



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received
2005 JAN 29 PM 1:40
21-DEC-2004

Repository
Reference No.
10105130

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City METAIRIE State LA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]
E-mail Address [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2CNDL13F25 [REDACTED]
Make CHEVROLET Model EQUINOX Model Year 2005
Date Purchased 8/03/04 Dealer's Name and Telephone Number Banner Chevrolet 504 242-2000 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City New Orleans State LA Zip Code 70126
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-DEC-2004 Failure Mileage 3450 Failure Speed 30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 0 Number of Deaths 0 Reported to Police Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING 30 MPH AND ATTEMPTING TO STOP BRAKES FAILED. AS A RESULT, VEHICLE CRASHED INTO FOUR OTHER VEHICLES. UPON IMPACT, EST DUAL AIR BAG DID NOT DEPLOY TO IT'S FULL CAPACITY. NO INJURIES WERE REPORTED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I had driven 10-miles from work, an indicator did not come on signifying a problem.

There were skid marks only after the Equinox made contact the other cars.

The transmission dropped to the street after impact, though my car wasn't struck from behind.

The right wheel on the passenger side came completely off.

The sheriff at the scene acknowledged that there was no brake pedal after there was access to the vehicle.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

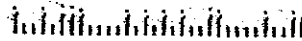
BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



93

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline

05

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



LAT. _____

LONG. _____ TIME (0000) 1625 DISTRICT/ZONE 011920 TROOP _____

PAGE # 01

IN PARISH OF Jefferson PARISH CODE 26

ON PRIMARY ROADWAY Veterans Blvd

<input type="checkbox"/> CONSTR/ MAINT. ZONE	<input type="checkbox"/> HIT & RUN
<input type="checkbox"/> DOTD PROPERTY DAMAGE	<input type="checkbox"/> PHOTOS MADE
<input type="checkbox"/> RR TRAIN INVOLVED	<input type="checkbox"/> FATALITY

L-9170 -A

MILEPOST _____ CITY OR TOWN _____

DISTANCE 0050.0 MILES FEET 0 E NE SW STREET/HIGHWAY Oaklawn Drive AT INTERSECTION NOT AT INTERSECTION

DISTANCE _____ MILES FEET _____ NE SW STREET/HIGHWAY _____ AT INTERSECTION NOT AT INTERSECTION

CRASH OCCURRED ON

A. INTERSTATE
 B. U.S. HWY
 C. STATE HWY
 D. PARISH ROAD
 E. CITY STREET
 F. PRIVATE PROPERTY
 G. TOLL ROAD
 H. OTHER

A. PASSENGER CAR	D. A, B, OR C WITH TRAILER	G. OFF-ROAD VEHICLE	J. OTHER BUS	M. TRUCK WITH TRAILER(S)
B. LT. TRUCK (P.U., ETC.)	E. MOTORCYCLE	H. EMERGENCY VEHICLE	K. MOTOR HOME	N. FARM EQUIPMENT
C. VAN	F. PEDALCYCLE	I. SCHOOL BUS	L. SINGLE UNIT TRUCK	O. OTHER

YEAR 2005 MAKE Chevrolet MODEL Equinox # DOORS 4 # AXLES 02 # TIRES 04

20WDL13F256 VEHICLE TOWED A A YES B. NO C. LEFT AT SCENE REMOVED BY Moon's Towing

YEAR 2006 STATE La NUMBER _____ TYPE Passenger car REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION D. OTHER

YEAR MAKE TYPE YEAR STATE NUMBER

DRIVER'S NAME (LAST, FIRST, MI) _____

STREET ADDRESS _____ TELEPHONE # none

CITY Metairie STATE La. ZIP _____

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER La E _____ INSTRUCTED TO EXCHANGE INFORMATION? X YES NO NAME OF FACILITY

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) _____ SAME AS DRIVER? YES NO

STREET ADDRESS _____ SR-10 FURNISHED? YES NO

CITY _____ STATE _____ ZIP _____ PROOF OF INSURANCE? YES NO NOTICE OF VIOLATION ISSUED? YES NO

OCCUPANT'S NAME (LAST, FIRST, MI) none

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. UNKNOWN D. REFUSED AID NAME OF FACILITY

CITY _____ STATE _____ ZIP _____

NAME OF AGENCY Jefferson Parish S.O. TIME OF NOTIFICATION 1625 TIME OF ARRIVAL 1630 TIME ALL LANES OPENED 1740

INVESTIGATING POLICE AGENCY X YES NO A. STATE B. CITY C. PARISH D. OTHER REPORT COMPLETED 12082004

Deputy Mark Hebert SIGNATURE SUPERVISOR'S INITIALS 1091051/K

INVESTIGATING OFFICER'S NAME (PRINT) SIGNATURE SUPERVISOR'S INITIALS

- A. PASSENGER CAR
- B. LT. TRUCK (P.U., ETC.)
- C. VAN
- D. A, B, OR C WITH TRAILER
- E. MOTORCYCLE
- F. PEDALCYCLE
- G. OFF-ROAD VEHICLE
- H. EMERGENCY VEHICLE
- I. SCHOOL BUS
- J. OTHER BUS
- K. MOTOR HOME
- L. SINGLE UNIT TRUCK
- M. TRUCK WITH TRAILER(S)
- N. FARM EQUIPMENT
- O. OTHER

