CITATION NO.	VEH. 1	VEH. 2	R. S. OR ORD. NO.
	☐	☐	
	☐	☐	
	☐	☐	

STATE OF LOUISIANA

UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

Investigating Agency: ☐ State Police ☐ Sheriff ☐ City Police ☐ Other

Photographs Made: ☐ Yes ☐ No Hit and Run: ☐ Yes ☐ No

STATE COMPUTER NUMBER

4279529

Investigative Agency Number

DO NOT WRITE IN THIS BLOCK

TIME | DATE OF ACCIDENT 19 | DAY OF WEEK | HOUR | D.O.T.D. Property Damage ☐ Yes

LOCATION

Parish where accident occurred _____ City, Town _____

Accident occurred on _____ (Name of St., Parish Rd., or Hwy. No (U.S. or State)) Milepost _____ Troop Number or District and Zone _____

On Interchange, Identify Quadrant ☐ NE ☐ SE ☐ NW ☐ SW

☐ At its intersection with _____ (Name of intersecting St., Parish Rd., RR No., or Hwy. No. (U.S. or State))

☐ Relative to its intersection with _____ feet ☐ N ☐ S ☐ E ☐ W of _____ (Intersecting Street or Highway)

☐ Not at intersection _____ tenths of mile ☐ N ☐ S ☐ E ☐ W of _____ (Street or Highway)

SR-10 FURNISHED TO: YES NO
Driver 1 ☐ ☐
Driver 2 ☐ ☐

Carrying Hazardous Material:

VEH.	YES	NO	CATEGORY	RELEASED YES	RELEASED NO
1	☐	☐		☐	☐
2	☐	☐		☐	☐

VEHICLE 1

TOTAL NUMBER VEHICLES INVOLVED

Year | Make | Model/No. Doors | No. Axles | Tires | V.I.N.

Vehicle Disabled ☐ Yes ☐ No | Removed By | License Plate: Year | State | Type | Number

Trailer Description | Year | Make | Type | License Plate: Year | State | Number

Insurance Co. Name (NOT Agency Name) | Policy Number | Expiration Date | Points of Impact 1st 2nd 3rd

Registered Owner's Name and Address | Date of Birth | Damage Scale

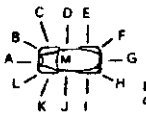
Driver's Name and Address (Unless Same)

Dr. License State | Class | Number | Date of Birth | Number Injured

Occupant's Names and Addresses

POSITION	EJECTION	BELT HAR.	SAF. DEV.	RACE/SEX	AGE	INJURY

CODES

AREA DAMAGED	SCALE	POSITION	EJECTION	SEAT BELT/SH. HARNESS	SAFETY DEVICES	INJURY
	1 Light 2 Moderate 3 Heavy 4 Total 5 Fire 6 Submerged N Under-carriage	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 Occup. of Spec. Veh. 8 Unknown	1 Not Ejected 2 Partially Eject. 3 Totally Ejected 4 Unknown If Eject.	1 Belt/Harness Not Installed 2 Only Belt Installed, Not Used 3 Belt/Harness Installed, Not Used 4 Belt Used, Harness Not Installed 5 Belt Used, Harness Not Used 6 Belt/Harness Used 7 Belt use unknown, Harness not Inst 8 Belt/Harness Use Unknown 9 Belt and/or Harness Failed	1 Air Bags 2 Passive Restraints 3 Child Restraints 4 Helmet & Face Shield 5 Helmet Only 6 Eye Protection Only 7 None	1 Fatal 2 Critical Non-Fatal 3 Serious Non-Fatal 4 Severe 5 Moderate 6 Minor 7 No Injury

VEHICLE 2

Year | Make | Model/No. Doors | No. Axles | Tires | V.I.N.

Vehicle Disabled ☐ Yes ☐ No | Removed By | License Plate: Year | State | Type | Number

Trailer Description | Year | Make | Type | License Plate: Year | State | Number

Insurance Co. Name (NOT Agency Name) | Policy Number | Expiration Date | Points of Impact 1st 2nd 3rd

Registered Owner's Name and Address | Date of Birth | Damage Scale

Driver's Name and Address (Unless Same)

Dr. License State | Class | Number | Date of Birth | Number Injured

Occupant's Names and Addresses

POSITION	EJECTION	BELT HAR.	SAF. DEV.	RACE/SEX	AGE	INJURY

PEDESTRIAN

Name and Address | Clothing: ☐ Light ☐ Dark | Age | Inj.

