

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



|   |            |   |   |                      |                  |                 |   |
|---|------------|---|---|----------------------|------------------|-----------------|---|
| LEFT THE SCENE<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | DRIVER NO. | CLEARED<br><input type="checkbox"/> Yes <input type="checkbox"/> No | CRASH CLASSIFICATION<br><input checked="" type="checkbox"/> | PROPERTY DAMAGE ONLY | NO. INJURED<br>0 | NO. KILLED<br>0 | REPORT / CASE / INCIDENT NUMBER<br>0816-177 |
|---|------------|---|---|----------------------|------------------|-----------------|---|

|                    |                          |                           |                             |                              |                                  |                             |   |
|--------------------|--------------------------|---------------------------|-----------------------------|------------------------------|----------------------------------|-----------------------------|---|
| NO. VEH. INV.<br>2 | CRASH DATE<br>08-19-2016 | CRASH TIME (MIL.)<br>2241 | NOTIFIED DATE<br>08-19-2016 | TIME NOTIFIED (MIL.)<br>2243 | INVESTIGATION DATE<br>08-20-2016 | TIME ARRIVED (MIL.)<br>2246 | INVEST. AT SCENE<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------|--------------------------|---------------------------|-----------------------------|------------------------------|----------------------------------|-----------------------------|---|

|            |   |  |  |  |   |  |  |
|------------|---|--|--|--|---|--|--|
| CRASH TYPE | ROADWAY<br><input checked="" type="checkbox"/> On Roadway<br><input type="checkbox"/> Off Roadway | NON-COLLISION<br><input type="checkbox"/> Overturning<br><input type="checkbox"/> Fire / Explosion<br><input type="checkbox"/> Immersion<br><input type="checkbox"/> Jackknife | Fell/Jumped From MV<br><input type="checkbox"/> Cargo / Equip Loss / Shift<br><input type="checkbox"/> Other Non-Collision | COLLISION INVOLVING<br><input type="checkbox"/> Animal<br><input type="checkbox"/> Pedalcycle<br><input type="checkbox"/> Fixed Object<br><input type="checkbox"/> Other Object<br><input type="checkbox"/> Pedestrian | <input type="checkbox"/> Railway Vehicle<br><input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans<br><input checked="" type="checkbox"/> Motor Vehicle in Transport<br><input type="checkbox"/> Parked Motor Vehicle<br><input type="checkbox"/> Working Motor Vehicle  | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE |  |
|            |   |  |  |  | <input type="checkbox"/> Front to Front<br><input type="checkbox"/> Front to Rear<br><input type="checkbox"/> Rear to Rear<br><input type="checkbox"/> Rear to Side<br><input checked="" type="checkbox"/> Angle<br><input type="checkbox"/> Sideswipe (Same Dir.)<br><input type="checkbox"/> Sideswipe (Opp. Dir.)<br><input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)<br><input type="checkbox"/> Other (Explain)<br><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?<br>1a. A person fatally injured; OR<br>1b. A person transported for medical attention; OR<br>1c. A vehicle towed due to disabling damage<br><input type="checkbox"/> No - No commercial vehicle fields need completion.<br><input checked="" type="checkbox"/> Yes - Go to number 2 → | 2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:<br>2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR<br>2b. A motor vehicle with seating for 9 or more including driver; OR<br>2c. A vehicle with a hazardous materials placard.<br><input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.<br><input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle |
|--|---|

|   |         |   |
|---|---------|---|
| EVIDENTIARY PHOTOS TAKEN<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | BY WHOM | AVAILABLE FROM<br><input type="checkbox"/> Investigating Agency |
| RECONSTRUCTION<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No           | BY WHOM | AVAILABLE FROM<br><input type="checkbox"/> Investigating Agency |

2 - LOCATION

|                  |                        |                   |                    |  |
|------------------|------------------------|-------------------|--------------------|--|
| COUNTY<br>NEWTON | MUNICIPALITY<br>NEOSHO | BEAT / ZONE<br>SW | TRP/DIST/PCT<br>NA | GPS COORDINATES (DD MM SS.S FORMAT)<br>LAT: N LONG: W NA |
|------------------|------------------------|-------------------|--------------------|--|

