Form Approved: O.M.B. No. 2127-0003

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

2005 AUG 12 08-JUN-2005

FOR AGENCY USE ONLY 100148	
Date Received	Repository ☐
	Reference No. 10124358

OWNER INFORMATION (Type or Print)

Name			
Address	[redacted]	Daytime Telephone Number	E-mail Address
City: BATON ROUGE	State: LA	Zip Code: [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 [redacted] Date 05.29.05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JF1GG63655H[redacted]	SUBARU	FORESTER	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
31-JAN-05	Performance Subaru, 504-822-2222			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City: New Orleans, LA	State: LA	Zip Code: 7049		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	141200 AIR BAGS:FRONTAL:DRIVER SIDE INFLATOR MODULE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
31-MAY-2005	2800	15	

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: DOTHAL9ABC036)	☐ 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:	

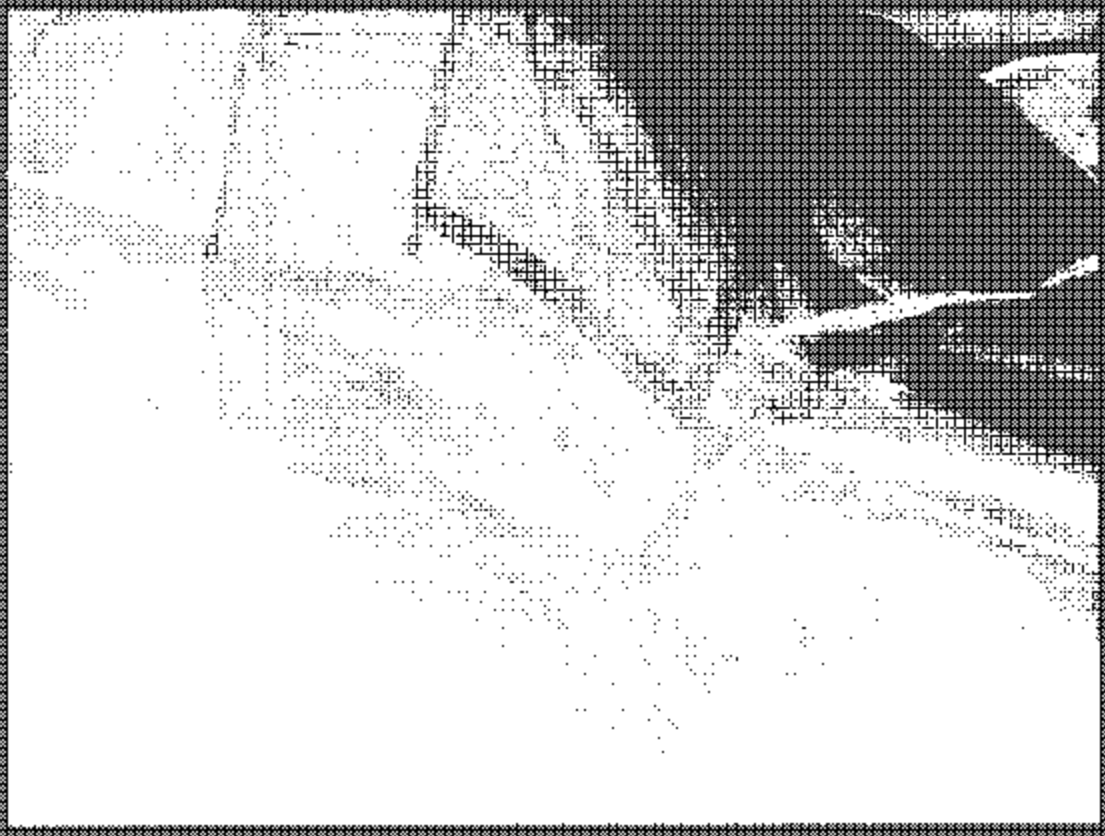
APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

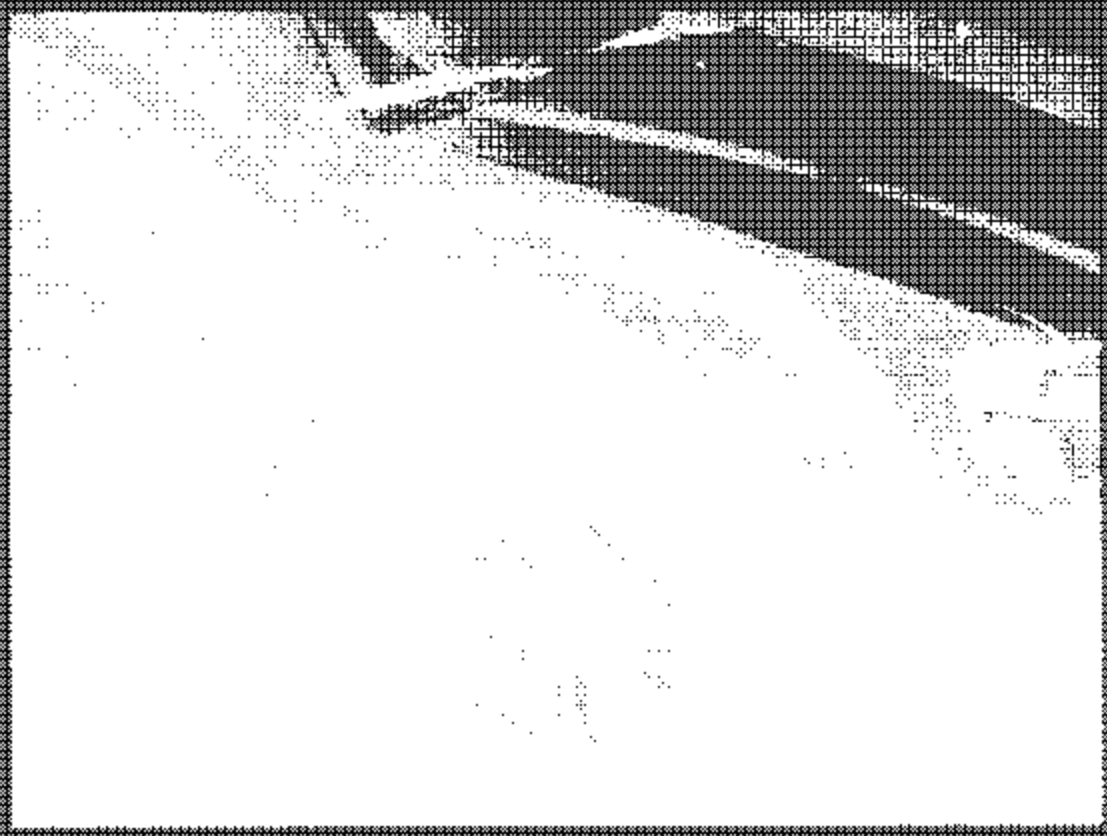
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	1	0	Yes

