

241019-124745-38A9

## CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		P2403303		Page 1 of 11																																			
Number of Motorists		1		Number of Non-Motorists		2		Non-Fatally Injured Persons		1		Fatalities		1		Total Injuries and Fatalities		2		Vehicles Involved		1		Troop		F																					
Investigating Agency						Ruston PD			Division			Parish			Lincoln			City			Ruston			Latitude			32.539680° N			Longitude			92.666977° W														
CRASH TIME INFORMATION																																															
Crash Date/Time				10/19/2024 0202				Police Notified Date/Time				10/19/2024 0202				Police Arrived Date/Time				10/19/2024 0205				Roadway Cleared Date/Time				10/19/2024 0322				On Scene Investigation Completed Date/Time								10/19/2024 0322							
ROAD INFORMATION																																															
Highway <input type="checkbox"/> Not applicable										Interstate 20										Road		S SERVICE RD																									
Distance/Direction From Intersection <input type="checkbox"/> Not applicable										0.5 mi East										Intersecting Road		<input type="checkbox"/> Crash was at an intersection TARBUTTON RD																									
LOCATION INFORMATION																																															
Road Classification				100				Road Subtype				300				Property Ownership				100				Trafficway Characteristics				100				Number of Intersection Approaches				1				Traffic Flow Direction				E			
100 Interstate				100 Mainline				100 Public property				100 Trafficway, on road				100 Gore				100 Not a collision between				200 Front to front - head on				X Not applicable				(not a divided highway)				N North				E East							
101 US highway				200 On-ramp				200 Private property				101 Trafficway, not on road				2 Two				1 Not an intersection				3 Three				W West				S South															
102 State highway				201 Off-ramp								200 Non-trafficway				3 Four				2 Two				4 Four																							
103 Parish road				300 Frontage/service												5 Five or more																															
104 City street				970 Not applicable																																											
200 Off road/private property																																															
INVESTIGATING OFFICER																																															
Rank				Sergeant				First Name				Jessie				Middle Name								Last Name				Castaneda				Suffix															
Badge #				117				Printed Name				Sgt. Castaneda				Signature				Sgt. Castaneda																											
CRASH CIRCUMSTANCES AND CONDITIONS																																															
First Harmful Event								204								Location of First Harmful Event								104								Manner of Crash								000							
Non-Collision								100 Cargo/equipment loss or shift								100 Gore								000 Not a collision between								200 Front to front - head on															
								101 Fell/jumped from motor vehicle								101 In parking lane or zone								two motor vehicles in transport								300 Front to rear - rear end															
								102 Fire/explosion								102 Median								100 Angle - left overtake								400 Backing - rear to front															
								103 Immersion, full or partial								103 Off roadway, location unknown								101 Angle - left opposite direction								401 Backing - rear to rear															
								104 Jackknife								104 On roadway								102 Angle - left into flow								402 Backing - rear to side															
Collision with Non-Fixed Object								105 Overturn/rollover								105 On shoulder, left side								103 Angle - right into flow								502 Sideswipe - opposite direction															
								106 Thrown or falling object								106 On shoulder, right side								104 Angle - right overtake								505 Sideswipe - same direction															
								198 Other non-collision harmful event								107 Outside road/right-of-way								105 Angle - perpendicular/other angle								980 Other															
								200 Collision with animal (live)								108 Roadside								500 Angle - left across flow								999 Unknown															
								201 Collision with motor vehicle in transport								109 Separator/traffic island								501 Angle - right across flow																							
Collision with Fixed Object								202 Collision with parked motor vehicle								999 Unknown																															
								203 Collision with pedalcycle (including bicycles)								Relation to Junction								000								Contributing Factor								Primary 100							
								204 Collision with pedestrian								000 Not an interchange area								100 Violations								Secondary 103															
								205 Collision with railway vehicle (train, engine)								100 Acceleration or deceleration lane								101 Movement prior to crash																							
								206 Collision with object at rest from MV in transport								101 Crossover related								102 Vision obstructions																							
								207 Collision with falling/shifting cargo or anything set in motion by MV								102 Driveway access or related								103 Driver condition																							
								208 Collision with work zone/maintenance equipment								103 Entrance/exit ramp or related								104 Vehicle condition																							
								209 Collision with farm equipment								104 Intersection or related								105 Road surface																							
								297 Collision with other non-motorist								106 Railway grade crossing								106 Roadway condition																							
								298 Collision with other non-fixed object								107 Shared-use path or trail								107 Lighting condition																							
								300 Collision with bridge overhead structure								108 Through roadway								108 Weather condition																							
								301 Collision with bridge pier or support								980 Other location within an interchange area (median, shoulder, and roadside)								109 Traffic control																							
								302 Collision with bridge rail								999 Unknown								110 Non-motorist condition																							
								303 Collision with cable barrier								Intersection Geometry								970								School Bus Relation								000							
								304 Collision with concrete traffic barrier								100 Angled / skewed								000 No																							
								305 Collision with culvert								101 Roundabout / traffic circle								100 Yes, school bus directly involved																							
								306 Collision with curb								102 Perpendicular								101 Yes, school bus indirectly involved																							
								307 Collision with ditch								970 Not applicable																															
								308 Collision with embankment								Intersection Traffic Control								970																							
								309 Collision with fence								000 No controls																															
310 Collision with guardrail end terminal								100 Signalized																																							
311 Collision with guardrail face								101 Stop -all way																																							
312 Collision with impact attenuator/crash cushion								102 Stop -partial																																							
313 Collision with mailbox								103 Yield																																							
314 Collision with traffic sign support								970 Not applicable																																							
315 Collision with traffic signal support																																															
316 Collision with tree (standing)																																															
317 Collision with utility pole/light support																																															
396 Collision with other post, pole, or support																																															
397 Collision with other traffic barrier																</																															