|                       |   |  |   |                                     |
|-----------------------|---|--|---|-------------------------------------|
| ON<br>CST S NEOSHO BD | RDWY. DIR.<br>S   | DISTANCE FROM<br>159 <input type="checkbox"/> NA Feet<br>Miles | LOCATION<br><input type="checkbox"/> After <input type="checkbox"/> NA<br><input checked="" type="checkbox"/> Before<br><input type="checkbox"/> At | INTERSECTING<br>N of CST JOHNSON DR |
| SPEED LIMIT<br>45     | ROAD MAINTAINED BY<br><input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other |  |   | SPEED LIMIT<br>25                   |

|   |   |   |
|---|---|---|
| TRAFFICWAY<br><input type="checkbox"/> One-Way<br><input checked="" type="checkbox"/> Two-Way; Not Divided<br><input type="checkbox"/> Two-Way; Divided; Unprotected Median<br><input type="checkbox"/> Two-Way; Divided; Positive Median Barrier<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | ROAD ALIGNMENT<br><input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve<br><input type="checkbox"/> Unknown (Explain) | ROAD PROFILE<br><input checked="" type="checkbox"/> Level<br><input type="checkbox"/> Uphill<br><input type="checkbox"/> Downhill<br><input type="checkbox"/> Hillcrest<br><input type="checkbox"/> Dip<br><input type="checkbox"/> Unknown (Explain) |
|---|---|---|

|   |   |
|---|---|
| INTERSECTION TYPE<br><input type="checkbox"/> 4-way Intersection<br><input checked="" type="checkbox"/> T-Intersection<br><input type="checkbox"/> Y-Intersection<br><input type="checkbox"/> Roundabout<br><input type="checkbox"/> 5-way / More<br><input type="checkbox"/> Other (Explain)<br><input type="checkbox"/> Unknown (Explain) | ROAD CONDITION<br><input checked="" type="checkbox"/> Dry<br><input type="checkbox"/> Wet<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Ice / Frost<br><input type="checkbox"/> Slush<br><input type="checkbox"/> Mud / Dirt<br><input type="checkbox"/> Standing Water<br><input type="checkbox"/> Moving Water<br><input type="checkbox"/> Sand / Gravel<br><input type="checkbox"/> Other (Explain)<br><input type="checkbox"/> Unknown (Explain) |
|---|---|

|   |  |
|---|--|
| ROAD SURFACE<br><input type="checkbox"/> Concrete<br><input checked="" type="checkbox"/> Asphalt<br><input type="checkbox"/> Brick<br><input type="checkbox"/> Gravel<br><input type="checkbox"/> Dirt / Sand<br><input type="checkbox"/> Multi-Surface<br><input type="checkbox"/> Cobblestone<br><input type="checkbox"/> Unknown (Explain) | WEATHER CONDITION<br><input checked="" type="checkbox"/> Clear<br><input type="checkbox"/> Cloudy<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Sleet / Hail<br><input type="checkbox"/> Freezing (Temp)<br><input type="checkbox"/> Fog / Mist<br><input type="checkbox"/> Severe Crosswind<br><input type="checkbox"/> Other (Explain)<br><input type="checkbox"/> Unknown (Explain) |
|---|--|

LIGHT CONDITION  
 Daylight  Dark-Lighted  Dark-Unlighted  Dark-Unknown Lighting  Other (Explain)  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<br><input type="checkbox"/> On Roadway<br><input type="checkbox"/> On Sidewalk<br><input type="checkbox"/> In Driveway Access<br><input type="checkbox"/> Off Roadway<br><input type="checkbox"/> On Median / Crossing Island<br><input type="checkbox"/> Unknown |
|---------------|-----|-----------------|-----|------------|----------------|--|

|  |   |  |   |  |
|--|---|--|---|--|
| CROSSING ROAD<br><input checked="" type="checkbox"/> NA<br><input type="checkbox"/> With Signal<br><input type="checkbox"/> Against Signal<br><input type="checkbox"/> No Signal<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Not At Crosswalk<br><input type="checkbox"/> In Marked Crosswalk<br><input type="checkbox"/> In Unmarked Crosswalk<br><input type="checkbox"/> Unknown | OTHER ACTIONS<br><input checked="" type="checkbox"/> NA / None<br><input type="checkbox"/> Getting On / Off Vehicle<br><input type="checkbox"/> Standing / Lying / Sitting In Trafficway<br><input type="checkbox"/> Pushing / Working On Vehicle<br><input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. | <input type="checkbox"/> Working In Trafficway<br><input type="checkbox"/> Playing In Trafficway<br><input type="checkbox"/> Walking / Running In Trafficway<br><input type="checkbox"/> With Traffic<br><input type="checkbox"/> Against Traffic<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other (Explain) | SCHOOL INFO<br><input checked="" type="checkbox"/> NA<br><input type="checkbox"/> Going To / From School<br><input type="checkbox"/> Getting On / Off School Bus<br><input type="checkbox"/> Both Of The Above<br><input type="checkbox"/> Unknown (Explain) |
|--|---|--|---|--|

