STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

COMPUTER NUMBER _____ - PAGE # ____

DATE _____ TIME _____ PLACE _____

I, _____ AM _____ YEARS OF AGE,

MY ADDRESS IS _____

AND MY TELEPHONE NUMBER IS (____) _____-_____.

THE ABOVE STATEMENT, TO THE BEST OF MY KNOWLEDGE, IS A TRUE AND CORRECT ACCOUNT OF MY RECOLLECTION IN THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: _____

OFFICER TAKING STATEMENT: _____

SIGNATURE: _____

INVESTIGATING OFFICER'S INITIALS _____

DPSSP 3111