EMERGENCY SERVICES

☐ Ambulance ☐ Rescue Unit | Called By | At | Arrived | Departed | Special Equipment Needed | Available: ☐ Yes ☐ No

VEH. 1 ☐ VEH. 2 ☐ PED. ☐ Refused Aid ☐ | First Aid Given By | Injured Taken To/By

VEH. 1 ☐ VEH. 2 ☐ PED. ☐ Refused Aid ☐ | First Aid Given By | Injured Taken To/By

SOURCE OF FIRST AID AVAILABLE
1 ☐ Dr. or Nurse
2 ☐ Cert. Pol. Ofc.
3 ☐ EMT
4 ☐ Other _____
5 ☐ None

ALCOHOL TEST

	ALCOHOL TEST RESULTS YES	PENDING	NO
Dr. 1	☐ _____	☐	☐
Dr. 2	☐ _____	☐	☐
Ped.	☐ _____	☐	☐

VIDEO TAPES ☐ Yes ☐ No

TIME: Notified of Accident | Arrived at Scene | Investigation Complete: ☐ Yes ☐ No

INVESTIGATING OFFICER: Officer's Signature | Rank & Name | Badge No. | Dept. | Date

DPSSP 3116 (R 3/91) S 908

VIOLATIONS

(Check One Per Column)

1 2

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 ☐ ☐ Other (hazardous) or unknown violations
T ☐ ☐ No violations

REASON FOR MOVEMENT

(Check One Per Column)

1 2

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 accident (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

MOVEMENT PRIOR TO ACCIDENT

(Check One Per Column)

1 2

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 maneuver
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

VEHICLE CONDITION

(Check One Per Column)

1 2

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 ☐ ☐ Other or unknown defects

VISION OBSCUREMENTS

(Check One Per Column)

1 2

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 ☐ ☐ Other or unknown
O ☐ ☐ No obscurements

ROAD SURFACE

(Check One Per Column)

A ☐ Dry	A ☐ Concrete
B ☐ Wet	B ☐ Blacktop
C ☐ Muddy	C ☐ Brick
D ☐ Snowy, icy	D ☐ Gravel
E ☐ Other or Unknown	E ☐ Dirt
	F ☐ Other or Unknown

ROADWAY CONDITION

(Check One)

A ☐ Defective shoulders
B ☐ Holes
C ☐ Deep ruts
D ☐ Bumps
E ☐ Loose surface material
F ☐ Construction, repair
G ☐ Overhead clearance limited
H ☐ Construction – no warning
I ☐ Previous accident
J ☐ Flooding
K ☐ Water on roadway
L ☐ Orthogonal fault in road surface
M ☐ Parallel fault in road surface
N ☐ Other or unknown defects
O ☐ No defects
P ☐ Animal in roadway

CONDITION OF DRIVERS AND PEDESTRIAN

(Check One Per Column)

1 2 PED

A ☐ ☐ ☐ Apparently asleep
B ☐ ☐ ☐ Inattentive or distracted
C ☐ ☐ ☐ Illness
D ☐ ☐ ☐ Eyesight defect
E ☐ ☐ ☐ Fainting, blackout, etc.
F ☐ ☐ ☐ Hearing defect
G ☐ ☐ ☐ Fatigued
H ☐ ☐ ☐ Other body defects
I ☐ ☐ ☐ Drinking - Not impaired
J ☐ ☐ ☐ Drinking - Impaired
K ☐ ☐ ☐ Drug impaired
L ☐ ☐ ☐ Condition Unknown
M ☐ ☐ ☐ Normal

LIGHTING

(Check One)

A ☐ Daylight
B ☐ Dark – no street lights
C ☐ Dusk or dawn
D ☐ Dark – Continuous street light
E ☐ Dark – street lights at intersection only
F ☐ Unknown

WEATHER

(Check One)

A ☐ Clear
B ☐ Cloudy
C ☐ Raining
D ☐ Snowing/sleeting
E ☐ Fog
F ☐ Smoke
G ☐ Dust
H ☐ Unknown

VEHICLE LIGHTING

(Check One Per Column)

1 2

A ☐ ☐ Headlights on
B ☐ ☐ Headlights off
C ☐ ☐ Unknown

PEDESTRIAN ACTIONS

(Check One)

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
H ☐ Pushing, working on vehicle in road
I ☐ Other working in roadway
J ☐ Playing in roadway
K ☐ Other in roadway
L ☐ Not in roadway or unknown – explain
M ☐ Not applicable

TRAFFIC CONTROL

(Check One Per Column)

