STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



VEHICLES INVOLVED	UNIFORM MO	OTOR VEHICLE TRAFFIC CR	4 totas 11 to	
DATE OF CRASH	TIME (0000) DISTRIC	CT/ZONE TROOP		1
M M D D Y Y	YY	LAT.		01
PARISH		PARISH CODE LONG.	•	
CITY OR TOWN			drant Service Road	
CITY OR TOWN		CITY CODE NW NE	SW	
CRASH HIGHWAY	# MILEPOST	ROADWAY NAME		WORK HIT & ZONE RUN
OCCURRED ON A. INTERSTATE B. U.S. HWY				PUBLIC PHOTOS
C. STATE HWY D. PARISH ROAD E. CITY STREET	MILES NE	STREET/HIGHWAY	ECTION	TION PROPERTY MADE DAMAGE FATALITY
F. OFF ROAD/ PRIVATE PROPERTY G. TOLL ROAD DISTANCE	FEET SW	STREET/HIGHWAY	ECTION	INVOLVED
	MILES NE FEET SW			PED INJURY
WRITE APPROPRIATE LETTER	I	RIBUTING FACTORS AND COND	<u> </u>	
(ONE PER COLUMN)	ROADWAY CONDITIONS	TYPE OF ROADWAY	ALIGNMENT	PRIMARY FACTOR
	A. NO ABNORMALITIES B. SHOULDER ABNORMALITY	A. ONE-WAY ROAD B. TWO-WAY ROAD WITH	A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL	SECONDARY FACTOR
A. DRY B. WET A. CONCE B. BLACK	C. HOLES D. DEEP RUTS TOP E. BUMPS	NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION	D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT	A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH
C. SNOW/SLUSH C. BRICK D. ICE D. GRAVE	F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR	D. TWO-WAY ROAD WITH A PHYSICAL BARRIER	F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE	C. VISION OBSCUREMENTS D. CONDITION OF DRIVER
E CONTAMINANT E. DIRT (SAND, MUD, Y. UNKNO		Y. UNKNOWN Z. OTHER	I. DIP, HUMP-STRAIGHT J. DIP, HUMP-CURVE	E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION
DIRT, OIL, ETC.) Z. OTHER Y. UNKNOWN	J. PREVIOUS CRASH K. WATER ON ROADWAY L. ANIMAL IN ROADWAY		Y. UNKNOWN Z. OTHER	H. LIGHTING I. WEATHER
	M. OBJECT IN ROADWAY Z. OTHER	RELATION TO	ACCESS CONTROL	J. TRAFFIC CONTROL K. KIND OF LOCATION
WEATHER	KIND OF LOCATION	ROADWAY		L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS
A. CLEAR B. CLOUDY		A. ON ROADWAY B. SHOULDER	A. NO CONTROL (UNLIMITED ACCESS TO	LIGHTING A. DAYLIGHT
C. RAIN D. FOG/SMOKE E. SLEET/HAIL	A. MANUFACTURING OR INDUSTRIAL	C. MEDIAN D. BEYOND SHOULDER - LEFT	ROADWAY) B. PARTIAL CONTROL	B. DARK - NO STREET LIGHTS
F. SNOW G. SEVERE CROSSWIND	B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL	E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE	LIMITED ACCESS TO ROADWAY C. FULL CONTROL	C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT
H. BLOWING SAND, SOIL, DIRT, SNOW	D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND	Y. UNKNOWN Z. OTHER	(ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER	INTERSECTION ONLY E. DUSK
Y. UNKNOWN Z. OTHER	G. OPEN COUNTRY Z. OTHER			F. DAWN Y. UNKNOWN Z. OTHER
				2. OTHER
A	VEHICLE CONFIGURATION			GO BODY TYPE
PASSENGER A, B, C, OR S	OFF-ROAD BUS W/SEATS SINGL	E UNIT TRACTOR FARM	A BUS FLATBE	D AUTO HOPPER
CAR WITH TRAILER	VEHICLE FOR 9-15 TRUC AXLES OF	OR MORE SEMI-TRAILER EQUIPMENT		TRANSPORTER
B E	EMERGENCY BUS W/SEATS		B F	## H ##### K##
LT. TRUCK MOTORCYCLE (P.U., ETC.)	VEHICLE IN FOR 16 OR TRUC USE MORE OCC. TRAIL		VAN/ENCLOSED DUMP TR BOX TRAILE	
C F	L P	S 🗪 Z	C TEST	
VAN PEDALCYCLE	I TOOK W/ Z TDA	JCK/ SUV OTHER	CARGO TANK CONCRE	
	TIME CALLED ARRIVED SCENE			IME CALLED ARRIVED SCENE
EMERGENCY	THE OTTERS OF THE TENTE OF THE	BEITHIEB OOLNE THINK	RESCUE	THE STREET
AMBULANCE AMBULANCE		FIRE	UNIT	
SERVICE		DEPARTM	ENT	
	NAME OF AGENCY	TIME OF NOTIFICA	ITION TIME OF ARRIVAL	TIME ALL LANES OPENED
INVESTIGATING AGENCY	IVAIVIL OF AGENOT	TIIVIE OF NOTIFICA	TIVE OF ANNIVAL	TIVIL ALL LAIVES OFFINED
	INVESTIGATING			
INVESTIGATION COMPLETE Y/N	POLICE AGENCY	A. STATE C. PARISH B. CITY Z. OTHER DATE	REPORT COMPLETED	

