TOTAL NUMBER OF

STATE OF LOUISIANA



VEHICLES INVOLVED	UNIFORM MOTOR VEH	CLE TRAFFIC CRASH F	REPORT
LAT.	_		* * 5647564
DATE OF 1 0 1 2 2 0 0 2	TIME (0000) DISTRIC	T/ZONE TROOP	PAG CONSTR / WHIT &
CRASH 1 0 1 2 2 0 0 3	1 3 3 9 5 1	2 3 5 1 1	MAINT. ZONE RUN
IN PARISH OF		PARISH CODE	DOTD PHOTOS
A r k a d i a		0 2	PROPERTY DAMAGE MADE
ON PRIMARY ROADWAY			RR TRAIN FATAL-
N M a c A r t h u 1	D r		INVOLVED ATTY
MILEPOST CITY OR TOWN			CRASH
4 3 4 a 3 A 1 e x a	n d r i a		OCCURRED ON A. INTERST
	STREET/HIGHWAY	☐ AT INTERSECTION	B. U.S. HWY C. STATE H
0 0 9 3 8 3 FEET E S	w N M a c A	r t h u r	D r D. PARISH ROAD E. CITY STE
DISTANCE MILES X	STREET/HIGHWAY	☐ AT INTERSECTION	□ NOT AT INTERSECTION F. PRIVATE PROPE
$0 \mid 0 \mid 0 \mid 4 \mid 4 \mid 1 \mid \square \mid N$	J a c k s o	n S t r e	e t E x t G. TOLL RC H. OTHER
A. PASSENGER CAI		G. OFF-ROAD VEHICLE J.	OTHER BUS M. TRUCK WITH TRAILER(S)
VEHICLE #01 B. LT. TRUCK (P.U., C. VAN	ETC.) E. MOTORCYCLE F. PEDALCYCLE		MOTOR HOME N. FARM EQUIPMENT SINGLE UNIT TRUCK O. OTHER
YEAR MAKE		MODEL	# DOORS # AXLES # TIF
2 0 0 3 F o r d		R a n g e r	
V.I.N. 3 8 5 3 7 2 5 7 6	3 2 5 - 3 9 2 3	VEHICLE A. YES B. NO	
3 8 3 3 7 2 3 7 0	3 2 3 - 3 9 2 .		T AT SCENE BY Mike towing
YEAR STATE NUME		TYPE	REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED
PLATE 2 0 0 3 L A 3	9 5 3 8 n e g o	R a n g e r	C. INSURANCE VIOLATION D. OTHER
YEAR MAKE	TYPE		YEAR STATE NUMBER
TRAILER DESCRIPTION		LICEN: PLATI	
DRIVER'S NAME (LAST,FIRST,MI)			DATE OF 1 1 2 1 0 5 6
A 1 1 i s o n C h e	r r y		BIRTH 1 1 1 3 1 9 5 6
			POSI- EJEC- TRAP/ AIR OCC PROT SEX RACE AGE I OCC PROT SYS PROT SYS PROT OCC OCC PROT OCC PRO
STREET ADDRESS 21 Main Street	293	TELEPHONE # 593 583 395	8 M C A D E M W 35
CITYAlexandria	ST	ATENEZIP 4 5	6 3 4 TRANSPORTED TO MEDICAL FACILITY
STATE CLASS ENDORSEMENTS DRIVER'S LICI	ENSE NUMBER		STRUCTED TO A. YES C. UNKNOWN CHANGE INFORMATION? B. NO D. REFUSED AID
L A 4 6 3 5 0 8	5 9 3 9 8 4	<u> </u>	YES X NO NAME OF FACILITY
OWNER'S NAME (LAST,FIRST,MI OR COMPANY NAI	ME)		SAME AS DRIVER? YES X
			OD 40 FUDNIQUEDO
			SR-10 FURNISHED?
STREET ADDRESS			PROOF OF INSURANCE? X YES X
CITY	STATE	ZIP	NOTICE OF VIOLATION X YES X
OCCUPANT'S NAME (LAST.FIRST.MI)			TRAP/ AID OCC
M i c h e 1 1 e H	i 1 1		POSI- EJEC- TION TION CATED BAG SYS SEX RACE AGE
			B D C E C F I UNK
STREET ADDRESS		TRANSPORTED TO MEDICAL A.YES C. UN	INDIVIDUAL INCIDIO
	STATE ZIP	B.NO D. RE	FACILITY FACILITY
CITYNAME	OF AGENCY	TIME OF NOTIFICATION	TIME OF ARRIVAL TIME ALL LANES OPENED
INVESTIGATING	. S. AGENOT	1 2 0 0	1 2 1 0 2 2 0 0
AGENCY 6484384849 INVESTIGATION	INVESTIGATING		
COMPLETE X YES NO	POLICE AGENCY	A. STATE C. PARISH B. CITY D. OTHER	REPORT COMPLETED 1 2 1 2 1 2 3
Miles Vance de		Mike Kennedy	6 8 4 5 1 3
Mike Kennedy	PINT) SIGNATU		BADGE # SUPERVISOR