|  |  |  |
|--|--|--|
| PROBABLE CONTRIBUTING CIRCUMSTANCES<br><input type="checkbox"/> Failed To Yield<br><input type="checkbox"/> Distracted / Inattentive<br><input type="checkbox"/> Alcohol<br><input type="checkbox"/> Drugs<br><input type="checkbox"/> Vision Obstructed (Explain)<br><input type="checkbox"/> Physical Impairment (Explain)<br><input type="checkbox"/> Other (Explain)<br><input type="checkbox"/> Unknown (Explain) | DISTRACTED / INATTENTIVE CODE(S)<br><input checked="" type="checkbox"/> NA | ALCOHOL USE<br><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

Casey's General Store

Johnson Dr

Entrance/Exit

Entrance/Exit



159' 7"

2

1

1

Neosho Boulevard

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) LOGAN, BROK ANTHONY DAVID 359 PHOENIX RD - GOODMAN, MO 64843 PHONE NUMBER (417) 434-8548

DRIVER LICENSE / ID NUMBER B078302003 STATE MO LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class F  Permit  Unknown (Explain) MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH 04-24-2000 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED  Not Obstructed  Trees / Brush  Sign  Moving Veh  Other (Explain)  Windshield  Building  Hillcrest  Stopped Veh  Unknown (Explain)  Load on Veh  Embankment  Parked Veh  Glare

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY STATE FARM  Expired PHONE NO (Optional) (417) 451-1030 - POLICY NUMBER 349 6769-F24-25  NA  Driver  Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PATERNOSTRO, MANDI 359 PHOENIX AV - GOODMAN, MO 64850 PHONE NUMBER (417) 592-8788

YEAR 1998 MAKE Ford MODEL F150 COLOR BLK VEH TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 5MW804 STATE MO YEAR 2018 VIN 1 F T Z F 1 7 2 X W K A 3 4 3 6 5 TOWED FROM SCENE  Yes  No TOWED DUE TO DIS. DAMAGE  Yes  No

VEHICLE DAMAGE (Mark all damaged areas)  None / No Damage TOWED BY RIEDIGER ANTIQUE AUTO TOWING - 1005 N WASHINGTON DIAMOND MO 64840 - 417-325-6208

INITIAL IMPACT NO. 1

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  Small Bus (9-15 W/Driver)  Motorcycle  Motor Home  Single-unit Truck, 2 axles, 6 tires  GVW / GCVW RATING (Not Licensed Weight)  
 Van (< 9 W/Driver)  Large Bus (16+ W/Driver)  ATV  Farm Implements  Single-unit Truck, 3 or more axles (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh Only)  
 Passenger Van (9+ W/Driver)  School Bus  Construction Equip. Heavy Mach.  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  Less than or equal to 10,000 lbs.  
 Sport Utility Vehicle  Intercity  Other Vehicle (Code) \_\_\_\_\_  Truck Tractor With No Units  10,001 - 26,000 lbs.  
 Limousine (7-8 W/Driver)  Transit / Commuter  Pickup  Truck Tractor With One Unit  Greater than 26,000 lbs.  
 Limousine (9-15 W/Driver)  Charter / Tour  Other Heavy Truck  Truck Tractor With Two Units  Unknown  
 Motorized Bicycle  Other  Unknown (Explain)  Truck Tractor With Three Units  Unknown  
 Pedalcycle  To / From School

EMERGENCY VEHICLE INVOLVEMENT  NA  Police  Ambulance  Fire  Other (Must check "A" / "B")  A. Emergency Vehicle on Emergency Run  B. Stationary With Emergency Equip. Activated CONTRIBUTING TRAFFIC CONDITIONS  NA  Congestion Ahead  Other Incident Ahead  Crash Ahead  Unknown (Explain)

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

SEQUENCE OF EVENTS CODES 01 07 34 ANIMAL CODE(S) \_\_\_\_\_ FIXED OBJECT CODE(S) \_\_\_\_\_

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  Failed To Secure Load / Improper Loading  DISTRACTED / INATTENTIVE CODE(S)  NA (See Codes in Section 8)  
 Alcohol  Improper Passing  Physical Impairment (Explain)  Animal(s) in Roadway  
 Drugs  Improperly Parked  Improper Start From Park

