

TOTAL NUMBER OF VEHICLES INVOLVED

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



LAT. _____

LONG. _____ TIME (0000) _____ DISTRICT/ZONE _____ TROOP _____

PAGE #

DATE OF CRASH M M D D Y Y Y Y

CONSTR./MAINT. ZONE, HIT & RUN, DOTD PROPERTY DAMAGE, PHOTOS MADE, RR TRAIN INVOLVED, FATALITY

01

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

STREET ADDRESS _____ TELEPHONE # _____ CITY _____ STATE _____ ZIP _____ POS. ION, EJECT ION, TRAP/EXTRICATED, AIR BAG, OCC PROT SYS, SEX, RACE, AGE, INJURY

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) _____ 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) _____ POS. ION, EJECT I ON, TRAP/EXTRICATED, AIR BAG, OCC PROT SYS, SEX, RACE, AGE, INJURY

INVESTIGATING AGENCY _____ NAME OF AGENCY _____ TIME OF NOTIFICATION _____ TIME OF ARRIVAL _____ TIME ALL LANES OPENED _____ INVESTIGATION COMPLETE YES NO INVESTIGATING POLICE AGENCY _____ A. STATE B. CITY C. PARISH D. OTHER REPORT COMPLETED M M D D Y Y Y Y

INVESTIGATING OFFICER'S NAME (PRINT) _____ SIGNATURE _____ BADGE # _____ SUPERVISOR'S INITIALS _____

VEHICLE #02

- 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

PAGE #

02

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 YEAR STATE NUMBER LICENSE PLATE

DRIVER'S NAME (LAST, FIRST, MI)

DATE OF BIRTH

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

POSITION	EJECTION	TRAP/EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
<input type="text"/>								

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)

STREET ADDRESS

CITY STATE ZIP

POSITION	EJECTION	TRAP/EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
<input type="text"/>								

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

CODES						
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY	
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	A - NOT EJECTED	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL	
B - FRONT SEAT-MIDDLE	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NOT DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/ SEVERE	
C - FRONT SEAT-RIGHT SIDE	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NOT DEPLOYED - /SWITCH OFF	C - LAP BELT ONLY USED	C - NON- INCAPACITATING / MODERATE	
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	D - UNKNOWN	D - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/ COMPLAINT	
E - SECOND SEAT-MIDDLE			E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY	
F - SECOND SEAT-RIGHT SIDE				F - CHILD SAFETY SEAT USED		
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)				G - HELMETS USED		
H - THIRD ROW-MIDDLE				H - RESTRAINT USE UNKNOWN		
I - THIRD ROW-RIGHT SIDE						

INSURANCE VEHICLE # 1		INSURANCE VEHICLE # 2	
INSURANCE CO, NAME (NOT AGENCY NAME)	EFFECTIVE DATE	INSURANCE CO, NAME (NOT AGENCY NAME)	EFFECTIVE DATE
POLICY NUMBER	EXPIRATION DATE	POLICY NUMBER	EXPIRATION DATE
AGENT'S NAME	PHONE # ()	AGENT'S NAME	PHONE # ()
AGENT'S ADDRESS		AGENT'S ADDRESS	

EMERGENCY SERVICES AMBULANCE RESCUE UNIT

AMBULANCE SERVICE _____
 FIRE DEPARTMENT _____

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
CONTRIBUTING FACTORS AND CONDITIONS