LOUISIANA UNIFORM CRASH REPORT  
CRASH INFORMATION

2024126865

Rev. 2024-1

Case #

P2403303

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## CRASH CONDITIONS

<b>Roadway Surface Condition</b> 000	<b>Light Condition</b> 302	<b>Weather Conditions</b> 000	<b>Environmental Conditions</b> 000
000 Dry	100 Daylight	000 Clear	112 Ruts, holes, bumps
100 Ice/Frost	200 Dawn/dusk	100 Blowing sand, soil, dirt	113 Shoulders (none, low, soft, high)
101 Mud, dirt, gravel	300 Dark - continuous street lights	101 Blowing snow	114 Toll booth/plaza related
102 Oil	301 Dark - street lights at intersection only	102 Cloudy	115 Traffic control device
103 Sand	302 Dark - not lighted	103 Fog, smog, smoke	116 Traffic incident
104 Slush	399 Dark - unknown lighting	104 Freezing rain or freezing drizzle	117 Visual obstruction(s)
105 Snow	980 Other	105 Rain	118 Weather conditions
106 Water (standing,moving)	999 Unknown	106 Severe crosswinds	119 Work zone (construction/maintenance/utility)
107 Wet		107 Sleet or hail	120 Worn, travel-polished surface
980 Other		108 Snow	980 Other
999 Unknown		980 Other	999 Unknown
		999 Unknown	110 Related to a bus stop
			111 Road surface condition (wet, icy, snow, slush, etc.)

## WORK ZONE CRASH INFORMATION

<b>Work Zone Relation</b> 000	<b>Work Zone Location</b> 970	<b>Work Zone Type</b> 970	<b>Work Zone Circumstances</b> 970	<b>Worker(s) Present</b> 970	<b>Law Enforcement Present</b> 970
000 No	100 Before the first work zone warning sign	100 Lane closure	100 Back of queue	000 No	000 No
100 Yes	101 Advance warning area	101 Lane shift / crossover	101 Congestion (dense & slow traffic), typical	100 Yes	100 Yes
999 Unknown	102 Transition area	102 Work on shoulder or median	102 Heavy (dense & fast traffic)	970 Not applicable	970 Not applicable
	103 Activity area	103 Intermittent or moving work	103 Congestion (dense & slow traffic), not typical	999 Unknown	999 Unknown
	104 Termination area	970 Not applicable	104 Traffic control device malfunction		
	970 Not applicable	980 Other type of work zone	105 Free flow (light & fast traffic)		
	999 Unknown	999 Unknown	980 Other		
			970 Not applicable		
			999 Unknown		

## REVIEWING OFFICER

<b>Rank</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
Sergeant	William		Aldridge	

WITNESS #

WITNESS #

<b>Name</b>	<b>Name</b>
First Middle Last Suffix	First Middle Last Suffix
<b>Address</b>	<b>Address</b>
City State Postal Code	City State Postal Code
Phone Number Age Sex	Phone Number Age Sex

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

<b>Property Type</b>	<b>Damage Severity</b>	<b>Owner Name</b> <input type="checkbox"/> Unknown	<b>Owner Phone Number</b> <input type="checkbox"/> Not Collected
<b>Owner Address</b> <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

