STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

1341452

TOTAL NUMBER OF VEHICLES INVOLVED

LAT.

LONG.

TIME (0000)

DISTRICT/ZONE

TROOP

PAGE # 01

DATE OF CRASH M M D D Y Y Y Y

CONSTR./MAINT. ZONE [X] HIT & RUN [X]

DOTD PROPERTY DAMAGE [X] PHOTOS MADE [X]

RR TRAIN INVOLVED [X] FATAL-ITY [X]

IN PARISH OF

PARISH CODE

ON PRIMARY ROADWAY

MILEPOST

CITY OR TOWN

CRASH OCCURRED ON
A. INTERSTATE
B. U.S. HWY
C. STATE HWY
D. PARISH ROAD
E. CITY STREET
F. PRIVATE PROPERTY
G. TOLL ROAD
H. OTHER

DISTANCE MILES ☐ FEET ☐ N E S W STREET/HIGHWAY ☐ AT INTERSECTION ☐ NOT AT INTERSECTION

DISTANCE MILES ☐ FEET ☐ N E S W STREET/HIGHWAY ☐ AT INTERSECTION ☐ NOT AT INTERSECTION

VEHICLE #01

A. PASSENGER CAR
B. LT. TRUCK (P.U., ETC.)
C. VAN
D. A, B, OR C WITH TRAILER
E. MOTORCYCLE
F. PEDALCYCLE
G. OFF-ROAD VEHICLE
H. EMERGENCY VEHICLE
I. SCHOOL BUS
J. OTHER BUS
K. MOTOR HOME
L. SINGLE UNIT TRUCK
M. TRUCK WITH TRAILER(S)
N. FARM EQUIPMENT
O. OTHER

YEAR MAKE MODEL # DOORS # AXLES # TIRES

V.I.N.

VEHICLE TOWED A. YES B. NO C. LEFT AT SCENE

REMOVED BY

LICENSE PLATE YEAR STATE NUMBER TYPE

REASON TOWED
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
D. OTHER

TRAILER DESCRIPTION YEAR MAKE TYPE

LICENSE PLATE YEAR STATE NUMBER

DRIVER'S NAME (LAST,FIRST,MI)

DATE OF BIRTH M M D D Y Y Y Y

POSITION	EJECTION	TRAPPED/EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS

TELEPHONE #

CITY

STATE

ZIP

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER

INSTRUCTED TO EXCHANGE INFORMATION? [X] YES [X] NO

TRANSPORTED TO MEDICAL FACILITY
A. YES C. UNKNOWN
B. NO D. REFUSED AID

NAME OF FACILITY

OWNER'S NAME (LAST,FIRST,MI OR COMPANY NAME)

SAME AS DRIVER? [X] YES [X] NO

SR-10 FURNISHED? [X] YES [X] NO

PROOF OF INSURANCE? [X] YES [X] NO

NOTICE OF VIOLATION ISSUED? [X] YES [X] NO

STREET ADDRESS

CITY

STATE

ZIP

OCCUPANT'S NAME (LAST,FIRST,MI)

POSITION	EJECTION	TRAPPED/EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY
A. YES C. UNKNOWN
B. NO D. REFUSED AID

NAME OF FACILITY

CITY

STATE

ZIP

INVESTIGATING AGENCY NAME OF AGENCY

TIME OF NOTIFICATION

TIME OF ARRIVAL

TIME ALL LANES OPENED

INVESTIGATION COMPLETE [X] YES [X] NO

INVESTIGATING POLICE AGENCY A. STATE B. CITY C. PARISH D. OTHER

REPORT COMPLETED M M D D Y Y Y Y

BADGE #