7E. WORK ZONE  Yes  No  Unknown TRAFFIC CONTROL  None  Unknown  Electric:  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING  Yes (Explain)  No  Unknown  NA

Workers Present  Yes  No  Unknown Other  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus  Controls:  Warning Sign / Device  Railway Crossing Sign / Device  School Zone  Other (Explain)  Yield Sign  Other (Explain)

| 7F. OCCUPANTS - NAME (Last, First, MI) | 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  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  NA (No Cargo Body)  Other  Cargo Tank  Dump  Auto Transporter  Grain / Chip / Gravel  Log  Unknown

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 WILLIAMS, CAITLIN TORI 17028 LOCUST RD A - NEOSHO, MO 64850** PHONE NUMBER **(417) 451-9314**

DRIVER LICENSE / ID NUMBER **A078336002** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  NA  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class **F**  Permit  Unknown (Explain)  CDL Class  MC Only  Unlicensed MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **11-15-1999** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR-BAG **03** SAFETY-DEVICES **05** VISION OBSTRUCTED  Not Obstructed  Trees / Brush  Sign  Moving Veh  Other (Explain)  Windshield  Building  Hillcrest  Stopped Veh  Unknown (Explain)  NA  Load on Veh  Embankment  Parked Veh  Glare

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **FARM BUREAU**  Expired PHONE NO. (Optional) **(417) 451-1504 -** POLICY NUMBER **APV0560727**  NA  Driver  Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)  SAD **LEACH, RYAN ANDREW 125 WHITMORE ST - GOODMAN, MO 64843** PHONE NUMBER **(417) 592-2939**

YEAR **2002** MAKE **Ford** MODEL **ESCORT** COLOR **TAN** VEH. TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO. **UK2V1R** STATE **MO** YEAR **2016** VIN **3 F A F P 1 3 P X 2 R 1 9 7 6 3 0** TOWED FROM SCENE  Yes  No TOWED DUE TO DIS. DAMAGE  Yes  No

VEHICLE DAMAGE (Mark all damaged areas)  None / No Damage TOWED BY  Unknown  NA

INITIAL IMPACT NO. **10**

|   |    |    |    |    |    |                    |                 |                      |
|---|----|----|----|----|----|--------------------|-----------------|----------------------|
| 2 | 3  | 4  | 5  | 6  | 7  | 18 - Undercarriage | 22 - Cargo      |                      |
| 1 | 15 | 16 | 17 | 8  |    | 19 - Windshield    | 23 - Unknown    |                      |
|   | 14 | 13 | 12 | 11 | 10 | 9                  | 20 - Burned     | 24 - Other (Explain) |
|   |    |    |    |    |    |                    | 21 - Towed Unit |                      |

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles  Vehicle Used As Public Conveyance

Passenger Car  Van (< 9 W/Driver)  Passenger Van (9+ W/Driver)  Sport Utility Vehicle  Limousine (7-8 W/Driver)  Limousine (9-15 W/Driver)  Motorized Bicycle  Pedalcycle  To / From School

Small Bus (9-15 W/Driver)  Large Bus (16+ W/Driver)  School Bus  Intercity  Transit / Commuter  Charter / Tour  Other

Motorcycle  ATV  2 Wh  3 Wh  4 Wh  5 Wh / More  Unknown

Motor Home  Farm Implements  Construction Equip. Heavy Mach.  Other Vehicle (Code)  Cargo Van  Pickup  Other Heavy Truck  Unknown (Explain)

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

GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)  Less than or equal to 10,000 lbs.  10,001 - 26,000 lbs.  Greater than 26,000 lbs.  Unknown

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

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

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES  Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES:  Unknown **05 34** ANIMAL CODE(S) \_\_\_\_\_ FIXED OBJECT CODE(S) \_\_\_\_\_ ALCOHOL USE  Yes  Unknown  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  Yes  No  Unknown

TRAFFIC CONTROL:  None  Unknown  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain)

