



JOHN BEL EDWARDS
GOVERNOR

KEVIN W. REEVES, COLONEL
DEPUTY SECRETARY

State of Louisiana
Department of Public Safety and Corrections
Public Safety Services

DEPARTMENTAL FLEET CRASH/INCIDENT REVIEW BOARD
NOTICE OF FINDINGS

November 9, 2018

FS18-0166

Trooper Kaleb Reeves
Troop F
1240 Hwy 594
Monroe, LA 71203

On 10/11/2018, the Fleet Crash/Incident Review Board met to examine the reports and statements pertaining to a fleet crash/incident you were involved in on 06/16/2018 .

Location: **HWY 80 @ LA 840-6t** Approx. Damage: **\$2100.00**
Vehicle Number: **77284** License Plate: **F-40**

With regard to this crash/incident, the following findings and recommendations have been made:

Not Preventable / No Action

Sincerely,

A handwritten signature in cursive script, reading "Capt. Kelly Dupuy".

Captain Kelly Dupuy
Commander, Support Services
Louisiana State Police
Fleet Safety Officer

COURTESY • LOYALTY • SERVICE
"An Equal Opportunity Employer"
P.O. BOX 66614, BATON ROUGE, LOUISIANA 70896

9/11

Fleet Crash/Incident Summary Sheet

Case Number FS18-0166

Crash/Incident Date: 06-16-18

Employee: Trooper Kaleb Reeves, Troop F

Number of Vehicle Involved (Including Department Vehicles): Three

Estimated Damage to Department Vehicle: \$2100.01

Prior "Preventable" crashes in the last Five Years:

- None

Movement Prior to Crash: Stopped

Condition of Driver: Normal

Crash Summary: On 06/16/18, prior to the crash, Vehicle #3 was stopped at a red signal light in the left inside lane W/B lane of US 80. Trooper Kaleb Reeves was stopped behind Vehicle #3. Vehicle #1 was traveling W/B on US 80 in the left inside lane of travel, approaching the rear of Tpr. Reeves unit. The signal light turned green and before Vehicle #3 and Tpr. Reeves could proceed forward, Tpr. Reeves unit was struck from the rear by Vehicle #1. The impact pushed Tpr. Reeves unit forward into the rear of Vehicle #3. After the crash, Vehicle #3 left the scene traveling W/B on US 80. Driver #3 and Vehicle #3 remained unknown.

Fleet Board Finding and Recommendation:

- Not Preventable / No Action

Employee responsibility as defined in LSP Policy:

- Preventable – the employee could have taken reasonable steps to avoid the crash or incident.
- Not Preventable – the employee could not have taken reasonable steps to avoid the crash or incident.
- Responsibility Not Determined – there was insufficient evidence for the Review Board to determine whether the employee's actions were in any way responsible for the crash or incident.

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0166

ACCIDENT REPORT

LOUISIANA STATE DRIVER SAFETY PROGRAM

(If you do not know your location code, please refer to <http://www.laorm.com/documents/lccodes.pdf>)

Submit report to ORM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	Agency Name (Owner)	Person to Contact	Phone	Vehicle Owner's Loc. Code
	Department of Public Safety	Lt. Eric Cuenca	318-345-0000	2227
State Vehicle Driver's Name		Driver's Agency Name and Location Code	Date of Accident	Time of Accident
Kaleb Reeves		LA State Police / 2227	06/16/2018	13:54 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Exact Location of Accident (Use street markers, mileage markers, etc... to pinpoint location)

Federal 80 @ LA 840-6

DESCRIBE HOW ACC. HAPPENED	Veh-2, a marked LSP unit, was stopped behind traffic W/B on US 80 at the intersection of LA 840-6. While veh-2 was stopped behind the other traffic, it was struck from behind by veh-1. After the initial impact, veh-2 was pushed into veh-3, who left the scene. Veh-3 is described as a small 4-Door white car. There were no reported injuries at the time of the investigation.
Seat Belt in Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

State Vehicle Driver's Address (Street No.)		City	State	Zip Code	Home Phone	Work Phone
						318-345-0000
Driver's License No.	Age	Sex	Vehicle's Owner's Name and Address			
	24	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	Department of Public Safety, 290 East Airport Rd, Baton Rouge, LA 70806			
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle Lic. No. / Equip No. / VIN	LPAA Fleet ID No.	
2012	Chevrolet	Tahoe	SUV	F-40 / 77284 / 1GNLC2E01CR23		
Where can the Vehicle be Seen?			Describe Damage			
Troop F			Minor Rear Bumper Damage, Minor Front Bumper Damage			

OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

Other Vehicle Driver's Name		Driver's Social Security No.	Driver's License No.	Age	Sex
Patricia L. Frizzell		-no longer required-	6951827	41	M * F
Other Vehicle Driver's Address (Street No.)		City	State	Zip Code	Home Phone
210 Washer Rd		Olla	LA	71465	318-312-0775
Vehicle Owner's Name and Address (Street No.)		City	State	Zip Code	Work Phone
Tavis J. Frizzell 210 Washer Rd		Olla	LA	71465	N/A
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle I.D. No. or Lic. No.	Where can the vehicle be seen?
2013	Nissan	Altima	4Dr	954BRW	210 Washer Rd Olla, LA 71465
Other Vehicle Insurance Co.				Policy No.	
Progressive, Pam Price Ins. Ph# 318-992-2252 Expires July 19, 2018				903332513	
Describe Damage					Estimated Amount
Minor Front End Damage					\$ 1,000.00

INJURED

Name and Address	Phone	PED	Ins. Veh.	Other Veh.	Police Investigated?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
Name and Address	Phone	PED	Ins. Veh.	Other Veh.	Type Report
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Sheriff City
Name and Address	Phone	PED	Ins. Veh.	Other Veh.	Report No. (Item No.)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20180011695

WITNESSES OR PASSENGERS

Name and Address	Witness	Phone	PED	Ins. Veh.	Other Veh.	(Specify)
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name and Address	Witness	Phone	PED	Ins. Veh.	Other Veh.	(Specify)
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State Driver's Signature		Name of Driver's Immediate Supervisor and Phone No.				
		Sgt. Michael Bickford 1723 / Ph#318-345-0000				

20180011695

TOTAL NUMBER OF
VEHICLES INVOLVED 3STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

DATE OF CRASH 06162018 TIME (0000) 1354 DISTRICT F TROOP 32.5176
 PARISH Ouachita PARISH CODE 37 LONG. 92.10669
 CITY OR TOWN Monroe CITY CODE
 Quadrant NW SW N E NE SE S W

PAGE #
01

CRASH OCCURRED ON
 A. INTERSTATE
 B. U.S. HWY
 C. STATE HWY
 D. PARISH ROAD
 E. CITY STREET
 F. OFF ROAD
 G. PRIVATE PROPERTY
 H. TOLL ROAD
 B
 HIGHWAY A 80 MILEPOST 133.6 ROADWAY NAME US 80
 DISTANCE FEET MILES N E LA 840-6
 STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION
 DISTANCE FEET MILES N E
 STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION
 WORK ZONE X
 PUBLIC PROPERTY DAMAGE X
 RAIL TRAIN INVOLVED
 FATALITY
 INJURY

WRITE APPROPRIATE LETTER IN BLOCK CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN) A. DRY B. WET C. SNOW/SLEET D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) F. UNKNOWN A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT F. UNKNOWN G. OTHER	ROADWAY CONDITIONS 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 N. OTHER	TYPE OF ROADWAY A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER E. UNKNOWN F. OTHER	ALIGNMENT A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE I. DIP HUMP-STRAIGHT J. DIP HUMP-CURVE K. UNKNOWN L. OTHER	PRIMARY 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. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL I. DIRT, SNOW J. UNKNOWN K. OTHER	KIND OF LOCATION A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY H. OTHER	RELATION TO ROADWAY A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. CORE H. UNKNOWN I. OTHER	ACCESS CONTROL A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) D. UNKNOWN E. OTHER	LIGHTING A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN G. UNKNOWN H. 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 (TRUCK, 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
 AMBULANCE
 SERVICE
 TIME CALLED
 ARRIVED SCENE
 DEPARTED SCENE
 ARRIVED HOSPITAL
 FIRE DEPARTMENT
 TIME CALLED
 ARRIVED SCENE

INVESTIGATING AGENCY LADPS
 NAME OF AGENCY
 TIME OF NOTIFICATION 1355
 TIME OF ARRIVAL 1355
 TIME ALL LANES OPENED 1354

INVESTIGATION COMPLETE Y/N Y

INVESTIGATING POLICE AGENCY A
 A. STATE
 B. CITY
 C. PARISH
 D. OTHER

DATE REPORT COMPLETED 06162018

Joel Heard

INVESTIGATING OFFICER'S NAME (PRINT)

DPSP-3106 (REV. MAR. 2005)

TFC Joel Heard 2155

2155 mbickford

BADGE #

SUPERVISOR'S INITIALS OR BADGE#

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

COMPUTER NUMBER

20180011695

☒ **1** VEH ☐ OR ☐ **PEDESTRIAN**

PAGE # **2**

CONF **A** CARGO BODY TYPE **X** YEAR **2013** MAKE **Nissan** MODEL **Altima** # DOORS **4** # AXLES **2** # TIRES **4**
see page 1 for selections

VIN **1N4AL3AP7DN545071** VEHICLE TOWED **B** A YES B NO C LEFT AT SCENE REMOVED BY **Driver**

LICENSE PLATE **2019 LA 954BRW** TYPE **Private** GVWR/GCWR **Private** REASON TOWED
A VEHICLE DAMAGE B DRIVER ARRESTED C INSURANCE VIOLATION D OTHER

TRAILER DESCRIPTION **None** LICENSE PLATE **Private** YEAR **2019** STATE **LA** NUMBER **954BRW** TYPE **Private**

VEHICLE CLASSIFICATION **PERSONAL VEHICLE** COMMERCIAL/BUSINESS VEHICLE ☐ GOVERNMENT 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 (FICC) #

STREET ADDRESS CITY STATE ZIP

INTERSTATE CARRIER **N** TRANSPORTING HAZARDOUS MATERIAL **N** CLASS **IC** PLACARDS DISPLAYED **N** HAZ MAT RELEASED **N**

NAME (LAST, FIRST, MI) OF ☒ DRIVER ☐ PEDESTRIAN

Frizzell, Patricia Lynn DATE OF BIRTH **12021976**

STREET ADDRESS **210 Washer Rd** TELEPHONE # **(318) 312-0775**

CITY **Olla** STATE **LA** ZIP **71465**

STATE **LA** CLASS **E** ENDORSEMENTS **6951827** INSTRUCTED TO EXCHANGE INFORMATION? **Y** NAME OF FACILITY **B**

PEDESTRIAN ONLY UPPER BODY CLOTHING **LIGHT** LOWER BODY CLOTHING **LIGHT** SEX **Y** RACE **Y** AGE **Y** INJURY CODE **B**

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

☒ Same as Driver **Frizzell, Travis Jamar** TELEPHONE #

STREET ADDRESS **210 Washer Rd**

CITY **Olla** STATE **LA** ZIP **71465**

INSURANCE CO. NAME **Progressive** POLICY NUMBER **903332513** EXPIRATION DATE **07192018**

AGENT'S NAME/ADDRESS **Pam Price 1109 Pine St Jena LA 71342** PHONE # **(318) 992-2252**

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY STATE ZIP

OCCUPANT'S NAME (LAST, FIRST, MI)


STREET ADDRESS

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 TRAILER 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/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

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. BLANDED BY HEADLIGHTS L. BLANDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER _____	CONDITION OF DRIVER/PEO Z A. NORMAL B. INATTENTIVE C. DISTRACTED D. ELNESS 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 (LEIS, FAR, LMSB) Y. UNKNOWN Z. OTHER: Coughing DRIVER DISTRACTION Z 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: Coughing	SEQUENCE OF EVENTS/HARMFUL EVENTS NON-COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSED D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FELL/JUMPED FROM MOTOR VEHICLE G. TRIPPED ON 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 FIXED OBJECT A. IMPACT ATTENUATOR/CRASH CUSHION B. BRIDGE OVERHEAD STRUCTURE C. BRIDGE PIER OR SUPPORT D. BRIDGE RAIL E. CULVERT F. CURB G. DITCH H. EMBANKMENT I. GUARDRAIL FACE J. GUARDRAIL END K. CONCRETE TRAFFIC BARRIER L. OTHER TRAFFIC BARRIER M. TREE (STANDING) N. UTILITY POLE/LIGHT SUPPORT O. TRAFFIC SIGN SUPPORT P. TRAFFIC SIGNAL SUPPORT Q. OTHER POST, POLE, OR SUPPORT R. FENCE S. MAILBOX T. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) Y. UNKNOWN Tbl S 2nd 3rd 4th MOST HARMFUL EVENT S
VIOLATION S A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. CRUISING 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 Y. NO VIOLATIONS Y. UNKNOWN Z. OTHER _____	REASON FOR MOVEMENT L 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
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, SIGNAL M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING SIGN 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 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 B 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 % 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		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKID MARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL
W	US 80	Moved	Unknown	15	40				

DAMAGE TO VEHICLE AREA DAMAGED  A. NONE B. TOTAL C. OTHER Y. UNKNOWN EXTENT OF DEFORMITY A. NONE B. VERY MINOR C. MINOR D. MODERATE E. MODERATE/SEVERE F. SEVERE G. VERY SEVERE Y. UNKNOWN	CITATIONS 3 5 3 0 4 3 2 : 3 2 : 5 8
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NOTICE OF INSURANCE VIOLATION

JVH

INVESTIGATING OFFICER'S INITIALS

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

COMPUTER NUMBER
20180011695

2 VEH OR PEDESTRIAN

PAGE 4 4

CONV. CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES
S X 2012 Chevrolet Tahoe 4 2 4

VLN 1GNLC2E01CR233143

VEHICLE TOWED BY DRIVER

LICENSE PLATE 9999 LA F-40

State Pol

GVWR/GCWR

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

TRAILER DESCRIPTION None

LICENSE PLATE

VEHICLE CLASSIFICATION
COMMERCIAL BUSINESS VEHICLE GOVERNMENT VEHICLE X PERSONAL VEHICLE

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GROSS WEIGHT IN EXCESS OF 10,000 LBS. OR HAS A HAZMAT PLACARD ON IT & 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 N TRANSPORTING HAZARDOUS MATERIAL Y/N N CLASS CLASS PLACARDS DISPLAYED Y/N N HAZ MAT RELEASED Y/N N

NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN

Reeves, Kaleb Wayne

DATE OF BIRTH

STREET ADDRESS

TELEPHONE (318) 345-0000

CITY

STATE

ZIP

AA AB DM W 24 E

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER

LA E

REASON FOR EXEMPTION

Y Y

TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED A.D.
B. NO 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)

Same as Driver

Department of Public Safety,

TELEPHONE #

STREET ADDRESS 290 E Airport Dr.

CITY Baton Rouge

STATE LA

ZIP 70806

INSURANCE CO. NAME Self-Insured

POLICY NUMBER ALPD20172018

EXPIRATION DATE 07012018

AGENT'S NAME/ADDRESS Office of Risk Management P.O. Box 91

PHONE # (855) 267-4400

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY

STATE

ZIP

TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED A.D.
B. NO Y. UNKNOWN

NAME OF FACILITY

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY

STATE

ZIP

TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED A.D.
B. NO Y. UNKNOWN

NAME OF FACILITY

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

PRINTED NAME (LAST, FIRST, MI)

WRITE APPROPRIATE LETTER IN BLOCK


CONTRIBUTING FACTORS AND CONDITIONS

20180011695
Veh # 2

PAGE # 5

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. HILLOREST 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/PEO A A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRIVING ALCOHOL - IMPAIRED H. DRIVING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT L. EYES, EAR, LIMBS 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 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 OBSTRUCTION J. DUE TO PROX 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/FOLLOWER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FELL/SLIPPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF UNITS J. TRANSPORT K. RAN OFF ROAD RIGHT L. RAN OFF ROAD LEFT M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT A. PEDESTRIAN B. BICYCLE C. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL COLLISION WITH FIXED OBJECT A. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CURB CC. DITCH DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC BARRIER JJ. OTHER TRAFFIC BARRIER KK. TREE (STANDING) LL. 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 Tbl S 2nd S 3rd 4th MOST HARMFUL EVENT S
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	MOVEMENT PRIOR TO CRASH A 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	
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 V. NO CONTROL Y. UNKNOWN Z. OTHER	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. BRAKE FAILURE J. DEFECTIVE SUSPENSION K. NO OBJECTS OBSERVED Y. UNKNOWN Z. OTHER VEHICLE LIGHTING B 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 _____ % 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		FINAL LOCATION	DISTANCE TRAVELED	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE	OF VEHICLES	AFTER IMPACT	EST.	POSTED	FR	FL	RR	RL
W	US 80	Moved	Unknown	0	40				

DAMAGE TO VEHICLE		CITATIONS	
AREA DAMAGED  A. UNDER-CHASSIS B. TOTAL C. OTHER D. NONE Y. UNKNOWN EXTENT OF DEFORMITY A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN 1ST G 2ND A 3RD	1ST B 2ND B 3RD	CITATIONS	

NOTICE OF INSURANCE VIOLATION ()

JVH

INVESTIGATING OFFICER'S INITIALS

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

COMPUTER NUMBER

20180011695

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☒ **3** VEN # OR ☐ **PEDESTRIAN**

CONF. ☒ **A** CARGO BODY TYPE ☒ **X** See page 1 for selections YEAR MAKE MODEL # DOORS # AXLES # TIRES

VIN. VEHICLE TOWED ☒ **B** A YES B NO C. LEFT AT SCENE REMOVED BY Driver

LICENSE PLATE YEAR STATE NUMBER TYPE GVWR/GCWR REASON TOWED

TRAILER DESCRIPTION None TYPE LICENSE PLATE YEAR STATE NUMBER

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 ☒ **N** TRANSPORTING HAZARDOUS MATERIAL Y/N ☒ **N** CLASS ID# PLACARDS DISPLAYED Y/N ☒ **N** HAZ MAT RELEASED Y/N ☒ **N**

NAME (LAST, FIRST, MI) OF ☒ **X** DRIVER ☐ **PEDESTRIAN**

Unknown,

STREET ADDRESS TELEPHONE #

CITY STATE ZIP

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO EXCHANGE INFORMATION? ☒ **Y** ☐ **N** 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 ☐ **Unknown,**

STREET ADDRESS TELEPHONE #

CITY STATE ZIP

INSURANCE CO. NAME Unknown POLICY NUMBER EXPIRATION DATE

AGENT'S NAME/ADDRESS PHONE # Unknown

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

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/COMPLANT E - NO INJURY

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS


20180011695

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Veh # 3

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. SLOPE ROADS H. HILLOREST 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/PEO Y A. NORMAL B. INATTENTIVE C. DISTRACTED D. ELDERLY E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT L. EYES, EAR, LIMBS Y. UNKNOWN Z. OTHER	SEQUENCE OF EVENTS/HARMFUL EVENTS NON COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CAR/WAGON 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 A. PEDESTRIAN B. BICYCLIST C. RAILWAY VEHICLE (TRAIN, ENGINE) D. ANIMAL COLLISION WITH FIXED OBJECT A. IMPACT ATTENUATOR/CRASH CUSHION B. BRIDGE OVERHEAD STRUCTURE C. BRIDGE PIER OR SUPPORT D. BRIDGE RAIL E. CULVERT F. CURB G. DITCH H. EMBANKMENT I. GUARDRAIL FACE J. GUARDRAIL END K. CONCRETE TRAFFIC BARRIER L. OTHER TRAFFIC BARRIER M. TREE (STANDING) N. UTILITY POLE/LIGHT SUPPORT O. TRAFFIC SIGN SUPPORT P. OTHER POST, POLE, OR SUPPORT Q. FENCE R. MAILBOX S. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 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	DRIVER DISTRACTION Y A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PDA, 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 OBSTACLE 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 A 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
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 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 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 B 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 Y ALCOHOL/DRUGS SUSPECTED 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 _____ % 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		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	VELOCITY		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL
W	US 80	Left scene	Unknown	0	40				

DAMAGE TO VEHICLE		CITATIONS	
AREA DAMAGED	EXTENT OF DEFORMITY		
 A. UNDER-CARRIAGE B. TOTAL C. OTHER D. NONE Y. UNKNOWN	A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN		

NOTICE OF INSURANCE VIOLATION ()

JVH

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

PAGE #

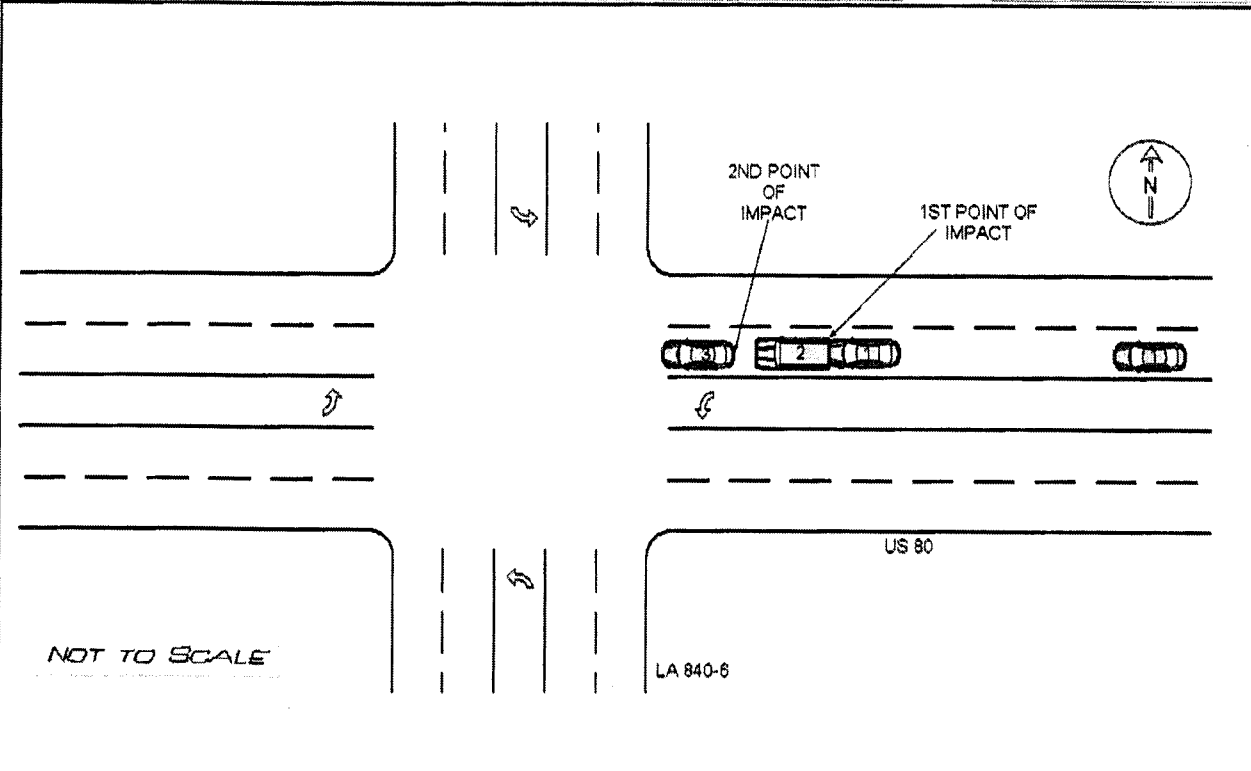
8

REFER TO EACH BY VEHICLE NUMBER

2 0 1 8 0 0 1 1 6 9 5

[SEE NARRATIVE PAGE]

NON-COLLISION WITH 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 Z		MANNER OF COLLISION B



This is a three vehicle, hit and run, crash that occurred on US 80 at the 133.6 milepost which is located at the intersection of LA 840-6. This section of US 80 is an undivided two way roadway with no physical separation. There are two westbound (W/B) lanes, two eastbound (E/B) lanes and a center turn lane. The weather was clear and the roadway was dry at the time of the crash. There were no reported injuries at the time of this investigation.

Prior to the crash, veh-3 was stopped at a red signal light in the left (inside) W/B lane of US 80. Veh-2 was stopped behind veh-3. Veh-1 was traveling W/B on US 80 in the left (inside) lane of travel, approaching the rear of veh-2. The signal light turned green and before veh-3 and veh-2 proceeded forward, veh-2 was struck from the rear by veh-1 which pushed veh-2 into the rear of veh-3. After the crash, veh-3, described as a small 4-door white car driven by a W/M, left the scene traveling W/B on US 80. Veh-1 and veh-2 pulled into a private drive.

Driver of veh-1 stated she was traveling W/B on US 80 in the left (inside) lane of travel. Driver of veh-1 stated she started coughing very hard and was unaware of her surrounding for a brief moment. The driver of veh-1 stated the next thing she knew was running into the rear of veh-2.

Driver of veh-2 stated he was stopped behind veh-3 at the red signal lights in the left (inside) lane of US 80 at LA 840-6. Driver of veh-2 stated the signal light turned green and before he proceeded forward, he was struck from behind by veh-1. Driver of veh-2 stated the impact caused his vehicle to move forward and strike the rear of veh-3.

There was minor damage to the front of veh-1 and it was removed from the scene by the driver. The driver of veh-1 was issued LA citation #3530432 for 32:58 (Careless Operation). There was very minor damage to the front and rear of veh-2. I checked the brake lights on the rear of veh-2 and found them to be functioning properly. Veh-2 was removed from the scene by the driver. The damage to veh-3 is unknown due to veh-3 leaving the scene.

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

COMPUTER NUMBER

PAGE #

- 10

20180011695

DATE 5/16/18 TIME 2:00 PLACE US 80 @ LA 840-6
I, Patricia Frizzell AM 41 YEARS OF AGE,
MY ADDRESS IS 810 Warner Rd
AND MY TELEPHONE NUMBER IS (318) 312-0776.

I was coming up behind the state trooper
and started coughing very hard. The light had just
turned green. When I started coughing, I wasn't
able to see anything for a second and struck the
officer from behind.

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:

Patricia Frizzell

OFFICER TAKING STATEMENT: S/T JOEL V. HEARD

SIGNATURE:

S/T Joel V. Heard 2/15

INVESTIGATING OFFICER'S INITIALS

JH

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

PAGE #

- 1.1

20180011695

DATE 6-16-18 TIME 13:54 PLACE US 90 @ 840-6
I, Kaleb Kleeves AM 24 YEARS OF AGE,
MY ADDRESS IS 145 Pullig Rd Jonesboro, LA 71251
AND MY TELEPHONE NUMBER IS (318) 376-6087.

On above date & time, I was w/b on US-90
stopped at a red light, when I was struck
in the rear by a white car. At the time
of the crash the light had just turned
green but the vehicle in front of me had
not moved. When I was struck my vehicle
was pushed into a vehicle in front of
me. The vehicle that I struck left the
scene without giving any information

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: [Signature]

OFFICER TAKING STATEMENT: S/T Joel V. HEARD

SIGNATURE: [Signature]

INVESTIGATING OFFICER'S INITIALS [Signature]

INVOICE

INVOICE NUMBER	INVOICE DATE
789-0101984	06/19/2018

BILL TO
Attn: Deborah Thomas SEDGWICK CMS PO Box PO BOX 14775 LEXINGTON KY 40512

CLIENT CODE
SED055086
BUSINESS LINE / LOSS TYPE
A - Personal Auto

FOR INQUIRIES:
PDA Monroe, LA #789 pdamonroe@pdaorg.net (318) 345-3545

SUBMIT PAYMENT TO:
Property Damage Appraisers, Inc. TIN: 75-1160563 PO Box 471909 Fort Worth, TX 76147 <i>Please reference the invoice number and enclose a copy of the invoice on all payments.</i>

INSURED	CLAIMANT	ASSIGNMENT DATE	PDA ASSIGNMENT #
Troop F/ Kaleb Reeves		06/18/2018	789-806-0030
CLAIM #	POLICY #	LOSS DATE	REFERENCE #
30180399987-0001		06/16/2018	

SERVICE FEE: (1 Unit(s) @ \$116.00)

\$ 116.00

Thank you for your business!

PDA provides simplified billing. Click here to learn more.

<small>Terms: Professional fees due upon receipt. Interest accrues at 1% per month. Please reference the invoice number and enclose a copy of the invoice on all payments.</small>	TOTAL CHARGES:	116.00
	INVOICE TOTAL:	\$ 116.00



Condition Report

Date: 6/19/2018 Property Condition: Repairable		Loss Recap for Repairable Damage Appraisal: \$2,100.01 Percent of ACV: 0.00 % Deductible: \$1,000.00 Total: \$1,100.01 Approximate ACV: \$0.00													
Assignment Number 789-806-0030		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Assignment Received: 6/18/2018</td> <td style="width:50%; padding: 2px;">Date of Loss: 6/16/2018</td> </tr> <tr> <td style="padding: 2px;">Date of First Contact: 6/18/2018</td> <td style="padding: 2px;">Date of Inspection: 6/19/2018</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Inspection Location: 1240 HWY 594 MONROE, LA 71203 </td> </tr> </table>		Assignment Received: 6/18/2018	Date of Loss: 6/16/2018	Date of First Contact: 6/18/2018	Date of Inspection: 6/19/2018	Inspection Location: 1240 HWY 594 MONROE, LA 71203							
Assignment Received: 6/18/2018	Date of Loss: 6/16/2018														
Date of First Contact: 6/18/2018	Date of Inspection: 6/19/2018														
Inspection Location: 1240 HWY 594 MONROE, LA 71203															
Office: PDAMonroe, LA #789 P.O. Box 4378 Monroe, LA 71211 Phone: 318-345-3545 Fax: 318-345-3534 <div style="margin-top: 10px;"> Insurance Company: SEDGWICK CMS Adjuster: Deborah Thomas </div>		Vehicle/Owner Information: Insured: Troop F/ Kaleb Reeves Vehicle: 2012 Chevrolet Tahoe VIN #: 1GNLC2E01CR23													
Repair Facility: <div style="height: 50px; border: 1px solid black; margin-top: 5px;">None Specified</div>		Loss Recap <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; padding: 2px;"> Estimated Amount of Open Damages: \$0.00 Estimated Salvage Value: \$0.00 Repair Facility Estimate Amount: \$0.00 </td> <td style="width:40%; padding: 2px;"> Recommendation: Repairable Primary Damage: Rear Center Secondary Damage: Front Center Damage Appraisal: \$2,100.01 </td> <td style="width:20%; padding: 2px;"> Claim #: 30180399987-0001 Policy #: </td> </tr> </table>		Estimated Amount of Open Damages: \$0.00 Estimated Salvage Value: \$0.00 Repair Facility Estimate Amount: \$0.00	Recommendation: Repairable Primary Damage: Rear Center Secondary Damage: Front Center Damage Appraisal: \$2,100.01	Claim #: 30180399987-0001 Policy #:									
Estimated Amount of Open Damages: \$0.00 Estimated Salvage Value: \$0.00 Repair Facility Estimate Amount: \$0.00	Recommendation: Repairable Primary Damage: Rear Center Secondary Damage: Front Center Damage Appraisal: \$2,100.01	Claim #: 30180399987-0001 Policy #:													
Agreed Scope of Damage: No Days to Repair: 3 Appearance Allowance: No	Betterment/Depreciation: No Applicable: Reason:	Tow Charges: \$0.00 Storage Rate Per Day / Total: N/A	Direction to Pay: No Drivable: Yes												
<div style="text-align: center;">Condition Summary</div> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:33%;"> Interior: Average Paint: Average </td> <td style="width:33%;"> Engine: Mileage: 100461 </td> <td style="width:33%;"> Special Equipment: Approx Cost of Special Equipment: \$0.00 </td> </tr> <tr> <td colspan="3" style="text-align: center; margin-top: 10px;"> Tire Information: </td> </tr> <tr> <td colspan="3"> Tread Depth: <small>(in 32nd's)</small> LF:0 RF:0 LR:0 RR:0 Spare:0 </td> </tr> <tr> <td colspan="3"> Size: Type: </td> </tr> </table>				Interior: Average Paint: Average	Engine: Mileage: 100461	Special Equipment: Approx Cost of Special Equipment: \$0.00	Tire Information:			Tread Depth: <small>(in 32nd's)</small> LF:0 RF:0 LR:0 RR:0 Spare:0			Size: Type:		
Interior: Average Paint: Average	Engine: Mileage: 100461	Special Equipment: Approx Cost of Special Equipment: \$0.00													
Tire Information:															
Tread Depth: <small>(in 32nd's)</small> LF:0 RF:0 LR:0 RR:0 Spare:0															
Size: Type:															
Remarks Veh has damage to front and rear bumper covers. Hidden damage is possible.		Open Items													

Date: 6/19/2018 05:50 PM
 Estimate ID: 7898060030
 Estimate Version: 0
 Committed
 Profile ID: * MONROE WEST MONROE
 Quote ID: 32876436

PROPERTY DAMAGE APPRAISERS (PDA Monroe)

PO Box 4378, Monroe, LA 71211
 (318) 345-3545
 Fax: (318) 345-3534
 Email: PDAMONROE@PDAORG.NET

* Not An Authorization For Repairs*
 Read disclaimers following appraisal calculations.

