

1 - GENERAL CRASH INFORMATION				1 - AGENCY NAME AND ORI			
				<b>NEOSHO POLICE DEPARTMENT</b> <b>MO0730300</b>			
				ORIGINAL			
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NA		<input type="checkbox"/> Yes <input type="checkbox"/> No		PROPERTY DAMAGE ONLY	
						NO. INJURED	
						0	
						NO. KILLED	
						0	
						REPORT / CASE / INCIDENT NUMBER	
						1904-096	
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE	
1		04-10-2019		11:50		04-10-2019	
						TIME NOTIFIED (MIL.)	
						11:50	
						INVESTIGATION DATE	
						04-10-2019	
						TIME ARRIVED (MIL.)	
						11:50	
						INVEST. AT SCENE	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ROADWAY		NON-COLLISION		COLLISION INVOLVED		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE	
<input checked="" type="checkbox"/> On Roadway		<input type="checkbox"/> Overturning		<input type="checkbox"/> Animal		<input type="checkbox"/> Front to Front	
<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Angle	
		<input type="checkbox"/> Immersion		<input type="checkbox"/> Railway Vehicle		<input type="checkbox"/> Front to Rear	
		<input type="checkbox"/> Jackknife		<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans		<input type="checkbox"/> Sideswipe (Same Dir.)	
		<input type="checkbox"/> Cargo / Equip Loss / Shift		<input type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Sideswipe (Opp. Dir.)	
		<input type="checkbox"/> Other Non-Collision		<input checked="" type="checkbox"/> Fixed Object		<input type="checkbox"/> Rear to Rear	
				<input type="checkbox"/> Other Object		<input type="checkbox"/> Rear to Side	
				<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	
				<input type="checkbox"/> Working Motor Vehicle		<input type="checkbox"/> Other (Explain)	
						<input type="checkbox"/> Unknown (Explain)	
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.							
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.				2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / 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 hazardous materials placard.			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.				<input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.			
EVIDENTIARY PHOTOS TAKEN BY WHOM				AVAILABLE FROM			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA				<input type="checkbox"/> Investigating Agency NA			
RECONSTRUCTION BY WHOM				AVAILABLE FROM			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA				<input type="checkbox"/> Investigating Agency NA			
2 - LOCATION							
COUNTY		MUNICIPALITY		BEAT/ZONE		TRP/DIST/PCT	
NEWTON		NEOSHO		NS		NA	
GPS COORDINATES (DD MM SS.S FORMAT)							
LAT. N		NA		LONG. W		NA	
ON				RDWY. DIR.		LOCATION	
CST S. NEOSHO BOULEVARD				N		After <input type="checkbox"/> NA	
SPEED LIMIT				DISTANCE FROM		INTERSECTING	
45				350		CST WALDO HATLER	
ROAD MAINTAINED BY				Feet		SPEED LIMIT	
<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				Miles		35	
						INT. DIR.	
						E	
						GEO - CODE	
						NA	
TRAFFICWAY				ROAD ALIGNMENT		ROAD PROFILE	
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unprotected Median <input type="checkbox"/> Other				<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve		<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip	
<input type="checkbox"/> Two-Way, Not Divided, Continuous Center Turn Lane <input type="checkbox"/> Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> Unknown				<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
INTERSECTION TYPE				ROAD CONDITION			
<input checked="" type="checkbox"/> NA				<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain)			
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud/Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)			
<input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)							
ROAD SURFACE				WEATHER CONDITION			
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone				<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)			
<input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)			
LIGHT CONDITION							
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)							
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> None							
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality							
SUBWAY - 1035 S. NEOSHO BOULEVARD, NEOSHO, MO 64850				MAILBOX			
PAPA MURPHY'S PIZZA - 1035 S. NEOSHO BOULEVARD, NEOSHO, MO				MAILBOX			
4 - WITNESS <input type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative							
NAME		ADDRESS (Street, City, State, Zip)				PHONE NUMBER	
CLARK, JESSICA LEE		259 SCOTT JOPLIN COURT, SEDALIA MO 65301				(417) 451-1117	
ROBINSON, MINDY NICOLE		409 E. GLENVIEW, NEOSHO MO 64850				(417) 451-5586	
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		OTHER ACTIONS		SCHOOL INFO.			
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk		<input checked="" type="checkbox"/> NA / None		<input type="checkbox"/> NA			
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle		<input type="checkbox"/> Going To / From School			
<input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting in Trafficway		<input type="checkbox"/> Getting On / Off School Bus			
<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input type="checkbox"/> Pushing / Working on Vehicle		<input type="checkbox"/> Both of the Above			
		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh		<input type="checkbox"/> Unknown (Explain)			
		<input type="checkbox"/> Working in Trafficway		<input type="checkbox"/> Unknown (Explain)			
		<input type="checkbox"/> Playing in Trafficway		<input type="checkbox"/> Unknown (Explain)			
		<input type="checkbox"/> Walking / Running in Trafficway		<input type="checkbox"/> Unknown (Explain)			
		<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<input type="checkbox"/> Unknown (Explain)			
PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None				DISTRACTION / INATTENTION CODE(S)		ALCOHOL USE	
<input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)							