VEHICLE #02	A. PASSENGER CAR B. LT. TRUCK (P.U., ETC. C. VAN D. A, B, OR C WITH TRAI	G. OFF-ROAD VEHICLE	I. SCHOOL BUS J. OTHER BUS K. MOTOR HOME LE L. SINGLE UNIT TRUCK	M. TRUCK WITH TRAILER N. FARM EQUIPMENT O. OTHER K	PAGE # 0 2
EAR MAKE			MODEL		# DOORS # AXLES # TIRES
2 0 0 1 F o	r d		C o n t o 1	u r	4 0 2 0 4
V.I.N. 3 2 0 5 2	3 4 9 6 2 6	5 - 2 3 6 8	VEHICLE A.YES TOWED A C. LEFT	BY and an	ing Specialists
YEAR	STATE NUMBER		TYPE A C. LEF	T AT SCENE The TOW	REASON TOWED
LICENSE 2 0 0 3	L A 3 8 5	2 9 3 5 8 3			A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION D. OTHER
YEAR	MAKE	TYPE		YEAR STAT	
TRAILER ESCRIPTION			LICEN PLA		
DRIVER'S NAME (LAST,FIRST,N	11)			DATE OF	5 0 6 1 0 0 2
D o n M o c	o r e			BIRTH 0	5 0 6 1 9 8 3
STREET ADDRESS #258 South	Main Street		TELEPHONE # 395-293-485	TION TION EXTE	RI- BAG PROT SEX RACE AGE INJUR
				5 8 9 A D B	
CITY Alexandria STATE CLASS ENDORSEMENT	TS DRIVER'S LICENSE NUMBER		L 237 ZIF	NSTRUCTED TO EXCHANGE INFORMATION?	ANSPORTED TO MEDICAL FACILITY A. YES C. UNKNOWN B. NO D. REFUSED AID A
A R 2 1 2 3		5 7 2 3 0 5	8 2 3 7 5	YES NO FACILITY	
DWNER'S NAME (LAST,FIRST,N	MI OR COMPANY NAME)			SAME AS D	
				SD 10 EUDA	IICHED?
				SR-10 FURN	X YES NO
TREET ADDRESS				PROOF OF	NSURANCE? YES X NO
CITY		STATE	ZIP	NOTICE OF ISSUED?	VIOLATION YES X NO
DCCUPANT'S NAME (LAST,FIRS	ST,MI)			POSI- EJEC- TRA TION TION EXT	RI- BAG PROT SEX RACE AGE INJUI
STREET ADDRESS			TRANSPORTED TO MEDICAL	L FACILITY NAME OF	
CITY		_ STATE ZIP	A. YES C. UN B. NO D. RE	KNOWN FACILITY	
			CODES		
SEATING I	POSITION	EJECTION	TRAPPED OR A	URIBAG OCCUPANT F	ROTECTION INJURY
(MOTORCYCLE DRIVER) K - B - FRONT SEAT-MIDDLE C - FRONT SEAT-RIGHT SIDE D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER) E - SECOND SEAT-RIGHT SIDE M G - THIRD ROW-LEFT SIDE N G - THIRD ROW-LEFT SIDE N	SLEEPER SECTION OF CAB (TRU PASSENGER IN OTHER ENCLOSI PASSENGER OR CARGO AREA (NON-TRAILING UNIT) PASSENGER IN OTHER UNENCLI PASSENGER OR CARGO AREA (I TRAILING UNIT) PASSENGER ON TRAIN OR STRI - TRAILING UNIT - RIDING ON VEHICLE EXTERIOR I TRAILING UNIT)	B- TOTALLY EJECTED C- PARTIALLY EJECTED NON- D- UNKNOWN	CATED	DEPLOYED DEPLOYED- TCH OFF C- LAP BELT ONL D- SHOULDER AP LICABLE E- CHILD SAFETY	B-INCAPACITATING/ SEVERE C- NON- ID LAP BELT USED SEAT JSED COMPLAINT COMPLAINT COMPLAINT COMPLAINT C- NO INJURY C- N