Damage Assessed By: Todd Traweek
 Classification: Field

Appraised For: Deborah Thomas

Condition Code: Good
 Date of Loss: 6/16/2018
 Deductible: 1,000.00
 File Number: 7898060030
 Claim Number: 30180399987-0001
 Type of Loss: Collision

Insured: Troop F/ Kaleb Reeves
 Owner: Troop F/ Kaleb Reeves
 Address: 1240 LA Highway 594, Monroe, LA 71203
 Telephone:
 Cell Phone: (318) 376-6087

Mitchell Service: 910647

Description: 2012 Chevrolet Tahoe Police
 Body Style: 4D Ut
 VIN: 1GNLC2E01CR233143
 Mileage: 100,461
 OEM/ALT: A
 Color: WHITE
 Options: TRANSMISSION OIL COOLER, PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK
 POWER WINDOW, POWER STEERING, POWER BRAKE, REAR WINDOW DEFOGGER, CRUISE CONTROL
 TILT STEERING COLUMN, POWER PASSENGER SEAT, FM RADIO, ANTI-LOCK BRAKE SYS.
 RUNNING BOARDS, TIRE INFLATION/PRESSURE MONITOR
 Vehicle Production Date: 2/12
 Drive Train: 5.3L Inj 8 Cyl 2WD
 License: F40 LA
 Search Code: 789

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	Frt Bumper Cover Assy			2.8 #
2	000024	BDY	REMOVE/REPLACE	Frt Bumper Cover	25814570	412.98	INC #
3	AUTO	REF	REFINISH	Frt Bumper Cover			C 2.9
4	900500	BDY *	REMOVE/INSTALL	Frt push bar	Existing		1.5* r
5	AUTO	BDY	OVERHAUL	Rear Bumper Cover Assy			2.0
6	001641	BDY	REMOVE/REPLACE	Rear Bumper Cover	20951794	481.28	INC
7	AUTO	REF	REFINISH	Rear Bumper Cover			C 2.6
8	001692	BDY	REMOVE/REPLACE	Rear Bumper Step Pad	15203817	107.75	INC #
9	AUTO	BDY	REMOVE/INSTALL	Rear Bumper Cover			INC
10	900500	BDY *	REMOVE/REPLACE	rear bumper decals	New	35.00 *	0.5*
11	AUTO	REF	ADD'L OPR	Clear Coat			1.7
12	AUTO		ADD'L COST	Paint/Materials		288.00 *	
13	AUTO		ADD'L COST	Hazardous Waste Disposal		5.00 *	

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

ESTIMATE RECALL NUMBER: 06/19/2018 17:50:38 7898060030

Mitchell Data Version: OEM: MAY_18_V

MAPP: MAY_18_V

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Software Version: 7.1.228

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Page 1 of 3

Date: 6/19/2018 05:50 PM
 Estimate ID: 7898060030
 Estimate Version: 0
 Committed
 Profile ID: * MONROE WEST MONROE
 Quote ID: 32876436

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	6.8	55.00	0.00	0.00	374.00 T	Taxable Parts	1,037.01
Refinish	7.2	55.00	0.00	0.00	396.00 T		
Taxable Labor					770.00	Total Replacement Parts Amount	1,037.01
Labor Summary	14.0				770.00		
						IV. Adjustments	Amount
III. Additional Costs					Amount	Insurance Deductible	1,000.00-
Taxable Costs					293.00		
Total Additional Costs					293.00	Customer Responsibility	1,000.00-
Paint Material Method: Rates Init Rate = 40.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	770.00
						II. Total Replacement Parts:	1,037.01
						III. Total Additional Costs:	293.00
						Gross Total:	2,100.01
						IV. Total Adjustments:	1,000.00-
						Net Total:	1,100.01

Point(s) of Impact

6 Rear Center (P), 12 Front Center (S)

Insurance Co: SEDGWICK CMS
 Address: 2900 WESTFORK RD STE 605
 BATON ROUGE, LA 70827
 Work Phone: (225) 368-3448

Inspection Site: TROOP F OFFICE
 Address: 1240 HWY 594
 MONROE, LA 71203
 (318) 376-6087
 Inspection Date: 6/19/2018

ESTIMATE RECALL NUMBER: 06/19/2018 17:50:38 7898060030

Mitchell Data Version: OEM: MAY_18_V
 MAPP: MAY_18_V

Software Version: 7.1.228

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Page 2 of 3

Date: 6/19/2018 05:50 PM
Estimate ID: 7898060030
Estimate Version: 0
Committed
Profile ID: * MONROE WEST MONROE
Quote ID: 32876436

*****Notice*****

This is not an authorization for repair. All costs of repairs are the sole responsibility of the vehicle owner, who must authorize all repairs. Failure to deliver a copy of this appraisal to the repair shop by the vehicle owner may result in out of pocket expense to the vehicle owner. Providing a copy of this appraisal is not an acceptance of coverage or liability and all issues of coverage or liability are to be determined by the insurance carrier.

*****Notice*****

Deductibles may or may not be addressed or included in this appraisal. If applicable, the repairer should collect the deductible from the vehicle owner prior to the release of the repaired vehicle.

*****Supplement Procedure Notice*****

It is the repairer's responsibility to send notification of the supplement via fax or email to PDA (at (318)345-3534 or pdamonroe@pdaorg.net), including a statement whether the repairs have been halted on the vehicle. PDA will respond to your request within 24 hours. Please allow 48 hours to complete supplement processing from the date of request to ensure timely release of the vehicle.

*****Notice*****

This appraisal is subject to the complete review and approval by the assigning insurance company to assure accuracy, cost effectiveness, and that accepted industry repair standards are met. The insurance company listed has the right to accept or reject any part or all of this appraisal or make any changes they feel necessary.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Review Results: Failures (0), Warnings (3)

Page 1 of 1

Owner: Troop F/ Kaleb Reeves, Claim #30180399987-0001

Vehicle: 2012 Chevrolet, Tahoe

Profile: 1 PDA Standard Version: 31

Estimate lines

Line	Severity	Description	Actual	Guideline	Override	Notes
8	Warning	Rear Bumper Step Pad - 12a - consider AM	OE	AM		Yes
OEM only for this client						
2	Warning	Frt Bumper Cover - 20h - consider RM LK AM	OE	LK AM RM		Yes
OEM only for this client						
6	Warning	Rear Bumper Cover - 20h - consider RM LK AM	OE	LK AM RM		Yes
OEM only for this client						

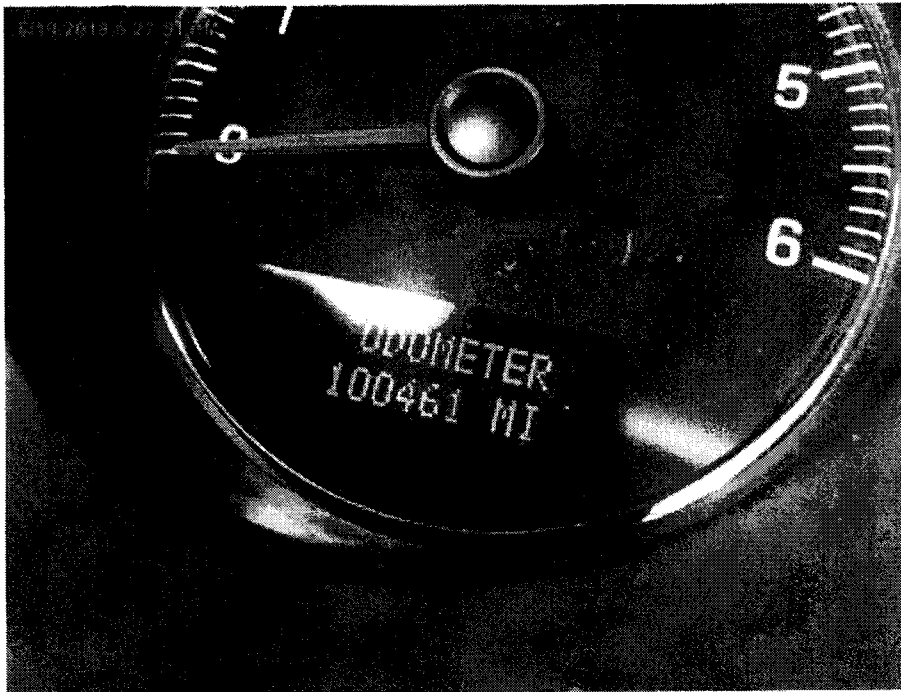
Profile (rates, taxes, amounts)

Line	Severity	Description	Actual	Guideline	Override	Notes
		Profile items Passed				

Administrative Information

Line	Severity	Description	Actual	Guideline	Override	Notes
		Admin items Passed				

Compliance Utility Version 4.5.0.0



Document Name: ODOMETER - 2.jpg

Remarks:



Document Name: LEFTFRONT.jpg

Remarks:



Document Name: RIGHTFRONT.jpg

Remarks:

6/19/2018 5:28:17 PM



Document Name: RIGHTREAR.jpg

Remarks:



Document Name: LICENSE.jpg

Remarks:



Document Name: LEFTREAR.jpg

Remarks:



Document Name: Rear bumper damage.jpg

Remarks:



Document Name: Rear bumper damage .jpg

Remarks:



Document Name: Frt bumper damage .jpg

Remarks:



Document Name: Frt bumper damage 1.jpg

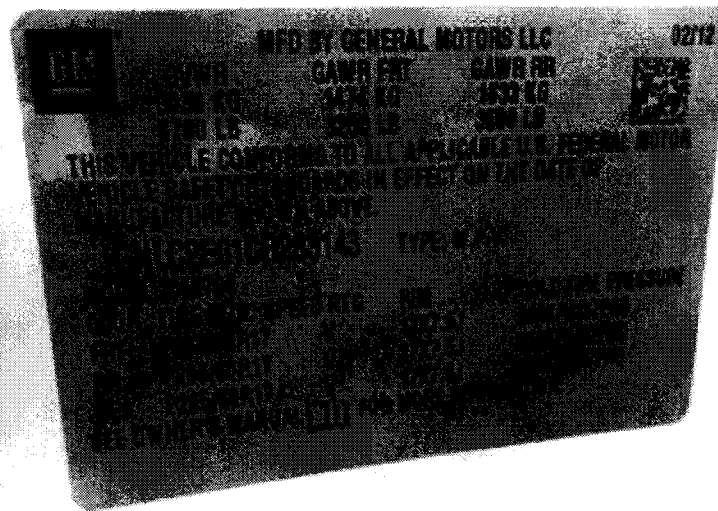
Remarks:



Document Name: VIN Dash.jpg

Remarks:

6/18/2018 5:27:17 PM



Document Name: VIN Door.jpg

Remarks:



Document Name: INTERIOR.jpg

Remarks:

LOUISIANA STATE POLICE FLEET OPERATIONS CRASH REPAIR AUTHORIZATION

Date: 7/12/2018
Vehicle: 71410-077284
VIN: 1GNLC2E01CR233143
Assigned Driver: KALEB REEVES
Claim Number: 30180399987-0001
Vendor: SMITH WRECKRER AND BODY SHOP
166 LOCKHART, DR.
HODGE, LA 71247

Instructions for Driver:

- Give this repair authorization and estimate to the vendor upon delivery of the vehicle.

Instructions for Vendor:

- Immediately upon receipt of the vehicle and authorization, email lspfleet@la.gov with the odometer reading.
- Any questions about the repair estimate should be directed to the PDA listed on the estimate.
- Supplemental repairs should be pre-approved by the PDA listed on the estimate.
- When repairs are complete, submit the final repair invoice to Sedgwick, by either:
 - Email: DPS@sedgwickcms.com, or
 - Fax: 855-563-2447
 - **All correspondence should include the claim number listed above.



Condition Report

Date: 6/19/2018 Property Condition: Repairable		Loss Recap for Repairable Damage Appraisal.....\$2,100.01 Percent of ACV..... 0.00 % Deductible.....\$1,000.00 Total.....\$1,100.01 Approximate ACV...\$0.00	
Assignment Number 789-806-0030		Assignment Received: 6/18/2018 Date of Loss: 6/16/2018 Date of First Contact: 6/18/2018 Date of Inspection: 6/19/2018	
Office: PDAMonroe, LA #789 P.O. Box 4378 Monroe, LA 71211 Phone: 318-345-3545 Fax: 318-345-3534 Insurance Company: SEDGWICK CMS Adjuster: Deborah Thomas		Inspection Location: 1240 HWY 594 MONROE, LA 71203	
Vehicle/Owner Information: Insured: Troop F/ Kaleb Reeves Vehicle: 2012 Chevrolet Tahoe VIN #: 1GNLC2E01CR23		Repair Facility: None Specified	
Loss Recap			
Estimated Amount of Open Damages: \$0.00 Estimated Salvage Value: \$0.00 Repair Facility Estimate Amount: \$0.00		Recommendation: Repairable Primary Damage: Rear Center Secondary Damage: Front Center Damage Appraisal: \$2,100.01	
Claim #: 30180399987-0001 Policy #:		Agreed Scope of Damage: No Days to Repair: 3 Appearance Allowance: No	
Betterment/Depreciation: No Applicable: Reason:		Tow Charges: \$0.00 Storage Rate Per Day / Total: N/A	
Direction to Pay: No Drivable: Yes		Condition Summary <div style="display: flex; justify-content: space-between;"> <div> Interior: Average Paint: Average </div> <div> Engine: Mileage: 100461 </div> <div> Special Equipment: Approx Cost of Special Equipment: \$0.00 </div> </div> Tire Information: Tread Depth: <small>(in 32nd's)</small> LF:0 RF:0 Size: LR:0 RR:0 Type: Spare:0	
Remarks Veh has damage to front and rear bumper covers. Hidden damage is possible.		Open Items	

Date: 6/19/2018 05:50 PM
 Estimate ID: 7898060030
 Estimate Version: 0
 Committed
 Profile ID: * MONROE WEST MONROE
 Quote ID: 32876436

PROPERTY DAMAGE APPRAISERS (PDA Monroe)

PO Box 4378, Monroe, LA 71211
 (318) 345-3545
 Fax: (318) 345-3534
 Email: PDAMONROE@PDAORG.NET

* Not An Authorization For Repairs*
 Read disclaimers following appraisal calculations.

Damage Assessed By: Todd Traweck
 Classification: Field

Appraised For: Deborah Thomas

Condition Code: Good
 Date of Loss: 6/16/2018
 Deductible: 1,000.00
 File Number: 7898060030
 Claim Number: 30180399987-0001

Type of Loss: Collision

Insured: Troop F/ Kaleb Reeves
 Owner: Troop F/ Kaleb Reeves
 Address: 1240 LA Highway 594, Monroe, LA 71203
 Telephone:
 Cell Phone: (318) 376-6087

Mitchell Service: 910647

Description: 2012 Chevrolet Tahoe Police
 Body Style: 4D Ut
 VIN: 1GNLC2E01CR233143
 Mileage: 100,481
 OEM/ALT: A
 Color: WHITE
 Options: TRANSMISSION OIL COOLER, PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK
 POWER WINDOW, POWER STEERING, POWER BRAKE, REAR WINDOW DEFOGGER, CRUISE CONTROL
 TILT STEERING COLUMN, POWER PASSENGER SEAT, FM RADIO, ANTI-LOCK BRAKE SYS.
 RUNNING BOARDS, TIRE INFLATION/PRESSURE MONITOR

Vehicle Production Date: 2/12
 Drive Train: 5.3L Inj 8 Cyl 2WD
 License: F40 LA
 Search Code: 799

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	Frt Bumper Cover Assy			2.8 #
2	000024	BDY	REMOVE/REPLACE	Frt Bumper Cover	25814570	412.98	INC #
3	AUTO	REF	REFINISH	Frt Bumper Cover			C 2.9
4	900500	BDY *	REMOVE/INSTALL	Frt push bar	Existing		1.5* r
5	AUTO	BDY	OVERHAUL	Rear Bumper Cover Assy			2.0
6	001841	BDY	REMOVE/REPLACE	Rear Bumper Cover	20951794	481.28	INC
7	AUTO	REF	REFINISH	Rear Bumper Cover			C 2.6
8	001892	BDY	REMOVE/REPLACE	Rear Bumper Step Pad	15203817	107.75	INC #
9	AUTO	BDY	REMOVE/INSTALL	Rear Bumper Cover			INC
10	900500	BDY *	REMOVE/REPLACE	rear bumper decals	New	35.00 *	0.5*
11	AUTO	REF	ADD'L OPR	Clear Coat			1.7
12	AUTO		ADD'L COST	Paint/Materials		288.00 *	
13	AUTO		ADD'L COST	Hazardous Waste Disposal		5.00 *	

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

ESTIMATE RECALL NUMBER: 06/19/2018 17:50:38 7898060030

Mitchell Data Version: OEM: MAY_18_V
 MAPP: MAY_18_V

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Software Version: 7.1.228

Page 1 of 3

Date: 6/19/2018 05:50 PM
 Estimate ID: 7898060030
 Estimate Version: 0
 Committed
 Profile ID: * MONROE WEST MONROE
 Quote ID: 32876436

Estimate Totals

		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals			Amount
I. Labor Subtotals							II. Part Replacement Summary		
	Body	6.8	55.00	0.00	0.00	374.00 T		Taxable Parts	1,037.01
	Refinish	7.2	55.00	0.00	0.00	396.00 T		Total Replacement Parts Amount	1,037.01
	Taxable Labor					770.00			
	Labor Summary	14.0				770.00			
III. Additional Costs						Amount	IV. Adjustments		Amount
	Taxable Costs					293.00		Insurance Deductible	1,000.00-
	Total Additional Costs					293.00		Customer Responsibility	1,000.00-
	Paint Material Method: Rates								
	Init Rate = 40.00 , Init Max Hours = 99.9, Addl Rate = 0.00								
							I. Total Labor:		770.00
							II. Total Replacement Parts:		1,037.01
							III. Total Additional Costs:		293.00
							Gross Total:		2,100.01
							IV. Total Adjustments:		1,000.00-
							Net Total:		1,100.01

Point(s) of Impact

6 Rear Center (P), 12 Front Center (S)

Insurance Co: SEDGWICK CMS
 Address: 2900 WESTFORK RD STE 605
 BATON ROUGE, LA 70827
 Work Phone: (225) 368-3448

Inspection Site: TROOP F OFFICE
 Address: 1240 HWY 594
 MONROE, LA 71203
 (504) 376-6067
 Inspection Date: 6/19/2018

ESTIMATE RECALL NUMBER: 05/19/2018 17:50:38 7898060030

Mitchell Data Version: OEM: MAY_18_V

MAPP:MAY_18_V

Software Version: 7.1.228

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Page 2 of 3

Date: 6/19/2018 06:50 PM
Estimate ID: 7898060030
Estimate Version: 0
Committed
Profile ID: * MONROE WEST MONROE
Quote ID: 32876436

*****Notice*****

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Review Results: Failures (0), Warnings (3)

Owner: Troop F/ Kaleb Reeves, Claim #30180399987-0001

Page 1 of 1

Vehicle: 2012 Chevrolet, Tahoe

Profile: 1 PDA Standard Version: 31

Estimate lines

Line	Severity	Description	Actual	Guideline	Override	Notes
8	Warning	Rear Bumper Step Pad - 12a - consider AM	OE	AM		Yes
2	Warning	Frt Bumper Cover - 20h - consider RM LK AM	OE	LK AM RM		Yes
6	Warning	Rear Bumper Cover - 20h - consider RM LK AM	OE	LK AM RM		Yes

Profile (rates, taxes, amounts)

Line	Severity	Description	Actual	Guideline	Override	Notes
		Profile items Passed				

Administrative Information

Line	Severity	Description	Actual	Guideline	Override	Notes
		Admin items Passed				

Compliance Utility Version 4.5.0.0

LOUISIANA STATE POLICE

FLEET OPERATIONS

CRASH REPAIR AUTHORIZATION

Date: 7/12/2018
Vehicle: 71410-077284
VIN: 1GNLC2E01CR233143
Assigned Driver: KALEB REEVES
Claim Number: 30180399987-0001
Vendor: SMITH WRECKER AND BODY SHOP
166 LOCKHART, DR.
HODGE, LA 71247

Instructions for Driver:

- Give this repair authorization and estimate to the vendor upon delivery of the vehicle.

Instructions for Vendor:

- Immediately upon receipt of the vehicle and authorization, email lspfleet@la.gov with the odometer reading.
- Any questions about the repair estimate should be directed to the PDA listed on the estimate.
- Supplemental repairs should be pre-approved by the PDA listed on the estimate.
- When repairs are complete, submit the final repair invoice to Sedgwick, by either:
 - Email: DPS@sedgwickems.com, or
 - Fax: 855-563-2447
 - **All correspondence should include the claim number listed above.

71410-077284
FS 18-0166



Condition Report

Date: 6/19/2018 Property Condition: Repairable		Loss Recap for Repairable Damage Appraisal: \$2,100.01 Percent of ACV: 0.00 % Deductible: \$1,000.00 Total: \$1,100.01 Approximate ACV: \$0.00										
Assignment Number 789-806-0030		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Assignment Received: 6/18/2018</td> <td style="width:50%; padding: 2px;">Date of Loss: 6/16/2018</td> </tr> <tr> <td style="padding: 2px;">Date of First Contact: 6/18/2018</td> <td style="padding: 2px;">Date of Inspection: 6/19/2018</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Inspection Location: 1240 HWY 594 MONROE, LA 71203 </td> </tr> </table>		Assignment Received: 6/18/2018	Date of Loss: 6/16/2018	Date of First Contact: 6/18/2018	Date of Inspection: 6/19/2018	Inspection Location: 1240 HWY 594 MONROE, LA 71203				
Assignment Received: 6/18/2018	Date of Loss: 6/16/2018											
Date of First Contact: 6/18/2018	Date of Inspection: 6/19/2018											
Inspection Location: 1240 HWY 594 MONROE, LA 71203												
Office: PDAMonroe, LA #789 P.O. Box 4378 Monroe, LA 71211 Phone: 318-345-3545 Fax: 318-345-3534 <div style="float: right; text-align: right;"> Insurance Company: SEDGWICK CMS Adjuster: Deborah Thomas </div>		Repair Facility: None Specified										
Vehicle/Owner Information: Insured: Troop F/ Kaleb Reeves Vehicle: 2012 Chevrolet Tahoe VIN #: 1GNLC2E01CR23		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Estimated Amount of Open Damages: \$0.00</td> <td style="width:33%; padding: 2px;"> Recommendation: Repairable Primary Damage: Rear Center Secondary Damage: Front Center Damage Appraisal: \$2,100.01 </td> <td style="width:34%; padding: 2px;"> Claim #: 30180399987-0001 Policy #: </td> </tr> <tr> <td style="padding: 2px;">Estimated Salvage Value: \$0.00</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Repair Facility Estimate Amount: \$0.00</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>		Estimated Amount of Open Damages: \$0.00	Recommendation: Repairable Primary Damage: Rear Center Secondary Damage: Front Center Damage Appraisal: \$2,100.01	Claim #: 30180399987-0001 Policy #:	Estimated Salvage Value: \$0.00			Repair Facility Estimate Amount: \$0.00		
Estimated Amount of Open Damages: \$0.00	Recommendation: Repairable Primary Damage: Rear Center Secondary Damage: Front Center Damage Appraisal: \$2,100.01			Claim #: 30180399987-0001 Policy #:								
Estimated Salvage Value: \$0.00												
Repair Facility Estimate Amount: \$0.00												
Loss Recap		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;">Agreed Scope of Damage: No</td> <td style="width:25%; padding: 2px;"> Betterment/Depreciation: No Applicable: Reason: </td> <td style="width:25%; padding: 2px;"> Tow Charges: \$0.00 Storage Rate Per Day / Total: N/A </td> <td style="width:25%; padding: 2px;"> Direction to Pay: No Drivable: Yes </td> </tr> </table>		Agreed Scope of Damage: No	Betterment/Depreciation: No Applicable: Reason:	Tow Charges: \$0.00 Storage Rate Per Day / Total: N/A	Direction to Pay: No Drivable: Yes					
Agreed Scope of Damage: No	Betterment/Depreciation: No Applicable: Reason:	Tow Charges: \$0.00 Storage Rate Per Day / Total: N/A	Direction to Pay: No Drivable: Yes									
<div style="text-align: center;"> Condition Summary </div> <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:33%;"> Interior: Average Paint: Average </td> <td style="width:33%;"> Engine: Mileage: 100461 </td> <td style="width:34%;"> Special Equipment: Approx Cost of Special Equipment: \$0.00 </td> </tr> </table> <div style="text-align: center; margin-top: 10px;"> Tire Information: </div> <table style="width:100%; margin-top: 5px;"> <tr> <td style="width:50%;"> Tread Depth: <small>(in 32nd's)</small> LF:0 RF:0 LR:0 RR:0 Spare:0 </td> <td style="width:50%;"> Size: Type: </td> </tr> </table>				Interior: Average Paint: Average	Engine: Mileage: 100461	Special Equipment: Approx Cost of Special Equipment: \$0.00	Tread Depth: <small>(in 32nd's)</small> LF:0 RF:0 LR:0 RR:0 Spare:0	Size: Type:				
Interior: Average Paint: Average	Engine: Mileage: 100461	Special Equipment: Approx Cost of Special Equipment: \$0.00										
Tread Depth: <small>(in 32nd's)</small> LF:0 RF:0 LR:0 RR:0 Spare:0	Size: Type:											
Remarks Veh has damage to front and rear bumper covers. Hidden damage is possible.		Open Items										

Date: 6/19/2018 05:50 PM
 Estimate ID: 7898060030
 Estimate Version: 0
 Committed
 Profile ID: * MONROE WEST MONROE
 Quote ID: 32876436

PROPERTY DAMAGE APPRAISERS (PDA Monroe)

PO Box 4378, Monroe, LA 71211
 (318) 345-3545
 Fax: (318) 345-3534
 Email: PDAMONROE@PDAORG.NET

* Not An Authorization For Repairs*
 Read disclaimers following appraisal calculations.

