



STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



1934137

PAGE # 01

TOTAL NUMBER OF VEHICLES INVOLVED

LAT.

LONG. TIME (0000) DISTRICT/ZONE TROOP

DATE OF CRASH

IN PARISH OF PARISH CODE

ON PRIMARY ROADWAY

MILEPOST CITY OR TOWN

DISTANCE MILES FEET STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

DISTANCE MILES FEET STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

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

VEHICLE #01

A. PASSENGER CAR B. LT. TRUCK (PU., 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 LICENSE PLATE YEAR MAKE TYPE STATE NUMBER

DRIVER'S NAME (LAST, FIRST, MI) DATE OF BIRTH

POSITION EJECTION TRAP/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 NAME OF FACILITY

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) SAME AS DRIVER? YES NO

SR-10 FURNISHED? YES NO

STREET ADDRESS PROOF OF INSURANCE? YES NO

CITY STATE ZIP NOTICE OF VIOLATION ISSUED? YES NO

OCCUPANT'S NAME (LAST, FIRST, MI) POSITION EJECTION TRAP/EXTRICATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. UNKNOWN D. REFUSED AID NAME OF FACILITY

CITY STATE ZIP

NAME OF AGENCY TIME OF NOTIFICATION TIME OF ARRIVAL TIME ALL LANES OPENED

INVESTIGATING AGENCY INVESTIGATION COMPLETE YES NO INVESTIGATING POLICE AGENCY A. STATE B. CITY C. PARISH D. OTHER REPORT COMPLETED

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

**VEHICLE #02**

- |                            |                      |                      |                          |
|----------------------------|----------------------|----------------------|--------------------------|
| A. PASSENGER CAR           | E. MOTORCYCLE        | I. SCHOOL BUS        | M. TRUCK WITH TRAILER(S) |
| B. LT. TRUCK (P.U., ETC.)  | F. PEDALCYCLE        | J. OTHER BUS         | N. FARM EQUIPMENT        |
| C. VAN                     | G. OFF-ROAD VEHICLE  | K. MOTOR HOME        | O. OTHER                 |
| D. A, B, OR C WITH TRAILER | H. EMERGENCY VEHICLE | L. SINGLE UNIT TRUCK |                          |



YEAR  MAKE  MODEL  # DOORS  # AXLES  # TIRES

V.L.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

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)

STREET ADDRESS

CITY  STATE  ZIP

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

NAME OF FACILITY

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 STREET CAR 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

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  TIME CALLED  ARRIVED SCENE  DEPARTED SCENE  ARRIVED HOSPITAL

RESCUE UNIT  TIME CALLED  ARRIVED SCENE

AMBULANCE SERVICE \_\_\_\_\_

FIRE DEPARTMENT \_\_\_\_\_

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

VEHICLE

PEDESTRIAN

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

YEAR STATE NUMBER

TYPE

REASON TOWED
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
D. OTHER

LICENSE PLATE

YEAR MAKE TYPE YEAR STATE NUMBER

TRAILER DESCRIPTION

LICENSE PLATE

DRIVER'S NAME (LAST, FIRST, MI)

DATE OF BIRTH

POSITION EJECTION TRAP/EXTRICATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY

STREET ADDRESS

TELEPHONE #

CITY

STATE ZIP

TRANSPORTED TO MEDICAL FACILITY

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER

INSTRUCTED TO EXCHANGE INFORMATION?

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

YES NO NAME OF FACILITY

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME)

SAME AS DRIVER? YES NO

SR-10 FURNISHED? YES NO

PROOF OF INSURANCE? YES NO

STREET ADDRESS

CITY

STATE ZIP

NOTICE OF VIOLATION ISSUED? YES NO

OCCUPANT'S NAME (LAST, FIRST, MI)

POSITION EJECTION TRAP/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

UPPER BODY CLOTHING LIGHT DARK

LOWER BODY CLOTHING

LIGHT DARK

SEX RACE AGE

INJURY CODE

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

WRITE APPROPRIATE LETTER IN BLOCK

**VISION OBSCUREMENTS**

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 .....

**CONDITION OF DRIVER AND PEDESTRIANS**

**D**  **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 - IMPAIRED - NOT IMPAIRED  
 I. DRUG USE - IMPAIRED  
 J. DRUG USE - NOT IMPAIRED  
 K. UNKNOWN  
 L. OTHER .....

**VEHICLE LIGHTING**

A. HEADLIGHTS ON  
 B. HEADLIGHTS OFF  
 C. DAYTIME RUNNING LIGHTS  
 D. UNKNOWN

**MOVEMENT PRIOR TO CRASH**

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**

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 .....

