

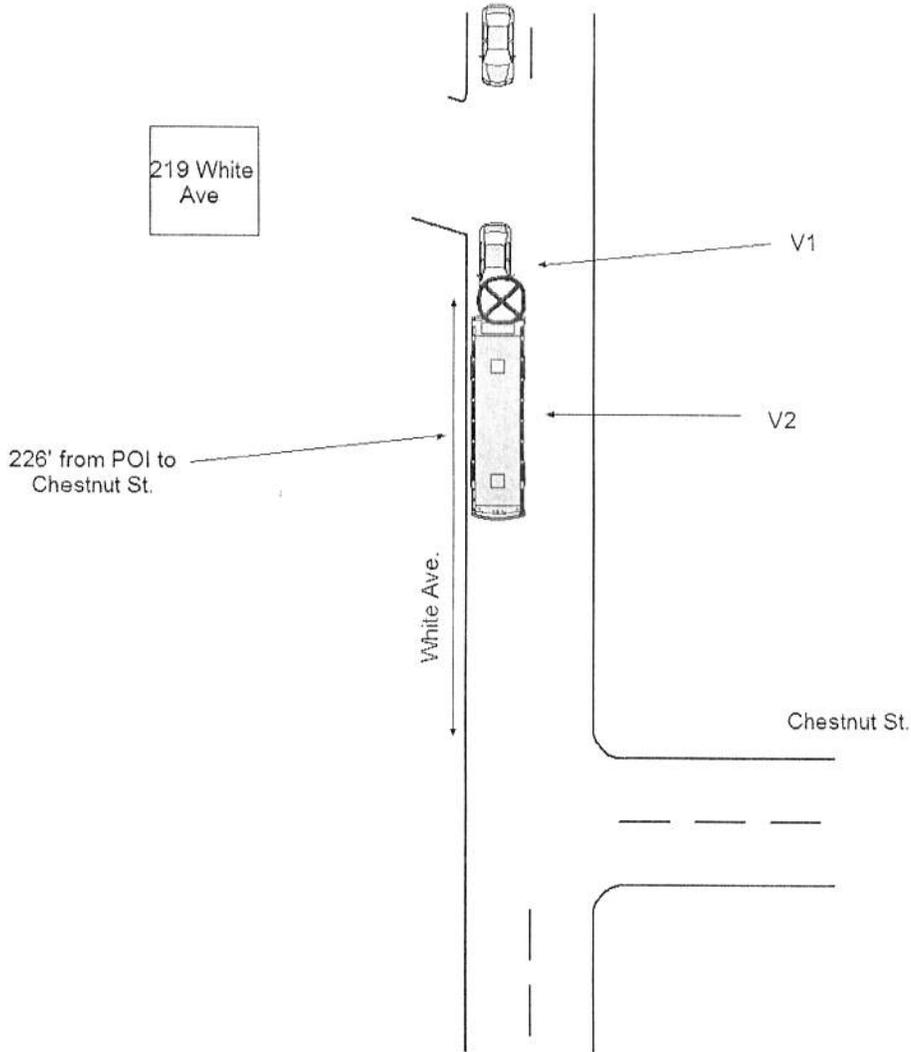


6. COLLISION  
DIAGRAM

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

V1 <sup>N</sup> E S W U V2 <sup>N</sup> 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

CR  
INDICATE  
NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **1 CUMMINGS, COLTON JACOB 118 W GARNER ST - GOODMAN, MO 64843** PHONE NUMBER **(417) 455-1238**

DRIVER LICENSE / ID NUMBER **U079022005** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Unknown  NA  Canceled / Oth Invalid  Unknown

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

MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **05-13-1998** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR-BAG **05** 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 INSURANCE**  Expired PHONE NO. (Optional) **(417) 451-3555 -** POLICY NUMBER **187033128**  NA  Driver  Vehicle

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

YEAR **2004** MAKE **Chevrolet** MODEL **CAVALIER** COLOR **BLK** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **KN0M4K** STATE **MO** YEAR **2017** VIN **1G1JC52F947110447** 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: **1**  NA

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)  Cargo 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)