<b>Property Type</b>	<b>Damage Severity</b>	<b>Owner Name</b> <input type="checkbox"/> Unknown	<b>Owner Phone Number</b> <input type="checkbox"/> Not Collected
<b>Owner Address</b> <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

<b>Property Type</b>	<b>Damage Severity</b>	<b>Owner Name</b> <input type="checkbox"/> Unknown	<b>Owner Phone Number</b> <input type="checkbox"/> Not Collected
<b>Owner Address</b> <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

## PROPERTY DAMAGE CODES

<b>Property Type</b>	<b>Damage Severity</b>
100 Private property	100 Light (less than \$500)
200 Bridge overhead structure	101 Moderate (between \$500 and \$10,000)
201 Bridge pier or support	102 Severe (over \$10,000)
202 Bridge rail	
300 Cable barrier	
301 Concrete traffic barrier	
302 Guardrail end terminal	
303 Guardrail face	
304 Impact attenuator/crash cushion	
398 Other traffic barrier	
400 Traffic sign support	
401 Traffic signal support	
402 Utility pole/light support	
598 Other state property	
980 Other	

CRASH REPORT - SUMMARY BACK



Motor Vehicle # 1		Rev. 2024-1		Case #	P2403303	Page 3 of 11
DESCRIPTION AND INFORMATION						
<div>Check if this vehicle had no driver <input type="checkbox"/></div>		<div>Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene</div>		<div>Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment</div>		<div>Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <u>Other</u> 980 Other 103 Pickup 104 Cargo van 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 999 Unknown</div>
VIN 1N4AL3APXDN433378						
Model Year 2013		Make Nissan/Datsun		Model Altima		Color Silver
License Plate State LA		Number 712DLR		Year 2026		
Owner Name Eileen Sterling						
Owner Address 3945 Richmond Ave Shreveport LA 71106						
Insurance Company State Farm Phone # NAIC # Policy # 1843750428 Expiration Date						
DAMAGE						
Damage Extent 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 000 Non-collision 001 Vehicle not at scene 100 Top 113 Undercarriage 114 Cargo Loss 999 Unknown		Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 001 Vehicle not at scene 002 No damage 100 Top 113 Undercarriage		<div>Tow Status 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By Ace Automotive</div>
TOWING						
Tow Authority 100 Owner 101 Law enforcement 970 Not applicable 980 Other		Tow Status 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By Ace Automotive				
MOTOR VEHICLE CIRCUMSTANCES						
Vehicle Usage 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		Vehicle Maneuver 100 Going straight 101 Backing 102 Merging 103 Making U-turn 104 Negotiating a curve 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing		Vehicle Maneuver 200 Leaving a parking position 300 Entering a parking position 400 Slowing 500 Parked 501 Stopped		Vehicle Maneuver Reason 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition
Emergency Vehicle Usage 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown		Direction of Travel Before Crash 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway		Direction of Travel Before Crash 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown		



