Employee Notification Form

for 05/27/2018

Personal Information

Employee Name

Race Decl

HULL, MALACHI

Asian

Personnel Number

00320966

Ind/AK

Gender Male

Known As

Date of Birth

Ethnicity

Hispanic/Latino

Address Information

Privacy Request

Permanent Street

City State

Zip Code

No Yes X

AfrAm X HI/PI

Employment Related Dates

Performance Adjustment Date

Adjusted Service Date

05/27/2018

Next CPG Elig Date

Adjusted Leave ServiceDate

05/27/2019 05/27/2018

Agency Hire Date

LSP TROOP B/REGION 1

05/27/2018

Organizational Assignment Information

Company Code

LAGOV

Personnel Area

DPS-Office of State Police

Employee Group

Full Time Salary LaGov-Paid Bi-Wkly

Payroll Area Work Contract

Probational

Expiration Date

10/25/2019

Org. Unit **Cost Center**

White

City

State

Zip Code

Mailing Street

4192295

StTrooperLE2100

Personnel Subarea **Employee Subgroup**

Class NE

Permanent Status

Employment Status Active

Time Management Status

Time Management Information

Employment Percent

100.00

Weekly Working Hours 40.00

M-F8HR Work Schedule Rule

Time Administrator

Negative Time Entry 068

Telecommuter

Action History

Action Hiring (P)

0419 05/27/2018 To 12/31/9999 Reason Certif - St. Police Commission

Job History

Job

07133380 - State Police Cadet

From

05/27/2018 To 12/31/9999

Position History

Position

07129406 - STATE POLICE CADET

05/27/2018 From

To 12/31/9999

Base Pay History

Biweekly

To 12/31/9999

Pay Reason Code

Hire Sal Rate State Trooper

Other Pay Information

Shift Diff 2nd TxCsh Aut Dly U DPS Escort Pay2

8.00

1,792.69 P-01

0.50 0051 0076 60.00 0073

*A

From

05/27/2018 From From 05/27/2018

05/27/2018

To 12/31/9999 To 12/31/9999

From 05/27/2018

To 12/31/9999

STATE PRE-EMPLOYMENT APPLICATION

STATE OF LOUISIANA STATE POLICE COMMISSION

P. O. Box 66555 Baton Rouge, LA 70896-6555 www.laspc.com

FOR OFFICE U	SE ONLY
	1

1. ENTER NAME AND CO	OMPLETE ADDRESS	S BELOW		SOCIAL SECURIT		P st
MALACHI	SAMUEL	HULI	*	for identification pu	rposes)	L
Name (First)	(Middle)	(Last)	V			C
						A
Mailing Address			Wor	rk Telephone No.		N T
City		State	Zip Code Hor	me Telephone No.		Р
						R
Date of Birth	E-Mail Address					N P
						N First
3. REGISTER TITLES APPI	IED FOR requested documents	SER V	FOR OFFICE U	JSE REG	TR	
State Police Cadet	DD-214 Transcript	military i			MS	Y
4. YES NO	Do you possess	a valid driver's license	?	R	ECEIVED	U
5. LYES NO	Are you currently	y holding or running for	an elective public o	ffice?	II 23 2016	R
6. YES NO	Have you ever b	een convicted of a felo	iny?	State	Police Commission	N Middle
7. YES NO	resigned to avoid			e military service	, or	E
NOTE: If answer	rs to items 6 and/o	or 7 are "YES", you MU	IST complete Item 1	5 on Page 2 of t	his application.	н
8. ✓YES □ NO	(If "YES", see ite	g Veteran's Preference o em 13 below and on pa	ge 2)			E R E
The following information	is collected to com	plete Equal Opportunit	ty Reports required b	y law. you ARE N	OT LEGALLY OBL	IGATED
to provide this informatio	n.				10. SEX	
9. RACIAL/ETHNIC GROUP ■ Caucasian ■ African	American I Hispanio	c Asian/Pacific Islande	r American Indian/A	Naskan Native	Male Fe	ımale
READ THE FOLLOWING	STATEMENTS CARE	EFULLY BEFORE SIGNI	NG THIS APPLICATI	ON:		
AUTHORITY TO RELE formance by employers, ed personnel technicians and	ASE INFORMATION ucational institutions, other authorized emp	I consent to the release of law enforcement agencie ployees of the state gover- application and any attach	information concerning is, and other individual rnment for the purpose ed papers are true and and verification and that	g my capacity and/s and agencies to e of determining more than the but any misrepresentations.	duly accredited inversely eligibility and suita est of my knowledge ation or material omis	stigators, ability for I under-
11 Date			12. Signature of Ap	plicant		
11 AUG 16			43	17		
13. ACTIVE MILITARY SEF See Instruction Page to	determine your eligib	ility for Veteran's Preference	ce. If you are claiming V	leteran's Preference	e, required PROOF M	IUST BE

List the dates (month and year) and branch for all ACTIVE DUTY military service. Was this service performed on an active, full-time basis with full pay and allowance? (Check YES or NO for each period of service.)

FROM	то	BRANCH OF SERVICE		NO
06 1994	08/1994	U.S. ARMY NATIONAL GUAR	/	
07/1998	11 1998	U.S. ARMY RESERVES	/	

List all GRADES held and dates of each grade. Begin with the highest grade. IMPORTANT: Use E-, O-, or WO-grade.

FROM TO		GRADE HELD FROM		то	GRADE HELD	
05/2006	06 2001	0-3	05/1998	05 2001	0-1	
	05/2006	0-2	08/1994	05 1998	E-S (SMP)	

05/20	001 05	12006	0-1	_	08	11444	02	1177	8	E-2	(ZWL)
14. FORMAL	EDUCATION	l (Provide offi	cial college transc	cript or copy	y of diplo	ma.)					
Have you rece	eived a high	school diplo	ma or equivalend	cy certifica	te? ✓	YES	NO E	ate recei	ved: _	05/10	192
LIST COLLEGES OR UNIVERSITI		NAME OF COLLEGE OR UNIVERSITY/ CITY AND STATE			tended & Year) TO	r) Hours Earned		Type of Do Earne (BA, MA,	d	Major Field of Study	Date Degree Received (Mo & Yr)
ATTENDING	UNI	(v. 0F F	PHOEMIX, AZ	08 2007	08/2069	33		M.B	Α.	BUS. ADM:	08/2009
	9	BATON ROV	GE LA	01/1995	05/199	59		13.5	e e	BUS	05/98
	041	WERSETY H.C. L	OF N.C.	08 1992	12 199	61		211		NIK	
15. Explain	a "YES" ansv	wer to items	6 and/or 7 here.								
WRONG	FULLY	TERMIN	IATED BY	CITY OF	N.0.	AFTER	2 40	ICING	COM	cerus ab	700
Public 5	AFETY RI	SKS ASS	OCIATED W	TH UN	LICENS	ED For	HIRE	VEHIC	LES	PICKING (JP PASSENG
(Use additional	al comments s	ection at the e	nd of this application	on if more s	pace is ne	eeded.)					
	EXPERIENCE proement exp		cement/Military I	Experience	Only. C	orrections	s positio	ns are <u>no</u>	t cons	idered as qua	alifying
	oyer/Company										
Street Address		REAL	ESTATE .	# H22		ur Official	Job Title				
8810	TILFOR	o Ro			2	IR. OF	F SAL	ES 1	CHIE	E EINAN	CIAL OFFICE
City and State	, , , , , , ,					ginning Sa		1		g Salary	THE CITIC
N.C.	LA				3	3,000	5		5	2,000	
Dates of Emplo	yment (Mo/Dy	/Yr)	Avg Hrs. Worked Per V	Veek	Re	ason for Le	eaving		No.	of Employees \	You
From 09/ 01						1EM 0				4	1
Name/Title of Y					Lis			oyees You	Directl	y Supervised	
SAMU			III			REAL	TORS				
Arrest Powers	: LI YES	NO									
DUTIES: List m	najor duties in	nvolved with j	ob and give appro	oximate per	centage	of time spe	ent on ea	ch duty.			
% of Time					Major D	uties					
50%	FOREC	ASTING	TRAININ	9 , m	ARKE	TING					
25%		EVALUATING MENTOZING									
10%	BUDE	ETING									
15%	SAL	ES									
100%											

