

TOTAL NUMBER OF VEHICLES INVOLVED 02

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



DATE OF CRASH 02/01/2015 TIME (0000) 1906 DISTRICT/ZONE 04 TROOP G

LAT. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] LONG. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PAGE # 01

PARISH CADDO PARISH CODE 09

CITY OR TOWN SHREVEPORT CITY CODE 18

Quadrant NW SW NE SE Service Road N E S W

15-023870

CRASH OCCURRED ON A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/PRIVATE PROPERTY G. TOLL ROAD HIGHWAY # MILEPOST ROADWAY NAME 400 OLIVE DISTANCE 1900 FEET STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION 1900 GILBERT

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

WRITE APPROPRIATE LETTER IN BLOCK CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN) WEATHER ROADWAY CONDITIONS KIND OF LOCATION TYPE OF ROADWAY RELATION TO ROADWAY ALIGNMENT ACCESS CONTROL PRIMARY FACTOR SECONDARY FACTOR LIGHTING

VEHICLE CONFIGURATION CARGO BODY TYPE

EMERGENCY SERVICES AMBULANCE 1908 1912 1950 FIRE DEPARTMENT SFD ENG 7

INVESTIGATING AGENCY SHREVEPORT POLICE TIME OF NOTIFICATION 1907 TIME OF ARRIVAL 1909 TIME ALL LANES OPENED 2030

INVESTIGATION COMPLETE Y/N Y INVESTIGATING POLICE AGENCY B DATE REPORT COMPLETED 02/01/2015 0357 SUPERVISOR'S INITIALS OR BADGE#

ST. ANTHONY G REI INVESTIGATING OFFICER'S NAME (PRINT)

SIGNATURE



OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.  
 IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER

DRIVER OF VEHICLE #1 RAN RED LIGHT AND STRUCK VEHICLE #2. DRIVER OF VEHICLE #1 INITIALLY STATED SHE THOUGHT HER LIGHT WAS YELLOW, BUT WAS UNSURE BECAUSE SHE LOOKED AWAY FROM THE ROADWAY.

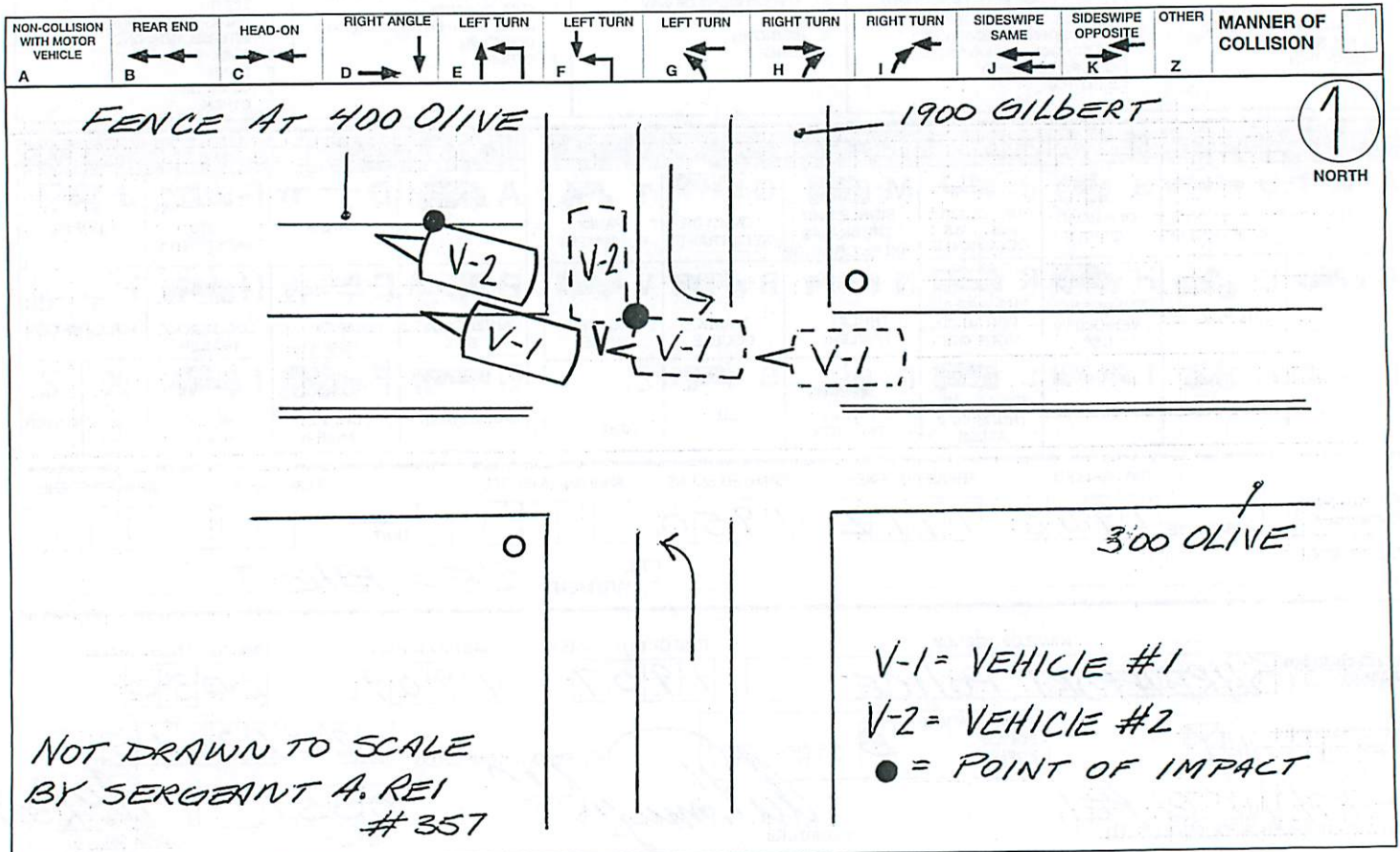
DRIVER OF VEHICLE #2 STATED HE WAS S/B 1900 GILBERT WITH A GREEN SIGNAL. AS HE PROCEEDED TO CROSS OLIVE STREET HE WAS STRUCK BY VEH #1.

