 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects</p> <p>1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Date Received MAY 24 2005 24-MAY-2005</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10122021</p>	
<p>OWNER INFORMATION (Type or Print)</p>					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
ALEXANDRA		LA			
Zip Code		<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p>			
Signature of Owner		Date			
		/ /			
<p>VEHICLE INFORMATION</p>					
17 Digit Vehicle Identification Number Located at bottom of instrument panel		Make		Model	
1C7MB5212AY		CHEVROLET		MALIBU	
Model Year		Date Purchased		Dealer's Name and Telephone Number	
1995		15-MAR-02			
Engine:		Original Owner		State	
No. Cylinders 4		<input checked="" type="checkbox"/>		Zip Code	
Fuel Type:		Dealer's City		Transmission Type	
Gas				AUTOMATIC	
Vehicle Component Code		Powertrain		Multiple Failures:	
141000 AIR BAGS:FRONTAL		FRONT WHEEL DRIVE		1	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
Incident Date(s)		Failure Mileage		Failure Speed	
20-MAY-2005		145362		55	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC03B)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:	
Tire Component Code		Tire Failure Type			
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<p>APPLICABLE INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>					
Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Tire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured: 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).		Number of Deaths:		Number of Damages:	
DT: CONSUMER STATES: THE AIR BAGS DIDNT DEPLOY DURING A WRECK. GOT HIT FROM THE FRONT, AND HIT A TRUCK IN THE BACK. THE HOOD AND FENDER BENT. SPEED MAY HAVE BEEN 55- 60 MPH *AK					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.</p>					
<p>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 to this questionnaire. Your response may be used to advise 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.</p>					

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



DATE OF CRASH: [REDACTED] TIME (0000): [REDACTED] DISTRICT/ZONE: [REDACTED] TROOP: **5** LIST: [REDACTED] PAGE: **01**

PARISH: **RANKIN** PARISH CODE: **40** LONG: [REDACTED]
CITY OR TOWN: **ALEXANDRIA** CITY CODE: **01** Quadrest: [REDACTED] Service Road: [REDACTED]

CRASH OCCURRED ON: **B**
 A. INTERSTATE
 B. U.S. HWY
 C. STATE HWY
 D. PARISH ROAD
 E. CITY STREET
 F. OFF ROAD/
 PRIVATE PROPERTY
 G. TOLL ROAD

HIGHWAY # **710** MILEPOST **167.00** ROADWAY NAME **MacArthur**
 DISTANCE **MILES** NE SW SE NW NE SW SE NW NE SW SE NW

STREET/HIGHWAY **US Hwy 165** AT INTERSECTION NOT AT INTERSECTION

WORK ZONE: [REDACTED] HT & RUN: [REDACTED]
 PUBLIC PROPERTY DAMAGE: [REDACTED] PHOTOS AND: [REDACTED]
 RR TRAIN INVOLVED: [REDACTED] FATALITY: [REDACTED]
 PED: [REDACTED] INJURY: [REDACTED]

WRITE APPROPRIATE LETTER IN BLOCK CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN) A A. DRY B. WET C. SNOW/SLEET/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN Z. OTHER	ROADWAY CONDITIONS A A. NO ABNORMALITIES B. SHOULDER ABNORMALITY 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. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER	TYPE OF ROADWAY 2 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 Y. UNKNOWN Z. OTHER	ALIGNMENT F A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. HILLCREST-STRAIGHT G. HILLCREST-CURVE H. DIP HUMP-STRAIGHT I. DIP HUMP-CURVE Y. UNKNOWN Z. OTHER	PRIMARY FACTOR A A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VEHICLE 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
WEATHER A A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HALE F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER	KIND OF LOCATION B A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER	RELATION TO ROADWAY A A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. CORE Y. UNKNOWN Z. OTHER	ACCESS CONTROL B A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER	LIGHTING A A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER

A PASSENGER CAR	D A, B, C, OR S WITH TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 9-16 OCCUPANTS	M SINGLE UNIT TRUCK W/3 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT	A BUS	D FLATBED	G AUTO TRANSPORTER	J HOPPER
B LT. TRUCK (P.U., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	K BUS W/SEATS FOR 16 OR MORE OCC.	N TRUCK/ TRAILER	R TRUCK DOUBLE	V MOTOR HOME	B VAN/ENCLOSED BOX	E DUMP TRUCK/ TRAILER	H LOG TRUCK/ TRAILER	K POLE TRAILER
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/2 AXLES	P TRUCK/ TRACTOR	S SUV	Z OTHER	C CARGO TANK	F CONCRETE MIXER	I GARBAGE/ REFUSE	X NO CARGO BODY

EMERGENCY SERVICES: **X** AMBULANCE **1516** **1524** **1535** **1545** FIRE DEPARTMENT: [REDACTED]
 AMBULANCE SERVICE: **Acadian Ambulance**

INVESTIGATING AGENCY: **Alexandria P.D.** TIME OF NOTIFICATION: **1505** TIME OF ARRIVAL: **1509** TIME ALL LANES OPENED: **1530**
 INVESTIGATING OFFICER'S NAME (PRINT): **Col. Dean White 349** SIGNATURE: **Col. Dean White** BADGE #: **349**
 SUPERVISOR'S INITIALS OR BADGE: **CR**

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH INCLUDING OFFICER'S OBSERVATIONS AND WITNESS STATEMENTS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

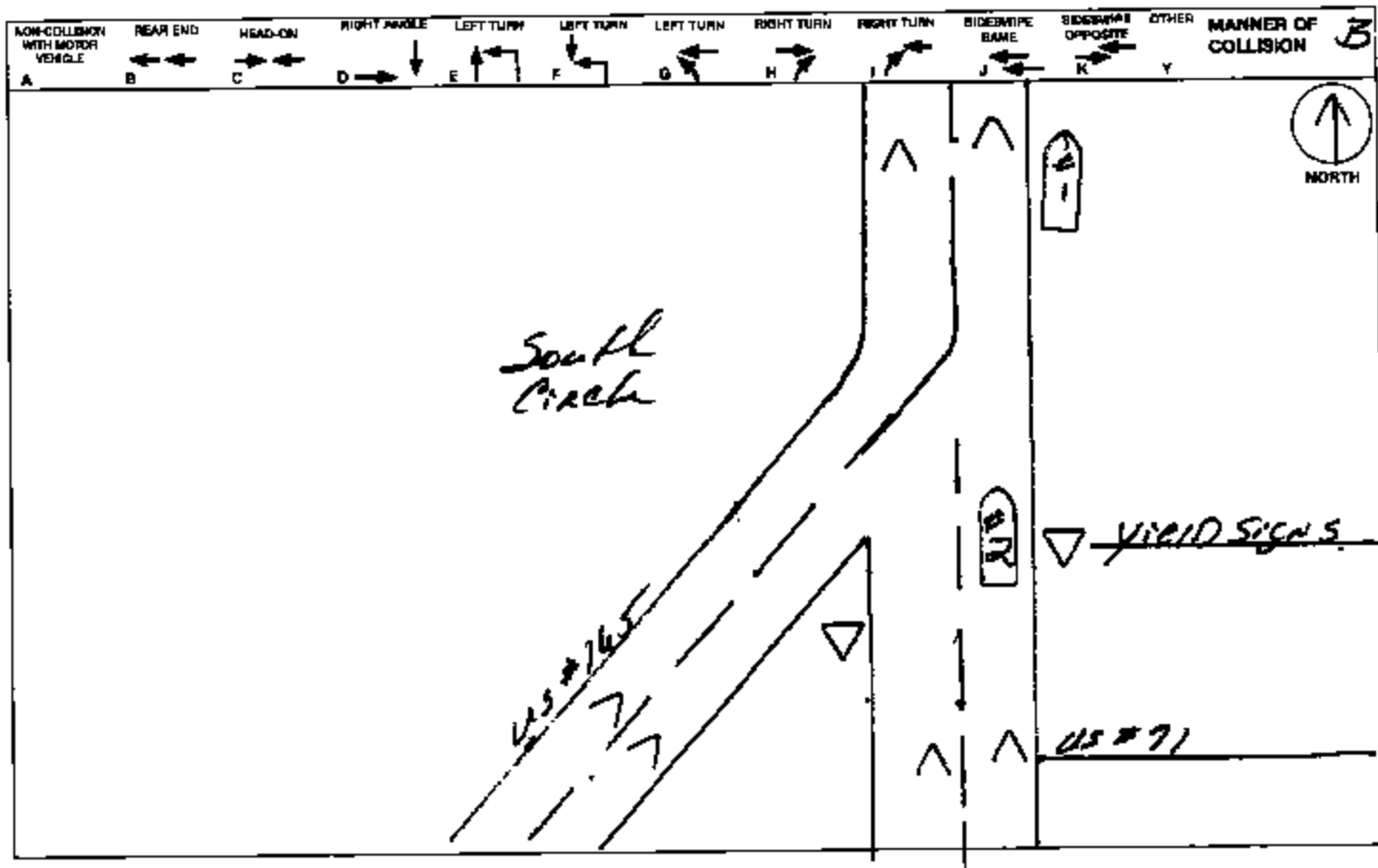
IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE REPORT.

