

# Employee Notification Form for 05/27/2018

## Personal Information

Employee Name HULL, MALACHI Known As  
Personnel Number 00320966 Gender Male Date of Birth [REDACTED]  
Race Decl Ind/AK Asian AfrAm  HI/PI White Ethnicity Hispanic/Latino

## Address Information

Privacy Request Yes  No  
Permanent Street [REDACTED] Mailing Street  
City [REDACTED] City  
State [REDACTED] State  
Zip Code [REDACTED] Zip Code

## Employment Related Dates

Adjusted Service Date 05/27/2018 Next CPG Elig Date 05/27/2019  
Performance Adjustment Date Adjusted Leave Service Date 05/27/2018 Agency Hire Date 05/27/2018

## Organizational Assignment Information

Company Code LAGOV Org. Unit LSP TROOP B/REGION 1  
Personnel Area DPS-Office of State Police Cost Center 4192295  
Employee Group Full Time Salary Personnel Subarea STrooperLE2100  
Payroll Area LaGov-Paid Bi-Wkly Employee Subgroup Class NE  
Work Contract Probational Permanent Status  
Expiration Date 10/25/2019 Employment Status Active

## Time Management Information

Employment Percent 100.00 Time Management Status Negative Time Entry  
Weekly Working Hours 40.00 Time Administrator 068  
Work Schedule Rule M-F 8HR 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 From 05/27/2018 To 12/31/9999

## Base Pay History

Biweekly 1,792.69 P-01 \*A From 05/27/2018 To 12/31/9999 Pay Reason Code Hire Sal Rate State Trooper

## Other Pay Information

Shift Diff 2nd 0.50 0051 From 05/27/2018 To 12/31/9999  
TxCsh Aut Dly U 8.00 0076 From 05/27/2018 To 12/31/9999  
DPS Escort Pay2 60.00 0073 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 USE ONLY

1. ENTER NAME AND COMPLETE ADDRESS BELOW

**MALACHI SAMUEL HULL\***

Name (First) (Middle) (Last)

Mailing Address

City State Zip Code

Date of Birth E-Mail Address

2. SOCIAL SECURITY NUMBER  
 (for identification purposes)

Work Telephone No.

Home Telephone No.

3. REGISTER TITLES APPLIED FOR

State Police Cadet	requested documents DD-214 Transcript	SER Military	VP ✓	FOR OFFICE USE REJ	REG	TR MS
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4.  YES  NO Do you possess a valid driver's license?
5.  YES  NO Are you currently holding or running for an elective public office?
6.  YES  NO Have you ever been convicted of a felony?
7.  YES  NO Have you ever been fired from public employment, to include military service, or resigned to avoid dismissal?
8.  YES  NO Are you claiming Veteran's Preference on this application?  
 (If "YES", see item 13 below and on page 2)

RECEIVED  
 05 23 2016  
 State Police Commission

APPLICANT  
 PRINT  
 YOUR NAME  
 HERE

The following information is collected to complete Equal Opportunity Reports required by law. you ARE NOT LEGALLY OBLIGATED to provide this information.

9. RACIAL/ETHNIC GROUP  
 Caucasian  African American  Hispanic  Asian/Pacific Islander  American Indian/Alaskan Native

10. SEX  
 Male  Female

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:

AUTHORITY TO RELEASE INFORMATION: I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, personnel technicians and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment.

I certify that the statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal from state service.

11. Date: **11 AUG 16**

12. Signature of Applicant: *[Signature]*

13. ACTIVE MILITARY SERVICE/VETERAN'S PREFERENCE  
 See Instruction Page to determine your eligibility for Veteran's Preference. If you are claiming Veteran's Preference, required PROOF MUST BE ATTACHED. (Long Form DD-214 indicating type of discharge.)

