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 108148

Date Received	Repository ☐
14-JUN-2006	Reference No. 10159830

OWNER INFORMATION (Type or Print)

Name			
Address [redacted]		Daytime Telephone Number [redacted]	E-mail Address
City TERRYTOWN	State LA	Zip Code [redacted]	Evening Telephone Number

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 6/14/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JTKDE177X50 [redacted]	TOYOTA	SCION XC	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-APR-05	LaBeside Toyota 504-833-3311			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City Metairie	State LA	Zip Code 70002		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: FRONT WHEEL DRIVE	204000 WHEELS:CAP/COVER/HUB Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
04-JUN-2006	52000	40	

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: DOTMAL9ABC036)	☐ 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	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).

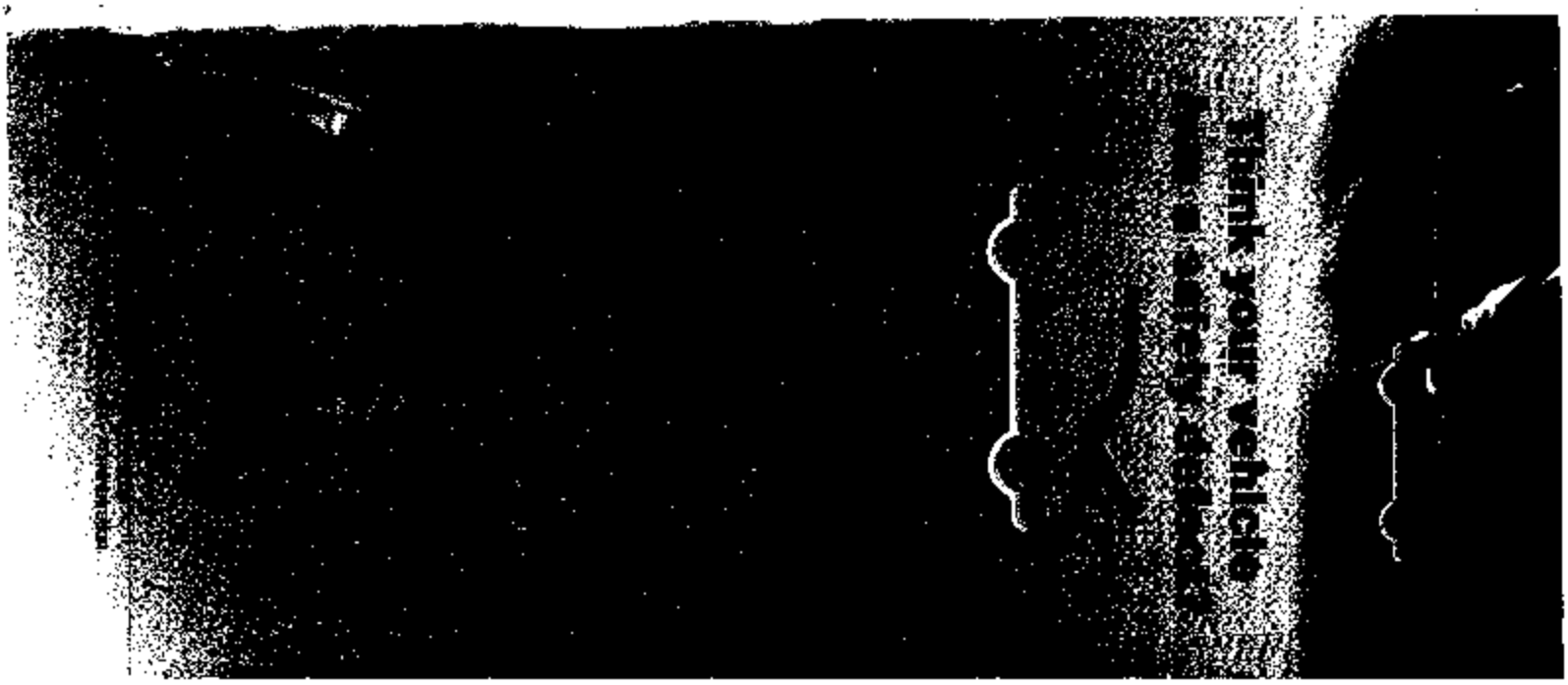
DT*: THE CONTACT STATED WHILE DRIVING 40 MPH AS THE VEHICLE WAS GETTING ONTO AN EXIT, WHILE APPLYING THE BRAKE TO SLOW DOWN; THE CAR FISHTAILED AND HIT A GUARDRAIL. THE VEHICLE WAS TOTALED AS A RESULT OF THE EXTENSIVE FRONT END DAMAGE. THERE WERE NO PROBLEMS NOTED WITH THE VEHICLE PRIOR TO THE ACCIDENT AND THERE WERE NO LIGHTS ILLUMINATED ON THE DASH. THERE WAS A POLICE REPORT FILED. THE POLICE REPORT AND THE INSURANCE COMPANY INSPECTED THE VEHICLE AND DETERMINED THE WHEEL AND HUB DETACHED CAUSING THE ACCIDENT.