YEAR MAKE MODEL # DOORS # AXLES # TIRES
 2002 TOYOTA Solara 2 02 04

VEHICLE TOWED BY REMOVED BY
 B A YES Driver
 C. LEFT AT SCENE

YEAR STATE LICENSE PLATE TYPE REASON TOWED
 2006 Ca Passenger car
 A. VEHICLE DAMAGE
 B. DRIVER ARRESTED
 C. INSURANCE VIOLATION
 D. OTHER

YEAR MAKE TYPE YEAR STATE LICENSE PLATE
 na

DRIVER'S NAME (LAST, FIRST, MI) DATE OF BIRTH
 STREET ADDRESS TELEPHONE
 CITY Metairie STATE La, ZIP 70005
 STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INFLICTED TO EXCHANGE INFORMATION? YES NO NAME OF FACILITY
 LaE X YES NO

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) SAME AS DRIVER? YES NO
 SR-10 FURNISHED? YES NO
 PROOF OF INSURANCE? YES NO
 NOTICE OF VIOLATION ISSUED? YES NO

OCCUPANT'S NAME (LAST, FIRST, MI) STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY NAME (OF FACILITY)
 none

SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY	
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER) B - FRONT SEAT-MIDDLE C - FRONT SEAT-RIGHT SIDE D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER) E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER) H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE	J - SLEEPER SECTION OF CAB (TRUCK) K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) M - PASSENGER ON TRAIN OR STREET CAR N - TRAILING UNIT O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) P - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED D - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED D - UNKNOWN	A - DEPLOYED B - NOT DEPLOYED C - NOT DEPLOYED / 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 F - CHILD SAFETY SEAT USED G - HELMETS USED H - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING / SEVERE C - NON-INCAPACITATING / MODERATE D - POSSIBLY COMPLAINT E - NO INJURY

INSURANCE VEHICLE # 1		INSURANCE VEHICLE # 2	
INSURANCE CO. NAME (NOT AGENCY NAME) Caeisc	EFFECTIVE DATE 06-29-04	INSURANCE CO. NAME (NOT AGENCY NAME) State Farm	EFFECTIVE DATE 06-02-04
AGENT'S NAME na	PHONE # 18001841300	AGENT'S NAME R. Rome	PHONE # 150418541950
AGENT'S ADDRESS		AGENT'S ADDRESS Metairie La. 70005	

TIME CALLED ARRIVED SCENE DEPARTED SCENE ARRIVED HOSPITAL TIME CALLED ARRIVED SCENE
 RESCUE UNIT
 AMBULANCE SERVICE - n/a -
 FIRE DEPARTMENT - n/a -

