☐ VEHICLE

☐ PEDESTRIAN

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE / PEDESTRIAN SUPPLEMENT

COMPUTER NUMBER _____ - PAGE # ____

VEHICLE # ____

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? ☐ YES ☐ 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) ____

STREET ADDRESS ____

CITY ____ STATE ____ ZIP ____

SAME AS DRIVER? ☐ YES ☐ NO

SR-10 FURNISHED? ☐ YES ☐ NO

PROOF OF INSURANCE? ☐ YES ☐ NO

NOTICE OF VIOLATION ISSUED? ☐ YES ☐ NO

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 ____

PEDESTRIAN'S NAME (LAST,FIRST,MI) ____

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

NAME OF FACILITY ____

STREET ADDRESS ____ TELEPHONE # ____

CITY ____ STATE ____ ZIP ____

	LIGHT	DARK		LIGHT	DARK	SEX	RACE	AGE	INJURY CODE
UPPER BODY CLOTHING	☐	☐	LOWER BODY CLOTHING	☐	☐				

CODES

SEATING POSITION		EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER) B - FRONT SEAT-MIDDLE C - FRONT SEAT-RIGHT SIDE D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER) E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER) H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE	J - SLEEPER SECTION OF CAB (TRUCK) K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) M - PASSENGER ON TRAIN OR STREETCAR N - TRAILING UNIT O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) P - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED D - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED D - UNKNOWN	A - DEPLOYED B - NOT DEPLOYED C - NOT DEPLOYED/SWITCH OFF D - NOT APPLICABLE E - UNKNOWN	A - NONE USED-VEHICLE OCCUPANT B - SHOULDER BELT ONLY USED C - LAP BELT ONLY USED D - SHOULDER AND LAP BELT USED E - CHILD SAFETY SEAT IMPROPERLY USED F - CHILD SAFETY SEAT USED G - HELMETS USED H - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING/SEVERE C - NON-INCAPACITATING/MODERATE D - POSSIBLE/COMPLAINT E - NO INJURY