COMPUTER NUMBER

PAGE #

[] - 03

WRITE APPROPRIATE LETTER IN BLOCK

<p align="center">ROAD SURFACE (ONE PER COLUMN)</p> <p>[] []</p> <p>A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ECT.) F. UNKNOWN G. OTHER</p> <p>A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT F. UNKNOWN G. OTHER</p>	<p align="center">ROADWAY CONDITIONS</p> <p>[]</p> <p>A. NO DEFECTS B. DEFECTIVE SHOULDERS C. HOLES D. DEEP RUTS E. BUMPS F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. FLOODING L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY N. OTHER DEFECTS</p>	<p align="center">LIGHTING</p> <p>[]</p> <p>A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN G. UNKNOWN</p>	<p align="center">KIND OF LOCATION</p> <p>[]</p> <p>A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY H. OTHER</p>	<p align="center">PRIMARY FACTOR</p> <p>[]</p> <p align="center">SECONDARY FACTOR</p> <p>[]</p> <p>A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS</p>			
<p align="center">TYPE OF ROADWAY</p> <p>[]</p> <p>A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER E. UNKNOWN F. OTHER</p>	<p align="center">WEATHER</p> <p>[]</p> <p>A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL,DIRT, SNOW I. UNKNOWN J. OTHER</p>	<p align="center">VIOLATION</p> <p>[] []</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. UNKNOWN VIOLATIONS U. NO VIOLATIONS V. OTHER</p>	<p align="center">REASON FOR MOVEMENT</p> <p>[] []</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER</p>	<p align="center">ACCESS CONTROL</p> <p>[]</p> <p>A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) D. UNKNOWN E. OTHER</p>			
<p align="center">VISION OBSCUREMENTS</p> <p>[] []</p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. UNKNOWN O. NO OBSCUREMENTS P. OTHER</p>	<p align="center">CONDITION OF DRIVER</p> <p>[] []</p> <p>A. NORMAL B. INATTENTIVE OR DISTRACTED C. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. HAD BEEN DRINKING - IMPAIRED H. HAD BEEN DRINKING - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. UNKNOWN L. OTHER</p>	<p align="center">HARMFUL EVENTS</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>A. OVERTURNED B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. OTHER NONCOLLISION F. PEDESTRIAN G. PEDALCYCLE H. RAILWAY TRAIN I. ANIMAL J. MOTOR VEHICLE IN TRANSPORT K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY L. PARKED MOTOR VEHICLE M. OTHER OBJECT (NOT FIXED)</p> </td> <td style="width:50%;"> <p>N. IMPACT ATTENUATOR O. BRIDGE-PIER OR ABUTMENT P. BRIDGE-PARAPET END Q. BRIDGE-RAIL R. GUARDRAIL FACE S. GUARDRAIL END T. MEDIAN BARRIER U. HIGHWAY TRAFFIC SIGN POST V. OVERHEAD SIGN SUPPORT W. LUMINAIRE/LIGHT SUPPORT X. UTILITY POLE Y. OTHER POLE</p> </td> </tr> </table>		<p>A. OVERTURNED B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. OTHER NONCOLLISION F. PEDESTRIAN G. PEDALCYCLE H. RAILWAY TRAIN I. ANIMAL J. MOTOR VEHICLE IN TRANSPORT K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY L. PARKED MOTOR VEHICLE M. OTHER OBJECT (NOT FIXED)</p>	<p>N. IMPACT ATTENUATOR O. BRIDGE-PIER OR ABUTMENT P. BRIDGE-PARAPET END Q. BRIDGE-RAIL R. GUARDRAIL FACE S. GUARDRAIL END T. MEDIAN BARRIER U. HIGHWAY TRAFFIC SIGN POST V. OVERHEAD SIGN SUPPORT W. LUMINAIRE/LIGHT SUPPORT X. UTILITY POLE Y. OTHER POLE</p>	<p align="center">VEH 1</p> <p>FIRST HARMFUL EVENT [] []</p> <p>MOST HARMFUL EVENT [] []</p> <p>Z. CULVERT AA. CURB BB. EMBANKMENT CC. MAIL BOX DD. DITCH</p>	<p align="center">VEH 2</p> <p>FIRST HARMFUL EVENT [] []</p> <p>MOST HARMFUL EVENT [] []</p> <p>EE. FENCE FF. TREE GG. UNKNOWN HH. OTHER FIXED OBJECT.....</p>
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<p align="center">RELATION TO ROADWAY</p> <p>[]</p> <p>A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. OFF ROADWAY G. GORE H. UNKNOWN I. OTHER</p>	<p align="center">ALIGNMENT</p> <p>[]</p> <p>A. STRAIGHT-LEVEL B. STRAIGHT LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE I. DIP, HUMP-STRAIGHT J. DIP, HUMP-CURVE K. UNKNOWN L. OTHER</p>	<p align="center">MOVEMENT PRIOR TO CRASH</p> <p>[] []</p> <p>A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANUEVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>	<p align="center">VEHICLE CONDITION</p> <p>[] []</p> <p>A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED L. UNKNOWN DEFECTS M. OTHER</p>	<p align="center">TRAFFIC CONTROL CONDITIONS</p> <p>[] []</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. CONDITION UNKNOWN</p>			
<p align="center">TRAFFIC CONTROL</p> <p>[] []</p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, WATCHMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL</p> <p>N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL W. UNKNOWN X. OTHER</p>		<p align="center">ALCOHOL/DRUG INVOLVEMENT</p> <p align="right">#1 [] #2 []</p> <p>ALCOHOL/DRUGS PRESENT.....</p> <p>A. NEITHER ALCOHOL OR DRUGS PRESENT B. YES (ALCOHOL PRESENT) C. YES (DRUGS PRESENT) D. YES (ALCOHOL AND DRUGS PRESENT) E. NOT REPORTED F. UNKNOWN</p> <p>ALCOHOL..... [] []</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC..... [] g% [] g% E. UNKNOWN</p> <p>DRUGS..... [] []</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. DRUGS REPORTED (SPECIFY) D. UNKNOWN</p> <p>SUSPECTED DRUGS</p>					