Damage Assessed By: Todd Traweck
 Classification: Field

Appraised For: Deborah Thomas

Condition Code: Good
 Date of Loss: 6/16/2018
 Deductible: 1,000.00
 File Number: 7898060030
 Claim Number: 30180399987-0001

Type of Loss: Collision

Insured: Troop F/ Kaleb Reeves
 Owner: Troop F/ Kaleb Reeves
 Address: 1240 LA Highway 594, Monroe, LA 71203
 Telephone:
 Cell Phone: (318) 376-6087

Mitchell Service: 910647

Description: 2012 Chevrolet Tahoe Police
 Body Style: 4D Ut
 VIN: 1GNLC2E01CR233143
 Mileage: 100,461
 OEM/ALT: A
 Color: WHITE
 Options: TRANSMISSION OIL COOLER, PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK
 POWER WINDOW, POWER STEERING, POWER BRAKE, REAR WINDOW DEFOGGER, CRUISE CONTROL
 TILT STEERING COLUMN, POWER PASSENGER SEAT, FM RADIO, ANTI-LOCK BRAKE SYS.
 RUNNING BOARDS, TIRE INFLATION/PRESSURE MONITOR

Vehicle Production Date: 2/12
 Drive Train: 5.3L Inj 8 Cyl 2WD
 License: F40 LA
 Search Code: 789

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	Frt Bumper Cover Assy			2.8 #
2	000024	BDY	REMOVE/REPLACE	Frt Bumper Cover	25814570	412.98	INC #
3	AUTO	REF	REFINISH	Frt Bumper Cover			C 2.9
4	900500	BDY *	REMOVE/INSTALL	Frt push bar	Existing		1.5* r
5	AUTO	BDY	OVERHAUL	Rear Bumper Cover Assy			2.0
6	001641	BDY	REMOVE/REPLACE	Rear Bumper Cover	20951794	481.28	INC
7	AUTO	REF	REFINISH	Rear Bumper Cover			C 2.6
8	001692	BDY	REMOVE/REPLACE	Rear Bumper Step Pad	15203817	107.75	INC #
9	AUTO	BDY	REMOVE/INSTALL	Rear Bumper Cover			INC
10	900500	BDY *	REMOVE/REPLACE	rear bumper decals	New	35.00	* 0.5*
11	AUTO	REF	ADD'L OPR	Clear Coat			1.7
12	AUTO		ADD'L COST	Paint/Materials		288.00	*
13	AUTO		ADD'L COST	Hazardous Waste Disposal		5.00	*

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

ESTIMATE RECALL NUMBER: 06/19/2018 17:50:38 7898060030

Mitchell Data Version: OEM: MAY_18_V
 MAPP: MAY_18_V
 Software Version: 7.1.228

Copyright (C) 1994 - 2018 Mitchell International
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Page 1 of 3

Date: 6/19/2018 05:50 PM
 Estimate ID: 7998060030
 Estimate Version: 0
 Committed
 Profile ID: * MONROE WEST MONROE
 Quote ID: 32876436

Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary	
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals		Amount
Body	6.8	55.00	0.00	0.00	374.00 T	Taxable Parts	1,037.01
Refinish	7.2	55.00	0.00	0.00	396.00 T		
Taxable Labor					770.00	Total Replacement Parts Amount	1,037.01
Labor Summary	14.0				770.00		
III. Additional Costs					Amount	IV. Adjustments	
Taxable Costs					293.00	Insurance Deductible	1,000.00-
Total Additional Costs					293.00	Customer Responsibility	1,000.00-
Paint Material Method: Rates Init Rate = 40.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	770.00
						II. Total Replacement Parts:	1,037.01
						III. Total Additional Costs:	293.00
						Gross Total:	2,100.01
						IV. Total Adjustments:	1,000.00-
						Net Total:	1,100.01

Point(s) of Impact

6 Rear Center (P), 12 Front Center (S)

Insurance Co: SEDGWICK CMS
 Address: 2900 WESTFORK RD STE 605
 BATON ROUGE, LA 70827
 Work Phone: (225) 368-3448

Inspection Site: TROOP F OFFICE
 Address: 1240 HWY 594
 MONROE, LA 71203
 (318) 376-6087
 Inspection Date: 6/19/2018

ESTIMATE RECALL NUMBER: 06/19/2018 17:50:38 7998060030

Mitchell Data Version: OEM: MAY_18_V

Software Version: MAPP: MAY_18_V
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Review Results: Failures (0), Warnings (3)

Owner: Troop F/ Kaleb Reeves, Claim #30180399987-0001

Page 1 of 1

Vehicle: 2012 Chevrolet, Tahoe

Profile: 1 PDA Standard Version: 31

Estimate lines

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Profile (rates, taxes, amounts)

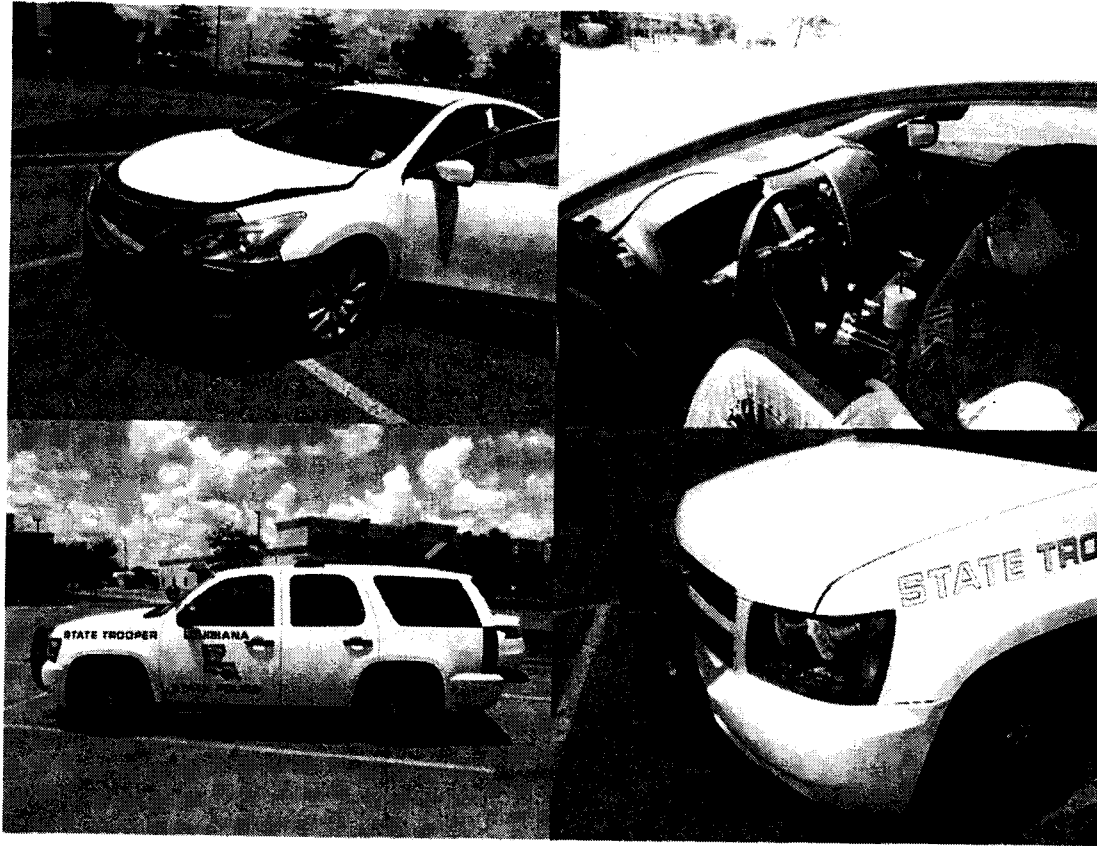
Line	Severity	Description	Actual	Guideline	Override	Notes
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Administrative Information

Line	Severity	Description	Actual	Guideline	Override	Notes
		Admin items Passed				

Compliance Utility Version 4.5.0.0

FS18-0166 KALEB REEVES



FS18-0166 KALEB REEVES



FS18-0166 KALEB REEVES



FS18-0166 KALEB REEVES





Smith's Body Shop

We treat your car as if it was our own
P.O. Box 150, 166 Lockhart Dr., Hodge, LA 71247
Phone: (318) 259-7311
FAX: (318) 259-4942

Workfile ID: e6d3d7f8
Federal ID: 72-1463035

FS18-0166

3 0180399987000

Estimate of Record

Final Invoice

Invoice # 077284

Customer: Troop F/ Kaleb Reeves

Job Number:

Collectable

Written By: Josh Smith, 8/31/2018 1:34:30 PM

Insured: Troop F/ Kaleb Reeves
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #: 30180399987-0001
Days to Repair: 0

Owner:

Troop F/ Kaleb Reeves
1240 LA Highway 594
Monroe, LA 71203

Inspection Location:

Smith's Body Shop
P.O. Box 150
166 Lockhart Dr.
Hodge, LA 71247
Repair Facility
(318) 259-7311 Business

Insurance Company:

VEHICLE

2012 CHEV Tahoe Commercial 1500 (Fleet) 4D UTV 8-5.3L Flex Fuel SFI

VIN: 1GNLC2E01CR233143
License:
State:

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
Overdrive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat

DECOR

Dual Mirrors
Privacy Glass

CONVENIENCE

Air Conditioning
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Message Center
Rear Window Wiper
Climate Control
Dual Air Condition

RADIO

AM Radio
FM Radio
Stereo

Search/Seek

CD Player
Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Rear Side Impact Air Bags
Communications System

ROOF

Luggage/Roof Rack

SEATS

Reclining/Lounge Seats
3rd Row Seat

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

TRUCK

Trailer Hitch
Trailer Package
Running Boards/Side Steps

Estimate of Record

Customer: Troop F/ Kaleb Reeves

Job Number:

2012 CHEV Tahoe Commercial 1500 (Fleet) 4D UTV 8-5.3L Flex Fuel SFI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2	*	Repl Bumper cover	25814570	1	412.98	2.2	2.2
3		Add for Clear Coat					1.1
4	#	R&I Push Bar				1.5	
5		REAR BUMPER					
6		O/H rear bumper				1.7	
7		Repl Bumper cover w/o reverse sensing system	20951794	1	481.28	Incl.	3.4
8		Add for Clear Coat					1.4
9	*	Repl Step pad	15203817	1	91.75	Incl.	
SUBTOTALS					986.01	5.4	8.6

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			986.01
Body Labor	5.4 hrs @	\$ 55.00 /hr	297.00
Paint Labor	8.6 hrs @	\$ 55.00 /hr	473.00
Paint Supplies	8.6 hrs @	\$ 40.00 /hr	344.00
Subtotal			2,100.01
Grand Total			2,100.01

MyPriceLink Estimate ID: 464860967457529856

This is an estimate based on damage that was visible when it was written. It is not a firm quotation and may change during the repair due to additional damage, part price changes, and other other factors.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Estimate of Record

Customer: Troop F/ Kaleb Reeves

Job Number:

2012 CHEV Tahoe Commercial 1500 (Fleet) 4D UTV 8-5.3L Flex Fuel SFI

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR1GC07, CCC Data Date 8/17/2018, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2019 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category.
X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category.
M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel.
CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel.
HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non
Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace.
R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel.
Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway
Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.



STATE OF LOUISIANA

Dept of Public Safety and Corrections

Vendor Number/Name/Address:

0310166309
SMITH'S BODY SHOP
PO Box 150
HODGE, LA 71247

PURCHASE ORDER

Number: 2000370832

Version: 1

Date Issued:

Fiscal Year: 2019

Buyer: TRENIA BENNETT

Phone:

Email: trencia.bennett@la.gov

All terms and conditions in the solicitation are
part of this order as if fully reproduced herein.

Deliver To:

Invalid Delivery Address
Invalid, LA 99999-9999

Invoice To Address:

Dept of Public Safety and Corrections
Office of Management and Finance
PO Box 66909
Baton Rouge, LA 70896

Ship To Contact:

Terms of payment: Vendor Net 30

FOB Point: DESTINATION

Shopping Cart Number: _____

Bid Response Number: _____

Invitation to Bid: _____

Total Amount of PO: \$1,000.00

LINE	DESCRIPTION	QTY	UOM	UNIT PRICE	EXTENDED AMOUNT
1	Product Category: 78180100 SERVICE DESCRIPTION: Wreck Repair Invoice Required: From 09/19/2018	1	EA	1,000.00000	1,000.00

Purchase Order: 2000370832 Version: 1
Vendor: 310166309 SMITH'S BODY SHOP

Buyer: TRECIA BENNETT

Page 2 of 3

THE FOLLOWING CONDITIONS, UNLESS OTHERWISE STATED IN THE BID DOCUMENT, WILL APPLY TO ALL ORDERS:

PAYMENT TO VENDORS - PAYMENT FOR GOODS AND/OR SERVICES PURCHASED BY THE STATE WILL ONLY BE MADE IN ACCORDANCE WITH THE FOLLOWING CONDITIONS:

1. INVOICES MUST REFERENCE THE STATE'S PURCHASE ORDER NUMBER AND REFLECT THE QUANTITY BILLED BY PURCHASE ORDER LINE NUMBER.
2. BILLS OF LADING, PACKING SLIPS, AND/OR OTHER RELATED SHIPPING PAPERS MUST REFERENCE THE STATE'S PURCHASE ORDER NUMBER AND REFLECT THE QUANTITY SHIPPED BY PURCHASE ORDER LINE NUMBER.

THE STATE IS NOT RESPONSIBLE FOR GOODS DELIVERED OR WORK DONE WITHOUT A WRITTEN ORDER. NO ALLOWANCE FOR BOXING OR CRATING. UNAUTHORIZED QUANTITIES IN EXCESS OF THIS ORDER WILL BE RETURNED OR HELD SUBJECT TO SHIPPER'S ORDER, EXPENSE AND RISK.

CONTRACTOR WARRANTS THAT THE MERCHANDISE TO BE FURNISHED HEREUNDER WILL BE IN FULL CONFORMITY WITH THE SPECIFICATION, DRAWING OR SAMPLE AND AGREES THAT THIS WARRANTY SHALL SURVIVE ACCEPTANCE OF THE MERCHANDISE AND THAT CONTRACTOR WILL BEAR THE COST OF INSPECTING REJECTED MERCHANDISE.

ALL REJECTED GOODS WILL BE HELD AT CONTRACTOR'S RISK AND EXPENSE, SUBJECT TO CONTRACTOR'S PROMPT ADVICE AS TO DISPOSITION. UNLESS OTHERWISE ARRANGED, ALL REJECTED GOODS WILL BE RETURNED AT CONTRACTOR'S EXPENSE.

CONTRACTOR WILL, AT ITS EXPENSE, DEFEND THE STATE AGAINST ANY CLAIM THAT ANY MERCHANDISE TO BE FURNISHED HEREUNDER INFRINGES A PATENT OR COPYRIGHT IN THE UNITED STATES OR PUERTO RICO, AND WILL PAY ALL COST DAMAGES AND ATTORNEY'S FEES THAT A COURT FINALLY AWARDS AS A RESULT OF SUCH CLAIM.

COMPLIANCE WITH CIVIL RIGHTS LAWS.

THE CONTRACTOR AGREES TO ABIDE BY THE REQUIREMENTS OF THE FOLLOWING AS APPLICABLE: TITLE VI AND VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED BY THE EQUAL OPPORTUNITY ACT OF 1972, FEDERAL EXECUTIVE ORDER 11246, THE FEDERAL REHABILITATION ACT OF 1973, AS AMENDED, THE VIETNAM ERA VETERAN'S READJUSTMENT ASSISTANCE ACT OF 1974, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE ACT OF 1975, AND CONTRACTOR AGREES TO ABIDE BY THE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT OF 1990. CONTRACTOR AGREES NOT TO DISCRIMINATE IN ITS EMPLOYMENT PRACTICES, AND WILL RENDER SERVICES UNDER THIS AGREEMENT AND ANY CONTRACT ENTERED INTO AS A RESULT OF THIS AGREEMENT, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, VETERAN STATUS, POLITICAL AFFILIATION, OR DISABILITIES. ANY ACT OF DISCRIMINATION COMMITTED BY CONTRACTOR, OR FAILURE TO COMPLY WITH THESE STATUTORY OBLIGATIONS WHEN APPLICABLE, SHALL BE GROUNDS FOR TERMINATION OF THIS AGREEMENT AND ANY CONTRACT ENTERED INTO AS A RESULT OF THIS AGREEMENT.

IN ACCORDANCE WITH EXECUTIVE ORDER NUMBER JBE 2018-15, EFFECTIVE MAY 22, 2018, FOR ANY CONTRACTS WITH A VALUE OF \$100,000 OR MORE AND FOR ANY VENDOR WITH 5 OR MORE EMPLOYEES, THE VENDOR CERTIFIES THAT IT IS NOT ENGAGING IN A BOYCOTT OF ISRAEL AND IT WILL, FOR THE DURATION OF ITS CONTRACTUAL OBLIGATIONS, REFRAIN FROM A BOYCOTT OF ISRAEL.

CONTRACT CANCELLATION

THE STATE OF LOUISIANA HAS THE RIGHT TO TERMINATE THE CONTRACT IMMEDIATELY FOR ANY OF THE FOLLOWING REASONS: (A) MISREPRESENTATION BY THE CONTRACTOR; (B) CONTRACTOR'S FRAUD, COLLUSION, CONSPIRACY OR OTHER UNLAWFUL MEANS OF OBTAINING ANY CONTRACT WITH THE STATE OF LOUISIANA; (C) CONFLICT OF CONTRACT PROVISIONS WITH CONSTITUTIONAL OR STATUTORY PROVISIONS OF STATE OR FEDERAL LAW; (D) ABUSIVE OR BELLIGERENT CONDUCT BY CONTRACTOR TOWARDS AN EMPLOYEE OR AGENT OF THE STATE; (E) CONTRACTOR'S INTENTIONAL VIOLATION OF THE PROCUREMENT CODE (LA. R.S. 39:1551 ET SEQ.) AND ITS CORRESPONDING REGULATIONS; OR, (F) ANY LISTED REASON FOR DEBARMENT UNDER LA. R.S. 39:1672.

THE STATE OF LOUISIANA MAY TERMINATE THE CONTRACT FOR CONVENIENCE AT ANY TIME (1) BY GIVING THIRTY (30)

Purchase Order: 2000370832 Version: 1	Buyer: TRECIA BENNETT	Page 3 of 3
Vendor: 310166309 SMITH'S BODY SHOP		

DAYS WRITTEN NOTICE TO THE CONTRACTOR OF SUCH TERMINATION: OR (2) BY NEGOTIATING WITH THE CONTRACTOR AN EFFECTIVE DATE. THE STATE SHALL PAY CONTRACTOR FOR, IF APPLICABLE: (A) DELIVERABLES IN PROGRESS; (B) THE PERCENTAGE THAT HAS BEEN COMPLETED SATISFACTORILY; AND, (C) FOR TRANSACTION-BASED SERVICES UP TO THE DATE OF TERMINATION, TO THE EXTENT WORK HAS BEEN PERFORMED SATISFACTORILY.

THE STATE OF LOUISIANA HAS THE RIGHT TO TERMINATE THE CONTRACT FOR CAUSE BY GIVING THIRTY (30) DAYS WRITTEN NOTICE TO THE CONTRACTOR OF SUCH TERMINATION FOR ANY OF THE FOLLOWING NON-EXCLUSIVE REASONS: (A) FAILURE TO DELIVER WITHIN THE TIME SPECIFIED IN THE CONTRACT; (B) FAILURE OF THE PRODUCT OR SERVICE TO MEET SPECIFICATIONS, CONFORM TO SAMPLE QUALITY OR TO BE DELIVERED IN GOOD CONDITION; OR, (C) ANY OTHER BREACH OF CONTRACT.

DRAFT

AUTHORIZED SIGNATURE: _____

Agency Administrative Officer

AUTHORIZED DEALER CERTIFICATION

The Louisiana Procurement Code requires that maximum competitive bids shall be obtained (where the cost exceeds \$5000.00) in accordance with R.S. 39:1655.

An exception to minimum competitive requirements where no competitive bidding is required is as follows:

- A. Repairs to equipment and/or parts associated with a specific repair job shall be obtained by use of an "authorized dealer". An authorized dealer is defined as a dealer certified by the manufacturer to sell or perform maintenance on their equipment.

Smith's Body Shop certifies that that they are an
Vendor (Business Name)
"authorized dealer" to repair or furnish parts associated with a specified repair to the
following described equipment:

Type of
equipment: Commercial 1500 SUV
Brand
Name: 2012 Chevrolet Tahoe

By: [Signature]
Owner or Authorized Representative of Vendor

Date: 9/19/18

Vendor's Telephone Number: 318-254-7311

Vendor's Email Address: Jshwsmith@gmail.com

Work Order Report - WO# 0000199790

9/19/2018 9:43:26 AM

WO Company: 001 DEPARTMENT OF PUBLIC SAFETY
WO Department: 2279 PATROL-TROOP F
WO Shop: HQC HQ Crash Shop

CUSTOMER COPY



WO#: 0000199790

Date In: 09/19/2018 09:14

Date Out: 09/19/2018 09:43

WO Total Cost: 1000.00

WO Status: C

Last WO#: 0000196715

Bill Code: 1

Last WO Date: 05/29/2018

Operator: tb

Equipment: 71410-077284 License: F-40

Color: WHITE Engine: 5.3L V-8
Year: 2012 GVW: 6700
Make: CHEVROLET Serial: 1GNLC2E01CR233143
Model: TAHOE Misc. Field:
Location:

Department: 2279: PATROL-TROOP F
Class: A42GZH322: 4 Door
Company: 001 DEPARTMENT OF PUBLIC SAFETY
Monitor Group: M: FULLY MARKED
Site: LSP: LSP Unit

METERS

WO Meter	Reading	Override?	Eq Meter	Actual	LTD
M	104339	Y	M	104339	104339

PM SERVICE

Due	Type	Type Description	Due	Type	Type Description
60000	A	PMA CHANGE OIL & FILTER, LUBE	20000	D	PHD REPLACE FUEL FILTER, INSPECT DRIVE
10000	B	PMB ROTATE TIRES, INSPECT BRAKES & CLEA	25000	E	PME LUBE DOOR HINGES, CLEAN AIR INTAKE V
15000	C	PNC CHECK FRONT/REAR AXLE FLUID LEVELS	50000	T	PMT SERV TRANSMISSION FLUSH RADIATOR, RE

REPAIRS PERFORMED

MID	Date	SH RTY	Description	Labor Cost
-----	------	--------	-------------	------------

SUBLET REPAIRS

Vendor	Date Back	RTY	RTY Description
F043	09/19/2018	5000001000NN	Incident Repair Unit Services Complete Unit Part Issue
Parts: 0.00		Labor: 0.00	Other: 0.00 Tax: 0.00 Sublet Cost: 1000.00

PARTS ISSUED

Strm	Part Number	Part Description	RTY	RTY Description	QTY	Unit Cost	Total Cost
------	-------------	------------------	-----	-----------------	-----	-----------	------------

MISCELLANEOUS COSTS

Code	Code Description	RTY	RTY Description	Misc. Cost
------	------------------	-----	-----------------	------------

CREDITS

Date	Description	Credit Amount
------	-------------	---------------

Work Order Total: 1000.00

Parts: 0.00	Labor: 0.00	Sublet: 1000.00	Misc Cost: 0.00	Credit: 0.00
-------------	-------------	-----------------	-----------------	--------------

NOTES

Accident Collectable DOL: 6/16/2018 Our Driver: Kaleb Reeves FS18-0166 Claim# 30180399987-0001

Vendor: Smith Body Shop
09/19/2018 @ 09:16:22 tmb



JOHN BEL EDWARDS
GOVERNOR

KEVIN W. REEVES, COLONEL
DEPUTY SECRETARY

State of Louisiana
Department of Public Safety and Corrections
Public Safety Services

January 22, 2020
4750/0501/JPR/20-22852

TROOPER KALEB REEVES
CID- REGION 3

FS#19-0286, IA #N19-110, OLA #066630
VIA PERSONAL DELIVERY

RE: LETTER OF COUNSELING

Dear Trooper Reeves:

Pursuant to State Police Commission Rules 12.1, 12.9, and the authority delegated to me by Colonel Kevin Reeves, you are hereby counseled for the following reasons:

On September 18, 2019, at approximately 1448 hours, while operating your assigned State Police unit, you were involved in a preventable crash in Winn Parish. You were traveling northbound on US 167 in the left lane at milepost 165.7 when your unit struck a pool of water in the roadway and began to hydroplane. Your unit began to rotate clockwise and travelled across the right lane and onto the shoulder. Your unit continued to travel off the shoulder and into the northbound ditch. Your unit struck a small tree as it entered a wood line and traveled into a wooded area before striking a larger tree, rotating counter clockwise, and finally coming to a stop. There was damage to your unit in the amount of \$16,798.77, resulting in your unit being a total loss.¹

The Fleet Crash Review Board determined, and the Appointing Authority agreed, that the crash was "preventable," which means that you could have taken reasonable steps to avoid the crash or incident.

Your actions were found to be in violation of Louisiana State Police Policy and Procedural Order No. 242(2)(ii) - VEHICLE USE, MAINTENANCE, AND REPAIR, which states in pertinent part:

Personnel shall drive all Department vehicles with prudence and care, mindful that abuse, misuse or recklessness reduces the operating efficiency of the Department's fleet.

Any future violations of this or any nature may result in discipline, up to and including termination, and this letter of counseling can be used to support the severity of future discipline.

¹ The crash was investigated by Troop E and assigned crash report number 20190008172.

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"An Equal Opportunity Employer"

P.O. BOX 66614, BATON ROUGE, LOUISIANA 70896

Trooper Reeves
January 22, 2020
Page 2

Please be advised that this letter of counseling is not a disciplinary action. This letter will be maintained in your supervisory file and other files, but this letter will not be accessible to the public unless and until it is used to support future discipline.

You may submit a written response to this letter of counseling to the Internal Affairs Unit, Post Office Box 66614, Baton Rouge, Louisiana 70896, via hand delivery at 7919 Independence Blvd., via fax at (225) 925-6425, or via email at InternalAffairs@la.gov, within seven days of your receipt of this letter. A copy of your response, if any, will be attached to each copy of this letter of counseling that is maintained.

Sincerely,



Captain Kelly Dupuy
Fleet Safety Officer

c: Lt. Col. Mike Noel
Lt. Col. Adam White
Major Bob Brown
Captain Jason Turner
Internal Affairs
Office of Legal Affairs

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P.O. BOX 66614, BATON ROUGE, LOUISIANA 70896



JOHN BEL EDWARDS
GOVERNOR

KEVIN W. REEVES, COLONEL
DEPUTY SECRETARY

State of Louisiana
Department of Public Safety and Corrections
Public Safety Services


January 22, 2020

TO: Captain Jason Turner, CID/Region 3

SUBJECT: Trooper Kaleb Reeves, CID/Region 3

The enclosed "Letter of Counseling", reference fleet crash/incident #FS19-0286 IA #N19-110 must be signed by the employee listed above.

Please return the "Original" signed form to Support Services/Police Supply, as soon as possible.

	ISP-D01	1-24-20 / 1145
EMPLOYEE'S SIGNATURE	TROOP/SECTION	DATE / TIME

Comments:

Served on 1-24-20 by Lt. Johnny Brown

RETURN FORM TO: Louisiana State Police
Support Services/Police Supply
ATTN: Monica McDonald
290 East Airport, Building B
Box C-6
Baton Rouge, LA 70806

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JOHN BEL EDWARDS
GOVERNOR

KEVIN W. REEVES, COLONEL
DEPUTY SECRETARY

State of Louisiana
Department of Public Safety and Corrections
Public Safety Services

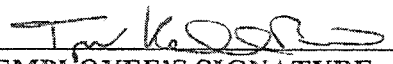
January 22, 2020

TO: Captain Jason Turner, CID/Region 3

SUBJECT: Trooper Kaleb Reeves, CID/Region 3

The enclosed "Letter of Counseling", reference fleet crash/incident #FS19-0286 IA #N19-110 must be signed by the employee listed above.

Please return the "Original" signed form to Support Services/Police Supply, as soon as possible.

	ISP-D01	1-24-20/1145
EMPLOYEE'S SIGNATURE	TROOP/SECTION	DATE / TIME

Comments:

RETURN FORM TO: Louisiana State Police
Support Services/Police Supply
ATTN: Monica McDonald
290 East Airport, Building B
Box C-6
Baton Rouge, LA 70806

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P.O. BOX 66614, BATON ROUGE, LOUISIANA 70896

FS19-0286

60 Days is 1/18/2020

DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE POLICE

FINDINGS OF ADMINISTRATIVE INVESTIGATION #N19-110

Per LSPC Rules, this is your notification that the Internal Affairs investigation is complete with the findings listed below and the appointing authority's decision regarding proposed discipline. The pre-deprivation notice outlining the Department's intended action shall be given to you within 45 calendar days.

In summary, the following Policy and Procedural violations were investigated / reviewed by Internal Affairs:

1. Fleet Crash

PREVENTABLE

DECISION OF APPOINTING AUTHORITY

As the Superintendent of Louisiana State Police, or his designee, and the appointing authority for employees of the Office of State Police, and after review of the report associated with Case #N19-110, relating to Tpr. Kaleb Reeves, CID Region 3, I concur with the above findings and order the following action to be taken:

Letter of Counseling

[Signature]
Lt. Colonel Mike Noel, Asst. Superintendent

1/15/20
Date

N19-112
MM

Fleet Crash/Incident Summary Sheet
Case Number FS19-0286

Crash/Incident Date: 09/18/2019

Employee: Trooper Kaleb Reeves, CID Region 3

Number of Vehicle Involved (Including Department Vehicles): 1

Estimated Damage to Department Vehicle: \$ 16,798.77

Prior "Preventable" crashes in the last Five Years: None

Movement Prior to Crash: Proceeding straight ahead

Condition of Driver: Normal

Crash Summary: On 09/18/2019, Trooper Kaleb Reeves was travelling northbound on US 167 at milepost 165.7 and struck a pool of water in the roadway. Trooper Reeves' vehicle began to hydroplane and exited the roadway to the right. Trooper Reeves' vehicle traveled in a wood line, rotated clockwise, and struck two trees. Trooper Reeves' vehicle came to a rest after striking the second tree facing north in the wood line.

Fleet Board Finding and Recommendation:

- Preventable / Letter of Counseling

Employee responsibility as defined in LSP Policy:

- Preventable – the employee could have taken reasonable steps to avoid the crash or incident.
- Not Preventable – the employee could not have taken reasonable steps to avoid the crash or incident.
- Responsibility Not Determined – there was insufficient evidence for the Review Board to determine whether the employee's actions were in any way responsible for the crash or incident.

(AM)

Fleet Crash/Incident Summary Sheet
Case Number FS19-0286

Crash/Incident Date: 09/18/2019

Employee: Trooper Kaleb Reeves, CID Region 3

Number of Vehicle Involved (Including Department Vehicles): 1

Estimated Damage to Department Vehicle: \$ 16,798.77

Prior "Preventable" crashes in the last Five Years: None

Movement Prior to Crash: Proceeding straight ahead

Condition of Driver: Normal

Crash Summary: On 09/18/2019, Trooper Kaleb Reeves was travelling northbound on US 167 at milepost 165.7 and struck a pool of water in the roadway. Trooper Reeves' vehicle began to hydroplane and exited the roadway to the right. Trooper Reeves' vehicle traveled in a wood line, rotated clockwise, and struck two trees. Trooper Reeves' vehicle came to a rest after striking the second tree facing north in the wood line.

Fleet Board Finding and Recommendation:

- Preventable / LOC / NS

Employee responsibility as defined in LSP Policy:

- Preventable – the employee could have taken reasonable steps to avoid the crash or incident.
- Not Preventable – the employee could not have taken reasonable steps to avoid the crash or incident.
- Responsibility Not Determined – there was insufficient evidence for the Review Board to determine whether the employee's actions were in any way responsible for the crash or incident.

(ws)

Fleet Crash/Incident Summary Sheet
Case Number FS19-0286

Crash/Incident Date: 09/18/2019

Employee: Trooper Kaleb Reeves, CID Region 3

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Movement Prior to Crash: Proceeding straight ahead

Condition of Driver: Normal

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Fleet Board Finding and Recommendation:

• Preventable - Letter of Censure - No rebo
Employee responsibility as defined in LSP Policy:

- Preventable – the employee could have taken reasonable steps to avoid the crash or incident.
- Not Preventable – the employee could not have taken reasonable steps to avoid the crash or incident.
- Responsibility Not Determined – there was insufficient evidence for the Review Board to determine whether the employee's actions were in any way responsible for the crash or incident.