H - THIRD ROW-MIDDLE	- UNKNOWN				
H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE P -		1		INSURANCE VEHIC	CLE # 2
H - THIRD ROW-MIDDLE 1 - THIRD ROW-RIGHT SIDE P	INSURANCE VEHICLE #	EFFECTIVE DATE	INSURANCE CO, NAME (NC	OT AGENCY NAME)	EFFECTIVE DATE
H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE INSURANCE CO, NAME (NOT AGENCE Brother & Brother Insurance POLICY NUMBER	INSURANCE VEHICLE #	EFFECTIVE DATE 10/29/2002 EXPIRATION DATE	Lincolns Insurance Co	OT AGENCY NAME)	EFFECTIVE DATE 5/23/03 EXPIRATION DATE
H-THIRD ROW-MIDDLE THIRD ROW-RIGHT SIDE P- INSURANCE CO, NAME (NOT AGENCE TOTHER & Brother Insurance POLICY NUMBER 5837503.2	INSURANCE VEHICLE #	EFFECTIVE DATE 10/29/2002	Lincolns Insurance Co	OT AGENCY NAME)	EFFECTIVE DATE 5/23/03 EXPIRATION DATE 5/22/04
1-THIRD ROW-MIDDLE THIRD ROW-RIGHT SIDE P-INSURANCE CO, NAME (NOT AGENCY TOTHER & Brother Insurance POLICY NUMBER 5837503.2 AGENT'S NAME CLARK MCKENT	INSURANCE VEHICLE #	EFFECTIVE DATE 10/29/2002 EXPIRATION DATE 10/29/2003	Lincolns Insurance Co POLICY NUMBER 35850-3 AGENT'S NAME Doug King	OT AGENCY NAME)	EFFECTIVE DATE 5/23/03 EXPIRATION DATE
H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE P -	INSURANCE VEHICLE #	EFFECTIVE DATE 10/29/2002 EXPIRATION DATE 10/29/2003 PHONE #	Lincolns Insurance Co POLICY NUMBER 35850-3 AGENT'S NAME	OT AGENCY NAME)	EFFECTIVE DATE 5/23/03 EXPIRATION DATE 5/22/04 PHONE #
INSURANCE CO, NAME (NOT AGENCE POLICY NUMBER S837503.2 AGENT'S NAME Clark McKent AGENT'S ADDRESS	INSURANCE VEHICLE #	EFFECTIVE DATE 10/29/2002 EXPIRATION DATE 10/29/2003 PHONE # (168) 584-8468	Lincolns Insurance Co POLICY NUMBER 35850-3 AGENT'S NAME Doug King AGENT'S ADDRESS #123 Yale	OT AGENCY NAME)	EFFECTIVE DATE 5/23/03 EXPIRATION DATE 5/22/04 PHONE # (324) 549-8688
INSURANCE CO, NAME (NOT AGENCE POLICY NUMBER S837503.2 AGENT'S NAME Clark McKent AGENT'S ADDRESS	INSURANCE VEHICLE #	EFFECTIVE DATE 10/29/2002 EXPIRATION DATE 10/29/2003 PHONE # (168) 584-8468	Lincolns Insurance Co POLICY NUMBER 35850-3 AGENT'S NAME Doug King AGENT'S ADDRESS	OT AGENCY NAME)	EFFECTIVE DATE 5/23/03 EXPIRATION DATE 5/22/04 PHONE #

