CITY OF GAUTIER
MEMORANDUM

To: Samantha Abell, City Manager

From: Cindy Steen, Purchasing Agent

Through: Cindy Russell City Clerk

Date: April 25th, 2014

Subject: Surplus Items

REQUEST:
City Council authorization is requested for the City of Gautier to declare and remove a 2008 Ford Crown Victoria from the Police Departments inventory.

BACKGROUND:
This vehicle was involved in an accident and declared to be totaled by the City's insurance company. This vehicle will be of no further use to the City of Gautier.

2008 Ford Crown Victoria 2FAFP71V38X179615

RECOMMENDATION:
Based on the attached surplus item, City staff recommends that City Council authorize declaring these vehicle to be surplus and removed from city inventory.

ATTACHMENT(S):
Email from Danny Selover requesting car to be removed

Cindy Steen

From: Danny Selover <dselover@gautier-ms.gov>
Sent: Wednesday, April 09, 2014 10:39 AM
To: csteen@gautier-ms.gov
Cc: crussell@gautier-ms.gov; vbarnett@gautier-ms.gov; delbin@gautier-ms.gov
Subject: POLICE UNIT 19615

Cindy,
The unit below needs to be taken off the police departments inventory. This vehicle was totaled. Thank you
2008 Ford Crown Victoria 2FAFP71V38X179615 19615

9800 Fredericksburg Road
San Antonio, Texas 78288

CITY OF GAUTIER
3330 HWY 90
GAUITER MS 39553

April 8, 2014

Reference: Total Loss Information

Dear Sir or Madam,

I am writing regarding the claim referenced below.

Policyholder:	William S Des Jardins
Reference #:	002539814-19
Date of loss:	February 4, 2014
Location of loss:	Gautier, Mississippi

As discussed, here is your FedEx shipping label and sample title.

You may submit correspondence or questions to me. My contact information is:

Address:	ATTN: Salvage Recovery P.O. Box 659474 San Antonio, TX 78265 For overnight, use address above to ATTN: Salvage Recovery
Fax:	1-800-531-8669
Phone:	1-800-531-8722

Sincerely,

Cathleen Nogueron

Cathleen M Nogueron
Claims-Total Loss/Salvage
USAA Casualty Insurance Company
PO Box 33490
San Antonio, TX 78265
Phone: 1-800-531-8722
Fax Phone: 1-800-531-8669

Enc: Total Loss/Salvage - FedEx Label
Total Loss/Salvage - MS Sample Title

Veneice Barnett

From: USAA <USAA.Web.Services@customermail.usaa.com>
Sent: Tuesday, April 08, 2014 10:01 AM
To: VBARNETT@GAUTIER-MS.GOV
Subject: Regarding the USAA Automobile claim on 02/04/2014
Attachments: General Correspondence-S200.pdf

To ensure delivery to your inbox, please add USAA.Web.Services@customermail.usaa.com to your address book.

USAA

Regarding the USAA Automobile claim on 02/04/2014

| Privacy Promise |

USAA Reference Number: 002539814 - 19

Dear Sir or Madam,

CONFIDENTIALITY NOTICE
The information contained in this electronic communication is CONFIDENTIAL and may be protected by one or more legal privileges. It is intended solely for the use of the recipient identified. If you are not the intended recipient, you are hereby notified that reading, copying, or distributing this transmission is STRICTLY PROHIBITED. The sender has not waived any applicable privilege by sending this transmission. If you have received this transmission in error, please notify the sender immediately by telephone at 1-800-531-USAA (8722), and we will arrange to have the transmission returned at no cost to you.

No other method of delivery or communication of the attached communication will be utilized or attempted by USAA unless you specifically request an additional delivery method. If you wish to receive this communication by an additional delivery method, please call 1-800-531-USAA (8722)

USAA, 9800 Fredericksburg Road, San Antonio, Texas, 78288

Privacy Promise
Please do not reply to this e-mail. To contact USAA, visit our secure contact page.

54577-0813

Veneice Barnett

From: Danny Selover <dselover@gautier-ms.gov>
Sent: Monday, March 31, 2014 2:13 PM
To: vbarnett@gautier-ms.gov
Attachments: 2011 push bumper and id cases.pdf; digital ally camera quote.pdf

Neice,
The camera in Gores crashed car, unit 19615 was a digital ally DVM500 serial number 01F440E3. HERE IS A QUOTE ON A SIMULAR CAMERA ALONG WITH A QUOTE FOR A PUSH BUMBER THAT WAS DESTROYED. I do believe everything else was salvageable

USAA CARLY CARTER — EQUIPMENT DAMAGED IN UNIT
(800) 531-8722 EXT. 74739 USAA WILL PURCHASE THE VEHICLE
$ 7,779.00 PAYMENT

(5-7 BUSINESS DAYS FOR CHECK TO GET HERE)

IF RENTAL NEEDED WOULD BE PAID UNTIL 4/11/14.
NEED TO RELOCATE VEHICLE WILL BE PICKED-UP TODAY / WILL CALL FIRST.

MAIL TITLE TO:
SIGN NAME AS IS ON BUSINESS CARD WITH TITLE
INCLUDE BUSINESS CARD.
OVERNIGHT TITLE

MAIL DIRECT

03292.1B0R7.JSS840138267.01.01.68
CITY OF GAUTIER
3330 HIGHWAY 90
ATTN VENEICE BARNETT
GAUTIER, MS 395535124

USAA Casualty Insurance Company
PO Box 33490
San Antonio, TX 78265

INVOICE #: USAA-14980025319414215200
USAA #: 002539814
LOSS RPT #: 19
LOSS DATE: 02/04/2014
POLICYHOLDER:
WILLIAM S DES JARDINS

LOB: AUT
CLAIMS REP: 09019-16
CHECK #: 0007940825
CHECK DATE: 04/22/2014

EXPLANATION OF PAYMENT	TOTAL PAYMENT AMOUNT
TOTAL LOSS Payment under Property Damage Liability Coverage CITY OF GAUTIER, 2008 FORD CROWN VICTORIA 4D POLICE	$**7,779.00

18433-1013 93868-1209

FACE OF DOCUMENT HAS A COLORED BACKGROUND. THE BACK CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT ANGLE TO VIEW.

USAA Casualty Insurance Company
PO Box 33490
San Antonio, TX 78265

0007940825
DATE
04/22/2014

CHECK AMOUNT
$**7,779.00

PAY **Seven Thousand Seven Hundred Seventy-Nine and 00/100 s**

TO THE ORDER OF: CITY OF GAUTIER

USAA #: 002539814 / LR #: 19

NATURE OF PAYMENT:
TOTAL LOSS Payment under Property Damage Liability Coverage CITY OF GAUTIER, 2008 FORD CROWN VICTORIA 4D POLICE
BANK OF AMERICA - HARTFORD, CT

VOID 180 DAYS FROM ISSUE DATE

AUTHORIZED SIGNATURE

⑈0007940825⑈ ⑆011900445⑆ 224001566 5⑈

Veneice Barnett

From: USAA <USAA.Web.Services@customermail.usaa.com>
Sent: Tuesday, April 08, 2014 10:01 AM
To: VBARNETT@GAUTIER-MS.GOV
Subject: Regarding the USAA Automobile claim on 02/04/2014
Attachments: General Correspondence-S200.pdf

To ensure delivery to your inbox, please add USAA.Web.Services@customermail.usaa.com to your address book.

USAA

Regarding the USAA Automobile claim on 02/04/2014

| Privacy Promise |

USAA Reference Number: 002539814 - 19

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USAA, 9800 Fredericksburg Road, San Antonio, Texas, 78288

Privacy Promise
Please do not reply to this e-mail. To contact USAA, visit our secure contact page.

54577-0813

9800 Fredericksburg Road
San Antonio, Texas 78288

CITY OF GAUTIER
3330 HWY 90
GAUITER MS 39553

April 8, 2014

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Dear Sir or Madam,

I am writing regarding the claim referenced below.