VEHICLE #1 (SHREVEPORT POLICE UNIT 641)

RISK MANAGEMENT NOTIFIED: M/S PACHECO RESPONDED TO ACCIDENT SCENE.

PHOTOGRAPHS AND MEASUREMENTS TAKEN -

M/S IN UNIT 641 (VEH #1) RECORDED ENTIRE ACCIDENT.





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

COMPUTER NUMBER

PAGE #

01 VEH # OR  PEDESTRIAN

6155355 - 03  
15-023870

CONF  A CARGO BODY TYPE  see page 1 for selections YEAR 2006 MAKE CHEVROLET MODEL IMPALA # DOORS 4 # AXLES 02 # TIRES 04

V.I.N. 2G1WS551169411319 VEHICLE TOWED  A A. YES B. NO C. LEFT AT SCENE REMOVED BY MERICLE TOWING

LICENSE PLATE PERM LA AP183383 TYPE PUBLIC GVWR/GCWR REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER  A

TRAILER DESCRIPTION YEAR MAKE TYPE LICENSE PLATE YEAR STATE NUMBER

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE  GOVERNMENT VEHICLE  PERSONAL VEHICLE

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

CARRIER NAME MC/MX ("ICC") #

STREET ADDRESS: CITY STATE ZIP

INTERSTATE CARRIER Y/N TRANSPORTING HAZARDOUS MATERIAL Y/N CLASS ID# PLACARDS DISPLAYED Y/N HAZ MAT RELEASED Y/N

NAME (LAST, FIRST, MI) OF  DRIVER  PEDESTRIAN DATE OF BIRTH 07011991

STREET ADDRESS 1234 TEXAS AVENUE TELEPHONE # 673-7221 CITY SHREVEPORT STATE LA ZIP 7101

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER 10357094 INSTRUCTED TO EXCHANGE INFORMATION? Y/N  TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN  C

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) CITY OF SHREVEPORT (318) TELEPHONE # 673-7221

