## TOTAL NUMBER OF VEHICLES INVOLVED

# STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



												188 BI BI BI BI BI 7 A 5		# 7 4 *
DATE OF CRASH		TIMI	E (0000)	DISTR	ICT/ZONE	Ξ	TROOP				-T-0		J 0	PAGE #
M M D D	Y Y Y	7						LAT.						
PARISH						PΔR	ISH CODE							ПП
TAIION							IOITOODE	LONG.						
								Qu	ıadranı	t Serv	ice Road			
CITY OR TOWN						C	ITY CODE	NW	SI	w	E			
								NE	SI	E S	w 🗆			
CRASH	HIGHWAY #		MILEPOST		ROADW	AY NAM	E						WORK ZONE	HIT &
OCCURRED ON A. INTERSTATE		$\neg - \Box$											ZONE	RUN
B. U.S. HWY C. STATE HWY													PUBLIC PROPERTY	PHOTOS MADE
D. PARISH ROAD E. CITY STREET	DISTANCE		MILES	□ NE	STREET	/HIGHW/	AY 📙	AT INTER	SECTION	ON UNOI	AT INTERSECT	ION	DAMAGE	
F. OFF ROAD/ PRIVATE PROPERTY			FEET										RR TRAIN INVOLVED	FATALITY
G. TOLL ROAD	DISTANCE		_	_	STREET	/HIGHW/	Y 🗆	AT INTER	SECTIO	ON 🗆 NOT	AT INTERSECT	ION		<u> </u>
			MILES										PED	INJURY
			FEET	] L SW										
WRITE APPROPRIA	ATE LETTER IN B	LOCK		CONT	RIBUTII	NG FAC	TORS A	ND CON	IDITIO	ONS				
ROAD SU	IRFACE	R	OADWAY		TYP	E OF R	OADWA	/		ALIGNMENT		PRIMAR	Y FACTOR	
(ONE PER C	COLUMN)	CO	NDITIONS											
			NORMALITIES			NE-WAY I	ROAD ROAD WITI			STRAIGHT-LEVEL STRAIGHT-LEVEL E	LEVATED	SECONE	DARY FACT	OR
		C. HOLES		VIALI I Y	NC	O PHYSIC	AL SEPAR	RATION	С.	CURVE-LEVEL CURVE-LEVEL ELEV			IONO	
A. DRY B. WET	A. CONCRETE B. BLACK TOP	D. DEEP I	S		PH	HYSICAL	ROAD WITH SEPARATI	ON	E. 4	ON GRADE-STRAIG ON GRADE-CURVE			IENT PRIOR T	
C. SNOW/SLUSH D. ICE	C. BRICK D. GRAVEL		E SURFACE M. FRUCTION, RE				ROAD WITI BARRIER	AF	G.	HILLCREST-STRAIG		D. CONDIT	OBSCUREMENTION OF DRIVE	ER
E CONTAMINANT (SAND, MUD,	E. DIRT Y. UNKNOWN		HEAD CLEARA	NCE LIMITED O WARNING	Y. UN Z. O1	NKNOWN			I.	HILLCREST-CURVE DIP, HUMP-STRAIG		E. VEHICL F. ROAD S	E CONDITIONS SURFACE	S
DIRT, OIL, ETC.) Y. UNKNOWN	Z. OTHER	J. PREVIO	OUS CRASH R ON ROADWA						Υ.	DIP, HUMP-CURVE UNKNOWN		G. ROADW H. LIGHTIN	AY CONDITIO	N
Z. OTHER		L. ANIMA	L IN ROADWA	ΑΥ					Z.	OTHER		I. WEATH		
	l		T IN ROADWA			RELA	ATION TO			ACCESS CO	NTROL	K. KIND O	F LOCATION	
WEAT	HER	KIN	ND OF LOC	:ATION	1	RO	ADWAY						TION OF PEDE TRIAN ACTION	
