

1 - GENERAL CRASH INFORMATION  SPACE USED FOR BARCODE	AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>
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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	0816-038

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST AT SCENE
2	08-04-2016	1634	08-04-2016	1635	08-04-2016	1639	<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.**

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

**2 - LOCATION**

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.SS FORMAT)		
NEWTON	NEOSHO	SW	NFD2-S	LAT: N	LONG: W	NA
ON		RDWY DIR	DISTANCE FROM	LOCATION		INTERSECTING
CST S NEOSHO BLVD		S	<input checked="" type="checkbox"/> NA Feet Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At		CST W DAUGHERTY RD
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT	INT DIR	GEO CODE
45	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			25	E	NA
TRAFFICWAY			ROAD ALIGNMENT		ROAD PROFILE	
<input type="checkbox"/> One-Way <input 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"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip	
<input checked="" type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown			<input type="checkbox"/> Unknown (Explain)		<input checked="" 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 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"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)			<input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)			
ROAD SURFACE			WEATHER CONDITION			
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone			<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)			
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (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

**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

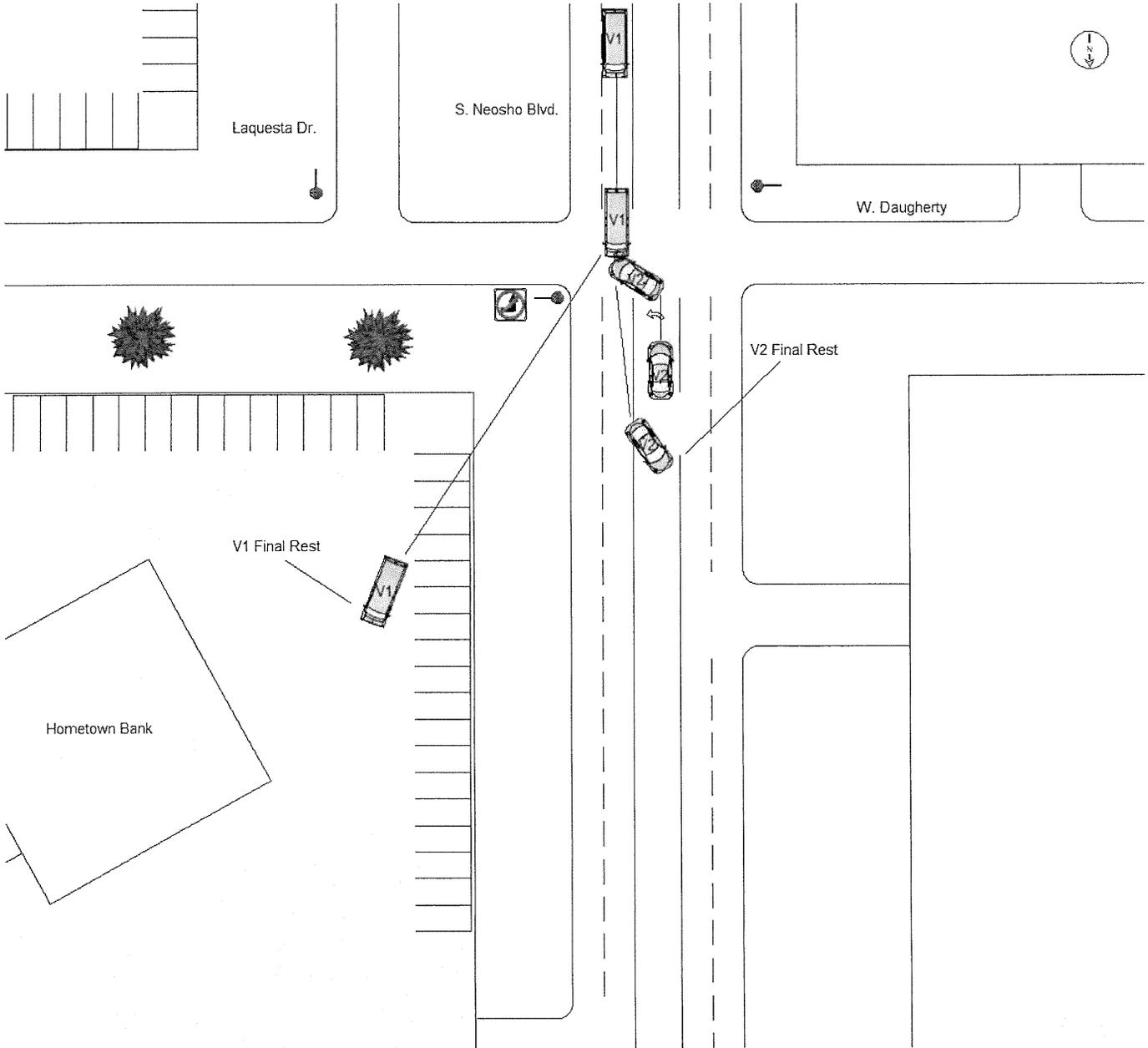
DATE OF BIRTH	SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION	
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> 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"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.			<input checked="" type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)	
PROBABLE CONTRIBUTING CIRCUMSTANCES						DISTRACTED / INATTENTIVE CODE(S)	
<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	
ALCOHOL USE							
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							

6. COLLISION DIAGRAM

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

V1 N E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 6704 E 91ST ST - TULSA, OK 74133 PHONE NUMBER (918) 630-9910

DRIVER LICENSE / ID NUMBER Y082087728 STATE OK LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

DATE OF BIRTH 12-09-1971 SEX M SEAT LOC FL INJ 5 TRANS PORT 1 EJECTION 2 AIR BAG 05 SAFETY DEVICES 05 VISION OBSTRUCTED Not Obstructed Windshield Load on Veh

