

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"/>	3	0	0716-209

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
2	07-24-2016	1545	07-24-2016	1548	07-25-2016	NA	<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 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 checked="" 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. →

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	N	NFD1-N	LAT: N	LONG: W	NA
ON: CST S WOOD ST		RDWY. DIR	DISTANCE FROM	LOCATION	INTERSECTING	
		NA	<input checked="" type="checkbox"/> NA Feet	<input type="checkbox"/> After <input type="checkbox"/> NA <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	E MCKINNEY ST	
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			25	NA	NA
TRAFFICWAY			ROAD ALIGNMENT		ROAD PROFILE	
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane			<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier		<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	
<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"/> 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"/> T-Intersection			<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost			
<input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain)			<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 checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt			<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy			
<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 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"/> Other (Explain)			<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

OWNER: TRACY LYNN WILLEY - 400 S WOOD ST NEOSHO, MO 64850 - (417) 389-7560

PROPERTY: ROCK RETAINING WALL - ROCK RETAINING WALL ON CORNER OF INTERSECTION - Estimated Damages: \$100.00

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
WILKINS, JAYMES SIDNEY	109 1/2 MAIN / ST - NEOSHO, MO 64850	(417) 451-6941

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

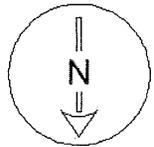
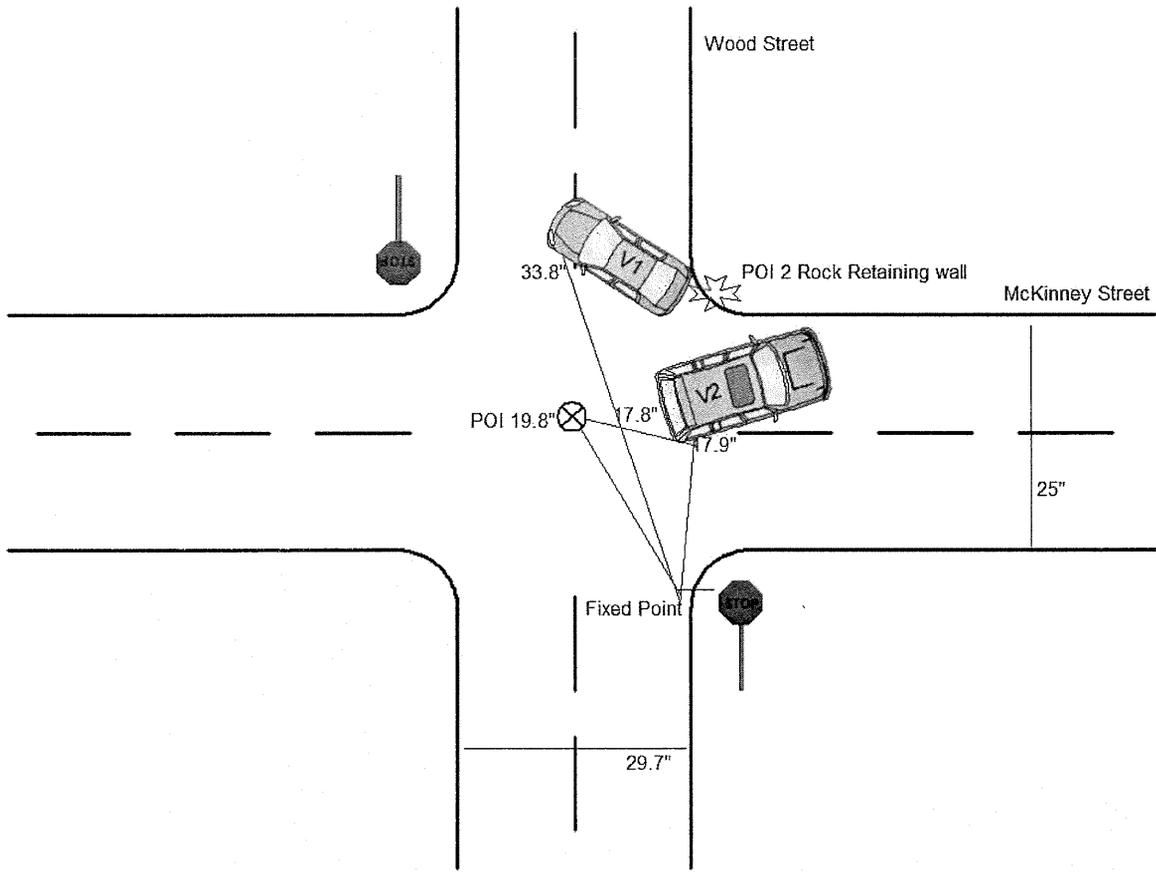
DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> 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 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)		<input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)
PROBABLE CONTRIBUTING CIRCUMSTANCES				DISTRACTED / INATTENTIVE CODE(S)		ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive				<input type="checkbox"/> None <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 NESW U V2 NESW U V3 NESW U V4 NESW U V5 NESW U V6 NESW 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 KOLDEN, EDGAR 804 TERRACE PL - NEOSHO, MO 64850 PHONE NUMBER (417) 592-4067

DRIVER LICENSE / ID NUMBER M213351022 STATE MO LIC STATUS [X] NA [] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown [] Operator Class [] Permit [] Unknown (Explain) MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 02-02-1963 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJEC-TION 2 AIR BAG 05 SAFETY DEVICES 05 VISION OBSTRUCTED [] NA [X] 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 [X] Yes [] No [] Not Required INSURANCE COMPANY VIKING INS. OF WISCONSIN EXPIRED [] PHONE NO. (Optional) (417) 451-4873 - POLICY NUMBER 254631239 DRIVER [] Vehicle [X]