A. CLEAR		"	10 01 100	AIION	A 01	N ROADW	AV		1.				LIGHTING	
B. CLOUDY C. RAIN					B. SH	OULDER	AI			NO CONTROL (UNLIMITED ACCES	SS TO	A. DAYLIG	HT NO STREET	
D. FOG/SMOKE E. SLEET/HAIL				R INDUSTRIAL		YOND SH	OULDER -			ROADWAY) PARTIAL CONTROL		LIGHTS		CTDEET
F. SNOW	WIND		ESS CONTINU ESS, MIXED R		F. BE	YOND RI	HOULDER - GHT OF WA			LIMITED ACCESS T FULL CONTROL	O ROADWAY	LIGHT	CONTINUOUS	
G. SEVERE CROSS H. BLOWING SAND			ENTIAL DISTR		G. GC Y. UN	ORE IKNOWN				(ONLY RAMP ENTR UNKNOWN	ANCE & EXIT)		STREET LIGH ECTION ONLY	
DIRT, SNOW Y. UNKNOWN			OL OR PLAYG							OTHER		E. DUSK F. DAWN		
Z. OTHER			3									Y. UNKNO Z. OTHER		
									_			2. OTTLET		
		VEF	HICLE CONF	IGURATION							CARGO	O BODY TYPE		
A D	G G	-	J	M		Q		T A	4	A 🚃	D	r G 🖭	J ACTA	
PASSENGER A,		OFF-ROAD	BUS W/SE	ATS SING	LE UNIT	1	ACTOR	FARM		BUS	FLATBED			HOPPER
CAR WI	TH TRAILER	VEHICLE	FOR 9 -1 OCCUPAN		CK W/ 3 OR MORE	SEMI-	TRAILER	EQUIPMI	ENT			TRANSPO	ORTER	
B 🗲 E	Africa H	, in the second	K	<b>⊋</b> N ⊯		R		V 🛋		В	E ===	▼ Hade	K	
• •   -	TOPOVOLE EN	/ERGENCY	BUS W/SE	ATS	CK/	TR	UCK	мото	R	VAN/ENCLOSE	, ,	CK/ LOG TR		LE TRAILER
(P.U., ETC.)	TOROTOLL V	EHICLE IN USE	MORE O				UBLE	HOME		BOX	TRAILER			LE ITIAILLIT
C F		A	L 9	<b>P P</b>		S		Z		C	F		X	(
	DALCYCLE SCI	HOOL BUS	SINGLE U	NIT TO	UCK/		SUV			CARGO TANK	CONCRET	· -	NO.	o
			TRUCK W AXLES	/ <sup>2</sup>   TD <sup>4</sup>	CTOR			OTHER		S. I. IGO IAIN	MIXER	REF		
	TIA	1E CALLED	۸۵	RIVED SCENE	-	)EDA DTF	D SCENE	ADDII	VED D	OSPITAL	TIN	1E CALLED	ADDIV/	ED SCENE
EMERGENCY	TIIV	IL OALLED	AH	I IIVLU SCENE		-L-ARIE	D GOEINE	ARKI	^ LD L(			IL OALLED	AUUIVI	LD SOEINE
CEDVICES	AMBULANCE										RESCUE UNIT			
AMBULANCE					_			FIRE						
SERVICE								DEPARTI	MENT					
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INVESTIGATING AGENCY														
			INVESTIGA	TING	1		$\neg$					<del></del>	<del></del>	_
INVESTIGATION	v/		POLICE	u nvG		E C. PAF		DAT	re prov	ODT COMPLETED				
COMPLETE	Y/ <sub>N</sub>		AGENCY		B. CITY	Z. OTI	HER	DAI	E KEP	ORT COMPLETED				_
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BADGE #

