Form Approved: O.M.B. No. 2127-0008

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 100148

Date Received	Repository ☐
15-OCT-2014	Reference No. 10644954

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	NOEMAIL@UNK.GOV
City HOUMA	State LA	Zip Code [redacted]	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3D7KR28C75G[redacted]	DODGE	RAM 2500	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 11-FEB-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 103000	Failure Speed

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	2	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).

TL* THE CONTACT OWNS A 2005 DODGE RAM 2500. THE CONTACT STATED THAT AFTER BEING INVOLVED IN A CRASHED, THE AIR BAGS FAILED DEPLOY. THE CONTACT REPORTED TWO INJURIES. A POLICE REPORT WAS FILED. THE VEHICLE WAS COMPLETELY DESTROYED AND TOWED TO A BODY SHOP. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 103,000.

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)

FACE, eyes, neck, back, busted upper dentures, jaw, teeth Left leg left shoulder, Left arm DRIVER glass in eyes face messed up passanger glasses broke, Shoulder, neck back injured PASSANGER knees PASSANGER

air bags did not work hit at 55 mph in a 15 mph zone parked pushed off the road doulble hit

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

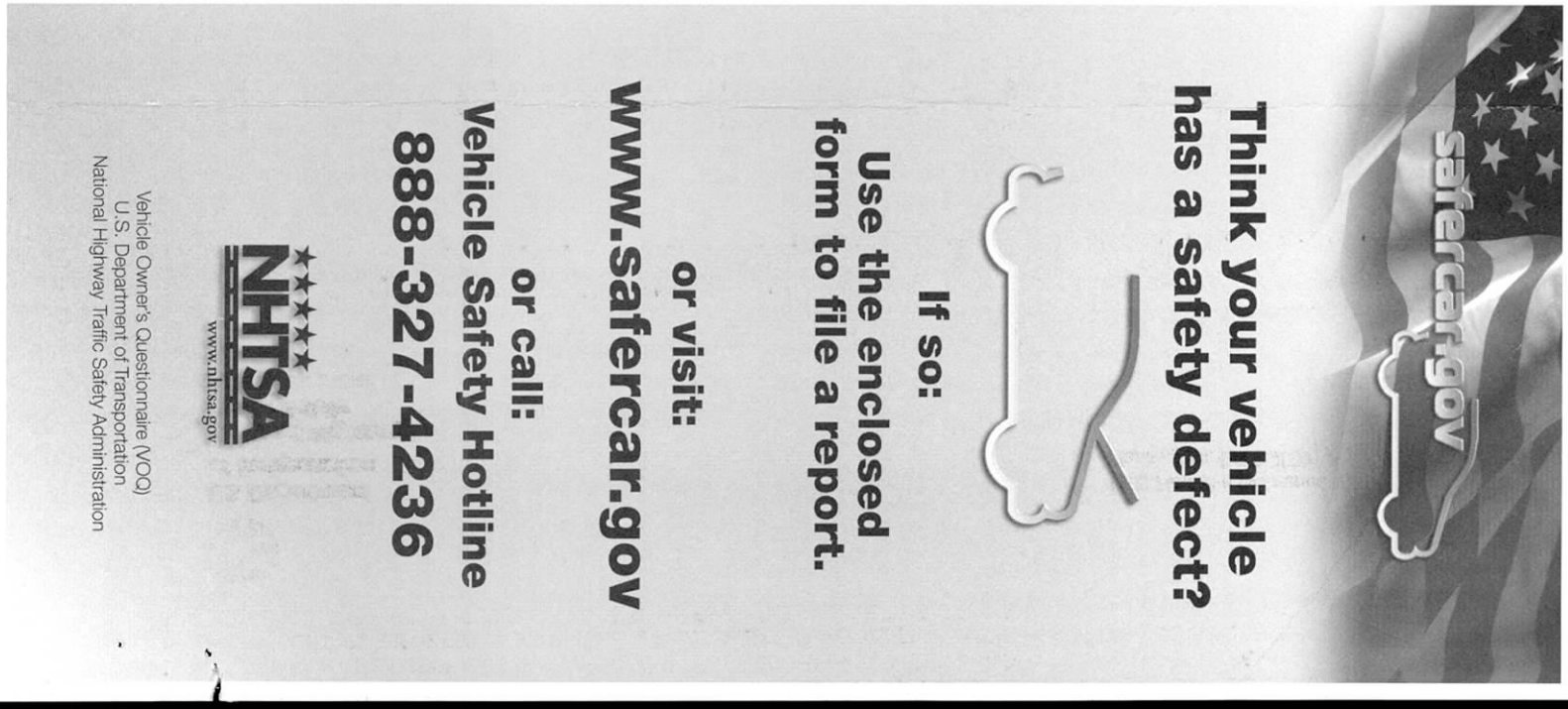
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Original Locked Report