ACCIDENT REPORT

LOUISIANA STATE DRIVER SAFETY PROGRAM

(If you do not know your location code, please refer to <http://www.laorm.com/documents/locodes.pdf>)

FS-19-0286
M19-110

Submit report to ORM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	Agency Name (Owner) Dept. of Public Safety/State Police	Person to Contact Lt. Jason Sanders	Phone 318.447.8023	Vehicle Owner's Loc. Code 2237
State Vehicle Driver's Name Kaleb Wayne Reeves	Driver's Agency Name and Location Code LSP/CID/REG 3 2237	Date of Accident 9/18/2019	Time of Accident 14:48 <input type="checkbox"/> AM <input type="checkbox"/> PM	

Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)

US 167 M.P. 166

DESCRIBE HOW ACC. HAPPENED	Trooper Kaleb Reeves was traveling northbound on US 167 at milepost 166 exiting a curve that beared slightly to the left, when Tpr. Reeves encountered heavy rain an water in the roadway, at which time time Tpr. Reeves vehicle exited the roadway to right. Upon exiting the roadway Tpr. Reeves began to rotates clockwise striking several trees, and came to final rest in a wooded tree line.
Seat Belt in Use <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

State Vehicle Driver's Address (Street No.) [Redacted]	City [Redacted]	State [Redacted]	Zip Code [Redacted]	Home Phone [Redacted]	Work Phone 318.362.4596 Ext. 223
Driver's License No. [Redacted]	Age [Redacted]	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Vehicle's Owner's Name and Address Dept of Public Safety 7919 Independence Blvd. Baton Rouge, LA 70806		
Year Vehicle 2018	Make Vehicle Dodge	Model Vehicle Durango	Body Type SUV	Vehicle Lic. No. / Equip No. / VIN 1C4RDHAG2JC414015	LPAA Fleet ID No.
Where can the Vehicle be Seen ? 1240 LA HWY 594 Monroe, Louisiana 71203			Describe Damage Complete front, and driver side damage		

OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

Other Vehicle Driver's Name	Driver's Social Security No. --no longer required--	Driver's License No.	Age	Sex M F
Other Vehicle Driver's Address (Street No.)	City	State	Zip Code	Home Phone Work Phone
Vehicle Owner's Name and Address (Street No.)		City	State	Zip Code
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle I.D. No. or Lic. No.
Where can the vehicle be seen ?				Policy No.
Describe Damage				Estimated Amount \$ [Redacted]

INJURED

Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Police Investigated ? Yes No
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Type Report State Sheriff City
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Report No. (Item No.) 20190008172

WITNESSES OR PASSENGERS

Name and Address	Witness <input type="checkbox"/> Passenger <input type="checkbox"/>	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	Witness <input type="checkbox"/> Passenger <input type="checkbox"/>	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
State Driver's Signature		Name of Driver's immediate Supervisor and Phone No. Lt. Jason. Sanders 318.447.8023				

TROOP E FLEET CRASH/INCIDENT FILE INVENTORY

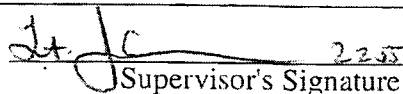
☒ Fleet Crash

Date: 09/18/2019

☐ Fleet Incident

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Fleet Crash/Incident Message	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Employee's Incident Report (Driver's Statement)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Supervisor's Incident Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Other Driver Statement(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Witness Statement(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Uniform Motor Vehicle Crash Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Copy of Other Agency's Crash Report, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. First Report of Injury, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Vehicle Repair Estimates (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Copy of in-car camera video, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Louisiana State Driver Safety Program Form No. DA 2041	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Vehicle Glass Repair/Replacement Loss Notice Form No. DA 2073	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Safety Responsibility Claim Form Form No. DPSMV 3011 (only if collectable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks: * All NO responses must be justified in the "Remarks Section" *


Supervisor's Signature

9/18/2019
Date



FLEET CRASH MESSAGE

TROOP ""



DATE: 9/18/2019

DATE REC'D BY FLEET: _____

VEHICLE # 1	
OPERATOR: Kaleb W. Reeves	STREET ADDRESS: [REDACTED]
CITY/STATE/ZIP: [REDACTED]	ON/OFF DUTY: On Duty
DATE OF CRASH: 9/18/2019 TIME: 1448	OFFICE LOCATION (TROOP AREA): E
TROOP/SECTION: BOI/CID/Monroe Field Office	DAMAGE CODE: G DAMAGE AREA CODE: J,I
TELEPHONE #: [REDACTED]	UNIT #: HQ 452
CAR #:	DRIVEABLE/NON-DRIVEABLE: Non-Driveable
YEAR/MAKE/MODEL: 2018 Dodge Durango	LICENSE PLATE: 704CEJ
VIN: 1C4RDHAG2JC414015	CITY: Winnfield
CRASH LOCATION: US 167 milepost 165.7	PARISH: Winn
INSURANCE CO.: State of Louisiana	POLICY #: ALPD20192020
AGENT'S NAME: Office of Risk Management	AGENT'S TELEPHONE #: 225-342-8421
NAME OF INSURED: State of Louisiana	

VEHICLE #	
OPERATOR:	STREET ADDRESS:
CITY/STATE/ZIP:	ON/OFF DUTY:
DATE OF CRASH: TIME:	OFFICE LOCATION (TROOP AREA):
TROOP/SECTION:	DAMAGE CODE: DAMAGE AREA CODE:
TELEPHONE #:	UNIT #:
CAR #:	DRIVEABLE/NON-DRIVEABLE:
YEAR/MAKE/MODEL:	LICENSE PLATE:
VIN:	CITY:
CRASH LOCATION:	PARISH:
INSURANCE CO.:	POLICY #:
AGENT'S NAME:	AGENT'S TELEPHONE #:
NAME OF INSURED:	

NAME OF INJURED:	TREATED AT:
------------------	-------------

NARRATIVE:

Vehicle 1 was northbound on US 167 at milepost 165.7. Vehicle 1 struck a pool of water in the roadway and began to hydroplane. Vehicle 1 exited the roadway to the right, traveled in a wood line, and struck two trees. Vehicle 1 came to final rest after striking the second tree facing north in the wood line.

CRASH INVESTIGATED BY: *[Signature]* 2235 DATE: 9/30/19

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

PAGE#

20190008172-05

DATE 9/18/2019 TIME 1430 PLACE US 167
I, Kaleb W. Reeves AM [REDACTED] YEARS OF AGE,
MY ADDRESS IS [REDACTED]
AND MY TELEPHONE NUMBER IS ([REDACTED])

On 09/18/2019 at approximately 1430 hours, I was northbound on US 167 when I lost control of my assigned Dodge Durango. After losing control, I left the right shoulder of the road and struck a tree on my driver's side. Prior to the crash I was traveling in the inside lane of US 167. I don't remember specific details in relation to the crash other than it was raining. The first thing I recall after the crash is being inside the ambulance.

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: [Signature] #22110

OFFICER TAKING STATEMENT: LT. JASON SAMS 2255

SIGNATURE: [Signature] 2255

20190008172

TOTAL NUMBER OF
VEHICLES INVOLVED **1**STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

DATE OF CRASH 09182019	TIME (MDDH) 1448	DISTRICT E	TRIP E	LAT. 31.98094	PAGE # 01
PARISH Winn		PARISH CODE 64		LONG. -92.65316	
CITY OR TOWN		CITY CODE		Quadrant NW <input type="checkbox"/> SW <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	
CRASH OCCURRED ON A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARKWAY E. CITY STREET F. OFF ROAD G. PRIVATE PROPERTY H. TOLL ROAD B	HIGHWAY # 167	MILE/POST 165.7	ROADWAY NAME US 167	STREET/HIGHWAY LA 1231-2	AT INTERSECTION <input checked="" type="checkbox"/> NOT AT INTERSECTION
DISTANCE 000.9	MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> S FEET <input type="checkbox"/> N <input type="checkbox"/> S	MILES <input type="checkbox"/> N <input type="checkbox"/> S FEET <input type="checkbox"/> N <input type="checkbox"/> S	STREET/HIGHWAY LA 1231-2	AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION	
				WORK ZONE <input type="checkbox"/> LET & R <input type="checkbox"/> PULVERIZ. DAMAGE <input checked="" type="checkbox"/> PHOTO <input type="checkbox"/> DRY PAV. <input type="checkbox"/> FATALITY <input type="checkbox"/> FID <input checked="" type="checkbox"/> NUTLY <input type="checkbox"/>	

WRITE APPROPRIATE LETTER IN BLOCK		CONTRIBUTING FACTORS AND CONDITIONS			
ROAD SURFACE (ONE PER COLUMN) B A. DRY B. WET C. SNOW/SLEET D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN Z. OTHER	ROAD SURFACE (ONE PER COLUMN) B A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT Y. UNKNOWN Z. OTHER	ROADWAY CONDITIONS K 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 C 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 J A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLSIDE-STRAIGHT H. HILLSIDE-CURVE I. ON RAMP-STRAIGHT J. ON RAMP-CURVE Y. UNKNOWN Z. OTHER	PRIMARY FACTOR G 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 C 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 G 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 E A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. CORE Y. UNKNOWN Z. OTHER	ACCESS CONTROL 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										CARGO BODY TYPE			
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	A. BUS	D. FLATBED	G. AUTO TRANSPORTER	J. HOPPER			
B. LT. TRUCK (PU, ETC.)	E. MOTORCYCLE	H. EMERGENCY VEHICLE IN USE	K. BUS W/SEATS FOR 16 OR MORE OCC.	N. TRUCK/ TRAILER	R. TRUCK DOUBLE	V. MOTOR HOME	B. VAN/ENCLOSED BOX	E. DUMP TRUCK/ TRAILER	H. LOG TRUCK/ TRAILER	K. POLE TRAILER			
C. VAN	F. PEDALCYCLE	I. SCHOOL BUS	L. SINGLE UNIT TRUCK W/2 AXLES	P. TRUCK/ TRACTOR	S. SUV	Z. OTHER	C. CARGO TANK	F. CONCRETE MIXER	I. GARBAGE/ REFUSE	X. NO CARGO BODY	Z. OTHER		

EMERGENCY SERVICES <input checked="" type="checkbox"/>	TIME CALLED 1452	ARRIVED SCENE 1456	DEPARTED SCENE 1512	ARRIVED HOSPITAL 1520	RESCUE UNIT <input type="checkbox"/>	TIME CALLED	ARRIVED SCENE
AMBULANCE SERVICE	Advanced Ambulance				FIRE DEPARTMENT		

INVESTIGATING AGENCY LADPS	NAME OF AGENCY	TIME OF NOTIFICATION 1455	TIME OF ARRIVAL 1537	TIME ALL LINES OPENED 1448
INVESTIGATION COMPLETE <input checked="" type="checkbox"/>	INVESTIGATING POLICE AGENCY A	DATE REPORT COMPLETED 09192019	2255	
INVESTIGATING OFFICER'S NAME (PRINT) Jason Sanders		SUPERVISOR'S INITIALS OR BADGE # Jos M		

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

CRASH REPORT NUMBER
20190008172

☒ VEH OR ☐ PEDESTRIAN

PAGE # 2

DATE 2018 DODGE Durango 4 2 4
S X CARGO BODY TYPE YEAR MAKE MODEL
1C4RDEAG2JC414015 VEHICLE IDENTIFICATION NUMBER
2020 LA 704CEJ LICENSE PLATE
Passenger TYPE

REMOVED BY Smith's Wrecker
VEHICLE TOWED TO 0 LEFT AT SCENE

REASON TOWED
A VEHICLE DAMAGE
B DRIVER INJURED
C UNWARRANTED
D OTHER
A

TRAILER DESCRIPTION
VEHICLE CLASSIFICATION
BUSINESS VEHICLE
GOVERNMENT VEHICLE X
PERSONAL VEHICLE

COMPLETE INFORMATION BELOW IS REQUIRED FOR ALL CRASHES INVOLVING A COMMERCIAL VEHICLE OR A VEHICLE OF 10,000 LBS. OR MORE GROSS VEHICLE WEIGHT
US DOT #
MC/MX (ICC) #

INTERESTED PARTY OF X DRIVER PEDESTRIAN
NAME OF PARTY OF X DRIVER PEDESTRIAN
Reeves, Kaleb W

STREET ADDRESS
CITY
STATE
ZIP
AAAA DMW 25 D

LA EN/A
Winn Medical Center

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

OWNER'S NAME LAST, FIRST, MIDDLE OR COMPANY NAME
Twin City Enterprise (LSP),
STREET ADDRESS 141 Desiard Street
CITY Monroe

STATE OF LOUISIANA
ALPD20192020
OFFICE OF RISK MANAGEMENT P.O. Box 9

TELEPHONE (318) 362-4596
FAX (225) 342-2421

OCCUPANT'S NAME LAST, FIRST, MIDDLE
STREET ADDRESS
CITY
STATE
ZIP

OCCUPANT'S NAME LAST, FIRST, MIDDLE
STREET ADDRESS
CITY
STATE
ZIP

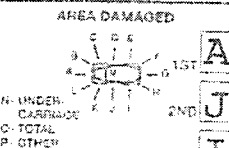
OCCUPANT'S NAME LAST, FIRST, MIDDLE
STREET ADDRESS
CITY
STATE
ZIP

OCCUPANT'S NAME LAST, FIRST, MIDDLE
STREET ADDRESS
CITY
STATE
ZIP

SEATING POSITION	EJECTION	TRAPPED OR EXTRACTED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
1. FRONT SEAT LEFT SIDE 2. FRONT SEAT RIGHT SIDE 3. FRONT SEAT MIDDLE 4. FRONT SEAT RIGHT SIDE 5. SECOND SEAT LEFT SIDE 6. SECOND SEAT RIGHT SIDE 7. SECOND SEAT MIDDLE 8. THIRD SEAT LEFT SIDE 9. THIRD SEAT RIGHT SIDE 10. THIRD SEAT MIDDLE 11. THIRD SEAT RIGHT SIDE	1. SLEEPER SECTION OF CAB (TRUCK) 2. PASSENGER IN OTHER ENCLOSED PASSENGER CARRIER (BUS, COACH, MOTORBUS, etc.) 3. PASSENGER IN OTHER UNENCLOSED PASSENGER CARRIER (AREA, etc.) 4. PASSENGER IN OTHER UNENCLOSED PASSENGER CARRIER (AREA, etc.) 5. PASSENGER IN OTHER UNENCLOSED PASSENGER CARRIER (AREA, etc.) 6. PASSENGER IN OTHER UNENCLOSED PASSENGER CARRIER (AREA, etc.) 7. PASSENGER IN OTHER UNENCLOSED PASSENGER CARRIER (AREA, etc.) 8. PASSENGER IN OTHER UNENCLOSED PASSENGER CARRIER (AREA, etc.) 9. PASSENGER IN OTHER UNENCLOSED PASSENGER CARRIER (AREA, etc.) 10. PASSENGER IN OTHER UNENCLOSED PASSENGER CARRIER (AREA, etc.) 11. PASSENGER IN OTHER UNENCLOSED PASSENGER CARRIER (AREA, etc.)	A. NOT EJECTED B. TOTALLY EJECTED C. PARTIALLY EJECTED D. EJECTED E. UNKNOWN	A. NOT TRAPPED B. TRAPPED, EXTRACTED C. TRAPPED, NOT EXTRACTED D. UNKNOWN	A. NONE USED-VEHICLE OCCUPANT B. SHOULDERS BELT ONLY USED C. LAP BELT ONLY USED D. SHOULDERS AND LAP BELT USED E. CHILD SAFETY SEAT, PROPERLY USED F. CHILD SAFETY SEAT, IMPROPERLY USED G. HELMET USED H. RESTRAINT USE UNKNOWN	A. FATAL B. SERIOUS INJURY C. NON-SERIOUS INJURY D. POSSIBLE INJURY E. NO INJURY

VISION OBSCUREMENTS A 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 BOARD H. HILL/CREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLANDED BY HEADLIGHTS L. BLANDED BY SUNGLARE M. DISTRACTED BY NIGHT LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS O. UNKNOWN P. OTHER	CONDITION OF DRIVER/PEDEST A A. NORMAL B. INATTENTIVE C. DISTRACTED D. RANLESS 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 (RYE'S, EAR, UMB) L. DROWSY M. 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 F. UNKNOWN	SEQUENCE OF EVENTS/HARMFUL EVENTS NON-COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. FOLLOWING FROM MOTOR VEHICLE F. FOLLOWING FROM MOTOR VEHICLE G. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) H. SEPARATION OF UNITS IN TRANSPORT I. RAN OFF ROAD RIGHT J. RAN OFF ROAD LEFT K. RAN OFF ROAD CENTER L. DOWNHILL RUNAWAY M. OTHER NON-COLLISION COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT A. PEDESTRIAN B. BICYCLIST C. RAILWAY VEHICLE (TRAIN, ENGINE) D. ANIMAL COLLISION WITH FIXED OBJECT A. IMPACT ATTENUATOR/CRAASH CUSHION B. BRIDGE OVERHEAD STRUCTURE C. BRIDGE PIER OR SUPPORT D. BRIDGE RAIL E. CULVERT F. CURB G. DITCH H. EMBANKMENT I. GUARDRAIL FENCE J. GUARDRAIL END K. CONCRETE TRAFFIC BARRIER L. OTHER TRAFFIC BARRIER M. TREE (STANDING) N. 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 JJ 3rd JJ 4th JJ MOST HARMFUL EVENT JJ
VIOLATION B A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. CROSSLING LEFT OF CENTER F. CUTTING IN IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WRONG 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 OFF FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO MOUNTAINS V. UNKNOWN W. 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 CONNECTION J. DUE TO PARRA CRASH COLLISION K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. UNKNOWN R. OTHER	MOVEMENT PRIOR TO CRASH B A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO CROSSLING LANE F. CROSSED CENTER LINE INTO CROSSLING 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. STOPPING TO MAKE LEFT TURN P. STOPPING TO MAKE RIGHT TURN Q. STOPPING TO STOP R. PROBABLY PARKED S. PARKING MANUEVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN
TRAFFIC CONTROL R 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. CROSSLING V. NO CONTROL W. UNKNOWN X. 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 L. UNKNOWN M. OTHER	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 DISCOVERED L. UNKNOWN M. OTHER VEHICLE LIGHTING A A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS D. UNKNOWN TRAFFIC CONTROL CONDITIONS A A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. UNKNOWN
ALCOHOL/DRUG INVOLVEMENT A ALCOHOL/DRUGS SUSPECTED A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS E. UNKNOWN ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC _____ % 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		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SQUAD DATA (FEET)							
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL	FR	FL	RR	RL
N	US 167	Off Roadway	22	65	65	000	000	000	000	000	000	000	000

DAMAGE TO VEHICLE	
AREA DAMAGED  A. UNDER CARRIAGE B. TOTAL C. OTHER D. NONE E. UNKNOWN	EXTENT OF DEFORMITY 1ST A 2ND J 3RD I 1ST E 2ND G 3RD G

CITATIONS
None:

NOTICE OF INSURANCE (OPTIONAL) _____

JS

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.

PAGE #

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

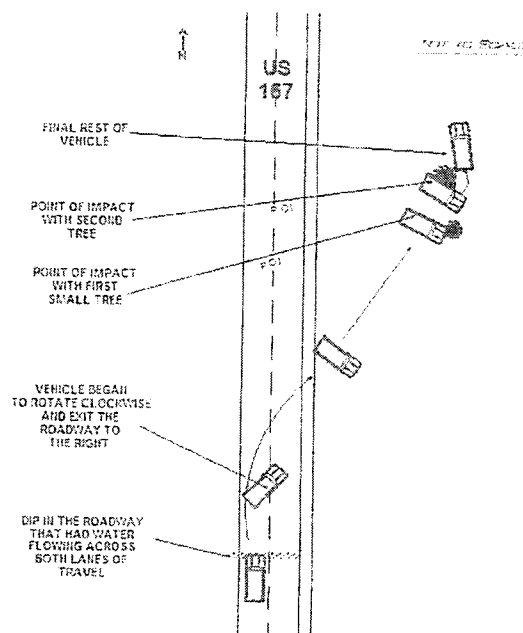
4

REFER TO EACH BY VEHICLE NUMBER

#20190008172

Vehicle 1 was traveling north on US 167 at milepost 165.7 in the left lane of travel. A heavy rain was in the area causing the roadway to have pools of water on it. Vehicle 1 struck a pool of water in the roadway and began to hydroplane. Vehicle began to rotate clockwise traveling across the right lane and onto the shoulder. Vehicle 1 continued to travel off the shoulder into the northbound ditch for approximately 105 feet. Vehicle 1 struck a small tree with the front bumper as it entered a wood line of the edge to the roadway. Vehicle traveled into the wooded area for approximately 22 feet before striking a large tree on the drivers side passenger door. Upon striking the large tree vehicle 1 rotated counter clockwise around the tree and came to final rest. Driver 1 sustained minor injuries and was transported to Winn Medical Center. Vehicle 1 was removed by Smith's Wrecker and was secured at Troop F in Monroe.

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



Louisiana Department of Public Safety and Corrections
Public Safety Services

First Report of Injury

Was medical treatment sought? Yes ☒ No ☐

Has the employee missed work due to the work-related injury? Yes ☐ No ☒

Is the employee expected to miss more than 7 days? Yes ☐ No ☒

Employee and Employer Information

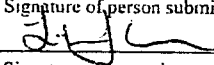
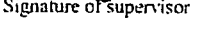
Name of employee Kaleb Wayne Reeves	Social Security Number [REDACTED]	Home phone number [REDACTED]
Home address [REDACTED]		
Name of employer (Dept/Agency/Section) LSP/CID/REG 3 Monroe Field Office	Name of supervisor/work phone number Sgt. Johnny Brown 318-475-0236	
Employer's address 3420 Medical Plaza Suite 10 Monroe, LA 71203		

Accident/Injury or Illness Information

Date and time of accident 09/18/2019 1448 hours	Parish where accident occurred Winn
Accident location (address if possible) US 167 at milepost 165.7	
Last date worked 09/18/2019	Has employee returned to work? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Did employee miss work? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, date returned to work
Describe the injury (ex: pain in right knee) A laceration that required some stitches under the left eye.	
What was the employee doing when the injury/accident occurred? (ex: lifting a box) Tpr. Reeves was involved in a one vehicle crash.	
How did the injury/accident occur? The injury was sustained during the crash.	
Names and work phone numbers of all witnesses None	

Treatment

Physician or hospital name Winn Parish Medical Center
Address 301 W Boundary Ave, Winnfield, LA 71483
Phone number (318) 648-3000
Initial treatment Tpr. Reeves was treated for a cut below left eye and received some stitches.

Name of person submitting form Lt. Jason Sanders	Signature of person submitting form 	Date 09/19/2019
Name of supervisor Lt. Gary Beasley	Signature of supervisor 	Date 09/19/2019

ACCIDENT REPORT

LOUISIANA STATE DRIVER SAFETY PROGRAM

(If you do not know your location code, please refer to <http://www.laorm.com/documents/laccodes.pdf>)

Submit report to ORM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	Agency Name (Owner) Dept. of Public Safety/State Police	Person to Contact Lt. Jason Sanders	Phone 318.447.8023	Vehicle Owner's Loc. Code 2237
State Vehicle Driver's Name Kaleb Wayne Reeves		Driver's Agency Name and Location Code LSP/CID/REG 3 2237	Date of Accident 9/18/2019	Time of Accident <div style="border: 1px solid black; padding: 2px;">14:48</div> • AM • PM

Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)

US 167 M.P. 166

DESCRIBE HOW ACC. HAPPENED	Trooper Kaleb Reeves was traveling northbound on US 167 at milepost 166 exiting a curve that beared slightly to the left, when Tpr. Reeves encountered heavy rain an water in the roadway, at which time time Tpr. Reeves vehicle exited the roadway to right. Upon exiting the roadway Tpr. Reeves began to rotates clockwise striking several trees, and came to final rest in a wooded tree line.
----------------------------	--

STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

State Vehicle Driver's Address (Street No.)		City	State	Zip Code	Home Phone	Work Phone
						318.362.4596 Ext. 223
Driver's License No.	Age	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Vehicle's Owner's Name and Address Dept of Public Safety 7919 Independence Blvd. Baton Rouge, LA 70806			
Year Vehicle 2018	Make Vehicle Dodge	Model Vehicle Durango	Body Type SUV	Vehicle Lic. No. / Equip No. / VIN 1C4RDHAG2JC414015		LPAA Fleet ID No.
Where can the Vehicle be Seen ? 1240 LA HWY 594 Monroe, Louisiana 71203			Describe Damage Complete front, and driver side damage			

OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

Other Vehicle Driver's Name		Driver's Social Security No.	Driver's License No.	Age	Sex <div style="text-align: center;">M F</div>
Other Vehicle Driver's Address (Street No.)		City	State	Zip Code	Home Phone / Work Phone
Vehicle Owner's Name and Address (Street No.)		City	State	Zip Code	
Year Vehicle	Make Vehicle	Model Vehicle	Body Type	Vehicle I.D. No. or L.C. No.	Where can the vehicle be seen ?
Other Vehicle Insurance Co.				Policy No.	
Describe Damage				Estimated Amount \$ <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

INJURED

Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Police Investigated ? <div style="text-align: center;">Yes No</div>
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Type Report <div style="text-align: center;">State Sheriff City</div>
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	Report No. (Item No.) 20190008172

WITNESSES OR PASSENGERS

Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
Name and Address	Phone	PED <input type="checkbox"/>	Ins. Veh. <input type="checkbox"/>	Other Veh. <input type="checkbox"/>	(Specify)
State Driver's Signature		Name of Driver's immediate Supervisor and Phone No. Lt. Jason Sanders 318.447.8023			

SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

71410-092906
FS19-0286

ALPD20192020
POLICY NUMBER
07/01/2019 to 06/30/2020
POLICY PERIOD

301935263560001
CLAIM NUMBER
SIP
INSURANCE COMPANY NAME

By the above numbered policy of insurance, you insured Bureau of Investigation (hereafter called the Insured) against damage or loss of to the automobile described as follows:

Model Yr	Make	Body	Vehicle Identification Number	MotorID	License Plate
2018	Dodge	Durango	1C4RDHAG2JC414015		704 CEJ

Origin: A loss caused by Collision occurred on the 18th day of September, 2019, about the hour of 14:48 M., the full particulars of which are as follows: IV slid on rain, exited the roadway, began rotating and struck several trees before coming to a rest.

Title & Interest: The insured was the sole owner of said automobile at the time of the damage or loss and no other person had any interest therein, by bailment lease, conditional sale, mortgage or other encumbrance or otherwise, except: N/A

Other Insurance: At the time of this loss, there was no other insurance on said automobile covering the same perils except: N/A

Use: At the time of this damage or loss, the said automobile was being used for BUSINESS and was not being used to carry passengers for lease or rental or compensation for any illegal purpose except: N/A

Subrogation: The Insured hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages to the Insured and the Insured in consideration of the payment made under this policy hereby subrogates the said Company to all rights and causes of action the said Insured has against any person, persons, or corporations whomsoever for damage arising out of or incident to said damage or loss to said property and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.

Actual Cash Value	Whole Loss	Amount of Deductible	Amount Claimed Under This Policy
\$ 22,317.77	\$ 4,519.00(salvage bid)	\$ 1,000.00	\$ 16,798.77

The said damage or loss did not originate by any act, design or procurement on my/our part nor on the part of anyone having interest in the property insured, or in the said policy of insurance; not in consequence of any fraud or evil practice done or suffered by me/us and that no property saved has in any manner been concealed.

It is expressly understood and agreed that the furnishing of this blank or the preparation of proof by a representative of the above insurance company is not a waiver of any of its rights.

The above Insurance Company is hereby requested, authorized and empowered to pay, at its option, as follows:

To Bureau of Investigation the sum of \$ 16,798.77
To the sum of \$
To the sum of \$
Total Insured Damage and Loss..... \$ 16,798.77

WITNESSES:

Witness
Date 10/9/18

SIGNATURE(S):

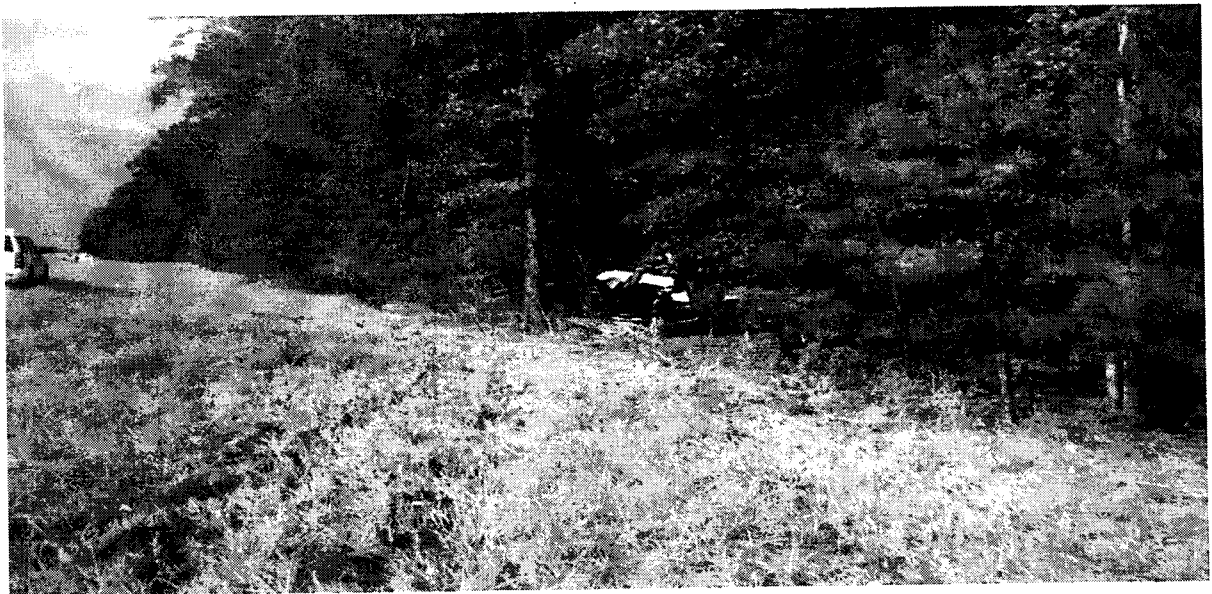
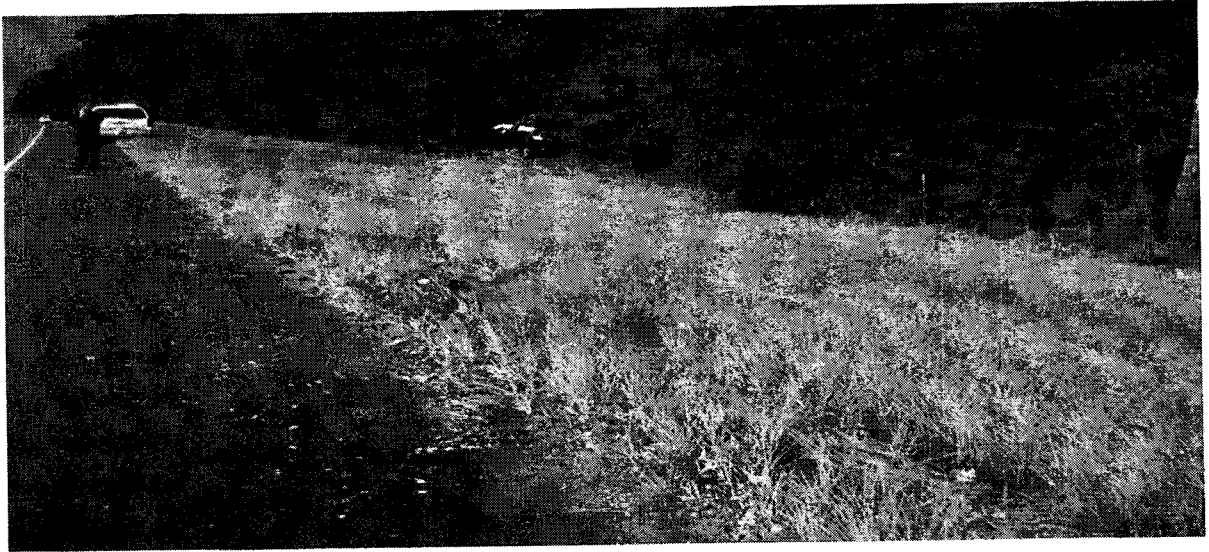
Signature
Signature