CONTRIBUTING FACTORS AND CONDITIONS

WRITE APPROPRIATE LETTER IN BLOCK

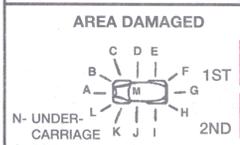
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D. YES (ALCOHOL AND DRUGS PRESENT)																																																																
E. NOT REPORTED																																																																
F. UNKNOWN																																																																
ALCOHOL																																																																
A. TEST REFUSED																																																																
B. NO TEST GIVEN																																																																
C. TEST GIVEN, RESULTS PENDING																																																																
D. TEST GIVEN, BAC g% g%																																																																
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DRUGS																																																																
A. TEST NOT GIVEN																																																																
B. TEST GIVEN, RESULTS PENDING																																																																
C. DRUGS REPORTED (SPECIFY)																																																																
D. UNKNOWN																																																																
SUSPECTED DRUGS																																																																

<p>TRAFFIC CONTROL <input type="checkbox"/></p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, WATCHMAN L. RR CROSSING, SIGN</p> <p>M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL W. UNKNOWN X. OTHER</p>	<p>HARMFUL EVENTS</p> <p>A. OVERTURNED B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. OTHER NONCOLLISION F. PEDESTRIAN G. PEDALCYCLE H. RAILWAY TRAIN I. ANIMAL J. MOTOR VEHICLE IN TRANSPORT K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY L. PARKED MOTOR VEHICLE</p> <p>M. OTHER OBJECT (NOT FIXED) N. IMPACT ATTENUATOR O. BRIDGE-PIER OR ABUTMENT P. BRIDGE-PARAPET END Q. BRIDGE-RAIL R. GUARDRAIL FACE S. GUARDRAIL END T. MEDIAN BARRIER U. HIGHWAY TRAFFIC SIGN POST V. OVERHEAD SIGN SUPPORT W. LUMINAIRE/LIGHT SUPPORT</p>	<p>VEHICLE</p> <p>X. UTILITY POLE Y. OTHER POLE Z. CULVERT AA. CURB BB. EMBANKMENT CC. MAIL BOX DD. DITCH EE. FENCE FF. TREE GG. UNKNOWN HH. OTHER FIXED OBJECT</p> <p>FIRST HARMFUL EVENT <input type="checkbox"/></p> <p>MOST HARMFUL EVENT <input type="checkbox"/></p>
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<p>PEDESTRIAN ACTIONS <input type="checkbox"/></p> <p>A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE</p> <p>H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY OR UNKNOWN L. NOT APPLICABLE M. OTHER IN ROADWAY</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <th align="left">CITATION NO.</th> <th align="left">VEH.</th> <th align="left">PED.</th> <th align="left">R.S. OR ORD. NO.</th> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	CITATION NO.	VEH.	PED.	R.S. OR ORD. NO.	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
CITATION NO.	VEH.	PED.	R.S. OR ORD. NO.																		
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_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																		