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

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

I was driving Scion TC around a curve on an on-ramp attempting to enter I-10 west bound traffic as I approached and braked in the curve I felt the car shift, it begin to fish-tail in the curve and I tapped the brakes and turned the wheels to regain control of the vehicle, I could not. The right side of the car hit the guard rails of the on-ramp and then quickly bounced off and continued to the left side of the on-ramp damaging only the front drivers side on impact causing the car to finally stop. After the police arrived it was discovered the rear drivers wheel was missing.

ATTACH ADDITIONAL SHEETS IF NECESSARY



RESERVATION OF RIGHTS

June 7, 2006

[redacted]
Terrytown, LA [redacted]

Claim No.: [redacted]
Policy No.:
Insured:
Date of Loss: Jun 04, 2006

Dear [redacted]

We have received report of the incident, which occurred on the above date, which you were driving the vehicle listed in the above- mentioned policy.

We do not have sufficient information to enable us to decide whether you are covered under the above numbered policy for damage resulting from this accident. In order to protect your interest, we shall make an immediate investigation of the incident, and if necessary, shall defend on your behalf any actions at law for which, but for the question as to coverage, a defense would be provided in the above- mentioned policy.

Your USAgencies Casualty Insurance Company, Inc. policy states under Part D Comprehensive Loss Coverage – Exclusions for Parts D, E, F and G:

Coverage under this Part IV does not apply for loss:

(5) **Loss resulting from prior loss or damage, manufacturer's defects, wear and tear, freezing mechanical or electrical breakdown or failure, or road damage to tires.**

If it should develop that you are not covered by this policy, it is understood that by taking this action USAgencies Casualty Insurance Company, Inc. does not waive its right to deny coverage to you later. If an investigation reveals that the above policy covers you for damage resulting from this accident, you may be sure that we shall cheerfully accord you everything, which the terms of the policy provide.

As you are aware, under the conditions of your/the policy of insurance with USAgencies Casualty Insurance Company, Inc., you are required to cooperate with us in the investigation of the above captioned accident.

We are anxious to do whatever fairness requires, and we trust that this matter can be disposed of to the satisfaction of everyone concerned.

Sincerely,

Vanessa Chauvin
Claims Adjuster
USAgencies Casualty Insurance Company, Inc.

8550 United Plaza Blvd., Suite 805
Baton Rouge, LA 70809
Tel: 225.928.9000

Fax Claims: 225.926.2982
Fax Underwriting: 225.924.0781
Fax Administration: 225.928.7863

225 928-9000 Ext. 2210

8550 United Plaza Blvd., Suite 805
Baton Rouge, LA 70809
Tel: 225.928.9000

Fax Claims: 225.928.2982
Fax Underwriting: 225.924.0781
Fax Administration: 225.928.7863

TOTAL NUMBER OF VEHICLES INVOLVED: 01

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

4863611

DATE OF CRASH	TIME (0000)	DISTRICT/ZONE	TROOP	LAT.	PAGE #
06072006	0245	1001			01

PARISH: ORLEANS — PARISH CODE:

CITY OR TOWN: NEW ORLEANS — CITY CODE:

LONG.:

Contract: NW / SW / NE / SE — Service Road: N / S / E / W

[redacted]

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

HIGHWAY #: — MILEPOST: — ROADWAY NAME: I10 WEST

DISTANCE: 20.0 — MILES ☐ FEET ☒ — E — N E S W — STREET/HIGHWAY: KENILWORTH? / KENNER? [as written: "KENLLE AC ST"] — ☐ AT INTERSECTION ☒ NOT AT INTERSECTION

DISTANCE: — MILES ☐ FEET ☐ — N E S W — STREET/HIGHWAY: — ☐ AT INTERSECTION ☐ NOT AT INTERSECTION

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

CONTRIBUTING FACTORS AND CONDITIONS

WRITE APPROPRIATE LETTER IN BLOCK

ROAD SURFACE (ONE PER COLUMN): A / A

A. DRY, B. WET, C. SNOW/SLUSH, D. ICE, E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.), Y. UNKNOWN

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: A

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: D

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: E

SECONDARY FACTOR:

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: A

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: C

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: C

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: C

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 CONFIGURATION

A PASSENGER CAR, B LT. TRUCK (P.U., ETC.), C VAN, D A, B, C, OR S WITH TRAILER, E MOTORCYCLE, F PEDALCYCLE, G OFF-ROAD VEHICLE, H EMERGENCY VEHICLE IN USE, I SCHOOL BUS, J BUS W/SEATS FOR 9-15 OCCUPANTS, K BUS W/SEATS FOR 16 OR MORE OCC., L SINGLE UNIT TRUCK W/ 2 AXLES, M SINGLE UNIT TRUCK W/ 3 AXLES OR MORE, N TRUCK/ TRAILER, P TRUCK/ TRACTOR, Q TRACTOR SEMI-TRAILER, R TRUCK DOUBLE, S SUV, T FARM EQUIPMENT, V MOTOR HOME, Z OTHER

CARGO BODY TYPE

A BUS, B VAN/ENCLOSED BOX, C CARGO TANK, D FLATBED, E DUMP TRUCK/ TRAILER, F CONCRETE MIXER, G AUTO TRANSPORTER, H LOG TRUCK/ TRAILER, I GARBAGE/ REFUSE, J HOPPER, K POLE TRAILER, X NO CARGO BODY, Z OTHER

	TIME CALLED	ARRIVED SCENE	DEPARTED SCENE	ARRIVED HOSPITAL		TIME CALLED	ARRIVED SCENE
AMBULANCE					RESCUE UNIT		

AMBULANCE SERVICE: ______ FIRE DEPARTMENT: ______

NAME OF AGENCY	TIME OF NOTIFICATION	TIME OF ARRIVAL	TIME ALL LANES OPENED
NEW ORLEANS POLICE DEPARTMENT	0255	0300	0335

Y/N: Y — INVESTIGATING POLICE AGENCY — 06072006

LARON STEWART — INVESTIGATING OFFICER'S NAME (PRINT) — BADGE #: 851 — SUPERVISOR'S INITIALS OR BADGE#: SDM

DPSSP 3109 (REV. MAR. 2005)

I certify this to be a true and correct copy of the original official document on file in the Records Room of the New Orleans Police Department.

Signature — (Name) — JUN 14 2006 (Date)

Custodian of Records - New Orleans Police Department

NOT VALID WITHOUT DEPARTMENT SEAL.