TOTAL NUMBER OF VEHICLES INVOLVED: 2

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

[redacted]

PAGE # 01

DATE OF CRASH: 02062011 | TIME (0000): 1340 | DISTRICT/ZONE: WSS | TROOP: C

LAT. 29.56136° | LONG. 90.79222°

PARISH: TERREBONNE | PARISH CODE: 55

CITY OR TOWN: HOUMA | CITY CODE: 1

Quadrant: NW ☐ SW ☐ NE ☐ SE ☐ | Service Road: N ☐ E ☐ S ☐ 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 — **D**

HIGHWAY #: 0 - 0 | MILEPOST | ROADWAY NAME: SOUTH DOWN MANDALAY

DISTANCE: 2 | MILES ☒ FEET ☐ | S | NE SW | STREET/HIGHWAY: SAVANNE RD | ☐ AT INTERSECTION ☒ NOT AT INTERSECTION

DISTANCE: 500 | MILES ☐ FEET ☒ | E | NE SW | STREET/HIGHWAY: 182 LA 182 HWY | ☐ 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** | **B**

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 — **B**

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 — **D**

SECONDARY FACTOR — **A**

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 — **E**

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 CONFIGURATION

A PASSENGER CAR	D A, B, C, OR S 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

CARGO BODY TYPE

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

EMERGENCY SERVICES: X AMBULANCE | TIME CALLED 1340 | ARRIVED SCENE 1355 | DEPARTED SCENE 1420 | ARRIVED HOSPITAL 1440 | X RESCUE UNIT | TIME CALLED 1340 | ARRIVED SCENE 1340

AMBULANCE SERVICE: ACADIAN AMBULANCE SERVICES

FIRE DEPARTMENT: BAYOU BLACK FIRE DEPARTMENT

INVESTIGATING AGENCY: NAME OF AGENCY: TERREBONNE PARISH SHERIFF'S O | TIME OF NOTIFICATION: 1342 | TIME OF ARRIVAL: 1355 | TIME ALL LANES OPENED: 1500

INVESTIGATION COMPLETE: Y/N X

INVESTIGATING POLICE AGENCY: C (A. STATE B. CITY C. PARISH Z. OTHER)

DATE REPORT COMPLETED: 02062011

NAVARRE, MIKE
INVESTIGATING OFFICER'S NAME (PRINT)

SIGNATURE

P-847 / 10
BADGE # | SUPERVISOR'S INITIALS OR BADGE#

DPSSP 3105 (REV. JAN. 2005)

Original Locked Report

[redacted] COMPUTER NUMBER PAGE # 02

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN [redacted]

1 VEH # OR PEDESTRIAN

CONF	CARGO BODY TYPE	YEAR	MAKE	MODEL	# DOORS	# AXLES	# TIRES
C	X see page 1 for selections	2010	GMC	ACADIAN	4	2	4

V.I.N. 1GKLRKED1AJ[redacted] VEHICLE TOWED A (A. YES B. NO C. LEFT AT SCENE) REMOVED BY SCHRIEVER TOWING SERVICES

	YEAR	STATE	NUMBER	TYPE	GVWR/GCWR
LICENSE PLATE	2013	LA	[redacted]	PASSENGER	0

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

	YEAR	MAKE	TYPE	YEAR	STATE	NUMBER
TRAILER DESCRIPTION	0			LICENSE PLATE 0		

VEHICLE CLASSIFICATION: COMMERCIAL/BUSINESS VEHICLE [ ] GOVERNMENT VEHICLE [ ] PERSONAL VEHICLE [X]

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 ("ICC") #

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 [X] DRIVER [ ] PEDESTRIAN

[redacted] DATE OF BIRTH [redacted]

POSITION	EJECTION	TRAPPED/EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
A	A	A	B	D	M	W	33	E