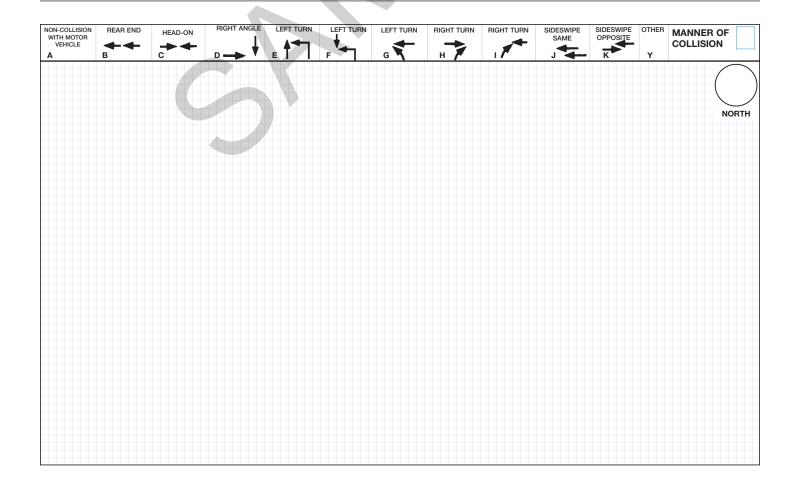
**OFFICER'S NARRATIVE:** DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

