

THE LAW OFFICE OF
BRUCE C. BETZER

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June 30, 2016

Via U.S. Mail ONLY

St. Bernard Parish Fire Department
8201 W. Judge Perez Drive
Chalmette, LA 70043

Re: My Client: Curtis Williams

Dear Sir/Madam:

My client, Curtis Williams, was involved in a motor vehicle collision that took place at approximately 5:42 am on July 2, 2015, wherein a dump truck overturned on East St. Bernard Highway near Nancy Drive and Palmisano Boulevard. It is my understanding that the St. Bernard Fire Department was on the scene of this accident, and I ask that you please forward a copy of any notes and/or reports that you may have pertaining to same.

If you have any questions regarding this matter, please do not hesitate to contact our office.

Cordially,



Bruce C. Betzer

BCB/slp
Enclosures



A		MM DD YYYY	Delete <input type="checkbox"/>		NFIRS -1
FDID *	State *	Incident Date *	Station	Incident Number *	Exposure *
44001	LA	07 02 2015	F06	15-0002028	000
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.					
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions					
4626 E St Bernard HWY Meriaux LA 70075 Cross street or directions, as applicable					
C Incident Type *		E1 Date & Times		E2 Shift & Alarms	
322 Motor vehicle accident with		Midnight is 0000		Local Option	
Incident Type		Check boxes if dates are the same as Alarm Date.		Shift or Alarms District	
D Aid Given or Received *		ALARM always required		1 01 134	
1 <input type="checkbox"/> Mutual aid received		Alarm * 07 02 2015 05:46:00		Platoon	
2 <input type="checkbox"/> Automatic aid recv.		ARRIVAL required, unless canceled or did not arrive		E3 Special Studies	
3 <input type="checkbox"/> Mutual aid given		<input checked="" type="checkbox"/> Arrival * 07 02 2015 05:48:00		Local Option	
4 <input type="checkbox"/> Automatic aid given		CONTROLLED Optional, Except for wildland fires		Special Study ID#	
5 <input type="checkbox"/> Other aid given		<input type="checkbox"/> Controlled		Special Study Value	
N <input checked="" type="checkbox"/> None		LAST UNIT CLEARED, required except for wildland fires			
		<input checked="" type="checkbox"/> Last Unit Cleared 07 02 2015 08:18:00			
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values	
73 Provide manpower		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires. None	
81 Incident command		Apparatus Personnel		Property \$ 000,000 <input checked="" type="checkbox"/>	
86 Investigate		Suppression 0003 0006		Contents \$ 000,000 <input checked="" type="checkbox"/>	
		EMS		PRE-INCIDENT VALUE: Optional	
		Other 0001 0001		Property \$ 000,000 <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$ 000,000 <input checked="" type="checkbox"/>	
Completed Modules		H1 * Casualties		H3 Hazardous Materials Release	
<input type="checkbox"/> Fire-2		Deaths Injuries		None <input checked="" type="checkbox"/>	
<input type="checkbox"/> Structure-3		Fire Service		1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions	
<input type="checkbox"/> Civil Fire Cas.-4		Civilian		2 <input checked="" type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)	
<input type="checkbox"/> Fire Serv. Cas.-5		H2 Detector		3 <input checked="" type="checkbox"/> Gasoline: vehicle fuel tank or portable container	
<input type="checkbox"/> EMS-6		Required for Confined Fires.		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage	
<input type="checkbox"/> HazMat-7		1 <input type="checkbox"/> Detector alerted occupants		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable	
<input type="checkbox"/> Wildland Fire-8		2 <input type="checkbox"/> Detector did not alert them		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only	
<input checked="" type="checkbox"/> Apparatus-9		U <input type="checkbox"/> Unknown		7 <input type="checkbox"/> Motor oil: from engine or portable container	
<input checked="" type="checkbox"/> Personnel-10				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons	
<input type="checkbox"/> Arson-11				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form	
J Property Use* Structures		341 <input type="checkbox"/> Clinic, clinic type infirmary		I Mixed Use Property	
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office		NN <input checked="" type="checkbox"/> Not Mixed	
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile		10 <input type="checkbox"/> Assembly use	
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling		20 <input type="checkbox"/> Education use	
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling		33 <input type="checkbox"/> Medical use	
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house		40 <input type="checkbox"/> Residential use	
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel		51 <input type="checkbox"/> Row of stores	
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care		53 <input type="checkbox"/> Enclosed mall	
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks		58 <input type="checkbox"/> Bus. & Residential	
Outside		519 <input type="checkbox"/> Food and beverage sales		59 <input type="checkbox"/> Office use	
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot		60 <input type="checkbox"/> Industrial use	
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land		63 <input type="checkbox"/> Military use	
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream		65 <input type="checkbox"/> Farm use	
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way		00 <input type="checkbox"/> Other mixed use	
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street			
931 <input type="checkbox"/> Open land or field		961 <input checked="" type="checkbox"/> Highway/divided highway		Property Use 961	
		962 <input type="checkbox"/> Residential street/driveway		Highway or divided highway	

K1 Person/Entity Involved Local Option Business name (if applicable) - - Area Code Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code -

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip The rest of this section. Local Option Business name (if Applicable) - - Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code -

I, Remarks
Local Option

On 07/02/2015 at 05:46:00 dispatched To 4626 E St Bernard HWY /Meraux, LA 70075. The location is a Highway or divided highway. The incident was determined to be a(n) Motor vehicle accident with injuries.

05:48:00 arrived on scene. Upon arrival found a two vehicle accident involving a pick-up truck and a dump truck. The dump truck struck the front of the pick-up and then ran off the road and rolled over on to it's driver's side. F.D. assessed three patients in the pick-up truck, all stated they were not injured. F.D. had to use a ladder to remove the driver of the dump truck after he climbed out of his truck onto the passenger side. EMS arrived and assessed the dump truck driver at which time he stated he had rib pain only. F.D. assisted EMS with packaging and loading of the dump truck driver, EMS transported. Engine 6 remained on the scene until a tow truck arrived that could upright the dump truck, at which time S.O. assumed control of the scene.

The following actions were performed on scene:

- Provide manpower
- Incident command
- Investigate

Units responding were:

- Unit 202 responded.
- Unit E06 responded.
- Unit E07 responded.
- Unit SQ2 responded.

I, Authorization

LEBE01 Lebeau, Michael DC 202 07 07 2015
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if ROME01 Rome, Erwin CAPT E06 07 07 2015
same as Officer in charge. Member making report ID Signature Position or rank Assignment Month Day Year

44001

FDID *

LA

State *

MM

DD

YYYY

7

2

2015

Incident Date *

F06

Station

15-0002028

Incident Number *

000

Exposure *

Complete
Narrative

Narrative:

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08:18:00 all units back in service.

COPY