16. WORK EXPERIENCE (continued)		
B Employer/Company Name	Kind of Business	
ATLANTA POLICE DEPARTMENT	LAW ENFORCEM	NEM T
Street Address	Your Official Job Title	
818 POLLARD ST. , SUITE 241	BUREAU DIRE	
City and State	Beginning Salary	Ending Salary
Dates of Employment (Mo/Dy/Yr) Avg. Hrs.	Reason for Leaving	94,000
Worked Per Week	CHANGE OF ADMINISTRA	No. of Employees You Directly Supervised
From 11 12 2002 To 10 14 2010 40 Name/Title of Your Supervisor	List Job Titles Of Employees You	
ALAN J DREHER ASST. CHIEF OF POLICE		Sword OFFICERS
Name/Title of Person Who Can Verify This Employment (If Other Than Superviso	SUPERVISORS	ADMIN STAFF
RICHARD J. PENNINGTON - FORMER CHIEF OF POL	EMIDIECEMENT OIL	
DUTIES: List major duties involved with job and give approximate percent		
	jor Dutles	
50% SUPETWISION REPORTING CO	MMUNITY ENGAGEME	BHISOTHAM THE
30% LICENSING REGULATING PER	MITTING FOR HIRE	OPERATORS
10% TIME KEEPING / INTOWIEDING	HIRING	
10% BUDGETING		
Bandellud		
	4 100 100 100 100 100 100 100 100 100 10	
100%		
C Emptoyer/Company Name	Kind of Business	
Street Address	Your Official Job Title	
		. 10
1240 SURREY BLYD City and State	Company Comm Beginning Salary	Ending Salary
LAFAYETTE LA	110.00 PI MONTH	
Dates of Employment (Mo/Dy/Yr) Avg. Hrs.	Reason for Leaving	No. of Employees You
From 02/25/1994 To 06/01 /2013 48 p/ month	RETIRED	Directly Supervised
Name/Title of Your Supervisor	List Job Titles Of Employees You	Directly Supervised
LTC. RANDY LE COMPTE		ST SERGEMNT
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor) SERGEANTS	
CPT. HARRY HILL		
DUTIES: List major duties involved with job and give approximate percent	tage of time spent on each duty.	
% of Time Ma	or Duties	
50% DEVELOPED AND IMPLEMENTED LOGIS	TICS AND TACTICAL	TRAINING FOR SOLDIER
e yr		NG PROCEDURES
10% COMMUNITY ENGAGEMENT		
15% RISK ASSESSMENTS		
15% BUNGETING		
100%		

16. WORK E	XPERIENCE (continued)			
	yer/Company Name		Kind of Business	
DC	MY OF NEW ORLEANS		REGULATION	
Street Address			Your Official Job Title	
1300	Perdido ST.		BUREAU DIREC	Ending Salary
City and State			Beginning Salary	
N. O.	yment (Mo/Dy/Yr) Avg. Hrs.		85,114 Reason for Leaving	No. of Employees You
	Worked Per		WRONG FULLY TERM	Directly Supervised
From 6 8	2011 To 7 5 2014 35 our Supervisor)	List Job Titles Of Employees	
	MUNSTER, DIRECTOR		SUPERVISOR	ADMINISTRATOR
	erson Who Can Verify This Employment (If Ot	her Than Supervisor)	SR. INVESTIGATOR	MOTOR VEHICLE INSPECTOR
MITCH	LANDRIEU . MAYOR		INVESTIGATOR	ADMIN STAFF
1	najor duties involved with job and give ap	proximate percenta	age of time spent on each du	uty.
% of Time	3.2 4.6		or Duties	
	S	- 1	the same	at I manage
50%	SUPERVISION REPORTIN			DI MEMTORING
30%	LICENSING REGULAT	ing PER	ntiting for HIR	C OPERATORS
10%	TIME KEEPING I	VTERNIESING	HIRING	
10%	BUDGETING			
	,			
1009/				
100%	- Company Name		Kind of Business	
	oyer/Company Name			e Content Time
Street Address	EFINE YOUR I.M. A. G. E	· , L-C	Your Official Job Title	SECURITY CONSULTING
			PRESIDENT	
City and State			Beginning Salary	Ending Salary
N.O.	LA		350.00 P HR.	
	yment (Mo/Dy/Yr) Avg. Hrs. Worked Pe	er Week	Reason for Leaving	No. of Employees You Directly Supervised
From 02/11	Drame market	. Troon	NIA	Ø
Name/Title of \	our Supervisor		List Job Titles Of Employees	You Directly Supervised
N	The second secon		NIA	
	Person Who Can Verify This Employment (If O	ther Than Supervisor)		
1111				
	najor duties involved with job and give ap			uty.
% of Time		Maj	or Duties	
50%	EVALUATING TRANSPOR	TATION " 5	ECURITY SYSTEMS	FOR COMPLIANCE ?
20%	RECOMMENDING RESOLU	OT SHOTE	IMPROVE SETWICE	DELIVERY
10%	PRESENTING BEFORE	COUNC	ILS & STATE 1	EGISLATURES
10%	REVIEWING EXISTING	ORDINANCES		
10%	Deletoride dell Con	I'M ANITES		
100%	DEVELOPING NEW OISE	DINAMCES		
10076				

16. WORK	EXPERIENCE (continued)			
F	oyer/Company Name		Kind of Business	
Street Address		,	Your Official Job Title	
City and State			Beginning Salary	Ending Salary
	oyment (Mo/Dy/Yr)	Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised
From Name/Title of	To Your Supervisor		List Job Titles Of Employee	es You Directly Supervised
Name/Title of	Person Who Can Verify This Em	nployment (If Other Than Superv	risor)	
DUTIES: List	major duties involved with jo	b and give approximate per	centage of time spent on each	duty.
70 01 11110				
100%			The state of D	
G	oyer/Company Name		Kind of Business	
Street Address	5		Your Official Job Title	
City and State			Beginning Salary	Ending Salary
	oyment (Mo/Dy/Yr)	Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised
From Name/Title of	To Your Supervisor		List Job Titles Of Employee	s You Directly Supervised
Name/Title of	Person Who Can Verify This Em	nployment (If Other Than Superv	risor)	
DUTIES: List	major duties involved with jo		centage of time spent on each Major Duties	duty.
				,
100%				

DEPARTMENT OF ARMY U.S. ARMY HUMAN RESOURCES COMMAND 1600 SPEARHEAD DIVISION AVENUE FORT KNOX, KY 40122

AHRC-OPNPR10-06 DRDERS D-01-300010

03 JAN 2013

HULL MALACHI SAMUEL

STANDBY RES (ACTIVE LIST)

YOU ARE DISCHARGED FROM THE COMPONENT SHOWN.