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	TO	BRANCH OF SERVICE	YES	NO
06   1994	08   1994	U.S. ARMY NATIONAL GUARD	✓	
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	TO	GRADE HELD
05/2006	06/2013 <del>2007</del>	O-3	05/1998	05/2001	O-1
05/2001	05/2006	O-2	08/1994	05/1998	E-5 (SMP) <sup>R.O.T.C.</sup>

14. FORMAL EDUCATION (Provide official college transcript or copy of diploma.)

Have you received a high school diploma or equivalency certificate?  YES  NO Date received: 05/1992

LIST COLLEGES OR UNIVERSITIES ATTENDING	NAME OF COLLEGE OR UNIVERSITY/ CITY AND STATE	Dates Attended (Month & Year)		Total Credit Hours Earned Semester or Quarter	Type of Degree Earned (BA, MA, etc.)	Major Field of Study	Date Degree Received (Mo & Yr)
		FROM	TO				
	UNIV. OF PHOENIX <sup>PHOENIX, AZ</sup>	08/2007	08/2009	33	M.B.A	BUS. ADMIN.	08/2009
	SOUTHERN UNIVERSITY BATON ROUGE, LA	01/1995	05/1998	59	B.S.	BUS MGMT	05/98
	UNIVERSITY OF N.C. N.C., LA.	08/1992	12/1994	61	N/A	N/A	

15. Explain a "YES" answer to items 6 and/or 7 here.

WRONGFULLY TERMINATED BY CITY OF N.C. AFTER VOICING CONCERNS ABOUT PUBLIC SAFETY RISKS ASSOCIATED WITH UNLICENSED FOR HIRE VEHICLES PICKING UP PASSENGER  
(Use additional comments section at the end of this application if more space is needed.)

16. WORK EXPERIENCE - Law Enforcement/Military Experience Only. Corrections positions are not considered as qualifying law enforcement experience.

<b>A</b> Employer/Company Name ABRAHAM REAL ESTATE + ASSOC.	
Street Address 8810 TILFORD RD.	Your Official Job Title DIR. OF SALES   CHIEF FINANCIAL OFFICER
City and State N.C., LA	Beginning Salary 33,000
Dates of Employment (Mo/Dy/Yr) From 07/01/93 To 11/11/2002	Ending Salary 52,000
Avg. Hrs. Worked Per Week 40	Reason for Leaving NEW OPPORTUNITY
Name/Title of Your Supervisor SAMUEL HULL, III	No. of Employees You Directly Supervised 4
Arrest Powers: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	List Job Titles Of Employees You Directly Supervised REALTORS

DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.

% of Time	Major Duties
50%	FORECASTING, TRAINING, MARKETING
25%	EVALUATING   MENTORING
10%	BUDGETING
15%	SALES
100%	

16. WORK EXPERIENCE (continued)			
<b>B</b>	Employer/Company Name <b>ATLANTA POLICE DEPARTMENT</b>		Kind of Business <b>LAW ENFORCEMENT</b>
	Street Address <b>818 POLLARD ST. , SUITE 241</b>		Your Official Job Title <b>BUREAU DIRECTOR</b>
City and State <b>ATLANTA, GA</b>		Beginning Salary <b>77,000</b>	Ending Salary <b>94,000</b>
Dates of Employment (Mo/Dy/Yr) From <b>11/12/2002</b> To <b>10/14/2010</b>		Avg. Hrs. Worked Per Week <b>40</b>	Reason for Leaving <b>CHANGE OF ADMINISTRATION</b>
Name/Title of Your Supervisor <b>ALAN J. DREHER ASST. CHIEF OF POLICE</b>		No. of Employees You Directly Supervised <b>31</b>	
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor) <b>RICHARD J. PENNINGTON - FORMER CHIEF OF POLICE</b>		List Job Titles Of Employees You Directly Supervised <b>DEPUTY DIRECTOR SWORN OFFICERS SUPERVISORS ADMIN STAFF ENFORCEMENT OFFICERS (CIVILIAN) INVESTIGATORS - SWORN</b>	

**DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.**

% of Time	Major Duties
50%	SUPERVISION   REPORTING   COMMUNITY ENGAGEMENT   MENTORING
30%	LICENSING   REGULATING   PERMITTING FOR HIRE OPERATORS
10%	TIME KEEPING   INTERVIEWING   HIRING
10%	BUDGETING
100%	

<b>C</b>	Employer/Company Name <b>U.S. ARMY RESERVES</b>		Kind of Business <b>MILITARY</b>
	Street Address <b>1240 SURREY BLVD</b>		Your Official Job Title <b>COMPANY COMMANDER</b>
City and State <b>LAFAYETTE LA</b>		Beginning Salary <b>110.<sup>00</sup> P/MONTH</b>	Ending Salary <b>550.<sup>00</sup> P/MONTH</b>
Dates of Employment (Mo/Dy/Yr) From <b>02/25/1994</b> To <b>06/01/2013</b>		Avg. Hrs. Worked Per Week <b>48 P/MONTH</b>	Reason for Leaving <b>RETIRED</b>
Name/Title of Your Supervisor <b>LTC. RANDY LE COMPTE</b>		No. of Employees You Directly Supervised <b>5</b>	
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor) <b>CPT. HARRY HILL</b>		List Job Titles Of Employees You Directly Supervised <b>LIEUTENANTS 1ST SERGEANT SERGEANTS</b>	

**DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.**

% of Time	Major Duties
50%	DEVELOPED AND IMPLEMENTED LOGISTICS AND TACTICAL TRAINING FOR SOLDIERS
10%	ADMINISTERED AND IMPLEMENTED DRUG + ALCOHOL TESTING PROCEDURES
10%	COMMUNITY ENGAGEMENT
15%	RISK ASSESSMENTS
15%	BUDGETING
100%	

**16. WORK EXPERIENCE (continued)**

<b>D</b> Employer/Company Name CITY OF NEW ORLEANS		Kind of Business REGULATION	
Street Address 1300 PERDIDO ST.		Your Official Job Title BUREAU DIRECTOR	
City and State N.O., LA		Beginning Salary 85,114	Ending Salary 87,244
Dates of Employment (Mo/Dy/Yr) From 6/8/2011 To 7/5/2014	Avg. Hrs. Worked Per Week 35	Reason for Leaving WRONGLY TERMINATED	No. of Employees You Directly Supervised 26
Name/Title of Your Supervisor JARED E. MUNSTER, DIRECTOR		List Job Titles Of Employees You Directly Supervised SUPERVISOR ADMINISTRATOR SR. INVESTIGATOR MOTOR VEHICLE INSPECTOR INVESTIGATOR ADMIN STAFF	
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor) MITCH LANDRIEU, MAYOR			

**DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.**

% of Time	Major Duties
50%	SUPERVISION   REPORTING   COMMUNITY ENGAGEMENT   MENTORING
30%	LICENSING   REGULATING   PERMITTING FOR HIRE OPERATORS
10%	TIME KEEPING   INTERVIEWING   HIRING
10%	BUDGETING
100%	

<b>E</b> Employer/Company Name DEFINE YOUR I.M.A.G.E., LLC		Kind of Business TRANSPORTATION   SECURITY CONSULTING	
Street Address [REDACTED]		Your Official Job Title PRESIDENT	
City and State N.O., LA		Beginning Salary 350.00 P/HR.	Ending Salary —
Dates of Employment (Mo/Dy/Yr) From 02/11/2011 To PRESENT	Avg. Hrs. Worked Per Week 40	Reason for Leaving N/A	No. of Employees You Directly Supervised 0
Name/Title of Your Supervisor N/A		List Job Titles Of Employees You Directly Supervised N/A	
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor) N/A			

**DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.**

% of Time	Major Duties
50%	EVALUATING TRANSPORTATION + SECURITY SYSTEMS FOR COMPLIANCE;
20%	RECOMMENDING RESOLUTIONS TO IMPROVE SERVICE DELIVERY
10%	PRESENTING BEFORE CITY COUNCILS + STATE LEGISLATURES
10%	REVIEWING EXISTING ORDINANCES
10%	DEVELOPING NEW ORDINANCES
100%	



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

AHRC-OPNPR10-06  
ORDERS D-01-300010

03 JAN 2013

HULL MALACHI SAMUEL

STANDBY RES (ACTIVE LIST)

YOU ARE DISCHARGED FROM THE COMPONENT SHOWN.