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Location of loss:	Gautier, Mississippi

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Phone:	1-800-531-8722

Sincerely,

Cathleen Nogueron

Cathleen M Nogueron
Claims-Total Loss/Salvage
USAA Casualty Insurance Company
PO Box 33490
San Antonio, TX 78265
Phone: 1-800-531-8722
Fax Phone: 1-800-531-8669

Enc: Total Loss/Salvage - FedEx Label
Total Loss/Salvage - MS Sample Title

CERTIFICATE OF TITLE

Form 79-001-05-7-1-000

STATE OF MISSISSIPPI

ORIGINAL

VEHICLE IDENTIFICATION NUMBER | MAKE | YEAR | MODEL | BODY | TITLE NUMBER

TITLE DATE | DATE OF FIRST SALE FOR USE NEW ONLY | NO. CYL | NEW / USED | TYPE OF VEHICLE | PASS. OR GVW

ODOMETER - TENTHS NOT INCLUDED

OWNER

Note: Sign your name(s) exactly as they appear on the title

Sign on back side of title

1ST LIENHOLDER (OR OWNER IF NO LIEN)

DATE

MONTH | DAY | YEAR

2ND LIENHOLDER

DATE

MONTH | DAY | YEAR

LIEN SATISFACTION: THE UNDERSIGNED HOLDER OF ABOVE DESCRIBED LIEN(S) ON THE MOTOR VEHICLE DESCRIBED HEREON HEREBY ACKNOWLEDGES SATISFACTION THEREOF

1ST LIEN _____ BY _____

(LIENHOLDER) (SIGNATURE AND TITLE)

THIS _____ DAY OF _____ 20 ____

2ND LIEN _____ BY _____

(LIENHOLDER) (SIGNATURE AND TITLE)

THIS _____ DAY OF _____ 20 ____

IN WITNESS WHEREOF I HAVE HEREUNTO SET MY HAND THIS

THE DAY OF 20

The Mississippi State Tax Commission hereby certifies that on application duly made the person named herein is registered by this office as the lawful owner of the vehicle described subject to the liens or security interests as may subsequently be filed with the State Tax Commission. This certificate of title is issued pursuant to the Mississippi Motor Vehicle Title Law Section 63-21-1, Mississippi Code of 1972, and subject to the provisions thereof.

CONTROL NUMBER

STATE TAX COMMISSION

VOID IF ALTERED

Do Not Make Any Other Marks On Title

0901119c8ea91edb

USAA Confidential

Veneice Barnett

From: Danny Selover <dselover@gautier-ms.gov>
Sent: Monday, March 31, 2014 2:13 PM
To: vbarnett@gautier-ms.gov
Attachments: 2011 push bumper and id cases.pdf; digital ally camera quote.pdf

Neice,
The camera in Gores crashed car, unit 19615 was a digital ally DVM500 serial number 01F440E3. HERE IS A QUOTE ON A SIMULAR CAMERA ALONG WITH A QUOTE FOR A PUSH BUMBER THAT WAS DESTROYED. I do believe everything else was salvageable

USAA CARLY CARTER — EQUIPMENT DAMAGED IN UNIT
(800) 531-8722 EXT. 74739
$ 7,779.00 PAYMENT

USAA WILL PURCHASE THE VEHICLE

IF RENTAL NEEDED WOULD BE PAID UNTIL 4/11/14.

NEED TO RELOCATE VEHICLE WILL BE PICKED-U

TODAY / WILL CALL FIRST.

(5-7 BUSINESS DAYS FOR CHECK TO GET HERE)

MAIL TITLE TO:
SIGN NAME AS IS ON BUSINESS CARD WITH TITLE
INCLUDE BUSINESS CARD.
OVERNIGHT TITLE

Veneice Barnett

From: Heather Hunter <heather.Hunter@oldnationalins.com>
Sent: Wednesday, February 26, 2014 1:25 PM
To: vbarnett@gautier-ms.gov
Cc: jpugh@gautier-ms.gov; Vicki Smith (Vicki.Smith@foxeverett.com)
Subject: 14-001445 City of Gautier

Hi Veneice, I wanted to let you know that I received a call back from Carly at USAA, claimant's insurance carrier and believe it or not, they have accepted liability on this case. I am really surprised cause when I talked to her last week, she said we were clearly at fault for hitting the rear of their insured's vehicle. She said today that she looked over this more and said their driver should've yielded to the right and not the left to our vehicle.

I had given her your# but she said it just kept ringing, I gave her your email as well

Jason, I also gave her your # also to get her in touch with Veneice.

Good news for us. Hoping they will reimburse you guys directly for the damages to City of Gautiers unit.

Thanks.

Heather Hunter
Claims Specialist
JWF Specialty Company/Old National Insurance
PO Box 40996
Indianapolis IN 46240
Phone#317-706-9824
Fax# 317-706-9924
heather.hunter@oldnationalins.com

Veneice Barnett

From: USAACLAIMS16826 <USAACLAIMS16826@usaa.com>
Sent: Wednesday, February 26, 2014 1:29 PM
To: VBARNETT@GAUTIER-MS.GOV
Subject: *DO NOT CHANGE SUBJECT FIELD* Confidential: Davis, Carly (PLF1822) - MR. WILLIAM DES JARDINS # 253 98 14 L/R # 19DOL: 02/04/2014

United Services Automobile Association

Ref: Davis, Carly (PLF1822) - MR. WILLIAM DES JARDINS # 253 98 14 L/R # 19DOL: 02/04/2014

We value your communication and are committed to keeping your information secure and confidential.
To ensure delivery: Reply only from this message and do not change the subject field.
To ensure privacy: Refrain from sending personal, medical, or financial information.

Ms. Barnett,
Thank you for your assistance today. If there is anything else you need please let me know. My contact is listed below for your reference.

Carly Carter
United Services Automobile Association
800-531-8722 ext: 4-4365

Veneice Barnett

From: Heather Hunter <heather.Hunter@oldnationalins.com>
Sent: Thursday, February 20, 2014 8:08 AM
To: 'vbarnett@gautier-ms.gov'
Cc: Vicki Smith (Vicki.Smith@foxeverett.com)
Subject: RE: 14-001445 City of Gautier vehicle/2008 Ford CRV Vin#79615/PHOTOS/DRIVER BILLY GORE

It appears that I am leaning toward denial out right against claimant driver. I have talked with our driver Billy Gore and I believe they are trying to track down a witness that was on scene and claimant has a duty to yield to an emergency vehicle with lights/sirens activated and appears that all other vehicles did yield except for her.

I will wait to see if USAA send over subrogation demand and we'll proceed from there.

Thanks.

From: Veneice Barnett [mailto:vbarnett@gautier-ms.gov]
Sent: Wednesday, February 19, 2014 4:28 PM
To: Heather Hunter
Subject: RE: 14-001445 City of Gautier vehicle/2008 Ford CRV Vin#79615/PHOTOS/DRIVER BILLY GORE

Part 2 and USAA Insurance Contact information for Claims:

#USAA (8722
Phone: (210) 531-8722 or 1 (800) 531-8722

Mailing address: USAA (Claims Service)
P.O. Box 33490
San Antonio, TX 78265

Fax: 1 (800) 531-8669

Veneice A. Barnett
Human Resources Generalist
City of Gautier
3330 Highway 90
Gautier, MS 39553
P: (228) 497-8000 Ext. 308
F: (228) 497-8028
Email: vbarnett@gautier-ms.gov
Website: www.gautier-ms.gov

From: Heather Hunter [mailto:heather.Hunter@oldnationalins.com]
Sent: Wednesday, February 19, 2014 6:45 AM
To: 'vbarnett@gautier-ms.gov'
Subject: RE: 14-001445 City of Gautier vehicle/2008 Ford CRV Vin#79615/PHOTOS/DRIVER BILLY GORE

Perfect. Thanks.

From: Veneice Barnett [mailto:vbarnett@gautier-ms.gov]
Sent: Tuesday, February 18, 2014 5:28 PM
To: Heather Hunter
Subject: RE: 14-001445 City of Gautier vehicle/2008 Ford CRV Vin#79615/PHOTOS/DRIVER BILLY GORE

I will get these done for you tomorrow. Is that okay?