REFER TO EACH BY VEHICLE NUMBER

Driver of veh #1 stated he was rolling forward about to enter the Traffic Circle. Veh #1 stated he had to stop for an oncoming veh and was hit on the rear by veh #2.

Driver of veh #2 stated he was behind veh #1 and thought veh #1 proceeded into the Traffic Circle. Veh #2 stated he was looking left and didn't see veh #1 stop in front of him and he ran into the rear of veh #1.

Veh #2 at fault + Cited for following too close.



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

DATE/TIME OF CRASH PAGE 1

01 VEH OR PEDESTRIAN

4303 014 -03
050520 -55

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES
B X see page 1 for selections 2003 Dodge 1500 4 02 04

V.N. 1D7HA18D23T VEHICLE TOWED B A YES B. NO C. LEFT AT SCENE REMOVED BY Driven

LICENSE PLATE 2006 MS TYPE Private GWR/CWR 6000 REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION LICENSE PLATE

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE X

CARRIER NAME MIC/REG #

STREET ADDRESS CITY STATE ZIP

INTERSTATE CARRIER Y/N TRANSPORTING HAZARDOUS MATERIAL Y/N CLASS ID PLACARDS DISPLAYED Y/N HAZ MAT RELEASED Y/N

NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN

DATE OF BIRTH 03/16/1938

CITY Thaxton STATE MS ZIP AAAB Hamw 675

CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER MS R

PEDESTRIAN ONLY UPPER BODY CLOTHING LOWER BODY CLOTHING SEX RACE AGE INJURY CODE

OWNER'S NAME (LAST, FIRST, MI) OR COMPANY NAME Same as Driver

STREET ADDRESS CITY STATE ZIP

INSURANCE CO. NAME STATE FARM POLICY NUMBER EXPIRATION DATE 9-02-05

AGENT'S NAME/ADDRESS MARSHA REEDER PHONE

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY B

OCCUPANT'S NAME (LAST, FIRST, MI)

CITY Pon To Toc STATE MS ZIP TRANSPORTED TO MEDICAL FACILITY B

SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	A - NOT EJECTED	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NON DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	Y - UNKNOWN	Y - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE COMPLAINT
E - SECOND SEAT-MIDDLE			Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE				F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)				G - HELMET USED	
H - THIRD ROW-MIDDLE				Y - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE					