AUTHORITY: AR 135-175

IFFECTIVE DATE: 01 JUN 2013

COMPONENT: UNITED STATES ARMY RESERVE

YPE OF DISCHARGE: HONORABLE

ADDITIONAL INSTRUCTIONS: IF RESERVE ID DD FORM 2A IS IN YOUR POSSESSION RETURN THE CARD TO COMMANDER, HRC, 1600 SPEARHEAD DIV, ATTN: DEPT 334 (SECURITY), FORT KNOX, KY 40122-5408. ALL RESERVE OF THE ARMY AND ARMY OF THE UNITED STATES APPTS ARE TERMINATED. ALL OTHER FUTURE INQUIRIES SHOULD BE DIRECTED TO COMMANDER, HRC, 1600 SPEARHEAD DIV, FORT KNOX, KY 40122-5408, 1-888-276-9472. REMEMBER TO INCLUDE YOUR FULL NAME, SOCIAL SECURITY NUMBER AND ALL PREVIOUS SERVICE NUMBERS SO THAT YOUR RECORD CAN BE POSITIVELY IDENTIFIED.

ORMAT: 500

AMM1/MAI II 1444



State Police Commission

Post Office Box 66555 Baton Rouge, LA. 70896-6555 Phone (225) 925-7057 Fax (225) 925-7058 www.laspc.com John Bel Edwards Governor

Jason Hannaman Executive Director

July 21, 2020

Colonel Kevin W. Reeves Louisiana State Police P.O. Box 66614 Baton Rouge, Louisiana 70896

RE: State Police Trooper Malachi S. Hull - Leave Reinstatement Request

Dear Colonel Reeves,

I have reviewed your correspondence, received in our office on July 10, 2020, wherein you request reinstatement of sick leave for State Police Trooper Malachi Hull in accordance with State Police Commission Rules. Your letter states that Trooper Hull was injured while working a traffic detail and was struck by a drunk driver. Trooper Hull's injury required an absence from work to recover from the lacerations and body pain endured from the incident. In your attachments, Ms. Susan Hudson, Human Resources Specialist, has certified that a total of 53.00 hours of sick leave were not reimbursed through Worker's Compensation Indemnity payments and were directly related to Trooper Hull's injury.

Upon review of the relevant documentation and pursuant to the provisions of State Police Commission Rule 11.21.1, as the Director, I approve reinstatement of 53.00 hours of sick leave for State Police Trooper Malachi Hull.

Sincerely,

Jason Hannaman, PHR, SHRM-CP

Executive Director

Louisiana State Police Commission

cc: Lt. Colonel Bob Brown, Assistant Superintendent

Lt. Colonel Jay Oliphant, Deputy Superintendent - Patrol

Lt. Colonel Jason Starnes, Chief Administrative Officer

Ginger Krieg, Human Resource Director





State of Louisiana

Department of Public Safety and Corrections Public Safety Services

June 30, 2020 4600/0202/KWR/372 HQ-1-372

RECEIVED
JUL 10 2020

Mr. Jason Hannaman State Police Commission Post Office Box 66555 Baton Rouge, La. 70896-6555

State Police Commission

Dear Mr. Hannaman:

Pursuant to the provisions of State Police Commission Rule 11.21.1, we are requesting the reinstatement of sick leave for State Police Trooper Malachi S. Hull.

On July 18, 2019, Trooper Hull was injured while on-duty representing the department. During the course of working a traffic detail, he sustained a laceration to the lip, pain in his neck, back and leg.

On July 18, 2019, Trooper Hull was injured while working a traffic detail on LA45. During the course of working the traffic detail, his fully marked patrol unit was struck head on by a drunk driver. He sustained a laceration to the lip, pain in his neck, back and leg. As a result of this injury, he was out of work from July 19, 2019 through July 25, 2019.

Human Resources calculated that a total balance of **53.00 hours** of unreimbursed sick leave accrued from the July 18, 2019 incident. We ask for your consideration and approval of the 53.00 hours of sick leave to be reimbursed back to Trooper Hull. Thank you for your consideration.

Sincerely.

Colonel Kevin W. Reeves

Deputy Secretary, Public Safety Services Superintendent, Louisiana State Police

c:

Lt. Colonel Bob Brown, Assistant Superintendent

Lt. Colonel Jay Oliphant, Deputy Superintendent-Patrol

Lt. Colonel Jason Starnes, Chief Administrative Officer

Ginger Krieg, Human Resource Director

Attachments



JOHN BEL EDWARDS GOVERNOR

KEITN W. RELVES, COLONEL
DEPUTY SECRETARY

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

June 9, 2020

Colonel Kevin Reeves Department of Public Safety and Corrections 7919 Independence Blvd Baton Rouge, LA 70806 APPROVED DENIED DENIED CALLANT IN COLONEL JAY D. OLIPHANT IN

Dear Sir:

On July 18, 2019, I, Tpr. Malachi S. Hull, was working a traffic detail on LA 45 southbound at Warwick Dr, for Entergy. While working the traffic detail, my fully marked patrol unit was struck head on by a drunk driver. Please note that I had my emergency equipment activated, reflective cones placed in front of my unit, and flares illuminated prior to the crash. As a result of the crash, I was out of work from July 19, 2019 through July 25, 2019. Therefore, under SPC 11.21.1, I am requesting to be reimbursed for 53.00 hours of sick leave, which was not covered by workman's compensation.

Respectfully,

Tpr. Malachi S. Hull

RECEIVED

JUL 10 2020

State Police Commission

APPROVED 🗹

BOB BROWN

APPROVED I

Colonel Kavin Reeves

COURTESY • LOYALTY • SERVICE
"An Equal Opportunity Employer"
P.O. BOX 66614, BATON ROUGE, LOUISLAN 4 70896

Tammy Penouilh

From:

Susan Hudson

Sent:

Tuesday, June 9, 2020 11:58 AM

To:

Malachi Hull

Cc:

Carolyn Hollins

Subject:

Sick Leave Audit Request - Malachi Hull (320966)

Attachments:

Audit_Hull, M.pdf

Good Morning, S/T Hull -

Here is the audit your request from Human Resources.

