



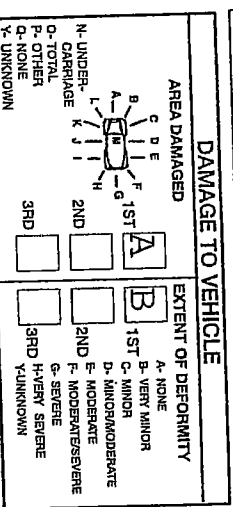


CONTRIBUTING FACTORS AND CONDITIONS

WRITE APPROPRIATE LETTER IN BLOCK

<b>VISION OBSCUREMENTS</b> <input checked="" type="checkbox"/> A. RAIN, SNOW, ETC. ON WINDSHIELD <input type="checkbox"/> B. WINDSHIELD OTHERWISE OBSCURED <input type="checkbox"/> C. VISION OBSCURED BY LOAD <input type="checkbox"/> D. TREES, BUSHES, ETC. <input type="checkbox"/> E. BUILDING <input type="checkbox"/> F. SIGN BOARD <input type="checkbox"/> G. EMBANKMENT <input type="checkbox"/> H. HILLCREST <input type="checkbox"/> I. PARKED VEHICLES <input type="checkbox"/> J. MOVING VEHICLES <input type="checkbox"/> K. BLINDING BY HEADLIGHTS <input type="checkbox"/> L. BLINDING BY SUNGLASSES <input type="checkbox"/> M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW <input type="checkbox"/> N. NO OBSCUREMENTS <input type="checkbox"/> O. UNKNOWN <input type="checkbox"/> Z. OTHER	<b>CONDITION OF DRIVER/PEP</b> <input checked="" type="checkbox"/> A. NORMAL <input type="checkbox"/> B. DISTRACTED <input type="checkbox"/> C. DROWSY <input type="checkbox"/> D. BOTHERED <input type="checkbox"/> E. APPARENTLY ASLEEP/BACKCOURT <input type="checkbox"/> F. DRINKING ALCOHOL - IMPAIRED <input type="checkbox"/> G. DRINKING ALCOHOL - NOT IMPAIRED <input type="checkbox"/> H. DRUG USE - IMPAIRED <input type="checkbox"/> I. DRUG USE - NOT IMPAIRED <input type="checkbox"/> J. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) <input type="checkbox"/> K. UNKNOWN <input type="checkbox"/> Z. OTHER	<b>SEQUENCE OF EVENTS/HARMFUL EVENTS</b> <input type="checkbox"/> S. MOTOR VEHICLE IN TRANSPO <input type="checkbox"/> T. PARKED MOTOR VEHICLE <input type="checkbox"/> U. STRUCK BY FALLING, SHIFTING CARGO OR PARTS SET IN MOTION BY MOTOR VEHICLE <input type="checkbox"/> V. WORK ZONE MAINTENANCE EQUIPMENT NON-FIXED OBJECT <input type="checkbox"/> W. OTHER NON-FIXED OBJECT <input type="checkbox"/> X. IMPACT AT TRANSPOCRASH GUSHION <input type="checkbox"/> Y. BRIDGE PIER OR SUPPORT <input type="checkbox"/> ZA. BRIDGE RAIL <input type="checkbox"/> ZB. CULVERT <input type="checkbox"/> ZC. CURB <input type="checkbox"/> ZD. DITCH <input type="checkbox"/> ZE. EMBANKMENT <input type="checkbox"/> ZF. GUARDRAIL FACE <input type="checkbox"/> ZG. GUARDRAIL END <input type="checkbox"/> ZH. CONCRETE TRAFFIC BARRIER <input type="checkbox"/> ZI. OTHER TRAFFIC BARRIER <input type="checkbox"/> ZJ. TREE STANDING <input type="checkbox"/> ZK. UTILITY POLE/LIGHT SUPPORT <input type="checkbox"/> ZL. TRAFFIC SIGN SUPPORT <input type="checkbox"/> ZM. TRAFFIC SIGNAL SUPPORT <input type="checkbox"/> ZN. OTHER POST, POLE, OR SUPPORT <input type="checkbox"/> ZO. FENCE <input type="checkbox"/> ZP. MAILBOX <input type="checkbox"/> ZQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) <input type="checkbox"/> ZY. UNKNOWN