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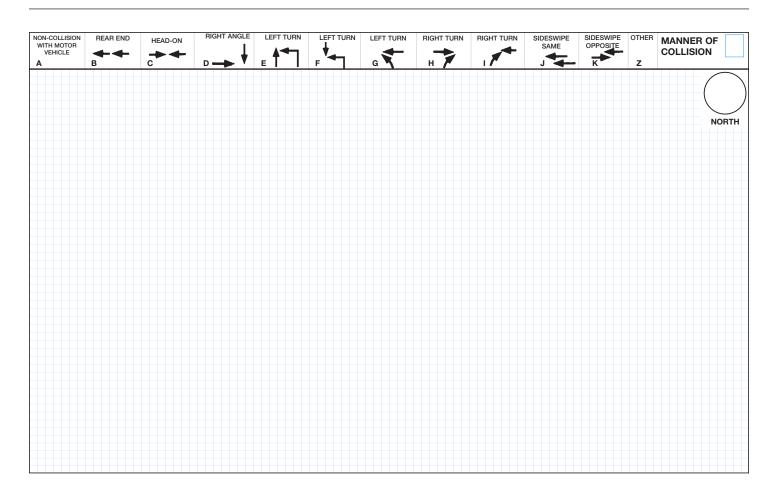
OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

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.

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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 A YES 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 COMMERCIAL CLASSIFICATION 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 EJEC-TION EXTRI-SEX RACE INJURY TION 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 Y/NFACILITY UPPER BODY LOWER BODY PEDESTRIAN ONLY CLOTHING LIGHT DARK LIGHT DARK SEX RACE **AGE** INJURY CODE CLOTHING 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-LAP BELT ONLY USED **EJECTED** C-NON-DEPLOY-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 (MOTORCYCLE PASSENGER) O- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) Y- UNKNOWN F- CHILD SAFETY SEAT USED E- NO INJURY THIRD ROW-MIDDLE G-HELMET USED Y- UNKNOWN

Y- RESTRAINT USE UNKNOWN

CONTRIBUTING FACTORS AND CONDITIONS

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		SEQUENCE OF EVENTS/HARMFUL EVENTS										
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. HILCREST I. PARKED VEHICLES J. MOVING VEHICLES J. MOVING VEHICLES 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 B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY	OF DRIVER/PED A. NORMAL A. OVERTURNIVBICLOVER B. INATTENTIVE C. IMMERSION D. JACKKNIFE E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMP							RT IG MOTION JECT CUSHION JRE	LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO. FENCE PP. MALIBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN 1st 2nd 3rd 4th MOST HARMFUL EVENT			
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. IMPROPER BACKING	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 I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION	C. TRAVELING V D. BACKING E. CROSSED MI OPPOSING L F. CROSSED C OPPOSING L G. RAN OFF RO MAKING TUP H. CHANGING L MULTI-LANE I. MAKING LER	EDIAN INTO ANE ENTER LINE INTO ANE AD (NOT WHILE IN AT INTERSECTION) ANES ON ROAD	OR L. MAI UNH M. STO TUF N. STO TUF O. SLO P. SLO Q. SLO R. PRO	OWING TO	U-TURI RN, DIRI PREPARI T O MAKE O MAKE O STOP PARKED	N ECTION ING TO ING TO ELEFT TURN ERIGHT	V	ENTERING TI SHOULDER . ENTERING TI MEDIAN ENTERING TI PARKING LA // ENTERING TI // ENTERING TI // ENTERING FI ON RAMP . LEAVING FRE OFF RAMP . OTHER OR U	RAFFIC FROM RAFFIC FROM NE RAFFIC FROM E OR DRIVEW REEWAY FROI	/AY	
U. NO VIOLATIONS Y. UNKNOWN Z. OTHER TRAFFIC CONTROL A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN SIGNAL ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGNAL N. CROSSING LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER	L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND 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 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 K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER	E. ALL LIGHTS F. DEFECTIVE G. TIRE FAILUP H. WORN OR S I. ENGINE FAI J. DEFECTIVE K. NO DEFECT Y. UNKNOWN Z. OTHER VEHIC LIGHTI A. HEADLIGHTS B. HEADLIGHTS C. DAYTIME RU Y. UNKNOWN TRAFF CONTIF CONDIT A. CONTROLS F	BRAKES HEADLIGHTS REAR LIGHTS SIGNAL LIGHTS OUT STEERING SE SIGNAL LIGHTS OUT STEERING SE SUMMOOTH TIRES LURE SUSPENSION S OBSERVED LE NG SON SOFF NNING LIGHTS FIC ROL IONS UNCTIONING DOSFOURCE DOSFOURCE DOSFOURCE NG UNCLEAR VE	A. NEI'B. YES C. YES D. YES Y. UNIV ALCOI A. TES D. TES DRUG A. TES B. TES C. TES	HNL HOL/DR THER AIA S-ALCOH S-DRUGS S-ALCOH KNOWN HOL ST REFU TEST GIVEN ST REFU UGS REI	VOLVE RUGS SI LCOHO HOL S S S S S S S S S S S S S S S S S S S	JLTS PEND JLTS PEND JLTS PEND JLTS PEND GSPECIFY	ING DING				
DIRECTION BEF		FINAL LOCATION	DISTANCE TRAVELED			SPEED	DOOTE			C DATA (FEE	T .	
NE	AY, STREET OR DRIVE	OF VEHICLES	AFTER IMPACT		EST.		POSTE	D FR	FL	RR	RL	
S W												
DAMAGE TO V AREA DAMAGED C D E B J J F G 1ST N- UNDER-L / J I H CARRIAGE K J 2ND C-TOTAL P- OTHER Q- NONE 3RD	ZEHICLE EXTENT OF DEFORMITY A- NONE 1ST B- VERY MINOR C- MINOR D- MINOR/MODERATE 2ND E- MODERATE F- MODERATE G- SEVERE 3RD H-VERY SEVERE Y-UNKNOWN	- - -	CITATIC						R.S. OR ORI			
		NC	OTICE OF INSURANCE V									