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON STREET OR HIGHWAY OR DRIVE			EST.	POSTED	FR	FL	RR	RL
<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W				<input type="checkbox"/>	<input type="checkbox"/>				

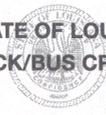
DAMAGE TO THIS VEHICLE

<p>AREA DAMAGED</p>  <p>N- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE R- UNKNOWN</p>	<p>EXTENT OF DEFORMITY</p> <p>A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H- VERY SEVERE I- UNKNOWN</p>
1ST <input type="checkbox"/>	1ST <input type="checkbox"/>
2ND <input type="checkbox"/>	2ND <input type="checkbox"/>
3RD <input type="checkbox"/>	3RD <input type="checkbox"/>

INSURANCE THIS VEHICLE

INSURANCE CO, NAME (NOT AGENCY NAME)	EFFECTIVE DATE
POLICY NUMBER	EXPIRATION DATE
AGENT'S NAME	PHONE # ()
AGENT'S ADDRESS	

**STATE OF LOUISIANA
UNIFORM TRUCK/BUS CRASH SUPPLEMENT**



COMPUTER NUMBER

PAGE #

VEHICLE NO.

WHEN TO USE THIS FORM: ANSWERS TO QUESTIONS BELOW DETERMINE USE.
DID THIS CRASH INVOLVE —

1. A COMMERCIAL TRUCK WITH AT LEAST 2 AXLES, 6 TIRES OR HAZ MAT PLACARD? YES NO
2. A BUS WITH SEATS FOR 16 OR MORE PERSONS, INCLUDING DRIVER? YES NO

DID THIS CRASH RESULT IN —

3. PERSON(S) FATALLY INJURED? YES NO
4. INJURED PERSON(S) TAKEN AWAY FOR MEDICAL ATTENTION? YES NO
5. VEHICLE(S) TOWED DUE TO DAMAGE? YES NO

STOP. IF RESPONSE TO BOTH QUESTIONS IS "NO," DO NOT FILL OUT FORM. IF RESPONSE IS "YES" TO 1 OR 2, PROCEED TO QUESTION 3.

STOP. IF RESPONSE TO 3, 4, AND 5 IS "NO," DO NOT COMPLETE THIS FORM. IF RESPONSE IS "YES" TO 3, 4, OR 5, PLEASE COMPLETE THIS FORM.

SCREENING INFORMATION

NUMBER OF QUALIFYING VEHICLES INVOLVED:
TRUCKS WITH 2 OR MORE AXLES, 6 OR MORE TIRES OR A HAZ MAT PLACARD

BUSES DESIGNED TO CARRY 16 OR MORE PERSONS

NUMBER OF VEHICLES PROVIDED ASSISTANCE OR TOWED FROM SCENE DUE TO DAMAGE

NUMBER OF PERSONS:
SUSTAINING FATAL INJURIES

TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT

TOTAL NUMBER OF SUPPLEMENT FORMS REQUIRED

VEHICLE INFORMATION

VEHICLE CONFIGURATION		
1 BUS	4 TRUCK/ TRAILER	7 TRACTOR/DOUBLES
2 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES	5 TRUCK/TRACTOR	8 LOG TRUCK
3 SINGLE UNIT TRUCK, 3 OR MORE AXLES	6 TRACTOR/SEMI-TRAILER	9 OTHER HEAVY TRUCK

CARGO BODY TYPE			
1 BUS	4 FLATBED	7 AUTO TRANSPORTER	
2 VAN/ENCLOSED BOX	5 DUMP TRUCK	8 LOG TRUCK	
3 CARGO TANK	6 CONCRETE MIXER	9 GARBAGE/REFUSE	0 OTHER

GROSS VEHICLE WEIGHT RATING (GVWR)

TRUCK, TRACTOR OR BUS

TRAILER OR TRAILERS TOTAL

TOTAL NO. OF AXLES (INCL. TRAILERS)

TRANSPORTING HAZARDOUS MATERIALS? YES NO CLASS ID NO.

HAZARDOUS MATERIAL RELEASED FROM CONTAINER? YES NO CLASS ID NO.

DID THIS VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD? YES NO CLASS ID NO.