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT CONTRIBUTING FACTORS AND CONDITIONS

GE#	PAC		COMPUTER NUMBER						
3	0	-	4	6	5	7	4	6	5
]							

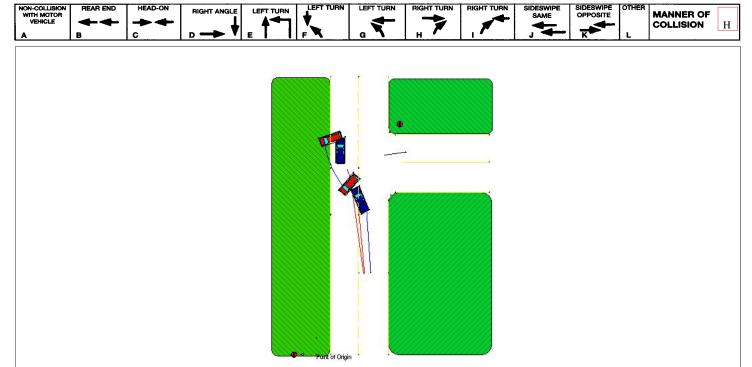
WRITE APPROPRIATE LETTER IN BL	оск			
ROAD SURFACE (ONE PER COLUMN)	ROADWAY CONDITIONS	LIGHTING A. DAYLIGHT B. DARK - NO STREET	KIND OF LOCATION	PRIMARY FACTOR F
D A. DRY A. CONCRETE B. WET B. BLACKTOP C. SNOW/SLUSH C. BRICK D. ICE E. CONTAMINANT (SAND MUD, DIRT, OIL, ECT.) F. UNKNOWN G. OTHER TYPE OF ROADWAY C	A. NO DEFECTS B. DEFECTIVE SHOULDERS C. HOLES D. DEEP RUTS E. BUMPS F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. FLOODING L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY N. OTHER DEFECTS WEATHER	LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN G. UNKNOWN VIOLATION A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER	DEASON FOR	SECONDARY FACTOR M A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS
A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYS- ICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSI- CAL SEPARATION D. TWO-WAY ROAD WITH A PHYSI- CAL BARRIER E. UNKNOWN F. OTHER VISION OBSCUREMENTS L E L E	A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW J. OTHER CONDITION OF DRIVER A. NORMAL B. CLOUDY B. K. CONDITION A. NORMAL	F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO JUM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION T. UNKNOWN VIOLATIONS U. NO VIOLATIONS U. NO VIOLATIONS U. THE START S	F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION U. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAYEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER	ACCESS CONTROL A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) D. UNKNOWN E. OTHER
A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED	B. INATTENTIVE OR DISTRACTED C. PHYSICAL IMPAIRMENT (EYES, EAR,	HARMFUL EV	ENTS VEH 1	VEH 2
C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. UNKNOWN O. NO OBSCUREMENTS P. OTHER	LIMB) D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. HAD BEEN DRINKING - IMPAIRED H. HAD BEEN DRINKING - NOT IMPAIRED J. DRUG USE - IMPAIRED K. UNKNOWN L. OTHER VEHICLE LIGHTING A. HEADLIGHTS ON B. HEADLIGHTS OF C. DAYTIME RUNNING LIGHTS D. UNKNOWN	B. FIRE/EXPLOSION	IDGE-PARAPET END IDGE-RAIL IARDRAIL FACE IARDRAIL END IDIAN BARRIER SHWAY TRAFFIC SIN POST ERHEAD SIGN PPORT MINAIRE/LIGHT PPORT MINAIRE/LIGHT PPORT LITTY POLE EVENT MOST HARMFUL EVENT MOST HARMFUL EVENT A CURB BB. EMBANKMENT CC. MAIL BOX DD. DITCH	F FIRST P MOST W MOST HARMFUL V EVENT V EE. FENCE FF. TREE GG. UNKNOWN HH. OTHER FIXED OBJECT
RELATION TO ROADWAY A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. OFF ROADWAY G. GORE H. UNKNOWN I. OTHER	ALIGNMENT A. STRAIGHT-LEVEL B. STRAIGHT LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE I. DIP, HUMP-STRAIGHT J. DIP, HUMP-CURVE K. UNKNOWN L. OTHER	A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION)	VEHICLE CONDITION A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED L. UNKNOWN DEFECTS M. OTHER	TRAFFIC CONTROL CONDITIONS A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. CONDITION UNKNOWN
		I. MAKING LEFT TURN J. MAKING RIGHT TURN	ALCOHOL/DRUG	
B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON G. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED	NTROL 1 2 V C WARNING SIGN (SCHOOL, ETC.) WARNING SIGN (SCHOOL, ETC.) SCHOOL FLASHING SPEED SIGN YELLOW NO PASSING LINE WHITE DASHED LINE SELENDE BIKE LANE J. CROSSWALK V. NO CONTROL W. UNKNOWN C. OTHER	K. STOPPED PREPARING TO, OR MAKING U-TURN U MAKING TURN, DIRECTION UNKNOWN M. STOPPED PREPARING TO TURN LEFT N. STOPPED PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE V. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING TRAFFIC FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN	ALCOHOL/DRUGS PRESENT A. NEITHER ALCOHOL OR DRUGS PRESENT B. YES (ALCOHOL PRESENT) C. YES (DRUGS PRESENT) D. YES (ALCOHOL AND DRUGS PRESENT) E. NOT REPORTED F. UNKNOWN ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC E. UNKNOWN DRUGS A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC C. DRUGS REPORTED (SPECIFY) D. UNKNOWN SUSPECTED DRUGS	#1 #2 E D

INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC. IF NECESSARY, INDICATE DAMAGE TO PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

PAGE # 0 4

REFER TO EACH BY VEHICLE NUMBER

Vehicle 1 was heading north. Vehicle two was heading west, comencing a left turn.



VEL		DIRECTION BEFORE CRASH	FINAL LOCATION	DISTANCE TRAVELED	SPEED		S	KIDMARK	DATA (FE	ET)
VEH	HEADED	ON STREET, HIGHWAY OR DRIVE	OF VEHICLES	AFTER IMPACT	EST.	POSTED	FR	FL	RR	RL
1	3 NESW	5th Street	Ditch	23.6 F	1 2 3	8 0	2	1	1	3
2	2 NESW	Rotinghouse Drive	Road	25.3F	0 9 9	8 0	3	5	2	4

DAMAGE TO	VEHICLE 1	DAMAGE TO	VEHICLE 2	CITATION NO R.S. OR OF VEH. VEH.	RD. NO
N- UNDER-L / I I N N N N N N N N N N N N N N N N N	EXTENT OF DEFORMITY A. NONE B. VERY MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE I. UNKNOWN	AREA DAMAGED C D E S IST P A J J F S IST P N- UNDER-C J J C NONE SRD N R- UNKNOWN	A 1ST A-NONE A 1ST B-VERY MINOR C-MINOR D-MINOR/MODERATE A 2ND E-MODERATE F-MODERATE G-SEVERE H-VERY SEVERE I- UNKNOWN	1 2 41234123 X 1234 1234123 X \square 2134 X \square	

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT VEHICLE / PEDESTRIAN SUPPLEMENTAL