SEQUENCE OF EVENTS CODES:  Unknown **0134** ANIMAL CODE(S)  NA FIXED OBJECT CODE(S)  NA ALCOHOL USE  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  Yes  No  Unknown TRAFFIC CONTROL  None  Unknown

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

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  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  Intrastate Carrier  Not In Commerce - Government Vehicle  Not In Commerce - Other Vehicle  Not In Commerce - Rental Vehicle

MC / MX / ICC NO.  NA USDOT NO.  NA

CARGO BODY TYPE  Enclosed Box  Flatbed  Concrete Mixer  Garbage / Refuse  Pole Trailer  Vehicle Towing Another Veh.  Intermodal Container Chassis  NA (No Cargo Body)  Other  Unknown

Cargo Tank  Dump  Auto Transporter  Grain / Chip / Gravel  Log

HAZARDOUS MATERIALS  Yes  No  Unknown PLACARD DISPLAYED  Yes  No  Unknown

4-DIGIT NO  NA CLASS  NA HM CARGO PRESENT  Yes  No  Unknown HM CARGO RELEASED  Yes  No  Unknown HAZARDOUS MATERIAL NAME  NA

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2** FAULKNER, JACQUELINE LEA 511 S NEOSHO BD - NEOSHO, MO 64850 PHONE NUMBER (417) 451-7852

DRIVER LICENSE / ID NUMBER S078073006 STATE MO LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Unknown  NA  Canceled / Oth Invalid  Unknown

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

MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH 03-15-1952 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJEC-TION 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 MISSOURI UNITED SCHOOL INSURANCE PHONE NO. (Optional) (314) 965-4346 - POLICY NUMBER MUSIC-2016-00  Driver  Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)  SAD NEOSHO R-5 SCHOOL DISTRICT, 511 S NEOSHO BOULEVARD - NEOSHO, MO 64850 PHONE NUMBER (417) 455-5800

YEAR 1999 MAKE Bluebird MODEL COLOR YEL VEH. TYPE 1 TOTAL NO. OF OCC. 36

LICENSE - PLATE NO. 02530B STATE MO YEAR 1999 VIN 1 B A B K C K H 0 7 F 2 4 0 2 0 6 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. 8

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  
 Van (< 9 W/Driver)  Large Bus (16+ W/Driver)  ATV  Farm Implements  Single-unit Truck; 3 or more axles  
 Passenger Van (9+ W/Driver)  School Bus  Construction Equip. Heavy Mach.  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  
 Sport Utility Vehicle  Intercity  2 Wh  Other Vehicle (Code)  Truck Tractor With No Units  
 Limousine (7-8 W/Driver)  Transit / Commuter  3 Wh  Cargo Van  Truck Tractor With One Unit  
 Limousine (9-15 W/Driver)  Charter / Tour  4 Wh  Pickup  Truck Tractor With Two Units  
 Motorized Bicycle  Other  5 Wh / More  Other Heavy Truck  Truck Tractor With Three Units  
 Pedalcycle  To / From School  Unknown  Unknown (Explain)

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  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 01 08 34 ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE  No  Yes  Unk  NA

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  
 Drugs  Improperly Parked  Improper Start From Park  Animal(s) In Roadway

DISTRACTED / INATTENTIVE CODE(S)  NA (See Codes in Section 8)

7E. WORK ZONE  Yes  No  Unknown TRAFFIC CONTROL  None  Unknown

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

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  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	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
MALDONADO, EVA 1023 S LAFAYETTE ST - NEOSHO, MO 64850	06-01-2006	F	CP	5	1	2	01	01	(417) 389-7837
MALDONADO, YULISA 1023 S LAFAYETTE ST - NEOSHO, MO 64850	05-24-2004	U	CP	5	1	2	01	01	(417) 389-7837
CASTILLO, ALEAH 727 S LAFAYETTE ST - NEOSHO, MO 64850	09-26-2000	F	CP	5	1	2	01	01	(417) 451-4029
BERNAL, MICHAEL 111 ROCKHILL RD - NEOSHO, MO 64850	07-06-2003	M		5	1	2	01	01	(417) 389-8655
ZAHARA, LEE 503 S LAFAYETTE ST - NEOSHO, MO 64850	02-06-2006	U	CP	5	1	2	01	05	(417) 658-3036

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  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 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	<table border="1"> <tr> <td>FR</td> <td>SR</td> <td>TR</td> </tr> <tr> <td>FC</td> <td>SC</td> <td>TC</td> </tr> <tr> <td>FL</td> <td>SL</td> <td>TL</td> </tr> </table>	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
	FR	SR	TR												
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
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 10/20/2016 at 1545 hours, I responded to the area of White Avenue and Chestnut Street to take a report of a traffic crash.