STREET ADDRESS [redacted] TELEPHONE # [redacted]

CITY HOUMA STATE LA ZIP [redacted]

STATE	CLASS	ENDORSEMENTS	DRIVER'S LICENSE NUMBER	INSTRUCTED TO EXCHANGE INFORMATION? Y/N	NAME OF FACILITY
LA	E		[redacted]	X	

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 Same as Driver [redacted] TELEPHONE # [redacted]

STREET ADDRESS [redacted]

CITY HOUMA STATE LA ZIP [redacted]

INSURANCE CO. NAME PROGRESSIVE (NOT AGENCY NAME) POLICY NUMBER [redacted] EXPIRATION DATE

AGENT'S NAME/ADDRESS PHONE #

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-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

Original Locked Report

[redacted]

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS [redacted]

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 .....

VIOLATION [E]

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 .....

TRAFFIC CONTROL [Q]

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 [G]

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 [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

REASON FOR MOVEMENT [K]

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 SUPPORT
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 [L]
2nd [S]
3rd [ ]
4th [ ]

MOST HARMFUL EVENT [S]

MOVEMENT PRIOR TO CRASH [F]

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 [C]

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

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

ALCOHOL..... [A]
A. TEST REFUSED
B. NO TEST GIVEN
C. TEST GIVEN, RESULTS PENDING
D. TEST GIVEN, BAC ..... 0 g%

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

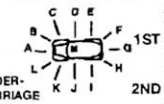
AFFIX BLOOD ALCOHOL KIT LABEL HERE

(OR ENTER BLOOD ALCOHOL KIT NUMBER)

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 (NE / SW)	SOUTH DOWN MANDALAY	ROADWAY	642 FEET		15	0	0	0	0

DAMAGE TO VEHICLE

AREA DAMAGED



1ST [L]
2ND [K]
3RD [J]

N- UNDER-CARRIAGE
O- TOTAL
P- OTHER
Q- NONE
Y- UNKNOWN

EXTENT OF DEFORMITY

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

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
	☒	☐	14:98, 32:79
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

NOTICE OF INSURANCE VIOLATION ..... ☐

INVESTIGATING OFFICER'S INITIALS

DPSSP 3106

Original Locked Report

COMPUTER NUMBER [redacted] PAGE # 04

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

2 VEH # OR [ ] PEDESTRIAN

CONF	CARGO BODY TYPE	YEAR	MAKE	MODEL	# DOORS	# AXLES	# TIRES
B	X (see page 1 for selections)	2005	DODGE	RAM 2500	4	2	4

V.I.N. 3D7KR28C75[redacted]

VEHICLE TOWED: A (A. YES, B. NO, C. LEFT AT SCENE)

REMOVED BY JIMMY'S TOWING SERVICE

LICENSE PLATE YEAR	STATE	NUMBER	TYPE	GVWR/GCWR
2013	LA	[redacted]	TRUCK	0

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

TRAILER DESCRIPTION YEAR	MAKE	TYPE	LICENSE PLATE YEAR	STATE	NUMBER
0			0		

VEHICLE CLASSIFICATION: COMMERCIAL/BUSINESS VEHICLE [ ] GOVERNMENT VEHICLE [ ] PERSONAL VEHICLE [X]

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 ("ICC") # _____

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 [X] DRIVER [ ] PEDESTRIAN

[redacted], [redacted]

DATE OF BIRTH [redacted]

STREET ADDRESS [redacted] TELEPHONE # [redacted]

CITY HOUMA STATE LA ZIP [redacted]

POSITION	EJECTION	TRAP/EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
A	A	A	B	D	M	W	51	C

STATE	CLASS	ENDORSEMENTS	DRIVER'S LICENSE NUMBER
LA	E		[redacted]

INSTRUCTED TO EXCHANGE INFORMATION? Y/N [X]

TRANSPORTED TO MEDICAL FACILITY: A (A. YES, B. NO, C. REFUSED AID, Y. UNKNOWN)

NAME OF FACILITY TERREBONNE GENERAL MEDICAL

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 [redacted], [redacted] TELEPHONE # [redacted]

STREET ADDRESS [redacted]

CITY HOUMA STATE LA ZIP [redacted]

