MISSOURI UNIFORM CRASH REPORT

1 - GENERAL CRASH INFORMATION

SPACE USED FOR BARCODE

AGENCY NAME AND ORI: **NEOSHO POLICE DEPARTMENT - MO0730300** CR

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
☐ Yes ☒ No		☐ Yes ☐ No		☐	2	0	1116-035

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	11-03-2016	1456	11-03-2016	1457	11-03-2016	1457	☒ Yes ☐ No

CRASH TYPE

ROADWAY: ☒ On Roadway ☐ Off Roadway

NON-COLLISION: ☐ Overturning ☐ Fire / Explosion ☐ Immersion ☐ Jackknife ☐ Fell/Jumped From MV ☐ Cargo / Equip Loss / Shift ☐ Other Non-Collision

COLLISION INVOLVING: ☐ Animal ☐ Pedalcycle ☐ Fixed Object ☐ Other Object ☐ Pedestrian ☐ Railway Vehicle ☐ Animal Drawn Veh / Animal Ridden Trans. ☒ Motor Vehicle in Transport → ☐ Parked Motor Vehicle → ☐ Working Motor Vehicle →

DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE: ☐ Front to Front ☒ Angle ☐ Other (Explain) ☐ Front to Rear ☐ Sideswipe (Same Dir.) ☐ Rear to Rear ☐ Sideswipe (Opp. Dir.) ☐ Unknown (Explain) ☐ Rear to Side ☐ Falling / Shifting Cargo (Set in motion by MV)

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following?
   1a. A person fatally injured; OR
   1b. A person transported for medical attention; OR
   1c. A vehicle towed due to disabling damage.
   ☒ No - No commercial vehicle fields need completion.
   ☐ Yes - Go to number 2. →
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:
   2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR
   2b. A motor vehicle with seating for 9 or more including driver; OR
   2c. A vehicle with a hazardous materials placard.
   ☐ No - No commercial vehicle fields need completion.
   ☐ Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
☐ Yes ☒ No		☐ Investigating Agency
RECONSTRUCTION	**BY WHOM**	**AVAILABLE FROM**
☐ Yes ☒ No		☐ Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
NEWTON	NEOSHO	CR	NA	LAT: N LONG: W NA

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST DONIPHAN DR	N	410 ☐ NA Feet ___ . ___ Miles	☐ After ☐ NA ☒ Before ☐ At	S of CST LYON DR

SPEED LIMIT	ROAD MAINTAINED BY	SPEED LIMIT	INT. DIR.	GEO - CODE
45	☒ State ☐ County ☐ Municipal ☐ Private Property ☐ Other ☐ Unknown	NA	NA	NA

TRAFFICWAY: ☐ One-Way ☒ Two-Way; Not Divided ☐ Two-Way; Divided; Unprotected Median ☐ Other ☐ Two-Way; Not Divided; Continuous Center Turn Lane ☐ Two-Way; Divided; Positive Median Barrier ☐ Unknown

ROAD ALIGNMENT: ☒ Straight ☐ Curve ☐ Unknown (Explain)

ROAD PROFILE: ☒ Level ☐ Downhill ☐ Dip ☐ Uphill ☐ Hillcrest ☐ Unknown (Explain)

INTERSECTION TYPE: ☒ NA ☐ 4-way Intersection ☐ Y-Intersection ☐ 5-way / More ☐ Unknown (Explain) ☐ T-Intersection ☐ Roundabout ☐ Other (Explain)

ROAD CONDITION: ☒ Dry ☐ Snow ☐ Slush ☐ Standing Water ☐ Sand / Gravel ☐ Unknown (Explain) ☐ Wet ☐ Ice / Frost ☐ Mud / Dirt ☐ Moving Water ☐ Other (Explain)

ROAD SURFACE: ☐ Concrete ☐ Brick ☐ Dirt / Sand ☐ Cobblestone ☒ Asphalt ☐ Gravel ☐ Multi-Surface ☐ Unknown (Explain)

WEATHER CONDITION: ☐ Clear ☐ Rain ☐ Sleet / Hail ☐ Fog / Mist ☐ Other (Explain) ☒ Cloudy ☐ Snow ☐ Freezing (Temp) ☐ Severe Crosswind ☐ 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
						☐ On Roadway ☐ In Driveway Access ☐ On Median / Crossing Island ☐ On Sidewalk ☐ Off Roadway ☐ Unknown