<b>VIOLATION</b> <input checked="" type="checkbox"/> A. EXCEEDING STATED SPEED LIMIT <input type="checkbox"/> B. EXCEEDING SAFE SPEED LIMIT <input type="checkbox"/> C. FOLLOWING TOO CLOSELY <input type="checkbox"/> D. FOLLOWING TOO CLOSELY <input type="checkbox"/> E. DRIVING LEFT OF CENTER <input type="checkbox"/> F. CUTTING IN, IMPROPER PASSING <input type="checkbox"/> G. FAILURE TO SIGNAL TURN <input type="checkbox"/> H. MADE TURN ON LEFT TURN <input type="checkbox"/> I. CUT CORNER ON LEFT TURN <input type="checkbox"/> J. TURNED IMPROPER TURNING <input type="checkbox"/> K. DISREGARDED TRAFFIC CONTROL <input type="checkbox"/> L. IMPROPER STARTING <input type="checkbox"/> M. IMPROPER PARKING <input type="checkbox"/> N. FAILED TO SET OUT FLAGS, FLARES <input type="checkbox"/> O. VEHICLE CONDITION <input type="checkbox"/> P. DRIVER CONDITION <input type="checkbox"/> Q. CARELESS OPERATION <input type="checkbox"/> R. IMPROPER BACKING <input type="checkbox"/> S. NO VIOLATIONS <input type="checkbox"/> T. UNKNOWN <input type="checkbox"/> Z. OTHER	<b>DRIVER DISTRACTION</b> <input checked="" type="checkbox"/> A. CELL PHONE <input type="checkbox"/> B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) <input type="checkbox"/> C. OTHER INSIDE THE VEHICLE <input type="checkbox"/> D. OTHER OUTSIDE THE VEHICLE <input type="checkbox"/> E. NOT DISTRACTED <input type="checkbox"/> Y. UNKNOWN	<b>MOVEMENT PRIOR TO CRASH</b> <input checked="" type="checkbox"/> A. STOPPED <input type="checkbox"/> B. PROCEEDING STRAIGHT AHEAD <input type="checkbox"/> C. TRAVELING WRONG WAY <input type="checkbox"/> D. BACKING <input type="checkbox"/> E. CROSSED MEDIAN INTO OPPOSING LANE <input type="checkbox"/> F. CROSSED CENTER LINE INTO OPPOSING LANE <input type="checkbox"/> G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) <input type="checkbox"/> H. CHANGING LANES ON MULTI-LANE ROAD <input type="checkbox"/> I. MAKING LEFT TURN <input type="checkbox"/> J. MAKING RIGHT TURN <input type="checkbox"/> K. STOPPED PREPARING TO, OR MAKING U-TURN <input type="checkbox"/> L. MAKING TURN, DIRECTION UNKNOWN <input type="checkbox"/> M. STOPPED, PREPARING TO TURN LEFT <input type="checkbox"/> N. STOPPED, PREPARING TO TURN RIGHT <input type="checkbox"/> O. SLOWING TO MAKE LEFT TURN <input type="checkbox"/> P. SLOWING TO MAKE RIGHT TURN <input type="checkbox"/> Q. SLOWING TO STOP <input type="checkbox"/> R. PROPERLY PARKED <input type="checkbox"/> S. PARKING MANUEVER <input type="checkbox"/> T. ENTERING TRAFFIC FROM SHOULDER <input type="checkbox"/> U. ENTERING TRAFFIC FROM MEDIAN <input type="checkbox"/> V. ENTERING TRAFFIC FROM PARKING LANE <input type="checkbox"/> W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY ON RAMP <input type="checkbox"/> X. ENTERING FREEWAY FROM ON RAMP <input type="checkbox"/> Y. LEAVING FREEWAY VIA OFF RAMP <input type="checkbox"/> Z. OTHER OR UNKNOWN
<b>TRAFFIC CONTROL</b> <input checked="" type="checkbox"/> A. STOP SIGN <input type="checkbox"/> B. YIELD SIGN <input type="checkbox"/> C. RED SIGNAL ON <input type="checkbox"/> D. YELLOW SIGNAL ON <input type="checkbox"/> E. GREEN SIGNAL ON <input type="checkbox"/> F. GREEN TURN ARROW ON <input type="checkbox"/> G. RIGHT TURN ON RED <input type="checkbox"/> H. LIGHT PHASE UNKNOWN <input type="checkbox"/> I. FLASHING YELLOW <input type="checkbox"/> J. FLASHING RED <input type="checkbox"/> K. OFFICER, FLAGMAN <input type="checkbox"/> L. RR CROSSING, SIGNAL <input type="checkbox"/> M. RR CROSSING, SIGNAL <input type="checkbox"/> N. RR CROSSING, NO CONTROL <input type="checkbox"/> O. WARNING SIGN (SCHOOL, ETC.) <input type="checkbox"/> P. SCHOOL, FLASHING SPEED SIGN <input type="checkbox"/> Q. YELLOW NO PASSING LINE <input type="checkbox"/> R. WHITE DASHED