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

COMPUTER NUMBER

PAGE #

3375205 - 03

2-9170-04

WRITE APPROPRIATE LETTER IN BLOCK

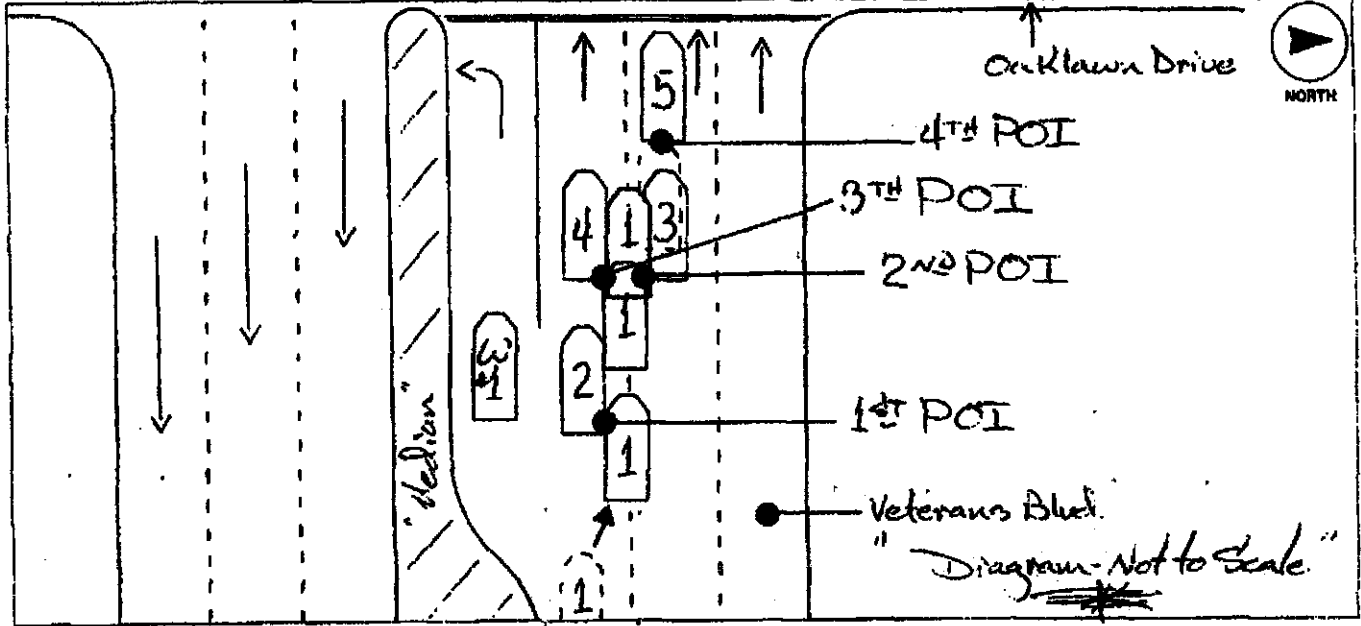
<p>ROAD SURFACE (ONE PER COLUMN)</p> <p>A</p> <p>A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (BAND, MUD, DIRT, OIL, ECT.) F. UNKNOWN G. OTHER</p> <p>B</p> <p>A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT F. UNKNOWN G. OTHER</p>	<p>ROADWAY CONDITIONS</p> <p>A</p> <p>A. NO DEFECTS B. DEFECTIVE 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</p>	<p>LIGHTING</p> <p>A</p> <p>A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN G. UNKNOWN</p>	<p>KIND OF LOCATION</p> <p>B</p> <p>A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY H. OTHER</p>	<p>PRIMARY FACTOR</p> <p>A</p> <p>SECONDARY FACTOR</p> <p>D</p> <p>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</p>																																																																																																									
<p>TYPE OF ROADWAY</p> <p>C</p> <p>A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER E. UNKNOWN F. OTHER</p>	<p>WEATHER</p> <p>B</p> <p>A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HALE F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW I. UNKNOWN J. OTHER</p>	<p>VIOLATION</p> <p>3U</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER 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 USE HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. UNKNOWN VIOLATIONS U. NO VIOLATIONS V. OTHER</p>	<p>REASON FOR MOVEMENT</p> <p>2H</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONSTRUCTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILED) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER</p>	<p>ACCESS CONTROL</p> <p>B</p> <p>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</p>																																																																																																									
<p>VISION OBSCUREMENTS</p> <p>00</p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED 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 HEADLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. UNKNOWN O. NO OBSCUREMENTS P. OTHER</p>	<p>CONDITION OF DRIVER</p> <p>BA</p> <p>A. NORMAL B. INATTENTIVE OR DISTRACTED C. PHYSICAL IMPAIRMENT (EYES, EAR, LIMBS) D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. HAD BEEN DRINKING - IMPAIRED H. HAD BEEN DRINKING - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. UNKNOWN L. OTHER</p>	<p>HARMFUL EVENTS</p> <table border="1"> <thead> <tr> <th></th> <th>VEN 1</th> <th>VEN 2</th> </tr> </thead> <tbody> <tr> <td>A. OVERTURNED</td> <td></td> <td></td> </tr> <tr> <td>B. FIRE/EXPLOSION</td> <td></td> <td></td> </tr> <tr> <td>C. IMMERSION</td> <td></td> <td></td> </tr> <tr> <td>D. JACKKNIFE</td> <td></td> <td></td> </tr> <tr> <td>E. OTHER NONCOLLISION</td> <td></td> <td></td> </tr> <tr> <td>F. PEDESTRIAN</td> <td></td> <td></td> </tr> <tr> <td>G. PEDALCYCLE</td> <td></td> <td></td> </tr> <tr> <td>H. RAILWAY TRAIN</td> <td></td> <td></td> </tr> <tr> <td>I. ANIMAL</td> <td></td> <td></td> </tr> <tr> <td>J. MOTOR VEHICLE IN TRANSPORT</td> <td></td> <td></td> </tr> <tr> <td>K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY</td> <td></td> <td></td> </tr> <tr> <td>L. PARKED MOTOR VEHICLE</td> <td></td> <td></td> </tr> <tr> <td>M. OTHER OBJECT (NOT FIXED)</td> <td></td> <td></td> </tr> <tr> <td>N. IMPACT ATTENUATOR</td> <td></td> <td></td> </tr> <tr> <td>O. BRIDGE-PIER OR ABUTMENT</td> <td></td> <td></td> </tr> <tr> <td>P. BRIDGE-PARAPET END</td> <td></td> <td></td> </tr> <tr> <td>Q. BRIDGE-RAIL</td> <td></td> <td></td> </tr> <tr> <td>R. GUARDRAIL FACE</td> <td></td> <td></td> </tr> <tr> <td>S. GUARDRAIL END</td> <td></td> <td></td> </tr> <tr> <td>T. MEDIUM BARRIER</td> <td></td> <td></td> </tr> <tr> <td>U. HIGHWAY TRAFFIC SIGN POST</td> <td></td> <td></td> </tr> <tr> <td>V. OVERHEAD SIGN SUPPORT</td> <td></td> <td></td> </tr> <tr> <td>W. LUMINAIRE/LIGHT SUPPORT</td> <td></td> <td></td> </tr> <tr> <td>X. UTILITY POLE</td> <td></td> <td></td> </tr> <tr> <td>Y. OTHER POLE</td> <td></td> <td></td> </tr> <tr> <td>Z. GULCHERT</td> <td></td> <td></td> </tr> <tr> <td>AA. CURB</td> <td></td> <td></td> </tr> <tr> <td>BB. EMBANKMENT</td> <td></td> <td></td> </tr> <tr> <td>CC. MAIL BOX</td> <td></td> <td></td> </tr> <tr> <td>DD. DITCH</td> <td></td> <td></td> </tr> <tr> <td>EE. FENCE</td> <td></td> <td></td> </tr> <tr> <td>FF. TREE</td> <td></td> <td></td> </tr> <tr> <td>GG. UNKNOWN</td> <td></td> <td></td> </tr> <tr> <td>HH. OTHER FIXED OBJECT</td> <td></td> <td></td> </tr> </tbody> </table>				VEN 1	VEN 2	A. OVERTURNED			B. FIRE/EXPLOSION			C. IMMERSION			D. JACKKNIFE			E. OTHER NONCOLLISION			F. PEDESTRIAN			G. PEDALCYCLE			H. RAILWAY TRAIN			I. ANIMAL			J. MOTOR VEHICLE IN TRANSPORT			K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY			L. PARKED MOTOR VEHICLE			M. OTHER OBJECT (NOT FIXED)			N. IMPACT ATTENUATOR			O. BRIDGE-PIER OR ABUTMENT			P. BRIDGE-PARAPET END			Q. BRIDGE-RAIL			R. GUARDRAIL FACE			S. GUARDRAIL END			T. MEDIUM BARRIER			U. HIGHWAY TRAFFIC SIGN POST			V. OVERHEAD SIGN SUPPORT			W. LUMINAIRE/LIGHT SUPPORT			X. UTILITY POLE			Y. OTHER POLE			Z. GULCHERT			AA. CURB			BB. EMBANKMENT			CC. MAIL BOX			DD. DITCH			EE. FENCE			FF. TREE			GG. UNKNOWN			HH. OTHER FIXED OBJECT		
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<p>RELATION TO ROADWAY</p> <p>A</p> <p>A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. OFF ROADWAY G. GORE H. UNKNOWN I. OTHER</p>	<p>ALIGNMENT</p> <p>A</p> <p>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</p>	<p>MOVEMENT PRIOR TO CRASH</p> <p>HA</p> <p>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) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. 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 STOP - PROPERLY PARKED R. PARKING MANEUVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>	<p>VEHICLE CONDITION</p> <p>RR</p> <p>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</p>	<p>TRAFFIC CONTROL CONDITIONS</p> <p>AA</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKINGS UNCLEAR OR DEFECTIVE E. NO CONTROLS F. CONDITION UNKNOWN</p>																																																																																																									
<p>TRAFFIC CONTROL</p> <p>PC</p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, WATCHMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL W. UNKNOWN X. OTHER</p>		<p>ALCOHOL/DRUG INVOLVEMENT</p> <p>#1 A #2 A</p> <p>ALCOHOL/DRUGS PRESENT</p> <p>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</p> <p>ALCOHOL</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, RES. % E. UNKNOWN</p> <p>DRUGS</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. DRUGS REPORTED (SPECIFY) D. UNKNOWN</p> <p>SUSPECTED DRUGS</p>																																																																																																											