Our records indicate that you were required to use a total of **53.00** hours of worker's comp/sick leave from 7/19/2019 thru 7/25/2019, as a result of your work related injury. A total of **0** of these hours were **bought back** through Worker's Comp Indemnity payments, leaving you with a balance of **53.00 hours** of **unreimbursed sick** leave.

(.pdf spreadsheet attached for your convenience)

Susan Hudson

Human Resource Specialist Department of Public Safety

225.925.6043 (phone #) 225.922.0528 (fax #) 225.925.6067 (HR Main #) JUL 10 2020

RECEIVED

State Police Commission

Susan.Hudson@la.gov

My office hours are Monday to Friday 8:30am to 5:00pm

STATE OF LOUISIANA - LaGov HCM 06/09/2020 WC Claim No.: 30193092168-0001

Name: HULL, MALACHI Title: STATE POLICE TROOPER Personnel No.: 00320966

FRI SAT SUN	07.7	0.00	0.00	0.00	0.00	0.00	8.11	0.00	0.00	00.0
SAT	17.1	0.00	0.00	0.00	0.00	0.00	9 8.10	0.00	0.00	0.00
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SAT SUN P	0 7.	0.0	0.0	0.0	00 12.	00	3 8.	0 0	00	0.
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正							8.02			
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MON TUE WED T	7.15	12.00	0.00	000	000	12.00	7.29	0.00	0.00	12.00
Att./abs. type text		SHIFT DIFF - 2ND SHIFT	DPS ESCORT RTE2	DI VIINIE ALI OW DECREASE	MORKER'S COMPTEAVE	PEGII AR ATTENDANCE	NEOCEON CONTRACTOR CON		OW DECREASE	TENDANCE
Payroll / Absence Period Hours Type	0.00 *DATE					Į.	0.02 20.72	3 00 0073	1 00 0076	24.00 ZA01
Payroll Period	16	2					7	-		
Payroll Year	2019	2					2010	6107		

53.00 <= Unreimbursed 53.00 Total - LD TOTAL LEAVE

REGIEVED

JUL 10 2020

State Police Commission



20190003973

TOTAL NUMBER OF VEHICLES INVOLVED

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

VEHICLES INVOLVED 2			aionian	
DATE OF CRASH	TIME (0000) DISTRIC		Commission	o PAGE #
07182019	0205	B LAT. 2	9.887127	01
D / I O Z U I J	0205	PARISH CODE	90.09943	8° 190717D015
Jefferso	n	26 LONG.		
CITY OR TOWN		CITY CODE NW	SW N E	
		NE NE	SE S W	WORK HAT 8
CRASH HIGHWAY N		DO TO TO TO TO TO	Blvd.	X ZONE HUN
OCCURRED ON A INTERSTATE B U S PROY		Barataria	And the second s	PUBLIC PHOTOS MADE DAMAGE
D PARSH 9040	MHEST NE	STREET/HIGHWAY AT INTERSE	Dr.	RR TRAIN FATALITY
PRIVATE PROPERTY		Warwick		PRVOLVED IN
G. TOLL ROAD DISTANCE	AND ES X	US 90B		PED X INJURY
	• J FEET SW			
WRITE APPROPRIATE LETTER IN E	LOCK CONTR	BUTING FACTORS AND COND	processory processory	DOMASY FACTOR
ROAD SURFACE	ROADWAY CONDITIONS A	TYPE OF ROADWAY	ALIGNMENT A	PRIMARY FACTOR D
(ONE PER COLUMN)	A. NO ABNORMALITIES	A. ONE-WAY ROAD	A STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED	SECONDARY FACTOR A
A	B. SHOULDER ABNORMALITY C. HOLES	B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A	C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED	A. VIOLATIONS
A ORY B. WET B. BLACK TOP	D. DEEP RUTS E. BUMPS F. LOOSE SURFACE MATERIAL	PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A	E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT	B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER
C. SNOW/SLUSH C. BRICK D. ICE D. GRAVEL E CONTAMINANT E. DIRT	G CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED	PHYSICAL BARRIER Y. UNKNOWN	H. HILLCREST-CURVE	D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE
SAND, MUD. Y. UNKNOWN DIRT, OIL, ETG Z. OTHER	CONSTRUCTION - NO WARNING PREVIOUS CRASH	Z. OTHER	J. DIP HUMP-CURVE Y. UNKNOWN	G. ROADWAY CONDITION H. LIGHTING
Y. UNKNOWN	K. WATER ON BOADWAY L. ANIMAL IN BOADWAY M. OBJECT IN BOADWAY		Z. OTHER	J. TRAFFIC CONTROL
1	Z. OTHER	RELATION TO ROADWAY	ACCESS CONTROL	K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS
A CLEAR A	KIND OF LOCATION	A	A	LIGHTING
B. CLOUDY	C	B. SHOULDER	A. NO CONTROL (UNLIMITED ACCESS TO	A. DAYLIGHT B. DARK - NO STREET
C. RAIN D. FOG/SMOKE E. SLEET/HAIL	A. MANUFACTURING OR INDUSTRIAL	C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHY	B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY	C DARK - CONTINUOUS STREET
F. SNOW G. SEVERE CROSSWIND	B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT	F. BEYOND RIGHT OF WAY G. GORE	C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT)	D. DARK - STREET LIGHT AT INTERSECTION ONLY
H. BLOWING SAND, SOIL, DIRT, SNOW	E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND	Y UNKNOWN Z. OTHER	Y. UNKNOWN Z. OTHER	E. DUSK F. DAWN
Y. UNKNOWN Z. OTHER	G. OPEN COUNTRY Z. OTHER			Y. UNKNOWN Z. OTHER
			CARGO	BODY TYPE
	VEHICLE CONFIGURATION		A D	GREEN J
A - D - G		LE UNIT TRACTOR FARM	BUS FLATBED	AUTO HOPPER
PASSENGER A. B. C, OR S CAR WITH TRAILER	VEHICLE FOR 9 -15 TRUE	OR MORE SEMI-TRAILER EQUIPME		TRANSPORTER
B E A		R MAN V	B W E	H H BANK K
LT. TRUCK MOTORCYCLE	EMERGENCY BUS W/SEATS VEHICLE IN FOR 16 OR TRU	ICK/ TRUCK MOTOR	VANJENCLOSED DUMP TRU BOX TRAILER	
(RU., ETC.)	USE MORE OCC.		C F	XZ
. 9-9	SINGLE UNIT	RUCK/ SUV OTHER	CARGO TANK CONCRET	
VAN PEDALCYCLE S	CHOOL BUS TRUCK W/ 2 TRU	ACTOR	MIXER	REFUSE BODY
7	TIME CALLED ARRIVED SCENI	E DEPARTED SCENE ARRIV	ED FIGHT CITY	ME CALLED ARRIVED SCENE
SERVICES X	0207 021	0 0225 0	238 RESCUE	
AMBULANCE West		M S FIRE DEPARTM	AENT	
SERVICE		DEPART	TELES	
	NAME OF AGENCY	TIME OF NOTIFIC		TIME ALL LANES OPENED
INVESTIGATING LADPS		0206	0240	0320
[Y7]	INVESTIGATING		0.7	272019
COMPLETE YN	POLICE AGENCY	A STATE C PARISH B CITY Z OTHER	E REPORT COMPLETED U /	
Valentine	Emery	/	23	27 rzimmerm
INVESTIGATING OFFICER'S NAME		abortine Emery so	BADGE #	SUPERVISOR'S INITIALS OR BADGE#
DPSSP 3105 (REV. MAR. 2005)	V	Wentine mery I		