LINE <input type="checkbox"/> S. YELLOW DASHED LINE <input type="checkbox"/> T. BIKE LANE <input type="checkbox"/> U. GROSSWALK <input type="checkbox"/> V. NO CONTROL <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/> Z. OTHER	<b>REASON FOR MOVEMENT</b> <input checked="" type="checkbox"/> A. TO AVOID OTHER VEHICLE <input type="checkbox"/> B. TO AVOID PEDESTRIAN <input type="checkbox"/> C. TO AVOID ANIMAL <input type="checkbox"/> D. TO AVOID OTHER OBJECT <input type="checkbox"/> E. PASSING <input type="checkbox"/> F. VEHICLE OUT OF CONTROL, NOT PASSING <input type="checkbox"/> G. VEHICLE OUT OF CONTROL, PASSING <input type="checkbox"/> H. FOR TRAFFIC CONTROL <input type="checkbox"/> I. DUE TO CONGESTION (COLLISION) <input type="checkbox"/> J. DUE TO DRIVER VIOLETION <input type="checkbox"/> K. DUE TO DRIVER VIOLETION <input type="checkbox"/> L. DUE TO DRIVER VIOLETION <input type="checkbox"/> M. DUE TO DRIVER VIOLETION <input type="checkbox"/> N. DUE TO FAVORABLE CONDITION <input type="checkbox"/> O. HIGH WIND <input type="checkbox"/> P. NORMAL MOVEMENT <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/> Z. OTHER	<b>VEHICLE CONDITION</b> <input checked="" type="checkbox"/> A. DEFECTIVE BRAKES <input type="checkbox"/> B. DEFECTIVE HEADLIGHTS <input type="checkbox"/> C. DEFECTIVE REAR LIGHTS <input type="checkbox"/> D. DEFECTIVE SIGNAL LIGHTS <input type="checkbox"/> E. ALL LIGHTS OUT <input type="checkbox"/> F. DEFECTIVE STEERING <input type="checkbox"/> G. TIRE FAILURE <input type="checkbox"/> H. WORN OR SMOOCHY TIRES <input type="checkbox"/> I. ENGINE FAILURE <input type="checkbox"/> J. DEFECTIVE SUSPENSION <input type="checkbox"/> K. NO DEFECTS OBSERVED <input type="checkbox"/> Z. OTHER
<b>PEDESTRIAN ACTIONS</b> <input type="checkbox"/> A. CROSSING, ENTERING ROAD AT INTERSECTION <input type="checkbox"/> B. CROSSING, ENTERING ROAD NOT AT INTERSECTION <input type="checkbox"/> C. WALKING IN ROAD WITH TRAFFIC <input type="checkbox"/> D. WALKING IN ROAD - AGAINST TRAFFIC <input type="checkbox"/> E. SLEEPING IN ROADWAY <input type="checkbox"/> F. STANDING IN ROADWAY <input type="checkbox"/> G. GETTING ON OR OFF OTHER VEHICLE <input type="checkbox"/> H. PUSHING, WORKING ON ROADWAY <input type="checkbox"/> I. OTHER WORKING IN ROADWAY <input type="checkbox"/> J. PLAYING IN ROADWAY <input type="checkbox"/> K. NOT IN ROADWAY <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/> Z. OTHER	<b>VEHICLE LIGHTING</b> <input checked="" type="checkbox"/> A. HEADLIGHTS ON <input type="checkbox"/> B. HEADLIGHTS OFF <input type="checkbox"/> C. PARTIAL RUNNING LIGHTS <input type="checkbox"/> Y. UNKNOWN <b>TRAFFIC CONTROL</b> <input checked="" type="checkbox"/> A. CONTROL'S FUNCTIONING <input type="checkbox"/> B. CONTROL'S NOT FUNCTIONING <input type="checkbox"/> C. CONTROL'S OBSCURED <input type="checkbox"/> D. LANE MARKING UNCLEAR <input type="checkbox"/> E. NO DEFECTIVE <input type="checkbox"/> F. NO CONTROL'S <input type="checkbox"/> Y. UNKNOWN	<b>ALCOHOL/DRUG INVOLVEMENT</b> <input checked="" type="checkbox"/> A. ALCOHOL/DRUGS SUSPECTED <input type="checkbox"/> B. NETHER ALCOHOL, NOR DRUGS <input type="checkbox"/> C. YES-ALCOHOL <input type="checkbox"/> D. YES-ALCOHOL AND DRUGS <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/> Z. OTHER

