

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

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	1	0	0816-163

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	08-18-2016	1523	08-18-2016	1526	08-19-2016	1532	<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"/> 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

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.
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EVIDENTIARY PHOTOS TAKEN	BY WHOM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AVAILABLE FROM <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	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 PATTERSON ST

TRAFFICWAY	ROAD ALIGNMENT
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown (Explain)

ROAD SURFACE	WEATHER CONDITION
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <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) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Dip <input type="checkbox"/> Hillcrest <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	OTHER ACTIONS	SCHOOL INFO.
						<input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk	<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)

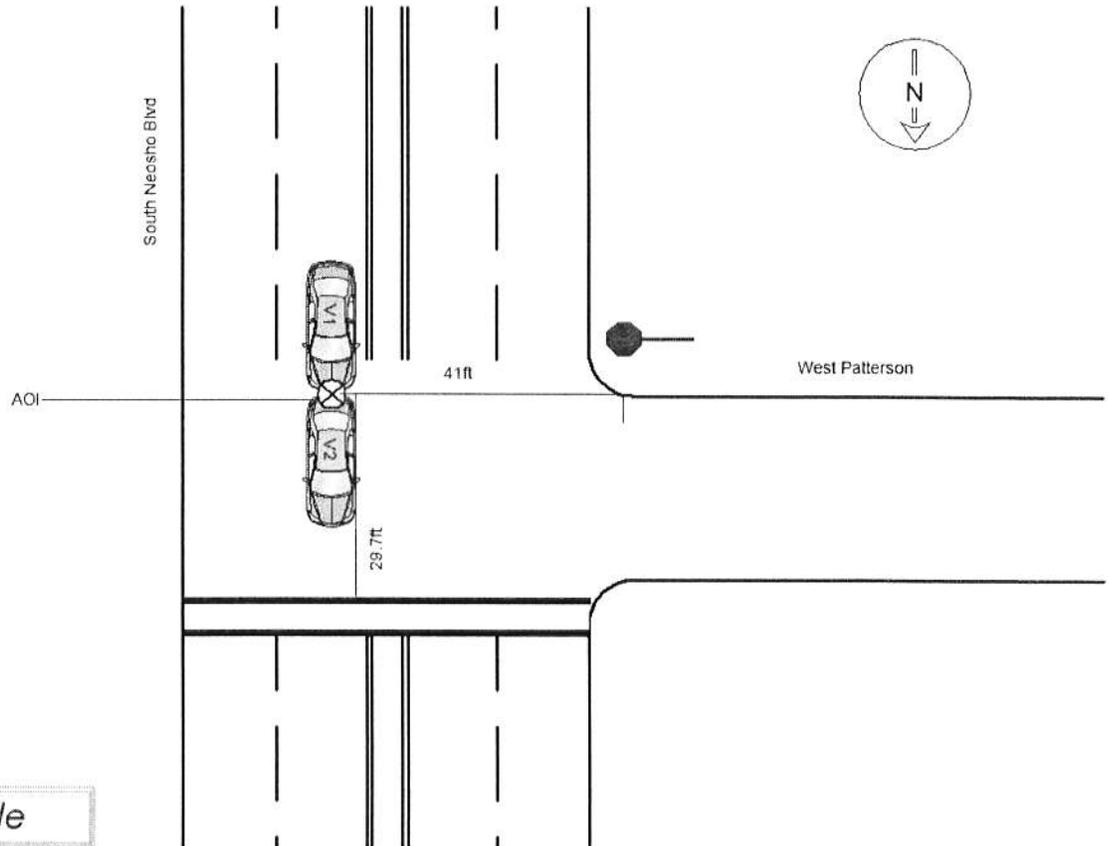
PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/>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

6. COLLISION  
DIAGRAM

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

V1  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



Not To Scale

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER
1 PHILLIPS, KAYLA DANIELLE 1915 RIDGEWOOD RD - NEOSHO, MO 64850 (417) 483-6590

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Expired Operator Class F Permit Unknown MC ENDORSEMENT
Z202343004 MO NA Susp / Rev / Denied Disqual CDL Interm / Grad CDL Class MC Only Yes No NA
Canceled / Oth Invalid Unknown Interm / Grad Unlicensed Unlicensed

DATE OF BIRTH SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES VISION OBSTRUCTED Not Obstructed Trees / Brush Sign Moving Veh Other (Explain)
12-09-1998 F FL 2 2 2 05 05 NA NA Windshield Building Hillcrest Stopped Veh Unknown (Explain)
Load on Veh Embankment Parked Veh Clare

PROOF OF INSURANCE INSURANCE COMPANY Expired PHONE NO. (Optional) POLICY NUMBER NA Driver Vehicle
Yes No Not Required SAFECO (417) 455-2409 - Z4769333

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD PHONE NUMBER SAD
PHILLIPS, JENNIFER DIANE 1915 RIDGEWOOD RD - NEOSHO, MO 64850

YEAR MAKE MODEL COLOR VEH. TYPE TOTAL NO. OF OCC.
2005 Pontiac GRAND PR SIL 1 1

LICENSE - PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE
DJ7D5S MO 2017 2 G 2 W S 5 2 2 3 5 1 2 8 1 3 0 7 Yes No Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA
INITIAL IMPACT NO. 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) Cargov Van 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 Pickup 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 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
SEQUENCE OF EVENTS CODES: Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) Yes Unk No 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 TRAFFIC CONTROL None Unknown Electric Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)
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, EJECT-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 7F.