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

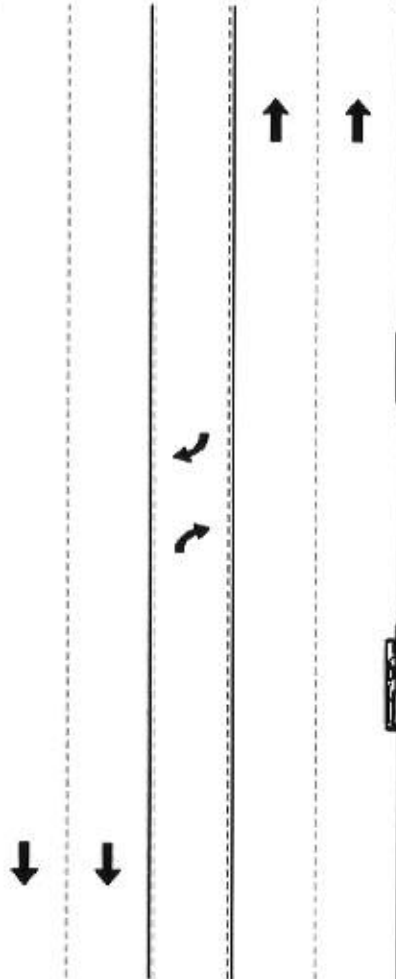
INDICATE NORTH

**ORIGINAL**



Indicate North

CST NEOSHO BOULEVARD



Private parking lot

Waldo Hatler Memorial Dr. approx. 350 ft. to the south

Drawing Not To Scale.

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) **DUNAWAY, SHAYLAH M 810 WORNALL ROAD, NEOSHO, MO 64850** PHONE NUMBER **(417) 455-6028**

DRIVER LICENSE / ID NUMBER **R078363019** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class **F**  Permit  MC Endorsement  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **11-08-1990** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED  NA  Not Obstructed  Windshield  Load on Veh  Trees / Bush  Building  Embankment  Sign  Hillcrest  Parked Veh  Moving Veh  Stopped Veh  Glare  Other (Explain)  Unknown (Explain)

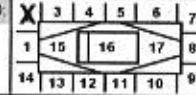
PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY  Expired PHONE NO. (Optional) POLICY NUMBER  NA  Driver  Vehicle

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

YEAR **2007** MAKE **DODG** MODEL **GRAND CARAVA** COLOR **WHI** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **ED2Z8H** STATE **MO** YEAR **2007** VIN **2D4GP44L07R320721** 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. **2**  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 (15+ W/Driver)  School Bus  Intercity  Transit / Commuter  Charter / Tour  Other  Motorcycle  ATV  2 Wh  3 Wh  4 Wh  5 Wh / More  Unknown  Motor Home  Farm Implements  Construction Equip. Heavy Mach.  Other Vehicle (Code)  Cargo Van  Pickup  Other Heavy Truck  Unknown (Explain)  Single-unit Truck, 2 axles, 6 tires  Single-unit Truck, 3 or more axles  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  Truck Tractor With No Units  Truck Tractor With One Unit  Truck Tractor With Two Units  Truck Tractor With Three Units  GVW / 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  Crash Ahead  Other Incident Ahead  Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES  Unknown SEQUENCE OF EVENTS CODES **01 20 36** Additional Codes Listed in Narrative (See Codes in Section B) ANIMAL CODE(S) FIXED OBJECT CODE(S) **30** 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 B)

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) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES PHONE NUMBER

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

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 (Lessee, 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. 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  Yes  No  Unknown 4-DIGIT NO. CLASS HM CARGO PRESENT  Yes  No  Unknown HM CARGO RELEASED  Yes  No  Unknown HAZARDOUS MATERIAL NAME



8 - CODES																																																												
<b>SEAT LOCATION</b> 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="width:100%; border-collapse: collapse; text-align: center;"> <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	<b>INJURY</b> 1. Fatal 2. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	<b>TRANSPORTED</b> (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	<b>EJECTION</b> 1. NA 2. No 3. Partially 4. Totally U. Unknown	<b>AIR BAG</b> 1. None/NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Bell, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	<b>SAFETY DEVICES</b> 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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<p>On April 10, 2019 at approximately 11:50 I responded to the area of Subway located at 1035 S. Neosho Boulevard in reference to a single vehicle traffic crash.</p> <p>Upon my arrival I observed a white van that was parked on the curb and had ran over 2 mailboxes. The vehicle was facing north and had ran over the curb on the east side of the road. The vehicle stopped after hitting the 2 mailboxes.</p> <p>I spoke to the driver and she identified herself as Shaylah Dunaway by her Missouri driver's license. Ms. Dunaway was operating her 2007 Dodge Grand Caravan bearing Missouri license ED2Z8H. Ms. Dunaway advised me that she was headed home and started feeling ill. Ms. Dunaway said she blacked out and didn't remember what happened. I observed the damage to the mailboxes and they were both damaged. I observed very minimal damage to the front of Ms. Dunaway's vehicle.</p> <p>Subway owned one of the mailboxes and Papa Murphy's owned the other. Both managers were made aware of the situation and provided with the case number.</p> <p>Ms. Dunaway stated that she was feeling much better and was released from the scene. When Ms. Dunaway was released she did not look disoriented any longer.</p> <p>Nothing further.</p>																																																												
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**ORIGINAL**