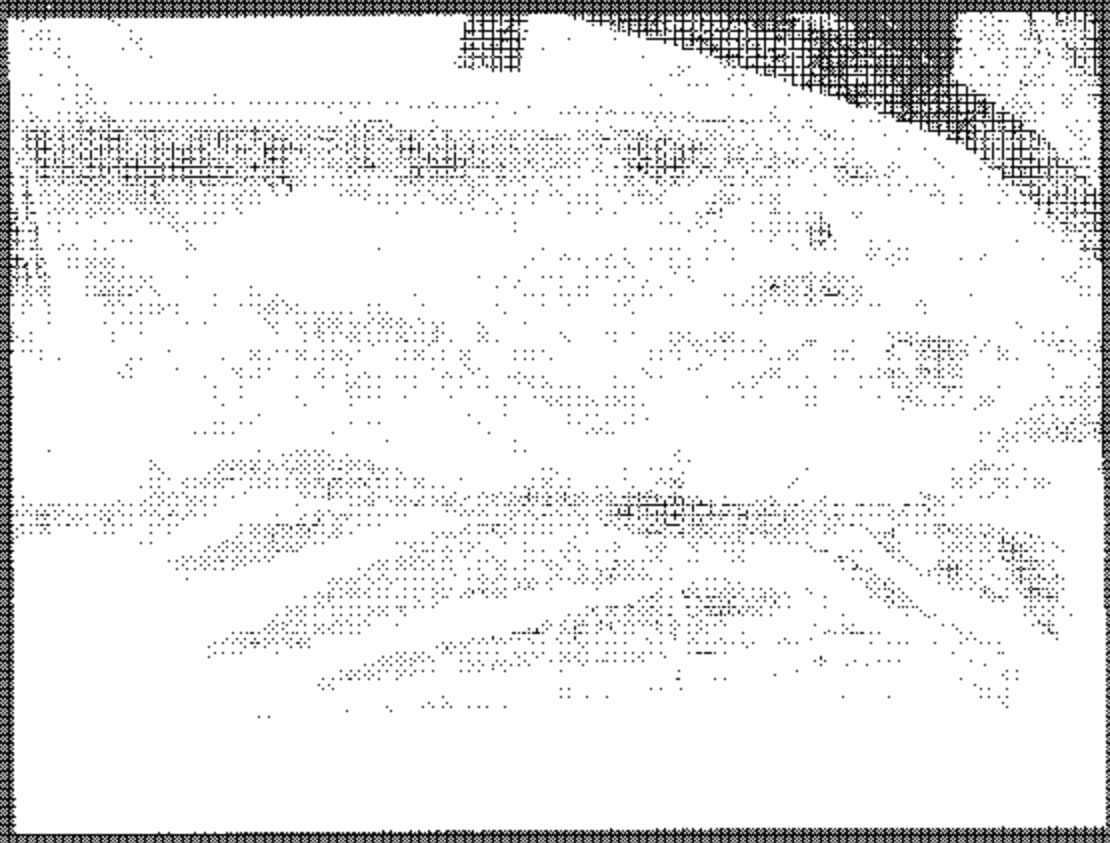
Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

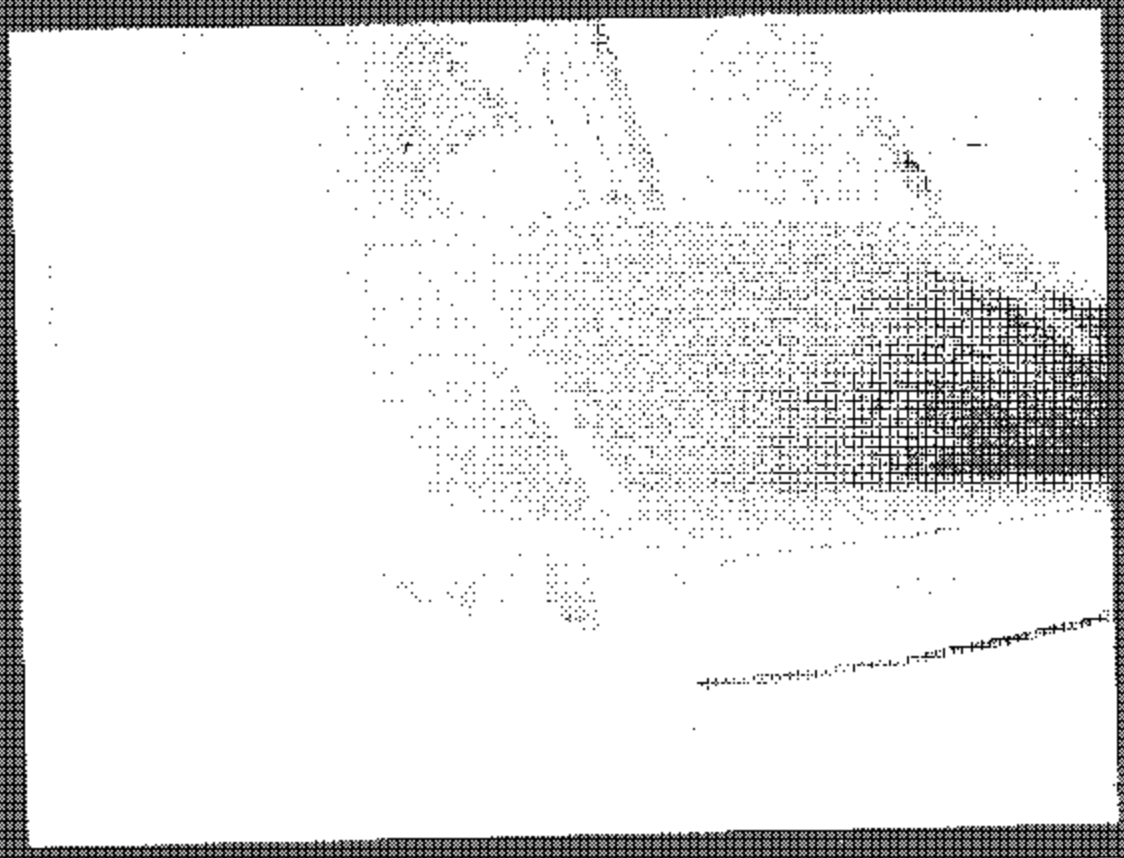
DT: CONSUMER GOT INTO CAR ACCIDENT AND THE SIDE AIR BAG ON THE PASSENGERS SIDE OF THE VEHICLE DID NOT DEPLOY. WHILE GOING APPROXIMATELY 15-20MPH ANOTHER VEHICLE HIT ON THE PASSENGER SIDE AT 40 MPH/. *TT