APPLICABLE

Y- UNKNOWN

IMPROPERLY USED

G-HELMET USED Y- RESTRAINT USE UNKNOWN

F- CHILD SAFETY SEAT USED

COMPLAINT

F- NO INJURY

JUL 10 2020 COMPUTER NUMBER STATE OF LOUISIANA 20190003973 UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT VEHICLE/PEDESTRIAN 1_{veh *} PAGE # PEDESTRIAN # DOORS # AXLES # TIRES MODEL CARGO BODY TYPE YEAR CONF 4 4 2019 Toyota X see page selections see page 1 for Camry A REMOVED A.YES B. NO C. LEF BT Towing 4T1B11HK4KU719003 VEHICLE REASON TOWED GVWR/GCWR NUMBER STATE A. VEHICLE DAMAGE B. DRIVER ARRESTED PC 590CVY LA 2021 INSURANCE VIOLATION Z. OTHER YEAR STATE NUMBER TYPE MAKE PLAYE TRAILER None COMMERCIAL/ BUSINESS VEHICLE X VEHICLE CLASSIFICATION GOVERNMENT VEHICLE PERSONAL VEHICLE COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GYWR/GCWR II OF 10,000 LBS... OR HAS A HAZMAT PLACARD. OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER. US DOT # MC/MX (FICCT) # CARRIER NAME. ZIP STREET ADDRESS: PLACARDS DISPLAYED Y/N N RELEASED Y/N N TRANSPORTING HAZARDOUS MATERIAL Y/N INTERSTATE CARRIER Y/N NAME ILAST, FIRST, MIL OF X DRIVER PEDESTRIAN TELEPHONE * (504) 594-1039 SEX AA AAAFO21 D STATE TRANSPORTED TO MEDICAL FACILITY
A YES C. REFUSED AID
B. NO Y. UNKNOWN INSTRUCTED TO EXCHANGE INFORMATION? CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER 11570607 Y/N N University Med Cent LAE HERER BODY LOWER BODY PEDESTRIAN ONLY INJURY CODE RACE ARE DARK LIGHT LIGHT CLOTHING OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) TELEPHONE STREET ADDRESS STATE 09142019 POLICY NUMBER 341 0746 -INSURANCE CO. NAME State Farm Ins. EXPIRATION DATE C14-18A PHONE * (504) 366-1155 Ave. Terryto AGENT'S NAME/ADDRESS Thelma Meyers 501 Whitney OCCUPANT'S NAME (LAST, FIRST, MI) STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN STATE ZIP CITY OCCUPANT'S NAME (LAST, FIRST, MI) STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN STATE ZIP CODES OCCUPANT PROTECTION SYSTEM USED TRAPPED OR INJURY AIRBAG SEATING POSITION **EJECTION** EXTRICATED A-DEPLOYED A-NONE USED-VEHICLE A-FATAL A-NOT TRAPPED A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER) B - FRONT SEAT-MIDDLE J - SLEEPER SECTION OF CAB (TRUCK) A-NOT EJECTED B-INCAPACITA-TING/SEVERE OCCUPANT A PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA B-NON B-TOTALLY EJECTED B-TRAPPED/EXTRI B- SHOULDER BELT ONLY USED CATED DEPLOYED C-PARTIALLY PASSENGER OF CARGO AREA (NON-TRAILING UNIT) PASSENGER OF CARGO AREA (NON-TRAILING UNIT) C-LAP BELT ONLY USED C-NON-INCAPA-C-TRAPPED/NOT EXTRIGATED C-NON-DEPLOY C - FRONT SEAT-RIGHT SIDE EJECTED D - SECOND SEAT-LEFT BIDE (MOTORICYCLE PASSENGER) E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE D-SHOULDER AND LAP BELT CITATING ED/SWITCH Y- UNKNOWN USED MODERATE Y- UNKNOWN OFF E- CHILD BAFETY SEAT M-PASSENGER ON TRAIN OR STREETCAR D-NOT D-POSSIBLE/

G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER) H - THIRD ROW-MIDDLE

N- TRAILING UNIT

Y- UNKNOWN

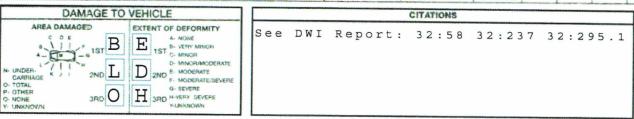
O- RIDING ON VEHICLE EXTERIOR INON-TRAILING UNIT)