CROSSING ROAD: ☒ NA ☐ With Signal ☐ Against Signal ☐ No Signal ☐ Unknown ☐ Not At Crosswalk ☐ In Marked Crosswalk ☐ 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 ☐ Unknown ☐ Other (Explain)

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 ☐ Distracted / Inattentive ☐ Alcohol ☐ Drugs ☐ Vision Obstructed (Explain) ☐ Physical Impairment (Explain) ☐ Other (Explain) ☐ Unknown (Explain)

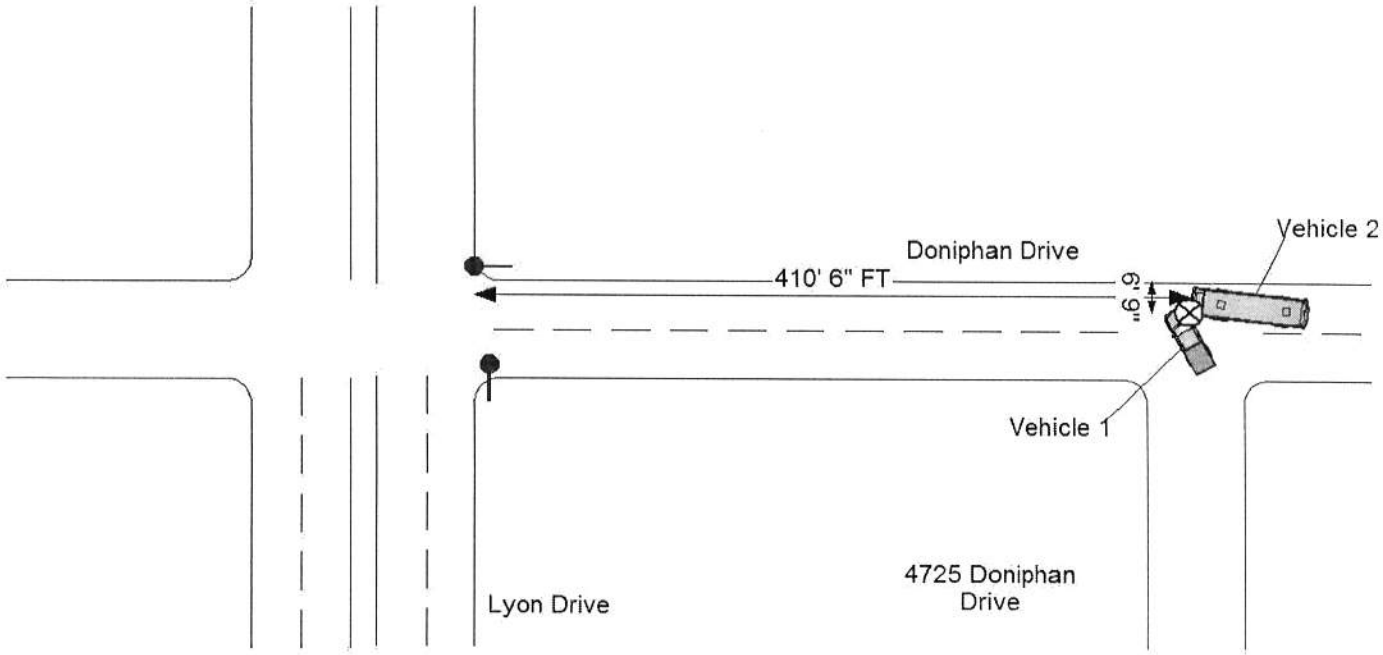
DISTRACTED / INATTENTIVE CODE(S): ☒ NA

ALCOHOL USE: ☐ Yes ☐ No ☐ Unknown

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

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

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): RAAP, RODNEY RAY JR — 804 RIVER ST - CARTHAGE, MO 64836

PHONE NUMBER: (417) 399-4356

DRIVER LICENSE / ID NUMBER	STATE	LIC STATUS	LIC TYPE	MC ENDORSEMENT
A068307009	MO	[X] Valid; [ ] Susp / Rev / Denied; [ ] Canceled / Oth Invalid; [ ] Expired; [ ] Disqual CDL; [ ] Unknown; [ ] NA	[X] Operator Class F; [ ] CDL Class ___; [ ] Interm / Grad; [ ] Permit; [ ] MC Only; [ ] Unlicensed; [ ] Unknown (Explain); [ ] NA	[ ] Yes [ ] No [X] NA; [ ] Unknown (Explain)

DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES
10-21-1996	M	FL	5	1	2	03	05

VISION OBSTRUCTED: [ ] NA; [X] 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	INSURANCE COMPANY	PHONE NO. (Optional)	POLICY NUMBER	
[X] Yes [ ] No [ ] Not Required	FARMERS INSURANCE [ ] Expired	(417) 475-7141 -	195749501 [ ] NA	[ ] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): [ ] SAD
DAVIES, BENJAMIN — 684 MCDONALD CO RD - GOODMAN, MO

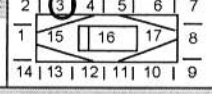
PHONE NUMBER: [ ] SAD

YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC.
2010	General Motor Corp.	SIERRA	BLK	1	1

LICENSE - PLATE NO.	STATE	YEAR	VIN	TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE
01NB5K	MO	2016	3GTRKVE38AG166801	[ ] Yes [X] No	[ ] Yes [X] No

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

INITIAL IMPACT NO: [ ] NA — 3



18 - Undercarriage; 19 - Windshield; 20 - Burned; 21 - Towed Unit; 22 - Cargo; 23 - Unknown; 24 - Other (Explain)

TOWED BY: [ ] Unknown [X] NA

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

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

CONTRIBUTING TRAFFIC CONDITIONS [X] 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	ANIMAL CODE(S)	FIXED OBJECT CODE(S)	ALCOHOL USE
[ ] Unknown: 05 34			[ ] Yes [ ] Unk [X] No [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [ ] None

- [ ] Vehicle Defects (Explain)
- [ ] Speed - Exceeded Limit
- [ ] Too Fast For Conditions
- [ ] Violation Signal / Sign
- [X] 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) [X] NA (See Codes in Section 8)

7E. WORK ZONE: [ ] Yes [X] No [ ] Unknown

Workers Present: [ ] Yes [ ] No [ ] Unknown

TRAFFIC CONTROL: [X] None [ ] Unknown

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

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

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

7F. 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 [X] 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	PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME
	[ ] Yes [ ] No [ ] Unknown			[ ] Yes [ ] No [ ] Unknown	[ ] Yes [ ] No [ ] Unknown	

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 2 | **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**: Giberti, James TRAVEN — 1005 Shartel Dr - Neosho, MO 64850 | **PHONE NUMBER**: (731) 335-5471

DRIVER LICENSE / ID NUMBER	STATE	LIC STATUS	LIC TYPE	MC ENDORSEMENT
T078200009	MO	[X] Valid; [ ] Expired; [ ] NA; [ ] Susp / Rev / Denied; [ ] Disqual CDL; [ ] Canceled / Oth Invalid; [ ] Unknown	[ ] Operator Class ____; [X] CDL Class B; [ ] Permit; [ ] Unknown (Explain); [ ] NA; [ ] Interm / Grad; [ ] MC Only; [ ] Unlicensed	[ ] Yes [ ] No [X] NA; [ ] Unknown (Explain)

DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES
09-07-1967	M	FL	5	1	2	03	05

VISION OBSTRUCTED: [ ] NA; [X] 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: [X] Yes [ ] No [ ] Not Required | **INSURANCE COMPANY** [ ] Expired: MISSOURI UNITED SCHOOL INS. | **PHONE NO. (Optional)**: (800) 333-6137 - | **POLICY NUMBER** [ ] NA: MUSIC-2016-00 | [ ] Driver [X] Vehicle

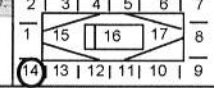
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [ ] SAD: NEOSHO SCHOOL DISTRICT, — 420 FAIRGROUND RD - NEOSHO, MO 64850 | **PHONE NUMBER** [ ] SAD: (417) 451-8600

YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC.
2013	Bluebird		YEL	1	36

LICENSE - PLATE NO.	STATE	YEAR	VIN	TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE
02570B	MO	2016	1BAKGCPH2DF295715	[ ] Yes [X] No	[ ] Yes [X] No