PAGE #

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	2

### IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

# REFER TO EACH BY VEHICLE NUMBER



### **COMPUTER NUMBER** PAGE # STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT **OR VEHICLE/PEDESTRIAN** PEDESTRIAN VEH # # TIRES CARGO BODY TYPE MAKE MODEL # DOORS # AXLES YEAR CONF see page 1 for selections REMOVED VEHICLE V.I.N B. NO C. LEFT AT SCENE TOWED REASON TOWED GVWR/GCWR YEAR STATE NUMBER TYPE A. VEHICLE DAMAGE LICENSE PLATE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER YEAR TYPE YEAR STATE NUMBER MAKE TRAILER DESCRIPTION LICENSE PLATE VEHICLE CLASSIFICATION COMMERCIAL BUSINESS VEHICLE GOVERNMENT VEHICLE COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCE OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER. US DOT # CARRIER NAME MC/MX ("ICC") #\_ STREET ADDRESS: CITY STATE 7IP HAZ MAT TRANSPORTING HAZARDOUS MATERIAL Y/N PLACARDS DISPLAYED Y/N INTERSTATE CARRIER Y/N CLASS ID# RELEASED Y/N NAME (LAST, FIRST, MI) OF DRIVER **PEDESTRIAN** DATE OF BIRTH POSI-TION EJEC-TION EXTRI-SEX RACE INJURY RAG STREET ADDRESS TELEPHONE # CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY INSTRUCTED TO EXCHANGE INFORMATION? CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER A. YES C. REFUSED AID B. NO Y. UNKNOWN STATE NAME OF FACILITY UPPER BODY LOWER BODY PEDESTRIAN ONLY CLOTHING LIGHT DARK CLOTHING LIGHT DARK SEX RACE **AGE** INJURY CODE OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) Same as Driver TELEPHONE # STREET ADDRESS STATE ZIP CITY INSURANCE CO. NAME POLICY NUMBER EXPIRATION DATE (NOT AGENCY NAME, AGENT'S NAME/ADDRESS PHONE # OCCUPANT'S NAME (LAST, FIRST, MI) OCC PROT SYS EJEC-AIR BAG POSI-TION CATED SEX INJUR' RACE AGE TION STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY NAME OF A. YES C. REFUSED AID B. NO Y. UNKNOWN FACILITY STATE ZIP CITY OCC PROT SYS OCCUPANT'S NAME (LAST, FIRST, MI) EJEC-TION EXTRI-CATED AIR BAG STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY NAME OF FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN CITY STATE ZIP CODES OCCUPANT PROTECTION SYSTEM USED TRAPPED OR SEATING POSITION **EJECTION** AIRBAG INJURY EXTRICATED J - SLEEPER SECTION OF CAB (TRUCK) A - FRONT SEAT-LEFT SIDE A-NOT EJECTED A-NOT TRAPPED A-DEPLOYED A-NONE USED-VEHICLE A-FATAL PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) B-INCAPACITA-B-TOTALLY EJECTED B-TRAPPED/EXTRI-B-NON OCCUPANT B - FRONT SEAT-MIDDLE B-SHOULDER BELT ONLY USED TING/SEVERE **DEPLOYED** C-PARTIALLY CATED - FRONT SEAT-RIGHT SIDE C-TRAPPED/NOT C-NON-DEPLOY-C-LAP BELT ONLY USED **EJECTED** C-NON-INCAPA-PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-D - SECOND SEAT-LEFT SIDE Y- UNKNOWN **EXTRICATED** ED/SWITCH D-SHOULDER AND LAP BELT CITATING/ (MOTORCYCLE PASSENGER) E - SECOND SEAT-MIDDLE Y- UNKNOWN TRAILING UNIT) OFF USED MODERATE M-PASSENGER ON TRAIN OR STREETCAR E- CHILD SAFETY SEAT D-POSSIBLE/ D-NOT F - SECOND SEAT-RIGHT SIDE N- TRAILING UNIT APPLICABLE IMPROPERLY USED COMPLAINT G - THIRD ROW-LEFT SIDE O- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) (MOTORCYCLE PASSENGER) Y- UNKNOWN F- CHILD SAFETY SEAT USED E- NO INJURY THIRD ROW-MIDDLE G-HELMET USED Y- UNKNOWN - THIRD ROW-RIGHT SIDE