CARRIER INFORMATION

NAME:

STREET ADDRESS:

CITY: STATE ZIP

CARRIER PHONE NO.

SOURCE:
1. SHIPPING PAPERS 3. DRIVER
2. VEHICLE SIDE 4. OTHER

DRIVER INFORMATION

(LAST, FIRST, MI)

STATE NO. STATE

US DOT

SEE VEHICLE CRASH REPORT FOR ADDITIONAL DRIVER INFORMATION

ICC MC

SEQUENCE OF EVENTS (FOR THIS VEHICLE)			
EVENT #1	EVENT #2	EVENT #3	EVENT #4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A. RAN OFF ROAD B. JACKKNIFED C. OVERTURNED OR ROLLOVER D. DOWNHILL RUNAWAY E. CARGO LOSS OR SHIFT F. EXPLOSION OR FIRE	G. SEPARATION OF UNITS H. OTHER COLLISION INVOLVING I. PEDESTRIAN J. MOTOR VEHICLE IN TRANSPORT K. PARKED VEHICLE	L. TRAIN M. PEDALCYCLE N. ANIMAL O. FIXED OBJECT P. OTHER	

COMMENTS: _____

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
ALTERNATIVE GRID



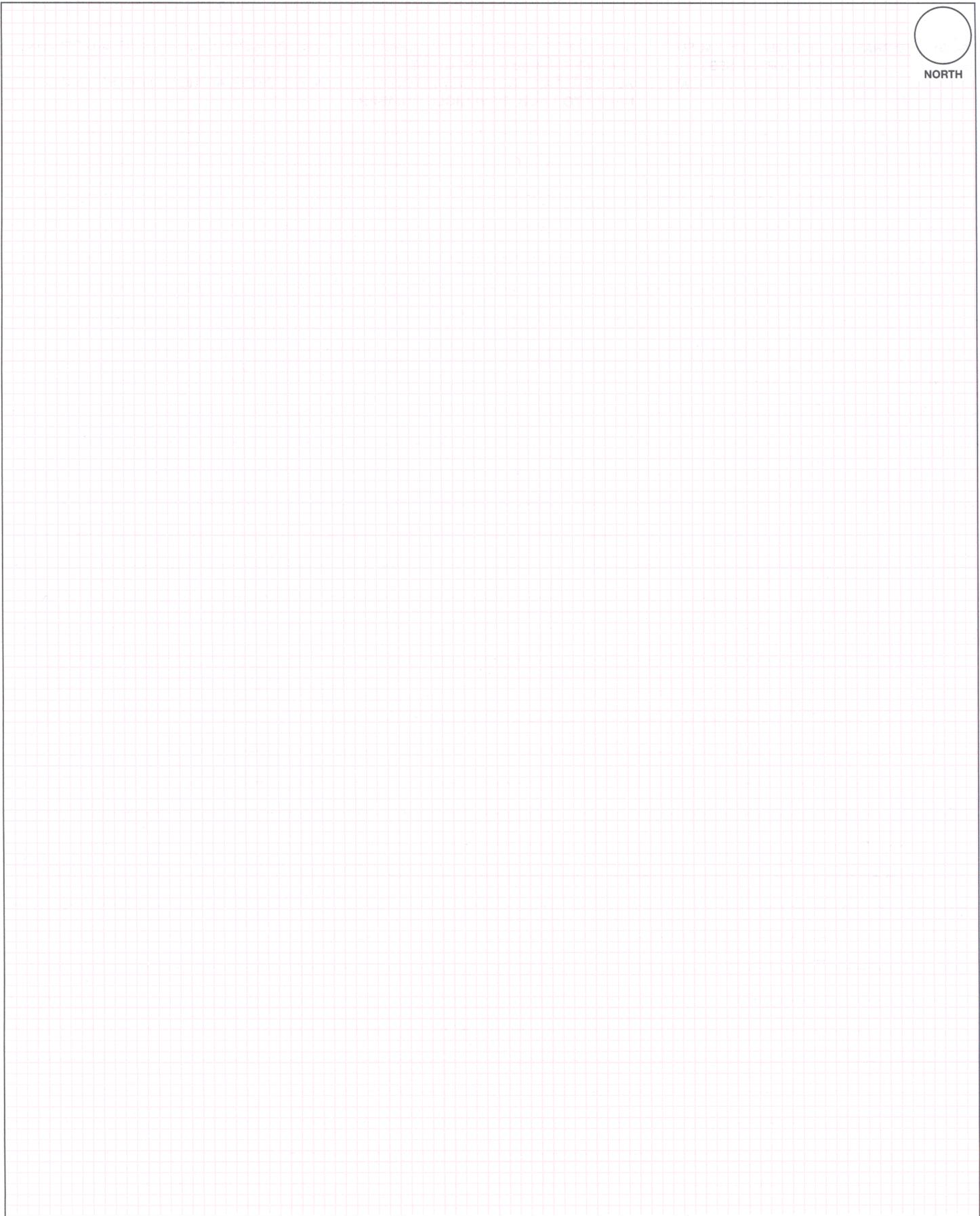
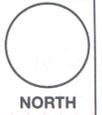
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INVESTIGATING OFFICER'S INITIALS _____