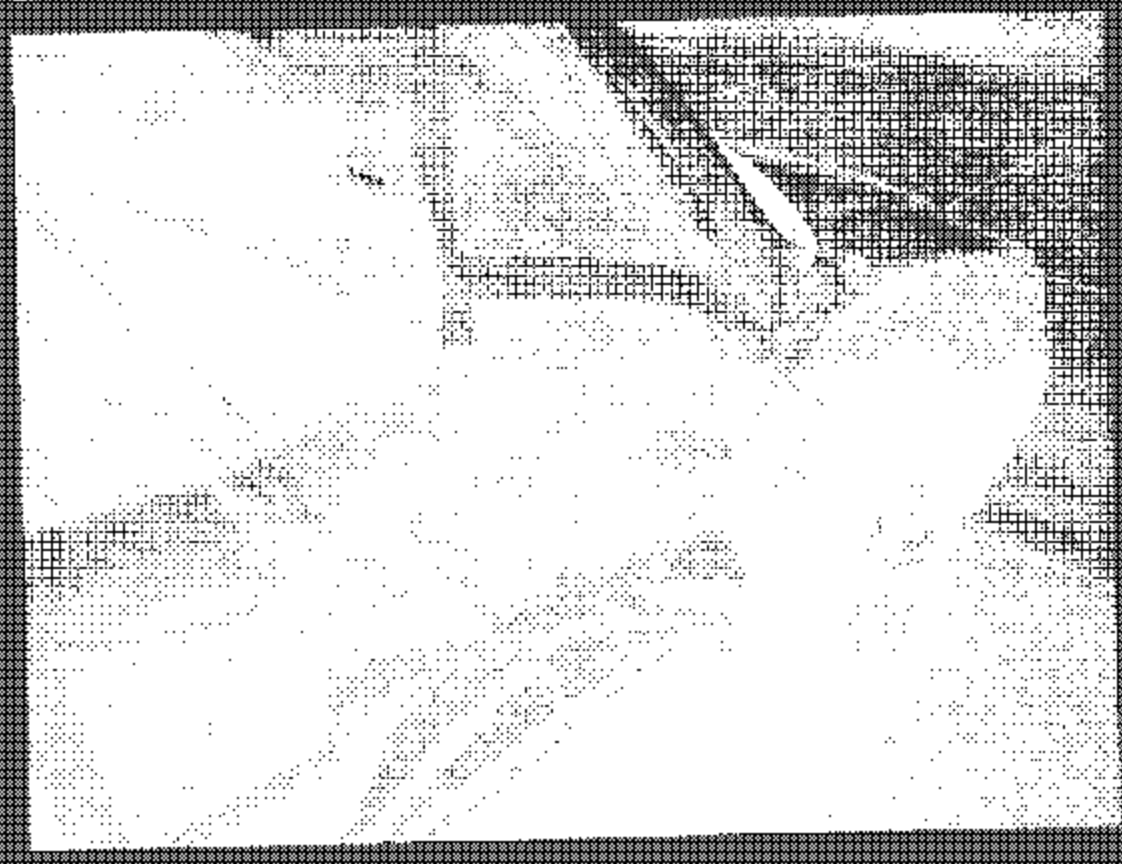
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