AUTHORITY: AR 135-175

EFFECTIVE DATE: 01 JUN 2013

COMPONENT: UNITED STATES ARMY RESERVE

TYPE 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.

FORMAT: 500

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## State Police Commission

Post Office Box 66555  
Baton Rouge, LA. 70896-6555  
Phone (225) 925-7057  
Fax (225) 925-7058  
[www.laspc.com](http://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,

A handwritten signature in blue ink, appearing to read "Jason Hannaman".

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



JOHN BEL EDWARDS  
GOVERNOR



KEVIN REEVES, COLONEL  
DEPUTY SECRETARY

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

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

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JUL 10 2020

State Police Commission

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

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,

A handwritten signature in blue ink, appearing to read "Col. K. W. Reeves".

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

COURTESY. LOYALTY. SERVICE  
"An Equal Opportunity Employer"  
P.O. BOX 66614, BATON ROUGE, LOUISIANA 70896  
(225) 925-6118



JOHN BEL EDWARDS  
GOVERNOR

KEVIN W. REEVES, 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

*J. D. Oliphant, Jr.* 6/24/20  
LT. COLONEL JAY D. OLIPHANT, JR.

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

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JUL 10 2020

State Police Commission

APPROVED

DENIED

*Bob Brown* 6-29-20  
DATE  
BOB BROWN

APPROVED

DENIED

Colonel Kevin Reeves

COURTESY • LOYALTY • SERVICE

"An Equal Opportunity Employer"

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

## Tammy Penouilh

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**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 #)

[Susan.Hudson@la.gov](mailto:Susan.Hudson@la.gov)

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

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JUL 10 2020

State Police Commission

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

Payroll Year	Payroll Period	Hours	Attendance / Absence Type	Att./abs. type text	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
2019	16	0.00	*DATE		7.15	7.16	7.17	7.18	7.19	7.20	7.21	7.22	7.23	7.24	7.25	7.26	7.27	7.28
		24.00	0051	SHIFT DIFF - 2ND SHIFT	12.00	12.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		8.00	0073	DPS ESCORT RTE2	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		1.00	0076	DLY UNIF ALLOW DECREASE	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		53.00	LD	WORKER'S COMP LEAVE	0.00	0.00	0.00	0.00	12.00	12.00	12.00	0.00	0.00	12.00	5.00	0.00	0.00	0.00
		27.00	ZA01	REGULAR ATTENDANCE	12.00	12.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00
2019	17	0.00	*DATE		7.29	7.30	7.31	8.01	8.02	8.03	8.04	8.05	8.06	8.07	8.08	8.09	8.10	8.11
		3.00	0073	DPS ESCORT RTE2	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		1.00	0076	DLY UNIF ALLOW DECREASE	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		24.00	ZA01	REGULAR ATTENDANCE	12.00	12.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total - LD 53.00 <= Unreimbursed  
TOTAL LEAVE 53.00

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JUL 10 2020

State Police Commissar

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20190003973

JUL 10 2020

TOTAL NUMBER OF VEHICLES INVOLVED 2

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

DATE OF CRASH 07182019 TIME (0000) 0205 DISTRICT B PARISH CODE 26 CITY OR TOWN Jefferson CITY CODE 26 LAT. 29.887127 LONG. -90.099438

CRASH OCCURRED ON C HIGHWAY # 45 MILEPOST 20.5 ROADWAY NAME Barataria Blvd. DISTANCE 20 MILES S NE Warwick Dr. DISTANCE .5 MILES S NE US 90B