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

INITIAL IMPACT NO.: [ ] NA 14



18 - Undercarriage; 19 - Windshield; 20 - Burned; 21 - Towed Unit; 22 - Cargo; 23 - Unknown; 24 - Other (Explain)

TOWED BY [ ] Unknown [X] NA

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [X] 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)
- [X] Large Bus (16+ W/Driver)
  - [X] 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 / GCVW 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 [X] NA
- [ ] Police
- [ ] Ambulance
- [ ] Fire
- [ ] Other (Must check "A" / "B") →
  - [ ] A. Emergency Vehicle on Emergency Run
  - [ ] B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS [X] 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	ANIMAL CODE(S)	FIXED OBJECT CODE(S)	ALCOHOL USE
01 15 07 34			[ ] Yes [ ] Unk [X] No [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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) [X] NA (See Codes in Section 8)

7E. WORK ZONE: [ ] Yes [X] No [ ] Unknown

Workers Present: [ ] Yes [ ] No [ ] Unknown

TRAFFIC CONTROL [X] None [ ] Unknown

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

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

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

7F. 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
FELIX, MADISON PAIGE 20325 HIGHWAY HH - NEOSHO, MO 64850	04-25-1999	F	CP	5	1	2	03 01	(417) 355-3186
CHAMBERS, AUSTIN JAMES 10330 HANEY LN - NEOSHO, MO 64850	06-14-2000	M	CP	5	1	2	03 01	(417) 389-9258
JENSEN, JACOB ANDREW 277 WILSON RD - ANDERSON, MO 64831	05-21-2000	M	CP	5	1	2	03 01	(417) 364-7556
LOPEZ ALVARADO, JOSE FERNANDO 624 WALNUT DR - NEOSHO, MO 64850	07-05-1997	M	CP	5	1	2	03 01	(417) 451-5118
RECINOS, DASTIN GEOVANY 601 S HIGH ST - NEOSHO, MO 64850	04-27-2000	M	CP	5	1	2	03 01	(417) 389-9196

7G. COMMERCIAL MOTOR VEHICLE [X] 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	PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME
	[ ] Yes [ ] No [ ] Unknown			[ ] Yes [ ] No [ ] Unknown	[ ] Yes [ ] No [ ] Unknown	

8 - CODES

SEAT LOCATION
FR SR TR
FC SC TC
FL SL TL
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

CR

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

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)
21. Embankment / Driveway / Ground / Rock Bluff
22. Guardrail Face
23. Utility Pole
24. Fence
25. Street Light Support
26. Culvert
27. Highway Traffic Sign Post / Support
28. Bridge Pier / Abutment / Support
29. Curb
30. Mail Box
31. Concrete Traffic Barrier
32. Building
33. Traffic Signal Support
34. Impact Attenuator / Crash Cushion
35. Fire Hydrant
36. Other (Explain)
37. Bridge Parapet End
38. Bridge Rail
39. Guardrail End
40. Other Traffic Barrier
41. Overhead Sign Support
42. Ditch
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
2. Passengers
3. Stereo / Audio / Video Equipment
4. Navigation Device
5. Communication Device - Hand-held
6. Communication Device - Hands Free
7. Communication Device - Texting / E-mailing
8. Communication Device - Web Browsing
9. Eating / Drinking
10. Reading
11. Tobacco Use
12. Grooming
13. Computer Equipment / Electronic Games / etc.
14. Adjusting Vehicle Controls
15. Other (Explain)

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

OTHER VEHICLE CODES
1. Riding Mower / Garden Tractor
2. Golf Cart
3. Snowmobile
4. Forklift
5. Animal Drawn Vehicle / Animal Ridden For Transportation
6. Low Speed Vehicle
7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

On 11-03-2016, I was dispatched to a traffic crash on Doniphan Drive just south of Lyon Drive involving a school bus.

Upon arrival, I spoke with the driver of vehicle 1, Rodney Raap. Mr. Raap said he was pulling out from Roughrider Apartments. Mr. Raap said he saw a semi truck coming, but didn't see anything else. Mr. Raap said he started to pull out and heard the screeching of tires. Mr. Raap said there was a bus coming and the front passenger fender of his truck struck the front driver side corner of the bus. Mr. Raap said he was not injured.