CONTRIBUTING FACTORS AND CONDITIONS

20190003973 PAGE # Veh # 1

OF DRIVER/PED G CONDITION SEQUENCE OF EVENTS/HARMFUL EVENTS VISION NON COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION MOTOR VEHICLE IN TRANSPORT PARKED MOTOR VEHICLE OBSCUREMENTS TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO, FENCE A. NORMAL STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION RAIN, SNOW, ETC. ON WINDSHIELD B. INAFTENTIVE C. DISTRACTED IMMERSION WINDSHIELD OTHERWISE OBSCURED VISION OBSCURED BY LOAD . DISTRACTED I BLINESS . FARIGUED . APPARENTLY ASLEEP/BLACKOUT . DRINKING ALCOHOL - IMPAIRED . DRINKING ALCOHOL - NOT IMPAIRED D. JACKKNIFE BY MOTOR VEHICLE CARGO/EDUIPMENT LOSS OF SHIP WORK ZONE/MAINTENANCE PP. MAILBOX GG. OTHER FOXED OBJECT (WALL CARGO/EQUIPMENT LOSS OR SHIFT FELL/UMPED FROM MOTOR VEHICLE TYRIOWN OR FALLING OBJECT SQUIPMENT FAILURE (BLOWN TIRE, BRANK FAILURE, ETC.) SEPARATION OF UNITS IN TRANSPORT D TREES BUSHES ETC **ECHEMENT** E. BUILDING F. EMBANKMENT W. OTHER NON-FIXED OBJECT BUILDING, TUNNEL EYO. UNKNOWN G. SIGN BOARDS COLLISION WITH FIXED OBJECT SALASSAM WITH FIXED OBJECT X. IMPACT ATTENDATORICRASH OU Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AB. BRODG RAIL BB. CULVERT H. HILLCREST DRUG USE - IMPAIRED DRUG USE - NOT IMPAIRED PARKED VEHICLES IIK. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. URKNOWN Z. OTHER MOVING VEHICLES BLINDED BY HEADLIGHTS RAN OFF ROAD RIGHT RAN OFF ROAD LEFT L CROSSED MEDIANGENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION L. BUNDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN S CC. CURB FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER DD. DITCH DRIVER EMBANKMENT CC Y COLLISION WITH PERSON, MOTOR FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC BARRIER B. OTHER TRAFFIC BARRIER DISTRACTION 3rd VEHICLE, OR NON- FIXED OBJECT A. CELL PHONE B. OTHER ELECTRONIC DEVICE O. PEDESTRIAN A VIOLATION P. PEDALCYCLE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) OTHER INSIDE THE VEHICLE S Q. RAILWAY VEHICLE (TRAIN, ENGINE) JJ. TREE (STANDING) KK. UTILITY POLEVLIGHT SUPPORT R. ANIMAL MOST HARMFUL EVENT A EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C FAILURE TO VIELD D FOLLOWING TOO CLOSELY E. ORIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN LCUT CORUMER ON LEFT TURN D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED MOVEMENT PRIOR TO CRASH В Y. UNKNOWN K. STOPPED PREPARING TO: OR MAKING U-TURN L. MAKING TURN, DIRECTION A. STOPPED ENTERING TRAFFIC FROM REASON FOR PROCEEDING STRAIGHT ANEAD TRAVELING WRONG WAY SHOULDER MOVEMENT U. ENTERING TRAFFIC FROM H. MADE WIDE RIGHT TURN J. TURNED FROM WRIGHT TURN J. TURNED FROM WRIGHT LANE K. OTHER IMPROPER TURNING L. DISREGANDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO DIM HEADLIGHTS O. WENCE & CONDITION MEDIAN V. ENTERING TRAFFIC FROM D. BACKING UNKNOWN A. TO AVOID OTHER VEHICLE E. CROSSED MEDIAN INTO M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT OPPOSING LANE CHOSSED CENTER LINE INTO PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DREVEWAY X. ENTERING FREEWAY FROM TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE FIGHT OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) VEHICLE OUT OF CONTROL ON RAMP NOT PASSING G. VEHOLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL. I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO BRIVER CONDITION L. DUE TO DRIVER WOLLTION Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN CHANGING LANES ON TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER Q. VEHICLE CONDITION MULTI-LANE ROAD MAKING LEFT TURN MAKING RIGHT TURN R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS VEHICLE Y. UNKNOWN Z. OTHER M. DUE TO VEHICLE CONDITION CONDITION ALCOHOL/DRUG DUE TO PAVEMENT CONDITION DEFECTIVE BRAKES INVOLVEMENT HIGH WIND NORMAL MOVEMENT DEFECTIVE HEADLIGHTS DEFECTIVE REAR LIGHTS B TRAFFIC ALCOHOL/DRUGS SUSPECTED. Y. UNKNOWN Z. OTHER Z A. NEITHER ALCOHOL NOR DRUGS B. YES-ALDOHOL CONTROL DEFECTIVE SIGNAL LIGHTS ALL LIGHTS OUT DEFECTIVE STEERING PEDESTRIAN DEFECTIVE STEERING TIPE FAILURE WORN OR SMOOTH TIPES ENGINE FAILURE DEFECTIVE SUSPENSION NO DEFECTS ORSERVED UNKNOWN OTHER C. YES-DRUGS YIELD SIGN 80 D. YES-ALCOHOL AND DRUGS ACTIONS RED SIGNAL ON Y. UNKNOWN YELLOW SIGNAL ON GREEN SIGNAL ON CROSSING, ENTERING ROAD AT INTERSECTION CROSSING, ENTERING GREEN TURN ARROW ON ALCOHOL RIGHT TURN ON RED LIGHT PHASE UNKNOWN 0 ROAD NOT AT INTERSECTION A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING WALKING IN ROAD - WITH VEHICLE FLASHING YELLOW TRAFFIC A FLASHING RED LIGHTING WALKING IN ROAD - AGAINST TRAFFIC D. TEST GIVEN, BAC OFFICER, FLAGMAN RR CROSSING, SIGN HEADLIGHTS ON SLEEPING IN ROADWAY HEADLIGHTS OFF M PR CROSSING SIGNAL B DAYTIME RUNNING LIGHTS UNKNOWN RR CROSSING, NO CONTROL WARNING SIGN (SCHOOL, ETC.) STANDING IN ROADWAY DRUGS. GETTING ON OR OFF OTHER A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING VEHICLE SCHOOL FLASHING SPEED SIGN TRAFFIC PUSHING WORKING ON 0 YELLOW NO PASSING LINE CONTROL C. TEST REFUSED WHITE DASHED LINE VEHICLE IN ROAD D. DRUGS REPORTED (SPECIFY IN NARRATIVE) CONDITIONS YELLOW DASHED LINE OTHER WORKING IN BIKE LANE ROADWAY CONTROLS PUNCTIONING CROSSWALK NO CONTROL PLAYING IN ROADWAY AFFIX BLOOD ALCOHOL KIT LABEL HERE CONTROLS NOT FUNCTIONING CONTROLS OBSCURED NOT IN ROADWAY 599,664 D. LANE MARKING LINCLEAR UNKNOWN OTHER Traffic cones and flares UNKNOWN OR DEFECTIVE Z OTHER E. NO CONTROLS Y. UNKNOWN (OR ENTER BLOOD ALCOHOL KIT NUMBER)

THE RESERVE TO SERVE SERVERS		V Transcription of the last of	-						-
	DIRECTION BEFORE CRASH	FINAL LOCATION	DISTANCE TRAVELED	SPEED		9	KIDMARK	DATA IFEE	T
HEADED	ON HIGHWAY, STREET OR DRIVE	OF VEHICLES	AFTER IMPACT	EST	POSTED	FR	FL	RR	PI
S	LA 45	Roadway	76	60	45	0 '	0 '	0 '	0 '
					10	U ·	0 .	0 .	U