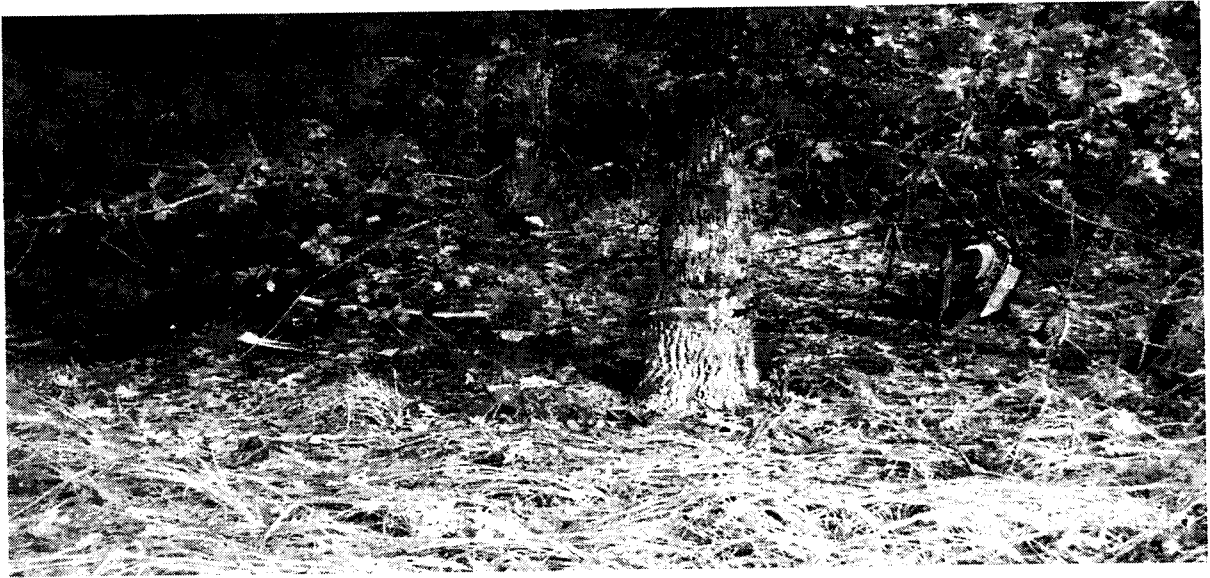
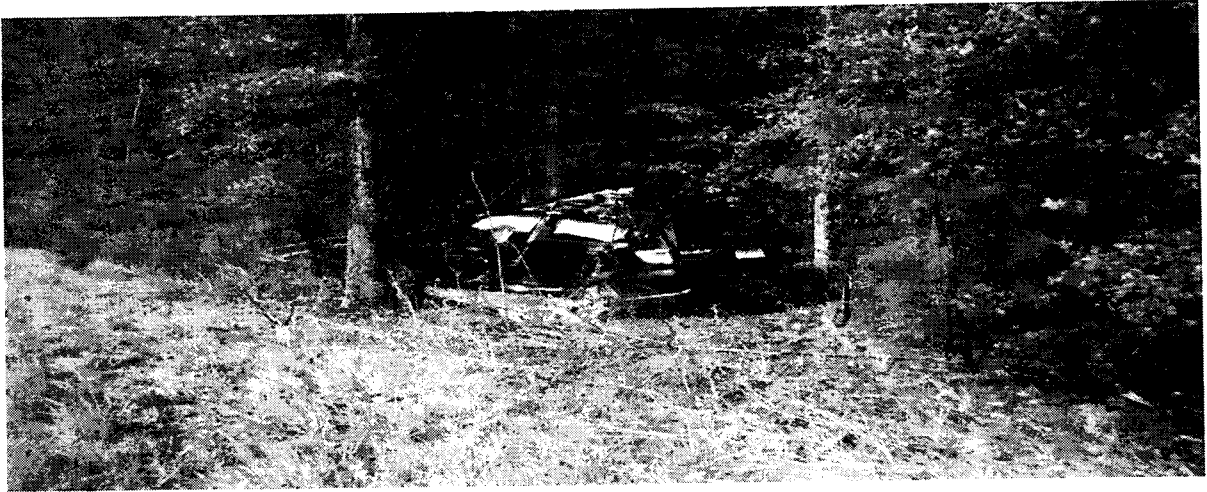
NOTARY: State of LOUISIANA; County of EBRP; SS

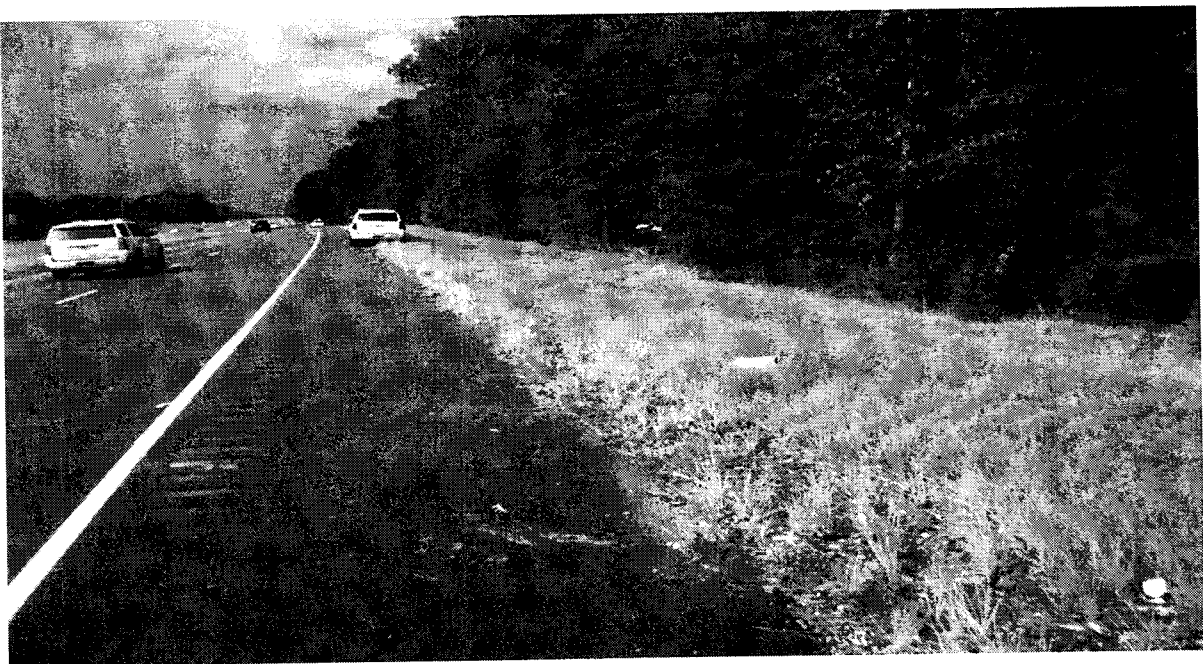
On this N/A day of N/A, 20 n/a, before me appeared N/A
N/A

who is known to be the person(s) named herein and who voluntarily executed this release.

N/A
Notary Signature Date Commission Expires







TOTAL NUMBER OF
VEHICLES INVOLVED 2STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

DATE OF CRASH 10012020	TIME (0000) 1840	DISTRICT []	TROOP F	LAT. 32.465795	PAGE # 01
PARISH Ouachita	PARISH CODE 37	LONG. -92.082257			
CITY OR TOWN Richwood	CITY CODE 02	Quadrant NW SW NE SE		Service Road N E S W	
CRASH OCCURRED ON A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD G. PRIVATE PROPERTY H. TOLL ROAD	HIGHWAY # 165	MILEPOST 175.85	ROADWAY NAME US Hwy 165	WORK ZONE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> PUBLIC PROPERTY DAMAGE <input checked="" type="checkbox"/> PHOTOS MADE <input checked="" type="checkbox"/> US TRAIN INVOLVED <input checked="" type="checkbox"/> FATALITY <input checked="" type="checkbox"/> PED <input checked="" type="checkbox"/> INJURY <input checked="" type="checkbox"/>	
DISTANCE []	MILES <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	STREET/HIGHWAY <input checked="" type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION			
DISTANCE 1.07	MILES <input checked="" type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE <input type="checkbox"/> NW <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input checked="" type="checkbox"/> NOT AT INTERSECTION			
		Ticheli Rd			
		LA 15			

WRITE APPROPRIATE LETTER IN BLOCK		CONTRIBUTING FACTORS AND CONDITIONS			
ROAD SURFACE (ONE PER COLUMN) A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, OIL, ETC.) F. UNKNOWN G. OTHER	ROADWAY CONDITIONS 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 N. OTHER	TYPE OF ROADWAY A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER E. UNKNOWN F. OTHER	ALIGNMENT 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. OR HUMP-STRAIGHT J. OR HUMP-CURVE K. UNKNOWN L. OTHER	PRIMARY 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	SECONDARY FACTOR A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN G. UNKNOWN H. OTHER
WEATHER A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAUL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW I. UNKNOWN J. OTHER	KIND OF LOCATION A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY H. OTHER	RELATION TO ROADWAY A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE H. UNKNOWN I. OTHER	ACCESS CONTROL A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL C. LIMITED ACCESS TO ROADWAY (ONLY RAMP ENTRANCE & EXIT) D. UNKNOWN E. OTHER		

VEHICLE CONFIGURATION										CARGO BODY TYPE			
A. PASSENGER CAR	D. A.B.C. OR S. WITH TRAILER	G. OFF-ROAD VEHICLE	J. BUS/SEMI TRUCK/COACH/DOCKABLE	M. SINGLE UNIT TRUCK/BOX TRAILER	Q. TRACTOR-SEMI-TRAILER	T. FARM EQUIPMENT	A. BUS	D. FLATBED	G. AUTO TRANSPORTER	J. HOPPER			
B. LI. TRUCK (PL., ETC.)	E. MOTORCYCLE	H. EMERGENCY VEHICLE (IN USE)	K. BUS/SEMI TRUCK/COACH/DOCKABLE	N. TRUCK/TRACTOR	R. TRUCK/DOUBLE	V. MOTOR HOME	B. VAN/ENCLOSED BOX	E. DUMP TRUCK/ TRAILER	H. LOG TRUCK/ TRAILER	K. POLE TRAILER			
C. VAN	F. PEDALCYCLE	I. SCHOOL BUS	L. SINGLE UNIT TRUCK/BOX TRAILER	P. TRUCK/TRACTOR	S. SUV	Z. OTHER	C. CARGO TANK	F. CONCRETE MIXER	I. GARBAGE/ REFL. SE	X. NO CARGO BODY	Z. OTHER		

EMERGENCY SERVICES	TIME CALLED	ARRIVED SCENE	DEPARTED SCENE	ARRIVED HOSPITAL	TIME CALLED	ARRIVED SCENE
X AMBULANCE	1845	1848	1858	1901	X RESCUE UNIT	1845
AMBULANCE SERVICE	Acadian		FIRE DEPARTMENT		Ouachita Fire	

INVESTIGATING AGENCY	NAME OF AGENCY	TIME OF NOTIFICATION	TIME OF ARRIVAL	TIME ALL LANES OPENED
LADPS	LADPS	1841	1851	2134
INVESTIGATING OFFICER'S NAME (PRINT)	INVESTIGATING POLICE AGENCY	DATE REPORT COMPLETED	SUPERVISOR'S INITIALS OR BADGE #	
Joel Heard	A. STATE B. CITY C. PARISH D. OTHER	10012020	2155 L Cox	
DPSSP 3105 (REV. MAR. 2005)				

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

COMPUTER NUMBER

20200020712

☐ 1 VEH # OR ☐ PEDESTRIAN

PAGE # 2

CONF ☐ S CARGO BODY TYPE ☒ X see page 1 for selections YEAR 2015 MAKE Chevrolet MODEL Tahoe # DOORS 4 # AXLES 2 # TIRES 4

VIN 1GNLC2EC7FR556806 VEHICLE TOWED ☒ B AYES B. NO C. LEFT AT SCENE REMOVED BY Owner

LICENSE YEAR 9999 STATE LA F-40 TYPE State Pol REASON TOWED ☐ A. VEHICLE DAMAGE ☐ B. DRIVER ARRESTED ☐ C. INSURANCE VIOLATION ☐ Z. OTHER

TRAFFIC DESCRIPTION None LICENSE YEAR STATE NUMBER

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE ☐ GOVERNMENT VEHICLE ☒ X PERSONAL VEHICLE ☐

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

CARRIER NAME MC/MX PRODUCT STREET ADDRESS CITY STATE ZIP INTERSTATE CARRIER ☒ N TRANSPORTING HAZARDOUS MATERIAL ☐ CLASS PLACARDS DISPLAYED ☐ HAZMAT RELEASED ☒ Y

NAME (LAST, FIRST, MI) OF ☒ DRIVER ☐ PEDESTRIAN

Reeves, Kaleb W. DATE OF BIRTH

STREET ADDRESS 1240 Hwy 594 TELEPHONE # (318) 345-0000

CITY Monroe STATE LA ZIP 71203 AAABAMW26E

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER LA E 10310391 INSTRUCTED TO EXCHANGE INFORMATION ☒ Y/N N NAME OF FACILITY

TRANSPORTED TO MEDICAL FACILITY ☒ B A. YES C. REFUSED AID B. NO Y. UNKNOWN

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)

Department of Public TELEPHONE #

STREET ADDRESS 290 E Airport Rd.

CITY Baton Rouge STATE LA ZIP 70806

INSURANCE CO. NAME State of LA-Self Ins POLICY NUMBER ALPD20202021 EXPIRATION DATE 07012021

AGENT'S NAME/ADDRESS Office of Risk Management P.O. Box 911 PHONE # (855) 267-4400

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS

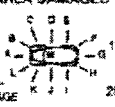
CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY ☐ A. YES C. REFUSED AID B. NO Y. UNKNOWN NAME OF FACILITY

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS

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

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

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. MILLCREST 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/PEDESTRIAN B A. NORMAL B. INATTENTIVE C. DISTRACTED D. LAMESS 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, LIMBS) Y. UNKNOWN Z. OTHER	NON-COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. INMERCION 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	SEQUENCE OF EVENTS/HARMFUL EVENTS 1. MOTOR VEHICLE IN TRANSPORT 2. PARKED MOTOR VEHICLE 3. STRUCK BY FALLING SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE 4. WORK ZONE/MAINTENANCE EQUIPMENT 5. OTHER NON-FIXED OBJECT 6. COLLISION WITH FIXED OBJECT 7. IMPACT ATTENUATOR/CRASH CUSHION 8. BRIDGE OVERHEAD STRUCTURE 9. BRIDGE PIER OR SUPPORT 10. BRIDGE RAIL 11. CULVERT 12. CURB 13. DITCH 14. EMBANKMENT 15. GUARDRAIL FACE 16. GUARDRAIL END 17. CONCRETE TRAFFIC BARRIER 18. OTHER TRAFFIC BARRIER 19. TREE (STANDING) 20. UTILITY POLE/LIGHT SUPPORT 21. TRAFFIC SIGN SUPPORT 22. TRAFFIC SIGNAL SUPPORT 23. OTHER POST, POLE, OR SUPPORT 24. FENCE 25. MAILBOX 26. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) 27. UNKNOWN	MOST HARMFUL EVENT 1st S 2nd 3rd 4th S
VIOLATION S 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	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	COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT O. PEDESTRIAN P. BICYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL	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, SPEED/DIR 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	
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 SIGNAL M. RR CROSSING SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING SIGN R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER	REASON FOR MOVEMENT L 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	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	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, SAC 0.00 % 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 S ON HIGHWAY, STREET OR DRIVE US Hwy 165	FINAL LOCATION OF VEHICLES shoulder	DISTANCE TRAVELED AFTER IMPACT Unknown	SPEED EST. 55 POSTED 55	SKIDMARK DATA (FEET) FR FL RR RL
DAMAGE TO VEHICLE AREA DAMAGED  1ST A 2ND 3RD N. UNDER-CARRIAGE O. TOTAL P. OTHER Q. NONE Y. UNKNOWN	EXTENT OF DEFORMITY C A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN	CITATIONS		

NOTICE OF INSURANCE VIOLATION

JTH

INVESTIGATING OFFICER'S INITIALS

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

COMPUTER NUMBER

20200020712

☐ 2 VEH # OR ☐ PEDESTRIAN

PAGE # 4

CONF ☐ A CARGO BODY TYPE ☒ X see page 1 for selections YEAR 2020 MAKE Kia MODEL Forte # DOORS 4 # AXLES 2 # TIRES 4

VEH 3KPF24AD0LE160792 VEHICLE TOWED ☒ A A. YES B. NO C. LEFT AT SCENE REMOVED BY Hemphill's

YEAR 2021 STATE LA NUMBER 427DQN TYPE Private REASON TOWED ☒ A A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION D. OTHER

YEAR MAKE TYPE YEAR STATE NUMBER
None

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE ☐ GOVERNMENT VEHICLE ☐ PERSONAL VEHICLE ☒ X

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

CARRIER NAME MCDEX PITCH #

STREET ADDRESS CITY STATE ZIP

INTESTATE CARRIER ☒ N TRANSPORTING HAZARDOUS MATERIAL ☐ N CLASS 1 PLACARDS DISPLAYED ☒ N HAZ MAT RELEASED ☒ N

NAME (LAST, FIRST, MI) OF ☒ DRIVER ☐ PEDESTRIAN

Lindsey, Kenneth L DATE OF BIRTH 08201978

STREET ADDRESS 112 Walter St. TELEPHONE # (318) 503-4940

CITY West Monroe STATE LA ZIP 71292 AAADMB42D

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO ESCAPE INFORMATION? TRANSPORTED TO MEDICAL FACILITY

LA E 8639815 ☒ N NAME OF FACILITY St. Francis

PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT DARK COVER BODY CLOTHING LIGHT DARK SEX RACE AGE INJURY CODE

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

Capers, Sonita M TELEPHONE # (318) 503-6805

STREET ADDRESS 2002 Flynn St.

CITY Monroe STATE LA ZIP 71201

INSURANCE CO. NAME Direct Auto Ins. POLICY NUMBER 2009812511 EXPIRATION DATE 07112021

AGENT'S NAME/ADDRESS ABC Agency Network 3124A Louisville Av PHONE # (318) 324-0123

OCCUPANT'S NAME (LAST, FIRST, MI)

Capers, Sonita M

STREET ADDRESS 2002 Flynn St.

CITY Monroe STATE LA ZIP 71201 TRANSPORTED TO MEDICAL FACILITY

NAME OF FACILITY St. Francis

OCCUPANT'S NAME (LAST, FIRST, MI)

Lindsey, An-Janne

STREET ADDRESS 2002 Flynn St.

CITY Monroe STATE LA ZIP 71201 TRANSPORTED TO MEDICAL FACILITY

NAME OF FACILITY St. Francis

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

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

20200020712


PAGE #

5

Veh # 2

VISION OBSERVEMENTS 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 OBSERVEMENTS Y. UNKNOWN Z. OTHER	CONDITION OF DRIVER/VED A A. NORMAL B. INATTENTIVE C. DISTRACTED D. BLISS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - SUSPECTED 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, PDA, PLOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN	SEQUENCE OF EVENTS/HARMFUL EVENTS NON-COLLISION A. OVERTURN/ROLL-OVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. PELL/SLIPPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF LIMBS IN TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUMBLEWAY N. OTHER NON-COLLISION COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT A. PEDESTRIAN B. BICYCLIST C. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL 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 MOST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px;">1st S</div> <div style="border: 1px solid black; padding: 5px;">2nd K</div> <div style="border: 1px solid black; padding: 5px;">3rd MM</div> <div style="border: 1px solid black; padding: 5px;">4th MM</div> </div>
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. UNREASONABLE TRAFFIC CONTROL M. IMPROPER STOPPING 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 Q A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. PROCEEDING 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
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 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 A ALCOHOL/DRUGS SUSPECTED A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN ALCOHOL C A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, SAC % DRUGS B A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> AFFIX BLOOD ALCOHOL KIT LABEL HERE BA615268 (OR ENTER BLOOD ALCOHOL KIT NUMBER) </div>

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	PR	PL
S	US 165	Roadway	84	40	55				

DAMAGE TO VEHICLE	
AREA DAMAGED  A. UNDER CARRIAGE B. TOTAL C. OTHER D. NONE Y. UNKNOWN	EXTENT OF DEFORMITY A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN
1ST G 2ND I 3RD 	1ST F 2ND G 3RD

CITATIONS

NOTICE OF INSURANCE VIOLATION ☐
 JVN
 INVESTIGATING OFFICER'S INITIALS

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

COMPUTER NUMBER

20200020712

PAGE #

6

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

2 Lindsey, Kajenne

POS- ITION	ORIE- NTA- TION	TRAF- FIC SITUA- TION	AGE	DOB MM/YY	SEX	RACE	HT	WT	HAIR	EYES	SKIN	INJURY
F	A	A	A	F	B	18	A					

STREET ADDRESS 2002 Flynn St.

TRANSPORTED TO MEDICAL FACILITY

A. YES C. UNKNOWN
B. NO D. REFUSED AID

A

LSU-Monroe

CITY Monroe

STATE LA ZIP 71201

NAME OF FACILITY

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

POS- ITION	ORIE- NTA- TION	TRAF- FIC SITUA- TION	AGE	DOB MM/YY	SEX	RACE	HT	WT	HAIR	EYES	SKIN	INJURY

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY

A. YES C. UNKNOWN
B. NO D. REFUSED AID

NAME OF FACILITY

CITY

STATE ZIP

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

POS- ITION	ORIE- NTA- TION	TRAF- FIC SITUA- TION	AGE	DOB MM/YY	SEX	RACE	HT	WT	HAIR	EYES	SKIN	INJURY

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY

A. YES C. UNKNOWN
B. NO D. REFUSED AID

NAME OF FACILITY

CITY

STATE ZIP

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

POS- ITION	ORIE- NTA- TION	TRAF- FIC SITUA- TION	AGE	DOB MM/YY	SEX	RACE	HT	WT	HAIR	EYES	SKIN	INJURY

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY

A. YES C. UNKNOWN
B. NO D. REFUSED AID

NAME OF FACILITY

CITY

STATE ZIP

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

POS- ITION	ORIE- NTA- TION	TRAF- FIC SITUA- TION	AGE	DOB MM/YY	SEX	RACE	HT	WT	HAIR	EYES	SKIN	INJURY

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY

A. YES C. UNKNOWN
B. NO D. REFUSED AID

NAME OF FACILITY

CITY

STATE ZIP

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

POS- ITION	ORIE- NTA- TION	TRAF- FIC SITUA- TION	AGE	DOB MM/YY	SEX	RACE	HT	WT	HAIR	EYES	SKIN	INJURY

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY

A. YES C. UNKNOWN
B. NO D. REFUSED AID

NAME OF FACILITY

CITY

STATE ZIP

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

POS- ITION	ORIE- NTA- TION	TRAF- FIC SITUA- TION	AGE	DOB MM/YY	SEX	RACE	HT	WT	HAIR	EYES	SKIN	INJURY

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY

A. YES C. UNKNOWN
B. NO D. REFUSED AID

NAME OF FACILITY

CITY

STATE ZIP

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

POS- ITION	ORIE- NTA- TION	TRAF- FIC SITUA- TION	AGE	DOB MM/YY	SEX	RACE	HT	WT	HAIR	EYES	SKIN	INJURY

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY

A. YES C. UNKNOWN
B. NO D. REFUSED AID

NAME OF FACILITY

CITY

STATE ZIP

DPSSP 3108

INVESTIGATING OFFICER'S INITIALS

left (inside) travel lane for southbound traffic only. These yaw marks were documented and recorded to this crash report. Veh-2 separated from veh-1 at which time veh-2 went into a clockwise rotation. As veh-2 was in the clockwise rotation, the left rear passenger's side door struck the metal support post for the electronic traffic signal. This metal support post was located in the grassy median located on the south side of Tichelli Rd. After veh-2 struck the metal utility pole, it went into a counter-clockwise rotation before coming to its final rest. Veh-1 came to a controlled stop partially on the right improved shoulder of US Hwy 165. It is unclear what phase the traffic signal lights were at the time of the crash.

Veh-1 had very minor damage to the push bumpers which had been pushed back into the front of the hood.

The front bumper cover on veh-1 also had some minor damage. No air bags in veh-1 had been deployed during this crash. I downloaded the event data recorder utilizing the Louisiana State Police Troop-F Bosh Crash Data Retrieval Tool. The event data recorder revealed that veh-1 was traveling 37MPH five (5) seconds prior to the crash. 2.5 seconds prior to impact, driver of veh-1 applied his brakes and veh-1 slowed down to 37MPH one half (0.5) second(s) prior to impact. Veh-1 was removed from the scene and driven back to Louisiana State Police Troop-F by LT. Casey Williamson.

Veh-2 had moderate/severe damage to the rear end and the bumper cover was torn away from the vehicle from the original impact between veh-1 and veh-3. Veh-2 had moderate/severe damage to the left driver's side at the rear passenger door from the impact with the metal signal light support post. The rear window of veh-2 was ripped from its original location after impact with the metal signal light support post. Both front air bags, the left driver's side curtain air bags and the front seat air bags were all deployed in veh-2. Both the front driver's side and front passenger side seatbelts had stretching and were pulled out of the seatbelt extractor and away from the "B" pillar. The two seatbelts in the rear seat of veh-2 did not have any stretching and were still properly retracted in an unused position and at the back of the rear seat. The three brake lights on veh-2 were inspected and found to have "hot shock" indicating the brakes were being applied at the time of the crash. Veh-2 also had damage to the right rear that occurred prior to this crash. This was determined by the right rear plastic bumper cover was being held together by black duct tape and there was rusting to the metal where paint was missing located behind the rear plastic bumper cover. Veh-2 was removed from the scene by Hemphill's Wrecker Service.

Driver of veh-1 stated he was traveling southbound on US Hwy 165 in the left (inside) lane of travel for southbound traffic only, enroute to a rollover crash on LA 104 in Caldwell Parish. Driver of veh-1 stated he did not see any other vehicles in front of him that would impede his lane of travel as he was about to proceed through the intersection of US Hwy 165 and Tichelli Rd. Driver of veh-1 stated he did not recall what the color of the traffic signal was at the time he was entering the intersection. Driver of veh-1 stated at the last second, he observed veh-2 traveling at a slow speed directly in front of him. Driver of veh-1 stated he slammed on his brakes and steered to the right in an attempt to avoid a collision with veh-3. Driver of veh-1 stated the front of his vehicle struck the rear of veh-3 which caused veh-2 to go into a clockwise rotation towards the grassy median before striking a traffic signal support post on its left driver's side. Driver of veh-1 stated he came to a controlled stop on the right shoulder of US Hwy 165 and immediately notified Louisiana State Police Troop-F as well as emergency medical personnel. Driver of veh-1 filled out a driver voluntary statement. The driver voluntary form will be submitted with this investigation.

Driver of veh-3 was interviewed by S/T Brad Spainhower at St. Francis Hospital. Driver of veh-3 stated he was traveling southbound on US Hwy 165 in the left (inside) lane of travel for southbound traffic only.

Driver of veh-3 stated he was traveling somewhere between 30-40MPH when he noticed a Trooper coming up behind him. Driver of veh-2 stated veh-1 struck the rear of his vehicle which caused him to spin around and into a pole. Driver of veh-2 stated the two rear seat passengers were wearing their seatbelts and he removed the seatbelts from them. S/T Spainhower scribed a driver voluntary statement for driver of veh-1 and the driver signed the form. The driver voluntary statement has been submitted with this investigation.

Driver of veh-2, Kenneth L. Lindsey, had complaints of injuries and was transported to St. Francis Medical Center by Acadian Ambulance for treatment. The front seat passenger of veh-2, Sonita M. Capers, had complaints of injuries and was transported to St. Francis Medical Center. The left rear passenger of veh-2, An-Janne Lindsey was transported to St. Francis Medical Center with severe life threatening injuries where she was later pronounced dead by Dr. Mitchell. The rear right seat passenger of veh-2, Kajenne Lindsey, was transported to LSU-Ochsners-Monroe with severe life threatening injuries and was

later pronounced dead by Dr. Burns. Driver/Sole occupant of veh-2, Kaleb W. Reeves, did not have any complaints of injuries.

Driver of veh-1 was transported to Louisiana State Police Troop-F by LT. Jordan. Upon arrival at Louisiana State Police Troop-F, LT. Jordan read driver of veh-1 the voluntary submission to a chemical test form. Driver of veh-1 stated he understood the form as he signed it and stated he was willing to voluntarily submit to a chemical test. On Thursday, October 2, 2020 at approximately 1932Hrs, driver of veh-1 voluntarily submitted to a chemical breath test on the Intoxilyzer 9000 with results of .000g% BAC. Driver of veh-2 voluntarily submitted to a chemical test by giving a blood sample. Driver of veh-3 was read the voluntary submission to the chemical test form by LT. Jordan. Driver of veh-3 stated he understood the form as he signed the form and said he was willing to voluntarily submit to a blood sample for chemical testing. On Thursday, October 1, 2020 at approximately 2121Hrs, two (2) tubes of blood were taken from driver of veh-2 by Felisa Allen, St. Francis Lab Tech. S/T Spainhower secured the blood sample and secured it in specimen kit #BA415263. S/T Spainhower kept the blood sample in his possession until he secured it into the Louisiana State Police evidence bin. The blood sample will be sent to the Louisiana State Police Crime Lab for analysis. Note: Driver of veh-2 had already been administered Lorazepam (Ativan) via IV-lmg dose prior to giving the blood sample.

All nighttime photographs of the crash scene were taken by Sgt. Laura Cox using her Louisiana State Police assigned digital camera. I also took some nighttime aerial photographs utilizing my Louisiana State Police issued DJI Mavic Pro 2 drone. All measurements at the crash scene were taken by Sgt. Cox and I utilizing measuring devices that measure in tenths, i.e. 100' tape, 100' tape and a roller wheel. I went back to the crash scene on Friday, October 2, 2020 to take daytime photographs using my Louisiana State Police assigned digital camera. I also took daytime photographs of the crash scene using my Louisiana State Police issued DJI Mavic Pro 2 drone. After I completed my at scene photographs, I went to Hemphill's Wrecker Service and took daytime photos of veh-2. I then went to Louisiana State Police Troop-F and took daytime photographs of veh-1. All of the photographs taken in reference to this investigation have been uploaded to the Louisiana State Police Photo Lab.

There was a witness to the crash identified as Crystal E. Bracknell. I met Ms. Bracknell at her residence on Friday, October 10, 2020 at approximately 1916Hrs. Ms. Bracknell voluntarily completed a witness statement in reference to the crash as she remembered it. The voluntary witness statement that Ms. Bracknell completed has been submitted with the crash report. Ms. Bracknell stated she was traveling southbound on US Hwy 165 in the right (outside) lane of travel for southbound traffic only when she observed a black car traveling southbound just ahead of her in the left (inside) lane of travel for southbound traffic only. Ms. Bracknell stated a Trooper was traveling in the left (inside) lane of travel for southbound traffic only behind the black car. Ms. Bracknell stated the traffic signal light for the southbound traffic on US Hwy 165 turned from green to yellow and the black car started slowing down. Ms. Bracknell stated the Trooper did not hit his brakes until the very last second. Ms. Bracknell stated the front of the Trooper's vehicle struck the rear of the black car causing the black car to start spinning before striking a light pole for the traffic signals. Ms. Bracknell further stated the Trooper did not have any emergency blue lights or a siren activated at the time of the crash. Ms. Bracknell stated the license tag on the Trooper's unit was T-40 and she believed he was speeding.

There was a social media post that was posted from Lakysha Warren Abraham. Ms. Abraham stated the wrecked happened right in front of her eyes. Ms. Abraham stated the Trooper had just passed her in the right (outside) lane as she was in the left (inside) lane. Ms. Abraham stated they were approaching a green light and the black car was at the light in the other direction when it turned right trying to beat the oncoming traffic and crossed over in front of the Trooper. Ms. Abraham stated the Trooper's front bumper hit the rear end of the black car and the car flew into the light pole. Ms. Abraham stated the Trooper immediately exited his vehicle, got on his cell phone and called for help as he was running towards the car. Ms. Abraham said it's very, very sad but the car drove in front of us trying to beat the cars coming and measured it wrong. Several attempts to locate Ms. Abraham were made with no success. We will continue to attempt to locate Ms. Abraham to get an official witness statement from her. A copy of her social media post will be copied and submitted with this crash report.

On Tuesday, October 6, 2020 at approximately 1915Hrs, I went to the Family Dollar located at the intersection of US Hwy 165 and Tichell Rd. I was able to view security camera footage of the crash that was captured on the stores front parking lot surveillance camera. The original copy of this video was burned to a black Memorex CD-R and will be submitted with the crash report.