HEADED	DIRECTION BEFORE CRASH	FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED	EST.	POSTED	FR	FL	RR	RL
<input checked="" type="checkbox"/>	ON HIGHWAY, STREET OR DRIVE			40			0	0	0	0



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

BS. OR ORD. NO. \_\_\_\_\_

NOTICE OF INSURANCE VIOLATION, .....

INVESTIGATING OFFICER'S INITIALS \_\_\_\_\_

STATE OF LOUISIANA  
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT  
ADDITIONAL OCCUPANT SUPPLEMENT

COMPUTER NUMBER

PAGE #

04

D-00531-10

VEH # 011 OCCUPANT'S NAME (LAST, FIRST, MI) HANES BLAKE

POST-TON	ESCAP-TON	TOTAL-TON	TRUNK-CONT	AIR BAG	OC C PRIOT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS Bentley 417 McGill Rd TRANSPORTED TO MEDICAL FACILITY  
CITY Bentley STATE LA ZIP 71417  
A. YES C. REFUSED AID  
B. NO Y. UNKNOWN

NAME OF FACILITY G.P. Rogerson

VEH # 01 OCCUPANT'S NAME (LAST, FIRST, MI) Hebert Jean

POST-TON	ESCAP-TON	TOTAL-TON	TRUNK-CONT	AIR BAG	OC C PRIOT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS 202 Hebert Lane TRANSPORTED TO MEDICAL FACILITY  
CITY Bentley STATE LA ZIP 71417  
A. YES C. REFUSED AID  
B. NO Y. UNKNOWN

NAME OF FACILITY

VEH # 01 OCCUPANT'S NAME (LAST, FIRST, MI) WILLIAMS Alex

POST-TON	ESCAP-TON	TOTAL-TON	TRUNK-CONT	AIR BAG	OC C PRIOT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS 4415 Hwy 1 TRANSPORTED TO MEDICAL FACILITY  
CITY Bentley STATE LA ZIP 71417  
A. YES C. REFUSED AID  
B. NO Y. UNKNOWN

NAME OF FACILITY

VEH # 01 OCCUPANT'S NAME (LAST, FIRST, MI)

POST-TON	ESCAP-TON	TOTAL-TON	TRUNK-CONT	AIR BAG	OC C PRIOT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY  
CITY STATE ZIP  
A. YES C. REFUSED AID  
B. NO Y. UNKNOWN

NAME OF FACILITY

VEH # 01 OCCUPANT'S NAME (LAST, FIRST, MI)

POST-TON	ESCAP-TON	TOTAL-TON	TRUNK-CONT	AIR BAG	OC C PRIOT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY  
CITY STATE ZIP  
A. YES C. REFUSED AID  
B. NO Y. UNKNOWN

NAME OF FACILITY

VEH # 01 OCCUPANT'S NAME (LAST, FIRST, MI)

POST-TON	ESCAP-TON	TOTAL-TON	TRUNK-CONT	AIR BAG	OC C PRIOT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY  
CITY STATE ZIP  
A. YES C. REFUSED AID  
B. NO Y. UNKNOWN