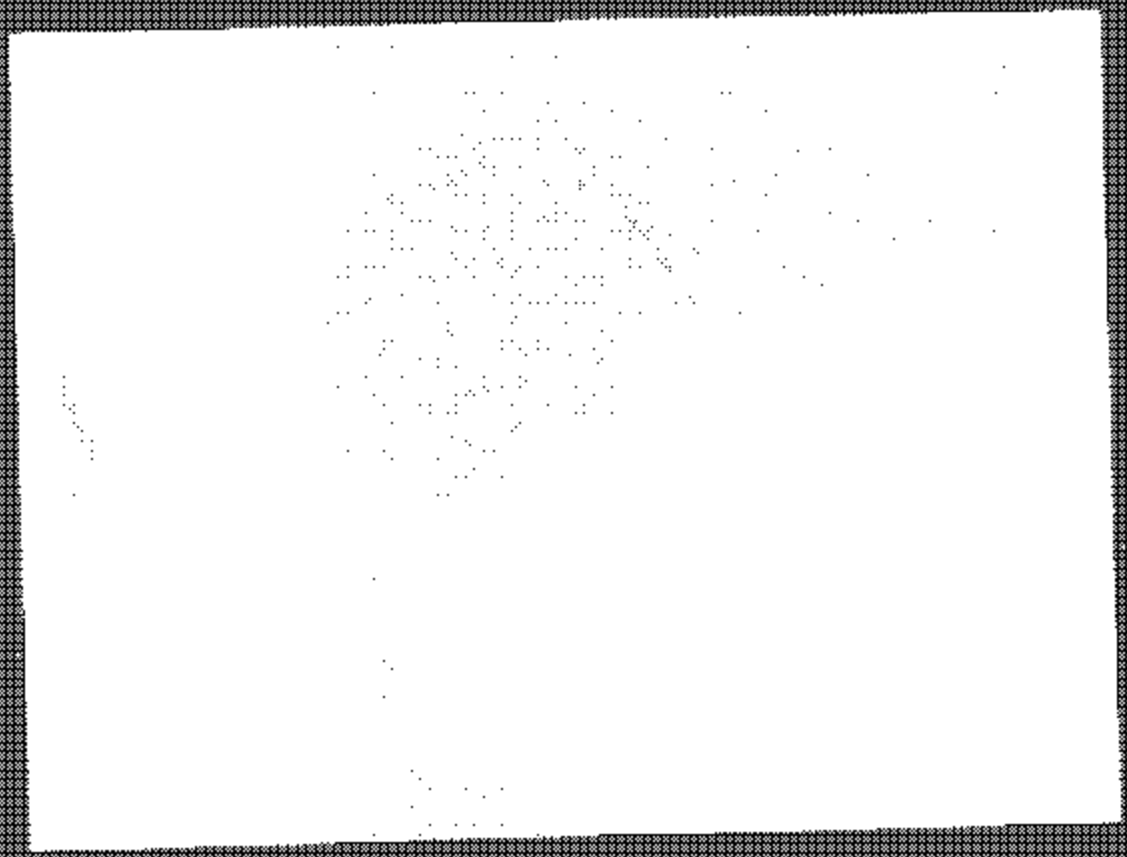


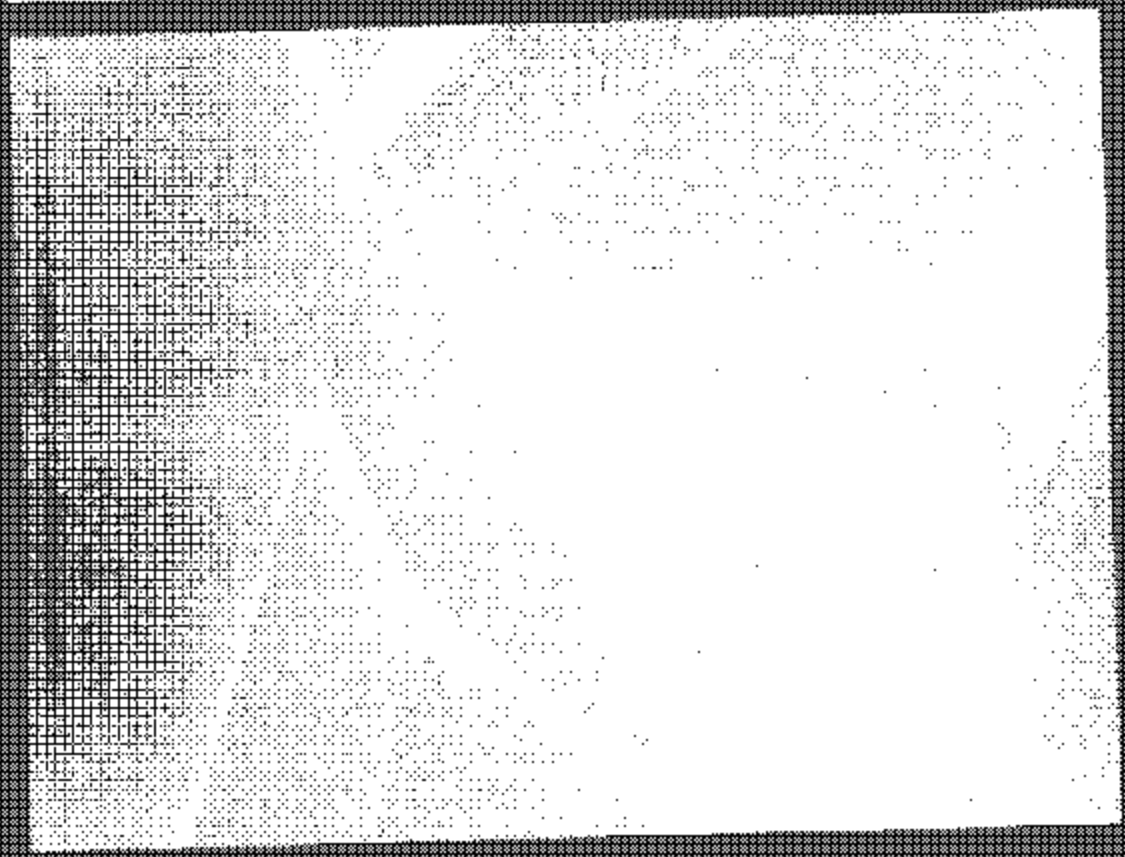












RECEIVED

TOTAL NUMBER OF VEHICLES INVOLVED 01 JUN 03 2005

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

TRAFFIC RECORDS

* 4132966 *

DATE OF CRASH 05/31/2005 TIME (HOUR) 1735 DISTRICT/ZONE 2B2 TROOP

LAT. LONG.

PAGE # 01

PARISH EAST BATON ROUGE PARISH CODE 17

CITY OR TOWN BATON ROUGE CITY CODE 02

006815

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

HIGHWAY # LA 1 MILEPOST ROADWAY NAME FOREST WOOD

DISTANCE MILES/FEET NE SW STREET/HIGHWAY NORTH 6TH AT INTERSECTION NOT AT INTERSECTION 300

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

WORK ZONE HIT & RUN PUBLIC PROPERTY DAMAGE PHOTOS MADE RR TRAIN INVOLVED FATALITY PED INJURY X

WRITE APPROPRIATE LETTER IN BLOCK — CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN) — 2 / A
A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN Z. OTHER
A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT 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 — 13
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 — A
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 Y. UNKNOWN Z. OTHER

PRIMARY FACTOR — A
SECONDARY FACTOR — D
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

WEATHER — B
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL 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. GORE Y. UNKNOWN Z. OTHER

ACCESS CONTROL — A
A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY C. FULL CONTROL (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

VEHICLE IDENTIFICATION

A PASSENGER CAR	D A, B, C, OR E WITH TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 9-15 OCCUPANTS	M SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT
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
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK/ TRACTOR	S SUV	Z OTHER

TYPE OF BODY STYLE

A PASSENGER CAR	D FLATBED	G AUTO TRANSPORTER	J HOPPER		
B WAN/ENCLOSED TRUCK	E DUMP TRUCK/ 2 AXLE	H LOG TRUCK/ TRAILER	K POLE TRAILER		
C CARGO TANK	F CONCRETE MIXER	I GARBAGE/ REFUSE	X NO CARGO BODY	Z OTHER	

PUBLIC RECORDS

EMERGENCY SERVICES — AMBULANCE X — TIME CALLED 1725 — ARRIVED SCENE 1740 — DEPARTED SCENE 1744 — ARRIVED HOSPITAL

AMBULANCE SERVICE Emergency Medical Service #5

RESCUE UNIT — TIME CALLED — ARRIVED SCENE

FIRE DEPARTMENT

INVESTIGATING AGENCY — NAME OF AGENCY Baton Rouge City Police — TIME OF NOTIFICATION 1740 — TIME OF ARRIVAL 1745 — TIME ALL LANES OPENED 1800

INVESTIGATION COMPLETE Y/N Y

INVESTIGATING POLICE AGENCY 12 A. STATE B. CITY C. PARISH Z. OTHER

DATE REPORT COMPLETED 05/31/2005

INVESTIGATING OFFICER'S NAME (PRINT) J. Coppola — SIGNATURE — BADGE # 2505 — SUPERVISOR'S INITIALS OR BADGE#

CRASH 2005 REV JAN 2005

ESTIMATE OF RECORD
2005 SUBA FORESTER AWD X 4-2.5L-FI 4D UTV SILVER INT:GRAY

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD:	AUTOMATICALLY LIST
NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE:	2
NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE:	1

006815

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 PUBLIC OR PRIVATE PROPERTY WITH OWNER'S NAME & ADDRESS AT THE END OF THE NARRATIVE.