1 2

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
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 ☐ ☐ No control
T ☐ ☐ Other or unknown
U ☐ ☐ Yellow dashed line
V ☐ ☐ Bike lane

TRAFFIC CONTROL CONDITIONS

(Check One Per Column)

1 2

A ☐ ☐ Controls functioning
B ☐ ☐ Controls not functioning
C ☐ ☐ Controls obscured
D ☐ ☐ Lane marking unclear or defective
E ☐ ☐ No controls
F ☐ ☐ Condition unknown

ALIGNMENT

(Check One)

A ☐ Straight-level
B ☐ Curve-level
C ☐ On grade-straight
D ☐ On grade-curve
E ☐ Hillcrest-straight
F ☐ Hillcrest-curve
G ☐ Dip, hump-straight
H ☐ Dip, hump-curve
I ☐ Other or unknown

TYPE OF ROADWAY

(Check One)

A ☐ One-way road or street
B ☐ Two-way undivided road or street
C ☐ Expressway or freeway
D ☐ Other divided road or street
E ☐ Other or unknown

KIND OF LOCATION

(Check One)

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 or unknown

CONTRIBUTING FACTORS

Place "1" by primary factor. Place "2" by secondary factor.

A _____ Violations
B _____ Movement prior to accident
C _____ Vision obscurements
D _____ Condition of drivers
E _____ Pedestrian actions
F _____ Vehicle conditions
G _____ Road surface
H _____ Roadway condition
I _____ Lighting
J _____ Weather
K _____ Traffic control
L _____ Kind of location
M _____ Condition of pedestrians

NORTH

LOCATION OF ACCIDENT – POINT OF IMPACT

(Check One Per Column)

Initial contact — 2nd object struck

A ☐ ☐ Main travel lane
B ☐ ☐ Improved shoulder – left (including parking strip)
C ☐ ☐ Improved shoulder – right (including parking strip)
D ☐ ☐ Off roadway – left (Beyond shoulder, including sidewalk)
E ☐ ☐ Off roadway – right (Beyond shoulder, including sidewalk)
F ☐ ☐ Off roadway straight ahead (T-intersection)
G ☐ ☐ Off roadway, direction unknown
H ☐ ☐ Marked pedestrian crosswalk
I ☐ ☐ Left turn lane, non-freeways
J ☐ ☐ Right turn lane, non-freeways
K ☐ ☐ Median opening
L ☐ ☐ Ramp nose
M ☐ ☐ Curb return
N ☐ ☐ Traffic island
O ☐ ☐ Off ramp taper or deceleration lane
P ☐ ☐ Off ramp roadway
Q ☐ ☐ Off ramp terminal
R ☐ ☐ On ramp taper or acceleration lane
S ☐ ☐ On ramp roadway
T ☐ ☐ Auxiliary lane or collector road
U ☐ ☐ Freeway-to-freeway connection
V ☐ ☐ Service road
W ☐ Within construction zone
X ☐ ☐ Other or unknown
Y ☐ ☐ Impact attenuator
Z ☐ Private property/parking lot

VEH	DIRECTION BEFORE ACCIDENT		OBJECT STRUCK (NOT VEHICLE)		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA			
	Headed	On Street or Highway	1st	2nd			EST.	POSTED	FR	FL	RR	RL
1												
2												

Describe any unusual circumstances associated with the accident, contributing factors not otherwise noted, witnesses names, addresses, etc. (Refer to each vehicle by no.) _____

SUPPLEMENTAL REPORT

CITATION NO. | VEH. 3 | VEH. 4 | VEH. 5 | R. S. OR ORD. NO.

Investigating Agency: ☐ State Police ☐ City Police ☐ Sheriff ☐ Other

SR-10 FURNISHED TO: ☐ Driver 3 ☐ Driver 4 ☐ Driver 5

STATE COMPUTER NUMBER

Investigative Agency Number

DO NOT WRITE IN THIS BLOCK

Carrying Hazardous Materials: VEH. YES NO CATEGORY
3 ☐ ☐
4 ☐ ☐
5 ☐ ☐

RELEASED YES NO
VEH. 3 ☐ ☐
VEH. 4 ☐ ☐
VEH. 5 ☐ ☐

TIME | DATE OF ACCIDENT 19 | DAY OF WEEK | HOUR

LOCATION: Parish where accident occurred _____ City, Town _____
Accident occurred on _____ Name of St., Parish Rd., or Hwy. No (U.S. or State) Milepost

TOTAL NUMBER VEHICLES INVOLVED

VEHICLE 3

Year | Make | Model/No. Doors | No. Axles | Tires | V.I.N.