Veneice A. Barnett
Human Resources Generalist
City of Gautier
3330 Highway 90
Gautier, MS 39553
P: (228) 497-8000 Ext. 308
F: (228) 497-8028
Email: vbarnett@gautier-ms.gov
Website: www.gautier-ms.gov

From: Heather Hunter [mailto:heather.Hunter@oldnationalins.com]
Sent: Tuesday, February 18, 2014 10:17 AM
To: vbarnett@gautier-ms.gov
Subject: 14-001445 City of Gautier vehicle/2008 Ford CRV Vin#79615/PHOTOS/DRIVER BILLY GORE

Hi Veneice, could you guys send us photos of this above noted vehicle?

Thanks.

Heather Hunter
Claims Specialist
JWF Specialty Company/Old National Insurance
PO Box 40996
Indianapolis IN 46240
Phone#317-706-9824
Fax# 317-706-9924
heather.hunter@oldnationalins.com

Veneice Barnett

From: Heather Hunter <heather.Hunter@oldnationalins.com>
Sent: Friday, February 07, 2014 11:29 AM
To: 'vbarnett@gautier-ms.gov'
Subject: RE: MNA434909024/ City of Gautier 2/5/14 APD loss

So no coverage?

From: Veneice Barnett [mailto:vbarnett@gautier-ms.gov]
Sent: Friday, February 07, 2014 12:27 PM
To: Heather Hunter
Cc: Vicki Smith
Subject: RE: MNA434909024/ City of Gautier 2/5/14 APD loss

Thank is correct.

Veneice A. Barnett
Human Resources Generalist
City of Gautier
3330 Highway 90
Gautier, MS 39553
P: (228) 497-8000 Ext. 308
F: (228) 497-8028
Email: vbarnett@gautier-ms.gov
Website: www.gautier-ms.gov

From: Heather Hunter [mailto:heather.Hunter@oldnationalins.com]
Sent: Friday, February 07, 2014 10:49 AM
To: Vicki Smith (Vicki.Smith@foxeverett.com)
Cc: vbarnett@gautier-ms.gov
Subject: FW: MNA434909024/ City of Gautier 2/5/14 APD loss

Hi Vicki, I am the adjuster assigned to this claim. Claim#14-001445 involving City of Gautier driver, Billy Gore.

I have looked at the vehicle schedule and I am showing that this vehicle the 2008 Ford CRV Vin#79615 has Liability only? Is that correct. If so, we will leave claim open in case claimant tries to make a claim against us down the road.

Thanks.

From: Blair R. Libby
Sent: Thursday, February 06, 2014 3:07 PM
To: 'Vicki Smith'; Heather Hunter
Cc: Seth Graber
Subject: RE: MNA434909024/ City of Gautier 2/5/14 APD loss

Thanks. Ms. Hunter will attend to this.

Blair Libby, Liability Claims Manager
JWF Specialty Company/ Old National Insurance
600 East 96th Street, Ste. 425 | Indianapolis, IN 46240
P.O. Box 40996 | Indianapolis, IN 46240-0996

317-706-9555 direct | 317-501-9433 cell

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From: Vicki Smith [mailto:Vicki.Smith@foxeverett.com]
Sent: Thursday, February 06, 2014 12:49 PM
To: Blair R. Libby
Cc: Vicki Smith
Subject: MNA434909024 City of Gautier

Hi Blair,

Attached is a new loss notice for City of Gautier. Please advise adjuster's name/contact information and claim number when assigned.

Also, I will resume the claim duties for Fox Everett.
Traci is following up on the open claims before they are turned back over to me however you may want to mark your file that I will be the contact from this point forward.

Thanks,

Vicki

FOX | EVERETT
Experience beyond the expected.
...an Assurex Global Partner

Vicki Smith
CL Account Manager/Claim Manager

Vicki.Smith@foxeverett.com

12260 Intraplex Parkway
Gulfport, MS 39503
direct line: (228) 897-6753
direct fax: (601) 607-5953
New Orleans: (504) 274-1513

525 St. Charles Ave., Suite 320
New Orleans, LA 70130
http://www.foxeverett.com

This message and any attachments may contain confidential information protected by legal privilege and is intended solely for the use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you have received this communication in error, please contact the sender by reply email and delete this copy and reply from your system.

City of Gautier

ACCIDENT REPORT OF PROPERTY DAMAGE

Today's Date: 02-04-14		Date of Damage: 02-04-14	

PERSONAL INFORMATION

Last Name: GORE	First Name: Billy		MI: W
Street Address: 7108 KNOLLWOOD	City/State: BILOXI MS		Zip Code:
Mailing Address: S/A/A	City/State: S/A/A		Zip Code:
Home #: —	Mobile #: 228-282-4475	Email:	Fax #:

DAMAGE QUESTIONNAIRE

(Please Attach photos, reports and provide witness information if applicable.)

Person Notified: Cooksey	Date Notified: 02-04-14	Time: 2044 ☐ AM ☒ PM	Any Witnesses: ☐ Yes ☐
Name of Witness:	Street Address:	City:	State:
Home #:	Mobile #:	Email:	Fax #:

Property Damaged: (type, model, etc.) VIN# 2FAFP71V38X179615 FORD CROWN VICTORIA	Property Owner: CITY OF GAUTIER	Home #:	Mobile #:
Owner's Mailing Address:	City:	State:	Zip Code:

Location which Damage or Accident Occurred: GAUTIER VANCLEAVE NEAR HIGH SCHOOL DRIVE	Date of Accident/Damage: 02-04-14	Time: 1929 ☐ AM ☒ PM	Personal Injuries ☒ Yes ☐ No

What were you doing when the damage occurred?

OFFICER GORE WAS RESPONDING TO AN EMERGENCY CALL

Time Work Day Began: 1800 PM ☐ AM ☐

Describe the damage in detail. (Describe the events which resulted in damage. What happened and how it happened? Name only objects or substances inv and tell how they were involved. Give full details on all factors which led or contributed to the accident or exposure.)

OFFICER GORE WAS RESPONDING TO AN EMERGENCY CALL. A CIVILIAN VEHICLE YIELDED IMPROPERLY TO BLUE LIGHTS + SIREN BY PULLING LEFT INTO THE CENTER TURN LANE AND SWERVED BACK INTO THE PASSING LANE CAUSING COLLISION.

Describe Damage(s): CRASHED FRONT END	Estimated Amount of Damages: (Please attach a written estim damage(s) from an accredited source.) $ Liability only
Submitted By: D. VELTON	Date: 02-04-14

FOR OFFICE USE ONLY

Department Head's Signature:	Date: 2/6/2014
City Manager's Signature: Samantha D. Abell	Date: 2/10/14
Claim Processed By:	Date: 2/6/2014

(NOTE: This form is to be processed by the City Manager's Office within 24 hours of the incident.)

HR DIRECTOR

GAUTIER POLICE DEPARTMENT

Call Number: 2014020125

	Date	Time
Received	2/04/14	19:28:31
Dispatched	2/04/14	19:29:18
Enroute	2/04/14	19:29:54
Arrived	2/04/14	19:29:25
Under Control		
Completed		

Location Address Information
VALLYWOOD
GAUTIER

Call Reported From: Telephone: (228) 497-2486
VALLYWOOD

86

Third Party:

Signal	S1	ACCIDENT
Reference Signal	S1	ACCIDENT
Actual Signal	S1	ACCIDENT

Extra Phone 1: Extra Phone 2:

Citations Issued ☐ Weapon How Received:O License No: Created: New

DISPOSITIONS/NOTIFIEDS

DISPOSITION: CRASH REPT DISPOSITION: REPORT

NOTIFIED: EMS

Notes:

2012001190 02/04/2014 19:28:31: 2012001190 02/04/2014 19:27:49: unit involved
2013001619 02/04/2014 19:38:47: collision depot enroute for police car
2013001619 02/04/2014 19:39:02: collision will remain on top of list per pd 12
2013001619 02/04/2014 19:39:19: all pro per owners req...1028 jhy289