CONTRIBUTING FACTORS AND CONDITIONS ROAD SURFACE A WEATHER A ROADWAY CONDITIONS A TYPE OF ROADWAY C ALIGNMENT A PRIMARY FACTOR D SECONDARY FACTOR A RELATION TO ROADWAY A ACCESS CONTROL A LIGHTING C

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

EMERGENCY SERVICES X AMBULANCE 0207 0210 0225 0238 WEST JEFFERSON EMS FIRE DEPARTMENT

INVESTIGATING AGENCY LADPS TIME OF NOTIFICATION 0206 TIME OF ARRIVAL 0240 TIME ALL LANES OPENED 0320 INVESTIGATING POLICE AGENCY A DATE REPORT COMPLETED 07272019

Valentine Emery INVESTIGATING OFFICER'S NAME (PRINT) DPSSP 3105 (REV. MAR. 2005) rzimmerma SUPERVISOR'S INITIALS OR BADGE#

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JUL 10 2020 COMPUTER NUMBER

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

20190003973

1 VEH # OR  PEDESTRIAN

PAGE # 2

CONF A CARGO BODY TYPE X see page 1 for selections  
YEAR 2019 MAKE Toyota MODEL Camry # DOORS 4 # AXLES 2 # TIRES 4

V.I.N. 4T1B11HK4KU719003 VEHICLE TOWED A A. YES B. NO C. LEFT AT SCENE REMOVED BY BT Towing

LICENSE PLATE 2021 LA 590CVY TYPE PC G.V.W.R./G.C.W.R. REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER A

TRAILER DESCRIPTION None LICENSE PLATE

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.

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 DRIVER X PEDESTRIAN DATE OF BIRTH

STREET ADDRESS TELEPHONE # (504) 594-1039 CITY STATE

CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER 11570607 Y/N N NAME OF FACILITY University Med Cent

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

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

STREET ADDRESS CITY STATE ZIP

INSURANCE CO. NAME State Farm Ins. POLICY NUMBER 341 0746 - EXPIRATION DATE 09142019

AGENT'S NAME/ADDRESS Thelma Meyers 501 Whitney Ave. Terryto PHONE # (504) 366-1155

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

Table with 7 columns: SEATING POSITION, EJECTION, TRAPPED OR EXTRICATED, AIRBAG, OCCUPANT PROTECTION SYSTEM USED, INJURY. Rows include codes for various vehicle components and injury types.

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20190003973

PAGE # 3


Veh # 1

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<b>VISION OBSCUREMENTS</b> <b>Y</b> 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. HILL/CREST 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	<b>CONDITION OF DRIVER/PED</b> <b>G</b> A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (YES, EAR, LIMB) Y. UNKNOWN Z. OTHER	<b>NON-COLLISION</b> A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMBIBITION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FILL/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	<b>SEQUENCE OF EVENTS/HARMFUL EVENTS</b> S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT COLLISION WITH FIXED OBJECT X. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC BARRIER II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN 1st <b>II</b> 2nd <b>S</b> 3rd <b>CC</b> 4th <b>A</b> <b>MOST HARMFUL EVENT</b> <b>A</b>
<b>VIOLATION</b> <b>S</b> 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	<b>DRIVER DISTRACTION</b> <b>Y</b> 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 <b>REASON FOR MOVEMENT</b> <b>K</b> 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	<b>COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT</b> O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL <b>MOVEMENT PRIOR TO CRASH</b> <b>B</b> A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSING 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	
<b>TRAFFIC CONTROL</b> <b>Z</b> 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 (Traffic cones and flares)	<b>PEDESTRIAN ACTIONS</b> 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	<b>VEHICLE LIGHTING</b> <b>A</b> A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN <b>VEHICLE CONDITION</b> <b>Y</b> 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	<b>ALCOHOL/DRUG INVOLVEMENT</b> <b>B</b> <b>ALCOHOL/DRUGS SUSPECTED</b> A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN <b>ALCOHOL</b> <b>C</b> A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC _____ % <b>DRUGS</b> <b>B</b> A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE) <b>AFFIX BLOOD ALCOHOL KIT LABEL HERE</b> <b>BU 599,664</b> <b>(OR ENTER BLOOD ALCOHOL KIT NUMBER)</b>

