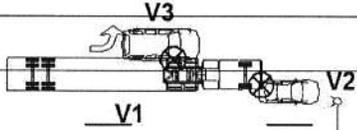
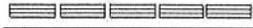


6. COLLISION DIAGRAM
Compass Direction Before Crash Event(s)
(Circle One)

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

NORTHBOUND ON RAMP TO I49



HWY 60

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 WHITE, DOUGLAS J 24325 S 690 RD - WYANDOTTE, OK 74370
PHONE NUMBER (918) 449-6119

DRIVER LICENSE / ID NUMBER F082023855
STATE OK
LIC STATUS Valid
Operator Class A
CDL Class A

DATE OF BIRTH 02-04-1965
SEX M SEAT LOC FL
INJ 5 TRANS-PORT 1
EJEC-TION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED NA

PROOF OF INSURANCE
INSURANCE COMPANY NATIONAL CASUALTY
POLICY NUMBER LTO0028659

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

YEAR 1999 MAKE PTRB MODEL TRUCK COLOR RED
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 2TE050
STATE OK YEAR 2016
VIN 1XP5DB9XXD497419

VEHICLE DAMAGE (Mark all damaged areas)
None / No Damage

INITIAL IMPACT NO. 2
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, School Bus, etc.

EMERGENCY VEHICLE INVOLVEMENT
CONTRIBUTING TRAFFIC CONDITIONS

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 08 34 34

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects, Vision Obstructed, etc.

7E. WORK ZONE
TRAFFIC CONTROL
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING

Table with 7 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
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)

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

CARGO BODY TYPE
Enclosed Box, Flatbed, Concrete Mixer, etc.

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
NO. 2 RUSSOW, CHRISTY MARIE 9965 NYSSA DR - NEOSHO, MO 64850
PHONE NUMBER (417) 456-2430

DRIVER LICENSE / ID NUMBER Z20002008 STATE MO LIC STATUS Valid
LIC TYPE Operator Class F
MC ENDORSEMENT No

DATE OF BIRTH 08-27-1997 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJEC-TION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED NA
TOWED FROM SCENE No

PROOF OF INSURANCE Yes
INSURANCE COMPANY AMERICAN FAMILY
POLICY NUMBER 116879870615FP PAMO

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
OXENDINE, CHARLES 9965 NYSSA DR - NEOSHO, MO 64850
PHONE NUMBER SAD

YEAR 2001 MAKE Dodge MODEL NEON COLOR SIL VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO ML0Y2R STATE MO YEAR 2015 VIN 1B3E546C51D264903
TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas)
INITIAL IMPACT NO. 9
TOWED BY NA

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car
Small Bus (9-15 W/Driver)
Motorcycle
Motor Home

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 08 12 34
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
None

7E. WORK ZONE
TRAFFIC CONTROL Green/Yellow/Red
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING 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, EJEC-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE NA
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) 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

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **3 MASSEY, MELISSA ANN 18229 FINCH DR - NEOSHO, MO 64850** PHONE NUMBER **(417) 776-4792**

DRIVER LICENSE / ID NUMBER **S078152009** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

LIC TYPE Operator Class **F** Permit Unknown (Explain) CDL Class MC Only NA Intern / Grad Unlicensed

MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **07-18-1966** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR-BAG **03** SAFETY-DEVICES **05** VISION OBSTRUCTED NA 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 Yes No Not Required INSURANCE COMPANY **FARMERS** Expired PHONE NO. (Optional) POLICY NUMBER **191440076** NA Driver Vehicle

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

YEAR **2012** MAKE **Toyota** MODEL **4RUNNER** COLOR **WHI** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **FH4G9J** STATE **MO** YEAR **2016** VIN **J T E B U 5 J R 6 C 5 0 7 7 5 6 3** 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: **6**

1	2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
8	9	10	11	12	13	14	19 - Windshield	23 - Unknown
15	16	17	18	19	20	21	20 - Burned	24 - Other (Explain)
22	23	24	25	26	27	28	21 - Towed Unit	

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

<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	
<input checked="" type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> School Bus	<input type="checkbox"/> 2 Wh	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	
<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Intercity	<input type="checkbox"/> 3 Wh	<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> Truck Tractor With No Units	
<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> 4 Wh	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Pickup	<input type="checkbox"/> Less than or equal to 10,000 lbs.
<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> 10,001 - 26,000 lbs.
<input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Greater than 26,000 lbs.
				<input type="checkbox"/> Truck Tractor With Three Units	<input type="checkbox"/> 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 **12 34** ANIMAL CODE(S) _____ FIXED OBJECT CODE(S) _____ ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES: None

<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	DISTRRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway	

7E. WORK ZONE: Yes No Unknown

TRAFFIC CONTROL: None Unknown

Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

Other: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus

Workers Present: Yes No Unknown

Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

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

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)									

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 Intrastate Carrier 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

Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log

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 _____

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 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
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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	48. 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 9-28-16 at about 0836 hours, I responded to the intersection of Hwy 60 and I49 for a traffic crash.

I spoke with Christy Russow, driver two. She said she was stopped at the red light waiting for it to change. She said vehicle drove into the back of her vehicle and she did not see it coming. She said she was not injured as a result of the crash.

I observed the rear of vehicle two was damaged as a result of the crash. Ms. Russow was able to drive the vehicle from the scene.

I spoke with Melissa Massey, driver three. She stated she was stopped in the left turn lane, waiting to turn north. Ms. Massey told me that vehicle two struck the passenger side of her vehicle. She told me the vehicle came out of nowhere. She told me she was not injured as a result of the crash.

I observed the passenger side of vehicle three was damaged. The vehicle was driven from the scene by Ms. Massey.

I spoke with Douglas White, the driver of vehicle one. He said he was traveling east approaching the stop light. He said he observed vehicle two stop at the light but he was unable to stop in time. He said he struck the side of vehicle three and the rear of vehicle two. Mr. White said he was not injured as a result of the crash.

The driver's side and the front passenger side of vehicle one was damaged as a result of the crash. Mr. White was able to drive the vehicle from the scene.

I have nothing further to report.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PIII JOHNNY HUMPHRIES	DSN / BADGE NO. 120	BEAT / ZONE CR	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME <i>[Signature]</i>	DSN / BADGE NO. <i>[Signature]</i>	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.