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

YEAR 2001 MAKE Chevrolet MODEL MALIBU COLOR SIL VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO HN1A1D STATE MO YEAR 2017 VIN 1G1ND52J41M651308 TOWED FROM SCENE [X] Yes [] No TOWED DUE TO DIS. DAMAGE [X] Yes [] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage TOWED BY [] Unknown [] NA Poore's Truck Salvage & Towing 451-4442 INITIAL IMPACT NO: 12

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [] Vehicle Used As Public Conveyance [X] Passenger Car [] Small Bus (9-15 W/Driver) [] Motorcycle [] Motor Home [] Single-unit Truck; 2 axles, 6 tires [] 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 [X] NA [] Police [] Ambulance [] Fire [] Other (Must check "A" / "B") [] A. Emergency Vehicle on Emergency Run [] B. Stationary With Emergency Equip. Activated CONTRIBUTING TRAFFIC CONDITIONS [X] 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) SEQUENCE OF EVENTS CODES 01 34 07 36 ANIMAL CODE(S) [] FIXED OBJECT CODE(S) [] ALCOHOL USE [X] No [] Yes [] Unk [] NA

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

7E. WORK ZONE [] Yes [X] No [] Unknown TRAFFIC CONTROL [X] None [] Unknown Electric: [] Green/Yellow/Red [] Flashing Red [] Flashing Yellow [] Ramp Meter [] Other (Explain) WORKERS PRESENT [] Yes [X] No [] Unknown OTHER [X] 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) [X] 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 EJEC-TION AIR BAG SAFETY DEVICES PHONE NUMBER PAUL, YOMIE 804 TERRACE PL - NEOSHO, MO 64850 12-30-2003 F FR 5 1 1 05 05

7G. COMMERCIAL MOTOR VEHICLE [X] 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. USDOT NO.

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

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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) WEEMS, MELISSA A 1502 WALL ST - NEOSHO, MO 64850

DRIVER LICENSE / ID NUMBER T981503086 STATE MO LIC STATUS Valid Operator Class F

DATE OF BIRTH 03-10-1982 SEX F SEAT LOC FL INJ 4 TRANS-PORT 1 EJECT-ION 1 AIR BAG 09 SAFETY DEVICES 05

PROOF OF INSURANCE AMERICAN FAMILY INSURANCE PHONE NO. (417) 451-7782 POLICY NUMBER 182275470183FPPAMO

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

YEAR 2012 MAKE General Motor Corp. MODEL TERRAIN COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO WK2Y8U STATE MO YEAR 2016 VIN 2GKFLVEK3C6118567

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY A-1 Wrecker 451-1986

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 01 34 ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

7E. WORK ZONE Traffic Control None CONTROL MALFUNCTIONING / INOPERATIVE / MISSING No

Table with columns: OCCUPANTS - NAME (Last, First, MI), DATE OF BIRTH, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Rows for HAYES, EILEEN and HAYES, ARAYAH.

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

COMMERCIAL / NON-COMMERCIAL Interstate Carrier, Intrastate Carrier, etc.

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

8 - CODES

SEAT LOCATION 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	FR SR TR FC SC TC FL SL TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
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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
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	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	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 07-24-2016 around 1545 hours I was dispatched to the report of a traffic crash with minor injuries. Upon my arrival EMT and Fire personnel were already on scene attending to any injuries. I spoke with the driver of a Black GMC Terrain (Vehicle 2) identified by a Missouri driver's license as Melissa Weems. Ms. Weems stated her and her daughter were traveling Westbound on McKinney Street when a Silver Chevy Malibu ran the stop sign in front of them. Ms. Weems did not have time to stop or react resulting in hitting the driver's side of the Chevy Malibu, and thus causing the Malibu to strike a retaining wall at 400 South Wood Street. Ms. Weems and her daughter reported injuries and walked to Freeman hospital in Neosho Missouri where they were treated for their injuries.

I spoke with the driver of the Silver Chevy Malibu (Vehicle 1) identified by a Missouri drivers license as Hedgar Kolden. Mr. Kolden only has a Missouri Drivers permit and is not legally allowed to drive on his own. Mr. Kolden stated that he was unable to recall exactly if he ran the stop sign but had thought he did not stop. After driving through the intersection the driver's side of Mr. Kolden's car was hit by the front of Ms. Weems SUV and then striking a retaining wall. Mr. Kolden was traveling with young female identified by word of mouth as Yomie Paul. Both Mr. Kolden and Ms. Paul refused medical treatment and stated they had no injuries.

I also spoke with a witness identified by a Missouri driver's license as Jaymes Wilkins. Mr. Wilkins stated that the driver of the Chevy Malibu failed to stop at the stop sign resulting in the SUV hitting the driver's side of the Malibu.

I observed damage to the retaining wall at 400 South Wood Street. The property owner has been contacted and notified of what happend. Vehicle 1 was towed off of the scene by Poores Salvage and Vehicle 2 was towed off of the scene by Dickson towing.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME OFF EDWARD MATTERS	DSN / BADGE NO. 124	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NFD1-N
REVIEWING OFFICER NAME PIII JOHNNY HUMPHRIES	DSN / BADGE NO. 120	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.