PAGE # 02

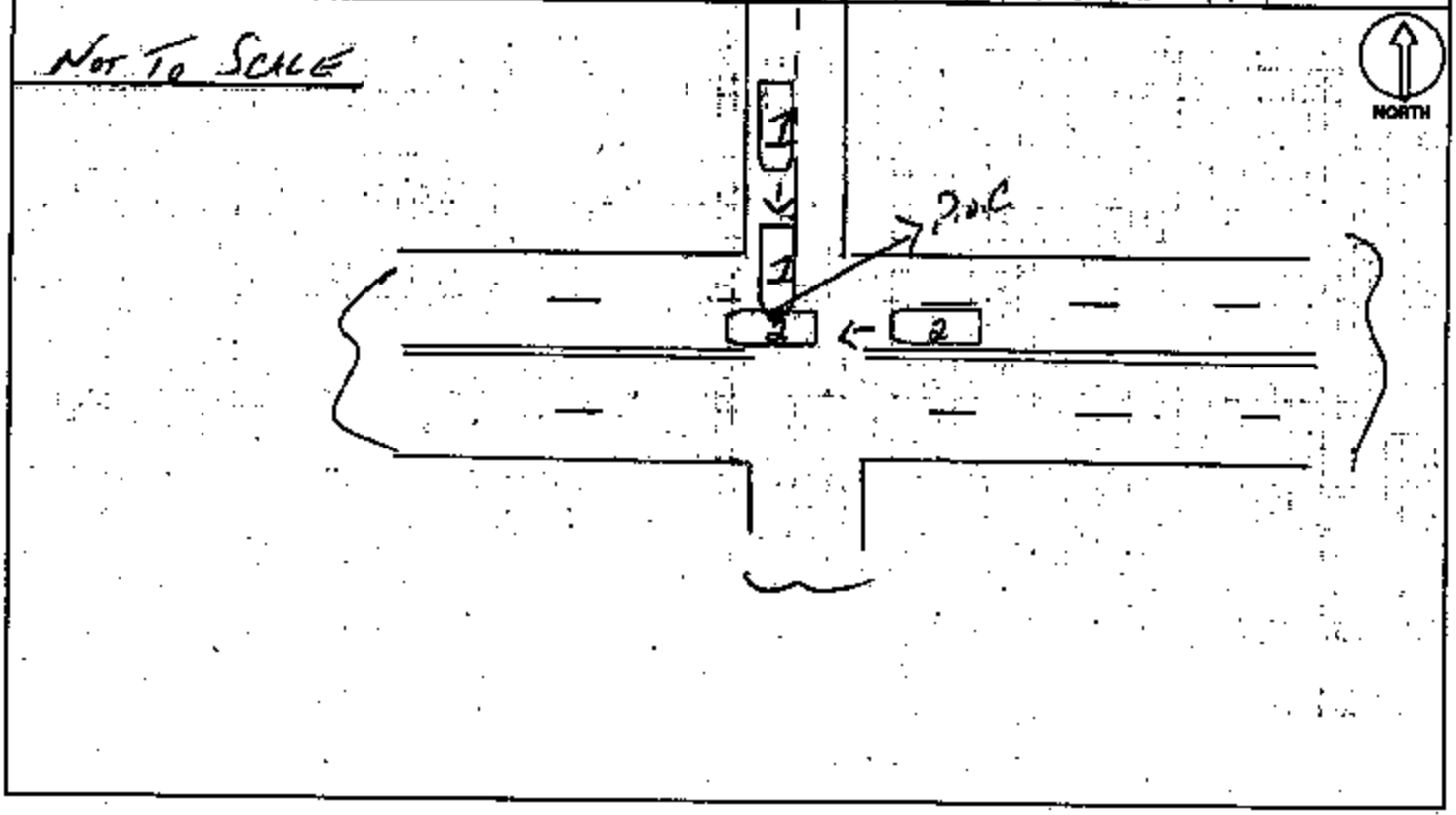
REFER TO EACH BY VEHICLE NUMBER

DRIVER OF VEHICLE #2 STATED THAT WHILE PROCEEDING WEST ON FLORIDA ST (INSIDE LANE) PROCEEDING THROUGH THE INTERSECTION OF FLORIDA ST @ 6TH ST ON A GREEN LIGHT, HIS VEHICLE WAS SUBSEQUENTLY STRUCK BY VEHICLE #1. DRIVER OF VEHICLE #1 STATED THAT WHILE PROCEEDING SOUTH ON 6TH ST @ THE INTERSECTION OF FLORIDA ST (ON A GREEN LIGHT) HIS VEHICLE WAS SUBSEQUENTLY STRUCK BY VEHICLE #2. NEITHER DRIVER NOR THE PASSENGER OF VEHICLE #2 WERE TRANSPORTED TO A MEDICAL FACILITY AT THE TIME OF INCIDENT. DAVID OLIVER (387-5115), MARY JULIEN (717-3107) AND KELLY PHILLIPS (270-7031) WITNESSED THE INCIDENT. THIS OFFICER WAS UNABLE TO CONTACT OLIVER. REFER TO JULIEN AND PHILLIPS ATTACHED STATEMENTS DUE TO CONFLICTING DRIVER AND WITNESS STATEMENTS, VEHICLE #2 DOES NOT REPORT THE AT FAULT VEHICLE.

IT SHOULD BE FURTHER NOTED THAT THIS OFFICER OBSERVED SEVERAL LIGHT CYCLES AFTER THE INCIDENT, AND NO TYPE OF MALFUNCTION WAS OBSERVED.

NON-COLLISION (SINGLE MOTOR VEHICLE) A	REAR END B	HEAD-ON C	RIGHT ANGLE D	LEFT TURN E	LEFT TURN F	LEFT TURN G	RIGHT TURN H	RIGHT TURN I	SIDESWIPE SAME J	SIDESWIPE OPPOSITE K	OTHER Y	MANNER OF COLLISION D

NOT TO SCALE



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JUN 03 2005

TRAFFIC RECORDS

STATE OF LOUISIANA

UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

VEHICLE / PEDESTRIAN

COMPUTER NUMBER [redacted]

PAGE # 03

01 Unit # OR ☐ PEDESTRIAN

CONF 5 | CARGO BODY TYPE X see page 1 for selections | MAKE Jeep | MODEL Wrangler | # DOORS 2 | # AXLES 02 | # TIRES 04

VIN 1J4FA23S16 [redacted] | VEHICLE TOWED A (A. YES B. NO C. LEFT AT SCENE) | REMOVED BY Road Runner

LICENSE PLATE: YEAR 2007 | STATE LA | NUMBER [redacted] | TYPE PU | OWNER/OGRE | REASON TOWED A (A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER)

TRAILER DESCRIPTION: YEAR | MAKE | TYPE | LICENSE PLATE: YEAR | STATE | NUMBER

VEHICLE CLASSIFICATION: COMMERCIAL/BUSINESS VEHICLE ☐ | GOVERNMENT VEHICLE ☐ | PERSONAL VEHICLE ☒

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GROSS/COMBINATION OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER. US DOT #