STREET ADDRESS 1234 TEXAS AVE CITY SHREVEPORT STATE LA ZIP 71101

INSURANCE CO. NAME AMERICAN AIT INS POLICY NUMBER NI-AZ-RL-000019-01 EXPIRATION DATE 03-17-15

AGENT'S NAME/ADDRESS AJORMS-SE PO BOX 532143 ATLANTA GA PHONE #

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

CODES						
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY	
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A- NOT EJECTED	A- DEPLOYED	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- NON DEPLOYED	B- SHOULDER 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- NON-DEPLOYED/SWITCH OFF	C- LAP BELT ONLY USED	C- NON-INCAPACITATING/MODERATE	
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M- PASSENGER ON TRAIN OR STREETCAR	C- TRAPPED/NOT EXTRICATED	D- NOT APPLICABLE	D- SHOULDER AND LAP BELT USED	D- POSSIBLE/COMPLAINT	
E - SECOND SEAT-MIDDLE	N- TRAILING UNIT	Y- UNKNOWN	Y- UNKNOWN	E- CHILD SAFETY SEAT IMPROPERLY USED	E- NO INJURY	
F - SECOND SEAT-RIGHT SIDE	O- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F- CHILD SAFETY SEAT USED		
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y- UNKNOWN			G- HELMET USED		
H - THIRD ROW-MIDDLE				Y- RESTRAINT USE UNKNOWN		
I - THIRD ROW-RIGHT SIDE						



WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<p><b>VISION OBSCUREMENTS</b> <input type="checkbox"/> M</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> <input type="checkbox"/> C</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> <input type="checkbox"/> C</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>SEQUENCE OF EVENTS/HARMFUL EVENTS</b></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>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><b>LL. TRAFFIC SIGN SUPPORT</b>  <b>MM. TRAFFIC SIGNAL SUPPORT</b>  <b>NN. OTHER POST, POLE, OR SUPPORT</b>  <b>OO. FENCE</b>  <b>PP. MAILBOX</b>  <b>QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)</b>  <b>YY. UNKNOWN</b></p> <p>1st <input type="checkbox"/> S <input type="checkbox"/></p> <p>2nd <input type="checkbox"/> <input type="checkbox"/></p> <p>3rd <input type="checkbox"/> <input type="checkbox"/></p> <p>4th <input type="checkbox"/> <input type="checkbox"/></p> <p>MOST HARMFUL EVENT <input type="checkbox"/> S <input type="checkbox"/></p>
<p><b>VIOLATION</b> <input type="checkbox"/> A</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> <input type="checkbox"/> L</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> <input type="checkbox"/> 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>TRAFFIC CONTROL</b> <input type="checkbox"/> C</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> <input type="checkbox"/> D</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 CONDITION</b> <input type="checkbox"/> K</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>VEHICLE LIGHTING</b> <input type="checkbox"/> A</p> <p>A. HEADLIGHTS ON          B. HEADLIGHTS OFF          C. DAYTIME RUNNING LIGHTS          Y. UNKNOWN</p> <p><b>TRAFFIC CONTROL CONDITIONS</b> <input type="checkbox"/> A</p> <p>A. CONTROLS FUNCTIONING          B. CONTROLS NOT FUNCTIONING          C. CONTROLS OBSCURED          D. LANE MARKING UNCLEAR OR DEFECTIVE          E. NO CONTROLS          Y. UNKNOWN</p>
<p><b>ALCOHOL/DRUG INVOLVEMENT</b></p> <p><b>ALCOHOL/DRUGS SUSPECTED</b> <input type="checkbox"/> A</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> <input type="checkbox"/> D</p> <p>A. TEST REFUSED          B. NO TEST GIVEN          C. TEST GIVEN, RESULTS PENDING          D. TEST GIVEN, BAC ..... <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 %</p> <p><b>DRUGS</b> <input type="checkbox"/> 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
W N E S W	400 OLIVE ST	20' WEST POI	20' (E)	062	30	/	/	/	/

DAMAGE TO VEHICLE	
<p><b>AREA DAMAGED</b></p> <p>N. UNDER CARRIAGE          O. TOTAL          P. OTHER          Q. NONE          Y. UNKNOWN</p>	<p><b>EXTENT OF DEFORMITY</b></p> <p>A- NONE          B- VERY MINOR          C- MINOR          D- MINOR/MODERATE          E- MODERATE          F- MODERATE/SEVERE          G- SEVERE          H- VERY SEVERE          Y- UNKNOWN</p>
1ST <input type="checkbox"/> A <input type="checkbox"/> F	1ST <input type="checkbox"/> A <input type="checkbox"/> F
2ND <input type="checkbox"/> B <input type="checkbox"/> E	2ND <input type="checkbox"/> B <input type="checkbox"/> E
3RD <input type="checkbox"/> C <input type="checkbox"/> F	3RD <input type="checkbox"/> C <input type="checkbox"/> F

CITATION NO \_\_\_\_\_ VEH. PED.