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. 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. REFER TO EACH BY VEHICLE NUMBER.

Witness #1 [redacted] w/f 18 Jefferson, La. [redacted] advised she witnessed veh. #1 traveling w/B on Veterans Blvd in the left lane approaching Oaklawn Drive at a high rate of speed (faster than posted speed limit of 40 mph). [redacted] advised veh. #1 then changed lanes (left to middle lane) and side swiped veh. #2. Then crashed into veh. #3 and veh. #4, and came to a complete stop inbetween these vehicles.

Witness #2 [redacted] witnessed the crash but left the scene before my arrival. I attempted to notify witness #2 by telephone - no answer at this time for his observations of the crash.

Veh. #1 driver advised he was traveling w/B on Veterans Blvd in the left lane just east of Oaklawn Drive. Driver #1 advised he was traveling



VEH	DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)				
	HEADED	ON STREET, HIGHWAY OR DRIVE			EST.	POSTED	FR	FL	RR	RL	
1	W NE SW	Veterans Blvd	road	unk	unk	20	0	180	180	0	0
2	W NE SW	Veterans Blvd	road	unk	0	40	0	0	0	0	0

DAMAGE TO VEHICLE 1		DAMAGE TO VEHICLE 2	
AREA DAMAGED	EXTENT OF DEFORMITY	AREA DAMAGED	EXTENT OF DEFORMITY
	F 1ST F 2ND F 3RD		E 1ST E 2ND C 3RD

DATE AND TIME: 11/18/03 32:58

X VEHICLE
PEDESTRIAN

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

COMPUTER NUMBER PAGE #
3375205 - 05
L-9170-01

VEHICLE # 03

A. PASSENGER CAR	E. MOTORCYCLE	I. SCHOOL BUS	M. TRUCK WITH TRAILER(S)
B. LT. TRUCK (P.U., ETC.)	F. PEDALCYCLE	J. OTHER BUS	N. FARM EQUIPMENT
C. VAN	G. OFF-ROAD VEHICLE	K. MOTOR HOME	O. OTHER
D. A, B, OR C WITH TRAILER	H. EMERGENCY VEHICLE	L. SINGLE UNIT TRUCK	

YEAR 2003 MAKE Ford MODEL Expedition # DOORS 4 # AXLES 02 # TIRES 01

VIN 1FMEU17L332 [REDACTED] VEHICLE TOWED A A YES B NO C LEFT AT SCENE REMOVED BY Moon's Towing

LICENSE PLATE 2006 La [REDACTED] TYPE Passenger car REASON TOWED A VEHICLE DAMAGE B DRIVER ARRESTED C INSURANCE VIOLATION D OTHER

TRAILER DESCRIPTION n/a LICENSE PLATE [REDACTED]

DRIVER'S NAME (LAST, FIRST, MI) [REDACTED] DATE OF BIRTH 08301956

STREET ADDRESS [REDACTED] TELEPHONE [REDACTED] CITY Culing STATE La ZIP [REDACTED]

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER La E INSTRUCTED TO EXCHANGE INFORMATION? YES NO TRANSPORTED TO MEDICAL FACILITY A YES C UNKNOWN B NO D REFUSED AID

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) [REDACTED] SAME AS DRIVER? YES NO SR-10 FURNISHED? YES NO

STREET ADDRESS [REDACTED] CITY Culing STATE La ZIP [REDACTED] PROOF OF INSURANCE? YES NO NOTICE OF VIOLATION ISSUED? YES NO