Motor Vehicle # 1		Rev. 2024-1		Case #	P2403303	Page 4 of 11					
MOTOR VEHICLE CIRCUMSTANCES											
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown		Contributing Defects							
Front Left	Front Right	<input checked="" type="checkbox"/> Not applicable or measured		000 None							
<div></div>	<div></div>	<input type="checkbox"/> Unknown		100 Brakes							
Rear Left	Rear Right	43		101 Exhaust system							
<div></div>	<div></div>	Vehicle Lighting		102 Body, doors							
		000 Headlights off		103 Steering							
		100 Headlights on		104 Power train							
		101 Daytime running lights		105 Suspension							
		999 Unknown		106 Tires							
				107 Wheels							
Traffic Control Device Types and Statuses				108 Headlights							
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing	109 Tail lights							
000 None	300 Flashing railroad crossing (may include gates)	1 405	1 000	110 Signal lights							
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2	2	111 All lights							
	302 Flashing traffic control signal			112 Window / windshield							
	303 Lane use control signal			113 Mirrors							
200 Bicycle crossing sign	304 Ramp meter signal	3	3	114 Wipers							
201 Curve Ahead warning sign	305 Traffic control signal			115 Truck coupling / trailer hitch / safety chains							
202 Intersection Ahead warning sign	398 Other signal	4	4	980 Other							
203 Pedestrian crossing sign	400 Bicycle crossing			999 Unknown							
204 Railroad crossing sign	401 Pedestrian crossing	Traffic Signal Status		Automation System Level Present							
205 Reduce Speed Ahead warning sign	402 Railroad crossing	100 Red signal on		000 No automation							
206 School zone sign	403 School zone	200 Yellow signal on		100 Driver assistance							
207 Stop sign	404 Yellow no passing line	300 Green signal on		101 Partial automation							
208 Yield sign	405 White or yellow dash line	970 Not applicable		102 Conditional automation							
298 Other warning sign	406 Solid white lane line	999 Unknown		103 High automation							
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)			104 Full automation							
				199 Automation level unknown							
				999 Unknown							
980 Other	999 Unknown			Automation System Level Engaged							
Trafficway Division		Barrier Type		000 No automation							
000 Not divided	100 Divided, flush median (greater than 4 ft wide)	000 None	100 Cable barrier	100 Driver assistance							
001 Not divided, with a continuous left turn lane	101 Divided, raised median (curbed)		101 Concrete barrier (e.g. Jersey barrier)	101 Partial automation							
	102 Divided, depressed median		102 Earth embankment	102 Conditional automation							
	999 Unknown		103 Guardrail	103 High automation							
			980 Other	104 Full automation							
Roadway Grade	103	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	100	Permitted Travel	100	HOV Lane Presence	000	HOV Lane Relation	000
000 Not on trafficway				000 Not on trafficway		000 Not on trafficway		000 None present		000 No	
100 Level				100 Straight		100 One-way		100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median		100 Yes	
101 Uphill	2	0		101 Curve left		200 Two-way		101 Not separated, painted pavement markings, post-mounted delineators			
102 Hillcrest				102 Curve right		Speed Limit					
103 Downhill						55	<input type="checkbox"/> Unknown				
104 Sag (bottom)							<input type="checkbox"/> N/A				
MOTOR VEHICLE EVENTS											
Sequence of Events										Most Harmful Event	
1 204										204	
Non-Harmful Events											
000 Cross centerline				005 Ran off roadway left				300 Collision with bridge overhead structure			
001 Cross median				006 Ran off roadway right				301 Collision with bridge pier or support			
002 End departure (T-intersection, dead-end, etc.)				007 Reentering roadway				302 Collision with bridge rail			
003 Downhill runaway				008 Separation of units				303 Collision with cable barrier			
004 Equipment failure (blown tire, brake failure, etc.)				098 Other non-harmful event				304 Collision with concrete traffic barrier			
								305 Collision with culvert			
								306 Collision with curb			
								307 Collision with ditch			
								308 Collision with embankment			
								309 Collision with fence			
								310 Collision with guardrail end terminal			
								311 Collision with guardrail face			
								312 Collision with impact attenuator/crash cushion			
								313 Collision with mailbox			
								314 Collision with traffic sign support			
								315 Collision with traffic signal support			
								316 Collision with tree (standing)			
								317 Collision with utility pole/light support			
Non-Collision Events											
100 Cargo/equipment loss or shift		200 Collision with animal (live)		Collision with Person / Vehicle / Non-Fixed Object							
101 Fell/jumped from motor vehicle		201 Collision with motor vehicle in transport									
102 Fire/explosion		202 Collision with parked motor vehicle									
103 Immersion, full or partial		203 Collision with pedalcycle (including bicycles)									
104 Jackknife		204 Collision with pedestrian									
105 Overturn/rollover		205 Collision with railway vehicle (train, engine)									
106 Thrown or falling object		206 Collision with object at rest from MV in transport									
198 Other non-collision harmful event		207 Collision with falling, shifting cargo, or anything set in motion by MV									
		208 Collision with work zone/maintenance equipment									
		209 Collision with farm equipment									
		297 Collision with other non-motorist									
		298 Collision with other non-fixed object									
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS											