R.S. OR ORD. NO \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTICE OF INSURANCE VIOLATION .....

INVESTIGATING OFFICER'S INITIALS



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

COMPUTER NUMBER PAGE #

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02 VEH # OR PEDESTRIAN

CONF A CARGO BODY TYPE X see page 1 for selections YEAR 1997 MAKE TOYOTA MODEL CAMRY # DOORS 4 # AXLES 02 # TIRES 04

V.I.N. 4T1BG22K4V0816607 VEHICLE TOWED A A.YES B.NO C.LEFT AT SCENE REMOVED BY ARCEAUX TOWING

LICENSE PLATE 2016 LA VNJ387 TYPE PRIVATE GVWR/GCWR REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER A

TRAILER DESCRIPTION YEAR MAKE TYPE LICENSE PLATE YEAR STATE NUMBER

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

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

CARRIER NAME MC/MX ("ICC") #

STREET ADDRESS: CITY STATE ZIP

INTERSTATE CARRIER Y/N TRANSPORTING HAZARDOUS MATERIAL Y/N CLASS ID# PLACARDS DISPLAYED Y/N HAZ MAT RELEASED Y/N

NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN DATE OF BIRTH 09/19/1994

STREET ADDRESS 361 NORTH WILLOW DR TELEPHONE # CITY BOSSIER CITY STATE LA ZIP 71111

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER 01058133Z INSTRUCTED TO EXCHANGE INFORMATION? TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN C

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 MONTGOMERY TRACIE TELEPHONE #

STREET ADDRESS 361 NORTH WILLOW DR CITY BOSSIER CITY STATE LA ZIP 71111

INSURANCE CO. NAME ANPAC INS POLICY NUMBER 17-V-72329N-4 EXPIRATION DATE 04-12-15

AGENT'S NAME/ADDRESS BLEICH JOHN ANDREW SHREVEPORT LA PHONE # 800-333-2860

OCCUPANT'S NAME (LAST, FIRST, MI) WILSON JOHN POSITION EJECTION TRAP/EXTRICATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY FAADDMW20E

STREET ADDRESS 420 BOULEVARD CITY SHREVEPORT STATE LA ZIP 71106 TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN C

OCCUPANT'S NAME (LAST, FIRST, MI) WILSON JOSEPH POSITION EJECTION TRAP/EXTRICATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY CAABDMW17E

STREET ADDRESS 8371 OLD PLAIN DEALING Rd CITY PLAIN DEALING STATE LA ZIP 71064 TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN C

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)	Y - UNKNOWN	Y - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER 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						







DRIVER

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

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DATE 2-2-15 TIME 7:15 PLACE corner of Gilbert and Olive  
I, Carter Montgomery AM 20 YEARS OF AGE,  
MY ADDRESS IS 321 North Elm  
AND MY TELEPHONE NUMBER IS (318) 288-8886.

I stopped at the red light. The light turned Green and I started to go. I looked to the left and saw the officers car. I immediately stepped on the brakes and she hit the front left of my car. The car slid onto the sidewalk.

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: Carter Montgomery

OFFICER TAKING STATEMENT: SCPT ANTHONY G. REI 357

SIGNATURE: Anthony G. Rei 357

INVESTIGATING OFFICER'S INITIALS AGR





FRONT PASSENGER

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

COMPUTER NUMBER  
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DATE 11/1/15 TIME 7:15 PLACE Corner of Gilbert and Olive  
I, Joseph Kyle Wilson AM 17 YEARS OF AGE,  
MY ADDRESS IS 3871 Old Plain Dealing Road  
AND MY TELEPHONE NUMBER IS (318) 751-3139.

We came down Gilbert and stopped at the red light.  
The light turned green and we started to go. (Wilson) saw the car  
coming and slammed on the brakes and we were hit.

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: Joseph Kyle Wilson

OFFICER TAKING STATEMENT: Sgt ANTHONY G REI 351

SIGNATURE: Anthony G Rei 351

INVESTIGATING OFFICER'S INITIALS AGR



BACK Right

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

COMPUTER NUMBER 6155355 - 09  
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DATE Feb 1 2015 TIME 7:15 PLACE Corner of Gilbert & Olive  
I, John Robert Wilson Jr. (Wilson) AM 20 YEARS OF AGE,  
MY ADDRESS IS 420 Boulevard Street  
AND MY TELEPHONE NUMBER IS (318) 208-8822.