PROOF OF INSURANCE TRAVELERS COMPANY INSURANCE COMPANY Expired PHONE NO. (Optional) (800) 268-6225 POLICY NUMBER P-810-4G14649A-TIA-1

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ENTERPRISE FM TRUST, 9315 OLIVE BD - SAINT LOUIS, MO 63124

YEAR 2015 MAKE Dodge MODEL RAM COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. Z51882 STATE OK YEAR 2017 VIN 3 C 6 T R V A G 1 F E 5 2 0 6 4 6 TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles 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

EMERGENCY VEHICLE INVOLVEMENT NA POLICE Ambulance Fire Other A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip. Activated

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 01 08 34 ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE

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 Electric Green/Yellow/Red Flashing Yellow Ramp Meter Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING

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 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 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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 2 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) LONG, HALEY DIANE LYNN 668 CEMETERY RD - NEOSHO, MO 64850 PHONE NUMBER (417) 684-1205

DRIVER LICENSE / ID NUMBER X202133003 STATE MO LIC STATUS Valid MC ENDORSEMENT NA

DATE OF BIRTH 05-09-1996 SEX F SEAT LOC FL INJ 3 TRANS-PORT 2 EJECT-ION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED Not Obstructed

PROOF OF INSURANCE Yes INSURANCE COMPANY SHELTER PHONE NO. (417) 451-4873 - POLICY NUMBER 24-1-8561274-4

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

YEAR 2006 MAKE Volkswagen MODEL BEETLE COLOR BLU VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO. HJ4P9T STATE MO YEAR 2016 VIN 3 V W P R 3 1 C 7 6 M 4 0 8 9 3 4 TOWED FROM SCENE Yes

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO. 3 TOWED BY Ron's Towing 451-5787 668 CEMETERY RD

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Passenger Car Small Bus (9-15 W/Driver) Motor Home Single-unit Truck; 2 axes, 6 tires

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 01 05 34 ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights

7E. WORK ZONE 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, EJECT-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 1: MARROQUIN, BRYAN ISAU, 2110 N ENGLEWOOD DR - SILOAM SPRINGS, AR 72761, 01-09-1995, M, FR, 3, 2, 2, 03, 05, (417) 684-1205

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 Not In Commerce - Government 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

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	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 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	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										
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)														
See Supplemental Narrative Page														

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME <b>OFF JOSHUA HOUGHTON</b>	DSN / BADGE NO. <b>123</b>	BEAT / ZONE <b>SW</b>	TROOP / DISTRICT / PRECINCT <b>NFD2-S</b>
REVIEWING OFFICER NAME <b>SGT JOSHUA BUCKNER</b>	DSN / BADGE NO. <b>105</b>	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI	
				NEOSHO POLICE DEPARTMENT - MO0730300	
CRASH DATE	TRP / DIST / PCT	COUNTY			
08-04-2016	NFD2-S	NEWTON			
REPORTING OFFICER NAME			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	
OFF JOSHUA HOUGHTON			123	SGT JOSHUA BUCKNER	
				DSN / BADGE NO.	
				105	

## NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

**MAIN NARRATIVE**

On 08-04-2016 at approximately 1635 hours, Officers were dispatched in reference to a traffic crash which occurred at the intersection of South Neosho Boulevard and West Daugherty Street.

Upon my arrival at the scene, I made contact with Kevin Bottorff, who was identified by his Missouri Driver's License. He was driving a white Dodge Ram Van, hereafter referred to as Vehicle one (V1). Mr. Bottorff said he was travelling northbound on Neosho Boulevard. He stated a truck turned from the northbound lane of Neosho Boulevard left onto West Daugherty. Mr. Bottorff said he slowed down because there was not much room for the vehicle to turn in the available space. He said a blue Volkswagen Beetle turned left in front of him after the truck and he was not able to stop in time before striking the vehicle.

I made contact with the driver of the Volkswagen Beetle, hereafter referred to as vehicle two (V2). She was identified as Haley Long by her Missouri Driver's License. Ms. Long was distraught from the incident. She had visible injuries on her legs and appeared to be in some pain. Ms. Long was transported by Newton County Ambulance to Mercy Hospital in Joplin Missouri.

Ms. Long had a passenger who appeared to have trouble speaking due to physical discomfort. He was later identified as Bryan Marroquin by his Arkansas Driver's License Number. He had no visible injuries but stated he was hurting. He was transported by Newton County Ambulance to Mercy Hospital in Joplin Missouri.

Based on the evidence available at the scene, it appears that V2 was in the inside lane of South Neosho Boulevard northbound. V2 was struck on the passenger side of the vehicle more so than the driver's side. V1 was located down a hill in a parking lot north of the scene. Based on the marks on the roadway from the initial impact, the final resting place of V1 and damage to the vehicle, I determined V2 was driving in the southbound lanes and turned left to drive onto West Daugherty.

V1 was towed by Dickson Towing at the owner's request and V2 was towed by Ron's Towing at the owner's request.

I was not able to speak with either the driver of V2 or the passenger of V2 due to their injuries and the fact that they were transported to Mercy Hospital in Joplin Missouri. I called several hours later and they had not yet been released from the hospital, however, I spoke with Ms. Long's Mother. She advised me they were both supposed to be released with minor injuries.

After concluding my investigation, reviewing all available evidence on scene and speaking with the one available driver, I determined that V2 provided the probable contributing circumstance of failure to yield right of way, resulting in a traffic crash.

I have nothing further to add at this time.