**TRAFFIC CONTROL CONDITIONS**

A. CONTROLS FUNCTIONING  
 B. CONTROLS NOT FUNCTIONING  
 C. CONTROLS OBSCURED  
 D. LANE MARKING UNCLEAR OR DEFECTIVE  
 E. NO CONTROLS  
 F. CONDITION UNKNOWN

**VIOLATION**

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 .....

**REASON FOR MOVEMENT**

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 .....

**ALCOHOL/DRUG INVOLVEMENT**

**VEHICLE**  **PEDESTRIAN**

**ALCOHOL/DRUGS PRESENT** .....

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

**ALCOHOL** .....

A. TEST REFUSED  
 B. NO TEST GIVEN  
 C. TEST GIVEN, RESULTS PENDING  
 D. TEST GIVEN, BAC ..... g%  
 E. UNKNOWN

**DRUGS** .....

A. TEST NOT GIVEN  
 B. TEST GIVEN, RESULTS PENDING  
 C. DRUGS REPORTED (SPECIFY)  
 D. UNKNOWN

**SUSPECTED DRUGS** .....

**TRAFFIC CONTROL**

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. YELLOW DASHED LINE  
 T. BIKE LANE  
 U. CROSSWALK  
 V. NO CONTROL  
 W. UNKNOWN  
 X. OTHER .....

**HARMFUL EVENTS**

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)  
 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  
 Z. CULVERT  
 AA. CURB  
 BB. EMBANKMENT  
 CC. MAIL BOX  
 DD. DITCH  
 EE. FENCE  
 FF. TREE  
 GG. UNKNOWN  
 HH. OTHER FIXED OBJECT

**VEHICLE**

**FIRST HARMFUL EVENT**

**MOST HARMFUL EVENT**

**PEDESTRIAN ACTIONS**

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. NOT IN ROADWAY OR UNKNOWN  
 L. NOT APPLICABLE  
 M. OTHER IN ROADWAY .....

CITATION NO.    VEH.    PED.    R.S. OR ORD. NO.

\_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_

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

**DAMAGE TO THIS VEHICLE**

**AREA DAMAGED**

A. UNDER-CARRIAGE  
 B. OTHER  
 C. NONE  
 D. UNKNOWN

**EXTENT OF DEFORMITY**

A. NONE  
 B. VERY MINOR  
 C. MINOR  
 D. MINOR/MODERATE  
 E. MODERATE  
 F. MODERATE/SEVERE  
 G. SEVERE  
 H. VERY SEVERE  
 I. UNKNOWN

1ST  1ST

2ND  2ND

3RD  3RD

**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 MOTOR VEHICLE TRAFFIC CRASH REPORT**  
**ALTERNATIVE GRID**



COMPUTER NUMBER

PAGE #

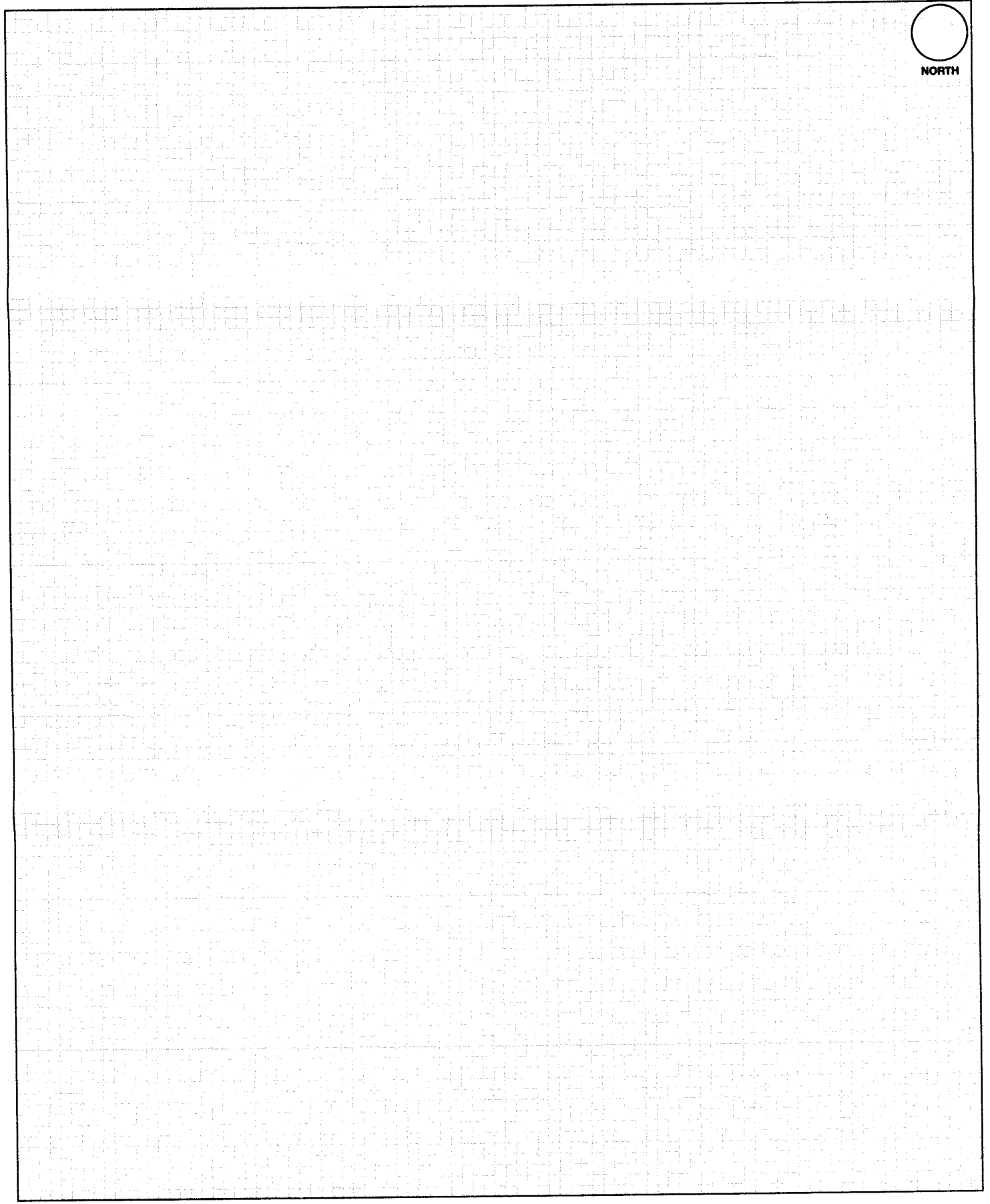
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NORTH