INSURANCE CO. NAME STATE FARM (NOT AGENCY NAME) POLICY NUMBER [redacted] EXPIRATION DATE _____

AGENT'S NAME/ADDRESS MIKE BEDNARE, THIBODAUX, LA PHONE # 985-447-6221

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-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

Original Locked Report

[redacted]

PAGE # 05

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS [redacted]

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

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

TRAFFIC CONTROL [Q]
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 [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

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

REASON FOR MOVEMENT [A]
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 SUPPORT
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 [J]
2nd [S]
3rd [ ]
4th [ ]

MOST HARMFUL EVENT [S]

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 [C]
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

ALCOHOL/DRUGS SUSPECTED [A]
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: 0 g%

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

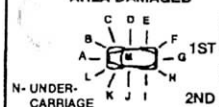
AFFIX BLOOD ALCOHOL KIT LABEL HERE

(OR ENTER BLOOD ALCOHOL KIT NUMBER)

DIRECTION BEFORE CRASH: HEADED	ON HIGHWAY, STREET OR DRIVE	FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED: EST.	SPEED: POSTED	SKIDMARK DATA (FEET): FR	FL	RR	RL
S (N E S W)	SOUTHDOWN MANDALAY	ROADWAY	2 FEET		15	0	0	0	0

DAMAGE TO VEHICLE

AREA DAMAGED



EXTENT OF DEFORMITY

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

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

NOTICE OF INSURANCE VIOLATION

DPSSP 3106

INVESTIGATING OFFICER'S INITIALS

Original Locked Report

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

[redacted]
COMPUTER NUMBER. PAGE # 06

[redacted]

VEH # 2 OCCUPANT'S NAME (LAST, FIRST, MI) [redacted]

POSITION	EJECTION	TRAP/ EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
C	A	A	B	D	F	W	21	C

STREET ADDRESS [redacted]
TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN: A
CITY HOUMA STATE LA ZIP [redacted]
NAME OF FACILITY TERREBONNE GENERAL M

VEH # 2 OCCUPANT'S NAME (LAST, FIRST, MI) [redacted]

POSITION	EJECTION	TRAP/ EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
F	A	A	B	D	F	W	50	E

STREET ADDRESS [redacted]
TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN: B
CITY HOUMA STATE LA ZIP [redacted]
NAME OF FACILITY

VEH # 2 OCCUPANT'S NAME (LAST, FIRST, MI) [redacted]

POSITION	EJECTION	TRAP/ EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
D	A	A	B	D	F	W	27	E

STREET ADDRESS [redacted]
TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN: B
CITY HOUMA STATE LA ZIP [redacted]
NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POSITION	EJECTION	TRAP/ EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY

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

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POSITION	EJECTION	TRAP/ EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY

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

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POSITION	EJECTION	TRAP/ EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY

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

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POSITION	EJECTION	TRAP/ EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY

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

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POSITION	EJECTION	TRAP/ EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY

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

INVESTIGATING OFFICER'S INITIALS

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

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 [redacted]

On Sunday, February 6, 2011 at 1342 hours, I, Deputy Michael Navarre, was dispatched to the area of 3678 Southdown Mandalay in reference to a vehicle accident with possible injuries.