Y- RESTRAINT USE UNKNOWN

### **CONTRIBUTING FACTORS AND CONDITIONS**

PAG	BE#

VISION	CONDITION		SEQU	JENCE OF EVENTS	S/HARMFUL	EVENTS	3		
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 V. BLINDED BY HEADLIGHTS L. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER  VIOLATION  A. EXCEEDING STATED SPEED LIMIT	A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED J. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED V. PHYSICAL IMPAIRED Y. UNKNOWN Z. OTHER DISTRACTION A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE	F. FELL/JUMPEI G. THROWN OR H. EQUIPMENT I TIRE, BRAKE I. SEPARATION IN TRANSPOP J. RAN OFF RO/ K. RAN OFF RO/ L. CROSSED ME M. DOWNIELR N. OTHER NON- COLLISION W VEHICLE, OR O. PEDESTRIAN P. PEDALCYCLE	ON OLLOVER JON OLLOVER JON OLLOVER JON PMENT LOSS OR SHIFT O FROM MOTOR VEHICLE FALLING OBJECT FALLURE (BLOWN FAILURE, ETC.) OF UNITS AT AD LEFT EDIAN/CENTERLINE UNAWAY COLLISION UTH PERSON, MOTOR NON-FIXED OBJECT	S. MOTOR VEHICLE IN T. PARKED MOTOR VI U. STRUCK BY FALLIN CARGO OR ANYTH BY MOTOR VEHICL V. WORK ZONE/MAIN EQUIPMENT W. OTHER NON-FIXED COLLISION WITH F X. IMPACT ATTENUAT Y. BRIDGE OVERHEAI Z. BRIDGE PIER OR S AA. BRIDGE FAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL END HH. CONCRETE TRAF II. OTHER TRAFFICI JJ. TREE (STANDING) KK. UTILITY POLE/LIG	IN TRANSPORT EHICLE NG, SHIFTING ING SET IN MOTIC LE ITENANCE D OBJECT OR/CRASH CUSH D STRUCTURE SUPPORT  E FICE BARRIER BARRIER BARRIER D SHICLE BARRIER BARRIER	DN CO. 1 PP. 1 QQ. 0 YY. 1	TRAFFIC S TRAFFIC S TRAFFIC S OTHER PC SUPPORT FENCE MAILBOX OTHER FI BUILDING, UNKNOWN  1st  2nd  3rd  4th	IGN SUPPO IGNAL SUPI IST, POLE, C KED OBJECT TUNNEL, E	PORT  (WALL, TC.)
B. EXCEEDING STATED SPEED LIMIT C. FAILURE TO YIELD	D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED	"	MOVEMENT PRIOR	R TO CRASH					
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 STARTING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Y. UNKNOWN Z. OTHER	Y. UNKNOWN  REASON FOR MOVEMENT  A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING G. VEHICLE OUT OF CONTROL, NOT PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER VOLATION L. DUE TO DRIVER VOLATION M. DUE TO VEHICLE CONDITION M. DUE TO VEHICLE CONDITION M. DUE TO VEHICLE CONDITION	C. TRAVELING V D. BACKING E. CROSSED MB OPPOSING L F. CROSSED CE OPPOSING L G. RAN OFF RO	EDIAN INTO ANE INTER LINE INTO ANE AD (NOT WHILE N AT INTERSECTION) ANES ON ROAD T TURN HT TURN	K. STOPPED PREPARIN OR MAKING U-TURN L. MAKING TURN, DIRE UNKNOWN M. STOPPED, PREPARIN TURN LEFT N. STOPPED, PREPARIN TURN RIGHT O. SLOWING TO MAKE TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVEL	NECTION NG TO NG TO LEFT TURN RIGHT	SHOL U. ENTE MEDI V. ENTE PARI W. ENTE PRIV X. ENTE ON R Y. LEAVI	JLDER ERING TRA IAN ERING TRA KING LANE ERING TRA ATE LANE ERING FRE	FFIC FROM OR DRIVEW EWAY FROM WAY VIA	
Z. OTRER	(FAILURE)  N. DUE TO PAVEMENT CONDITION	A. DEFECTIVE		ALCOHOL INVOLVE					
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 YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGNAL N. RR CROSSING, SIGNAL N. RR CROSSING, SIGNAL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN O. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL V. UNKNOWN Z. OTHER	O. HIGH WIND P. NORMAL MOVEMENT P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER  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 Y. UNKNOWN Z. OTHER	B. DEFECTIVE C. DEFECTIVE D. DEFECTIVE E. ALL LIGHTS F. DEFECTIVE G. TIRE FAILLY H. WORN OR S I. ENGINE FAIL J. DEFECTIVE K. NO DEFECT Y. UNKNOWN Z. OTHER LIGHTI A. HEADLIGHTS B. HEADLIGHTS C. DAYTIME RUL Y. UNKNOWN  TRAFF CONTR CONDITI A. CONTROLS F	HEADLIGHTS REAR LIGHTS SIGNAL LIGHTS OUT STEERING IE MOOTH TIRES LURE SUSPENSION S OBSERVED  LE NG G ON G OFF NNING LIGHTS FICE ROL IONS UNCTIONING DIST FUNCTIONING DIST FUNCTIONING DIST FUNCTIONING DIST FUNCTIONING DIST SURVED NG UNCLEAR IE	ALCOHOL/DRUGS St. A. NEITHER ALCOHOL B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND Y. UNKNOWN  ALCOHOL A. TEST GIVEN, RESU D. TEST GIVEN, RESU D. TEST GIVEN, BAC DRUGS B. TEST NOT GIVEN B. TEST GIVEN, RESU C. TEST REFUSED D. DRUGS REPORTED  AFFIX B	JSPECTED L NOR DRUGS D DRUGS  DLTS PENDING  JUTS PENDING	ARRATIVE) DL KIT LA	T NUMB		n
HEADED ON HIGHWA		NAL LOCATION OF VEHICLES	AFTER IMPACT	SPEED EST.	POSTED	FR SKII	FL DMARK I	DATA (FEET RR	n RL
N E S W							Ţ		
DAMAGE TO V	/EHICLE  EXTENT OF DEFORMITY  A. NONE  1ST G. WINOR  C. MINOR  D. MINOR/MODERATE  2ND F. MODERATE F. MODERATE G. SEVERE  3RD H-VERY SEVERE Y-UNKNOWN		CITATIO	[					
		NC NC	OTICE OF INSURANCE VI		⊔				