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 (Lease, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAD PHONE NUMBER SAD

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 MYERS, SHEILA WYLEEN 528 E SOUTH ST - NEOSHO, MO 64850
PHONE NUMBER (417) 451-7855

DRIVER LICENSE / ID NUMBER T078082011
STATE MO
LIC STATUS Valid
LIC TYPE Operator Class F
MC ENDORSEMENT NA

DATE OF BIRTH 11-23-1957
SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJEC-TION 2 AIR-BAG 03 SAFETY-DEVICES 05
VISION OBSTRUCTED Not Obstructed
Trees / Brush Building Hillcrest Stopped Veh Other (Explain)
Windshield Embankment Parked Veh Glare

PROOF OF INSURANCE
INSURANCE COMPANY PROGRESSIVE
PHONE NO. (Optional) (417) 451-3555 - POLICY NUMBER 10170776

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

YEAR 2005 MAKE Pontiac MODEL GRAND AM COLOR SIL VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO FD3G1L STATE MO YEAR 2017 VIN 1G2NE52EX5M215502
TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas)
INITIAL IMPACT NO: 8
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car
Small Bus (9-15 W/Driver)
Motorcycle
Motor Home
Van (< 9 W/Driver)
Large Bus (16+ W/Driver)
ATV
Farm Implements
Construction Equip. Heavy Mach.
Other Vehicle (Code)
Sport Utility Vehicle
School Bus
2 Wh
Cargo Van
Limousine (7-8 W/Driver)
Intercity
3 Wh
Pickup
Limousine (9-15 W/Driver)
Transit / Commuter
4 Wh
Truck Tractor With No Units
Motorized Bicycle
Charter / Tour
5 Wh / More
Truck Tractor With One Unit
Pedalcycle
Other
Unknown
Other Heavy Truck
Unknown (Explain)
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
CONTRIBUTING TRAFFIC CONDITIONS NA

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

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES: None
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
Alcohol
Improper Passing
Physical Impairment (Explain)
Failed To Secure Load / Improper Loading
Distracted / INATTENTIVE CODE(S) NA
Drugs
Improperly Parked
Improper Start From Park
Animal(s) In Roadway

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, EJEC-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE NA

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

COMMERCIAL / NON-COMMERCIAL
CARGO BODY TYPE: Enclosed Box, Flatbed, Concrete Mixer, Garbage / Refuse, Pole Trailer, Vehicle Towing Another Veh, Intermodal Container Chassis, NA (No Cargo Body), Other

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

SEAT LOCATION		INJURY		TRANSPORTED		EJECTION		AIR BAG		SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fatal	19. Airborne	(For Medical Treatment)	28. Separation Of Units	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat		
B - Pedalcycle	FC SC TC	2. Disabling	20. Ran Off Roadway - Right		29. Returned To Roadway	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	30. Collision Inv. Pedestrian	4. Removed	U. Air Bag Presence	3. Shoulder Belt Only	12. Child Restraint - Rear Facing		
CP - Commercial Passenger		4. Probable - Not Apparent	22. Overturn / Rollover	2. EMS	31. Collision Inv. Bicycle/Pedalcycle	5. Deployed - Front		4. Lap Belt Only	13. Other Helmet		
OE - Occupant - Enclosed Load Area		5. None Apparent	23. Fire / Explosion	3. Other	32. Collision Inv. Railway Veh.	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing		
OU - Occupant - Unenclosed Load Area		U. Unknown	24. Immersion	U. Unknown	33. Collision Inv. Animal (**)	7. Deployed - Curtain		7. DOT Compliant	15. Other		
RC - Rail Crew		N. NA	25. Jackknife		34. Collision Inv. MV in Transport	8. Deployed - Other (Knee, Air Belt, etc.)		MC Helmet	U. Use Unknown		
SV - Other (Explain in Narrative)			26. Cargo Loss / Shift		35. Collision Inv. Parked MV			8. No Helmet	N. Not Applicable		
NA - Not Applicable			27. Equipment Failure		36. Collision Inv. Fixed Object (**)						

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 08/18/16 around 1500 hours I was dispatched to the 500 block of South Neosho Blvd in reference to a traffic accident. One patient was transported for medical treatment.

Upon my arrival I spoke with the driver of Vehicle 2 who was identified by a Missouri driver's license as Sheila Myers. Ms. Myers stated she was uninjured and did not need medical attention.

Ms. Myers stated that she was driving around 35MPH on South Neosho Blvd in front of Spee-dee-lube when she saw kids standing at the cross walk on the east side of the road. Ms. Myers slowed to a stop to allow the kids to cross and her vehicle was hit from behind by Vehicle 1.

The driver of Vehicle one was identified by a Missouri driver's license as Kayla Phillips. Ms. Phillips was transported to the hospital by medical personnel that were on scene so I was unable to get her statement.

I spoke with Ms. Phillips brother who stated she had broken three different areas in her back so I will follow up with her on a later date.

Neither of the vehicles were towed from the scene.

Based upon my investigation it appears Ms. Myers stopped so children could cross the road. When Ms. Myers stopped I believe Ms. Phillips was not paying attention to the roadway and ran directly into the back of Ms. Myers car.

There is nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME <b>OFF EDWARD MATTERS</b>	DSN / BADGE NO. <b>124</b>	BEAT / ZONE <b>N</b>	TROOP / DISTRICT / PRECINCT <b>NFD1-N</b>
REVIEWING OFFICER NAME <b>SGT REECE HIMMELSBACH</b>	DSN / BADGE NO. <b>104</b>	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.