I received a call from Central Dispatch Center stating there was an unknown injury traffic crash on White Avenue.

I arrived at White Avenue and Chestnut Street and saw a yellow Bluebird school bus #19 (displaying Missouri registration 02530B) stopped in the roadway facing north. I walked up to the scene and saw a black Chevrolet Cavalier (displaying Missouri registration KN0M4K) crashed into the rear of the school bus. I was unable to determine the damage to the school bus at that time. The Chevrolet had extensive damage to the front end and fluid was leaking from the engine compartment. Neosho Fire Department and Newton County Ambulance arrived on scene shortly after.

I spoke with the driver of the Chevrolet, Colton Cummings; and asked what happened. He said he was following the school bus and did not realize the bus made a stop on that road. He said that is when he crashed into the rear of the school bus.

I spoke with the driver of the School bus, Jacqueline Faulkner; Ms. Faulkner stated she checked on the students and believed they were all okay. She said she was stopped to let a student off and had her yellow flashing lights activated. She said just before she opened the door to let a student off, she felt a jolt. She said she did not know what happened until a student informed her there was a car crashed into the rear of the bus.

Once the school bus was moved from the Chevrolet I was able to assess the damage to the bus. It appeared the rear bumper had been pushed in slightly and there were scratches and scuff marks. It did not appear the bus sustained any major damage. Ms. Faulkner was able to drive the bus away while Mr. Cummings was able to push his vehicle in the driveway of his mother residence at 219 White Avenue.

I later learned a student by the name of Erica Samuel had been taken to the hospital by her parents due to complaining of headaches. I have attached a form showing which students were on board and which seat they were sitting in at the time of the crash.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME OFF CALEB COOPER	DSN / BADGE NO. 115	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT MICHAEL WHITEHEAD	DSN / BADGE NO. 107	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>								
CRASH DATE 10-20-2016		TRP / DIST / PCT NA		COUNTY NEWTON								
REPORTING OFFICER NAME OFF CALEB COOPER				DSN / BADGE NO. 115		SUPPLEMENTAL REVIEWING OFFICER NAME SGT MICHAEL WHITEHEAD				DSN / BADGE NO. 107		
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		INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA		TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA		EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown		AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown		SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable		
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> 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 <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		OTHER ACTIONS <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting On Road <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		Unknown Other (Explain)		SCHOOL INFO. <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 <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)				None		DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> 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 <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		OTHER ACTIONS <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 type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		Unknown Other (Explain)		SCHOOL INFO. <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 <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)				None		DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
OCCUPANTS - NAME (Last, First, MI)												
ADDRESS (Street, City, State, Zip)		DATE OF BIRTH MM-DD-YYYY	SEX	VEH NO	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER	
LEE, HANNAH NICOLE 503 S LAFAETTE ST - NEOSHO, MO 64850		02-18-2001	F	2	CP	5	1	2	01	01	(417) 658-3036	
WICKLUND, KYLEE 320 S WASHINGTON ST - NEOSHO, MO 64850		07-07-2006	F	2	CP	5	1	2	01	01	(417) 455-3177	
ILAI, KAYLEN 220 E HICKORY ST 7 - NEOSHO, MO 64850		06-07-2003	F	2	CP	5	1	2	01	01	(417) 312-1210	
SANCHEZ, BENJAMIN 415 E MCKINNEY ST - NEOSHO, MO 64850		05-31-2006	M	2	CP	5	1	2	01	01	(417) 317-4354	
LOPEZ, CHRISTIAN ALEKSANDER 511 E MCKINNEY ST - NEOSHO, MO 64850		04-28-2001	M	2	CP	5	1	2	01	01	(417) 592-9877	
CORDOVA, SAMUEL 212 WHITE AV - NEOSHO, MO 64850		08-17-1999	M	2	CP	5	1	2	01	01	(417) 455-0818	
CLINDEN, OTTO 201 WHITE AV 17 - NEOSHO, MO 64850		06-03-2001	U	2	CP	5	1	2	01	01		
VASQUEZ-DOMINGUEZ, LARRY ALEXANDER 213 ST JAMES ST - NEOSHO, MO 64850		10-04-2009	M	2	CP	5	1	2	01	01	(417) 451-3270	
MALDONADO-VASQUEZ, DEISI YANETH 213 ST JAMES ST - NEOSHO, MO 64850		02-26-2011	F	2	CP	5	1	1	01	01	(417) 312-8185	
VINCENTE-CIFUENTES, MARIELA 206 ST JAMES ST - NEOSHO, MO 64850		05-16-2003	F	2	CP	5	1	2	01	01	(417) 310-2467	
VINCENTE, ESAU 206 ST JAMES ST - NEOSHO, MO 64850		04-05-2005	U	2	CP	5	1	2	01	01	(417) 355-5790	