CARRIER NAME | MC/MX/FF# | 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 [redacted]

DOB 01/14/1974

TELEPHONE # [redacted]

CITY Baton Rouge | STATE LA | ZIP [redacted]

POSITION	EJECTION	TRAPPED/EXTRICATED	AIR BAG	OCC PROT USED	SEX	RACE	AGE	INJURY
[redacted]								

STATE LA | CLASS E | ENDORSEMENTS | DRIVER'S LICENSE NUMBER [redacted] | INSTRUCTED TO EXCHANGE INFORMATION Y/N Y | TRANSPORTED TO MEDICAL FACILITY B (A. YES B. NO C. REFUSED AID Y. UNKNOWN) | NAME OF FACILITY

PEDESTRIAN ONLY: UPPER BODY CLOTHING LIGHT ☐ DARK ☐ | LOWER BODY CLOTHING LIGHT ☐ DARK ☐ | SEX ☐ | RACE ☐ | AGE ☐☐ | INJURY CODE ☐

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) ☒ Same as Driver | TELEPHONE #

STREET ADDRESS

CITY | STATE | ZIP

INSURANCE CO. NAME [redacted] | EXPIRATION DATE 12-18-05

AGENT'S NAME/ADDRESS | PHONE # [redacted]

OCCUPANT'S NAME (LAST, FIRST, MI)

POSITION	EJECTION	TRAPPED/EXTRICATED	AIR BAG	OCC PROT USED	SEX	RACE	AGE	INJURY

RELEASE

STREET ADDRESS | TRANSPORTED TO MEDICAL FACILITY ☐ (A. YES B. NO C. REFUSED AID Y. UNKNOWN) | NAME OF FACILITY

JUN 03 2005

CITY | STATE | ZIP

OCCUPANT'S NAME (LAST, FIRST, MI)

POSITION	EJECTION	TRAPPED/EXTRICATED	AIR BAG	OCC PROT USED	SEX	RACE	AGE	INJURY

STREET ADDRESS | TRANSPORTED TO MEDICAL FACILITY ☐ (A. YES B. NO C. REFUSED AID Y. UNKNOWN) | NAME OF FACILITY

CITY | STATE | ZIP

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 STREETCAR N - TRAILING UNIT O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) V - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED Y - UNKNOWN	A - DEPLOYED B - NON DEPLOYED C - NON-DEPLOYED/WITH OFF D - NOT APPLICABLE Y - 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 - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING/SEVERE C - NON-INCAPACITATING/MODERATE D - POSSIBLE/COMPLAINT E - NO INJURY

OMSP 3105 (REV. JAN. 2002)

6815

PAGE # 04

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

VISION OBSCUREMENTS [Y]
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

VIOLATION [Y]
A. EXCEEDING POSTED 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 FLARES, 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

TRAFFIC CONTROL [E]
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
X. NO CONTROL
Y. UNKNOWN
Z. OTHER

CONDITION OF DRIVER/PED [Y]
A. NORMAL
B. INATTENTIVE
C. DISTRACTED
D. ILLNESS
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)
Y. UNKNOWN
Z. OTHER

DRIVER DISTRACTION [Y]
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

REASON FOR MOVEMENT [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
Y. UNKNOWN
Z. OTHER

PEDESTRIAN ACTIONS [N]
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

SEQUENCE OF EVENTS/HARMFUL EVENTS

NON COLLISION
A. OVERTURN/ROLLOVER
B. FIRE/EXPLOSION
C. IMMERSION
D. JACKKNIFE
E. CARGO/EQUIPMENT LOSS OR SHIFT
F. FELL/JUMPED FROM MOTOR VEHICLE
G. THROWN OR FALLING OBJECT
H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)
I. SEPARATION OF UNITS IN TRANSPORT
J. RAN OFF ROAD RIGHT
K. RAN OFF ROAD LEFT
L. CROSSED MEDIAN/CENTERLINE
M. DOWNHILL RUNAWAY
N. OTHER NON-COLLISION

COLLISION WITH PERSON, MOTOR VEHICLE, OR NON- FIXED OBJECT
O. PEDESTRIAN
P. PEDALCYCLE
Q. RAILWAY VEHICLE (TRAIN, ENGINE)
R. ANIMAL
S. 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

COLLISION WITH FIXED OBJECT
X. IMPACT ATTENUATOR/CRASH CUSHION
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
LL. 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

1st: -5
2nd:
3rd:
4th:

MOST HARMFUL EVENT: -5

MOVEMENT PRIOR TO CRASH [B]
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 OR DRIVEWAY
X. ENTERING FREEWAY FROM ON RAMP
Y. LEAVING FREEWAY VIA OFF RAMP
Z. OTHER OR UNKNOWN

VEHICLE CONDITION [Y]
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

VEHICLE LIGHTING [Y]
A. HEADLIGHTS ON
B. HEADLIGHTS OFF
C. DAYTIME RUNNING LIGHTS
Y. UNKNOWN

TRAFFIC CONTROL CONDITIONS [A]
A. CONTROLS FUNCTIONING
B. CONTROLS NOT FUNCTIONING
C. CONTROLS OBSCURED
D. LANE MARKING UNCLEAR OR DEFECTIVE
E. NO CONTROLS
Y. UNKNOWN

ALCOHOL/DRUG INVOLVEMENT [A]
ALCOHOL/DRUGS SUSPECTED
A. NEITHER ALCOHOL NOR DRUGS
B. YES-ALCOHOL
C. YES-DRUGS
D. YES-ALCOHOL AND DRUGS
Y. UNKNOWN

ALCOHOL
A. TEST REFUSED
B. NO TEST GIVEN
C. TEST GIVEN, RESULTS PENDING
D. TEST GIVEN, BAC ____ g%

DRUGS
A. TEST NOT GIVEN
B. TEST GIVEN, RESULTS PENDING
C. TEST REFUSED
D. DRUGS REPORTED (SPECIFY IN NARRATIVE)

AFFIX BLOOD ALCOHOL KIT LABEL HERE
(OR ENTER BLOOD ALCOHOL KIT NUMBER)

DIRECTION BEFORE CRASH: HEADED	ON HIGHWAY, STREET OR DRIVE	FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED: EST.	POSTED	SKIDMARK DATA (FEET): FR	FL	RR	RL
W (N E S W)	N. 6TH ST.	MOVED	UNK	U W K	30	–	–	–	–