INVESTIGATING OFFICER'S INITIALS



VEHICLE NO.

STATE OF LOUISIANA  
UNIFORM TRUCK/BUS CRASH SUPPLEMENT

COMPUTER NUMBER  -  PAGE #

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) FATALY 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

TRANSPORTING HAZARDOUS MATERIALS?

HAZARDOUS MATERIAL RELEASED FROM CONTAINER?

DID THIS VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD?

YES  NO CLASS  ID NO.

YES  NO CLASS  ID NO.

YES  NO CLASS  ID NO.

TOTAL NO. OF AXLES (INCL. TRAILERS)

CARRIER INFORMATION

NAME:

STREET ADDRESS:

CITY:

CARRIER PHONE NO.

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

DRIVER INFORMATION

(LAST, FIRST, MI)

IDENTIFICATION NUMBERS:

STATE NO.  STATE

NONE = 0

US DOT

SEE VEHICLE CRASH REPORT FOR ADDITIONAL DRIVER INFORMATION

ICC MC

SEQUENCE OF EVENTS (FOR THIS VEHICLE)

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

COMMENTS:



STATE OF LOUISIANA  
UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT



RAILROAD TRAIN  
STREET CAR  
DOT CROSSING NUMBER

TRAIN ID NUMBER/CONSIST NUMBER

SETS OF TRACKS

TRACK SPEED LIMIT

TYPE CROSSING

SURFACE

TRAIN IN MOTION?  
YES NO

PUBLIC PRIVATE

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

STREET ADDRESS POSITION EJEC- TRAP/ EXTRI- SEX RACE AGE INJURY  
TION CATION GATED

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

ENGINEER'S CERTIFICATION NO NAME OF FACILITY

CONDUCTOR'S NAME (LAST, FIRST, MI) DATE OF BIRTH

STREET ADDRESS POSITION EJEC- TRAP/ EXTRI- SEX RACE AGE INJURY  
TION CATION GATED

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

NAME OF FACILITY

MARK ALL APPLICABLE BOXES

WARNING DEVICES	CROSSBUCK	FLASHING LIGHTS/ BELL	FLASHING LIGHTS/ BELL/GATE	OTHER	HIGHWAY USER..... A. STALLED ON CROSSING B. STOPPED ON CROSSING C. MOVING OVER CROSSING D. TRAPPED ON CROSSING
ADVANCE WARNING DEVICE	SIGN	PAVEMENT MARKINGS	ACTIVE ADVANCED WARNING	OTHER	
ACTIVE WARNING DEVICES FUNCTIONAL	LIGHTS FLASHING	BELL RINGING	GATES DOWN	OTHER	

TRAIN

MAKE	TYPE		LEAD ENGINE #		DISTANCE TRAVELED AFTER IMPACT		MILES				
SERIAL NUMBER	NO. OF ENGINES		NO. OF CARS		YES	NO	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

DOT PLACARD #

HAZARDOUS MATERIALS YES NO CAR LOADED? YES NO LEAKING? YES NO

INVESTIGATING OFFICER'S INITIALS