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	RR	RL
S	LA 45	Roadway	76	60	45	0'	0'	0'	0'

<b>DAMAGE TO VEHICLE</b>	
<b>AREA DAMAGED</b>	<b>EXTENT OF DEFORMITY</b>
	A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN
1ST <b>B</b>	1ST <b>E</b>
2ND <b>L</b>	2ND <b>D</b>
3RD <b>O</b>	3RD <b>H</b>

<b>CITATIONS</b>
See DWI Report: 32:58 32:237 32:295.1

NOTICE OF INSURANCE VIOLATION

V. E. INVESTIGATING OFFICER'S INITIALS

RECEIVED

COMPUTER NUMBER

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

20190003973

2 VEH # OR PEDESTRIAN

PAGE # 4

CONF H X CARGO BODY TYPE see page 1 for selections  
YEAR 2008 MAKE Ford MODEL Crown Vic # DOORS 4 # AXLES 2 # TIRES 4

V.I.N. 2FAFP71V58X137298 VEHICLE TOWED A A. YES B. NO C. LEFT AT SCENE  
REMOVED BY B-T Towing

LICENSE YEAR 9999 STATE LA NUMBER B-28 TYPE State Pol  
GVWR/GCWR REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER A

TRAILER 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/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  
Hull, Malachi S.

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

STREET ADDRESS TELEPHONE #  
CITY Kenner STATE LA ZIP 70065

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO EXCHANGE INFORMATION? TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN A

LA D NAME OF FACILITY West Jefferson Hos

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 # (225) 925-6137

STREET ADDRESS 290 E Airport Rd.  
CITY Baton Rouge STATE LA ZIP 70806

INSURANCE CO. NAME Self Insured POLICY NUMBER ALPD20192020 EXPIRATION DATE 07012020

AGENT'S NAME/ADDRESS Sedgwick Claims PHONE # (855) 267-4400

OCCUPANT'S NAME (LAST, FIRST, MI)

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

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

OCCUPANT'S NAME (LAST, FIRST, MI)

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

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

CODES  
SEATING POSITION EJECTION TRAPPED OR EXTRICATED AIRBAG OCCUPANT PROTECTION SYSTEM USED INJURY



WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<p><b>VISION OBSCUREMENTS</b> <b>N</b></p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER</p>	<p><b>CONDITION OF DRIVER/PED</b> <b>A</b></p> <p>A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER</p> <p><b>DRIVER DISTRACTION</b> <b>E</b></p> <p>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</p>	<p><b>NON COLLISION</b></p> <p>A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FELL/JUMPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF UNITS IN TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION</p> <p><b>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</b></p> <p>O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL</p>	<p><b>SEQUENCE OF EVENTS/HARMFUL EVENTS</b></p> <p>S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT</p> <p><b>COLLISION WITH FIXED OBJECT</b></p> <p>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</p> <p>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</p> <p>1st <input type="checkbox"/> <b>S</b></p> <p>2nd <input type="checkbox"/></p> <p>3rd <input type="checkbox"/></p> <p>4th <input type="checkbox"/></p> <p><b>MOST HARMFUL EVENT</b></p> <p><input type="checkbox"/> <b>S</b></p>
<p><b>VIOLATION</b> <b>U</b></p> <p>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</p>	<p><b>REASON FOR MOVEMENT</b> <b>H</b></p> <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</p>	<p><b>MOVEMENT PRIOR TO CRASH</b> <b>A</b></p> <p>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</p> <p>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</p> <p>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</p>	<p><b>VEHICLE CONDITION</b> <b>K</b></p> <p>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</p>
<p><b>TRAFFIC CONTROL</b> <b>V</b></p> <p>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</p>	<p><b>PEDESTRIAN ACTIONS</b></p> <p>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</p>	<p><b>VEHICLE LIGHTING</b> <b>A</b></p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p>	<p><b>ALCOHOL/DRUG INVOLVEMENT</b> <b>A</b></p> <p><b>ALCOHOL/DRUGS SUSPECTED</b></p> <p>A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p><b>ALCOHOL</b> <b>B</b></p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % D. TEST GIVEN, BAC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>DRUGS</b> <b>A</b></p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p> <p style="text-align: center;">AFFIX BLOOD ALCOHOL KIT LABEL HERE</p> <p style="text-align: center;">(OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>

