS CODES Unknown **01 34** ANIMAL CODE(S) NA FIXED OBJECT CODE(S) 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

Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

Other: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus

Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES PHONE NUMBER

TAYLOR, BRANDI JO	1019 WEST AV - FULTON, MO 65251	11-05-1983		FR	5	1	2	03	05	(417) 680-8191

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 - Other Vehicle Not In Commerce - Rental Vehicle MC / MX / ICC NO. SAO USDOT NO. SAO

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. SAO CLASS Yes No Unknown HM CARGO PRESENT Yes No Unknown HM CARGO RELEASED Yes No Unknown HAZARDOUS MATERIAL NAME SAO

SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG		SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fatal	19. Airborne	(For Medical Treatment)	1. NA	1. None / NA	9. Deployed -	1. None	10. Booster Seat
B - Pedalcycle	FC SC TC	2. Disabling	20. Ran Off Roadway - Right		2. No	3. Not Deployed	Combination	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident -	21. Ran Off Roadway - Left		3. Partially	4. Removed	10. Deployment	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable -	22. Overturn / Rollover		4. Totally	5. Deployed - Front	Unknown	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	23. Fire / Explosion		U. Unknown	6. Deployed - Side	U. Air Bag Presence	5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		U. Unknown	24. Immersion		N. NA	7. Deployed - Curtain	Unknown	7. DOT Compliant	15. Other
RC - Rail Crew		N. NA	25. Jackknife			8. Deployed - Other		MC Helmet	U. Use Unknown
SV - Other (Explain in Narrative)			26. Cargo Loss / Shift			(Knee, Air Belt, etc.)		8. No Helmet	N. Not Applicable
NA - Not Applicable			27. Equipment Failure						

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)									
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object				
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV				
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)				
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator				
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV					
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway					
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV					
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV						
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)						

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS				
60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS				
20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES				
1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.	
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls	
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)	
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming		

VEHICLE TYPE CODES		
1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES		
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation
2. Golf Cart	4. Forklift	6. Low Speed Vehicle
		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

On 07-09-2016 I responded east of the intersection of South Neosho Boulevard and West South Street in reference to a two vehicle non injury traffic crash.

Upon my arrival I found a maroon 1999 Pontiac Bonneville in the middle of West South Street approximately 45 feet east of the intersection facing west. It is vehicle 2 (V2) identified by Missouri registration CK2G4J. I also found a maroon 1999 Chevrolet Suburban parked on the east bound shoulder of West South Street facing east. It is vehicle 1 (V1) identified by Missouri registration 5AT036.

I spoke with the driver of V1, Sally McAffrey identified by her Missouri driver's license. She told me she pulled out of Wildcat Corner turning left as to go east on West South Street. She said she shouldn't have. Mrs. McAffrey said a vehicle went by that she waited on and then she entered the roadway not realizing V2 was coming and struck V2. Mrs. McAffrey's grandson was a passenger in her vehicle. His information is entered in the persons section of this report. V1 had minimal damage to its front driver's side bumper.

I spoke to the driver of V2, Amanda Murphy identified by her Missouri driver's license. She told me she was driving west bound on West South Street and V1 drove out into her vehicle. Ms. Murphy had one passenger with her, Brandi Taylor identified by her Missouri driver's license.

None of the parties involved had any apparent injuries and both vehicles were driven from the scene.

Photographs have been added to the photo album section of this report.

Nothing further.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
OFF WILLIAM CLIFFMAN	121	N	NA
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT BRADLEY FIENEN	106		