NOTICE OF INSURANCE VIOLATION

COMPUTER NUMBER

UNIFORM	STATE OF	E TRAFFIC CRA	SH REPORT	2019000	3973
2 VEH # OR PEDESTRIAN		PEDESTRIAN	1 U 2020	F	PAGE # 4
CONF CARGO BODY TYPE YEAR MAKE		MODEL		# DOORS #	
H X see page 1 for 2008 For C		Cı	rown	Vic 4	2 4
2FAFP71V58X137	298	VEHICLE A B	LYES L NO LEFT AT SCENE	BY B-T Towing	
YEAR STATE NUMBER	TYPE			R/GCWR REASON A VEHICLE B. ORIVER /	DAMAGE 7
LICENSE 9999 LA B-28	hand hand	ate Po	ol L	C. INSURAN Z. OTHER STATE NUMBER	ICE VIOLATION
TRAILER NONE	TYPE		LICENSE PLATE		
COMMERCIAL/	NMENT VEHICLE X	PERSONAL VE	HICLE		
COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING US OF 10,000 LBS OR MAS A MAZMAT PLACARD. OR IS A BUS WIT	ED FOR COMMERCE IN SEATING FOR NINE	OR MORE INCLUDIN	GVWR/GCWR IN I	US DOT #	
CARRIER NAME				MC/MX ("ICC") #	
STREET ADDRESS:	SATURNING TO SERVICE	TY		STATE ZIP	AZ MAT Y/N N
INTERSTATE CARRIER V/N N TRANSPORTING HAZARDOUS MAI	TERIAL Y/N IN CI	ASS ID#		PLACARDS DISPLAYED YN IN H	ELEASED Y/N IN
NAME (LAST, FIRST, MI) OF X DRIVER PEDESTRIAN				DATE OF BIRTH	
Hull, Malachi S				PORT ELECTRON ALE OCC. TON TON CATED BASE OCC. TON TON CATED BASE OCC.	ACE ACE VALVATO
STREET ADDRESS Kenner		E LA ZIP 7	0065		
STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER		MSTR	DICTED TO NASE INFORMATION?		C REFUSED AID AU LUNKNOWN
LAD	X	Y/s	NAME OF FACILITY	West Jeffers	housemen
PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT DARK	LOWER BODY CLOTHING L	IGHT DARK	SEX	RACE AGE	NJURY CODE
OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME)					
Department Department	4	blic	Safe	ty, TELEPHONE # (225) 9	25-6137
STREET ADDRESS 290 E Airport Rd	•		STATE LA	_{21P} 7	0806
INSURANCE CO. NAME Self Insured		NUMBER ALPD		0 EXPIRATION DATE 0.7	012020
(NOT MODING FINANCE)		VUMSER		PHONE * (855) 2	
AGENT'S NAME/ADDRESS Sedgwick Claims OCCUPANT'S NAME (LAST, FIRST, MI)				POSS 638C THAP ARE GOOD NO. R	ACÉ ACE INDUST
OCCUPANT'S MANIE (DOI, 1910). My				THIR THOM CATED SING SYS	
STREET ADDRESS		TRANSPORTED TO ME	EDICAL FACILITY C REFUSED AID	NAME OF FACILITY	
Cit	E ZIP		Y. UNKNOWN	TRAES 900	
OCCUPANT'S NAME (LAST, FIRST, MI)				7006 T004 CATEO SAG (505 SEX 5	PECE NOS INVOST
STREET ADDRESS		TRANSPORTED TO M	EDICAL FACILITY	NAME OF	
CITYSTAT	E ZIP	B. NO	C. REFUSED AID Y. UNKNOWN	FACILITY	
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE J - SLEEPER SECTION OF CAB (TRUCK) (MOTORCYCLE DRIVER) K - PASSENGER IN OTHER ENCLOSED	A-NOT EJECTED B-TOTALLY EJECTED	A-NOT TRAPPED	A-DEPLOYED B-NON	A-NONE USED-VEHICLE OCCUPANT	A-FATAL B-INCAPACITA-
B - FRONT SEAT-MIDDLE PASSENGER OR CARGO AREA (NON-TRAILING UNIT) OF SEAT-RIGHT SIDE L - PASSENGER IN OTHER UNENCLOSED	C-PARTIALLY EJECTED	CATED C-TRAPPED/NOT EXTRICATED	DEPLOYED C-NON-DEPLOY- ED/SWITCH	B-SHOULDER BELT ONLY USED C-LAP BELT ONLY USED D-SHOULDER AND LAP BELT	TING/SEVERE C-NON-INCAPA- CITATING/
(MOTORCYCLE PASSENGER) E : SECOND SEAT-MIDDLE E : SECOND SEAT-RIGHT SIDE M-PASSENGER ON TRAIN OR STREETCAR	Y- UNKNOWN	Y- UNKNOWN	OFF D-NOT	USED E-CHILD SAFETY SEAT IMPROPERLY USED	D-POSSIBLE/ COMPLAINT
G - THIRD ROW-LEFT SIDE (NOTORCYCLE PASSENGER) H. THIRD ROW-MARDLE EXTERIOR (NON-TRAILING UNIT)			APPLICABLE Y- UNKNOWN	F- CHILD SAFETY SEAT USED G-HELMET USED	E- NO INJURY
1 - THIRD ROW-RIGHT SIDE Y- UNKNOWN			1	Y- RESTRAINT USE UNKNOWN	