Stopped at Red light (intersection); light turned green; we go, then  
the officer hit us. I am sure that our light was green at the  
time of the collision. Hit the front, driver side.

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: \_\_\_\_\_

OFFICER TAKING STATEMENT: Sgt. ANTHONY G. REI 357

SIGNATURE: [Signature] 357

INVESTIGATING OFFICER'S INITIALS AR



THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
5780 SOUTH CAMPUS DRIVE  
CHICAGO, ILLINOIS 60637

TO: [Name] [Address] [City] [State] [Zip]  
FROM: [Name] [Address] [City] [State] [Zip]  
SUBJECT: [Subject]

[Faint, illegible text in the main body of the letter, possibly bleed-through from the reverse side.]

Yours faithfully,  
[Signature]

[Faint text at the bottom of the page, possibly a footer or additional address information.]



COMPLAINANT'S NAME

# Shreveport Police Department TOW, STORAGE & INVENTORY REPORT

15-023870

CAD Number

Last	First	Middle
Address		
Type Incident		

2-1-15  
Date of Occurrence

4  
District

Date/Time of Supplement Report Date of Recovery

TYPE PROP LOSS CODE	BRAND	PROPERTY DESCRIPTION	MODEL	LIC #	SERIAL NO./VIN.	COLOR	SIZE
4	Chevy	Motor vehicle	Imp	Perm	2G1WS551169411319	Whi	4dr

TYPE PROPERTY LOSS/ETC. (enter number in code column above) 1 NONE 2 BURNED 3 COUNTERFEIT/FORGED 4 DAMAGED/DESTROYED 5 RECOVERED 6 SEIZED 7 STOLEN 8 UNKNOWN 9 UNAUTHORIZED USE 10 USED IN CRIME	REGISTERED TO	ADDRESS	VALUE	DAMAGE	
	City of Shreveport	1234 Texas Ave	25,000	B 3	A 3
RECOVERY ADDRESS				AREA DAMAGED	SCALE
FOR STOLEN PROPERTY/VEHICLES ONLY				B C D E F	1-Light
Numerical Street Name City/Town State Zip				A M G	2-Moderate
REMARKS:				L K J I	3-Heavy
				H N	H N-Undercarriage
				P	P-Glass Broken

VEHICLE CONDITION	AUDIO:	INVENTORY LIST	Other contents and location:
Vehicle Drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Keys in car <input type="checkbox"/> Keys at: _____ <input type="checkbox"/> Doors locked <input type="checkbox"/> Trunk locked	<input type="checkbox"/> AM <input type="checkbox"/> Cellular Phone <input type="checkbox"/> AM/FM <input type="checkbox"/> Radar Detector <input type="checkbox"/> CB/Ham <input type="checkbox"/> Aux. Lights <input type="checkbox"/> Cassette <input type="checkbox"/> Spec. Wheels <input type="checkbox"/> CD <input type="checkbox"/> Spare Tire <input type="checkbox"/> Equalizer <input type="checkbox"/> Lug Wrench <input type="checkbox"/> Amp <input type="checkbox"/> Trailer Hitch	OTHER ITEMS: <input type="checkbox"/> Jack <input type="checkbox"/> Tools <input type="checkbox"/> Gun (List & Secure) <input type="checkbox"/> Contraband (List & Secure) <input type="checkbox"/> Currency (List & Secure)	_____ _____ _____

### WRECKER REQUEST

I, the undersigned, as owner and/or driver of the described vehicle, do hereby authorize/request the Shreveport Police Department:

Call \_\_\_\_\_ tow company.

Call the next tow company on the rotating list as required by City Ordinance.

Leave the vehicle parked at \_\_\_\_\_; wherein I will be left responsible for its safekeeping.

