

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"/>	2	0	0716-180
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
2	07-21-2016	0755	07-21-2016	0757	07-21-2016	0807	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CRASH TYPE	ROADWAY	NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE	
	<input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input checked="" type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input checked="" type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard.
<input type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" type="checkbox"/> Yes - Go to number 2. →	<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input 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	N	NA	LAT: N LONG: W NA
ON		ROWY DIR	DISTANCE FROM	LOCATION
CST E SOUTH ST		E	120 <input type="checkbox"/> NA Feet _____ Miles	E of CST S CASH ST
SPEED LIMIT	ROAD MAINTAINED BY	LOCATION		INTERSECTING
25	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At		25 S NA
TRAFFICWAY		ROAD ALIGNMENT		ROAD PROFILE
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Level <input 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 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 checked="" 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 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"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)		
LIGHT CONDITION				
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)				

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

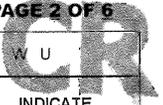
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
GREENWOOD, PATRICIA MAY	406 E SOUTH ST - NEOSHO, MO 64850	(417) 455-9127

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER				
DATE OF BIRTH	SEX	STRUCK BY VEH #.	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown
CROSSING ROAD		OTHER ACTIONS			SCHOOL INFO.	
<input checked="" type="checkbox"/> NA <input 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"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <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"/> None <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



406 E. South St.

416 E. South St.

Not To Scale

Area of Impact 1

Area of Impact 2

E. South St.

Cash St.

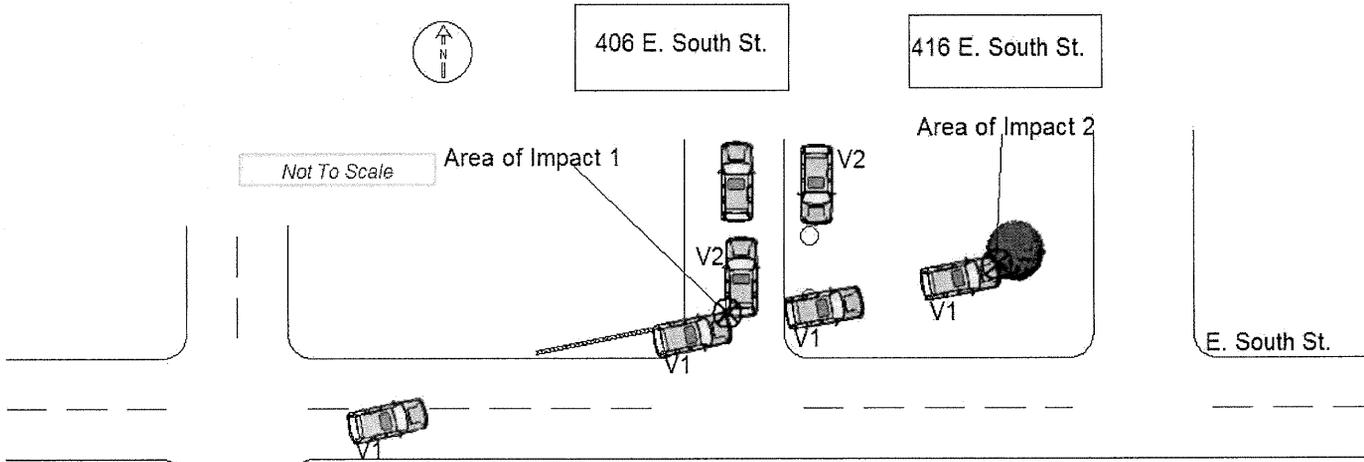
120' Left Roadway

28' First Impact

33' Second Impact

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **1 WILLIAMS, JESSICA EILEEN 1113 S HIGH ST - NEOSHO, MO 64850** PHONE NUMBER

DRIVER LICENSE / ID NUMBER **U078088004** 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 **08-18-1984** SEX **F** SEAT LOC **FL** INJ **4** TRANS-PORT **2** EJEC-TION **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 **GEICO** Expired PHONE NO. (Optional) **(800) 841-3000 -** POLICY NUMBER **4258-61-75-80** NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **SOARES, TRACY PAULETT 4659 GATEWAY RD - JOPLIN, MO 64804** SAD PHONE NUMBER SAD