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

| 7F. OCCUPANTS - NAME (Last, First, MI)                               | DATE OF BIRTH MM-DD-YYYY | SEX      | SEAT LOC  | INJ      | TRANS-PORT | EJECT-ION | AIR BAG   | SAFETY DEVICES | PHONE NUMBER          |
|--|--------------------------|----------|-----------|----------|------------|-----------|-----------|----------------|-----------------------|
| <b>LOGSDON, LEVI JAMES</b><br>13893 DISPATCH LN - CARTHAGE, MO 64836 | <b>11-23-1995</b>        | <b>M</b> | <b>FR</b> | <b>5</b> | <b>1</b>   | <b>2</b>  | <b>03</b> | <b>05</b>      | <b>(417) 389-3878</b> |
|  |                          |          |           |          |            |           |           |                |                       |
|  |                          |          |           |          |            |           |           |                |                       |
|  |                          |          |           |          |            |           |           |                |                       |

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

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

COMMERCIAL / NON-COMMERCIAL  Interstate Carrier  Intrastate Carrier  Not In Commerce - Government Vehicle  Not In Commerce - Rental Vehicle  Not In Commerce - Other Vehicle MC / MX / ICC NO. \_\_\_\_\_ USDOT NO. \_\_\_\_\_

CARGO BODY TYPE  Enclosed Box  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 \_\_\_\_\_

| 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              | N. NA        | 7. Deployed - Curtain                      |                             | 7. DOT Compliant         | 15. Other                            |
| RC - Rail Crew                       |          | N. NA                      | 25. Jackknife               |                         |              | 8. Deployed - Other (Knee, Air Belt, etc.) |                             | MC Helmet                | U. Use Unknown                       |
| SV - Other (Explain in Narrative)    |          |                            | 26. Cargo Loss / Shift      |                         |              |  |                             | 8. No Helmet             | N. Not Applicable                    |
| NA - Not Applicable                  |          |                            | 27. Equipment Failure       |                         |              |  |                             |                          |                                      |

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

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

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

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

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

| OTHER VEHICLE CODES              |               |  |                      |  |
|----------------------------------|---------------|--|----------------------|--|
| 1. Riding Mower / Garden Tractor | 3. Snowmobile | 5. Animal Drawn Vehicle / Animal Ridden For Transportation | 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 08-19-2016 I was dispatched to a traffic crash near the intersection of South Neosho Boulevard and Johnson Drive. A traffic crash report was taken.

Upon arrival I observed two vehicles were involved in the traffic crash on Neosho Boulevard in front of the Casey's gas station. Vehicle 1 (V1) was determined to be a black Ford F150 driven by Driver 1 (D1), Brok Logan. V1 had damage to the front end of the truck focused around the driver side headlight. Vehicle 2 (V2) was a tan Ford Escort driven by Driver 2 (D2), Caitlin Williams. V2 had damage on the rear portion of the driver side primarily around the rear tire. Both drivers were identified using their Missouri driver's licenses and both report no injuries.

D1 stated he was traveling south bound on Neosho Boulevard in the inside traffic lane. He explained a vehicle pulled out from the Casey's parking lot and it was immediately followed by V2. He said he "slammed" on his brakes and tried to stop but did not have time. He said his vehicle struck V2 on the driver side near the rear tire. D1 also stated there was a male subject inside V2 at the time of the crash, but he walked over to Casey's prior to my arrival.

D2 stated she was in the parking lot of Casey's waiting to turn left onto the Neosho Boulevard. She explained she observed V1 traveling south; but thought she had enough time to make her turn. She stated V1 struck her vehicle while she was making her turn. When I asked who her passenger was she stated it was her boyfriend, Levi Logsdon. I asked why he left and she stated he said he needed to get home and he had a friend at Casey's that could give him a ride.

I was able to speak with Mr. Logsdon over the phone. He stated he was the passenger and he was not injured in the crash. He said he saw V1 driving south and he tried to get D2 to stop pulling out of the parking lot; but she continued and they were struck by V1.

At the request of the D1, V1 was towed to their residence and V2 was pulled into a parking lot and was later retrieved by D2's family.

Based on my investigation D2 had a probable contributing circumstance of failing to yield to oncoming traffic.

Nothing else follows.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION |                 |                          |                             |  |
|---|-----------------|--------------------------|-----------------------------|--|
| REPORTING OFFICER NAME                          | DSN / BADGE NO. | BEAT / ZONE              | TROOP / DISTRICT / PRECINCT |  |
| SGT JOSHUA BUCKNER                              | 105             | SW                       | NA                          |  |
| REVIEWING OFFICER NAME                          | DSN / BADGE NO. | REVIEWING OFFICER 2 NAME | DSN / BADGE NO.             |  |
| LT ROBERT SHARP                                 | 102             |                          |                             |  |