COMPUTER NUMBER								PAC	3E #
5	6	4	7	5	6	4	_	0	5

X	VEHICLE
V	
	PEDESTRIAN

VEHICLE #		A. PASSENGER CAR B. LT. TRUCK (P.U., ETC.) C. VAN D. A, B, OR C WITH TRAIL	G. OFF-ROAD VE	J. OTHER EHICLE K. MOTO	R BUS N.	TRUCK WITH TRAILER(S) FARM EQUIPMENT OTHER	}
YEAR	MAKE			MODEL		# DOORS	# AXLES # TIRES
V.I.N.				VEHICLE TOWED	A.YES B. NO C. LEFT AT SCENE	REMOVED BY	
YEAR	STAT	TE NUMBER		TYPE	C. LEFT AT SCENE		SON TOWED
LICENSE PLATE						B. DRIV	ICLE DAMAGE /ER ARRESTED JRANCE VIOLATION
YEAR	MA	AKE	TYPE		YEAR	STATE NUMBER	EK
TRAILER DESCRIPTION					LICENSE PLATE		
DRIVER'S NAME (LA	ST,FIRST,MI)					DATE OF	
						BIRTH	
070557 4000500				TELEBUONE "		POSI- TION TION EJEC- EXTRI- CATED BAG PROT SEX	RACE AGE INJURY
STREET ADDRESS_				_TELEPHONE #			
CITY			STA	TEZIP	INSTRUCTED TO		S C. UNKNOWN
STATE CLASS E	NDORSEMENTS DF	RIVER'S LICENSE NUMBER			EXCHANGE INFORMA	ATION? B. NO NAME OF	D. REFUSED AID
					X YES X	NO FACILITY a	
OWNER'S NAME (LAS	ST,FIRST,MI OR C	COMPANY NAME)				SAME AS DRIVER?	X YES X NO
						SR-10 FURNISHED?	X YES X NO
						DDOOF OF INCUDANCES	V VEC V NO
STREET ADDRESS_						PROOF OF INSURANCE?	X YES X NO
			STATE	ZIP		NOTICE OF VIOLATION ISSUED?	X YES X NO
OCCUPANT'S NAME	(LAST,FIRST,MI)					POSI- TION TION CATED BAG SYS	RACE AGE INJURY
						UNIED SIG	
OTDEET ADDRESS				TRANSPORTED TO M		NAME OF	
STREET ADDRESS_					S C. UNKNOWN D. REFUSED AID	FACILITY	
CITY	E // ACT FIDET MI	STAT	TE ZIP			TRANSPORTED TO M	AEDICAL FACILITY
PEDESTRIAN'S NAM						TRANSPORTED TO M A. YE B. NO	S C. UNKNOWN A
B r a d	L o v	e				NAME OF FACILITY Brightons Medica	
STREET ADDRESS	Young Street				TELEPHONE #	040,004,1657	
CITY Alexandria						STATE LA ZIP	3582362
LIGI	HT DARK	LIGHT	DARK	SEX R	ACE AGE	_ STATE LA ZIP- INJURY CODE	
UPPER BODY CLOTHING	X	LOWER BODY CLOTHING	X		O 98	В	
				CODES TRAPPED OR		OCCUPANT PROTECTION	
	SEATING POSIT		EJECTION	EXTRICATED	AIRBAG	SYSTEM USED	INJURY
A - FRONT SEAT-LEFT S (MOTORCYCLE DRIV B - FRONT SEAT-MIDDLI C - FRONT SEAT-RIGHT D - SECOND SEAT-LEFT (MOTORCYCLE PASS E - SECOND SEAT-MIDD F - SECOND SEAT-RIGH G - THIRD ROW-LEFT SI (MOTORCYCLE PASS H - THIRD ROW-MIDDLE	ER) K - PASSE SIDE (NON-1 SIDE L - PASSE SENGER) PASSE TRAILIN T SIDE M- PASSE DE O- RIDING TRAILIN O- RIDING TRAILIN O- RIDING TRAILIN	ON VEHICLE EXTERIOR (NON- ING UNIT)	A- NOT EJECTED B- TOTALLY EJECTED C- PARTIALLY EJECTED D- UNKNOWN	A-NOT TRAPPED B-TRAPPED/EXTRI- CATED C-TRAPPED/NOT EXTRICATED D-UNKNOWN	A-DEPLOYED B-NOT DEPLOYED C-NOT DEPLOY- ED/SWITCH OFF D-NOT APPLICABLE E-UNKNOWN	A-NONE USED-VEHICLE OCCUPANT B-SHOULDER BELT ONLY USED C-LAP BELT ONLY USED D-SHOULDER AND LAP BELT USED E-CHILD SAFETY SEAT IMPROPERLY USED G-HELMETS USED G-HELMETS USED	A-FATAL B-INCAPACITA- TING/SEVERE C-NON-INCAPA- CITATING/ MODERATE D-POSSIBLE/ COMPLAINT E-NO INJURY
I - THIRD ROW-RIGHT S	IDE P- UNKNO	JWN				H-RESTRAINT USE UNKNOWN	