I spoke with the driver of the school bus, James Giberti. Mr. Giberti said he was traveling north on Doniphan Drive when he noticed a black truck pulling out from the apartments. Mr. Giberti said he stepped on the brakes hard. Mr. Giberti said he swerved to the right and his bus skidded to a stop, but he didn't get the bus stopped before the truck struck the front driver side corner of the bus. Mr. Giberti said he was not injured. Mr. Giberti said he checked on the kids on the bus and nobody said they were injured at that time.

Both vehicles were driven from the scene. I was advised later at least a couple of the students that were on the bus had went to the hospital to be checked out.

Nothing further.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PIII RUSTY SCHLESSMAN	141	CR	NA

REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
LT JASON BAIRD	130		

SUPPLEMENTAL REPORT NO.	SUPPLEMENTAL REPORT DATE	AGENCY NAME AND ORI
		NEOSHO POLICE DEPARTMENT - MO0730300

CRASH DATE	TRP / DIST / PCT	COUNTY
11-03-2016	NA	NEWTON

REPORTING OFFICER NAME	DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	DSN / BADGE NO.
PIII RUSTY SCHLESSMAN	141	LT JASON BAIRD	130

SEAT LOCATION
FR SR TR / FC SC TC / FL SL TL
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 Restaint - Rear Facing
13. Other Helmet
14. Reflective Clothing
15. Other
U. Use Unknown
N. Not Applicable

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 ☐ 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
☐ Unknown
☐ Other (Explain)

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 ☐ 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
☐ Unknown
☐ Other (Explain)

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
COOPER, ALICIA NICOLE 601 GOOCH RD - NEOSHO, MO 64850	09-06-1998	F	2	CP	4	3	2	03		01	(417) 592-2016
MCAFFREY, RILEY SPENCER 7915 FAIRPORT LN - NEOSHO, MO 64850	02-11-2000	M	2	CP	5	1	2	03		01	(417) 850-9554
TANNER-BECKNER, JOSEPH MATHEW 2816 BLUEBELL AV - NEOSHO, MO 64850	02-02-1999	M	2	CP	5	1	2	03		01	(417) 389-2231
KELLY, TYLER ROSS 1304 BENTON AV - NEOSHO, MO 64850	08-28-1999	M	2	CP	5	1	2	03		01	(417) 389-1995
DICKSON, CHRISTOPHER EUGENE 15289 GOLDFINCH RD - NEOSHO, MO 64850	12-03-1999	M	2	CP	5	1	2	03		01	(417) 451-0676
BECK, BRIAN LEE 1218 STRATFORD PL - NEOSHO, MO 64850	04-04-2001	M	2	CP	5	1	2	03		01	(417) 389-9695
YORK, NATHAN KYLE 3100 SPLIT LOG RD - GOODMAN, MO 64843	12-17-1998	M	2	CP	5	1	2	03		01	(417) 629-2647
BAKER, TITUS BENARD 738 DELAWARE ST - NEOSHO, MO 64850	07-07-2000	M	2	CP	5	1	2	03		01	(417) 455-1422
MILLS, ALLISON MAKYNZE 8835 ELOISE LN - JOPLIN, MO 64804	08-11-1999	F	2	CP	4	3	2	03		01	(417) 499-9204
DUGAN, BRANDON PAUL 615 SOUTH PL - NEOSHO, MO 64850	09-10-1998	M	2	CP	5	1	2	01		01	(417) 592-9394
GORDAN-DUNCAN, SETH ANTHONY 501 WASHINGTON AV - NEOSHO, MO 64850	04-02-2001	M	2	CP	5	1	2	03		01	(417) 355-1180

SUPPLEMENTAL REPORT NO.	SUPPLEMENTAL REPORT DATE	AGENCY NAME AND ORI
		NEOSHO POLICE DEPARTMENT - MO0730300

CR

CRASH DATE	TRP / DIST / PCT	COUNTY
11-03-2016	NA	NEWTON

REPORTING OFFICER NAME	DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	DSN / BADGE NO.
PIII RUSTY SCHLESSMAN	141	LT JASON BAIRD	130

SEAT LOCATION
FR SR TR / FC SC TC / FL SL TL
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 Restaint - Rear Facing
13. Other Helmet
14. Reflective Clothing
15. Other
U. Use Unknown
N. Not Applicable

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 ☐ 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
☐ Unknown
☐ Other (Explain)