On Sunday, October 01, 2020 at approximately 1813Hrs I, Sgt. Joel V. Heard, was notified of a two vehicle fleet crash with injuries which occurred on US Hwy 165 southbound at the intersection of Tichelli Rd. (Milepost 175.85). LT. Jordan and Sgt. Laura Cox were the first Troopers to arrive on the scene. I responded to the scene a short time later to begin my investigation.

This crash occurred on US Hwy 165 southbound at the intersection of Tichelli Rd (Milepost 175.85) which is within the city limits of Richwood, LA and Ouachita Parish. US Hwy 165 is a north/south multi-lane highway which is separated by a grassy median. The southbound travel lanes of US Hwy 165 consist of four lanes, a left only turn lane, a right only turn lane and two center lanes for southbound traffic only. The northbound travel lanes of US Hwy 165 consist of four lanes of travel, a left only turn lane, a right only turn lane and two center lanes for northbound traffic only. Tichelli road consist of two travel lanes, an eastbound lane and a westbound lane which run on both sides of US Hwy 165. There were no noticeable roadway edge drop-off's or any other roadway conditions that could have contributed to the crash. The traffic control at the intersection consist of several electronic traffic signals which are attached to a metal support post. All of the electronic traffic controls were functioning properly at the time of my investigation. The support posts are anchored to concrete bases which are located in the median on both the north side and south side of Tichelli Rd. The lines painted on the roadway for the southbound traffic on US Hwy 165 are as followed: 1. The far right line was a solid white "fog" line.

2. The line separating the right only turn lane from the right (outside) southbound traffic only lane is a solid white, no passing line. 3. The right (outside) southbound traffic only lane and the left (inside) southbound traffic only lane is separated by a dashed white line. 4. The line separating the left only turn lane from the left (inside) southbound traffic only is a solid white, no passing line. The far left line is a solid yellow "fog" line. There is also a large stop line that runs east and west across US Hwy 165 at the beginning of the intersection of Tichelli Rd. All painted traffic controls were visible and in good condition at the time of the crash. There are two (2) 55MPH speed limit signs posted on US Hwy 165, 0.7 mile(s) north of the crash scene. One of the signs is located in the grassy median on the left side of the roadway and the other one is in the grassy area just to the right of the roadway.

The speed limit signs are directly across from each other and neither sign has any marking on the back of them indicating placement dates or who erected them. Both of these 55MPH speed limit signs are of regulation size and reflective material.

The weather conditions at the time of the crash were fair skies with a temperature of 63 degrees Fahrenheit. There was no precipitation in the area and the wind was out of the north at 6MPH.

Upon my arrival at the crash scene, several emergency vehicles, which included Louisiana State Police, Ouachita Parish Fire Department, and Ouachita Parish Sheriff's Office, were blocking the southbound lanes of US Hwy 165 at Tichelli Rd. There was a black 2010 Kia Forte bearing LA tag #0720N, veh-2, facing northwest, with the rear tires of the vehicle in the grassy median and the front tires of the vehicle in the left, inside southbound travel lane just inside the solid yellow "fog" line. I observed moderate/severe damage to the rear of veh-2 and moderate/severe damage to the left, drivers side, of veh-2 at the rear passenger's side door. The door had also been pried open by the Ouachita Parish Fire Department for extraction purposes. There were no occupants from this vehicle at the crash scene as they had already been transported to local hospitals by Acadian Ambulance Service. On the right southbound shoulder of US Hwy 165, just south of Tichelli Rd and just beyond the crash scene, was a fully marked Louisiana State Police unit, a 2015 Chevrolet Tahoe bearing LA license tag F-40, veh-1, facing south. The right side tires of veh-1 where off the improved shoulder in the grassy area and the left side tires were on the improved shoulder. Veh-1 had minor damage to the left side front push bumper and front bumper. The driver/sole occupant of veh-1 did not have any complaints of injuries and had already been transported to Louisiana State Police, Troop-F by LT. Jordan for administrative chemical testing.

My on-scene crash investigation revealed veh-2 was traveling southbound on US Hwy 165 in the left (inside) lane of travel for southbound only traffic. Veh-1 was traveling behind veh-2 at an unknown distance. Veh-1 was enroute to a single vehicle, rollover log truck crash on LA 126 at mile post 41.3 in Caldwell Parish. This crash is recorded on desk log #201801A004 and Louisiana State Crash Report #20200017901. The driver of veh-1 was on Interstate 20 eastbound at mile post 100 when the crash in Caldwell Parish was dispatched to him at 1813Hrs. Driver of veh-1 proceeded to the crash via Interstate 20 eastbound to US Hwy 165 south. When veh-1 was traveling southbound on US 165, the driver was in the left (inside) lane of travel. As veh-1 was approaching the intersection of US Hwy 165 and Tichelli Rd, the front left push bumper struck the rear of veh-2. Veh-1 and veh-2 stayed stuck together for a short period of time at which time veh-2 was started a slight counter-clockwise yaw leaving two small yaw marks in the

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 #
7

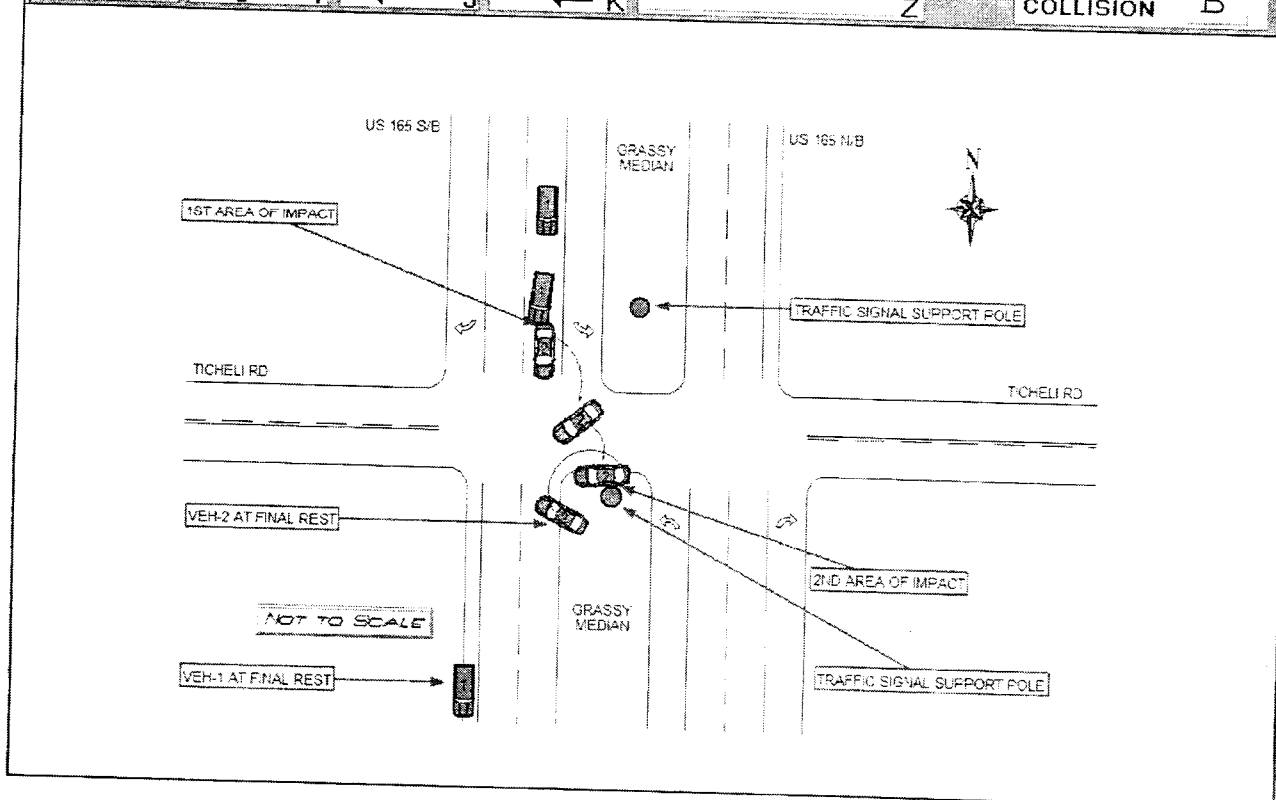
REFER TO EACH BY VEHICLE NUMBER

#20200020712

WITNESS

Bracknell, Crystal E.
 1959 Prairie Rd. #19, Monroe, LA 71202 PHONE: (318) 5577846

NON-COLLISION WITH 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 Z	MANNER OF COLLISION B	



Personnel on Scene:

Louisiana State Police Troop-F

- Capt. John Peters (Troop-F Commander)
- LT. Eric Cuenca (Troop-F Executive Officer)
- LT. Chris Jordan (On-Scene Supervisor)
- LT. Casey Williamson (Removed veh-1 from crash scene)
- Sgt. Laura Cox (On-Scene Supervisor / Photographs / Measurements)
- Sgt. Joel Heard (Investigating Supervisor / Photographs / Measurements)
- M/T Michael Reichardt (Public Information Officer / Tire Measurements)
- S/T Brad Spainhower (Not on scene, went to St. Francis)
- TFC Larry Shappley (Directed Traffic)
- TPR Dakota Demoss (Directed Traffic)
- TPR Patrick Pelley (Tire Measurements)

Ouachita Parish Fire Department

- Richard Cross
- Hunter McLeMore
- Reagan Avery
- Harrison Givens
- Jordy Fontana

Acadian Ambulance Service

- Steven Fautreaux
- Justin Bradley
- Jed Frazier
- John Palmer
- Triston Books

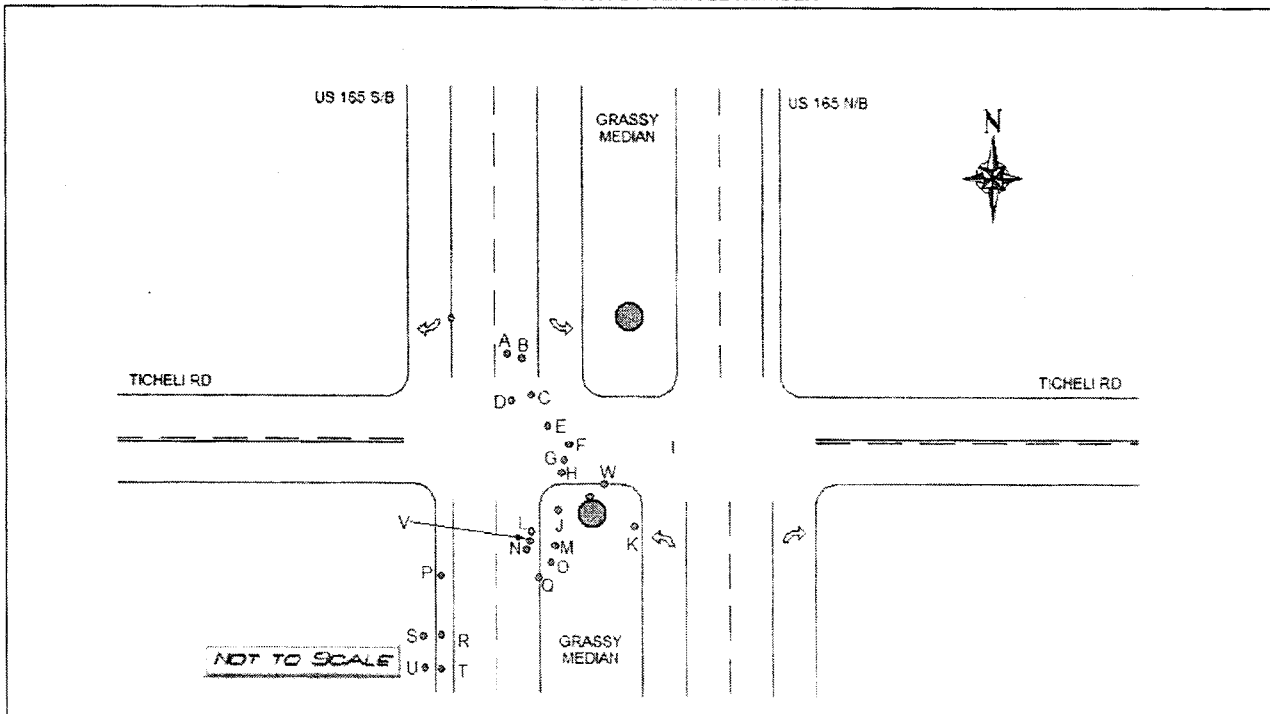
OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

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

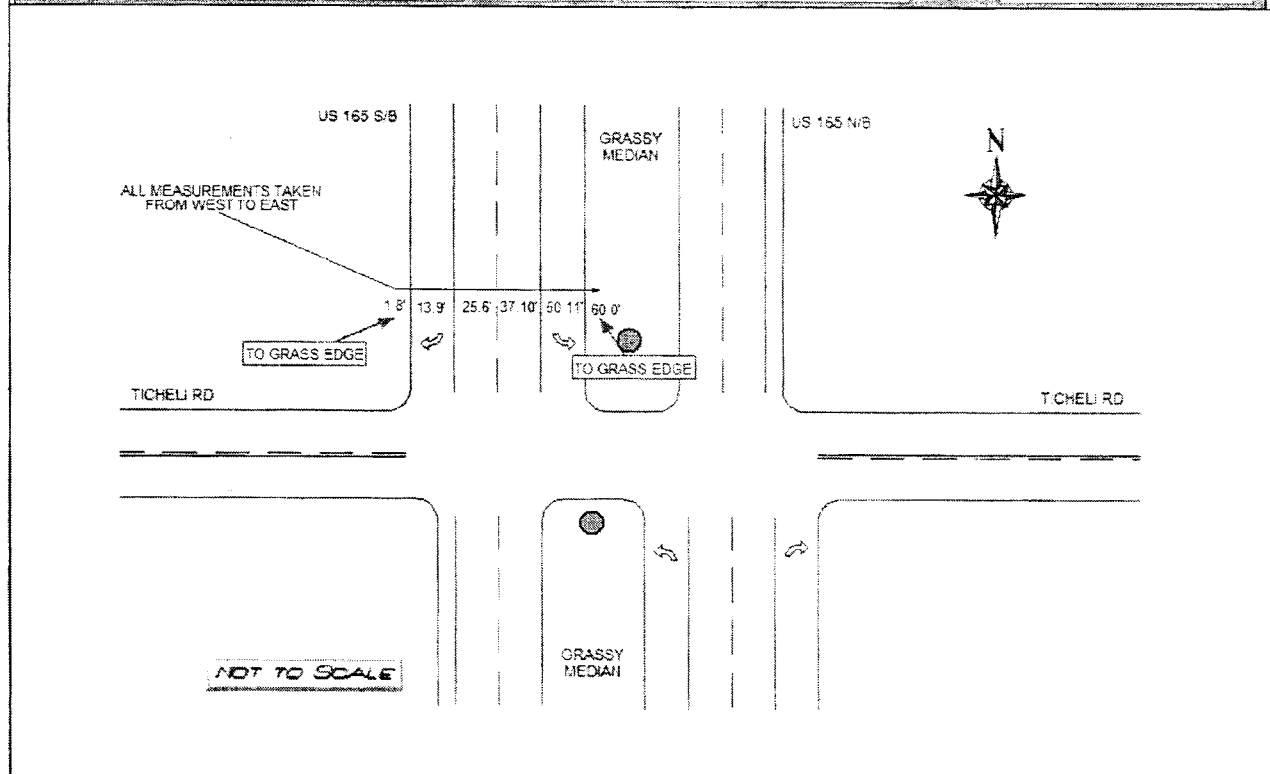
PAGE #

12

REFER TO EACH BY VEHICLE NUMBER



NON-COLLISION WITH 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 Z	MANNER OF COLLISION	



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 #

13

REFER TO EACH BY VEHICLE NUMBER

NON-COLLISION WITH 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 Z		MANNER OF COLLISION

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE SUPPLEMENT

COMPUTER NUMBER

PAGE #

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14

20200020 712

LOUISIANA STATE POLICE – TROOP F

FATALITY / SERIOUS INJURY INVESTIGATION REPORT SUPPLEMENTAL

COORDINATE MEASUREMENTS

LANDMARK: NORTHEAST CORNER OF A CONCRETE CULVERT LOCATED ON THE SOUTH SIDE OF I-20

REFERENCE LINE: FOG LINE ON SOUTH EDGE OF THE ROADWAY

REFERENCE POINT (⊙): PAINT MARK ON REFERENCE LINE LOCATED 25'2" NORTH OF LANDMARK

DESCRIPTION OF POINT	⊙	NORTH	SOUTH	EAST	WEST
BEGINNING OF RIGHT REAR TIRE MARKS FROM VEH-2	A		5.1	16.5	
BEGINNING OF LEFT REAR TIRE MARKS FROM VEH-2	B		5.11	19.9	
END OF LEFT REAR TIRE MARKS FROM VEH-2	C		13.6	22.7	
END OF RIGHT REAR TIRE MARKS FROM VEH-2	D		16.8	17.2	
DEBRIS IN THE ROADWAY FROM VEH-2	E		61.6	30.0	
TAIL LAMP LENS DEBRIS IN THE ROADWAY FROM VEH-2	F		67.8	40.2	
TAIL LAMP LENS DEBRIS IN THE ROADWAY FROM VEH-2	G		68.8	33.5	
TAIL LAMP DEBRIS IN THE ROADWAY FROM VEH-2	H		88.0	32.4	
VEH-2 POINT OF IMPACT WITH SIGNAL LIGHT POLE	I		100.3	38.3	
REAR WINDOW OF VEH-2 IN THE ROADWAY	J		102.11	31.11	
REAR BUMPER COVER OF VEH-2	K		109.10	47.8	
RIGHT FRONT TIRE OF VEH-2 AT FINAL REST	L		116.1	28.8	
LEFT FRONT TIRE OF VEH-2 AT FINAL REST	M		119.5	24.1	
RIGHT REAR TIRE OF VEH-2 AT FINAL REST	N		122.3	34.9	
LEFT REAR TIRE OF VEH-2 AT FINAL REST	O		126.0	30.6	
TRUCK LINING FROM VEH-2	P		133.6		5.3
INTERIOR DOOR PANEL FROM VEH-2	Q		137.8	26.6	
LEFT REAR TIRE OF VEH-1 AT FINAL REST	R		196.9		8.0
RIGHT REAR TIRE OF VEH-1 AT FINAL REST	S		196.9		14.6
LEFT FRONT TIRE OF VEH-1 AT FINAL REST	T		206.4		8.9
RIGHT FRONT TIRE OF VEH-1 AT FINAL REST	U		206.4		15.3
GOUGE MARK IN ASPHALT FROM VEH-1'S LEFT FRONT WHEEL	V		117.8	25.6	
LEFT REAR TIRE MARK FROM VEH-1 GOING INTO GRASSY MEDIAN	W		97.2	41.6	
	X				
	Y				

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

COMPUTER NUMBER

2 0 2 0 0 2 0 1 7 2 - 15

PAGE#

DATE 10/01/2020 TIME 1840 Hours PLACE US 165 at Ticheli Road
I, Trooper Kaleb W. Reeves AM 26 YEARS OF AGE,
MY ADDRESS IS 1240 Highway 594, Monroe, LA 71203
AND MY TELEPHONE NUMBER IS (318) 345 - 0000

On October 1, 2020, I was beginning my shift in Uniformed Patrol/Troop F. I was assigned to Ouachita/Caldwell Parishes. I was traveling eastbound on I-20 near milepost 100 when I was dispatched via Louisiana State Police radio to respond to a crash involving an overturned log truck, in Caldwell Parish on LA 126. My dispatch time was 1813 hours. It was daylight, with clear weather conditions.

I continued eastbound on I-20 to the US 165 exit, where I proceeded south on US 165. Weather remained daylight and clear. Traffic traveling south on US 165 was light. I was traveling in the inside (left) lane as I approached US 165's intersection with Ticheli Road. As I scanned the area approaching the intersection, I do not recall observing any vehicles that would impede my lane of travel. As I neared the intersection, I observed a small black sedan southbound in my lane of travel, at or near the intersection. I do not recall the color of the traffic signal at the intersection. The black sedan appeared to be traveling at a slow speed or stopped. I immediately began to apply my brakes and steer my vehicle to the right to avoid making contact with the sedan. My vehicle struck the sedan in the rear. Following impact, the sedan began to rotate clockwise into the median. I observed the sedan make impact with a pole on the driver's side, where it came to final rest. Following impact, I scanned the outside lane for traffic. Seeing none, I pulled to the shoulder.

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: Trooper Kaleb W. Reeves

OFFICER TAKING STATEMENT: Sgt Joel V. Heard

SIGNATURE: Sgt Joel V. Heard

INVESTIGATING OFFICER'S INITIALS A

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

COMPUTER NUMBER

2 0 2 0 0 0 2 0 7 1 2 - 1 6

PAGE#

DATE 10/01/2020 TIME 1840 PLACE US 165 @ Ticheli Road
I, Trooper Kaleb W. Reeves AM 26 YEARS OF AGE,
MY ADDRESS IS 1240 Highway 594 Monroe, LA 71203
AND MY TELEPHONE NUMBER IS (318) 345 - 0000

Once I relocated my vehicle, to clear the roadway, I contacted LSP Troop F to notify them of the crash and summon EMS to the scene. Before Troop F responded to my call, I exited my vehicle to check on occupants of the sedan. Once I exited my vehicle, I immediately heard the occupants of the sedan in distress. I dropped my radio microphone and ran to the sedan. When I arrived at the sedan, I realized the occupants were seriously injured. I immediately contacted Sgt. Laura Cox and notified her of the crash.

Nothing further to report.

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: Trooper Kaleb W. Reeves

OFFICER TAKING STATEMENT: Sgt. Joel V. Heard

SIGNATURE: Sgt. Joel V. Heard 2155

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

COMPUTER NUMBER

PAGE#

2	0	2	0	0	0	2	0	7	1	2	-	1	7
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DATE 10-1-20 TIME 1840 PLACE 45165
I, Kenneth Lindsey AM 42 YEARS OF AGE,
MY ADDRESS IS 112 Walters St West Monroe
AND MY TELEPHONE NUMBER IS (318) 503-4940

I was in the left lane travelling south at about 30-40 mph. I noticed the trooper coming from behind. There was a red SUV next to me in the right lane. The children were seatbelted and I took their seatbelts off after the crash. The trooper struck me from behind. My vehicle spun around and hit a pole after the impact.

Recorded by ST B SPAINHOWER #2401

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: Kenneth Lindsey

OFFICER TAKING STATEMENT: ST B SPAINHOWER

SIGNATURE: ST B 2401

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

COMPUTER NUMBER

PAGE #

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20200020712

DATE 10-1-2020 TIME 6:40pm PLACE US165
I, Crystal E. Bracknell AM 37 YEARS OF AGE,
MY ADDRESS IS 1959 Prairie Rd. Lot #19 Monroe, La. 71202
AND MY TELEPHONE NUMBER IS (318) 557-7846.

On October 1, 2020, at approximately 6:40 I witnessed a state trooper rear end a black car. I was in the right lane going south on 165 in Monroe. The trooper and the black car were in the left lane traveling the same direction. The traffic light turned to yellow so the black car slowed to stop but the trooper did not put on his brakes until the very last second. The trooper did not have any lights or sirens going. Once the car was hit it spun and flipped hitting the light pole for the traffic signal. The back end of the black car was almost in the front seat of the car. I know that one man got out of the front passenger's seat. I was concerned for the driver but did not know there was anyone in the back seat. The trooper was driving with license plate F-40 and I believe he was speeding.

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: Crystal E. Bracknell

OFFICER TAKING STATEMENT: Sgt Joel V. HEARD

SIGNATURE: Sgt Joel V. Heard / 2155

INVESTIGATING OFFICER'S INITIALS

JH

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
TIRE TREAD MEASUREMENT SUPPLEMENT

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119

20200020712

VEHICLE NUMBER: 01

Driver Side Front Tire

Make: Goodyear Eagle
Number of Tread 4
Tire S/N: DOT4BC5KBIR4219
Tire Size: P265/60R17
Tire: Inflated PSI: 33

	12:00	8:00	4:00
1	7/32	7/32	7/32
2	7/32	7/32	7/32
3	7/32	7/32	7/32
4	5/32	5/32	5/32
5			
6			

Driver Side Rear Tire

Make: Goodyear Eagle
Number of Tread 4
Tire S/N: DOT4BC5KBIR2320
Tire Size: P265/60R17
Tire: Inflated PSI: 32

	12:00	8:00	4:00
1	10/32	10/32	10/32
2	10/32	10/32	10/32
3	10/32	10/32	10/32
4	10/32	10/32	10/32
5			
6			

Passenger Side Front Tire

Make: Goodyear Eagle
Number of Tread 4
Tire S/N: DOT4BC5KBIR4119
Tire Size: P265/60R17
Tire: Inflated PSI: 35

	12:00	8:00	4:00
1	7/32	7/32	7/32
2	7/32	7/32	7/32
3	7/32	7/32	7/32
4	6/32	6/32	6/32
5			
6			

Passenger Side Rear Tire

Make: Goodyear Eagle
Number of Tread 4
Tire S/N: DOT4BC5KBIR2819
Tire Size: P265/60R17
Tire: Inflated PSI: 35

	12:00	8:00	4:00
1	6/32	6/32	6/32
2	5/32	5/32	5/32
3	5/32	5/32	5/32
4	5/32	5/32	5/32
5			
6			

Comments: Describe any unusual circumstances concerning the taking of the tread depths or tread measurements of vehicles with more than four tires or more than six treads.

Investigating officer's initials

[Signature]

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
TIRE TREAD MEASUREMENT SUPPLEMENT

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20

20200020712

VEHICLE NUMBER: 02

Driver Side Front Tire

Make: Nexen
Number of Tread 4
Tire S/N: DOTUAYCFMER1420
Tire Size: P225/35R20
Tire: Inflated PSI: 30

	12:00	8:00	4:00
1	8/32	8/32	8/32
2	7/32	7/32	7/32
3	7/32	7/32	7/32
4	8/32	8/32	8/32
5			
6			

Driver Side Rear Tire

Make: NFera
Number of Tread 4
Tire S/N: DOTUAYCHAEL2419
Tire Size: P225/35R20
Tire: Inflated PSI: 30

	12:00	8:00	4:00
1	7/32	7/32	7/32
2	7/32	7/32	7/32
3	7/32	7/32	7/32
4	7/32	7/32	7/32
5			
6			

Passenger Side Front Tire

Make: Nexen
Number of Tread 4
Tire S/N: DOTUAYCFMER1420
Tire Size: P225/35R20
Tire: Deflated PSI: N/A

	12:00	8:00	4:00
1	8/32	8/32	8/32
2	8/32	8/32	8/32
3	7/32	7/32	7/32
4	7/32	7/32	7/32
5			
6			

Passenger Side Rear Tire

Make: NFera
Number of Tread 4
Tire S/N: DOTUAYCHAEL2419
Tire Size: P225/35R20
Tire: Inflated PSI: 15

	12:00	8:00	4:00
1	7/32	7/32	7/32
2	6/32	6/32	6/32
3	7/32	7/32	7/32
4	7/32	7/32	7/32
5			
6			

Comments: Describe any unusual circumstances concerning the taking of the tread depths or tread measurements of vehicles with more than four tires or more than six treads.

Investigating officer's initials

[Signature]



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
NOTICE TO WITHDRAW BLOOD FOR CHEMICAL TEST FOR INTOXICATION

In accordance with Louisiana law, the following person has been placed under arrest for the operation of a motor vehicle, watercraft, or other means of conveyance while under the influence of an alcoholic beverage or any other abused or illegal controlled dangerous substance.

Person Tested: _____ Sex _____ Race _____ DOB _____
(Last) (First) (M.I.)

(Address) _____ (City) _____ (State) _____ (Zip) _____ (OLN No./State) _____

Pursuant to the authority of L.R.S. 32:661 A(2), a test for intoxication shall be administered at the direction of a law enforcement officer. Therefore, a person qualified to withdraw blood is compelled by law to administer the test by withdrawing blood from the above named person because at least one of the following conditions exist:

- ☐ The above named person has consented to the withdrawing of blood to determine the alcoholic content and/or the presence of any abused or controlled dangerous substance in the blood.
- ☐ The above named person has been involved in a motor vehicle crash where a traffic fatality has occurred or a person has been seriously injured. Therefore, in accordance with L.R.S. 32:666(A), the person may not refuse the chemical test upon the direction of a law enforcement officer.
- ☐ The above named person is dead, unconscious, or otherwise in a condition rendering said person incapable of refusing the withdrawal of blood to determine the alcoholic content and/or presence of any abused or controlled dangerous substances in the blood.

The blood sample shall be drawn by a qualified person in accordance with L.R.S. 32:664 in the presence of a law enforcement officer utilizing a blood collection kit authorized by the Department of Public Safety and Corrections. It shall be immediately returned to said officer in order to protect the integrity of the test and preserve the chain of evidence.

L.R.S. 32:664 (C) exempts qualified persons, firms, corporations, or hospitals from civil or criminal liability for withdrawing blood at the direction of a law enforcement officer for the purposes of determining the alcoholic content and/or the presence of any abused or controlled dangerous substances in a person's blood.

10-1-20 2121
(Date) (Time)

Felisia Allen, Lab Tech
Qualified Person Taking Blood

[Signature]
Signature of Qualified Person

STB SPAINHOWER
Law Enforcement Officer (Print)

STB 9 2401
Signature of Law Enforcement Officer

St Francis Medical Center
Medical Institution

BA615268

VOLUNTARY SUBMISSION TO THE CHEMICAL TEST

☒ BLOOD ☐ BREATH ☐ URINE

Person Tested: Lindsey Kenneth L. Sex M Race B DOB 8/20/78
(Last) (First) (M.I.)

112 Walters St W Monroe LA 71292 8639815/LA
(Address) (City) (State) (Zip) (OLN No./State)

The above named person has been involved in a motor vehicle crash where a traffic fatality has occurred or a person has been seriously injured and hereby submits to the chemical test of his/her own free will to determine the alcoholic content or the presence of any abused or controlled dangerous substance in the blood, breath, and/or urine. The above named person understands that he/she is not under arrest nor suspected of operating a motor vehicle, watercraft, or other means of conveyance while under the influence of drugs or alcohol. The above named person fully understands that in the event the test results indicate a blood alcohol level or the presence of any abused or controlled dangerous substances contrary to law, a warrant may be issued for his/her arrest.

I, Kenneth Lindsey, understand my submission to the voluntary test does not exempt me from prosecution if the chemical test results indicate a blood alcohol level or the presence of any abused or controlled dangerous substances contrary to law and agree to submit to the chemical test.

Kenneth Lindsey
Person Tested (Print)

[Signature]
Signature of Person Tested

Lt. Chris Jordan
Law Enforcement Officer (Print)

[Signature]
Law Enforcement Officer (Signature)

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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

NOTICE TO WITHDRAW BLOOD FOR CHEMICAL TEST FOR INTOXICATION

In accordance with Louisiana law, the following person has been placed under arrest for the operation of a motor vehicle, watercraft, or other means of conveyance while under the influence of an alcoholic beverage or any other abused or illegal controlled dangerous substance.

Person Tested: _____ Sex _____ Race _____ DOB _____
 (Last) (First) (M.I.)

(Address) (City) (State) (Zip) (OLN No/State)

Pursuant to the authority of L.R.S. 32:661 A(2), a test for intoxication shall be administered at the direction of a law enforcement officer. Therefore, a person qualified to withdraw blood is compelled by law to administer the test by withdrawing blood from the above named person because at least one of the following conditions exist:

☐ the above named person has consented to the withdrawing of blood to determine the alcoholic content and/or the presence of any abused or controlled dangerous substance in the blood.