OCCUPANT'S NAME (LAST, FIRST, MI) [REDACTED] STREET ADDRESS [REDACTED] CITY Culing STATE La ZIP [REDACTED]

PEDESTRIAN'S NAME (LAST, FIRST, MI) n/a STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

STREET ADDRESS [REDACTED] TELEPHONE # [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

UPPER BODY CLOTHING LIGHT DARK LOWER BODY CLOTHING LIGHT DARK SEX RACE AGE INJURY CODE STATE ZIP

UPPER BODY CLOTHING LOWER BODY CLOTHING SEX RACE AGE INJURY CODE STATE ZIP

SEATING POSITION	SEATING POSITION	SEATING POSITION	SEATING POSITION	SEATING POSITION	SEATING POSITION	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT EJECTED	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NOT DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NOT DEPLOYED	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	D - UNKNOWN	D - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT			E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	P - UNKNOWN				G - HELMETS USED	
H - THIRD ROW-MIDDLE					H - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE						

MHT

CONTRIBUTING FACTORS AND CONDITIONS

06

WRITE APPROPRIATE LETTER IN BLOCK

<p>VISION OBSCUREMENTS <input type="checkbox"/> O</p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBARKMENT G. SIGN BOARDS H. HILL/CREST 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</p>	<p>CONDITION OF DRIVER AND PEDESTRIANS <input type="checkbox"/> P <input type="checkbox"/> A</p> <p>A. NORMAL B. INATTENTIVE OR DISTRACTED C. PHYSICAL IMPAIRMENT (EYES, EAR, LIMBS) D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. HAD BEEN DRINKING - IMPAIRED H. HAD BEEN DRINKING - IMPAIRED - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. UNKNOWN L. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH <input type="checkbox"/> A</p> <p>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) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. 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 STOP R. PROPERLY PARKED S. PARKING MANUEVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PRIOR LANE W. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>	<p>VEHICLE CONDITION <input type="checkbox"/> K</p> <p>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</p>	<p>TRAFFIC CONTROL CONDITIONS <input type="checkbox"/> A</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. CONDITION UNKNOWN</p>
<p>VIOLATION <input type="checkbox"/> A</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER 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 DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. UNKNOWN VIOLATIONS U. NO VIOLATIONS V. OTHER</p>	<p>REASON FOR MOVEMENT <input type="checkbox"/> H</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING 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 L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER</p>	<p>ALCOHOL/DRUG INVOLVEMENT</p> <p>VEHICLE <input type="checkbox"/> A PEDESTRIAN <input type="checkbox"/></p> <p>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</p> <p>ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, DAC E. UNKNOWN</p> <p>DRUGS A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. DRUGS REPORTED (SPECIFY) D. UNKNOWN</p> <p>SUSPECTED DRUGS</p>		

<p>TRAFFIC CONTROL <input type="checkbox"/> C</p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, WATCHMAN L. RR CROSSING, SIGN</p> <p>M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL W. UNKNOWN X. OTHER</p>	<p>HARMFUL EVENTS</p> <p>A. OVERTURNED B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. OTHER NONCOLLISION F. PEDESTRIAN G. PEDALCYCLE H. RAILWAY TRAIN I. ANIMAL J. MOTOR VEHICLE IN TRANSPORT K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY L. PARKED MOTOR VEHICLE</p> <p>M. OTHER OBJECT (NOT FIXED) N. IMPACT ATTENUATOR O. BRIDGE-PIER OR ABUTMENT P. BRIDGE-PARAPET END Q. BRIDGE-RAIL R. GUARDRAIL FACE S. GUARDRAIL END T. MEDIAN BARRIER U. HIGHWAY TRAFFIC SIGN POST V. OVERHEAD SIGN SUPPORT W. LUMINAIRE/LIGHT SUPPORT</p> <p>X. UTILITY POLE Y. OTHER POLE Z. CULVERT AA. CURB BB. EMBANKMENT CC. MAIL BOX DD. DITCH EE. FENCE FF. TREE GG. UNKNOWN HH. OTHER FIXED OBJECT</p> <p>VEHICLE</p> <p>FIRST HARMFUL EVENT <input type="checkbox"/> J MOST HARMFUL EVENT <input type="checkbox"/> J</p>
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<p>PEDESTRIAN ACTIONS <input type="checkbox"/> L</p> <p>A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE</p> <p>H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY OR UNKNOWN L. NOT APPLICABLE M. OTHER IN ROADWAY</p>	<p>CITATION NO. VEH PED. R.S. OR ORD. NO</p> <p><i>N/A</i> <i>N/A</i> <i>A</i> <i>A</i></p>
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DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON STREET OR HIGHWAY OR DRIVE			EST.	POSTED	FR	FL	RR	RL
W NE SW	Veterans Blvd	road	nkr	0	0	0	4	0	n o n e

DAMAGE TO THIS VEHICLE

AREA DAMAGED	EXTENT OF DEFORMITY
<p>1ST <input type="checkbox"/> H 2ND <input type="checkbox"/> I 3RD <input type="checkbox"/> J</p>	<p>A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE I. UNKNOWN</p> <p>1ST <input type="checkbox"/> G 2ND <input type="checkbox"/> G 3RD <input type="checkbox"/> G</p>

INSURANCE CO. NAME (NOT AGENCY NAME)	EFFECTIVE DATE
Progressive	02-28-04
AGENT'S NAME	EXPIRATION DATE
General Auto Serv	01-28-05
AGENT'S ADDRESS	PHONE
2309 Veterans Blvd	(504) 469-9800
Kenner La 70060	