Name:	Eqp. No.:	ID Number	Party	Dispatched	Enroute	Arrived	Completed
SAWYER, DON	234	2012001190	R				
SAWYER, DON	234	2012001190	D				
WELTON, DERRICK	12	2010000024	A	19:29:18		19:29:25	20:33:48
MARTIN, BILL	71	2010000094	B	19:29:51	19:29:54	19:29:55	20:33:46
ACADIAN AMBULANCE 1,	A1	2010000064	M	19:34:34	19:34:35	19:47:16	20:33:43
DENNIS, LETRANCE	236	2013001619	Z				
COLLISION DEPOT- 228-238-9455,	CD	2010000291	Z	19:46:23	19:46:28	20:32:35	20:33:34
ALL-PRO TOWING,	APT	2010000055	Z	19:46:26	19:46:29	20:32:37	20:33:49

STATE OF MISSISSIPPI
UNIFORM CRASH REPORT

Agency Number: 3005 — Agency Case Number: 20140204300 — Page 01 of 07

Agency Name: PASCAGOULA POLICE DEPT

G1. County: 30

G2. Status Code: (●) C ( ) P ( ) U

G3. Reported Date (MM/DD/YYYY): 02/04/2014

G4. Reported Time (2400): 1935

G5. Time — Arrival Time (2400): 1959 — 10-24 Time (2400): 2055

G6. Vehicles: 02 — G7. Killed: 00 — G8. Injured: 02

G9. Address Number:

G10. Street Name: GAUTIER VANCLEAVE RD

G11. Hwy/County Road #:

G12. Trafficflow Direction: (●) N ( ) E ( ) S ( ) W

G13. Int.: ( ) Y (●) N

G14. Distance: 100.00 (●) F ( ) M

G15. Direction: (●) N ( ) E ( ) S ( ) W

G16. Intersecting Street Name: ROLLING MEADOWS RD

G17. Int. Hwy/County Road #:

G18. City Name: PASCAGOULA

G19. Latitude: N 30 24.087

G20. Longitude: W 088 39.164

G21. First Harmful Event

Crash with OMV in Road
- (●) Rear end slow or stop
- ( ) Rear end turn
- ( ) Left turn same roadway
- ( ) Left turn cross traffic
- ( ) Right turn cross traffic
- ( ) Head on
- ( ) Sideswipe
- ( ) Angle
- ( ) Hit and run

Non-Crash in Road
- ( ) Overturn
- ( ) Jackknife
- ( ) Fell from vehicle
- ( ) Other

Crash of MV in Road with
- ( ) Pedestrian
- ( ) Parked Vehicle
- ( ) Train
- ( ) Bicyclist
- ( ) Deer
- ( ) Animal (other than deer)

Fixed Object
- ( ) Bridge/Culvert
- ( ) Embankment/Ditch/Curb
- ( ) Guardrail/Median Barrier
- ( ) Tree
- ( ) Utility pole/light support
- ( ) Other fixed object
- ( ) Sign Post
- ( ) Signal standard

Non-Fixed Object
- ( ) Building/Other Structure
- ( ) Maint. Equip. - Not Moving
- ( ) Maint. Equip. - Moving
- ( ) Other non-fixed object

G22. Crash Location
- (●) Roadway
- ( ) Off Roadway
- ( ) Median
- ( ) Roadside
- ( ) Shoulder
- ( ) Parking Lot
- ( ) Gore

G23. Intersection Type
- (●) None
- ( ) Four-way Inter
- ( ) T - Intersection
- ( ) Crossover
- ( ) Driveway
- ( ) Five-point or more
- ( ) Off Ramp
- ( ) On Ramp
- ( ) Path/Trail
- ( ) RR Xing
- ( ) Traffic Circle/Round
- ( ) Y - Intersection

G24. Roadway System
- (●) City Street
- ( ) State Highway
- ( ) U.S. Highway
- ( ) County Road
- ( ) Parking Lot/Private Drive
- ( ) Interstate
- ( ) Off Road
- ( ) State Park

G25. Light Condition
- ( ) Daylight
- (●) Dark-Lit
- ( ) Dark-Unlit
- ( ) Dawn
- ( ) Dusk

G26. Road Condition
- (●) Dry
- ( ) Wet
- ( ) Water
- ( ) Sand/Mud/Dirt/Oil/Gravel
- ( ) Ice
- ( ) Slush
- ( ) Snow

G27. Weather Condition (2)
- [ ] Clear
- [ ] Blown Debris
- [ ] Rain
- [X] Fog/Smog/Smoke
- [ ] Cloudy
- [ ] Sleet/Hail
- [ ] High winds
- [ ] Snow

G28. Workzone Relationship
- (●) Not Workzone Related
- ( ) Within Construction Zone
- ( ) Advance Warning Area

G29. Workzone Type (2)
- [X] None
- [ ] Intermittent or Moving Work
- [ ] Lane Closure
- [ ] Lane Shift/Crossover
- [ ] Shoulder/Median Work
- [ ] Utility

WITNESS(ES)

G30. First Name: — M: — Last Name:

G31. Address: — G32. Phone Number:

G33. City: — G34. State: — G35. Zip Code:

G36. Sex ( ) M ( ) F — G37. Age:

G38. First Name: — M: — Last Name:

G39. Address: — G40. Phone Number:

G41. City: — G42. State: — G43. Zip Code:

G44. Sex ( ) M ( ) F — G45. Age:

G46. Badge Number: 115

G47. Investigating Officer Name (Please Print): David Sanabria

G48. Officer Signature: David Sanabria

G49. Reviewing Badge Number: 4260

G50. Reviewing Officer Initials: SD

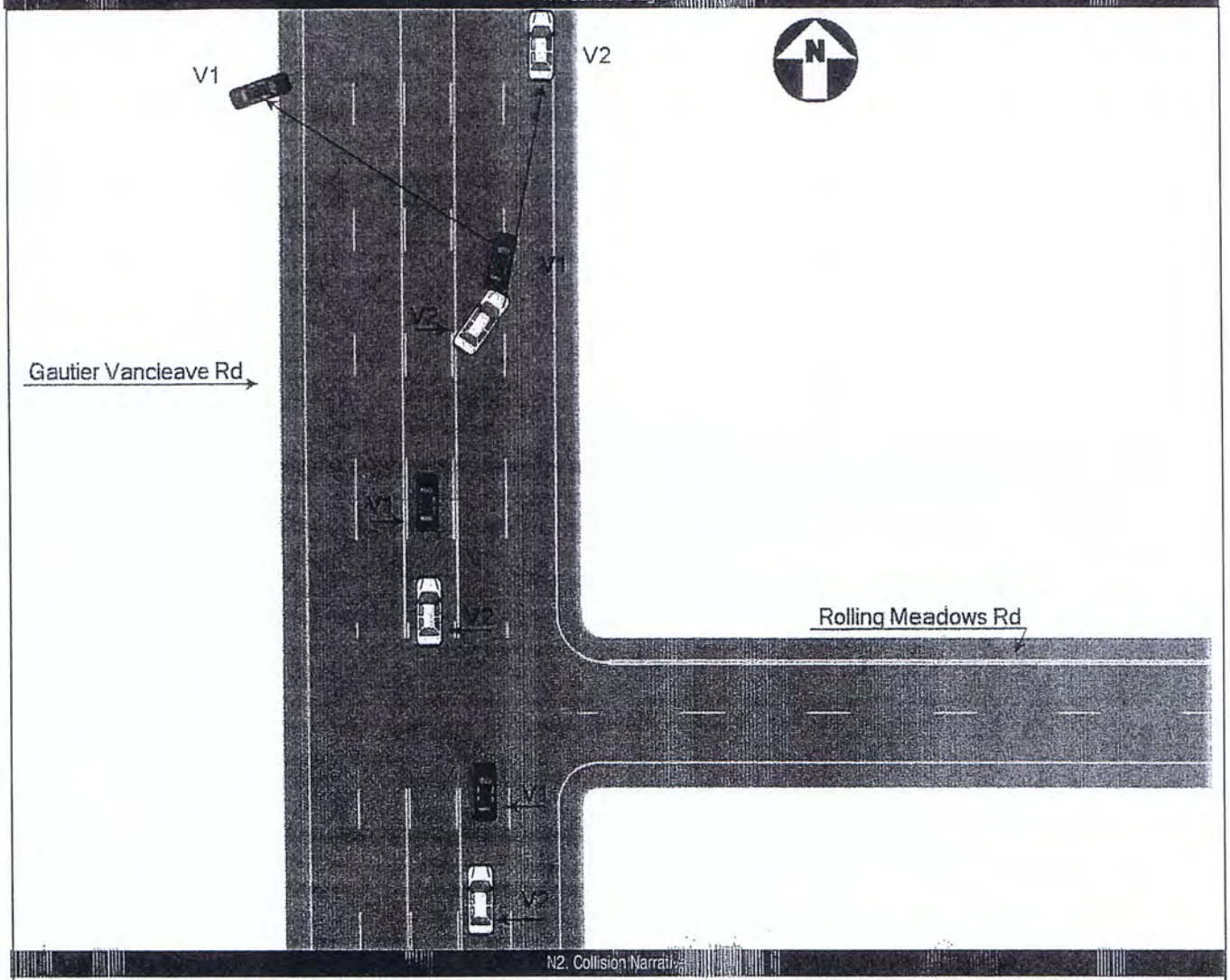
G51. Photos Taken: (●) Y ( ) N

G52. Photographer and Badge #: DAVID SANABRIA 115

MUCR Diagram/Narrative

Agency Number: 3005 — Agency Case Number: 2014020430

N1. Collision Diagram



N2. Collision Narrative

V1 STATED SHE WAS IN THE LEFT HAND LANE GOING NORTH ON GAUTIER VANCLEAVE RD NEAR ROLLING MEADOWS RD. V1 STATED SHE SUDDENLY SAW BLUE LIGHTS FROM A POLICE CAR BEHIND HER. V1 SAID SHE TRIED TO MERGE INTO THE RIGHT HAND LANE BUT WAS UNABLE TO DUE TO TRAFFIC. V1 STATED SHE THEN MERGED INTO THE CENTER TURN LANE. V1 STATED THE POLICE VEHICLE ALSO MERGED INTO THE CENTER LANE AT THE SAME TIME AND STRUCK V1 IN THE REAR.

V2 STATED HE WAS GOING NORTH IN HIS PATROL CAR WITH BLUE LIGHTS AND SIRENS ON IN THE LEFT HAND LANE. V2 STATED HE WAS APPROACHING V1 IN THE LEFT HAND LANE. V2 STATED VEHICLES IN THE RIGHT HAND LANE YIELDED AND THE RIGHT HAND LANE WAS CLEAR FOR V1 TO MERGE INTO THE RIGHT LANE. V2 STATED HE THEN ATTEMPTED TO PASS V1 IN THE CENTER TURN LANE. V2 SAID V1 ALSO MERGED INTO THE CENTER TURN LANE IN FRONT OF HIM. V2 STATED HE APPLIED HIS BRAKES TO AVOID HITTING V1 AND TURNED RIGHT BACK INTO THE LEFT HAND LANE. V2 SAID V1 DID THE SAME. V2 STATED HE TRIED TO AVOID HITTING V1 AGAIN BY TRYING TO TURN INTO THE RIGHT HAND LANE BUT WAS UNABLE TO AND STRUCK V1 IN THE REAR.

PHOTOS OF THE ACCIDENT WERE TAKEN AT THE SCENE, BUT DUE TO THE FOG AND GLARE OF LIGHTS FROM VEHICLE TRAFFIC THE PHOTO'S ARE NOT CLEAR

MUCR Person/Occupant

V0. Veh. # 01 | P0. Person # 01 | Agency Number 3005 | Agency Case Number 20140204300

P1. Person Type: (●) Driver ( ) Pedestrian ( ) Bicyclist ( ) Skater ( ) Other non-motorist ( ) Train Engineer ( ) Hit and Run Driver ( ) LE

P2. Driver License# 800902612 | P3. State MS

P4. Driver's License Class — Regular Operator: (●) Regular Operator ( ) Motorcycle ( ) Class D (I/S only) | CDL Class: ( ) A ( ) B ( ) C

P5. DOB (MM/DD/YYYY) 03/04/1963

P6. First Name CHRISTINA | MI C | Last Name DEJARDINS

P7. Address 1704 SEACREST DR | P8. Phone Number 2282090470

P9. City GAUTIER | P10. State MS | P11. Zip Code 39553

P12. DL Status: (●) Valid ( ) Suspended - DUI ( ) No License ( ) Learner Permit ( ) Expired ( ) Improper DL ( ) Suspended ( ) Other

P13. Citation Issued: ( ) Y (●) N ( ) P | P14. Ticket #s: 1 2 | P15. Offense: 1 2

P16. Injured With: (●) Not Transported ( ) Police ( ) Hearse ( ) EMS ( ) Private Vehicle

P17. EMS Agency Code | P18. Medical Facility Code

P19. Condition: (●) No Defects Apparent ( ) Unknown ( ) Hit and Run ( ) Drinking - Not impaired ( ) Drinking - Impaired ( ) Fell Asleep/Fainted/Fatigue ( ) Obviously Intoxicated ( ) Physical Impairment ( ) Affected by Exhaust Fumes ( ) Using Drugs - Impaired ( ) Using Drugs - Not Impaired ( ) Pending Lab Results

P20. Non-Motorist Action: ( ) Unknown ( ) Entering/Crossing Roadway ( ) Walking/running/playing/cycling ( ) Working ( ) Pushing vehicle ( ) Approaching/leaving vehicle ( ) Playing/working on vehicle ( ) Standing

P21. Contributing Circumstance(s): ( ) No Apparent Improper Driving ( ) Failed to Yield Right of Way ( ) Following Too Closely ( ) Speed Too Fast For Conditions ( ) Driving Under The Influence ( ) Animal on Roadway ( ) Faulty Equipment ( ) Exceeded Lawful Speed ( ) Improper Passing/Overtaking ( ) Made Improper Turn ( ) Left of Center ( ) Failure to keep proper lane/Run off road ( ) Avoidance ( ) Drove on Wrong Side of Road ( ) Fatigued/Asleep ( ) Illegally Crossing Median ( ) Improper Lane Change ( ) Lying and/or illegally in roadway ( ) Not Visible (Dark Clothing) ( ) Operating Defective Equipment ( ) Passed Stop Sign ( ) Pedestrian Actions ( ) Ran Red Light ( ) Roadway Defects ( ) Visibility Obstructed ( ) Improper Backing (●) See Crash Description

P22. Safety Equip. (2): (●) Shoulder & Lap Belt ( ) None ( ) Lap Belt ( ) Automated Restraint ( ) Shoulder Belt ( ) Child Safety Seat ( ) Helmet

P23. Injury Type: (●) None ( ) Complaint of Pain ( ) Moderate ( ) Life Threatening ( ) Killed

P24. Ejection: (●) Not ( ) Partially ( ) Totally

Extricated: (●) N ( ) Y

P25. Sex: ( ) M (●) F

P26. Race: (●) White ( ) Hispanic ( ) Black ( ) Other

P27. Position: (●) Left ( ) Center ( ) Right

P28. Airbag: ( ) Deployed - Front (●) Not Deployed ( ) Deployed - Side ( ) No Airbag ( ) Deployed - Both

P29. Alcohol Test Type: (●) None ( ) Serum ( ) Blood ( ) Urine ( ) Breath

P30. Alcohol Test Status: (●) None given ( ) Test given ( ) Test refused ( ) Test given, pending

P31. Alcohol Test Result:

P32. Drug Test Type: (●) None ( ) Serum ( ) Blood ( ) Urine

P33. Drug Test Status: (●) None given ( ) Test given, pending ( ) Test refused ( ) Test given

P34. Cellular Phone In Use? ( ) Y (●) N

Occupant

O0. Vehicle #: 01 | O1. First Name DYLAN | MI | Last Name DESJARDINS

O2. Address Same as Person # 01 | O3. Address 1704 SEACREST DR

O4. City GAUTIER | O5. State MS | Unborn Child ☐

O6. Seat: (●) M ( ) F | O8. Race: (●) White ( ) Hispanic ( ) Black ( ) Other | O9. Age 16 | O10. Extricated: ( ) M (●) N ( ) Y | O11. Election: (●) Not ( ) Partially ( ) Totally