☐ the above named person has been involved in a motor vehicle crash where a traffic fatality has occurred or a person has been seriously injured. Therefore, in accordance with L.R.S. 32:666(A), the person may not refuse the chemical test upon the direction of a law enforcement officer.

☐ the above named person is dead, unconscious, or otherwise in a condition rendering said person incapable of refusing the withdrawing of blood to determine the alcoholic content and/or presence of any abused or controlled dangerous substances in the blood.

The blood sample shall be drawn by a qualified person in accordance with L.R.S. 32:664 in the presence of a law enforcement officer utilizing a blood collection kit authorized by the Department of Public Safety and Corrections. It shall be immediately returned to said officer in order to protect the integrity of the test and preserve the chain of evidence.

L.R.S. 32:664 (C) exempts qualified persons, firms, corporations, or hospitals from civil or criminal liability for withdrawing blood at the direction of a law enforcement officer for the purposes of determining the alcoholic content and/or the presence of any abused or controlled dangerous substances in a person's blood.

(Date) (Time)

Law Enforcement Officer (Print)

Qualified Person Taking Blood

Signature of Law Enforcement Officer

Signature of Qualified Person

Medical Institution

VOLUNTARY SUBMISSION TO THE CHEMICAL TEST

☐ BLOOD ☐ URINE

☒ BREATH

Person Tested: Reeves Kaleb W. Sex M Race W DOB 3/22/94
 (Last) (First) (M.I.)

1240 Hwy 594 Munroe LA 71203 LA
 (Mailing Address) (City) (State) (Zip) (OLN No/State)

The above named person has been involved in a motor vehicle crash where a traffic fatality has occurred or a person has been seriously injured and hereby submits to the chemical test of his/her own free will to determine the alcoholic content or the presence of any abused or controlled dangerous substances in the blood. The above named person understands that he/she is not under arrest nor suspected of operating a motor vehicle, watercraft, or other means of conveyance while under the influence of drugs or alcohol. The above named person fully understands that in the event the test results indicate a blood alcohol level or the presence of any abused or controlled dangerous substances contrary to law, a warrant may be issued for his/her arrest.

I, Kaleb Reeves, understand my submission to the voluntary test does not exempt me from prosecution if the chemical test results indicate a blood alcohol level or the presence of any abused or controlled dangerous substances contrary to law and agree to submit to the chemical test.

Kaleb Reeves
 Person Tested (Print)

LT. Chris Jordan ¹²⁶
 Law Enforcement Officer (Print)

Kaleb Reeves
 Signature of Person

LT. Chris Jordan ¹²⁶
 Law Enforcement Officer (Signature)

Tested MP (Rev. 8/14) Kaleb Reeves

A

Louisiana Department of Public Safety & Corrections

Louisiana State Police
Applied Technology Section

CASH REPORT # 20200020916

PAGE 25

SUBJECT TEST INFORMATION

TEST DATE	SUBJECT'S NAME	SUBJECT'S DRIVER'S LICENSE #	DRIVER'S LICENSE STATE
10/01/2020	REEVES, KALEB	000000000	LA
SUBJECT'S DATE OF BIRTH	SUBJECT'S AGE	SUBJECT'S SEX	SUBJECT'S RACE
03/22/1994	26	Male	W


OPERATOR INFORMATION

OPERATOR'S NAME	OPERATOR'S PERMIT #	OPERATOR'S CERTIFICATION DATE	OPERATOR'S CERTIFICATION EXPIRATION DATE		
SJORDAN, CHRIS	07640	10/01/2019	10/01/2021		
INSTRUMENT SERIAL #	INSTRUMENT LOCATION	OPERATOR'S AGENCY	ARRESTING AGENCY	PARISH NUMBER	TIME FIRST OBSERVED
90-001644	LA STATE POLICE TROOP F	0007	0007	37	19:10
OFFICER'S SIGNATURE					

SUBJECT TEST RESULTS

Test	BAC g%	Time	Intoxilyzer 9000 Check List
Diagnostics	Passed	19:32:08	<input checked="" type="checkbox"/> Press start button
Air Blank	0.000	19:32:33	<input checked="" type="checkbox"/> Subject observed for at least 15-minutes and nothing taken by mouth
Subject Sample	0.000	19:32:59	<input checked="" type="checkbox"/> Follow instrument display for instructions
Air Blank	0.000	19:33:45	<input checked="" type="checkbox"/> Diagnostic check OK
Diagnostics	Passed	19:33:50	<input checked="" type="checkbox"/> Air blank results 0.000g%
<div style="border: 1px solid black; padding: 5px; text-align: center;"> SUBJECT'S BAC 0.000 g% </div>			<input checked="" type="checkbox"/> Attach new and clean mouthpiece
			<input checked="" type="checkbox"/> Instruct subject to blow into mouthpiece until tone stops
			<input checked="" type="checkbox"/> Subject provided proper sample
			<input checked="" type="checkbox"/> Air blank results 0.000g%
			<input checked="" type="checkbox"/> Remove and discard mouthpiece
			<input checked="" type="checkbox"/> Diagnostic check OK
			<input checked="" type="checkbox"/> Test record printed

Revised 04/30/2015

Instrument Certification Date: 07/15/2020 Certification By: 



Louisiana Department of Public Safety and Corrections
Office of State Police
Vehicle Storage Record

PAGE 27
OUACHITA
Crash / Arrest Report

20200020712

Sgt Joel Hegard 2155 10/1/2020 1840

Vehicle Information

2020	Kia	Forte	BLK	3KPF24ADOLE160792
427 DON	LA	2021	US 165 @ TICHELT (M.P. 175.85)	
Hold: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reason Towed: <input checked="" type="checkbox"/> Crash <input type="checkbox"/> Insurance Violation <input type="checkbox"/> Arrest <input type="checkbox"/> Abandoned <input type="checkbox"/> Other			

Operator Information

Kenneth L. Lindsey / LA	Street	City	State	Zip
6991259	112 Walter St	W. Monroe	LA	71292

Registered Owner Information

☐ Owner same as operator

Sanita M. Capers	Street	City	State	Zip
	2002 Flynn St	Monroe	LA	71201

Condition of Vehicle

☐ Drivable ☒ Not Drivable Damage: ☐ Top ☒ Left side ☐ Right side ☐ Undercarriage ☐ Front ☒ Rear ☐ Total ☐ None ☐ Other

House clothes, black Apple I-phone, cellphone in blue case

Vehicle Disposition

- ☐ The state police to call _____ wrecker service per owner's request
☒ The state police to call the next approved wrecker service
Name/number of wrecker service Hemphill
☐ The vehicle to be parked at _____ per
owner/operator request, whereas I understand LSP will not be liable for theft or damage to the vehicle or its contents
☐ The vehicle to be remanded to the custody of _____ DL# _____ per
owner/operator request

Receipt of Vehicle

☒ Owner/operator injured or unable to sign form

I hereby acknowledge that I have read and understand this report, and by affixing my signature hereto agree to release the Louisiana State Police from any and all liability for loss or damage to the vehicle or contents.

Signature of Owner/Operator INJURED Date/Time N/A

As the wrecker operator, I hereby assume responsibility for the above mentioned vehicle and its contents

Signature of Wrecker Driver [Signature] Date/Time 10/01/2020 @ 2130

For Official Use Only	
Inquiries Made	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Owner Notified	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Final Disposition	Yes <input type="checkbox"/> No <input type="checkbox"/>

A

CRASH REPORT # 20200020712
PAGE 28

Reply all | Delete Junk |

Fw: LSP Crash Reports – File Upload Complete



Joel Heard

Today, 1:17 AM
Laura Cox (DPS)

Reply all |

Sgt. Joel V. Heard #2155
Louisiana State Police Troop-F
1240 Hwy 594

Monroe, LA. 71203
(318)345-0000 Office
(318)307-1959 Cell

From: noreply@egov.com <noreply@egov.com>
Sent: Tuesday, October 6, 2020 1:05
To: Joel Heard
Subject: LSP Crash Reports – File Upload Complete

EXTERNAL EMAIL: Please do not click on links or attachments unless you know the content is safe.

The file(s) uploaded on 10/6/2020 12:15:56 AM for Report Number 20200020712 is complete.
This is a system generated message. Please do not reply to this email.

ACCIDENT REPORT

LOUISIANA STATE DRIVER SAFETY PROGRAM

(If you do not know your location code, please refer to <http://www.laorm.com/documents/locodes.pdf>)

Submit report to ORM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	Agency Name (Owner): DPS - Office of State Police - Troop F	Person to Contact: Lieutenant Eric Cuenca	Phone: 318-345-0000	Vehicle Owner's Loc. Code: 2227
State Vehicle Driver's Name: TPR Kaleb Reeves		Driver's Agency Name and Location Code: N/A	Date of Accident: 10/01/2020	Time of Accident: <div style="border: 1px solid black; padding: 2px;">18:40</div> * AM * PM

Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location):

US 165 @ Ticheli Rd, Milepost 175.8

DESCRIBE HOW ACC. HAPPENED	Vehicle 1, a 2015 LSP Tahoe, was southbound on US 165 responding to a crash. Vehicle 2, a 2020 Kia, was also southbound near Ticheli Road. Vehicle 1 struck the rear of vehicle 2. Post impact, vehicle 2 continued southeast across the intersection, rotating clockwise. The rear driver door impacted a metal signal pole on the edge of the intersection. Driver 2 sustained minor injuries. The rear seat passengers of vehicle 2 were unrestrained and
Seat Belt in Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

State Vehicle Driver's Address (Street No.): 1240 Hwy 594		City: Monroe	State: LA	Zip Code: 71203	Home Phone: 318-345-0000	Work Phone: 318-345-0000
Driver's License No.: 10310391	Age: 26	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Vehicle's Owner's Name and Address: DPS-Office of State Police/290 E. Airport Drive, Baton Rouge, LA 70806			
Year Vehicle: 2015	Make Vehicle: Chevrolet	Model Vehicle: Tahoe	Body Type: SUV	Vehicle Lic. No. / Equip No. / VIN: F-40/1GNLC2EC7FR556806	LPAA Fleet ID No.: 500118435	
Where can the Vehicle be Seen?: Troop F - 1240 Hwy 594 Monroe, LA 71203			Describe Damage: Front Bumper			

OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

Other Vehicle Driver's Name: Kenneth L. Lindsey		Driver's Social Security No.: no longer required	Driver's License No.: 8639815	Age: 42	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Other Vehicle Driver's Address (Street No.): 112 Walter St		City: West Monroe	State: LA	Zip Code: 71291	Home Phone: 318-503-4940
Vehicle Owner's Name and Address (Street No.): Sonita M. Capers 2002 Flynn St.		City: Monroe	State: LA	Zip Code: 71201	
Year Vehicle: 2020	Make Vehicle: Kia	Model Vehicle: Forte	Body Type: 4 Door	Vehicle ID No. or Lic. No.: 427DQN	Where can the vehicle be seen?: Hemphill Towing & Recovery
Other Vehicle Insurance Co.: Imperial Fire and Casualty				Policy No.: 2009812511	
Describe Damage: Rear end, left side passenger door.					Estimated Amount: \$ 15,000.00

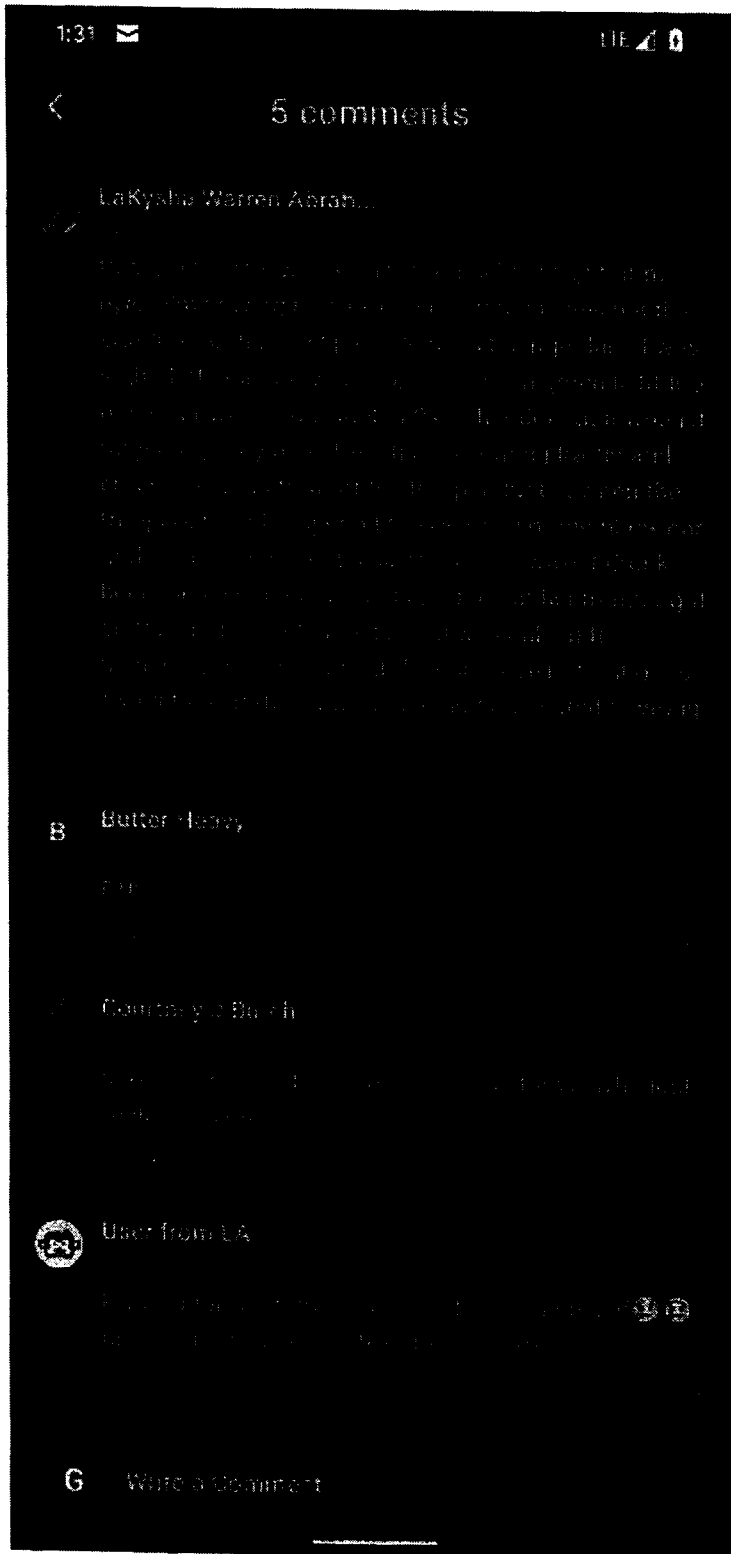
INJURED

Name and Address: Kenneth L. Lindsey - Driver	Phone: (318) 503-4940	PED: <input type="checkbox"/>	Ins. Veh.: <input checked="" type="checkbox"/>	Other Veh.: <input type="checkbox"/>	Police Investigated?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address: Sonita M. Capers - RF Passenger	Phone: (318) 503-6805	PED: <input type="checkbox"/>	Ins. Veh.: <input checked="" type="checkbox"/>	Other Veh.: <input type="checkbox"/>	Type Report: <input checked="" type="checkbox"/> State <input type="checkbox"/> Sheriff <input type="checkbox"/> City
Name and Address: N/A	Phone:	PED: <input type="checkbox"/>	Ins. Veh.: <input type="checkbox"/>	Other Veh.: <input type="checkbox"/>	Report No. (Item No.): 20200020712

WITNESSES OR PASSENGERS

Name and Address: An-Janne Lindsey - Rear Passenger	Witness: <input type="checkbox"/> Passenger <input checked="" type="checkbox"/>	Phone:	PED: <input type="checkbox"/>	Ins. Veh.: <input checked="" type="checkbox"/>	Other Veh.: <input type="checkbox"/>	(Specify): Deceased
Name and Address: Kajenne Lindsey - Rear Passenger	Witness: <input type="checkbox"/> Passenger <input checked="" type="checkbox"/>	Phone:	PED: <input type="checkbox"/>	Ins. Veh.: <input checked="" type="checkbox"/>	Other Veh.: <input type="checkbox"/>	(Specify): Deceased
State Driver's Signature: TPR Kaleb W. Reeves		Name of Driver's Immediate Supervisor and Phone No.: Sgt. Laura Cox /318-345-0000				

CRASH REPORT #20200020712
PAGE 26



Pg. 1 of 1

New Case ☒
Additional Evidence ☐
Resubmission ☐

Laboratory No. _____

LSP Log No. F201001 A008

Email Address (print clearly)
joel.heard@la.gov

☐ Check if Case Report Attached

Subject was involved in a two vehicle fatality crash. Subject sustained minor injuries as a result of the crash and was treated at St. Francis Medical Center. ER personnel advised the subject was administered Lorazepam (Ativan) 1mg IV prior to the blood draw. Subject voluntarily submitted to a chemical test. Two tubes of blood were obtained from the subject. After completion, the specimen was secured and transferred to Troop F, specimen kit BA815268.

Subject Name (Last, First, Middle)	S / V / E*	Deceased	Race/Gender	DOB (mm/dd/yy)	Juvenile	State - DL #	State	SID#
Lindsey, Kenneth L	E	N	B/M	08 / 20 / 1978	N	LA_ 8639815		
				/ /		-		
				/ /		-		
				/ /		-		
				/ /		-		

Request Codes: Marijuana (MJ); All Other Controlled Substances (CDS); Alcohol Content (AC); Blood Alcohol (BA); Drug Screen (TOX); DNA; Firearms (FIRE); Gunshot Residue (GSR); Latent Print Processing (PP); Latent Print Comparison (PC); Fire Debris (AR); Impression Comparison (IC); Fracture Comparison (FC); NIBIN; Lamp Filament (FLA); Serial # Restoration (SN); Vehicle Examination (VE); Other: (Write Specific Request)

[illegible]

Evidence Delivered By:	CHAIN OF CUSTODY	Evidence Received By:
Print Name _____		Signature _____
Signature _____		_____ / _____ / _____ Date Time

Released to: (Print Name) _____ Released by: _____ Items: _____
(Signature) _____ Date: _____

Released to: (Print Name) _____ Released by: _____ Items: _____
(Signature) _____ Date: _____

All Evidence On This Page Returned ☐

A



IMPORTANT NOTICE: Robert Bosch LLC and the manufacturers whose vehicles are accessible using the CDR System urge end users to use the latest production release of the Crash Data Retrieval system software when viewing, printing or exporting any retrieved data from within the CDR program. Using the latest version of the CDR software is the best way to ensure that retrieved data has been translated using the most current information provided by the manufacturers of the vehicles supported by this product.

CDR File Information

User Entered VIN	1GNLC2EC7FR556806
User	Sgt. Joel V. Heard #2155
Case Number	20200020712
EDR Data Imaging Date	10/01/2020
Crash Date	10/01/2020
Filename	REEVES.CDRX
Saved on	Thursday, October 1 2020 at 21:13:19
Imaged with CDR version	Crash Data Retrieval Tool 19.5.1
Imaged with Software Licensed to (Company Name)	Louisiana State Police
Reported with CDR version	Crash Data Retrieval Tool 19.5.1
Reported with Software Licensed to (Company Name)	Louisiana State Police
EDR Device Type	Airbag Control Module
Event(s) recovered	Non-Deployment

Comments

No comments entered.

Data Limitations

Recorded Crash Events:

There are two types of recorded crash events for Front, Side, and Rear (FSR) Events. The first is the Non-Deployment Event. A Non-Deployment Event records data but does not deploy the air bag(s). The minimum SDM Recorded Vehicle Velocity Change, that is needed to record a Non-Deployment Event, is five MPH [8 km/h]. A Non-Deployment Event contains Pre-Crash and Crash data. The oldest Non-Deployment event can be overwritten by a Deployment Event, if all three records are full and the Non-Deployment Event is not locked. A Non-Deployment Event can be overwritten by a more recent Non-Deployment Event if all three records are full and the Non-Deployment is older than approximately 250 ignition cycles. Also, a Non-Deployment event can be recorded if one of the following occurs without the Deployment of any of the frontal air bags, side air bags, or roll bars:

- Pretensioner(s) only Deployment
- Head Rest Deployment
- Battery Cut-Off Deployment

The second type of SDM recorded crash event for FSR Events is the Deployment Event. It also contains Pre-Crash and Crash data. Deployment Events cannot be overwritten or cleared by the SDM.

Rollover Events contain Pre-Crash and Crash data. Rollover event follow the same rules as FSR Deployment events. The SDM can store up to three Events.

Data:

For FSR Events, SDM Recorded Vehicle Velocity Change reflects the change in velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event and is also not the Barrier Equivalent Velocity. For Deployment and Non-Deployment Events, the SDM will record up to 300 milliseconds of data after time zero. The SDM will also record up to 300 milliseconds of Vehicle Acceleration data after time zero.

For Rollover Events, the SDM may record Lateral Acceleration, Vertical Acceleration, and Roll Rate data, if the SDM is rollover capable. This data reflects what the sensing system experienced during the recorded portion of the event. For Rollover Deployment Events, the SDM will record up to 700 milliseconds of data before the Deployment criteria is met and 290 milliseconds after the Deployment criteria is met.

-Deployment loops may be displayed as being deployed in a Non-Deployment event record, if a Deployment event is qualified during the Non-Deployment event. That is, if two or more events are occurring at the same time and one is a Non-Deployment event and one of the others is a Deployment event, and the Deployment event is qualified while the Non-Deployment is still active, the deployed loops may be recorded in the Non-Deployment event record.

-Time between events is recorded in 10 msec intervals and is displayed in seconds for a maximum time of 655.33 seconds. The counter measures the time from the start of one event to the start of the next event if both events occur within the same ignition cycle.

-The Maximum SDM Recorded Vehicle Velocity Change may occur between the recorded 10 millisecond sample points of the SDM Recorded Vehicle Velocity Change. The SDM will only record Maximum SDM Recorded Vehicle Velocity Change for the first 300 milliseconds of the event.

-If the SDM Recorded Vehicle Velocity Change data exceeds the max output range of -127 km/h then the exceeded values will be displayed with an offset of a +256 km/h. If the SDM Recorded Vehicle Velocity Change data exceeds the max output range of +126



km/h then the exceeded values will be displayed with an offset of a -256 km/h.

-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.

-SDM Recorded Vehicle Speed accuracy can be affected by various factors, including but not limited to the following:

- Significant changes in the tire's rolling radius
- Final drive axle ratio changes
- Wheel lockup and wheel slip

-Brake Switch Circuit Status indicates the open/closed state of the brake switch circuit.

-Pre-Crash data is recorded asynchronously. The 0.5 second Pre-crash data value (most recent recorded data point) is the data point last sampled before Time Zero. That is to say, the last data point may have been captured just before Time Zero but no more than 0.5 second before Time Zero. All subsequent Pre-crash data values are referenced from this data point.

-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if:

-The SDM receives a message with an "invalid" flag from the module sending the pre-crash data

-Pre-Crash Electronic Data Validity Check Status indicates "Data Not Available" if:

-No data is received from the module sending the pre-crash data

-For diesel powered vehicles, the data displayed as Throttle Position (%) is actually the data for the Air Inlet Flap Position. This is not the same as the throttle position for a gasoline powered engine.

-Belt Switch Circuit Status indicates the status of the seat belt switch circuit.

-The ignition cycle counter will increment when the power mode cycles from OFF/Accessory to RUN. Applying and removing of battery power to the module will not increment the ignition cycle counter.

-Ignition Cycles Since DTCs Were Last Cleared can record a maximum value of 253 cycles and can only be reset by a scan tool.

-Dynamic Deployment Event Counter tracks the number of Deployment events that have occurred during the SDM's lifetime.

-Dynamic Event Counter tracks the number of qualified events (either Deployments, Non-deploy, or Rollover events) that have occurred during the SDM's lifetime.

-For Deployment Events, DTC B0052 (Deployment commanded) shall be recorded with the remainder of the data for this event even though it occurred after Event Enable.

-Once a firing loop has been commanded to be deployed, it will not be commanded to be deployed again during the same ignition cycle. Firing loop times for subsequent deployment type events, during the same ignition cycle, will record the deployment times as N/A.

-In an event where the module is operating on energy reserve, the Dynamic counters may report a value that is less than the actual value. If the stored values in the Dynamic counters are less than the counter values in the event records or if more than one event record has the same counter value as another, the module may have been operating on its energy reserve.

-A Concurrent Event is when two events are happening nearly simultaneously. The "Concurrent Event Flag Set" parameter will indicate "Yes" if one event begins, but before that event is qualified, another event begins and is qualified.

A Non-Deployment event typically becomes qualified if that event exceeds the 5 MPH (8 km/h) delta V recording threshold and the event has concluded. A deployment event (FSR or Rollover) becomes qualified when a deployment has been commanded for that event.

Example of a Concurrent Event:

A Rollover event begins. Before the Rollover event is qualified, a Non-Deployment event begins and is qualified. Sometime after the Non-Deployment event is qualified, the Rollover event is qualified. The Non-Deployment event will be recorded in the first open record even though the Rollover event enabled before the Non-Deployment event. The Rollover event will be recorded in the next open record. The "Concurrent Event Flag Set" parameter will indicate "Yes" for the Rollover event. The "Time Between Events" parameter will indicate the time from the start of the Rollover event to the start of the Non-Deployment event.

-The GM parameter name is displayed in parentheses after the NHTSA Part 563 parameter name.

-The reported range of the longitudinal and lateral acceleration values is approximately ± 50 g.

-Due to a CDR Tool data imaging issue, all CDR files imaged from SDM-30 Delphi airbag control modules (ACM) using version 17.6 software are invalid and the ACM must be re-imaged using CDR version 17.6.1 and later software.

-All data should be examined in conjunction with other available physical evidence from the vehicle and scene.

Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

-Vehicle Status Data (Pre-Crash) is transmitted by the Body Control Module, via the vehicle's communication network.

-The Belt Switch Circuit is wired directly to the SDM.

Data Element Sign Convention:

The following table provides an explanation of the sign notation for data elements that may be included in this CDR report. Directional references to sign notation are all from the perspective of the driver when seated in the vehicle facing the direction of forward vehicle travel.

Data Element Name	Positive Sign Notation Indicates
Longitudinal Acceleration	Forward
Longitudinal Velocity Change	Forward
Lateral Acceleration	Left to Right
Lateral Velocity Change	Left to Right
Vertical Acceleration	Downward
Roll Rate	Clockwise Rotation

Hexadecimal Data:

Data that the vehicle manufacturer has specified for data retrieval is shown in the hexadecimal data section of the CDR report. The



hexadecimal data section of the CDR report may contain data that is not translated by the CDR program. The control module contains additional data that is not retrievable by the CDR tool.