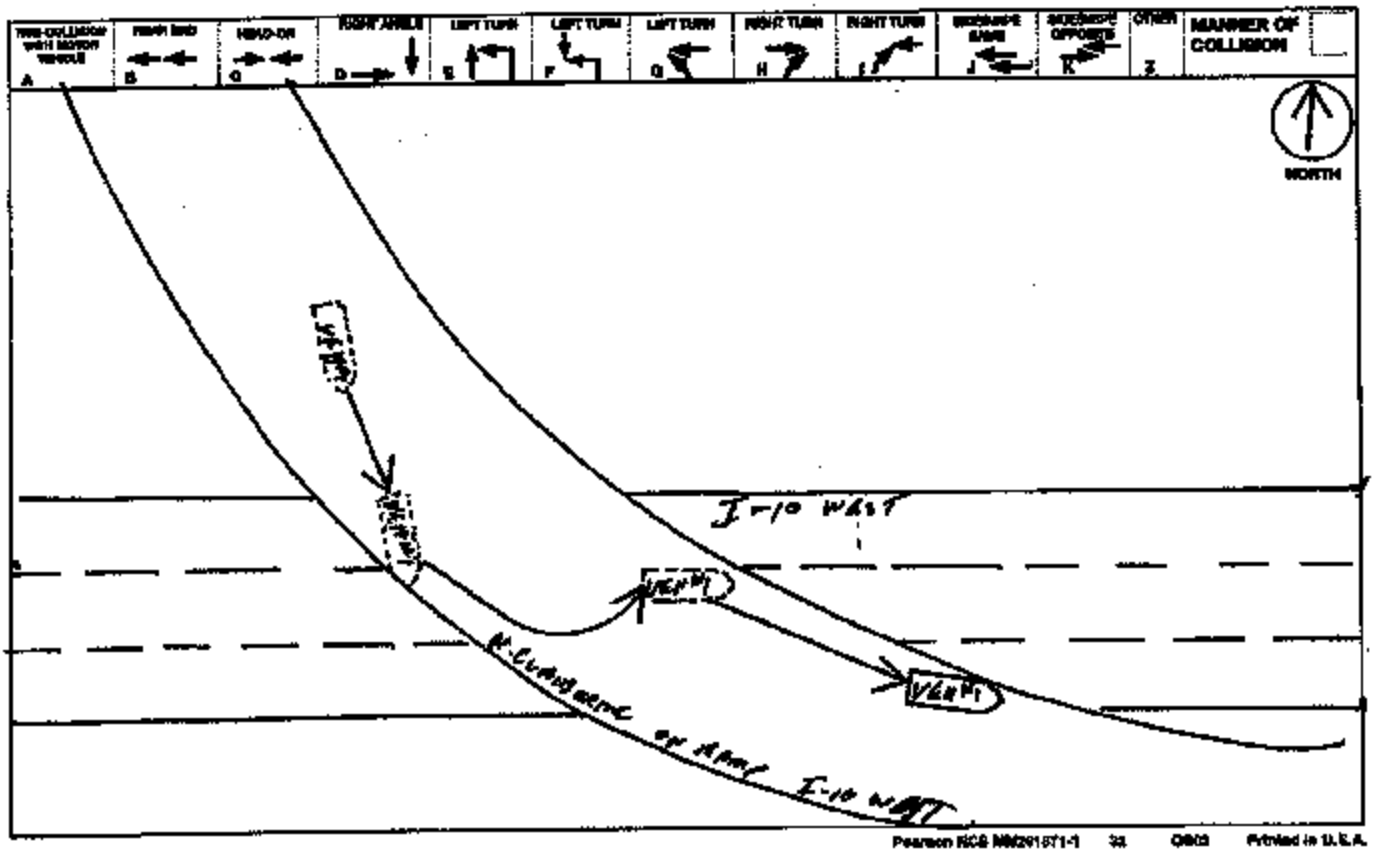
OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

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

REFER TO EACH BY VEHICLE NUMBER

THE DRIVER OF VEH #1 STATED HE WAS TRAVELING ON THE CLOVERLEAF AVE ON RAMP TO THE INTER STATE 10 WEST BOUND WHEN HE APPROACHED THE CURVE OF THE RAMP. THE LEFT REAR TIRE DISLODGED FROM HE VEHICLE. HIS VEHICLE FISH TAILED OUT OF CONTROL STRUCK THE RIGHT SIDE RAIDE RAIL THEN STRUCK THE LEFT SIDE RAIDE RAIL WHERE WHERE IT CAME TO REST.