YEAR **2009** MAKE **Honda** MODEL **CR-V** COLOR **SIL** VEH. TYPE **1** TOTAL NO. OF OCC. **3**

LICENSE - PLATE NO **CH3A4G** STATE **MO** YEAR **2017** VIN **5J6RE48549L004817** TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage INITIAL IMPACT NO. **14** NA **14** Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit **DICKSON TOWING**

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 / GCWW 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 Congestion Ahead Crash Ahead Other Incident Ahead Unknown (Explain) CONTRIBUTING TRAFFIC CONDITIONS NA

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 **01 18 21 35 36** ANIMAL CODE(S) **20** FIXED OBJECT CODE(S) **20**

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) **15**

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 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	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
SHARP, NOLYN ROBERT	10-13-2014	M	SL	4	2	2	03	11	(417) 389-1787
WILLIAMS, NATHAN BROWN	03-18-2009	M	SR	3	2	2	03	05	(417) 389-1787

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 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 Yes No Unknown 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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER

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

DATE OF BIRTH SEX SEAT LOC INJ TRANS-PORT EJECTION AIR BAG SAFETY DEVICES VISION OBSTRUCTED 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 INSURANCE COMPANY AMER. FAMILY Expired PHONE NO. (Optional) (417) 451-7782 - POLICY NUMBER 18080819-01-04FPPAMO Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) GREENWOOD, REX ARDELL 406 SOUTH ST - NOESHO, MO 64850 PHONE NUMBER (417) 364-8967

YEAR MAKE MODEL COLOR VEH. TYPE TOTAL NO. OF OCC. 2002 Chevrolet TRAILBLA DGR 2

LICENSE - PLATE NO STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE SH11L1P MO 2016 1GND1S13S822385854 Yes No Yes No

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO. 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) Sport Utility Vehicle School Bus Intercity Transit / Commuter Charter / Tour Other

EMERGENCY VEHICLE INVOLVEMENT Police Ambulance Fire Other (Must check "A" / "B") A. Emergency Vehicle on Emergency Run B. Stationary W/with Emergency Equip. Activated

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 13 ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES 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

7E. WORK ZONE TRAFFIC CONTROL None Unknown Workers Present Controls Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

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

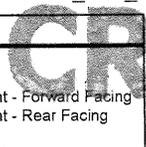
7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intra-state 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 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	19. Airborne	(For Medical Treatment)	1. NA	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat
B - Pedalcycle	FC SC TC	2. Disabling	20. Ran Off Roadway - Right		2. No	3. Not Deployed	10. Deployment	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	21. Ran Off Roadway - Left	1. No	3. Partially	4. Removed	U. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable - Not Apparent	22. Overturn / Rollover	2. EMS	4. Totally	5. Deployed - Front		4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	23. Fire / Explosion	3. Other	U. Unknown	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		U. Unknown	24. Immersion	U. Unknown		7. Deployed - Curtain		7. DOT Compliant MC Helmet	15. Other
RC - Rail Crew		N. NA	25. Jackknife	N. NA		8. Deployed - Other (Knee, Air Belt, etc.)		8. No Helmet	U. Use Unknown
SV - Other (Explain in Narrative)			26. Cargo Loss / Shift						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
2. Overtaking	11. Backing
3. Making Right Turn	12. Stopped In Traffic
4. Right Turn on Red	13. Parked
5. Making Left Turn	14. Changing Lanes
6. Making U-Turn	15. Avoiding
7. Skidding / Sliding	16. Cross Median
8. Slowing / Stopping	17. Cross Center Of Road
9. Start In Traffic	18. Cross Road
19. Airborne	20. Ran Off Roadway - Right
21. Ran Off Roadway - Left	22. Overturn / Rollover
23. Fire / Explosion	24. Immersion
25. Jackknife	26. Cargo Loss / Shift
27. Equipment Failure	28. Separation Of Units
29. Returned To Roadway	30. Collision Inv. Pedestrian
31. Collision Inv. Bicycle/Pedalcycle	32. Collision Inv. Railway Veh.
33. Collision Inv. Animal (**)	34. Collision Inv. MV in Transport
35. Collision Inv. Parked MV	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)	25. Culvert
21. Embankment / Driveway / Ground / Rock Bluff	26. Highway Traffic Sign Post / Support
22. Guardrail Face	27. Bridge Pier / Abutment / Support
23. Utility Pole	28. Curb
24. Fence	29. Mail Box
25. Street Light Support	30. Concrete Traffic Barrier
32. Building	33. Traffic Signal Support
34. Impact Attenuator / Crash Cushion	35. Fire Hydrant
36. Other (Explain)	37. Bridge Parapet End
38. Bridge Rail	39. Guardrail End
40. Other Traffic Barrier	41. Overhead Sign Support
42. Ditch	43. Other Post / Pole / Support
44. Wall	45. Cable Barrier
46. Bridge Overhead Structure	47. Overhead Line / Cable
U. Unknown	