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<p>VISION OBSCUREMENTS <i>N</i></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. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER</p>	<p>CONDITION OF DRIVER/PEDESTRIAN <i>A</i></p> <p>A. NORMAL B. INATTENTIVE C. DISTRACTED D. LAXNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT L. EYES, EAR, LIMB Y. UNKNOWN Z. OTHER</p>	<p>SEQUENCE OF EVENTS/HARMFUL EVENTS</p> <p>B. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT</p> <p>COLLISION WITH FIXED OBJECT X. IMPACT WITH MOTOR VEHICLE OBSTRUCTION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC BARRIER II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT</p>	<p>L. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN</p> <p>1st <i>S</i> 2nd 3rd 4th MOST HARMFUL EVENT</p>
<p>VIOLATION <i>U</i></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 WYING 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. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER</p>	<p>DRIVER DISTRACTION <i>E</i></p> <p>A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN</p>	<p>REASON FOR MOVEMENT <i>P</i></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 ROADWAY CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH <i>A</i></p> <p>A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WORKING 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</p> <p>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</p> <p>T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM TURN LEFT W. ENTERING TRAFFIC FROM PARKING LANE X. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY Y. ENTERING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>
<p>TRAFFIC CONTROL <i>B</i></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, FLAGMAN 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 Y. UNKNOWN Z. OTHER</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 H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER</p>	<p>VEHICLE CONDITION <i>K</i></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 Y. UNKNOWN Z. OTHER</p>	<p>ALCOHOL/DRUG INVOLVEMENT <i>A</i></p> <p>ALCOHOL/DRUGS SUSPECTED A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC</p> <p>DRUGS A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p>
<p>VEHICLE LIGHTING <i>Y</i></p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p>		<p>TRAFFIC CONTROL CONDITIONS <i>A</i></p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAF OR DEFECTIVE E. NO CONTROL Y. UNKNOWN</p>	

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY STREET OR DRIV.			EST.	POSTED	FR	FL	RR	RL
<i>N</i> <i>NE</i> <i>SW</i>	<i>115 Hwy 71</i>	<i>moved</i>	<i>unk</i>	<i>unk</i>	<i>45</i>	-	-	-	-

DAMAGE TO VEHICLE		CITATION NO.	VEH. PED.	B.S. OR ORD. NO.
<p>AREA DAMAGED</p> <p><i>G</i> 1ST <i>H</i> 2ND <i>I</i> 3RD</p>	<p>EXTENT OF DEFORMITY</p> <p><i>B</i> 1ST <i>D</i> 2ND <i>I</i> 3RD</p>			

NOTICE OF INSURANCE VIOLATION

DW319
 INVESTIGATING OFFICER'S INITIALS

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

43030-4-05
050520-58

02 OR PEDESTRIAN

VEHICLE BODY TYPE: Ax YEAR: 1999 MAKE: Chevrolet MODEL: Malibu # DOORS: 4 # AXLES: 02 # TIRE: 04

V.I.K. 1G1ND52TXXY [REDACTED] VEHICLE TOWED: A A.YES B.NO C.LEFT AT SCENE REMOVED BY: mto

LICENSE PLATE: [REDACTED] TYPE: private

TRAILER DESCRIPTION: NONE

VEHICLE CLASSIFICATION: PERSONAL VEHICLE

COMPLETION INFORMATION: [REDACTED]

CARRIER NAME: [REDACTED]

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

INTERSTATE CARRIER: Y/N TRANSPORTING HAZARDOUS MATERIAL: Y/N CLASS: [REDACTED] PLACARDS DISPLAYED: Y/N HAZ MAT RELEASED: Y/N

NAME (LAST, FIRST, MI) OF DRIVER: [REDACTED] PEDESTRIAN DATE OF BIRTH: 06/29/1974

CITY: [REDACTED] STATE: LA TELEPHONE #: [REDACTED]

CLASS ENDORSEMENTS: NONE DRIVER'S LICENSE NUMBER: [REDACTED]

PEDESTRIAN ONLY: [REDACTED] UPPER BODY CLOTHING: [REDACTED] LOWER BODY CLOTHING: [REDACTED]

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME): [REDACTED] TELEPHONE #: [REDACTED]

STREET ADDRESS: [REDACTED] CITY: [REDACTED] STATE: LA

INSURANCE CO. NAME: Imperial POLICY NUMBER: [REDACTED] EXPIRATION DATE: 5-30-05

AGENT'S NAME/ADDRESS: Best & Swains PHONE: [REDACTED]

OCCUPANT'S NAME (LAST, FIRST, MI): [REDACTED]

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

OCCUPANT'S NAME (LAST, FIRST, MI): [REDACTED]