Veh # 2

20190003973 PAGE # 5

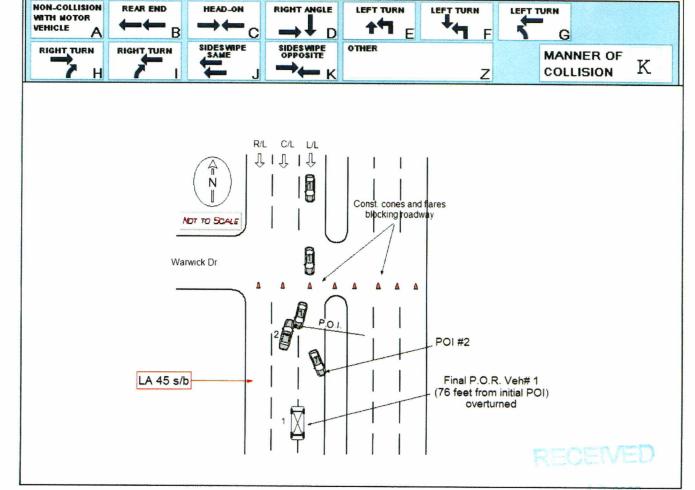
CONTRIBUTING FACTORS AND CONDITIONS

VISION	CONDITION		SEQUENCE OF EVENTS/HARMFI	JL EVENTS
VISION OBSCUREMENTS A. RAIN, SNOW, ETC. ON WINDSHIELD C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBAINGMENT G. SIGN BOARDS H. HILLOREST I. PARKED VENICLES J. MOVING VENICLES J. MOVING VENICLES U. BLUNDED BY HEADLIGHTS L. BLUNDED BY BLUNGLARE M. DISTRACTED BY NION LIGHTS IN FIELD OF NEW N. NO OBSCUREMENTS Y. UNINCHOWN Z. OTHER VIOLATION U. A. EXCEEDING STATED SPEED LIMIT	OF DRIVER/PED A. NORMAL B. IMATTENTIVE C. DISTRACTED D. ELANESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DENKING ALCOHOL - MARARED M. DINKKING ALCOHOL - MOT IMPARISED J. DRING USE - MOT IMPARISED J. DRING MOT IMPARISED J. DRING MOT IMPARISED J. UNIONOWN Z. OTHER DISTRACTION A. CELL PRIONE B. OTHER ELECTRIONIC DEVICE (PAGER, PALM PILOT, NANGATION DEVICE, ETC.) C. OTHER INISIDE THE VEHICLE	I. SEPARATION OF UNITS IN TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CHOSSED MEDIAN/CENTE M. DOWNHILL RUSAWAY N. OTHER NON-COLLISION COLLISION WITH PERSO VEHICLE, OR NON-FIXED O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, R. ANIMAL	OR VEHICLE BECT WO THER NON-FIXED OBJECT WO COLLISION WITH FIXED OBJECT X. MAPACT ATTENUATION/CRASH OU Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RIAL BE. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FAGE GG. GUARDRAIL FAGE GG. GUARDRAIL FAGE GG. GUARDRAIL FAGE GG. CURBERT TARFFIC BARRIER L. OTHER TRAFFIC BARRIER L. THER TRAFFIC BARRIER J. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT	OO. FENCE PP. MAILBOX GO. OTHER FOXED OBJECT (WALL, BUILDING, TURNEL, ETC.) YY. UNKNOWN 1st S 2nd 3rd 4th MOST HARMFUL EVENT
B. EXCEEDING SAFE SPEED LIMIT C FAILURE TO YIELD	D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED	MOVEME	NT PRIOR TO CRASH	S
D. FOLLOWING TOO CLOSELY E. DRIWNO LEFT OF CENTER F. CUTTING IN. IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I CUT CORNER ON LEFT TURN I CUT CORNER ON LEFT TURN I CUT CORNER ON LEFT TURN I CURPOPER PARCHING LOSINGARDED TRAFFIC CONTROL M. IMPROPER PARCHING O. FAILED TO SIET OUT FLAGS, FLARES P. FAILED TO DIM MEADLIGHTS Q. VEHICLE CONDITION S. CARELESS OPERATION S. CARELESS OPERATION T. IMPROPER BACKING	P. UNKNOWN REASON FOR MOVEMENT A. TO AVOID OTHER VEHICLE B. TO AVOID OTHER VEHICLE B. TO AVOID OTHER OBJECT E. PASSING E. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL J. DUE TO PRIOR CRASH (COLLISION) J. DUE TO PRIOR CRASH (COLLISION) J. DUE TO BRIVER CONDITION	A. STOPPED B. PROCEEDING STRAIGHT A C. TRAIVELING WHONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE IN OPPOSING LANE G. RAN OFF ROAD PHOT WHE MAKING TURN AT INTERSE IN H. CHANGING LANES ON MULTILANE ROAD J. MAKING LET TURN J. MAKING RIGHT TURN J. MAKING RIGHT TURN	L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT M. STOPPED, PREPARING TO TURN RIGHT LE O. SLOWING TO MAKE LEFT TURN	T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE ON DRIVEWAY X. ENTERING TREEWAY FROM ON RAMP Y. LEATHING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN
TRAFFIC CONTROL A. STOP SIGN 5 YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW	L. DUE TO DRIVER WOLATION M. DUE TO VEHICLE CONDITION (FAILURE) D. 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	VEHICLE CONDITION A. DEFECTIVE BRAKES B. DEFECTIVE BRADUGHTS C. DEFECTIVE BRADUGHTS C. DEFECTIVE STARA LIGHTS D. DEFECTIVE STARA LIGHT E. ALL LIGHTS DUT F. DEFECTIVE STEERING G. THE FALLING H. WORN OR SMOOTH THRE L. ENGINE FALURE J. DEFECTIVE SUSPENSION N. NO DEFECTIVE SUSPENSION N. NO DEFECTIVE SUSPENSION N. NO DEFECTIVE SUSPENSION V. UNKNOWN Z. OTHER	INVOLVEMENT ALCOHOL/DRIUGS SUSPECTED A. NETHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-ORUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN ALCOHOL A. TEST REFUSED B. NO TEST GIVEN	В
J FLASHING RED K. OFFICER, FLADMAN 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 J. BIKE LANE U. CROSSWALK V. NO CONTROL V. UNICHOWN Z. OTHER	TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. FUSHING, WORKING ON VEHICLE IN ROAD L. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY V. UNKNOWN Z. OTHER	LIGHTING A. HEADLIGHTS ON B. HEADLIGHTS OF C. DAYTIME PURRING LIGHT: Y. UNKNOWN TRAFFIC CONTROL CONTROL CONTROLS PUNCTIONING B. GONTROLS NOT PUNCTION C. CONTROLS NOT PUNCTION C. CONTROLS ON PUNCTION C. CONTROLS ON PUNCTION C. CONTROLS Y. UNKNOWN	D. TEST GIVEN, BAC DRUGS. A. TEST NOT GIVEN B. TEST GIVEN, BESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN	A
DIRECTION BEF	ORE CRASH	FINAL LOCATION DISTANCE	TRAVELED SPEED	SKIDMARK DATA (FEET)
	AY, STREET OR DRIVE	of vehicles AFTER O adway 0		FR FL RR RL 0 ' 0 ' 0 ' 0 '
DAMAGE TO V	EHICLE		CITATIONS	

	DIRECTION BEFORE CHASH	1 FINAL LOCATION	JUISTANLE THAVELED	SPEED			KIDMARK	DATA IFEE	D.
HEADED	ON HIGHWAY, STREET OR DRIVE	OF VEHICLES	AFTER IMPACT	EST.	POSTED	FR	FL	AR.	FIL
N	LA 45	Roadway	0	00	45	0 '	0'	0 '	0 '
_						-			-

The second secon	
DAMAGE TO VEHICLE	CITATIONS
AREA DAMAGED A. NOWE A. NOWE S. MINORMOOD A. NOWE S. MINORMOOD A. NOWE S. MODERATE C. MINORMOOD C. MODERATE G. SEVERIE G. SEVERIE VLINKNOWN SRD JRD JRD JRD JRD JRD JRD JRD	None Issued:
	NOTICE OF INSURANCE VIOLATION

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE, 6 REFER TO EACH BY VEHICLE NUMBER #20190003973 [SEE NARRATIVE PAGE]



LSP# 190717D015

LA 45 south of Warwick Dr., was closed in both directions approximately two tenths of a mile, due to Entergy Power Company repairing a transformer. The roadway was closed, utilizing several reflective orange traffic cones and flares. Traffic traveling s/b on LA 45 was being diverted onto Warwick Dr. or instructed to execute a U-turn onto LA 45 n/b.

Vehicle #2 (marked LSP Unit# B-28) was stationary in the center s/b lane of LA 45, facing in the northbound direction and inside of the road closure. Driver # 2 was working an off duty detail for Entergy and had his units emergency lights activated, to provide additional warning to motorist.

Vehicle #1 was traveling s/b on LA 45 in left lane, approaching Warwick Dr. Driver #1 ignored all warning devices and traveled into the road closure at a high rate of speed. Vehicle #1 crashed into the right front bumper of Vehicle #2, with its left front bumper. Vehicle #1 then veered left and struck the raised median curb. The impact with the curb caused Vehicle #1 to overturn and land on its roof.

The incident was captured on Vehicle #2's in-car camera and up-loaded into the Axon storage database.

Driver #2 submitted a written and verbal statement, which was consistent with the above synopsis. Driver #2 was also later transported to West Jefferson Hospital for minor injuries. Driver #1 was transported to University Medical Center with minor injuries. Driver #1 stated that she had no recollection of what happened and could not supply a written statement.

M/T. Henry Thompson made contact with Driver #1 on the scene and noticed indicators of impairment.
M/T. Thompson later placed Driver #1 under arrest for DWI and obtained a voluntary blood sample at the hospital. Driver #1 was subsequently transported to the Jefferson Parish Correctional Center and booked with; careless operation, ignoring signs and signals, no seatbelt and DWI.

Any further will be submitted via a supplemental report.

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LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

LOUISIANA STATE POLICE

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LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES

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