Motor Vehicle # 1		Rev. 2024-1		Case #	P2403303	Page 5 of 11
COMMERCIAL MOTOR VEHICLE INFORMATION						
Vehicle Configuration			000	Hazardous Materials Placard		
000 Vehicles 10,000 lbs or less			300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown	000 Had no placard and not carrying hazardous materials	
100 Vehicles 10,000 lbs or less placarded for hazardous materials			301 Single-unit truck (3 or more axles)		001 Had a placard, not carrying hazardous materials	
200 Bus/large van (seats 9-15 occupants, including driver)			302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding	
201 Bus (seats more than 15 occupants, including driver)			303 Truck tractor (bobtail)		200 Carried hazardous materials without placard 999 Unknown	
			304 Truck tractor/semi-trailer		Hazardous Material ID	
			305 Truck tractor/double		N/A	
			306 Truck tractor/triple		Hazardous Material Class	
			307 Truck more than 10,000 lbs., cannot classify		970	
Cargo Body Type			970	Special Sizing		
000 No cargo body				<input checked="" type="checkbox"/> 000 No special sizing		
100 Bus			105 Flatbed	<input type="checkbox"/> 100 Over-height		
101 Auto transporter			106 Garbage / refuse	<input type="checkbox"/> 101 Over-length		
102 Cargo tank			109 Log	<input type="checkbox"/> 102 Over-weight		
103 Concrete mixer			110 Pole trailer	<input type="checkbox"/> 103 Over-width		
104 Dump			111 Van / enclosed box	<input type="checkbox"/> 999 Unknown		
970 Not applicable			112 Vehicle towing another vehicle			
980 Other			999 Unknown			
Load Permitted		970	Number of Axles	Motor Carrier Type	000	Motor Carrier Identification
000 Non-permitted load			<input type="checkbox"/> Unknown	000 Personal vehicle		100 US DOT number
100 Permitted load				001 Not in commerce: government		101 State number
970 Not applicable (not a qualifying vehicle)				002 Not in commerce: personal rental truck or bus		970 Not applicable
999 Unknown				098 Not in commerce: other		999 Unknown/unable to determine
				100 Interstate carrier	State	
				101 Intrastate carrier		
Motor Carrier Address <input type="checkbox"/> Unknown				Motor Carrier Phone Number <input type="checkbox"/> Unknown		
Street				City State Postal Code		
GVWR/GCWR		100	Commodity Hauled			
100 Light (less than 10,000 lbs.GVWR/GCWR)						
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)						
102 Heavy (greater than 26,000 lbs GVWR/GCWR)						
970 Not applicable (not a qualifying vehicle)						
999 Unknown						
TRAILER INFORMATION						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown		
License Plate <input type="checkbox"/> Missing				<input type="checkbox"/> Non-expiring		
State <input type="checkbox"/> Unknown		Number <input type="checkbox"/> Unknown		Year <input type="checkbox"/> Unknown		
TRAILER INFORMATION						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown		
License Plate <input type="checkbox"/> Missing				<input type="checkbox"/> Non-expiring		
State <input type="checkbox"/> Unknown		Number <input type="checkbox"/> Unknown		Year <input type="checkbox"/> Unknown		
TRAILER INFORMATION						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown		
License Plate <input type="checkbox"/> Missing				<input type="checkbox"/> Non-expiring		
State <input type="checkbox"/> Unknown		Number <input type="checkbox"/> Unknown		Year <input type="checkbox"/> Unknown		



Motor Vehicle #1

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DRIVER INFORMATION

Name

☐ Unknown

AbbySterling

FirstMiddleLastSuffix

Age

☐ Unknown

20

Sex

100 Female

101 Male

999 Unknown

Race

100 American Indian or Alaska Native

101 Asian or Pacific Islander

102 Black

103 White

980 Other

999 Unknown

Address

☐ Unknown

3945 Richmond AveShreveportLA71106

StreetCityStatePostal Code

Phone Number

☒ Not Collected

Incident Responder

000 No

102 Police

100 EMS

103 Tow operator

101 Fire

104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)

000

980 Other

999 Unknown

Date of Birth

☐ Unknown

10/5/2004

Ethnicity

100 Hispanic

101 Other than Hispanic

999 Unknown

DRIVER LICENSE INFORMATION

License Status

100

100 Valid license

004 Suspended

999 Unknown

License Class

400

000 None

100 Class A

101 Class B

102 Class C

200 Light commercial/chauffeur (LA class D)

300 Motorcycle only

400 Regular driver license (LA class E)

970 Not applicable

Driver License Type

100

100 Non-CDL driver license

101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.)

200 Commercial driver license (CDL)

970 Not applicable

Commercial Driver License Status

970

100 Valid

101 Learner's permit

000 Canceled or denied

001 Disqualified

002 Expired

003 Revoked

004 Suspended

098 Other (not valid)

970 Not applicable (no CDL)

999 Unknown

Endorsements on License

☒ 000 None/not applicable

☐ 100 H - Hazardous materials

☐ 101 N - Tank vehicle

☐ 102 P - Passenger

☐ 103 S - School

☐ 104 T - Double/triple trailers

☐ 105 X - Combination of tank vehicle and hazardous materials

☐ 200 M - Motorcycle

☐ 298 Other non-commercial license endorsements

☐ 999 Unknown

Endorsement Compliance

000

000 No endorsements required for the vehicle

100 Endorsements required, complied with

101 Endorsements required, not complied with

199 Endorsements required, compliance unknown

999 Unknown if endorsements required

Restrictions on License

000 - None

Alcohol Interlock Presence

970

000 No

100 Yes

970 Not applicable

999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position

100

Standard Vehicle Seats

Front				
Row	Left	Middle	Right	Unk
1	100	101	102	199
2	200	201	202	299
3	300	301	302	399
4	400	401	402	499
Oth	500	501	502	599
Unk	600	601	602	699