Vehicle Disabled ☐ Yes ☐ No | Removed By | License Plate | Year | State | Type | Number

Trailer Description | Year | Make | Type | License Plate | Year | State | Number

Insurance Co. Name (NOT Agency Name) | Policy Number | Expiration Date | Points of Impact 1st 2nd 3rd

Registered Owner's Name and Address | Date of Birth | Damage Scale

Driver's Name and Address (Unless Same) | POSITION | EJECTION | BELT HAR. | SAF. DEV. | RACE/SEX | AGE | INJURY

Dr. License State | Class | Number | Date of Birth | Number Injured

Occupant's Names and Addresses

VEHICLE 4

Year | Make | Model/No. Doors | No. Axles | Tires | V.I.N.

Vehicle Disabled ☐ Yes ☐ No | Removed By | License Plate | Year | State | Type | Number

Trailer Description | Year | Make | Type | License Plate | Year | State | Number

Insurance Co. Name (NOT Agency Name) | Policy Number | Expiration Date | Points of Impact 1st 2nd 3rd

Registered Owner's Name and Address | Date of Birth | Damage Scale

Driver's Name and Address (Unless Same) | POSITION | EJECTION | BELT HAR. | SAF. DEV. | RACE/SEX | AGE | INJURY

Dr. License State | Class | Number | Date of Birth | Number Injured

Occupant's Names and Addresses

VEHICLE 5

Year | Make | Model/No. Doors | No. Axles | Tires | V.I.N.

Vehicle Disabled ☐ Yes ☐ No | Removed By | License Plate | Year | State | Type | Number

Trailer Description | Year | Make | Type | License Plate | Year | State | Number

Insurance Co. Name (NOT Agency Name) | Policy Number | Expiration Date | Points of Impact 1st 2nd 3rd

Registered Owner's Name and Address | Date of Birth | Damage Scale

Driver's Name and Address (Unless Same) | POSITION | EJECTION | BELT HAR. | SAF. DEV. | RACE/SEX | AGE | INJURY

Dr. License State | Class | Number | Date of Birth | Number Injured

Occupant's Names and Addresses

EMERGENCY SERVICES

VEH. 3	VEH. 4	VEH. 5	PED.	Refused Aid	First Aid Given By	Injured Taken To/By
☐	☐	☐	☐	☐		
☐	☐	☐	☐	☐		
☐	☐	☐	☐	☐		

ALCOHOL TEST

	YES	RESULTS	PENDING	NO
Dr. 3	☐		☐	☐
Dr. 4	☐		☐	☐
Dr. 5	☐		☐	☐
Ped.	☐		☐	☐

INVESTIGATING OFFICER

Officer's Signature

Rank & Name | Badge No. | Dept. | Date

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

VIOLATIONS
(Check One Per Column)

3 4 5
- 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 ☐ ☐ ☐ Other (hazardous) or unknown violations
- T ☐ ☐ ☐ No violations

REASON FOR MOVEMENT
(Check One Per Column)

3 4 5
- 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 accident (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

MOVEMENT PRIOR TO ACCIDENT
(Check One Per Column)

3 4 5
- 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 maneuver
- 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

VEHICLE CONDITION
(Check One Per Column)

3 4 5
- 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 ☐ ☐ ☐ Other or unknown defects

VISION OBSCUREMENTS
(Check One Per Column)

3 4 5
- 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 ☐ ☐ ☐ Other or unknown
- O ☐ ☐ ☐ No obscurements

CONDITION OF DRIVERS AND PEDESTRIAN
(Check One Per Column)

3 4 5 PED
- A ☐ ☐ ☐ ☐ Apparently asleep
- B ☐ ☐ ☐ ☐ Inattentive or distracted
- C ☐ ☐ ☐ ☐ Illness
- D ☐ ☐ ☐ ☐ Eyesight defect
- E ☐ ☐ ☐ ☐ Fainting, blackout, etc.
- F ☐ ☐ ☐ ☐ Hearing defect
- G ☐ ☐ ☐ ☐ Fatigued
- H ☐ ☐ ☐ ☐ Other body defects
- I ☐ ☐ ☐ ☐ Drinking - Not Impaired
- J ☐ ☐ ☐ ☐ Drinking - Impaired
- K ☐ ☐ ☐ ☐ Drug - Impaired
- L ☐ ☐ ☐ ☐ Condition Unknown
- M ☐ ☐ ☐ ☐ Normal

VEHICLE LIGHTING
(Check One Per Column)