NAME OF FACILITY

VEH # 01 OCCUPANT'S NAME (LAST, FIRST, MI)

POST-TON	ESCAP-TON	TOTAL-TON	TRUNK-CONT	AIR BAG	OC C PRIOT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY  
CITY STATE ZIP  
A. YES C. REFUSED AID  
B. NO Y. UNKNOWN

NAME OF FACILITY

VEH # 01 OCCUPANT'S NAME (LAST, FIRST, MI)

POST-TON	ESCAP-TON	TOTAL-TON	TRUNK-CONT	AIR BAG	OC C PRIOT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY  
CITY STATE ZIP  
A. YES C. REFUSED AID  
B. NO Y. UNKNOWN

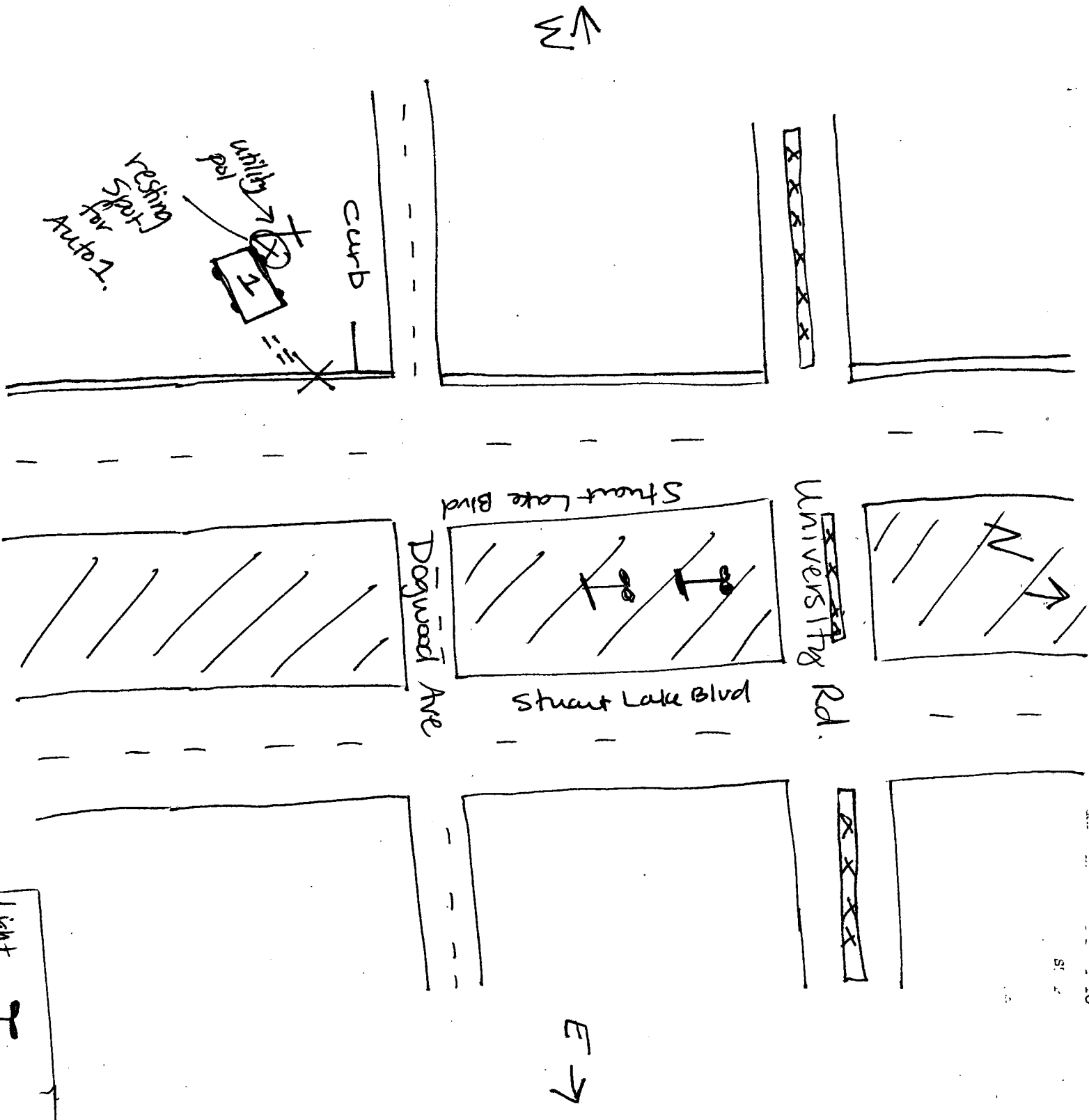
NAME OF FACILITY

INVESTIGATING OFFICER'S INITIALS \_\_\_\_\_

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

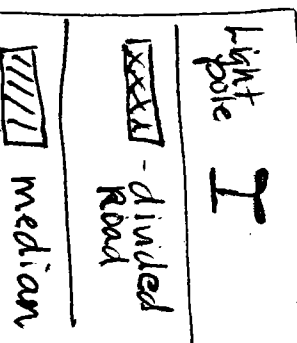
REFER TO EACH BY VEHICLE NUMBER



Not to scale  
rough

Exhibit 1B

SW



**35<sup>th</sup> JUDICIAL DISTRICT COURT**  
**GRANT PARISH LOUISIANA**

Case Number- 02-0079  
Attorney for State: Prudhomme, David, ADA  
Counsel for Defendant: Evans, Jacob, P.D.

State of Louisiana versus HL JOHNSON  
DOB: 1/14/1972  
SSN: 999-99-7869

Indictment Filing Date: 2004  
LADOC No.: 001234

**JUDGMENT**

**Comes the District Attorney for the 35<sup>th</sup> Judicial District of Louisiana and the defendant, HL JOHNSON, represented by counsel of record for entry of judgment.**

On the 19<sup>th</sup> day of December 2004, the defendant, HL JOHNSON:

**PLED GUILTY,**

Is hereby **FOUND GUILTY**, and

Is **CONVICTED** of violation of LA R.S. 14:67, a felony, for **THEFT OVER \$500.**