Other Seating Positions

700 Unenclosed cargo area

701 Riding on motor vehicle exterior (non-trailing unit)

800 Trailing unit

801 Sleeper section of cab (truck)

898 Other enclosed cargo area

970 Not applicable

999 Unknown

Restraint Systems Used

999

001 None used – motor vehicle occupant

002 No helmet

100 Booster seat

101 Child restraint system – forward facing

102 Child restraint system – rear facing

103 Child restraint system – type unknown

104 Lap belt only used

105 Shoulder and lap belt used

106 Shoulder belt only used

107 Stretcher

108 Wheelchair

199 Restraint used – type unknown

200 DOT-compliant motorcycle helmet

201 Not DOT-compliant motorcycle helmet

299 Unknown if DOT-compliant motorcycle helmet

970 Not applicable

980 Other

999 Unknown

Any indication of improper use?

999

000 No

100 Yes

999 Unknown

Air Bags Deployed

☒ 000 Not deployed

☐ 001 Not deployed - switch off

☐ 100 Front

☐ 101 Side

☐ 102 Curtain

☐ 103 Other (knee, air belt, etc.)

☐ 970 Not applicable

☐ 999 Deployment unknown

Ejection

000

000 Not ejected

100 Ejected, partially

101 Ejected, totally

970 Not applicable

999 Unknown

Extrication

000

000 No

100 Trapped and extricated

101 Trapped but not extricated

999 Unknown

CRASH REPORT - DRIVER INFORMATION



Motor Vehicle # 1		Rev. 2024-1		Case #	P2403303	Page 7 of 11
MEDICAL INFORMATION						
Injury Status 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Agency Not applicable		
Medical Unique Identifier		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown		
				Facility Receiving Patient Not applicable		
DRIVER CONDITION AND CIRCUMSTANCES						
Conditions at Time of Crash 000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown		Distraction Action 000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		Distraction Source 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown		Speeding Relation 000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown
				Vision Obscurement 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building 105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown		
Suspected Alcohol Usage 000 No 100 Yes 999 Unknown	Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Alcohol Kit Number N/A	Alcohol Test Type 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) 300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	Alcohol Test Results 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	BAC 0.169	
Suspected Drug Usage 000 No 100 Yes 999 Unknown	Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Drug Kit Number	Drug Test Type 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	Drug Test Results Not applicable		
DRIVER ACTIONS						
Driver Actions at Time of Crash 000 No contributing action 100 Disregarded other road markings 101 Disregarded other traffic signs 102 Failed to keep in proper lane 103 Failed to yield right-of-way 104 Followed too closely 105 Improper backing 106 Improper passing 107 Improper turn 108 Careless driving, inattentive operation, improper driving, or driving without due care 109 Operating the vehicle in an erratic, reckless, or negligent manner 110 Over-correcting or over-steering 980 Other contributing action 999 Unknown		Avoidance Maneuver 000 No avoidance maneuver 100 Accelerating 101 Accelerating and steering left 102 Accelerating and steering right 103 Braking and steering left 104 Braking and steering right 105 Braking (lockup) 106 Braking (no lockup) 107 Braking (lockup unknown) 108 Releasing brakes 109 Steering left 110 Steering right 980 Other 999 Unknown		Pre-Collision Stability 000 Tracking 100 Skidding longitudinally - rotation less than 30 degrees 200 Skidding laterally - clockwise rotation 201 Skidding laterally - counter-clockwise rotation 299 Skidding laterally - rotation direction unknown 980 Other vehicle loss of control 999 Unknown		
CITATIONS						
P2403303: 14:39.2: First degree vehicular negligent injuring P2403303: 14:39.2: First degree vehicular negligent injuring						
CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES						