3 4 5
- A ☐ ☐ ☐ Headlights on
- B ☐ ☐ ☐ Headlights off
- C ☐ ☐ ☐ Unknown

PEDESTRIAN ACTIONS
(Check One)
- 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
- H ☐ Pushing, working on vehicle in road
- I ☐ Other working in roadway
- J ☐ Playing in roadway
- K ☐ Other in roadway
- L ☐ Not in roadway or unknown – explain
- M ☐ Not applicable

TRAFFIC CONTROL CONDITIONS
(Check One Per Column)

3 4 5
- A ☐ ☐ ☐ Controls functioning
- B ☐ ☐ ☐ Controls not functioning
- C ☐ ☐ ☐ Controls obscured
- D ☐ ☐ ☐ Lane marking unclear or defective
- E ☐ ☐ ☐ No controls
- F ☐ ☐ ☐ Condition unknown

TRAFFIC CONTROL
(Check One Per Column)

3 4 5
- 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
- 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 ☐ ☐ ☐ No control
- T ☐ ☐ ☐ Other or unknown
- U ☐ ☐ ☐ Yellow dashed line
- V ☐ ☐ ☐ Bike lane

PEDES-TRIAN	Name and Address	Clothing: ☐ Light ☐ Dark	Race	Sex	Age	Inj.

VEH	DIRECTION BEFORE ACCIDENT		OBJECT STRUCK (NOT VEHICLE)		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA			
	Headed	On Street or Highway	1st	2nd			EST.	POSTED	FR	FL	RR	RL
3												
4												
5												

ADDITIONAL TRUCK/BUS INFORMATION

THIS SECTION IS TO BE COMPLETED FOR EACH VEHICLE IN ACCIDENT MEETING BOTH CRITERIA 1 AND 2 BELOW

1. The accident involved a commercial use vehicle with at least two axles and six tires or requiring/displaying a hazardous materials placard, or designed to carry more than 15 passengers, including driver.

2. The accident resulted in one or more fatalities, one or more persons injured and taken from the scene for immediate medical attention, or one or more vehicles involved in the accident had to be towed from the scene as a result of disabling damage.

VEHICLE #_____

Gross Vehicle Weight Rating

_____ lbs.

Hazardous Materials

Placard #_____

List the 1-digit number from the bottom of the placard. _____

US DOT #_____ ICC MC # _____ L.A. P.S.C. # _____

Carrier's Name

Carrier's Address, Street or P.O. Box City State Zip Code

Source of Carrier's Name (check one)

☐ Bingo/Cab Card ☐ Registration ☐ Driver ☐ Shipping Papers ☐ Vehicle Side

DRIVER QUALIFIED
- ☐ Yes
- ☐ No

DRIVER'S LICENSE ENDORSEMENTS/RESTRICTIONS
Check Appropriate Blocks
- P ☐ Passenger
- H ☐ Hazmat
- N ☐ Tanker
- T ☐ Doubles/Triples
- X ☐ Hazmat Tanker
- K ☐ Intrastate Only
- L ☐ Airbrakes

VEHICLE CONFIGURATION
- A ☐ Bus
- B ☐ Single-unit truck 2 axles 6 tires
- C ☐ Single-unit truck 3 or more axles
- D ☐ Truck/trailer
- E ☐ Truck tractor (bobtail)
- F ☐ Tractor/semi-trailer
- G ☐ Tractor/doubles
- H ☐ Tractor/triples
- I ☐ Unknown heavy truck

STATE OF LOUISIANA

UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

SUPPLEMENTAL REPORT

STATE COMPUTER NUMBER

Investigating Agency ☐ State Police ☐ Sheriff ☐ City Police ☐ Other

Investigative Agency Number

TIME	DATE OF ACCIDENT	19	DAY OF WEEK	HOUR	DO NOT WRITE IN THIS BLOCK
LOCATION	Parish where Accident occured _____ City, Town _____				
	Accident occurred on _____ Name of St., Parish Rd., or Hwy. No. (U.S. or State)			Milepost	

DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH THE ACCIDENT, WITNESSES NAMES, ADDRESSES, ETC. (REFER TO EACH VEHICLE BY NO.)

INVESTIGATING OFFICER'S SIGNATURE DATE

DPSSP 3140 (R 10/87)

STATE OF LOUISIANA

UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

SUPPLEMENTAL REPORT

Investigating Agency ☐ State Police ☐ Sheriff ☐ City Police ☐ Other

STATE COMPUTER NUMBER

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INVESTIGATING OFFICER'S SIGNATURE DATE