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	RR	RL
N	LA 45	Roadway	0	00	45	0'	0'	0'	0'

**DAMAGE TO VEHICLE**

**AREA DAMAGED**

N- UNDER-CARRIAGE  
O- TOTAL  
P- OTHER  
Q- 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  **B**

2ND  **C**

3RD

**CITATIONS**

None Issued:

NOTICE OF INSURANCE VIOLATION

V. E.  
INVESTIGATING OFFICER'S INITIALS

JUL 10 2020

State Police Commissioner

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.

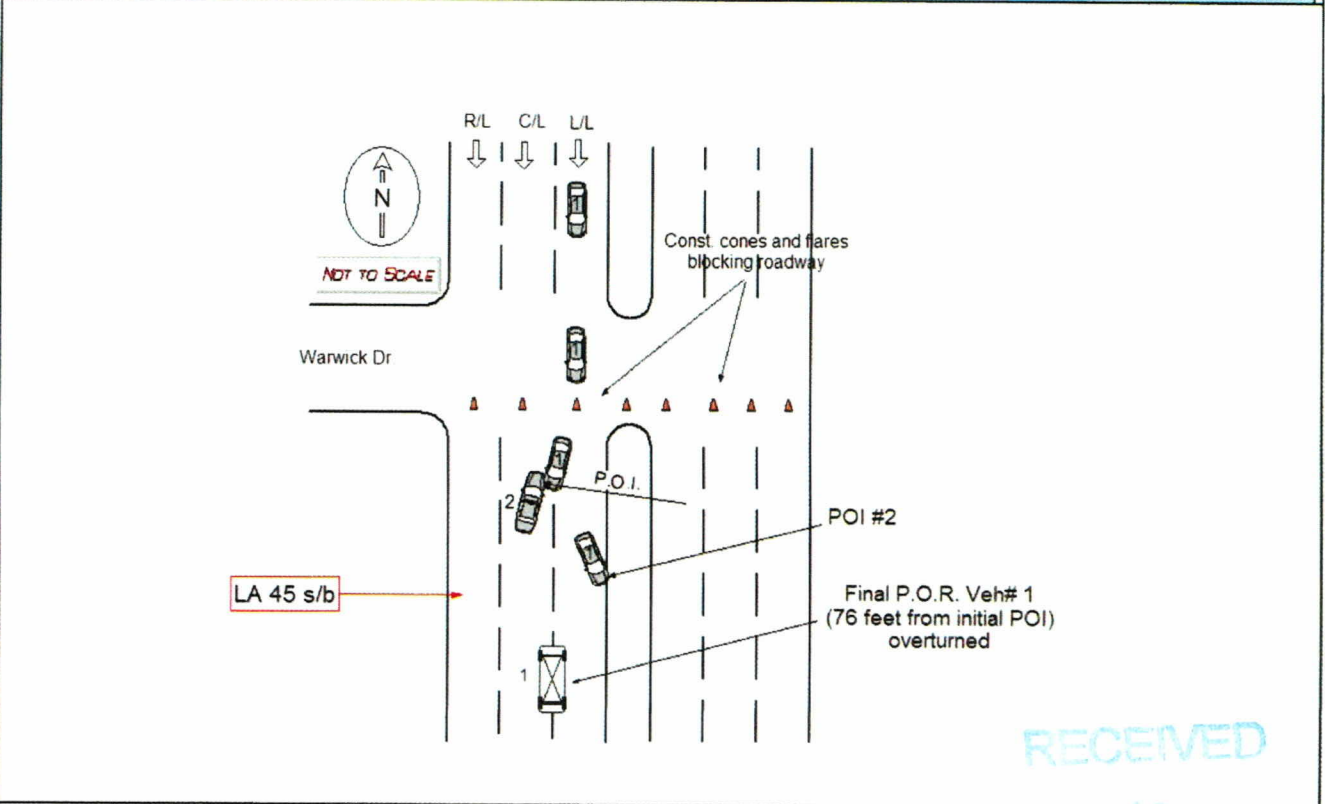
6

REFER TO EACH BY VEHICLE NUMBER

# 20190003973

[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 K	



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.

RECEIVED

DEC 10 2019

State Police Control Unit



APPLICATION FOR LEAVE

AGENCY

LSP - Troop B

SF-6 (R 12-04)

Employee Name

Hull, Malachi S

I request

53.0

hours of leave.

From:

18:00

AM  PM

To:

06:00

AM  PM

7 / 19 / 2019

7 / 25 / 2019

Chargeable Leave Request

Annual

Straight Compensatory

Sick

Time and One-Half Compensatory

FMLA:

Self

Family

Unpaid

LWOP

Non-Chargeable Leave Request

Funeral

Jury Duty

Hazard Duty (law enf)

Other LD

(Explain in "Comments" Section)

EDUCATIONAL:

Job Related

MILITARY: (max. 15 days per year)

Active

Training

Physical

SPECIAL:

Act of God

Civil Air Patrol

Emergency Civilian

Office Closure

American Red Cross

Voting

Comments

INJURED ON DUTY - WORKMAN'S COMP

I CERTIFY THAT MY ABSENCE FROM DUTY WAS FOR THE REASON NOTED