PAGE #					

WRITE APPROPRIATE LETTER IN BLOCK VISION **TRAFFIC** VEHICLE MOVEMENT **OBSCUREMENTS CONDITION OF** F CONTROL В Η C D CONDITION PRIOR DRIVER CONDITIONS RAIN, SNOW, ETC. ON WINDSHIELD WINDSHIELD OTHERWISE OBSCURED VISION OBSCURED BY LOAD A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS TO CRASH AND PEDESTRIANS A. CONTROLS FUNCTIONING NORMAL INATTENTIVE OR DISTRACTED PHYSICAL IMPAIRMENT (EYES, EAR, STOPPED PROCEEDING STRAIGHT AHEAD TRAVELING WRONG WAY B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED DEFECTIVE SIGNAL LIGHTS ALL LIGHTS OUT DEFECTIVE STEERING D. LANE MARKING UNCLEAR PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) ILLNESS FATIGUED APPARENTLY ASLEEP/BLACKOUT HAD BEEN DRINKING - IMPAIRED HAD BEEN DRINKING - IMPAIRED - NOT IMPAIRED - NOT TREES, BUSHES, ETC. D. BACKING OR DEFECTIVE E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO EMBANKMENT TIRE FAILURE . TIRE FAILURE WORN OR SMOOTH TIRES ENGINE FAILURE DEFECTIVE SUSPENSION NO DEFECTS OBSERVED UNKNOWN DEFECTS F. CONDITION UNKNOWN SIGN BOARDS H. HILLCREST OPPOSING LANE RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSEC-PARKED VEHICLES IMPAIRED DRUG USE - IMPAIRED MOVING VEHICLES BLINDED BY HEADLIGHTS DRUG USE - NOT IMPAIRED TION) CHANGING LANES ON MULTI-LANE ROAD MAKING LEFT TURN BLINDED BY SUNGLARE UNKNOWN DISTRACTED BY NEON LIGHTS IN OTHER FIELD OF VIEW ALCOHOL/DRUG INVOLVEMENT **VEHICLE LIGHTING** MAKING RIGHT TURN STOPPED PREPARING TO, OR MAKING U-TURN NO OBSCUREMENTS A. HEADLIGHTS ON B. HEADLIGHTS OFF **VEHICLE PEDESTRIAN** Α MAKING TURN, DIRECTION DAYTIME RUNNING LIGHTS UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED PREPARING TO D ALCOHOL/DRUGS PRESENT A. NEITHER ALCOHOL OR DRUGS PRESENT B. YES (ALCOHOL PRESENT) **REASON FOR** VIOLATION S A TURN RIGHT O. SLOWING TO MAKE LEFT TURN C. YES (DRUGS PRESENT) MOVEMENT . YES (ALCOHOL AND DRUGS PRESENT) . NOT REPORTED EXCEEDING STATED SPEED LIMIT EXCEEDING SIATED SPEED LIMIT FAILURE TO YIELD FOLLOWING TOO CLOSELY DRIVING LEFT OF CENTER CUTTING IN, IMPROPER PASSING FAILURE TO SIGNAL MADE WIDE RIGHT TURN CUTTORS ON THE PROPER ON LEFT TURN CUTTORS ON THE PROPER ON LEFT TURN A. TO AVOID OTHER VEHICLE P. SLOWING TO MAKE RIGHT TO AVOID PEDESTRIAN TO AVOID ANIMAL TURN F. UNKNOWN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER D. TO AVOID OTHER OBJECT B. 10 AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING ALCOHOL T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM A. TEST REFUSED B. NO TEST GIVEN CUT CORNER ON LEFT TURN TURNED FROM WRONG LANE OTHER IMPROPER TURNING DISREGARDED TRAFFIC CONTROL C. TEST GIVEN, RESULTS PENDING FOR TRAFFIC CONTROL, PASSIN FOR TRAFFIC CONTROL DUE TO CONGESTION DUE TO PRIOR CRASH (COLLISION) MEDIAN MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W.ENTERING