DAMAGE TO VEHICLE

AREA DAMAGED: 1ST [A], 2ND, 3RD
N- UNDER-DAMAGE
O- TOTAL
P- OTHER
Q- NONE
Y- UNKNOWN

EXTENT OF DEFORMITY: 1ST [E], 2ND, 3RD
A- NONE
B- VERY MINOR
C- MINOR
D- MINOR/MODERATE
E- MODERATE
F- MODERATE/SEVERE
G- SEVERE
H- VERY SEVERE
Y- UNKNOWN

CITATION NO

VEH.	PED.	A.S. OR CRD. NO
[redacted]	R ☐	11:28A
	R ☐	10243/22:41:28.2
	☐	☐
	☐	☐
	☐	☐

NOTICE OF INSURANCE VIOLATION ☐

INVESTIGATING OFFICER'S INITIALS

DPSSP 3108 (REV. JAN. 2005)

RECEIVED

JUN 0 3 2005

TRAFFIC RECORDS

STATE OF LOUISIANA

UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

VEHICLE / PEDESTRIAN

COMPUTER NUMBER 4,7,2,5,6,2 - PAGE # 05

10815

01 VEH # OR PEDESTRIAN

CONF | CARGO BODY TYPE (see page 1 for selections) | YEAR | MAKE | MODEL | # DOORS | # AXLES | # TIRES

B | X | 2005 | SUBA | FORESTER | 4 | 02 | 04

VIN TF15636558H [redacted] | VEHICLE TOWED A (A. YES B. NO C. LEFT AT SCENE) | REMOVED BY Road Runner

LICENSE PLATE: YEAR 2007 | STATE LA | NUMBER WWD875 | TYPE PC

INVENTORY | REASON TOWED: A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER | A

TRAILING UNIT DESCRIPTION: YEAR | MAKE | TYPE

LICENSE PLATE: YEAR | STATE | NUMBER

VEHICLE CLASSIFICATION: COMMERCIAL/BUSINESS VEHICLE ☐ | GOVERNMENT VEHICLE ☐ | PERSONAL VEHICLE ☒

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER. US DOT #

CARRIER NAME | MC/MX (*MCP*) #

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

[redacted] | TELEPHONE # [redacted]

CITY Baton Rouge | STATE LA | ZIP [redacted]

STATE | CLASS | ENDORSEMENTS | DRIVER'S LICENSE NUMBER | Y/N | NAME OF FACILITY

LA | E | | [redacted] | Y | TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. REFUSED AID Y. UNKNOWN | B

PEDESTRIAN ONLY: UPPER BODY CLOTHING LIGHT ☐ DARK ☐ | LOWER BODY CLOTHING LIGHT ☐ DARK ☐ | SEX ☐ | RACE ☐ | AGE ☐ | INJURY CODE ☐

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

X [redacted] | TELEPHONE #

STREET ADDRESS

CITY | STATE | ZIP

INSURANCE CO. NAME [redacted] (NOT AGENCY NAME) | EXPIRATION DATE 03-28-06

AGENT'S NAME/ADDRESS | PHONE # [redacted]

OCCUPANT'S NAME (LAST, FIRST, MI)

[redacted]

POSITION | EJECTION | TRAPPED | AIRBAG | SEAT BELT | DOT | AGE | INJURY

[redacted]

PUBLIC RECORDS RELEASE

JUN 0 9 2005

TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. REFUSED AID Y. UNKNOWN | B | NAME OF FACILITY

CITY Baton Rouge | STATE LA | ZIP [redacted]

OCCUPANT'S NAME (LAST, FIRST, MI)

POSITION | EJECTION | TRAPPED | AIRBAG | SEAT BELT | DOT | AGE | INJURY

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. REFUSED AID Y. UNKNOWN | NAME OF FACILITY

CITY | STATE | ZIP

CODES

SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION (SYSTEM USED)	INJURY
A - FRONT ROW-LEFT SIDE (MOTORCYCLE DRIVER) B - FRONT ROW-MIDDLE C - FRONT ROW-RIGHT SIDE D - SECOND ROW-LEFT SIDE (MOTORCYCLE PASSENGER) E - SECOND ROW-MIDDLE F - SECOND ROW-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 STREETCAR N - TRAILING UNIT O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED Y - UNKNOWN	A - DEPLOYED B - NON DEPLOYED C - NON-DEPLOYED/SWITCH OFF D - NOT APPLICABLE Y - 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 - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING/SEVERE C - NON-INCAPACITATING/MODERATE D - POSSIBLE/COMPLAINT E - NO INJURY

DPSSP 3102 (REV. JAN. 2003)

6815

PAGE # 2 of 6

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

VISION OBSCUREMENTS [Y]
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

VIOLATION [Y]
A. EXCEEDING STATED SPEED LIMIT
B. EXCEEDING SAFE SPEED LIMIT
D. 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 PASSING
O. FAILED TO SET OUT FLARES, 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

TRAFFIC CONTROL [F]
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

CONDITION OF DRIVER/PED [Y]
A. NORMAL
B. APPARENT
C. DISTRACTED
D. ILLNESS
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)
Y. UNKNOWN
Z. OTHER

DRIVER DISTRACTION [Y]
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

REASON FOR MOVEMENT [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
Y. UNKNOWN
Z. OTHER

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
Y. UNKNOWN
Z. OTHER

SEQUENCE OF EVENTS/HARMFUL EVENTS

NON-COLLISION
A. OVERTURN/ROLLOVER
B. FIRE/EXPLOSION
C. IMMERSION
D. JACKKNIFE
E. CARGO/EQUIPMENT LOSS OR SHIFT
F. FELL/JUMPED FROM MOTOR VEHICLE
G. THROWN OR FALLING OBJECT
H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)
I. SEPARATION OF UNITS IN TRANSPORT
J. RAN OFF ROAD RIGHT
K. RAN OFF ROAD LEFT
L. CROSSED MEDIAN/CENTERLINE
M. DOWNHILL RUNAWAY
N. OTHER NON-COLLISION

COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT
O. PEDESTRIAN
P. PEDALCYCLE
Q. RAILWAY VEHICLE (TRAIN, ENGINE)
R. ANIMAL
S. 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

COLLISION WITH FIXED OBJECT
X. IMPACT ATTENUATOR/CRASH CUSHION
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
LL. 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

1st	- 5
2nd	
3rd	
4th	

MOST HARMFUL EVENT: - 5

MOVEMENT PRIOR TO CRASH [B]
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 OR DRIVEWAY
X. ENTERING FREEWAY FROM ON RAMP
Y. LEAVING FREEWAY VIA OFF RAMP
Z. OTHER OR UNKNOWN