Employee Signature

*[Signature]*

Date

8/4/19

Approved by and Title

*[Signature]*

RECEIVED

Ad. Public Affairs

RECEIVED

JUL 10 2020

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, PUBLIC SAFETY SERVICES  
LOUISIANA STATE POLICE

Troop B  
TIMESHEET

EMPLOYEE NAME (PLEASE PRINT)		PERSONNEL NUMBER		TEMPORARY DOMICILE DUTY (If Applicable)						
Hull, Malachi S		P00320986		Unit Dates PAID OT #2						
FLSA Status		REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL		REGULAR OT, LACE, GRANT, ACCIDENT RECONSTRUCTION, OR SPECIAL DETAIL						
Non-Exempt		(See Instructions Page)		(See Instructions Page)						
DATE	IN	OUT	REG	WBS ELEMENT	ORDER #	GRANT #	WBS ELEMENT	ORDER #	GRANT #	WBS ELEMENT
MON 7/29	6:00	18:00	12.00							
TUE 7/30	6:00	18:00	12.00							
WED 7/31	RDO		0.00		4190000200	DPSSG20000051				
THU 8/1	RDO		0.00		4190000200	DPSSG20000051				
FRI 8/2	6:00	18:00	12.00							
SAT 8/3	6:00	18:00	12.00							
SUN 8/4	8:00	16:00	10.00							
MON 8/5	RDO		0.00							
TUE 8/6	PDO		0.00		4190000200	DPSSG20000051				
WED 8/7	6:00	18:00	6.00	6.00	4190000201	DPSMS1000010				
THU 8/8	6:00	16:00	0.00	10.00	4190000201	DPSMS1000010				
FRI 8/9	RDO		0.00							
SAT 8/10	8:00	16:00	8.00							
SUN 8/11	8:00	16:00	8.00							
TOTALS			80.00	0.00	0.00	0.00	16.00	0.00	0.00	0.00

I certify that the above information is true and correct.

EMPLOYEE SIGNATURE: *[Signature]* DATE: 17 Aug 19  
SIGNATURE OF IMMEDIATE SUPERVISOR: *[Signature]*