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>	
CRASH DATE <b>10-20-2016</b>	TRP / DIST / PCT <b>NA</b>	COUNTY <b>NEWTON</b>			
REPORTING OFFICER NAME <b>OFF CALEB COOPER</b>			DSN / BADGE NO. <b>115</b>	SUPPLEMENTAL REVIEWING OFFICER NAME <b>SGT MICHAEL WHITEHEAD</b>	
				DSN / BADGE NO. <b>107</b>	



SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	FR SR TR FC SC TC FL SL TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
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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  
 On Roadway  In Driveway Access  On Median / Crossing Island  
 On Sidewalk  Off Roadway  Unknown

CROSSING ROAD  NA  With Signal  Not At Crosswalk  Against Signal  In Marked Crosswalk  No Signal  In Unmarked Crosswalk  Unknown

OTHER ACTIONS  NA / None  
 Getting On / Off Vehicle  Standing / Lying / Sitting On Road  Pushing / Working On Vehicle  Behind / In Front of Parked / Stopped Veh.  
 Working In Trafficway  Playing In Trafficway  Walking / Running In Trafficway  With Traffic  Against Traffic

SCHOOL INFO  NA  
 Going To / From School  Getting On / Off School Bus  Both Of The Above  Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES  None  
 Failed To Yield  Alcohol  Vision Obstructed (Explain)  Other (Explain)  
 Distracted / Inattentive  Drugs  Physical Impairment (Explain)  Unknown (Explain)

DISTRACTED / INATTENTIVE CODE(S)  NA ALCOHOL USE  Yes  No  Unknown

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  
 On Roadway  In Driveway Access  On Median / Crossing Island  
 On Sidewalk  Off Roadway  Unknown

CROSSING ROAD  NA  With Signal  Not At Crosswalk  Against Signal  In Marked Crosswalk  No Signal  In Unmarked Crosswalk  Unknown

OTHER ACTIONS  NA / None  
 Getting On / Off Vehicle  Standing / Lying / Sitting In Trafficway  Pushing / Working On Vehicle  Behind / In Front of Parked / Stopped Veh.  
 Working In Trafficway  Playing In Trafficway  Walking / Running In Trafficway  With Traffic  Against Traffic

SCHOOL INFO  NA  
 Going To / From School  Getting On / Off School Bus  Both Of The Above  Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES  None  
 Failed To Yield  Alcohol  Vision Obstructed (Explain)  Other (Explain)  
 Distracted / Inattentive  Drugs  Physical Impairment (Explain)  Unknown (Explain)