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

COM	IPUTER		PAGE	#	
			_		

VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- EJEC- TRAP/ AIR OCC EXTRI-TION TION CATED BAG SYS SEX RACE AGE INJURY
STREET ADD	DRESS	STATE	ZIP	TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN	NAME OF FACILITY
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- EJEC- TRAP/ AIR OCC
					POSI- EJEC- EXTRI- ANI PROT SEX RACE AGE INJURY TION TOON CATED BAG SYS
STREET ADD	DRESS			TRANSPORTED TO MEDICAL FACILITY	
CITY		STATE	ZIP	A. YES C. REFUSED AID B. NO Y. UNKNOWN	NAME OF FACILITY
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- EJEC- TRAP/ AIR OCC EXTRI-TION TION CATED BAG SYS SEX RACE AGE INJURY
STREET ADD	DRESS	STATE	ZIP	TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN	NAME OF FACILITY
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- TION TION CATED BAG SYS RACE AGE INJURY
STREET ADD	DRESS			TO MODORITO TO MEDIOM FACILITY	·
CITY		STATE	ZIP	TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN	NAME OF FACILITY
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- EJEC- TRAP/ AIR OCC EXTRI- AIR PROT SEX RACE AGE INJURY
					TION TION CATED BAG SYS BAR PICE AGE INJUNT
STREET ADD	DRESS			TRANSPORTED TO MEDICAL FACILITY	
CITY		STATE	ZIP	A. YES C. REFUSED AID B. NO Y. UNKNOWN	NAME OF FACILITY
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- EJEC- TRAP/ AIR OCC EXTRI- AIR PROT SEX RACE AGE INJURY
					PUSI- EXTEN- VIAN PROT SEX RACE AGE INJURY TION TION CATED BAG SYS
STREET ADD	DDESS				' [
CITY	TILOG	STATE	ZIP	TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN	NAME OF FACILITY
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- EJEC- EVIEL AIR OCC
					POSI- EJEC- EXTRI- ANI PROT SEX RACE AGE INJURY TION TOON CATED BAG SYS
STREET ADD	DRESS			TRANSPORTED TO MEDICAL FACILITY	
CITY		STATE	ZIP	A. YES C. REFUSED AID B. NO Y. UNKNOWN	NAME OF FACILITY
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- EJEC- TRAP/ AIR OCC EXTRI- AIR PROT SEX RACE AGE INJURY
					TION TION CATED BAG SYS HAGE AGE INJUHY
STREET ADD	DRESS			TRANSPORTED TO MEDICAL FACILITY	
		STATE	ZIP	A. YES C. REFUSED AID B. NO Y. UNKNOWN	NAME OF FACILITY

DPSSP 3108 INVESTIGATING OFFICER'S INITIALS

# STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT NARRATIVE SUPPLEMENT

CON	IPU1		PAG	ìΕ#		
				-		

**OFFICER'S NARRATIVE:** DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER

# STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT ALTERNATIVE GRID

COMPUTER NUMBER							PAG	àΕ#
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### STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT DRIVER/WITNESS VOLUNTARY STATEMENT

<b>COMPUTER NUMBER</b>								PAG	ŝΕ#
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DATE	TIME	PLACE	
l,		AM	YEARS OF AGE,
MY ADDRESS IS			
AND MY TELEPHONE			·
			<u></u>
THE ABOVE STATEM	ENT TO THE BEST (	OF MY KNOWLEDGE	IS A TRUE AND CORRECT
			D MOTOR VEHICLE CRASH
SIGNED:			
OFFI	CER TAKING STATE	MENT:	
	SIGNA	TURE:	
	3.3.0		STIGATING OFFICER'S INITIALS