X VEHICLE
PEDESTRIAN

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

COMPUTER NUMBER 3375205 - 07
PAGE # 1
L-9170-04

VEHICLE # 04

A. PASSENGER CAR	E. MOTORCYCLE	I. SCHOOL BUS	M. TRUCK WITH TRAILER(S)
B. LT. TRUCK (P.U., ETC.)	F. PEDALCYCLE	J. OTHER BUS	N. FARM EQUIPMENT
C. VAN	G. OFF-ROAD VEHICLE	K. MOTOR HOME	O. OTHER
D. A, B, OR C WITH TRAILER	H. EMERGENCY VEHICLE	L. SINGLE UNIT TRUCK	

YEAR 2002 MAKE Honda MODEL Odyssey # DOORS 4 # AXLES 02 # TIRES 04

V.L.N. SFNRL18922B VEHICLE TOWED BY B A-YES B-NO C-LEFT AT SCENE REMOVED BY Driver

LICENSE PLATE 2002 La [redacted] TYPE Passenger car REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION D. OTHER

TRAILER DESCRIPTION n/a YEAR MAKE TYPE YEAR STATE NUMBER LICENSE PLATE

DRIVER'S NAME (LAST, FIRST, M) [redacted] DATE OF BIRTH 01/07/1965

STREET ADDRESS [redacted] TELEPHONE [redacted] CITY Metairie STATE La ZIP [redacted]

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER LaE INSTRUCTED TO EXCHANGE INFORMATION? X YES NO TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. UNKNOWN D. REFUSED AID D

OWNER'S NAME (LAST, FIRST, M OR COMPANY NAME) [redacted] SAME AS DRIVER? X YES NO SR-10 FURNISHED? YES X NO PROOF OF INSURANCE? X YES NO NOTICE OF VIOLATION ISSUED? YES X NO

OCCUPANT'S NAME (LAST, FIRST, M) none

STREET ADDRESS [redacted] TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. UNKNOWN D. REFUSED AID NAME OF FACILITY

PEDESTRIAN'S NAME (LAST, FIRST, M) n/a TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. UNKNOWN D. REFUSED AID NAME OF FACILITY

STREET ADDRESS [redacted] TELEPHONE # [redacted] CITY [redacted] STATE [redacted] ZIP [redacted]

UPPER BODY CLOTHING LIGHT DARK LOWER BODY CLOTHING LIGHT DARK SEX RACE AGE INJURY CODE

SEATING POSITION		EJECTION		TRAPPED OR EXTRICATED		OCCUPANT RESTRAINT USE		INJURY	
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT EJECTED	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL			
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NOT DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE			
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NOT DEPLOYED-SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE			
D - SECOND ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAM OR STREETCAR	D - UNKNOWN	D - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT			
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT			E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY			
F - SECOND SEAT-RIGHT SIDE	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F - CHILD SAFETY SEAT USED				
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	P - UNKNOWN				G - HELMETS USED				
H - THIRD ROW-MIDDLE					H - RESTRAINT USE UNKNOWN				
I - THIRD ROW-RIGHT SIDE									

CONTRIBUTING FACTORS AND CONDITIONS

WRITE APPROPRIATE LETTER IN BLOCK

<p>VISION OBSCUREMENTS</p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED 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</p>	<p>CONDITION OF DRIVER AND PEDESTRIANS</p> <p>A. NORMAL B. INATTENTIVE OR DISTRACTED C. PHYSICAL IMPAIRMENT (EYES, EAR, LIMBS) D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. HAD BEEN DRINKING - IMPAIRED H. HAD BEEN DRINKING - IMPAIRED - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. UNKNOWN L. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH</p> <p>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) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. 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 STOP R. PROPERLY PARKED S. PARKING MANUEVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>	<p>VEHICLE CONDITION</p> <p>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</p>	<p>TRAFFIC CONTROL CONDITIONS</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. CONDITION UNKNOWN</p>
<p>VIOLATION</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER 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 DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. UNKNOWN VIOLATIONS U. NO VIOLATIONS V. OTHER</p>	<p>REASON FOR MOVEMENT</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING 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 L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER</p>	<p>ALCOHOL/DRUG INVOLVEMENT</p> <p>VEHICLE PEDESTRIAN</p> <p>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</p> <p>ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, SAC E. UNKNOWN</p> <p>DRUGS A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. DRUGS REPORTED (SPECIFY) D. UNKNOWN</p> <p>SUSPECTED DRUGS</p>		
<p>TRAFFIC CONTROL</p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, WATCHMAN L. RR CROSSING, SIGN</p> <p>M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL W. UNKNOWN X. OTHER</p>	<p>HARMFUL EVENTS</p> <p>A. OVERTURNED B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. OTHER NONCOLLISION F. PEDESTRIAN G. PEDALCYCLE H. RAILWAY TRAIN I. ANIMAL J. MOTOR VEHICLE IN TRANSPORT K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY L. PARKED MOTOR VEHICLE</p> <p>M. OTHER OBJECT (NOT FIXED) N. IMPACT ATTENUATOR O. BRIDGE-PIER OR ABUTMENT P. BRIDGE-PARAPET END Q. BRIDGE-RAIL R. GUARDRAIL FACE S. GUARDRAIL END T. MEDIAN BARRIER U. HIGHWAY TRAFFIC SIGN POST V. OVERHEAD SIGN SUPPORT W. LUMINAIRE/LIGHT SUPPORT</p> <p>VEHICLE</p> <p>X. UTILITY POLE Y. OTHER POLE Z. CULVERT AA. CURB BB. EMBANKMENT CC. MAIL BOX DD. DITCH EE. FENCE FF. TREE GG. UNKNOWN HH. OTHER FIXED OBJECT</p> <p>FIRST HARMFUL EVENT MOST HARMFUL EVENT</p>			
<p>PEDESTRIAN ACTIONS</p> <p>A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE</p> <p>H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY OR UNKNOWN L. NOT APPLICABLE M. OTHER IN ROADWAY</p>	<p>CITATION NO. VEH. PED. SIG. OR SIGN NO.</p> <p>N/A N/A</p>			