Non-Motorist # 1		Rev. 2024-1		Case #		P2403303		Page 8 of 11			
NON-MOTORIST INFORMATION											
Name <input type="checkbox"/> Unknown Jackson Mitcham <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 21		Sex <input type="checkbox"/> Unknown 101 Female 101 Male 999 Unknown		Race <input type="checkbox"/> Unknown 103 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown 186 Loblolly Ln Choudrant LA 71227 <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected							
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input type="checkbox"/> Unknown 9/16/2003		Ethnicity <input type="checkbox"/> Unknown 101 Other than Hispanic 999 Unknown					
NON-MOTORIST CIRCUMSTANCES											
Non-Motorist Type <input type="checkbox"/> 200		Initial <input type="checkbox"/> 102		Location <input type="checkbox"/> 106							
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian on personal conveyance 300 Occupant of a non-motor vehicle transportation device 500 Person in or on a building 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location		200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown			
Struck by Vehicle # 1		Origin/Destination 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown					
Action Prior to Crash <input type="checkbox"/> 104		Actions or Circumstances At Time of Crash <input type="checkbox"/> 108				Clothing Brightness <input type="checkbox"/> 101		Upper <input type="checkbox"/> 101			
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)				109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown		100 Light 101 Dark 970 Not applicable 999 Unknown			
NON-MOTORIST MEDICAL INFORMATION											
Injury Status <input type="checkbox"/> 100		Type of Medical Transportation <input type="checkbox"/> 101		EMS Response Agency		EMS Response Run # <input checked="" type="checkbox"/> Unknown					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Ruston Fire Department/Emergency Medical Services							
				Medical Unique Identifier <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown		Facility Receiving Patient Northern Louisiana Medical Center					
NON-MOTORIST CONDITION											
Conditions at the Time of the Crash <input type="checkbox"/> 999		Distraction Action <input type="checkbox"/> 999		Distraction Source <input type="checkbox"/> 999							
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown					
Suspected Alcohol Usage <input type="checkbox"/> 100		Test Status <input type="checkbox"/> 000		Alcohol Kit Number <input type="checkbox"/> Unknown		Alcohol Test Type <input type="checkbox"/> 970		Alcohol Test Results <input type="checkbox"/> 970		BAC	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 300 Urine 101 Blood clot 301 Vitreous 102 Blood plasma/serum 302 Liver 200 Breath 970 Not applicable 201 Preliminary breath test (PBT) 980 Other		000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown			
Suspected Drug Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Drug Kit Number <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 970		Drug Test Results			
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		Not applicable			



Non-Motorist # 2		Rev. 2024-1		Case #		P2403303		Page 9 of 11	
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown Hahn Bridges <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 20		Sex <input type="checkbox"/> 101 100 Female 101 Male 999 Unknown		Race <input type="checkbox"/> 103 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Address <input type="checkbox"/> Unknown 303 John Turner Rd Monroe LA 71203 <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected					
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input type="checkbox"/> Unknown 12/1/2003		Ethnicity <input type="checkbox"/> 101 100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type <input type="checkbox"/> 200		Initial <input type="checkbox"/> 102		Location <input type="checkbox"/> 106					
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian on personal conveyance 300 Occupant of a non-motor vehicle transportation device 500 Person in or on a building 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location		200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown	
Struck by Vehicle # 1		Origin/Destination 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown			
Action Prior to Crash <input type="checkbox"/> 104		Actions or Circumstances At Time of Crash <input type="checkbox"/> 108				Clothing Brightness <input type="checkbox"/> Upper <input type="checkbox"/> 101 <input type="checkbox"/> Lower <input type="checkbox"/> 100			
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)				109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown		100 Light 101 Dark 970 Not applicable 999 Unknown	
NON-MOTORIST MEDICAL INFORMATION									
Injury Status <input type="checkbox"/> 102		Type of Medical Transportation <input type="checkbox"/> 101		EMS Response Agency		EMS Response Run # <input checked="" type="checkbox"/> Unknown			
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Ruston Fire Department/Emergency Medical Services					
				Medical Unique Identifier <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown		Facility Receiving Patient Northern Louisiana Medical Center			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash <input type="checkbox"/> 999		Distraction Action <input type="checkbox"/> 999		Distraction Source <input type="checkbox"/> 999					
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown			
Suspected Alcohol Usage <input type="checkbox"/> 100		Test Status <input type="checkbox"/> 000		Alcohol Kit Number <input type="checkbox"/> Unknown		Alcohol Test Type <input type="checkbox"/> 970		Alcohol Test Results <input type="checkbox"/> 970 BAC	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 300 Urine 101 Blood clot 301 Vitreous 102 Blood plasma/serum 302 Liver 200 Breath 970 Not applicable 201 Preliminary breath test (PBT) 980 Other		000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	
Suspected Drug Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Drug Kit Number <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 970		Drug Test Results	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		Not applicable	