							COMPUTER NUMBER				PAC	GE#	
RAILROAD TRAIN	118111	STATE OF LOUISIANA IIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT								_			
STREET CAR	UNII	FORIVI KAILROAI	GRADE CHOS	SSING CHA	SH SUPPLE	IVIENI				_			
DOT CROSSING NUMBER	1												
		COMPANY OPERAT	ING RR TRAIN OR S	TREET CAR									
TRAIN ID NUMBER/CONSIST NUM	ADED												
TRAIN ID NOWIBER/CONSIST NOW	VIDER												
		STREET ADDRESS											
SETS OF TRACKS	TRAIN IN MOTION?	OTTLET ADDITION											
TRACK SPEED LIMIT	Y/N	CITYCOMPANY OWNING TRACKS						STATE ZIP					
TYPE CROSSING PUBLIC	PRIVATE												
A. RUBBER MAT ESTIMATED SPEED SURFACE B. ASPHALT OF TRAIN BEFORE		STREET ADDRESS											
C. WOOD BF D. CONCRETE	RAKING	STILL FAMILIES											
E. GRAVEL Z. OTHER	мрн.	OITY					OTATE	E	710				
Z. OTTEN	MPH.	CITY					SIAIE		ZIP				
ENGINEER'S NAME (FIRST, MIDE	DLE INITIAL, LAST)					D	ATE OF						
							BIRTH	MM	DD	YY	Υ	Y	
							POSI- TION	EJEC- TION CATE	RI- SEX I	RACE	AGE	INJURY	
STREET ADDRESS								CATE					
CITY			074	710									
			STA	TE ZIP			IRAN		A. YES C	. REFUSED	O AID		
ENGINEER'S CERTIFICATION NO						NIAN	ME OF		B. NO Y.	UNKNOW	N		
							ILITY						
CONDUCTOR'S NAME (FIRST, M	IDDLE INITIAL, LAST)												
				<b>&gt;</b>			ATE OF BIRTH	ММ	D D	Y	Υ	Υ	
							POSI- TION	TION	RI- SEX I	RACE	AGE	INJURY	
STREET ADDRESS							11011	TION CATE	ED .			-	
CITY			STAT	EZIP			TRAN		A. YES C	. REFUSED	) AID		
						NAN	ИE OF		B. NO Y.	UNKNOW	N		
						FAC	ILITY						
MARK ALL APPLICABLE BOXES													
WARNING DEVICES	CROSSBUCK	FLASHING LIGHTS/ BELL	FLASHING LIGH BELL/GATE		HER			HIGHWAY					
ADVANCE	SIGN	PAVEMENT	ACTIVE ADVAN	CED				A. STALLE B. STOPPI					
WARNING DEVICE		MARKINGS	WARNING	ОТІ	HER			C. MOVING					
ACTIVE WARNING DEVICES FUNCTIONAL	LIGHTS FLASHING	BELL RINGING	GATES DOWN	ОТН	HER			D. TRAPPI	ED ON C	ROSSING	à		
TRAIN												_	
MAKE			т	YPE				LEAD E	NGINE #				
						DISTANCE TRAVELED						S	
SERIAL NUMBER		NO. OF ENGINES	S	NO. OF CAR	RS	AFTER IMF	PACT			-	FEE	т 📙	
HEADLIGHT FUNCTIONAL? Y/N	DITCH LIGHTS FUNCTIONAL	_? Y/N	HORN FUNCTIONAL?	Y/N	BELL FUNCTI	ONAL?	Y/N						
EVENT DATA RECORDER EQUIPPED?	DATA RECORDER SPEED		SPEED RESULTS PENDING?	Y/ <sub>N</sub>									
SIDE IMPACT												_	
Y/N NO. OF CARS FR	OM LEAD ENGINE	TYPE	RAILCAR STRUCK					RAILCA	AR NUME	BER_			
DOT PLACARD #  HAZARDOUS MATERIALS Y/N LOADED? Y/N LOADED? Y/N								3					
MATERIALS Y/N DPSSP 3112 (REV. JAN. 2005)		· //N	_	'/N		INV	ESTIGATI	NG OFFIC	ER'S INI	TIALS			