VEHICLE CONDITION [K]
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

VEHICLE LIGHTING [Y]
A. HEADLIGHTS ON
B. HEADLIGHTS OFF
C. DAYTIME RUNNING LIGHTS
Y. UNKNOWN

TRAFFIC CONTROL CONDITIONS [A]
A. CONTROLS FUNCTIONING
B. CONTROLS NOT FUNCTIONING
C. CONTROLS OBSCURED
D. LANE MARKING UNCLEAR OR DEFECTIVE
E. NO CONTROLS
Y. UNKNOWN

ALCOHOL/DRUG INVOLVEMENT [A]
ALCOHOL/DRUGS SUSPECTED
A. NEITHER ALCOHOL NOR DRUGS
B. YES-ALCOHOL
C. YES-DRUGS
D. YES-ALCOHOL AND DRUGS
Y. UNKNOWN

ALCOHOL
A. TEST REFUSED
B. NO TEST GIVEN
C. TEST GIVEN, RESULTS PENDING
D. TEST GIVEN, BAC ____ . ___ g%

DRUGS
A. TEST NOT GIVEN
B. TEST GIVEN, RESULTS PENDING
C. TEST REFUSED
D. DRUGS REPORTED (SPECIFY IN NARRATIVE)

AFFIX BLOOD ALCOHOL KIT LABEL HERE

(OR ENTER BLOOD ALCOHOL KIT NUMBER)

DIRECTION BEFORE CRASH: HEADED	DIRECTION BEFORE CRASH: ON HIGHWAY, STREET OR DRIVE	FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED: EST.	SPEED: POSTED	ROADMARK DATA (FEET): FR	FL	RR	RL
1 N S E W	Florida St	Moved	Unk	1 1 K	3 0	—	—	—	—

DAMAGE TO VEHICLE

AREA DAMAGED [C]


1ST
2ND
3RD
N- UNDER-CARRIAGE
O- TOTAL
P- OTHER
Q- NONE
Y- UNKNOWN

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

CITATION NO. | VEH. | PED. | P.S. OR DRO. NO.

	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

NOTICE OF INSURANCE VIOLATION ☐

INVESTIGATING OFFICER'S INITIALS

DPSSP 3105 (REV. JAN. 2003)

RECEIVED

JUN 03 2005

TRAFFIC RECORDS

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

COMPUTER NUMBER [redacted] - PAGE # 02

DATE 5/31/05 TIME 2:30 pm PLACE [redacted], Baton Rouge

I, [redacted] AM 34 YEARS OF AGE,

MY ADDRESS IS [redacted], Baton Rouge, LA [redacted]

AND MY TELEPHONE NUMBER IS [redacted].

I was driving westbound on Florida Ave. slowly as I was looking for parking spot along Florida. At the intersection, red Dodge RAM 2500 [redacted] hit my car, moving in the right lane, at front passanger door. I was driving on green light at the intersection.

PUBLIC RECORDS RELEASE

JUN 03 2005

THE ABOVE STATEMENT, TO THE BEST OF MY KNOWLEDGE, IS A TRUE AND CORRECT ACCOUNT OF MY RECOLLECTION IN THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: [redacted]

OFFICER TAKING STATEMENT: J. Capps

SIGNATURE:

INVESTIGATING OFFICER'S INITIALS

DPSSP 3111 (REV. JAN. 2003)

RECEIVED

JUN 0 3 2005

TRAFFIC RECORDS

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

COMPUTER NUMBER 41329646 - 08

LCRIS

DATE 5/31/05 TIME 1:40 PLACE [redacted]

I, [redacted] AM 31 YEARS OF AGE,

MY ADDRESS IS [redacted] Baton Rouge, La. [redacted]

AND MY TELEPHONE NUMBER IS [redacted].

I was traveling South on 6th St. when I started to approach Florida I check to make sure the light was Green. It was. I proceede ~~[redacted]~~ to cross Florid when I struck a subaru in the passanger side Door.

PUBLIC RECORDS
RELEASE
JUN 0 3 2005

THE ABOVE STATEMENT, TO THE BEST OF MY KNOWLEDGE, IS A TRUE AND CORRECT ACCOUNT OF MY RECOLLECTION IN THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: [redacted]

OFFICER TAKING STATEMENT: D. Capers

SIGNATURE: D. Capers

INVESTIGATING OFFICER'S INITIALS DC

DPSSP 3111 (REV. JAN. 2005)

RECEIVED

JUN 0 3 2005

TRAFFIC RECORDS

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

COMPUTER NUMBER 4 1 3 2 9 6 6 - 6815 PAGE # 0 9

DATE 5/31/05 TIME 1:45pm PLACE [redacted] (Downtown)

I, [redacted] AM 22 YEARS OF AGE,

MY ADDRESS IS [redacted] Baker, LA [redacted]

AND MY TELEPHONE NUMBER IS [redacted].

I was driving towards the interstate on Florida. when the light was green for me to continue through. I hadn't made it all the way to sixth st. when a red truck ran the light coming on Sixth st and hit a small silver SUV. The truck clearly ran the red light. It hit the front side of the silver SUV. The passenger looked injured so I called 911 and reported the incident. It was really upsetting.

PUBLIC RECORDS RELEASE
JUN 0 3 2005

THE ABOVE STATEMENT, TO THE BEST OF MY KNOWLEDGE, IS A TRUE AND CORRECT ACCOUNT OF MY RECOLLECTION IN THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: [redacted]

OFFICER TAKING STATEMENT: J Comeaux

SIGNATURE: J Comeaux

INVESTIGATING OFFICER'S INITIALS

DPSSP 3111 (REV JAN. 2005)

RECEIVED

JUN 03 2005

TRAFFIC RECORDS

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

COMPUTER NUMBER 4,7,9,6,6 - PAGE # 1,0

1 of 5

DATE 5/31/05 TIME 1:40 PLACE [redacted]

I, [redacted] AM 57 YEARS OF AGE,

MY ADDRESS IS [redacted] Donaldsonville LA [redacted]

AND MY TELEPHONE NUMBER IS ([redacted)

I left LA Cap Credit Union + was sitting at the light at [redacted] I was going over my bank balance, the light turned green but no one was behind me. I continued to look over my papers. The red truck was in the lane next to me. The driver went through the light + hit the Sub. wagon. The light was green for the red truck. Shortly afterwards the light turned yellow then red.

PUBLIC RECORDS RELEASE

JUN 09 2005

THE ABOVE STATEMENT, TO THE BEST OF MY KNOWLEDGE, IS A TRUE AND CORRECT ACCOUNT OF MY RECOLLECTION IN THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: [redacted]

OFFICER TAKING STATEMENT: J. Coppey

SIGNATURE:

INVESTIGATING OFFICER'S INITIALS

DPSSP 3111 (REV. JAN. 2000)