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLE	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON STREET OR HIGHWAY OR DRIVE			EST.	POSTED	FL	FR	RR	RL
W NE SW	Veterans Blvd	road	unk	000	40	0	0	0	0

DAMAGE TO THIS VEHICLE

AREA DAMAGED	EXTENT OF DEFORMITY
1ST	A - NONE B - VERY MINOR C - MINOR D - MINOR/MODERATE E - MODERATE F - MODERATE/SEVERE G - SEVERE H - VERY SEVERE I - UNKNOWN
2ND	
3RD	

A - UNDER CHASSIS
 B - TOTAL
 C - OTHER
 D - NONE
 E - UNKNOWN

INSURANCE CO. # 117 JT AGENCY NAME

State Farm

EFFECTIVE DATE 07-05-01

EXPIRATION DATE 01-05-05

AGENT'S NAME Bill Bagley

AGENT'S ADDRESS Metairie La. 70001

PHONE # (504) 888-1783

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

COMPUTER NUMBER

PAGE #

3375205 - 09
L-9170-01

X VEHICLE
PEDESTRIAN

VEHICLE # 05

A. PASSENGER CAR	E. MOTORCYCLE	I. SCHOOL BUS	M. TRUCK WITH TRAILER(S)
B. LT. TRUCK (P.U., ETC.)	F. PEDALCYCLE	J. OTHER BUS	N. FARM EQUIPMENT
C. VAN	G. OFF-ROAD VEHICLE	K. MOTOR HOME	D. OTHER
D. A, B, OR C WITH TRAILER	H. EMERGENCY VEHICLE	L. SINGLE UNIT TRUCK	

YEAR 1998 MAKE Mitsubishi MODEL Mirage # DOORS 4 # AXLES 00 # TIRES 00

V.I.N. JA3AY2645WU [REDACTED] VEHICLE TOWED BY B. REMOVED BY Driver

LICENSE PLATE 2006 La. [REDACTED] TYPE Passenger car REASON TOWED: A. VEHICLE DAMAGE, B. DRIVER ARRESTED, C. INSURANCE VIOLATION, D. OTHER

TRAILER DESCRIPTION: n/a

DRIVER'S NAME (LAST, FIRST, MI) [REDACTED] DATE OF BIRTH 02/28/1979

STREET ADDRESS [REDACTED] CITY Metairie STATE La. ZIP [REDACTED]

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER La E [REDACTED] INSTRUCTED TO EXCHANGE INFORMATION? YES

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) [REDACTED] SAME AS DRIVER? YES

OCCUPANT'S NAME (LAST, FIRST, MI) none

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

PEDESTRIAN'S NAME (LAST, FIRST, MI) n/a

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

UPPER BODY CLOTHING LIGHT DARK LOWER BODY CLOTHING LIGHT DARK SEX RACE AGE INJURY CODE

SEAT POSITION	PASSENGER	DRIVER	INSTRUMENT PANEL	REAR SEAT	TRUCK	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT EJECTED	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NOT DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NOT DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAILER OR STREETCAR	D - UNKNOWN	D - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT			E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	P - UNKNOWN				G - HELMETS USED	
H - THIRD ROW-MIDDLE					H - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE						

[Signature]

CONTRIBUTING FACTORS AND CONDITIONS

10

WRITE APPROPRIATE LETTER IN BLOCK

<p>VISION OBSCUREMENTS <input type="checkbox"/></p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED 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</p>	<p>CONDITION OF DRIVER AND PEDESTRIANS <input type="checkbox"/> <input type="checkbox"/></p> <p>A. NORMAL B. INATTENTIVE OR DISTRACTED C. PHYSICAL IMPAIRMENT (EYES, EAR, LIMBS) D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. HAD BEEN DRINKING - IMPAIRED H. HAD BEEN DRINKING - IMPAIRED NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. UNKNOWN L. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH <input type="checkbox"/></p> <p>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) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO OR MAKING U-TURN L. 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 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 X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>	<p>VEHICLE CONDITION <input type="checkbox"/></p> <p>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</p>	<p>TRAFFIC CONTROL CONDITIONS <input type="checkbox"/></p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. CONDITION UNKNOWN</p>
<p>VIOLATION <input type="checkbox"/></p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER 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 DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. UNKNOWN VIOLATIONS U. NO VIOLATIONS V. OTHER</p>	<p>VEHICLE LIGHTING <input type="checkbox"/></p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS D. UNKNOWN</p> <p>REASON FOR MOVEMENT <input type="checkbox"/></p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING 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 L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER</p>	<p>ALCOHOL/DRUG INVOLVEMENT</p> <p>VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/></p> <p>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</p> <p>ALCOHOL..... A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN SAC E. UNKNOWN</p> <p>DRUGS..... A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. DRUGS REPORTED (SPECIFY) D. UNKNOWN</p> <p>SUSPECTED DRUGS.....</p>		