Pursuant to applicable sentencing guidelines, the defendant, HL JOHNSON, is hereby subject to **SENTENCING** of 1 year 6 months in the Parish Jail, with credit given for time served from 9/21/2004 through 12/19/2004, and the period of incarceration to be served prior to release of 0 months 0 days and the **ALTERNATIVE SENTENCING** to consist of **PROBATION**.

**RESTITUTION** in the amount of \$1,800.15 is to be paid at a rate of \$150.00 per month to:

Rusty Rooster Cafe  
119 Stuart Lake Boulevard  
Bentley, Louisiana, 71417

**COURT COSTS** in the amount of \$375.00 plus fines in the amount of \$250.00 are to be paid by

defendant, C.J. Simpson.

The foregoing Judgment is entered in Bentley, Louisiana on this the 19<sup>th</sup> day of December, 2004.

  
\_\_\_\_\_  
Judge, 35<sup>th</sup> Judicial District Court

**EXHIBIT 2**

Bentley Police Department  
Bentley, Louisiana  
Retrieved by: Officer Knight  
Source: M. Smith cell  
4/20/10

From: Taylor  
cmn 2 yr hse  
CB: 318-555-9977  
4/14 06:09:07 pm

To: Taylor  
n... im goin 2 pty w Blk  
won gm w gtown  
clbr8n  
CB: 318-555-9808  
4/14 06:10:39 pm

From: Taylor  
sty thr ...im cmn we nd 2 tlk  
CB: 318-555-9977  
4/14 06:11:01 pm

To: Taylor  
bye...tlk ltr ... not n mood  
Aft ystrdys talk  
CB: 318-555-9808  
4/14 06:13:41 pm

From: Taylor  
cnt bleev ur actin lk this  
ilv u ... hope ur happy  
CB: 318-555-9977  
4/14 06:16:03 pm

From: Taylor  
hvn fun wout me????  
CB: 318-555-9977  
4/14 08:58:21 pm

From: Taylor  
No respns ...not tlkn 2 me nomo??  
CB: 318-555-9977  
4/14 09:49:18 pm

**EXHIBIT 3**

From: Taylor  
im tryn to find austins hsz  
CB: 318-555-9977  
4/14 11:49:13 pm

From: Taylor  
wht...now ur avoidn me??  
thro it all away . . .  
CB: 318-555-9977  
4/15 12:35:03 am