Remand the vehicle to the custody of \_\_\_\_\_; D/L# \_\_\_\_\_  
 wherein he/she will be responsible for its safety. Person accepting vehicle must sign below:

In consideration for compliance with this request, I will not hold the Shreveport Police Department liable for loss or damage to the vehicle or contents. I hereby acknowledge I have read and understand this report. Note: Impounded vehicles will be released only to the registered owner

I wish it towed to:  Storage Facility (631-7225)  Police Station (673-7140)  Crime Lab (673-7140)  Other \_\_\_\_\_

Inventory Above is Correct. (Signature of Owner/Driver) \_\_\_\_\_  
 2-1-15/1912 (Date and Time) \_\_\_\_\_  
 Receipt of Vehicle & Contents (Tow Truck Driver or Person Accepting Vehicle) \_\_\_\_\_

Tow Truck Called: Merciles 2001 On Scene: 2028 Left Scene: 2050  
 Company: Merciles Permit #: X 079 Towed From: Bilbert Lolive

### REASON TOWED:

1. Traffic Accident

2. Driver's Request

3. Impound as:

3a. Evidence

3b. Recovered Stolen

3c. Traffic Hazard

3d. Seven Day Sticker

3e. Unsafe Vehicle

3f. Felony Drug Charge

3g. Parking (Handicap/Transit Term. only)

3h. Traffic Violation

w/DWI

w/Suspension

w/No Proof Ins.

Mult. Viol.

w/Flight

Expired Insurance Sticker

OFFICER'S NAME R. Jones BADGE # 1320 SUPERVISOR [Signature] BADGE # 357

White: w/Report (Copy Evidence Room for Impound) Canary: Tow Truck Driver Pink: Owner/Driver

SPD-54-R (01-01-02) 7724

050

10/10/10

050

050

<p>1. Name of the person(s) to be interviewed: <i>John Doe</i></p> <p>2. Position: <i>Manager</i></p> <p>3. Date of interview: <i>10/10/10</i></p> <p>4. Time of interview: <i>10:00 AM</i></p> <p>5. Location: <i>Office</i></p>	<p>6. Name of the person(s) interviewed: <i>John Doe</i></p> <p>7. Position: <i>Manager</i></p> <p>8. Date of interview: <i>10/10/10</i></p> <p>9. Time of interview: <i>10:00 AM</i></p> <p>10. Location: <i>Office</i></p>	<p>11. Name of the person(s) interviewed: <i>John Doe</i></p> <p>12. Position: <i>Manager</i></p> <p>13. Date of interview: <i>10/10/10</i></p> <p>14. Time of interview: <i>10:00 AM</i></p> <p>15. Location: <i>Office</i></p>	<p>16. Name of the person(s) interviewed: <i>John Doe</i></p> <p>17. Position: <i>Manager</i></p> <p>18. Date of interview: <i>10/10/10</i></p> <p>19. Time of interview: <i>10:00 AM</i></p> <p>20. Location: <i>Office</i></p>	<p>21. Name of the person(s) interviewed: <i>John Doe</i></p> <p>22. Position: <i>Manager</i></p> <p>23. Date of interview: <i>10/10/10</i></p> <p>24. Time of interview: <i>10:00 AM</i></p> <p>25. Location: <i>Office</i></p>
<p>26. Summary of the interview: <i>Interviewed John Doe, Manager, on 10/10/10 at 10:00 AM in the office. Discussed the current status of the project and the challenges faced. The project is on track and the team is working hard to complete it by the deadline.</i></p>				
<p>27. Name of the person(s) interviewed: <i>John Doe</i></p> <p>28. Position: <i>Manager</i></p> <p>29. Date of interview: <i>10/10/10</i></p> <p>30. Time of interview: <i>10:00 AM</i></p> <p>31. Location: <i>Office</i></p>				
<p>32. Summary of the interview: <i>Interviewed John Doe, Manager, on 10/10/10 at 10:00 AM in the office. Discussed the current status of the project and the challenges faced. The project is on track and the team is working hard to complete it by the deadline.</i></p>				
<p>33. Name of the person(s) interviewed: <i>John Doe</i></p> <p>34. Position: <i>Manager</i></p> <p>35. Date of interview: <i>10/10/10</i></p> <p>36. Time of interview: <i>10:00 AM</i></p> <p>37. Location: <i>Office</i></p>				
<p>38. Summary of the interview: <i>Interviewed John Doe, Manager, on 10/10/10 at 10:00 AM in the office. Discussed the current status of the project and the challenges faced. The project is on track and the team is working hard to complete it by the deadline.</i></p>				