# LOUISIANA UNIFORM CRASH REPORT DIAGRAM

2024126865

Scene #

1

Rev. 2024-1

Case #

P2403303

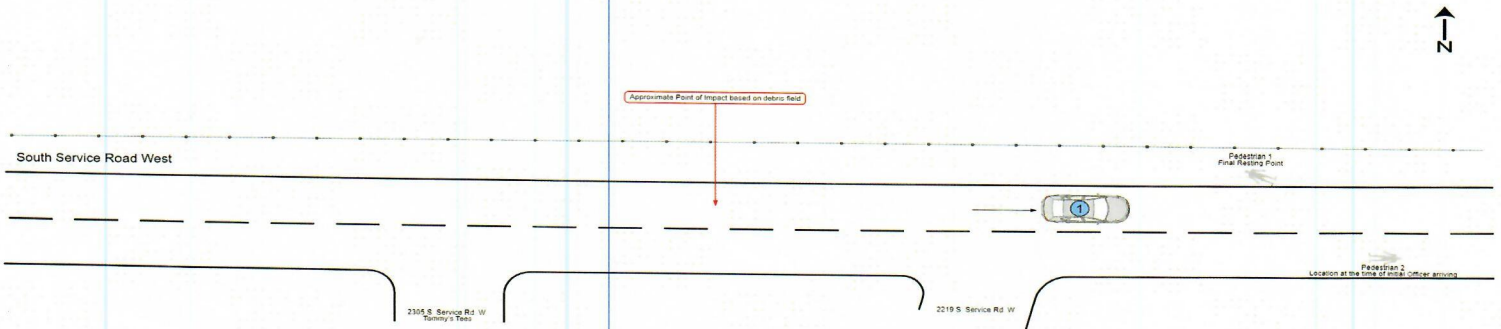
Page

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of

11

## CRASH DIAGRAM



Not To Scale



LOUISIANA UNIFORM CRASH REPORT  
NARRATIVE

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## CRASH NARRATIVE

On Saturday, October 19, 2024, at approximately 0211hrs, I, Sgt. Castaneda, was contacted by Sgt. Aldridge, in order to assist with a crash investigation involving two pedestrians on the South Service Road, in between Cooktown Road and Tarbutton Road. I arrived on scene at 0233hrs. Initial investigation, based off my on scene observations and statements from initial Officers, revealed that the driver of Vehicle 1, Abby Sterling, was eastbound in the left lane of the South Service Road, in between Cooktown Road and Tarbutton Road. At the same time, two pedestrians identified as Hahn Bridges and Jackson Mitcham, were apparently walking in the left lane of the roadway away from the Revelry Bar. Sterling failed to see both pedestrians, resulting in Vehicle 1 striking both of them. I observed personal belongings of the two pedestrians in the middle of the roadway. Vehicle 1 was parked in the left lane with the hazard lights on. I also observed the windshield of Vehicle 1 to have two visible indentions that would indicate both subjects were struck and rolled onto the hood. I also observed clumps of hair in the windshield. I also observed moderate damage to the front end of Vehicle 1, specifically a large dent in the hood. I observed a large pool of blood to the left of the roadway. This is where Mitcham was said to be laying upon police arriving on scene. Mitcham received life threatening injuries and initially received medical attention at Northern Louisiana Medical Center in Ruston, LA, but was ultimately airlifted to Ochsner LSU Medical Center in Shreveport, LA. Bridges was said to be staggering around in the roadway upon initial Officers arriving on scene. Bridges received severe injuries and received medical attention at Northern Louisiana Medical Center, but was ultimately discharged. Ofc. Warren suspected Sterling to be intoxicated and placed her under arrest. She was booked for two counts of LA RS - 14:39.2 - First Degree Vehicular Negligent Injuring. I took photographs of the scene and damage of Vehicle 1. Vehicle 1 was removed via the next non-preference, Ace Automotive.

I then went to the NLMC-ER. I was unable to speak with Mitcham due to his condition. I made contact with Bridges. I asked him what happened and where he was coming from. He replied he was coming from Shreveport. Bridges denied coming from the Revelry Bar and had no recollection of the crash.

The estimated point of impact to the final resting point of Mitcham was measured to be 57'11". Based off this, speed is not considered a contributing factor in this crash, but rather impairment of Sterling which contributed to her not being able to operate a motor vehicle safely.

On the same date, I learned from Dty. Coroner Woods that Mitcham had passed away as a result of this crash. I notified RPD Admin as well as the DA's Office to ensure Sterling's charge was appropriately billed.

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Disclaimer: All information below this line is auto-generated from report data.

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Non-Motorist 1 Location: Left lane  
Non-Motorist 2 Location: Left lane