01050_SDM30-delphi_r019

**System Status at Time of Retrieval**

Dynamic Deployment Event Counter	0
Multi-Event, Number of Events (Dynamic Event Counter)	1
Dynamic OnStar Notification Event Counter	0
Vehicle Identification Number (VIN)	1GNLC2EC7FR556806
Ignition Cycle, Download (Ignition Cycles at Investigation)	4982
End Model Part Number	00CF6F22
System Type	N/A
Software Module Identifier 1	00CE44D6
Software Module Identifier 2	016576DD
Software Module Identifier 3	01621D42
Manufacturing Traceability Data, LineID	K
Manufacturing Traceability Data, ShiftID	1
Manufacturing Traceability Data, Year	14
Manufacturing Traceability Data, DayOfTheYear	336
Manufacturing Traceability Data, Serial/Lot/BatchNumber	3M1656000
ESS # 1 Traceability Data, Component Identifier	AU
ESS # 1 Traceability Data, Part Number/Broadcast Code	8677
ESS # 1 Traceability Data, Supplier Code	D
ESS # 1 Traceability Data, Traceability Number	P18248E13
ESS # 2 Traceability Data, Component Identifier	AT
ESS # 2 Traceability Data, Part Number/Broadcast Code	8677
ESS # 2 Traceability Data, Supplier Code	D
ESS # 2 Traceability Data, Traceability Number	P18245523
ESS # 3 Traceability Data, Component Identifier	AH
ESS # 3 Traceability Data, Part Number/Broadcast Code	8676
ESS # 3 Traceability Data, Supplier Code	D
ESS # 3 Traceability Data, Traceability Number	A1D91A104
ESS # 4 Traceability Data, Component Identifier	AJ
ESS # 4 Traceability Data, Part Number/Broadcast Code	8676
ESS # 4 Traceability Data, Supplier Code	D
ESS # 4 Traceability Data, Traceability Number	A8111A604
ESS # 5 Traceability Data, Component Identifier	DA
ESS # 5 Traceability Data, Part Number/Broadcast Code	8678
ESS # 5 Traceability Data, Supplier Code	D
ESS # 5 Traceability Data, Traceability Number	A6A058B04
ESS # 6 Traceability Data, Component Identifier	DB
ESS # 6 Traceability Data, Part Number/Broadcast Code	8678
ESS # 6 Traceability Data, Supplier Code	D
ESS # 6 Traceability Data, Traceability Number	AED08D504
ESS # 7 Traceability Data, Component Identifier	??
ESS # 7 Traceability Data, Part Number/Broadcast Code	0000
ESS # 7 Traceability Data, Supplier Code	D
ESS # 7 Traceability Data, Traceability Number	A00000000
ESS # 8 Traceability Data, Component Identifier	??
ESS # 8 Traceability Data, Part Number/Broadcast Code	0000
ESS # 8 Traceability Data, Supplier Code	D
ESS # 8 Traceability Data, Traceability Number	A00000000

**System Status at Event (Event Record 1)**

Event Record Type	Non-Deployment
OnStar Deployment Status Data Sent	No
Complete file recorded (Event Recording Complete)	Yes
Crash Record Locked	No
OnStar SDM Recorded Vehicle Velocity Change Data Sent	No
Deployment Event Counter	0
Multi-Event Number of Events (Event Counter)	1
OnStar Notification Event Counter	0
Time From Event 1 to 2 (Time Between Events) (seconds)	Data Not Available
Ignition Cycle, Crash (Ignition Cycles at Event)	4981
Algorithm Active: Frontal	Yes
Algorithm Active: Side	No
Algorithm Active: Rollover	Yes
Algorithm Active: Rear	Yes
Concurrent Event Flag Set	No
Event Severity Status: Frontal Pretensioner	No
Event Severity Status: Frontal Stage 1	No
Event Severity Status: Frontal Stage 2	No
Event Severity Status: Left Side	No
Event Severity Status: Right Side	No
Event Severity Status: Rear	No
Event Severity Status: Rollover	No
Safety Belt Status, Driver (Driver Belt Switch Circuit Status)	Not Buckled
Safety Belt Status, Right Front Passenger (Passenger Belt Switch Circuit Status)	Not Buckled
Center Front Row Belt Switch Circuit Status (If Equipped)	Data Not Available
Left Row 3 Belt Switch Circuit Status (If Equipped)	Data Not Available
Center Row 3 Belt Switch Circuit Status (If Equipped)	Data Not Available
Right Row 3 Belt Switch Circuit Status (If Equipped)	Data Not Available
Seat Track Position Switch, Foremost, Status, Driver (Driver Seat Position Status)	No (Rearward)
Seat Track Position Switch, Foremost, Status, Right Front Passenger (Passenger Seat Position Status)	No (Rearward)
Passenger Seat Occupancy Status	Empty
Occupant Size Right Front Passenger Child (Passenger Classification Status)	No (Not Applicable)
Passenger Air Bag ON Indicator Status	Off
Passenger Air Bag OFF Indicator Status	On
Low Tire Pressure Warning Lamp Status 0.5 Seconds Prior to Time Zero	Off
Frontal Air Bag Warning Lamp (SIR Warning Lamp Status 0.5 Seconds Prior to Time Zero)	Off
SIR Warning Lamp ON/OFF Time Continuously (seconds)	655330
Number of Ignition Cycles SIR Warning Lamp was ON/OFF Continuously	3089
Ignition Cycles Since DTCs Were Last Cleared 0.5 Seconds Prior to Time Zero	194
Maximum Delta-V, Longitudinal (Maximum Longitudinal SDM Recorded Vehicle Velocity Change for FSR Event) MPH [km/h]	-10 [-16]
Time, Maximum Delta-V (Time From FSR Time Zero to Maximum Longitudinal SDM Recorded Vehicle Velocity Change)(msec)	262
Maximum Delta-V, Lateral (Maximum Lateral SDM Recorded Vehicle Velocity Change for FSR Event) MPH [km/h]	1 [2]
Time Maximum Delta-V, Lateral (Time From FSR Time Zero to Maximum Lateral SDM Recorded Vehicle Velocity Change)(msec)	120
High Voltage Disable Notification Sent	No
Deployment Commanded in Energy Reserve Mode	No

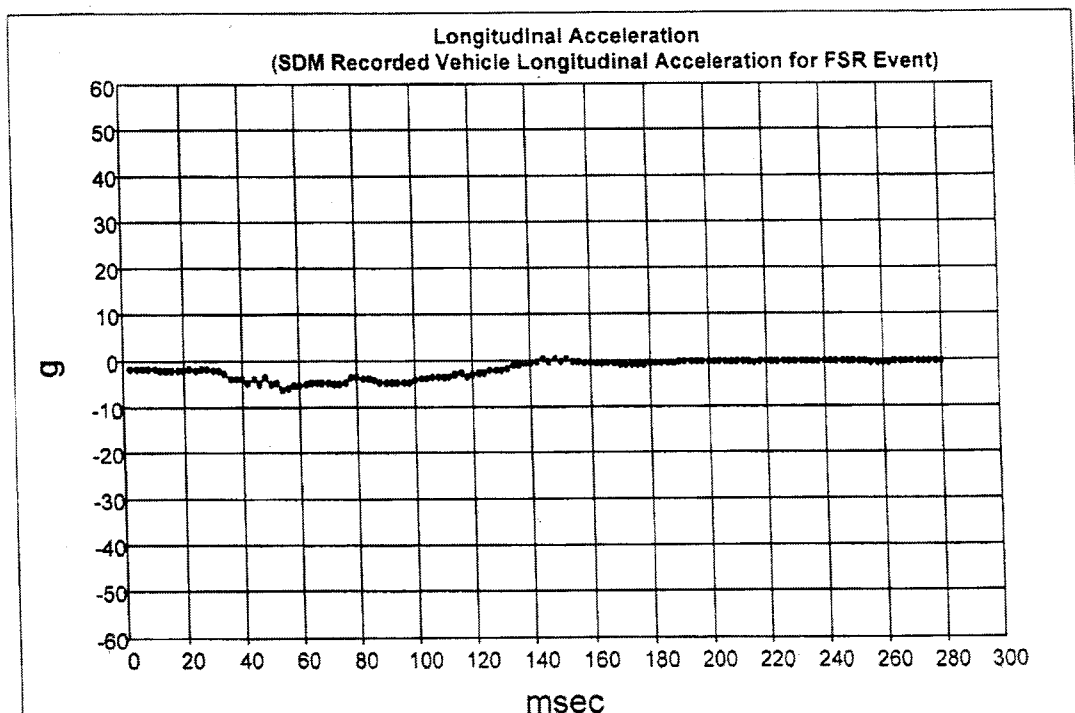
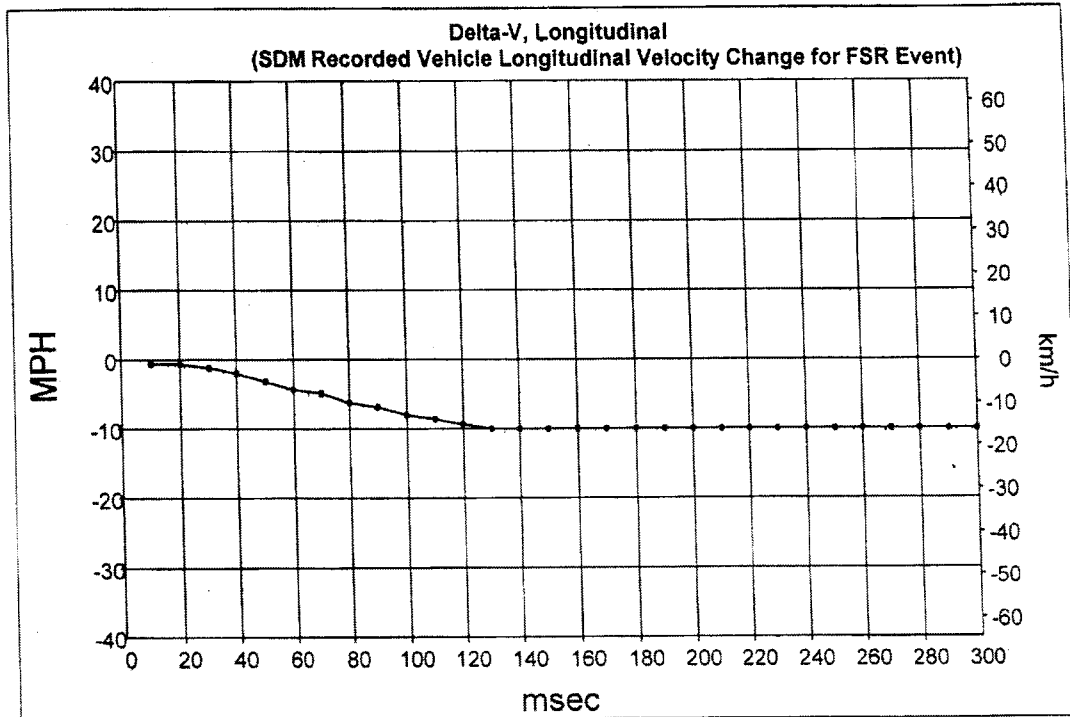


DTCs Present at Time of Event (Event Record 1)
No Diagnostic Trouble Codes

**Event Data (Event Record 1)**

Driver 1st Stage Deployment Loop Commanded	No
Passenger 1st Stage Deployment Loop Commanded	No
Driver 2nd Stage Deployment Loop Commanded	No
Passenger 2nd Stage Deployment Loop Commanded	No
Driver Pretensioner Deployment Loop #1 Commanded	No
Passenger Pretensioner Deployment Loop #1 Commanded	No
Driver Pretensioner Deployment Loop #2 Commanded	No
Passenger Pretensioner Deployment Loop #2 Commanded	No
Driver Thorax Loop Commanded	No
Passenger Thorax Loop Commanded	No
Left Row 1 Roof Rail/Head Curtain Loop Commanded	No
Right Row 1 Roof Rail/Head Curtain Loop Commanded	No
Frontal Air Bag Deployment, Time to 1st Stage Deployment, Driver (Driver 1st Stage Time From Time Zero to Deployment Command Criteria Met) (msec)	Data Not Available
Frontal Air Bag Deployment, Time to 2nd Stage, Driver (Driver 2nd Stage Time From Time Zero to Deployment Command Criteria Met) (msec)	Data Not Available
Frontal Air Bag Deployment, Time to 1st Stage Deployment, Right Front Passenger (Passenger 1st Stage Time From Time Zero to Deployment Command Criteria Met) (msec)	Data Not Available
Frontal Air Bag Deployment, Time to 2nd Stage, Right Front Passenger (Passenger 2nd Stage Time From Time Zero to Deployment Command Criteria Met) (msec)	Data Not Available
Side air bag deployment, time to deploy, driver (Driver Thorax/Curtain Time From Time Zero to Deployment Command Criteria Met) (msec)	Data Not Available
Side air bag deployment, time to deploy, right front passenger (Passenger Thorax/Curtain Time From Time Zero to Deployment Command Criteria Met) (msec)	Data Not Available
Pretensioner Deployment, Time to Fire, Driver (Driver Pretensioner Time From Time Zero to Deployment Loop #1 or Loop #2 Command Criteria Met) (msec)	Data Not Available
Pretensioner Deployment, Time to Fire, Right Front Passenger (Passenger Pretensioner Time From Time Zero to Deployment Loop #1 or Loop #2 Command Criteria Met) (msec)	Data Not Available

Longitudinal Crash Pulse (Event Record 1)





Longitudinal Crash Pulse (Event Record 1)

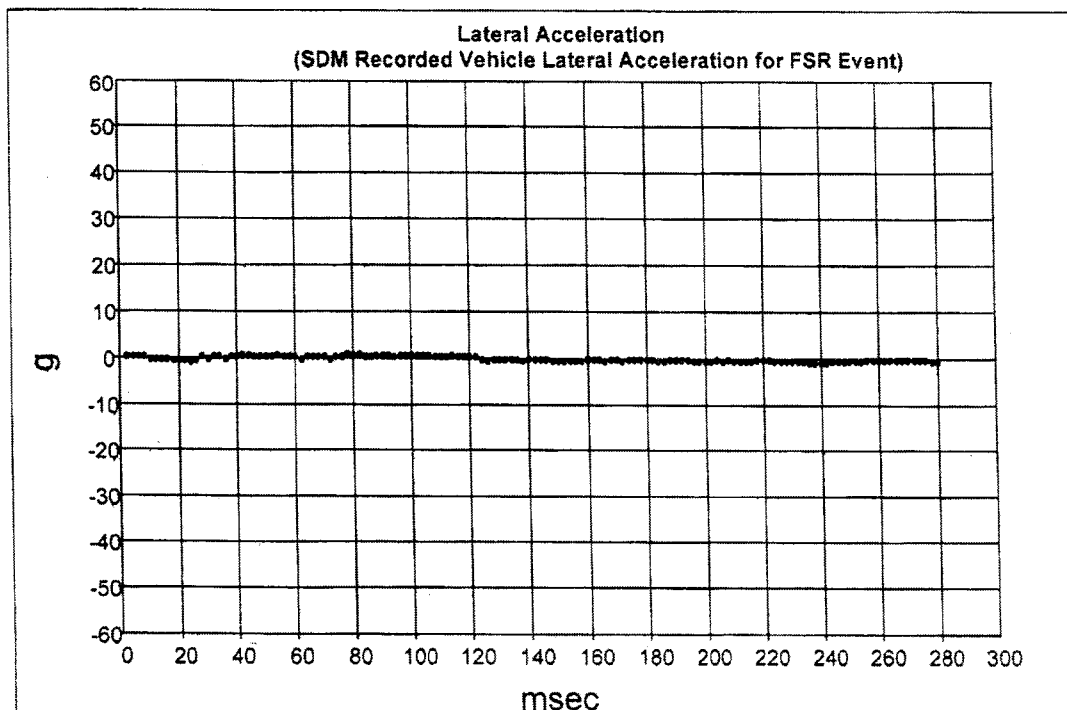
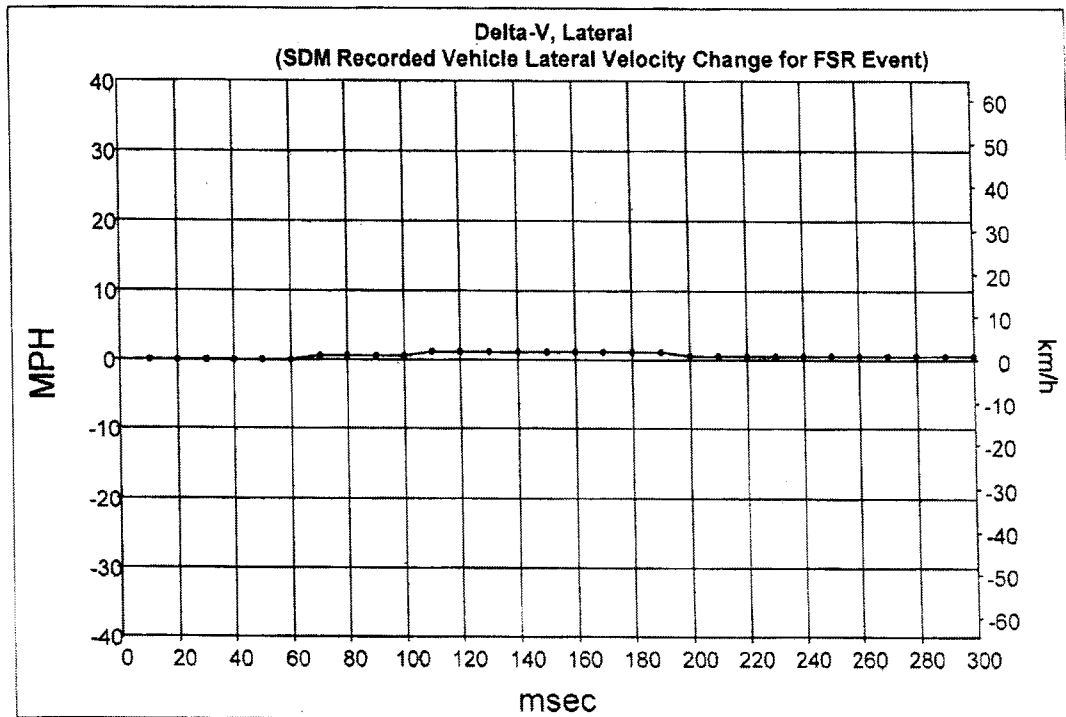
Time (msec)	Delta-V, Longitudinal (SDM Recorded Vehicle Longitudinal Velocity Change for FSR Event) (MPH)	Delta-V, Longitudinal (SDM Recorded Vehicle Longitudinal Velocity Change for FSR Event) (km/h)
10	-0.6	-1.0
20	-0.6	-1.0
30	-1.2	-2.0
40	-1.9	-3.0
50	-3.1	-5.0
60	-4.3	-7.0
70	-5.0	-8.0
80	-6.2	-10.0
90	-6.8	-11.0
100	-8.1	-13.0
110	-8.7	-14.0
120	-9.3	-15.0
130	-9.9	-16.0
140	-9.9	-16.0
150	-9.9	-16.0
160	-9.9	-16.0
170	-9.9	-16.0
180	-9.9	-16.0
190	-9.9	-16.0
200	-9.9	-16.0
210	-9.9	-16.0
220	-9.9	-16.0
230	-9.9	-16.0
240	-9.9	-16.0
250	-9.9	-16.0
260	-9.9	-16.0
270	-9.9	-16.0
280	-9.9	-16.0
290	-9.9	-16.0
300	-9.9	-16.0



Longitudinal Crash Pulse (Event Record 1)

Time (msec)	Longitudinal Acceleration (SDM Recorded Vehicle Longitudinal Acceleration for FSR Event) (g)	Time (msec)	Longitudinal Acceleration (SDM Recorded Vehicle Longitudinal Acceleration for FSR Event) (g)	Time (msec)	Longitudinal Acceleration (SDM Recorded Vehicle Longitudinal Acceleration for FSR Event) (g)
2	-1.8	102	-3.8	202	-0.2
4	-1.8	104	-3.8	204	-0.2
6	-1.8	106	-3.4	206	-0.2
8	-1.8	108	-3.4	208	-0.2
10	-1.8	110	-3.4	210	-0.2
12	-2.2	112	-3.4	212	-0.2
14	-2.2	114	-3.0	214	-0.2
16	-2.2	116	-2.6	216	-0.6
18	-2.2	118	-3.4	218	-0.2
20	-2.2	120	-3.0	220	-0.2
22	-1.8	122	-2.6	222	-0.2
24	-2.2	124	-2.6	224	-0.2
26	-1.8	126	-2.2	226	-0.2
28	-1.8	128	-2.2	228	-0.2
30	-2.2	130	-2.2	230	-0.2
32	-2.2	132	-1.8	232	-0.2
34	-2.6	134	-1.0	234	-0.2
36	-3.8	136	-1.0	236	-0.2
38	-3.8	138	-0.6	238	-0.2
40	-3.8	140	-0.6	240	-0.2
42	-4.6	142	-0.2	242	-0.2
44	-3.8	144	0.2	244	-0.2
46	-5.0	146	-0.2	246	-0.2
48	-3.4	148	0.2	248	-0.2
50	-5.0	150	-0.2	250	-0.2
52	-4.6	152	0.2	252	-0.2
54	-6.2	154	-0.2	254	-0.2
56	-5.8	156	-0.2	256	-0.6
58	-5.4	158	-0.6	258	-0.6
60	-5.4	160	-0.6	260	-0.6
62	-5.0	162	-0.6	262	-0.6
64	-4.6	164	-0.6	264	-0.2
66	-4.6	166	-0.6	266	-0.2
68	-4.6	168	-0.6	268	-0.2
70	-4.6	170	-1.0	270	-0.2
72	-5.0	172	-1.0	272	-0.2
74	-5.0	174	-1.0	274	-0.2
76	-4.6	176	-1.0	276	-0.2
78	-3.4	178	-1.0	278	-0.2
80	-3.4	180	-0.6	280	-0.2
82	-3.8	182	-0.6	282	Data Not Available
84	-3.8	184	-0.6	284	Data Not Available
86	-4.2	186	-0.6	286	Data Not Available
88	-4.6	188	-0.6	288	Data Not Available
90	-4.6	190	-0.2	290	Data Not Available
92	-4.6	192	-0.2	292	Data Not Available
94	-4.6	194	-0.2	294	Data Not Available
96	-4.6	196	-0.2	296	Data Not Available
98	-4.6	198	-0.2	298	Data Not Available
100	-4.2	200	-0.2	300	Data Not Available

Lateral Crash Pulse (Event Record 1)





Lateral Crash Pulse (Event Record 1)

Time (msec)	Delta-V, Lateral (SDM Recorded Vehicle Lateral Velocity Change for FSR Event) (MPH)	Delta-V, Lateral (SDM Recorded Vehicle Lateral Velocity Change for FSR Event) (km/h)
10	0.0	0.0
20	0.0	0.0
30	0.0	0.0
40	0.0	0.0
50	0.0	0.0
60	0.0	0.0
70	0.6	1.0
80	0.6	1.0
90	0.6	1.0
100	0.6	1.0
110	1.2	2.0
120	1.2	2.0
130	1.2	2.0
140	1.2	2.0
150	1.2	2.0
160	1.2	2.0
170	1.2	2.0
180	1.2	2.0
190	1.2	2.0
200	0.6	1.0
210	0.6	1.0
220	0.6	1.0
230	0.6	1.0
240	0.6	1.0
250	0.6	1.0
260	0.6	1.0
270	0.6	1.0
280	0.6	1.0
290	0.6	1.0
300	0.6	1.0



Lateral Crash Pulse (Event Record 1)

Time (msec)	Lateral Acceleration (SDM Recorded Vehicle Lateral Acceleration for FSR Event) (g)	Time (msec)	Lateral Acceleration (SDM Recorded Vehicle Lateral Acceleration for FSR Event) (g)	Time (msec)	Lateral Acceleration (SDM Recorded Vehicle Lateral Acceleration for FSR Event) (g)
2	0.2	102	0.6	202	-0.6
4	0.2	104	0.6	204	-0.2
6	0.2	106	0.6	206	-0.6
8	0.2	108	0.2	208	-0.2
10	-0.2	110	0.2	210	-0.6
12	-0.2	112	0.2	212	-0.6
14	-0.2	114	0.6	214	-0.6
16	-0.2	116	0.2	216	-0.6
18	-0.6	118	0.2	218	-0.2
20	-0.6	120	0.2	220	-0.2
22	-0.6	122	0.2	222	-0.2
24	-1.0	124	-0.2	224	-0.6
26	-0.6	126	-0.6	226	-0.6
28	0.2	128	-0.2	228	-0.6
30	-0.2	130	-0.2	230	-0.6
32	0.2	132	-0.2	232	-0.6
34	0.2	134	-0.2	234	-0.6
36	-0.2	136	-0.2	236	-1.0
38	0.2	138	-0.6	238	-1.0
40	0.2	140	-0.2	240	-1.0
42	0.6	142	-0.2	242	-1.0
44	0.6	144	-0.2	244	-0.6
46	0.2	146	-0.2	246	-0.6
48	0.2	148	-0.6	248	-0.6
50	0.2	150	-0.6	250	-0.6
52	0.2	152	-0.6	252	-0.6
54	0.6	154	-0.6	254	-0.6
56	0.2	156	-0.6	256	-0.2
58	0.2	158	-0.6	258	-0.2
60	0.2	160	-0.2	260	-0.2
62	-0.2	162	-0.2	262	-0.2
64	0.2	164	-0.2	264	-0.2
66	0.2	166	-0.6	266	-0.2
68	0.2	168	-0.2	268	-0.2
70	0.2	170	-0.2	270	-0.2
72	-0.2	172	-0.6	272	-0.2
74	0.2	174	-0.2	274	-0.2
76	0.2	176	-0.2	276	-0.2
78	1.0	178	-0.2	278	-0.6
80	0.6	180	-0.2	280	-0.6
82	1.0	182	-0.2	282	Data Not Available
84	0.2	184	-0.6	284	Data Not Available
86	0.2	186	-0.6	286	Data Not Available
88	0.6	188	-0.2	288	Data Not Available
90	0.6	190	-0.2	290	Data Not Available
92	0.6	192	-0.2	292	Data Not Available
94	0.2	194	-0.2	294	Data Not Available
96	0.6	196	-0.6	296	Data Not Available
98	0.6	198	-0.6	298	Data Not Available
100	0.6	200	-0.6	300	Data Not Available



**Rollover Crash Pulse (Event Record 1)
SDM Recorded Vehicle Roll Rate**

Contains No Recorded Data

**Rollover Crash Pulse (Event Record 1)
Lateral Acceleration (SDM Recorded Vehicle Lateral Acceleration for Rollover
Event)**

Contains No Recorded Data



**Vertical Crash Pulse (Event Record 1)
Normal Acceleration (SDM Recorded Vehicle Vertical Acceleration for Rollover
Event)**

Contains No Recorded Data



Pre-Crash Data -5.0 to -0.5 sec (Event Record 1)

Times (sec)	Accelerator Pedal, % Full (Accelerator Pedal Position)	Service Brake (Brake Switch Circuit State)	Engine RPM (Engine Speed)	Engine Throttle, % Full (Throttle Position)	Speed, Vehicle Indicated (Vehicle Speed) (MPH [km/h])
-5.0	18	Off	1856	30	77 [124]
-4.5	5	Off	1856	20	76 [123]
-4.0	9	Off	1792	25	76 [123]
-3.5	8	Off	1792	23	76 [122]
-3.0	0	Off	1792	17	76 [122]
-2.5	0	On	1792	16	75 [121]
-2.0	0	On	1792	17	75 [120]
-1.5	0	On	1728	17	74 [119]
-1.0	0	On	1600	16	71 [115]
-0.5	0	On	1344	15	57 [92]

Pre-Crash Data -2.0 to -0.5 sec (Event Record 1)

Times (sec)	Cruise Control Active	Cruise Control Resume Switch Active	Cruise Control Set Switch Active	Engine Torque (lb-ft [N-m])	Reduced Engine Power Mode Indicator
-2.0	No	No	No	-11 [-14]	Off
-1.5	No	No	No	-31 [-42]	Off
-1.0	No	No	No	-52 [-70]	Off
-0.5	No	No	No	-15 [-20]	Off



Hexadecimal Data

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FF F0 00 FC C6 7C 04

DPID \$15
01 02 03 04 05 06 07

DPID \$16
08 09 0A 0D 0E 27 27

DPID \$17
27 27 27 27 27 27 00

DPID \$32
FA C3 13 76 00 00 00

DPID \$35
78 00 00 00 00 00 00

DID \$01
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DID \$03
41 54 38 36 37 37 44 50 31 38 32 34 35 35 32 33

DID \$05
41 48 38 36 37 36 44 41 31 44 39 31 41 31 30 34

DID \$07
41 4A 38 36 37 36 44 41 38 31 31 31 41 36 30 34

DID \$09
44 41 38 36 37 38 44 41 36 41 30 35 38 42 30 34

DID \$0B
44 42 38 36 37 38 44 41 45 44 30 38 44 35 30 34

DID \$0D
01 00 30 30 30 30 44 41 30 30 30 30 30 30 30 30

DID \$0F
01 00 30 30 30 30 44 41 30 30 30 30 30 30 30 30

DID \$30
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DID \$90
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DID \$9A
0B 11

DID \$B4
4B 31 31 34 33 33 36 33 4D 31 36 35 36 30 30 30

DID \$C1
00 CE 44 D6

DID \$C2
01 65 76 DD

DID \$C3
01 62 1D 42



DID \$CB
00 CF 6F 22

DID \$31

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0060 4D 06 83 0F 10 11 11 10 11 17
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Disclaimer of Liability

The users of the CDR product and reviewers of the CDR reports and exported data shall ensure that data and information supplied is applicable to the vehicle, vehicle's system(s) and the vehicle ECU. Robert Bosch LLC and all its directors, officers, employees and members shall not be liable for damages arising out of or related to incorrect, incomplete or misinterpreted software and/or data. Robert Bosch LLC expressly excludes all liability for incidental, consequential, special or punitive damages arising from or related to the CDR data, CDR software or use thereof.

Eric Cuenca

From: Microsoft Outlook
To: LSPFleetsafetyofficer
Sent: Monday, October 12, 2020 9:16 AM
Subject: Delivered: Tpr. Reeves F-40 Fatal Fleet Crash Report

Your message has been delivered to the following recipients:

LSPFleetsafetyofficer (LSPFleetsafetyofficer@LA.GOV)

Subject: Tpr. Reeves F-40 Fatal Fleet Crash Report

Eric Cuenca

From: Microsoft Outlook
To: LSPFleetsafetyofficer
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Subject: Tpr. Reeves F-40 Fatal Fleet Crash Report



**Louisiana State Police
Crime Laboratory
Scientific Analysis Report**

**Lab Case #: SP-010910-20
Agency Case #: F201001A008
Case Officer: Joel Heard
Parish of Offense: Ouachita
State Computer Number: 20200020712**

AGENCY

**LSP - F
1240 Highway 594
Monroe, LA 71203**

**4th Judicial District, Parish of Ouachita
Office of the District Attorney
P. O. Box 1652
Monroe, LA 71210-1652**

INDIVIDUAL

**Kenneth Lee Lindsey - Elimination
Driver's License #: 008639815(LA)**

ANALYSIS REQUESTED Toxicology Drug Screen (General). This examination was completed on 11/17/2020 and the report was released on 11/18/2020 .

EVIDENCE SUBMITTED

On 10/8/2020 at 3:19 PM, Evidence Technician Hannah Bellone received the following evidence from the LSP - F via U.S. Mail:

Evidence Submission 0001: One sealed blood alcohol kit (BA615268)
Exhibit 0001-01: One tube of blood labeled 01
Exhibit 0001-02: One tube of blood labeled 02

FINAL RESULTS SUMMARY

Matrix Source	Drug	Result
0001-01 - Blood	Lorazepam	6.8 ng/mL +/- 0.6 ng/mL

SIGNATURES

Certifying Analyst:

Mary Tate

**Mary Tate
Forensic Scientist**



**376 East Airport Avenue, Baton Rouge, Louisiana 70806
Phone (225) 925-6216 Fax (225) 925-6217**

Report ID: SP-010910-20-0002

Analyst's Initials: MT

Page 1 of 3

DETAILED RESULTS

Results from Exhibit 0001-01: One tube of blood labeled 01

		Screen		Confirmation	
Analysis	Result	Method	Rpt. Limit	Method	Rpt. Limit
Amines	Negative	ELISA	20 ng/mL		
Barbiturates	Negative	ELISA	50 ng/mL		
Benzodiazepines	Detected	ELISA	10 ng/mL		
Benzodiazepines	Detected	LC/MS/MS	20 ng/mL		
Lorazepam	6.8 +/- 0.6 ng/mL			LC/MS/MS	2 ng/mL
Buprenorphine	Negative	ELISA	1 ng/mL		
Cannabinoids (THC)	Negative	ELISA	10 ng/mL		
Cocaine	Negative	ELISA	50 ng/mL		
Dextromethorphan	Negative	ELISA	5 ng/mL		
Fentanyl	Negative	ELISA	1 ng/mL		
Meprobamate	Negative	ELISA	100 ng/mL		
Methadone	Negative	ELISA	10 ng/mL		
Opiates	Negative	ELISA	10 ng/mL		
Oxycodone	Negative	ELISA	10 ng/mL		
Phencyclidine (PCP)	Negative	ELISA	5 ng/mL		
Tramadol	Negative	ELISA	5 ng/mL		
Tricyclic Antidepressants	Negative	ELISA	60 ng/mL		
Zolpidem	Negative	ELISA	10 ng/mL		
Multi-Drug Screen	Negative	LC/MS/MS			



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Louisiana State Police Crime Laboratory Scientific Analysis Report, SP-010910-20 - Continued

Comments:

Positive screening results that fail to confirm shall be reported as negative unless otherwise noted.

A current list of substances for which this specimen was screened is available upon request.

Any evidence items with no listed results were not tested as per current policy.

Analysis of this specimen was performed utilizing an Agilent 1200 Series Liquid Chromatography/ABSciex 3200 Q Trap Mass Spectrometer Serial Number AF20780901.

Method Index

ELISA - Enzyme-Linked Immunosorbent Assay

GC/MS - Gas Chromatography / Mass Spectrometry

LC/MS/MS - Liquid Chromatography / Tandem Mass Spectrometry

Rpt Limit (Reporting Limit) - Cutoff, limit of detection, or limit of quantitation

Pursuant to *Title 55, Chapter 5, Subchapter B, §555.G.2 and Title 55, Chapter 5, Subchapter C, §581.E* of the Louisiana Administrative Code, all evidence listed on this report will be retained by the Louisiana State Police Crime Laboratory and may be destroyed after one year from date of testing, unless otherwise requested by the submitting agency.

In compliance with the Louisiana Code of Criminal Procedure Article 719 (A) and American National Standards Institute National Accreditation Board (ANAB) ISO/IEC 17025 accreditation standards, available at www.anab.org, (including the QAS for Forensic DNA Testing and Databasing Laboratories, available at www.fbi.gov), conclusions and opinions in this lab report are based on the use of validated test methods following established procedures of this Laboratory by analysts who are trained, competent, qualified, and authorized to perform said tests, using all equipment required for the correct performance of these tests.



376 East Airport Avenue, Baton Rouge, Louisiana 70806

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Report ID: SP-010910-20-0002

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NOTICE

In accordance with the provisions of the Code of Criminal Procedure, Article 887, C, a cost of **\$125.00** is to be assessed against the person named as the subject of this report if a conviction under LRS 14:98 ensues. This cost is in addition to any other costs burdened upon the defendant and said costs are to be dispersed by the court to the provisions cited.

Costs associated with this report are to be sent as follows:

Pay to the order of:

Public Safety DWI Testing, Maintenance and Training Fund
(Authority LRS 40:1379.7)
c/o Louisiana State Police Crime Laboratory
Post Office Box 66614
Baton Rouge, LA 70896-6614