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 ☐ 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
☐ Unknown
☐ Other (Explain)

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
NEIDER-GARNETT, MICHAELA MARIE 1015 SOUTHEAST BD - NEOSHO, MO 64850	06-23-1999	F	2	CP	5	1	2	03		01	(417) 291-1149
MATLOCK, ANNA RENEE 14132 HAMMER RD - NEOSHO, MO 64850	07-23-2000	F	2	CP	5	1	2	03		01	(417) 849-6443
DAVIS, JACOB REX 20600 MINK DR - NEOSHO, MO 64850	09-15-1998	M	2	CP	5	1	2	03		01	(417) 438-7772
HERNANDEZ, ISAAC 13619 NOGALES LN - NEOSHO, MO 64850	06-28-2000	M	2	CP	5	1	2	03		01	(417) 389-8910
RAMOS, HERIBE 520 BENHAM AV - NEOSHO, MO 64850	10-09-1998	M	2	CP	5	1	2	03		01	(417) 592-8449
DAVIS, CHRISTOPHER MICHAEL 11358 POPPY DR - NEOSHO, MO 64850	04-05-1999	M	2	CP	5	1	2	03		01	(417) 456-2630
CHAIREZ, GERARDO 306 PHYLLIS PL - NEOSHO, MO 64850	02-11-1999	M	2	CP	5	1	2	03		01	(731) 335-5471
TAYLOR, BROOKLYNN ANN 13600 QUINCE RD - NEOSHO, MO 64850	11-17-2000	F	2	CP	5	1	2	03		01	(417) 312-7881
FULLER, COREY WILLIAM 15526 PANDA RD - NEOSHO, MO 64850	12-15-1998	M	2	CP	5	1	2	03		01	(417) 451-3003
LASLEY, CODIE DRAKE 615 CHERRY ST - NEOSHO, MO 64850	11-18-1999	M	2	CP	5	1	2	03		01	(417) 312-5714
FARMER, TREMAINE ZYSHONNE 6350 SPURGEON RD - JOPLIN, MO 64801	11-21-1999	M	2	CP	5	1	2	03		01	(417) 483-4935

SUPPLEMENTAL REPORT NO.	SUPPLEMENTAL REPORT DATE	AGENCY NAME AND ORI
		NEOSHO POLICE DEPARTMENT - MO0730300

CR

CRASH DATE	TRP / DIST / PCT	COUNTY
11-03-2016	NA	NEWTON

REPORTING OFFICER NAME	DSN / BADGE NO.	SUPPLEMENTAL RE'/IEWING OFFICER NAME	DSN / BADGE NO.
PIII RUSTY SCHLESSMAN	141	LT JASON BAIRD	130

SEAT LOCATION
FR SR TR / FC SC TC / FL SL TL
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 Restaint - Rear Facing
13. Other Helmet
14. Reflective Clothing
15. Other
U. Use Unknown
N. Not Applicable

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 ☐ 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
☐ Unknown
☐ Other (Explain)

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 ☐ 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
☐ Unknown
☐ Other (Explain)

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
WILSON, KEATON LEE 198 E GARNER ST - GOODMAN, MO 64843	09-09-1999	M	2	CP	5	1	2	03		01	(417) 622-9029
CORY, NOAH CHRISTOPHER 633 N LINCOLN ST - NEOSHO, MO 64850	07-28-2000	M	2	CP	5	1	2	03		01	(417) 658-6008
BURR, TYLER CHRISTIAN 677 ERIE RD - GOODMAN, MO 64843	02-16-1999	M	2	CP	5	1	2	03		01	(417) 364-4128
GOFF, KYLE JAYMES 809 HAWTHORNE DR - NEOSHO, MO 64850	04-02-1999	M	2	CP	5	1	2	03		01	(417) 439-0951
KING, KATELYNN RENEE 11891 IVAN LN - NEOSHO, MO 64850	06-29-2000	F	2	CP	5	1	2	03		01	(417) 451-4585
PAXTOR, RYAN EMILIO 624 WALNUT DR - NEOSHO, MO 64850	07-21-2000	M	2	CP	5	1	2	03		01	(417) 451-5118
BOYED, LA'RISSA LYNN TASHELL 311 E SOUTH ST - NEOSHO, MO 64850	01-25-2000	F	2	CP	5	1	2	03		01	(417) 389-7589