From: Taylor  
i knw u alwys hv ur phn . . .  
pls. . .  
tlk to me  
CB: 318-555-9977  
4/15 12:38:14 am

From: Taylor  
w8tn 4 u at cffee shp  
CB: 318-555-9977  
4/15 01:06:03 am

From: Taylor  
adn . . . CB NOW!  
CB: 318-555-9977  
4/15 01:08:05 am

To: Taylor  
ntwd!!  
CB: 318-555-9808  
4/15 01:09:00 am

From: Taylor  
cmn to cffee shp?  
CB: 318-555-9977  
4/15 01:10:43 am

To: Taylor  
No ... I am happier with Blake  
Leave me alone please.  
Goodnight . . . Bye!  
CB: 318-555-9808  
4/15 01:11:33 am

# Grant Parish Regional Hospital

*Proudly Serving Grant Parish for 35 years*

*Admissions:* 5-14-2010  
*Attending:* Boudreaux

*Patient :* Hanes, Blake  
*SSN:* 999-999-9901  
*DOB:*

## *History of Present Illness:*

Patient comes into the emergency department today by ambulance with a chief complaint of pain in the right leg and foot. Patient suffered a serious injury with unknown consequences due to a single-car collision with a telephone pole. During admission, patient noted that the car collided with the pole on patient's side of car. Patient was passenger in car, not driver. Patient reported not to know what happened because of concentration on texting at time. Patient states short term memory loss from scene of accident to arrival on ER. Differential diagnosis of hysterical post-traumatic amnesia. Patient reports no prior illnesses or problems except numbness of the fingers at times when extremely active with the hands. Patient's leg and ankle appear swollen and broken. Numerous contusions about the head, chest, and right arm and hand. Injuries concentrated to the right side of the body. Patient is alert and cognizant, but appears impaired. Patient is asking normal questions regarding the location of "Blake" and "do my parents know where I am?"

## *Plan of Care:*

Immediate work up of patient, monitor vital signs, conduct CT and MRI. Order x-ray of right leg and foot, as well as the right arm and hand to determine location and severity of any fractures/breaks.

<b>Emergent Care?</b>	N	<b>Intelligence:</b>	Normal
<b>Pain Level:</b>	9 (1-10)	<b>Mood:</b>	Pain
<b>BP:</b>	140/90	<b>Speech:</b>	Labored
<b>Pulse:</b>	90	<b>Orient:</b>	Alert
<b>Temp:</b>	98F	<b>Memory:</b>	Normal
<b>Eyes:</b>	Bloodshot	<b>Appearance:</b>	Normal
<b>Skin:</b>	Normal	<b>Allergies:</b>	None known
<b>Abdomen:</b>	Normal	<b>Medication:</b>	None
<b>Chest/Lungs:</b>	Normal	<b>Other:</b>	
<b>Back:</b>	Normal	<u>BAC test order per Boudreaux, A, M.D.</u>	
<b>Extremities:</b>	leg/foot(R)		

Print Date: ~~6/10/2010~~ *6/19/2010 MAT* By: MAT

Discharge Date: 5/16/2010

*Top removed  
BAC Boudreaux  
5/15/2010*

**EXHIBIT 4**

# **Grant Parish Regional Hospital**

589 Railroad Avenue, Bentley, Louisiana 71417 • 1-800-555-0001

*Proudly Serving Grant Parish for 35 years*

State of Louisiana

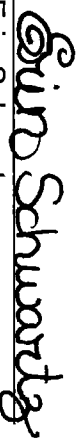
Parish of Grant

I, Margaret Thiels, am the custodian of records for Grant Parish Regional Hospital, and have made a diligent search upon request, and I hereby certify that the medical records produced herein are true and exact copies of the entire medical record for **BLAKE HANES**, DOB **2/14/1992** in the Grant Parish Regional Hospital records for this patient. These records have not been altered in any manner, and are a true and complete copy of the records maintained by this institution in the ordinary course of business. The record consists of **45** pages.



Margaret Thiels  
CUSTODIAN OF RECORDS

Sworn to and subscribed before the undersigned notary on this the 19<sup>th</sup> day of June 2010.



Erin Schwartz

My commission expires 1/11/2011.

**EXHIBIT 4**