TRAFFIC FROM D. TEST GIVEN, BAC . UNKNOWN IMPROPER STARTING IMPROPER PARKING FAILED TO SET OUT FLAGS, K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION PRIVATE LANE X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA DRUGS B. TEST, GIVEN RESULTS PENDING C. DRUGS REPORTED (SPECIFY) FLARES (FAILURE) (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN FLARES FAILED TO DIM HEADLIGHTS VEHICLE CONDITION DRIVER CONDITION OFF RAMP Z. OTHER OR UNKNOWN D. UNKNOWN CARELESS OPERATION SUSPECTED DRUGS UNKNOWN VIOLATIONS NO VIOLATIONS OTHER. V. OTHER VEHICLE HARMFUL EVENTS TRAFFIC CONTROL A. OVERTURNED OTHER OBJECT (NOT FIXED) UTILITY POLE Α FIRE/EXPLOSION FIRST OTHER POLE CULVERT IMPACT ATTENUATOR BRIDGE-PIER OR HARMFUL EVENT A STOP SIGN M RR CROSSING SIGNAL IMMERSION N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) YIELD SIGN JACKKNIFE ABUTMENT AA. CURB BB. EMBANKMENT BRIDGE-PARAPET END BRIDGE-RAIL GUARDRAIL FACE C. RED SIGNAL ON OTHER NONCOLLISION YELLOW SIGNAL ON SCHOOL FLASHING SPEED SIGN PEDESTRIAN CC. MAIL BOX DD. DITCH HARMFUL EVENT Α Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE GREEN SIGNAL ON G. PEDALCYCLE R GREEN TURN ARROW ON H. RAILWAY TRAIN GUARDRAIL END S. EE. FENCE RIGHT TURN ON RED ANIMAL MEDIAN BARRIER FF. TREE LIGHT PHASE UNKNOWN BIKE LANE MOTOR VEHICLE HIGHWAY TRAFFIC GG.UNKNOWN II CROSSWALK FLASHING YELLOW IN TRANSPORT SIGN POST HH. OTHER FIXED OBJECT FLASHING RED V. NO CONTROL MOTOR VEHICLE OVERHEAD SIGN OFFICER, WATCHMAN SUPPORT W. LUMINAIRE/LIGHT W.UNKNOWN IN TRANSPORT IN OTHER X. OTHER ... ROADWAY PARKED MOTOR VEHICLE SUPPORT PEDESTRIAN ACTIONS CITATION NO. VEH. PED. R.S. OR ORD. NO. Α A. CROSSING, ENTERING ROAD H. PUSHING, WORKING ON AT INTERSECTION VEHICLE IN ROAD CROSSING, ENTERING OTHER WORKING IN ROAD NOT AT INTERSECTION ROADWAY PLAYING IN ROADWAY WALKING IN ROAD - WITH TRAFFIC NOT IN ROADWAY OR D. WALKING IN ROAD - AGAINST UNKNOWN TRAFFIC NOT APPLICABLE SLEEPING IN ROADWAY M. OTHER IN ROADWAY STANDING IN ROADWAY G GETTING ON OR OFF OTHER VEHICLE FINAL LOCATION DISTANCE TRAVELED DIRECTION BEFORE CRASH SPEED SKIDMARK DATA (FEET) ON STREET OR HIGHWAY OR DRIVE OF VEHICLES AFTER IMPACT EST POSTED HEADED FR FL S W

DAMAGE TO TH	IIS VEHICLE
AREA DAMAGED	EXTEND OF DEFORMITY
N- UNDER-L / I H CARRIAGE K J I 2ND CARRIAGE CO- TOTAL P- OTHER CO- NONE 3RD R- UNKNOWN	A- NONE B- VERY MINOR 1ST C- MINOR D- MINOR/MODERATE E- MODERATE 2ND F- MODERATE/SEVERE G- SEVERE H-VERY SEVERE I-UNKNOWN

INSURANCE THIS VEHICLE						
INSURANCE CO, NAME (NOT AGENCY NAME)	EFFECTIVE DATE					
POLICY NUMBER	EXPIRATION DATE					
AGENT'S NAME	PHONE # ()					
AGENT'S ADDRESS						

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT ADDITIONAL OCCUPANT SUPPLEMENT

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