STATE OF LOUISIANA

UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT

COMPUTER NUMBER

PAGE #

RAILROAD TRAIN

STREET CAR

DOT CROSSING NUMBER

TRAIN ID NUMBER/CONSIST NUMBER

SETS OF TRACKS

TRAIN IN MOTION?

TRACK SPEED LIMIT

YES NO

TYPE CROSSING

PUBLIC PRIVATE

SURFACE

A. RUBBER MAT
B. ASPHALT
C. WOOD
D. CONCRETE
E. GRAVEL
F. OTHER

ESTIMATED SPEED OF TRAIN BEFORE BRAKING

MPH.

COMPANY OPERATING RR TRAIN OR STREET CAR

STREET ADDRESS

CITY

STATE

ZIP

COMPANY OWNING TRACKS

STREET ADDRESS

CITY

STATE

ZIP

ENGINEER'S NAME (LAST, FIRST, MI)

DATE OF BIRTH

MMDDYY

STREET ADDRESS

CITY

STATE

ZIP

TRANSPORTED TO MEDICAL FACILITY

A. YES B. NO C. UNKNOWN D. REFUSED AID

ENGINEER'S CERTIFICATION NO

NAME OF FACILITY

CONDUCTOR'S NAME (LAST, FIRST, MI)

DATE OF BIRTH

MMDDYY

STREET ADDRESS

CITY

STATE

ZIP

TRANSPORTED TO MEDICAL FACILITY

A. YES B. NO C. UNKNOWN D. REFUSED AID

NAME OF FACILITY

MARK ALL APPLICABLE BOXES

WARNING DEVICES

CROSSBUCK

FLASHING LIGHTS/BELL

FLASHING LIGHTS/BELL/GATE

OTHER

HIGHWAY USER

ADVANCE WARNING DEVICE

SIGN

PAVEMENT MARKINGS

ACTIVE ADVANCED WARNING

OTHER

A. STALLED ON CROSSING

B. STOPPED ON CROSSING

C. MOVING OVER CROSSING

D. TRAPPED ON CROSSING

ACTIVE WARNING DEVICES FUNCTIONAL

LIGHTS FLASHING

BELL RINGING

GATES DOWN

OTHER

TRAIN

MAKE

TYPE

LEAD ENGINE #

SERIAL NUMBER

NO. OF ENGINES

NO. OF CARS

DISTANCE TRAVELED AFTER IMPACT

MILES

FEET

HEADLIGHT FUNCTIONAL?

YES NO

DITCH LIGHTS FUNCTIONAL?

YES NO

HORN FUNCTIONAL?

YES NO

BELL FUNCTIONAL?

YES NO

EVENT DATA RECORDER EQUIPPED?

YES NO

DATA RECORDER SPEED

SPEED RESULTS PENDING?

YES NO

SIDE IMPACT

YES NO

NO. OF CARS FROM LEAD ENGINE

TYPE RAILCAR STRUCK

RAILCAR NUMBER

HAZARDOUS MATERIALS

YES NO

DOT PLACARD #

CAR LOADED?

YES NO

LEAKING?

YES NO

INVESTIGATING OFFICER'S INITIALS