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

COMPUTER NUMBER

PAGE #

VEH # **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

CITY STATE ZIP

NAME OF FACILITY

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