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

OCCUPANT'S NAME (LAST, FIRST, MI): [REDACTED]

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

OCCUPANT'S NAME (LAST, FIRST, MI): [REDACTED]

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

SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT EJECTED	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 - NON 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 - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	D - EJECTED	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT	E - PARTIALLY EJECTED	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 - UNKNOWN	F - UNKNOWN	F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	P - UNKNOWN	G - UNKNOWN	G - UNKNOWN	G - HELMET USED	
H - THIRD ROW-MIDDLE		H - UNKNOWN	H - UNKNOWN	H - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE		I - UNKNOWN	I - UNKNOWN		

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<p>VISION OBSCUREMENTS N</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 BUMPLARE M. OBSTRUCTED BY NEON LIGHTS IN FIELD OF VISION N. NO OBSCUREMENTS O. UNKNOWN P. OTHER</p>	<p>CONDITION OF DRIVER/PEP B</p> <p>A. NORMAL B. INATTENTIVE C. DISTRACTED D. KLENNER E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) L. UNKNOWN M. OTHER</p>	<p>SEQUENCE OF EVENTS/HARMFUL EVENTS</p> <p>NON-COLLISION A. OVERTURN/FLAOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CAR/GOEQUIPMENT LOOSE OR SHIFT F. FALL/JUMP/FI FROM MOTOR VEHICLE G. THROWING OR FALLING OBJECT H. EQUIPMENT FAILURE BLOWN TIRE, BRAKE FAILURE, ETC. I. SEPARATION OF UNITS J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RAILWAY N. OTHER NON-COLLISION</p> <p>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT A. PEDESTRIAN B. PEDALCYCLIST C. RAILWAY VEHICLE (TRAIN, ENGINE, ANIMAL)</p> <p>COLLISION WITH FIXED OBJECT A. IMPACT ATTENUATOR/CRASH CUSHION B. BRIDGE OVERHEAD STRUCTURE C. BRIDGE PIER OR SUPPORT D. BRIDGE RAIL E. GULCH F. CURB G. DITCH H. EMBANKMENT I. GUARDRAIL FACE J. GUARDRAIL END K. CONCRETE TRAFFIC BARRIER L. OTHER TRAFFIC BARRIER M. TREE (STANDING) N. UTILITY POLE/LIGHT SUPPORT</p> <p>MOST HARMFUL EVENT 1st S 2nd 3rd 4th S</p>
<p>VIOLATION D</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING BASIC 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. IMPROPER BACKING U. NO VIOLATIONS V. UNKNOWN W. OTHER</p>	<p>DRIVER DISTRACTION E</p> <p>A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED F. UNKNOWN</p>	<p>MOVEMENT PRIOR TO CRASH B</p> <p>A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSITE LANE F. CROSSED CENTER LINE INTO OPPOSITE LANE G. RAN OFF ROAD STOP WHILE MAKING TURN AT INTERSECTION H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN</p> <p>K. STOPPED PREPARING TO, OR MAKING, A 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</p> <p>T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>
<p>TRAFFIC CONTROL B</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, FLAGMAN 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>REASON FOR MOVEMENT L</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 VIOLATION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. UNKNOWN R. OTHER</p>	<p>VEHICLE CONDITION 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. WORK ON ROADWAY (TREE) SHOWING FAILURE I. DEFECTIVE SUSPENSION J. NO DEFECTS OBSERVED K. UNKNOWN L. OTHER</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 H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY L. UNKNOWN M. OTHER</p>	<p>VEHICLE LIGHTING B</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS D. UNKNOWN</p>	<p>ALCOHOL/DRUG INVOLVEMENT A</p> <p>ALCOHOL/DRUGS SUSPECTED A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS E. UNKNOWN</p> <p>ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC</p> <p>DRUGS A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p>
<p>TRAFFIC CONTROL CONDITIONS A</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. UNKNOWN</p>		

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL
N E W	U.S. Hwy 71	Chow Creek	UNK	UNK	45	-	-	-	-

DAMAGE TO VEHICLE

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

CITATION NO. _____ VEH. PED. _____ RS. OR DRU. NO. _____

25-49
 25-10