<p>TRAFFIC CONTROL <input type="checkbox"/></p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, WATCHMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL W. UNKNOWN X. OTHER</p>	<p>HARMFUL EVENTS</p> <p>A. OVERTURNED B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. OTHER NONCOLLISION F. PEDESTRIAN G. PEDALCYCLE H. RAILWAY TRAIN I. ANIMAL J. MOTOR VEHICLE IN TRANSPORT K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY L. PARKED MOTOR VEHICLE M. OTHER OBJECT (NOT FIXED) N. IMPACT ATTENUATOR O. BRIDGE-PIER OR ABUTMENT P. BRIDGE-PARAPET END Q. BRIDGE-RAIL R. GUARDRAIL FACE S. GUARDRAIL END T. MEDIAN BARRIER U. HIGHWAY TRAFFIC SIGN POST V. OVERHEAD SIGN SUPPORT W. LUMINAIRE/LIGHT SUPPORT X. UTILITY POLE Y. OTHER POLE Z. CURVERT AA. CURB AB. EMBANKMENT AC. MAIL BOX AD. DITCH AE. FENCE AF. TREE AG. UNKNOWN AH. OTHER FIXED OBJECT</p> <p>VEHICLE</p> <p>FIRST HARMFUL EVENT <input type="checkbox"/> J MOST HARMFUL EVENT <input type="checkbox"/> J</p>
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PEDESTRIAN ACTIONS

A. CROSSING, ENTERING ROAD AT INTERSECTION
B. CROSSING, ENTERING ROAD NOT AT INTERSECTION
C. WALKING IN ROAD - WITH TRAFFIC
D. WALKING IN ROAD - AGAINST TRAFFIC
E. SLEEPING IN ROADWAY
F. STANDING IN ROADWAY
G. GETTING ON OR OFF OTHER VEHICLE
H. PUSHING, WORKING ON VEHICLE IN ROAD
I. OTHER WORKING IN ROADWAY
J. PLAYING IN ROADWAY
K. NOT IN ROADWAY OR UNKNOWN
L. NOT APPLICABLE
M. OTHER IN ROADWAY

CITATION NO. VEH PED R.S. OR ORD. NO.

N/A *N/A*

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLE	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON STREET OR HIGHWAY OR DRIVE			EST.	POSTED	FR.	FL.	RR.	RL.
<i>W</i>	<i>N E</i> <i>S W</i>	<i>Veterans Blvd</i>	<i>road</i>	<i>unk</i>	<i>0 0 0 4 0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

DAMAGE TO THIS VEHICLE

AREA DAMAGED

EXTENT OF DEFORMITY

A. NONE
B. VERY MINOR
C. MINOR
D. MODERATE
E. MODERATE
F. MODERATE/SEVERE
G. SEVERE
H. VERY SEVERE
I. UNKNOWN

1ST
2ND
3RD

INSURANCE CO. (NAME NOT AGENCY NAME) *Allstate*

EFFECTIVE DATE *08-31-04*

POLICY # *[REDACTED]*

EXPIRATION DATE *02-28-05*

AGENT'S NAME *J. Williams*

PHONE # *(504) 211-5551*

AGENT'S ADDRESS *9851 I 10 Serv Rd A-4*
New Orleans, La. 70127

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

COMPUTER NUMBER

PAGE #

3375205 - 11

L-9170-04

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)
 03 [REDACTED] POSITION SUB-TION TRAY EXTEN-DATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY
 D A A D F U W O A D
 STREET ADDRESS [REDACTED] TRANSPORTED TO MEDICAL FACILITY
 A. YES C. UNKNOWN
 B. NO D. REFUSED AID
 CITY Culing STATE La. ZIP [REDACTED] NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)
 wa [REDACTED] POSITION SUB-TION TRAY EXTEN-DATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY
 STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
 A. YES C. UNKNOWN
 B. NO D. REFUSED AID
 CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)
 wa [REDACTED] POSITION SUB-TION TRAY EXTEN-DATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY
 STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
 A. YES C. UNKNOWN
 B. NO D. REFUSED AID
 CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)
 wa [REDACTED] POSITION SUB-TION TRAY EXTEN-DATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY
 STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
 A. YES C. UNKNOWN
 B. NO D. REFUSED AID
 CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

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 A. YES C. UNKNOWN
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 CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE SUPPLEMENT

COMPUTER NUMBER
3375205 - 12
L-9170-04

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS.
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.
REFER TO EACH BY VEHICLE NUMBER

approximately 15 to 20 mph - when he crashed into the other vehicles. Driver #1 also advised the vehicle brakes were defective and not operating properly. Driver #1 advised the brake pedal had no pressure on it and as he pressed the brake pedal it went to the floor board just before he crashed into the vehicles.

veh #2 driver advised she was at a stop for the traffic signal on Veterans Blvd. When she seen veh #1 speeding up behind her vehicle. Just before he (veh #1) rear ended her vehicle, veh #1 changed lanes and side swiped her vehicle. Then continued forward crashing into two other vehicles. Driver #2 complained of neck pains - she refused medical treatment.

veh #3 driver advised she was at a stop for the traffic signal on Veterans Blvd. When she heard a loud crash and then veh #1 crashing into her vehicle. Driver #3 and occupants complained of neck pains - all refused medical treatment.

veh #4 driver advised she was at a stop for the traffic signal on Veterans Blvd. When she also heard a loud crash and veh #3 was pushed into her vehicle by veh #1. Driver #4 complained of neck pain - refused medical treatment.

Driver #1 cited for 25 32:58 - "Careless Operation"

MLH