O12. Position: ( ) Front-Driver ( ) Front-Middle (●) Front-right ( ) 2nd-left ( ) 2nd-middle ( ) 2nd-right ( ) 3rd-left ( ) 3rd-middle ( ) 3rd-right ( ) Sleeper of Truck Cab ( ) Encl. Pass./Cargo Area ( ) Unencl. Pass./Cargo Area ( ) Riding on Exterior ( ) Towed Vhcl./Trailer

O13. Injury Type: (●) None ( ) Complaint of Pain ( ) Moderate ( ) Life Threatening ( ) Killed

O14. Airbag: ( ) Deployed - Front (●) Not Deployed ( ) Deployed - Side ( ) No Airbag ( ) Deployed - Both

O7. Safety Equip. (2): (●) Shoulder and Lap Belt ( ) None ( ) Lap Belt ( ) Automated Restraint ( ) Shoulder Belt ( ) Child Safety Seat ( ) Helmet

O15. Injured With: (●) Not Transported ( ) Police ( ) Hearse ( ) EMS ( ) Private Vehicle

O16. EMS Agency Code | O17. Medical Facility Code

Occupant

O0. Vehicle #: 01 | O1. First Name MADISON | MI | Last Name CREEEL

O2. Address Same as Person # | O3. Address 1906 WOODVILLE LN

O4. City GAUTIER | O5. State MS | Unborn Child ☐

O6. Seat: ( ) M (●) F | O8. Race: (●) White ( ) Hispanic ( ) Black ( ) Other | O9. Age 15 | O10. Extricated: ( ) M (●) N ( ) Y | O11. Election: (●) Not ( ) Partially ( ) Totally

O12. Position: ( ) Front-Driver ( ) Front-Middle ( ) Front-right ( ) 2nd-left ( ) 2nd-middle (●) 2nd-right ( ) 3rd-left ( ) 3rd-middle ( ) 3rd-right ( ) Sleeper of Truck Cab ( ) Encl. Pass./Cargo Area ( ) Unencl. Pass./Cargo Area ( ) Riding on Exterior ( ) Towed Vhcl./Trailer

O13. Injury Type: ( ) None ( ) Complaint of Pain (●) Moderate ( ) Life Threatening ( ) Killed

O14. Airbag: ( ) Deployed - Front (●) Not Deployed ( ) Deployed - Side ( ) No Airbag ( ) Deployed - Both

O7. Safety Equip. (2): (●) Shoulder and Lap Belt ( ) None ( ) Lap Belt ( ) Automated Restraint ( ) Shoulder Belt ( ) Child Safety Seat ( ) Helmet

O15. Injured With: (●) Not Transported ( ) Police ( ) Hearse ( ) EMS ( ) Private Vehicle

O16. EMS Agency Code | O17. Medical Facility Code

MUCR Vehicle | V0. Vehicle: 01 | V1. Total Occupants: 04 | Agency Number: 3005 | Agency Case Number: 20140204300 | Page 04 of 07

Vehicle Information

V. VIN: 4A3AK24F36E008479

V2. State: MS | V3. Year: 2014 | V3a. Non-Expiring: ☐ | V4. License Plate Number: JHY289 | V9. Damage: H ● L ○ N ○

V5. Make: MITSUBISHI | V6. Model Year: 2006 | V10. Speed Zone: 40

V7. Vehicle Model: ECLIPSE | V8. Vehicle Color: ORAN | V11. Est. Speed: 40

Owner Information

Same as Driver: ☒

V12. Owner Name: CHRISTINA C DEJARDINS

V13. Address: 1704 SEACREST DR

V14. City: GAUTIER | V15. State: MS | V16. Zip Code: 39553

V17. No Proof of Insurance: ☐ | V18. Insurance Company Name: USAA | V19. Policy Number: 00253981471020

V20. Sequence of Events

1	2	3	4	
				Animal
				Bicyclist
				Maintenance Equip.
●				Moving Vehicle
				Parked Vehicle
				Pedestrian
				Train
				Slowing Vehicle
				Stopped Vehicle in Road
				Other Moveable Object

1	2	3	4	
				Cargo Loss/Shift
				Crossover
				Equipment Failure
				Fell/Jump from Vehicle
				Fire/Explosion
				Immersion
				Jackknife
				Median/Centerline
				Thrown/Falling Object
				Off roadway/Left
				Off roadway/Right
				Overturn/Rollover
				Unit Separation
				Over Correcting/Steering
				Downhill runaway

1	2	
		Attenuator/Cushion
		Bridge Structure
		Culvert
		Curb
		Ditch
		Embankment
		Fence
		Guardrail
		Mailbox
		Median Barrier
		Post/Pole/Support
		Tree
		Other Fixed Object

V20a. Damaged Property

Vehicle Damaged/Destroyed State Property? ○ Y ● N

State Property Damaged (Select all that apply):

☐ Signage ☐ Cable Barrier
☐ Signals ☐ Concrete Barrier
☐ Lighting ☐ Other Concrete Structure
☐ Guardrail ☐ Other (See Narrative)

V21. Vehicle Action

○ Going Straight ○ Avoidance
○ Making Left Turn ● Lane Change
○ Stopped ○ Leaving Parking
○ Slow/Stop in Road ○ Overtaking/Passing
○ Parked ○ Parking Position
○ Backing ○ Making U Turn
○ Making Right Turn ○ In Tow

V22. Vehicle Type

● Passenger Car ○ Bus
○ Pickup Truck ○ Truck/Tractor/Trailer(s)
○ SUV ○ Farm Tractor
○ Van/Stationwagon ○ Farm Equipment
○ Pvt Veh Towing Trailer ○ Emergency Vehicle
○ Motorcycle ○ Other
○ RV ○ Unknown Truck
○ ATV ○ Train

V22a. Hazmat Placard/Cargo? ○ Yes ● No

V22b. Bus Use

○ School (Public/Private)
○ Charter
○ Transit
○ Intercity
○ Other

V23. Initial Contact

○ Under
○ Overturn
○ None
○ Other

V24. Direction of Travel

N, NE, E, SE, S, SW, W, NW

V25. Bikeway Type

● None
○ Right only
○ Left Only
○ Both Sides
○ Separate
○ Signed

V26. Traffic Control Device

● Channel-Painted ○ Officer
○ Channel-Physical ○ RR Flashing Signal
○ Flag Person ○ RR Signal & Gate
○ Flashing Signal (Red) ○ Signal
○ Flashing Signal (Yellow) ○ Stop Sign
○ No Passing ○ Railroad Sign
○ None ○ Yield Sign

V27. Device Functioning? ● Yes ○ No

V28. Road Character

● Straight/Level ○ Bridge
○ Intersect two roads ○ Private Drive
○ Straight/Grade ○ Curve/Hillcrest
○ Curve/Level ○ Crossover
○ Straight/Hillcrest ○ Begin/End Divided Road
○ Curve/Grade ○ One-Way

V29. Road Class

○ 2 Lane ○ 3 Lane
● 4+ Lane ○ Frontage/Ramp
○ Parking Lot ○ One Way
○ 1 Lane ○ Unpaved

V30. Divided? ○ Yes ● No

V31. Center Turn Lane? ● Yes ○ No

V32. Road Surface Type

● Asphalt
○ Concrete
○ Dirt
○ Gravel
○ Other - See Narrative

V33. Towed? ● Yes ○ No

V33a. Due to Disabling Damage?: ● Yes ○ No

V34. Authority: ● Owner ○ Police ○ Other

V35. Towed By: ALL PRO

Commercial Vehicle

C1. Carrier ID Number:

C2. Authority: ○ US DOT ○ State ○ Mexico ○ MC ○ Canada

C3. Carrier Name

C4. Carrier Address

C5. City | C6. State | C7. Zip Code

C8. GVWR/GCWR
○ 10,000 lbs or less
○ 10,001 lbs to 26,000 lbs
○ Greater than 26,000 lbs