DISTRACTED / INATTENTIVE CODE(S)  NA ALCOHOL USE  Yes  No  Unknown

OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	SEX	VEH NO	SEAT LOC	INJ	TRANS- PORT	EJEC- TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
VINCENTE, ISRAEL 206 ST JAMES ST - NEOSHO, MO 64850	07-08-2007	U	2	CP 5	1	2	01	01	(417) 355-5790	
RIVERA, JOSE O 215 ST. JAMES ST - NEOSHO, MO 64850	01-18-2003	M	2	CP 5	1	2	01	01	(417) 312-8239	
RIVERA, JUANITA 215 ST JAMES ST - NEOSHO, MO 64850	03-12-1999	F	2	CP 5	1	2	01	01	(417) 312-8239	
MENDOZA, AYLINE 218 ST JAMES ST - NEOSHO, MO 64850	10-02-2002	U	2	CP 5	1	2	01	01	(417) 355-5544	
MENDOZA, KAREN 218 ST JAMES ST - NEOSHO, MO 64850	09-20-2005	U	2	CP 5	1	2	01	01	(417) 355-5544	
MENDOZA, ALAN 218 ST JAMES ST - NEOSHO, MO 64850	06-11-2008	U	2	CP 5	1	2	01	01	(417) 355-5544	
MENDOZA, BRIANNA 218 ST JAMES ST - NEOSHO, MO 64850	09-27-2010	U	2	CP 5	1	2	01	01	(417) 355-5544	
GARZA, NIKOLAS 227 ST JAMES ST - NEOSHO, MO 64850	02-20-2005	U	2	CP 5	1	2	01	01	(417) 389-5926	
GARZA, TATEANNA 227 ST JAMES ST - NEOSHO, MO 64850	03-16-2007		2	CP 5	1	2	01	01		
MAILLOUX, TALEAH 227 ST JAMES ST - NEOSHO, MO 64850	05-10-2010	U	2	CP 5	1	2	01	01	(417) 389-5926	
SAMUEL, ERICA 227 JAMES ST - NEOSHO, MO 64850	04-15-2002	F	2	CP 4	1	2	01	01	(417) 389-5926	

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>	
CRASH DATE <b>10-20-2016</b>	TRP / DIST / PCT <b>NA</b>	COUNTY <b>NEWTON</b>			
REPORTING OFFICER NAME <b>OFF CALEB COOPER</b>			DSN / BADGE NO. <b>115</b>	SUPPLEMENTAL REVIEWING OFFICER NAME <b>SGT MICHAEL WHITEHEAD</b>	
				DSN / BADGE NO. <b>107</b>	



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	<table border="1" style="font-size: 8px;"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
	FR	SR	TR												
FC	SC	TC													
FL	SL	TL													

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
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CROSSING ROAD <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	OTHER ACTIONS <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting On Road <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	SCHOOL INFO. <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)
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PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <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)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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
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CROSSING ROAD <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	OTHER ACTIONS <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.	SCHOOL INFO. <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)
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PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <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)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	SEX	VEH NO	SEAT LOC	INJ	TRANS- PORT	EJEC- TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
BEETS, SABRINA 225 ST JAMES ST - NEOSHO, MO 64850	06-27-2000	F	2	CP	5	1	2	01	01	(417) 592-8154
BEETS, MIRANDA 225 ST JAMES ST - NEOSHO, MO 64850	06-27-2000	F	2	CP	5	1	2	01	01	(417) 592-8154
BEETS, LEILA 225 ST JAMES ST - NEOSHO, MO 64850	04-22-2007	U	2		5	1	2	01	01	(417) 592-8154
KROLL, OLIVIA 306 ST JAMES ST - NEOSHO, MO 64850	12-15-2006	U	2	CP	5	1	2	01	01	(417) 451-0800
MERCADO, ALEXIS 305 ST JAMES ST - NEOSHO, MO 64850	02-05-2000	U	2	CP	5	1	2	01	01	(417) 255-5544
MERCADO, JENNIFER 225 ST JAMES ST - NEOSHO, MO 64850	07-04-2002	U	2	CP	5	1	2	01	01	(417) 355-5544
MARROQUIN, ALEX 603 ELM ST - NEOSHO, MO 64850	02-27-2005	M	2	CP	5	1	2	01	01	(417) 389-8403
SHAFFAR, HUNTER 327 ST JOHN ST - NEOSHO, MO 64850	04-25-2006	M	2	CP	5	1	2	01	01	(417) 529-2544