THE OFFICER OBSERVED THE DAMAGE TO THE VEHICLE



COMPUTER NUMBER [redacted] PAGE # 03

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

01 VEH # OR PEDESTRIAN

CONF A | CARGO BODY TYPE (see page 1 for selections) | YEAR 2005 | MAKE TOYT | MODEL TC | # DOORS | # AXLES 02 | # TIRES 04

VIN JTKDE177X50 [redacted]

VEHICLE TOWED: A. YES B. NO C. LEFT AT SCENE | REMOVED BY

LICENSE PLATE: YEAR 2007 | STATE LA | NUMBER [redacted] | TYPE PASSENGER

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

TRAILER: 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 COMMERCIAL PURPOSES, & 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 | ICC/MX (MCC) #

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]

DATE OF BIRTH [redacted]

STREET ADDRESS [redacted] TELEPHONE # [redacted]

CITY TRACY TOWN STATE LA ZIP [redacted]

SEX M RACE B

STATE LA CLASS E ENDORSEMENTS | DRIVER'S LICENSE NUMBER [redacted] | RESTRICTED TO EMPLOYMENT Y/N

TRANSPORTED TO MEDICAL FACILITY: A. YES B. NO D. 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)

X Same as Driver | TELEPHONE #

STREET ADDRESS

CITY | STATE | ZIP

INSURANCE CO. NAME USAA GENERAL CASUALTY (NOT AGENCY NAME) POLICY NUMBER [redacted] EXPIRATION DATE 7-30-06

AGENT'S NAME/ADDRESS 9550 UNITED PLAZA BLVD BATON ROUGE LA 70809 PHONE (225) 929-9000

OCCUPANT'S NAME (LAST, FIRST, MI)

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

CITY | STATE | ZIP

OCCUPANT'S NAME (LAST, FIRST, MI)

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

CITY | STATE | ZIP

CODES

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) 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-DEPLOY-ED/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 3106 (REV. MAR. 2005)

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

VISION OBSCUREMENTS [N]

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

CONDITION OF DRIVER/PED [A]

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

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 [H] [ ]
2nd [A] [A]
3rd [S] [ ]
4th [ ] [ ]

MOST HARMFUL EVENT [A] [A]

DRIVER DISTRACTION [E]

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

VIOLATION [U]

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. IMPROPER BACKING
U. NO VIOLATIONS
Y. UNKNOWN
Z. OTHER

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

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 [J]

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

ALCOHOL/DRUG INVOLVEMENT

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

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

DRUGS .... [A]
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)

TRAFFIC CONTROL [Y]

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

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

VEHICLE LIGHTING [A]

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

DIRECTION BEFORE CRASH: HEADED	DIRECTION BEFORE CRASH: ON HIGHWAY, STREET OR DRIVE	FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED: EST.	SPEED: POSTED	SKIDMARK DATA (FEET): FR	FL	RR	RL
N E S W (W circled)	I-10 WEST	SCENE	UNKNOWN	U N K	4 0	X	X	X	X

DAMAGE TO VEHICLE

AREA DAMAGED

M. UNDER-CARRIAGE
N. TOTAL
O. OTHER
P. NONE
Y. UNKNOWN

1ST [B]
2ND [A]
3RD [L]

EXTENT OF DEFORMITY

1ST [4]
2ND [4]
3RD [4]

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.	R.S. OR ORD. NO
NONE	☐	☐	NONE
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

NOTICE OF INSURANCE VIOLATION .... ☐

INVESTIGATING OFFICER'S INITIALS

[redacted]

Terrytown, LA [redacted]

Policy [redacted]

The following vehicle has been deemed a total loss:

2005 Scion Te
VIN: JTKDE177X50[redacted]

Please contact USAgencies at **(504) 297-5700** at your earliest convenience so we may determine how your policy should be adjusted. Should we remove the vehicle or remove the physical damage coverage from the vehicle?

Thank you for your cooperation in our effort to keep your insurance costs low.

Sincerely,

Shelby W. Smith
Customer Service