C9. Cargo Body Type

○ Auto transporter ○ Cargo tank ○ Pole
○ Bus (seats 9-15 incl. driver) ○ Flatbed ○ Log
○ Bus (seats 16 or >, incl. driver) ○ Garbage/refuse ○ Dump
○ Vehicle Towing Motor Vehicle ○ Intermodal ○ Other
○ Van/enclosed box ○ Concrete Mixer ○ None
○ Grain/chips/gravel

C10. Commodity Hauled

C11. Placard ID

C12. HAZMAT Released ○ Yes ○ No

C13. Vehicle Configuration

○ Passenger Car (only if has HM Placard)
○ Light Truck (only if has HM Placard)
○ Bus (seats 9-15 incl. driver)
○ Bus (seats 16 or more, incl. driver)
○ Single-Unit Truck (2 axles, 6 tires)
○ Single-Unit Truck (3 or more axles)
○ Truck/Trailer(s) (Single-Unit Truck with Trailer(s))
○ Truck/Tractor (Bobtail)
○ Truck/Semi-Trailer(one trailer)
○ Tractor/Doubles(two trailers)
○ Tractor/Triples (three trailers)
○ Other Heavy Truck (> 10,000 lbs)

C14. Cargo Types
○ Intrastate ○ Interstate
○ Not in Commerce - Other Truck or Bus
○ Not in Commerce - Government
○ Other Operations/Not Specified

MUCR Person/Occupant

V0. Veh. # 02 | P0. Person # 02 | Agency Number 3005 | Agency Case Number 2014020430 | Page 05 of 07

P1. Person Type: (●) Driver ( ) Pedestrian ( ) Bicyclist ( ) Skater ( ) Other non-motorist ( ) Train Engineer ( ) Hit and Run Driver ( ) LE

P2. Driver License# 802065150 | P3. State MS | P4. Driver's License Class: Regular Operator (●) / Motorcycle ( ) / Class D (MS only) ( ) | CDL Class: A ( ) B ( ) C ( )

P5. DOB (MM/DD/YYYY) 09/14/1971

P6. First Name BILLY | MI W | Last Name GORE

P7. Address 3330 HWY 90 | P8. Phone Number 2282972486

P9. City GAUTIER | P10. State MS | P11. Zip Code 39553

P12. DL Status: (●) Valid ( ) Suspended - DUI ( ) Revoked ( ) Learner Permit ( ) Expired ( ) Improper DL ( ) Suspended ( ) Other

P13. Commercial Vehicle: ( ) Y (●) N ( ) P | DUI: Ticket # 1 | 2

P15. Offense 1 | 2

P16. Transported By: ( ) Not Transported ( ) Police ( ) Hearse (●) EMS ( ) Private Vehicle

P17. EMS Agency Code 0381 | P18. Medical Facility Code 0040

P19. Conditions: (●) No Defects Apparent ( ) Unknown ( ) Hit and Run ( ) Drinking - Not impaired ( ) Drinking - Impaired ( ) Fell Asleep/Fainted/Fatigue ( ) Obviously Intoxicated ( ) Physical Impairment ( ) Affected by Exhaust Fumes ( ) Using Drugs - Impaired ( ) Using Drugs - Not Impaired ( ) Pending Lab Results

P20. Non-Motorist Action: ( ) Unknown ( ) Pushing vehicle ( ) Entering/Crossing Roadway ( ) Approaching/leaving vehicle ( ) Walking/running/playing/cycling ( ) Playing/working on vehicle ( ) Working ( ) Standing

P21. Contributing Circumstances: ☐ No Apparent Improper Driving ☐ Failed to Yield Right of Way ☐ Following Too Closely ☐ Speed Too Fast For Conditions ☐ Driving Under The Influence ☐ Animal on Roadway ☐ Faulty Equipment ☐ Exceeded Lawful Speed ☐ Improper Passing/Overtaking ☐ Made Improper Turn ☐ Left of Center ☐ Failure to keep proper lane/Run off road ☐ Avoidance ☐ Drove on Wrong Side of Road ☐ Fatigued/Asleep ☐ Illegally Crossing Median ☐ Improper Lane Change ☐ Lying and/or illegally in roadway ☐ Not Visible (Dark Clothing) ☐ Operating Defective Equipment ☐ Passed Stop Sign ☐ Pedestrian Actions ☐ Ran Red Light ☐ Roadway Defects ☐ Visibility Obstructed ☐ Improper Stacking ☒ See Crash Description

P22. Safety Equip.: (☒) Shoulder & Lap Belt ☐ None ☐ Lap Belt ☐ Automated Restraint ☐ Shoulder Belt ☐ Child Safety Seat ☐ Helmet

P23. Injury Type: ( ) None (●) Complaint of Pain ( ) Moderate ( ) Life Threatening ( ) Killed

P24. Ejection: (●) Not ( ) Partially ( ) Totally

P25. Extricated: ( ) N ( ) Y

P26. Sex: (●) M ( ) F

P27. Race: (●) White ( ) Hispanic ( ) Black ( ) Other

P28. Airbag Position: (●) Left ( ) Center ( ) Right

P29. Airbag: ( ) Deployed - Front (●) Not Deployed ( ) Deployed - Side ( ) No Airbag ( ) Deployed - Both

P30. Alcohol Test Information: (●) None ( ) Serum ( ) Blood ( ) Urine ( ) Breath

P31. Alcohol Test Results: (●) None given ( ) Test given ( ) Test refused ( ) Test given, pending

P32. Drug Test Information: (●) None ( ) Serum ( ) Blood ( ) Urine

P33. Drug Test Results: (●) None given ( ) Test given, pending ( ) Test refused ( ) Test given

P34. Cell Phone Use: Cellular Phone In Use? ( ) Y (●) N

Occupant

C0. Vehicle #: | O1. First Name | MI | Last Name

O2. Address Same as Person #

O3. Address

O4. City | O5. State | Unborn Child ☐

O6. Sex: ( ) M ( ) F

O8. Race: ( ) White ( ) Hispanic ( ) Black ( ) Other

O10. Age | O11. Extricated: ( ) M ( ) Y ( ) N ( ) Y

O12. Ejection: ( ) Not ( ) Partially ( ) Totally

O13. Injury: ( ) None ( ) Complaint of Pain ( ) Moderate ( ) Life Threatening ( ) Killed

O14. Airbag: ( ) Deployed - Front ( ) Not Deployed ( ) Deployed - Side ( ) No Airbag ( ) Deployed - Both

O15. Transported By: ( ) Not Transported ( ) Police ( ) Hearse ( ) EMS ( ) Private Vehicle

O16. EMS Agency Code | O17. Medical Facility Code

O18. Position: ( ) Front-Driver ( ) Front-Middle ( ) Front-right ( ) 2nd-left ( ) 2nd-middle ( ) 2nd-right ( ) 3rd-left ( ) 3rd-middle ( ) 3rd-right ( ) Sleeper of Truck Cab ( ) Encl. Pass./Cargo Area ( ) Unencl. Pass./Cargo Area ( ) Riding on Exterior ( ) Towed Vhcl./Trailer

O19. Safety Equip. (2): ☐ Shoulder and Lap Belt ☐ None ☐ Lap Belt ☐ Automated Restraint ☐ Shoulder Belt ☐ Child Safety Seat ☐ Helmet

Occupant

C0. Vehicle #: | O1. First Name | MI | Last Name

O2. Address Same as Person #

O3. Address

O4. City | O5. State | Unborn Child ☐

O6. Sex: ( ) M ( ) F

O8. Race: ( ) White ( ) Hispanic ( ) Black ( ) Other

O10. Age | O11. Extricated: ( ) M ( ) Y ( ) N ( ) Y

O12. Ejection: ( ) Not ( ) Partially ( ) Totally

O13. Injury: ( ) None ( ) Complaint of Pain ( ) Moderate ( ) Life Threatening ( ) Killed

O14. Airbag: ( ) Deployed - Front ( ) Not Deployed ( ) Deployed - Side ( ) No Airbag ( ) Deployed - Both