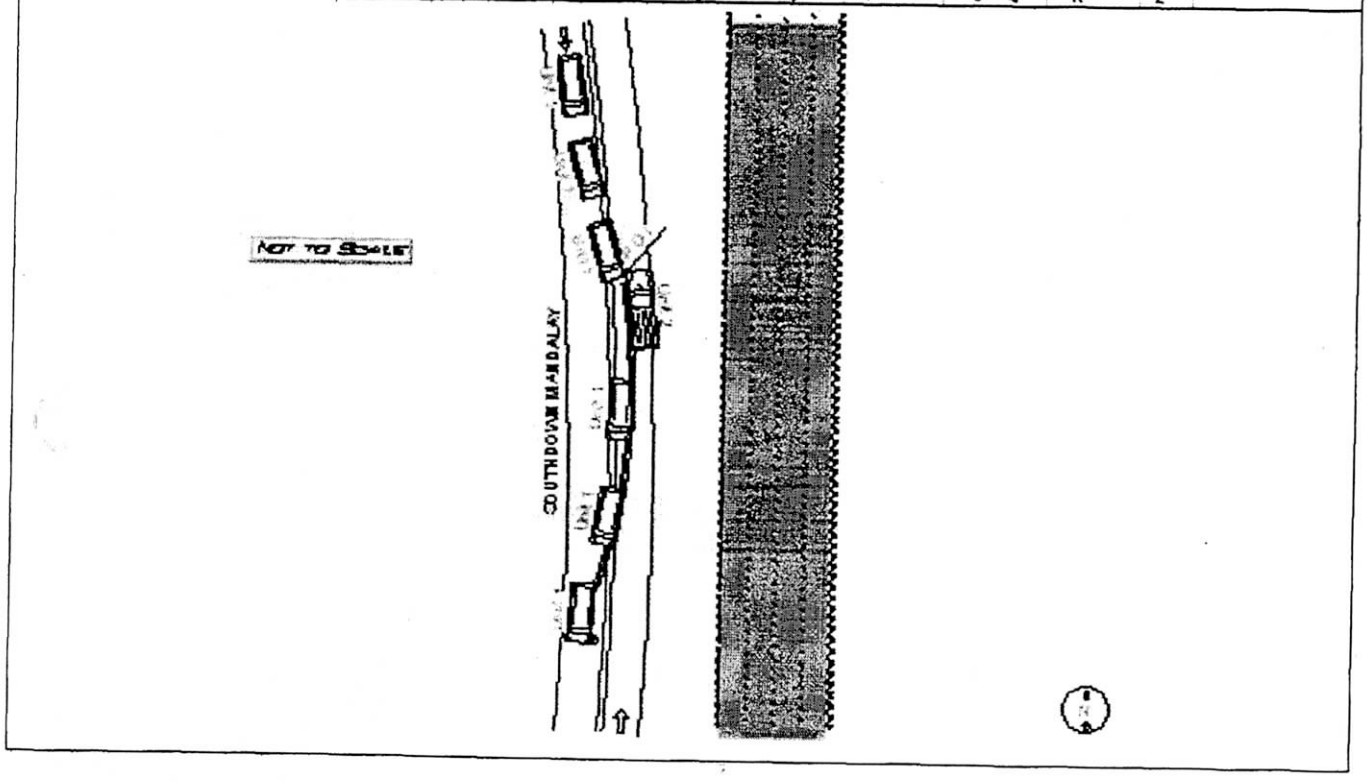
Upon arrival at 1355 hours I made contact with the drive of vehicle 1, [redacted] (W/M DOB [redacted]), who was found to be driving while intoxicated. (see armms report) [redacted] advised he was not in an accident but there were several bystanders and occupants in vehicle 2 who advised [redacted] was the driver of the vehicle 1. I then looked at [redacted] vehicle, which was 642 feet north of where the point of impact was and observed severe damage to the front left quarter panel, axle and front driver side door. There was also severe damage to the front left rim of the vehicle from what appeared to be from [redacted] driving on the rim until the vehicle could not proceed anymore.

It should be noted that [redacted] refused medical treatment from Acadian Ambulance Services and was extremely uncooperative with them.

I then made contact with two passenger of vehicle 2, [redacted] (W/F DOB [redacted]) and her daughter, [redacted] (W/F DOB [redacted]). The driver of vehicle 2, [redacted] and another passenger [redacted] were already being transported to Terrebonne General Medical Center to be treated for their injuries. [redacted] and [redacted] advised [redacted] was the driver of vehicle 1 and stated while they were driving southbound on Southdown Mandalay they observed vehicle 1 cross the center lane, enter their lane and start to come straight towards them. [redacted] advised [redacted] tried to get out of the way of vehicle 1 but vehicle 1 kept coming towards them even when they were moving to the shoulder. [redacted] advised [redacted] was unable to move out of the way of vehicle 1 before if struck the front end of their vehicle. I looked at [redacted] vehicle and observed severe damage to the front left quarter panel, axle and front driver side door.

It should be noted both [redacted] and [redacted] advised they wanted the next wreckers on the list to tow their vehicles. [redacted] vehicle was towed by Jimmy's Towing Service and [redacted] vehicle was towed by Schriever Towing Services. [redacted] was later booked and jailed at Terrebonne Parish Criminal Justice Complex for one count of driving while intoxicated and one count of illegal lane usage.

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




Adhesive
BARRIER


NORTON
Self-Adhering
WEATHER BARRIER