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

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

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

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

See Supplemental Narrative Page

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
OFF WILLIAM CLIFFMAN	121	N	NA
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
CPL DUSTIN WHITEHILL	118		

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI	
				NEOSHO POLICE DEPARTMENT - MO0730300	
CRASH DATE	TRP / DIST / PCT	COUNTY			
07-21-2016	NA	NEWTON			
REPORTING OFFICER NAME			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	
OFF WILLIAM CLIFFMAN			121	CPL DUSTIN WHITEHILL	
				DSN / BADGE NO.	
				118	

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

MAIN NARRATIVE

On 07-21-2016 I responded to 406 East South Street Neosho Missouri for an injury traffic crash. Neosho Fire and the Newton County Ambulance arrived on scene prior to my arrival.

Once on scene I observed a 2009 silver Honda CR-V Identified by Missouri registration CH3A4G, vehicle one (V1). V1 was sitting in the front yard of 416 East South Street. The driver Jessica Williams was identified by her Missouri driver's license. There was also two young boys in V1. The older boy Nathan Williams had blood on his face, and emergency personnel were attending to him. The younger boy Nolyn Sharp was crying and appeared to be fine. Mrs. Williams had her eyes open, but when you asked her questions, she could not answer. Mrs. Williams and the two boys were transported to Mercy Hospital in Joplin Missouri by ambulance.

I located a witness Patricia Greenwood identified by her Missouri driver's license who lives next door to 416 East South Street at 406. Mrs. Greenwood told me she heard a loud bang and looked out the window and her vehicle was moved from where it was parked in her driveway. Mrs. Greenwood then saw V1 in the neighbor's yard. She went to the vehicle and made contact with the driver. Mrs. Greenwood said she could tell the driver; Mrs. Williams was not able to speak but was able to look around. She Mrs. Williams was in a daze. Mrs. Greenwood also told me she thinks Mrs. Williams might have had a seizure, because she had white foam in her mouth.

I then assessed the scene. V1 was traveling east bound on East South Street and left the roadway, came into Mrs. Greenwood's yard and struck the rear end of her dark green 2002 Chevrolet Trailblazer identified by Missouri registration SH1L1P vehicle 2 (V2). V2 was parked and noised in toward the residence, but after the impact from V1, V2 moved over to the east and its noise was toward East South Street. After that impact V1 continued east onto the front yard of 416 East South Street and made another impact with a tree and then stopping.

Due to the fact that Mrs. Williams could not communicate, a non preference wrecker, Dickson Towing responded and towed V1 to their facility.

On 07-22-2016 I was able to make contact with Mrs. Williams at her residence. She told me she had a seizure. She said after she turned east from the roundabout on South Street, said she does not remember anything. She told me she is epileptic and she has been off of her medications for 2 weeks. She told me her normal doctor, Dr. Robbie resigned from the office he worked out of. She said Mercy Hospital gave her medication yesterday and she has a Doctor's appointment next week.

Mrs. Williams told me her older son, Nathan ended up getting 12 stitches inside his mouth and her youngest, Nolyn had bruising from the safety seat. Mrs. Williams said her left foot was hurt, but nothing serious. She said she also has bruising from her seatbelt.

Nothing further.