050

10/10/10

050



COMPLAINANT'S NAME

# Shreveport Police Department TOW, STORAGE & INVENTORY REPORT

15-023870  
CAD Number

Last	First	Middle
Address		
Type Incident		

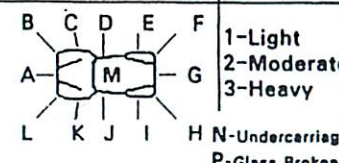
2-1-15  
Date of Occurrence

4  
District

Date/Time of Supplement Report

Date of Recovery

TYPE PROP LOSS CODE	BRAND	PROPERTY DESCRIPTION	MODEL	LIC #	SERIAL NO./VIN.	COLOR	SIZE
4	Toyota	Motor vehicle	CAM	VWJ387	4T1B622K4VU816607	Brown	4dr

TYPE PROPERTY LOSS/ETC. (enter number in code column above) 1 NONE 2 BURNED 3 COUNTERFEIT/FORGED 4 DAMAGED/DESTROYED 5 RECOVERED 6 SEIZED 7 STOLEN 8 UNKNOWN 9 UNAUTHORIZED USE 10 USED IN CRIME	REGISTERED TO	ADDRESS	VALUE	DAMAGE	
	Tracie Montgomery	7710 Jewella Ave	\$3500	K3	C3
RECOVERY ADDRESS FOR STOLEN PROPERTY/VEHICLES ONLY				AREA DAMAGED	SCALE
REMARKS:					1-Light 2-Moderate 3-Heavy
					H N-Undercarriage P-Glass Broken

<b>VEHICLE CONDITION</b> Vehicle Drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input checked="" type="checkbox"/> Keys in car <input type="checkbox"/> Keys at: _____ <input type="checkbox"/> Doors locked <input type="checkbox"/> Trunk locked	<b>AUDIO:</b> <input type="checkbox"/> AM <input type="checkbox"/> Cellular Phone <input type="checkbox"/> AM/FM <input type="checkbox"/> Radar Detector <input type="checkbox"/> CB/Ham <input type="checkbox"/> Aux. Lights <input type="checkbox"/> Cassette <input type="checkbox"/> Spec. Wheels <input type="checkbox"/> CD <input type="checkbox"/> Spare Tire <input type="checkbox"/> Equalizer <input type="checkbox"/> Lug Wrench <input type="checkbox"/> Amp <input type="checkbox"/> Trailer Hitch	<b>INVENTORY LIST</b> OTHER ITEMS: <input type="checkbox"/> Jack <input type="checkbox"/> Tools <input type="checkbox"/> Gun (List & Secure) <input type="checkbox"/> Contraband (List & Secure) <input type="checkbox"/> Currency (List & Secure)	Other contents and location: _____ _____ _____
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**WRECKER REQUEST**

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Call \_\_\_\_\_ tow company.

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Leave the vehicle parked at \_\_\_\_\_; wherein I will be left responsible for its safekeeping.

Remand the vehicle to the custody of \_\_\_\_\_; D/L# \_\_\_\_\_ wherein he/she will be responsible for its safety. Person accepting vehicle must sign below.

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I wish it towed to:  Storage Facility (631-7225)  Police Station (673-7140)  Crime Lab (673-7140)  Other \_\_\_\_\_

*Tracie Montgomery* (Signature of Owner/Driver) 2-1-15/1912 (Date and Time)

Inventory Above is Correct. (Signature of Owner/Driver)

Receipt of Vehicle & Contents (Tow Truck Driver or Person Accepting Vehicle)

Tow Truck Called: 1258 On Scene: 2015 Left Scene: \_\_\_\_\_

Company: Arce n/aux Permit: 19547 Towed From: Gilbert Police

**REASON TOWED:**

1. Traffic Accident

2. Driver's Request

3. Impound as:

3a. Evidence

3b. Recovered Stolen

3c. Traffic Hazard

3d. Seven Day Sticker

3e. Unsafe Vehicle

3f. Felony Drug Charge

3g. Parking (Handicap/Transit Term. only)

3h. Traffic Violation

w/DWI

w/Suspension

w/No Proof Ins.

Mult. Viol.

w/Flight

Expired Insurance Sticker

OFFICER'S NAME R. Jones BADGE # 1320 SUPERVISOR [Signature] BADGE # 351

White: w/Report (Copy Evidence Room for Impound) Canary: Tow Truck Driver Pink: Owner/Driver

SPD-64-R (01-01-02) 7724