O15. Transported By: ( ) Not Transported ( ) Police ( ) Hearse ( ) EMS ( ) Private Vehicle

O16. EMS Agency Code | O17. Medical Facility Code

O18. Position: ( ) Front-Driver ( ) Front-Middle ( ) Front-right ( ) 2nd-left ( ) 2nd-middle ( ) 2nd-right ( ) 3rd-left ( ) 3rd-middle ( ) 3rd-right ( ) Sleeper of Truck Cab ( ) Encl. Pass./Cargo Area ( ) Unencl. Pass./Cargo Area ( ) Riding on Exterior ( ) Towed Vhcl./Trailer

O19. Safety Equip. (2): ☐ Shoulder and Lap Belt ☐ None ☐ Lap Belt ☐ Automated Restraint ☐ Shoulder Belt ☐ Child Safety Seat ☐ Helmet

MUCR Vehicle

V0. Vehicle: 02 | V1. Total Occupants: 01 | Agency Number: 3005 | Agency Case Number: 2014020430 | Page 06 of 07

Vehicle Information

V. VIN: 2FAFP71V38X179615

V2. State: MS | V3. Year | ☒ V3a. Non-Expiring | V4. License Plate Number: G47331 | V9. Damage: H ● L ○ N ○

V5. Make: FORD | V6. Model Year: 2008 | V10. Speed Zone: 40

V7. Vehicle Model: CROWN VICT | V8. Vehicle Color: WHIT | V11. Est. Speed: 60

Owner Information

Same as Driver ☐

V12. Owner Name: CITY OF GAUTIER

V13. Address: 3330 HWY 90

V14. City: GAUTIER | V15. State: MS | V16. Zip Code: 39553

V17. No Proof of Insurance ☐ | V18. Insurance Company Name: CITY OF GAUTIER | V19. Policy Number: 123456

V20. Sequence of Events

	1	2	3	4
	●			

Collision w/ Person, Vehicle/Non-fixed Object: ○ Animal, ○ Bicyclist, ○ Maintenance Equip., ○ Moving Vehicle, ○ Parked Vehicle, ○ Pedestrian, ○ Train, ○ Slowing Vehicle, ○ Stopped Vehicle in Road, ○ Other Moveable Object

Non-Collision: ○ Cargo Loss/Shift, ○ Crossover, ○ Equipment Failure, ○ Fell/Jump from Vehicle, ○ Fire/Explosion, ○ Immersion, ○ Jackknife, ○ Median/Centerline, ○ Thrown/Falling Object, ○ Off roadway/Left, ○ Off roadway/Right, ○ Overturn/Rollover, ○ Unit Separation, ○ Over Correcting/Steering, ○ Downhill runaway

Collision w/ Fixed Object: ○ Attenuator/Cushion, ○ Bridge Structure, ○ Culvert, ○ Curb, ○ Ditch, ○ Embankment, ○ Fence, ○ Guardrail, ○ Mailbox, ○ Median Barrier, ○ Post/Pole/Support, ○ Tree, ○ Other Fixed Object

V20b. State Property

Vehicle Damaged/Destroyed State Property? ○ Y ● N

V20b. Damaged Property

State Property Damaged (Select all that apply):

☐ Signage ☐ Cable Barrier
☐ Signals ☐ Concrete Barrier
☐ Lighting ☐ Other Concrete Structure
☐ Guardrail ☐ Other (See Narrative)

V21. Vehicle Action

○ Going Straight ● Avoidance
○ Making Left Turn ○ Lane Change
○ Stopped ○ Leaving Parking
○ Slow/Stop in Road ○ Overtaking/Passing
○ Parked ○ Parking Position
○ Backing ○ Making U Turn
○ Making Right Turn ○ In Tow

V22. Vehicle Type

○ Passenger Car ○ Bus
○ Pickup Truck ○ Truck/Tractor/Trailer(s)
○ SUV ○ Farm Tractor
○ Van/Stationwagon ○ Farm Equipment
○ Pvt Veh Towing Trailer ● Emergency Vehicle
○ Motorcycle ○ Other
○ RV ○ Unknown Truck
○ ATV ○ Train

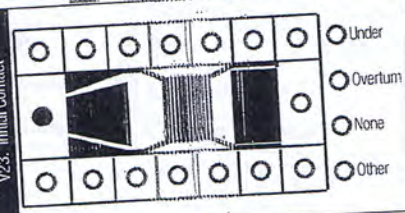
V22a. Hazmat Placard/Cargo?

○ Yes ● No

V22b. Bus Use

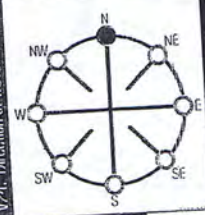
○ School (Public/Private)
○ Charter
○ Transit
○ Intercity
○ Other

V23. Initial Contact



○ Under ○ Overturn ○ None ○ Other

V24. Direction of Travel



V25. Bikeway Type

● None ○ Right only ○ Left Only ○ Both Sides ○ Separate ○ Signed

V26. Traffic Control Device

○ Channel-Painted ○ Officer
○ Channel-Physical ○ RR Flashing Signal
○ Flag Person ○ RR Signal & Gate
○ Flashing Signal (Red) ○ Signal
○ Flashing Signal (Yellow) ○ Stop Sign
○ No Passing ○ Railroad Sign
○ None ○ Yield Sign

V27. Device Functioning?

● Yes ○ No

V28. Road Character

● Straight/Level ○ Bridge
○ Intersect two roads ○ Private Drive
○ Straight/Grade ○ Curve/Hillcrest
○ Curve/Level ○ Crossover
○ Straight/Hillcrest ○ Begin/End Divided Road
○ Curve/Grade ○ One-Way

V29. Road Configuration

○ 2 Lane ○ 3 Lane
● 4+ Lane ○ Frontage/Ramp
○ Parking Lot ○ One Way
○ 1 Lane ○ Unpaved

V30. Divided?

○ Yes ● No

V31. Center Turn Lane?

● Yes ○ No

V32. Road Surface Type

● Asphalt
○ Concrete
○ Dirt
○ Gravel
○ Other - See Narrative

V32. Towed?

● Yes ○ No

V33a. Due to Disabling Damage?:

● Yes ○ No

V34. Authority:

○ Owner ● Police ○ Other

V35. Towed By:

COLLISION DEPOT

Commercial Vehicle

C1. Carrier ID Number: | C2. Authority: ○ US DOT ○ State ○ Mexico ○ MC ○ Canada

C3. Carrier Name

C4. Carrier Address

C5. City | C6. State | C7. Zip Code

C8. GVWR/GCWR
○ 10,000 lbs or less
○ 10,001 lbs to 26,000 lbs
○ Greater than 26,000 lbs

C9. Cargo Body Type

○ Auto transporter ○ Cargo tank ○ Pole
○ Bus (seats 9-15 incl. driver) ○ Flatbed ○ Log
○ Bus (seats 16 or >, incl. driver) ○ Garbage/refuse ○ Dump
○ Vehicle Towing Motor Vehicle ○ Intermodal ○ Other
○ Van/enclosed box ○ Concrete Mixer ○ None
○ Grain/chips/gravel

C10. Commodity Hauled

C11. Placard ID

C12. HAZMAT Released ○ Yes ○ No

C13. Vehicle Configuration

○ Passenger Car (only if has HM Placard)
○ Light Truck (only if has HM Placard)
○ Bus (seats 9-15 incl. driver)
○ Bus (seats 16 or more, incl. driver)
○ Single-Unit Truck (2 axles, 6 tires)
○ Single-Unit Truck (3 or more axles)
○ Truck/Trailer(s) (Single-Unit Truck with Trailer(s))
○ Truck/Tractor (Bobtail)
○ Truck/Semi-Trailer(one trailer)
○ Tractor/Doubles(two trailers)
○ Tractor/Triples (three trailers)
○ Other Heavy Truck (> 10,000 lbs)

C14. Carrier Types
○ Intrastate ○ Interstate
○ Not in Commerce - Other Truck or Bus
○ Not in Commerce - Government
○ Other Operations/Not Specified