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

PAGE #

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VEH # OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- TION	EJEC- E		AIR F	ROT SEX	RACE	AGE	INJURY
STREET ADDRESS			TRANSPORTED TO MEDICAL FACILITY								
CITY	STATE		A. YES C. REFUSED AID B. NO Y. UNKNOWN		AME OF						
VEH # OCCUPANT'S NAME (LAST, FIRST, MI)				POSI-		TRAP/	AIR .	occ			
				TION	TION		DAG F	ROT SEX	RACE	AGE	INJURY
STREET ADDRESS			TRANSPORTED TO MEDICAL FACILITY								
CITY	STATE	ZIP	A. YES C. REFUSED AID B. NO Y. UNKNOWN		AME OF						
VEH # OCCUPANT'S NAME (LAST, FIRST, MI)				POSI-		TRAP/		occ			
				TION	TION		DAG F	ROT SEX	RACE	AGE	INJURY
STREET ADDRESS			TRANSPORTED TO MEDICAL FACILITY								
CITY	STATE	ZIP	A. YES C. REFUSED AID B. NO Y. UNKNOWN		AME OF ACILITY						
VEH # OCCUPANT'S NAME (LAST, FIRST, MI)				POSI-		TRAP/		occ			
				TION	TION		DAG F	ROT SEX	RACE	AGE	INJURY
STREET ADDRESS			TRANSPORTED TO MEDICAL FACILITY								
CITY	STATE		A. YES C. REFUSED AID B. NO Y. UNKNOWN		AME OF						
VEH # OCCUPANT'S NAME (LAST, FIRST, MI)				POSI-	EJEC-		AIR c	DCC ROT SEX	RACE	AGE	INJURY
				TION		CATED		sys	TINGE	AGE	iii.com
STREET ADDRESS			TRANSPORTED TO MEDICAL FACILITY								
			A. YES C. REFUSED AID B. NO Y. UNKNOWN	N	AME OF						
CITY	STATE	ZIP		E	ACILITY						
VEH # OCCUPANT'S NAME (LAST, FIRST, MI)								DCC ROT SEX	RACE	AGE	INJURY
				TION	TION	CATED		SYS			
STREET ADDRESS			TRANSPORTED TO MEDICAL FACILITY								
CITY	STATE	ZIP	A. YES C. REFUSED AID B. NO Y. UNKNOWN		AME OF						
						TRAP/					
VEH # OCCUPANT'S NAME (LAST, FIRST, MI)				POSI- TION	EJEC- E	XTRI-	AIR F	OCC PROT SEX	RACE	AGE	INJURY
STREET ADDRESS			TRANSPORTED TO MEDION, FACILITY								
CITY	STATE	ZIP	TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN		AME OF						
VEH # OCCUPANT'S NAME (LAST, FIRST, MI)				BOS:		TRAP/		occ			
COOPERT ONAME (EAST, 1 Inst, MI)				POSI- TION	TION			ROT SEX	RACE	AGE	INJURY
OTDERT ADDRESS				J							
STREET ADDRESS											
			TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN	N	AME OF						

DPSSP 3108 (REV. JAN. 2005)

INVESTIGATING OFFICER'S INITIALS

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT NARRATIVE SUPPLEMENT

COMPUTER NUMBER	PAGE #	
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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

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

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	,								

DATE	TIME	PLACE		
l,				
MY ADDRESS IS _				
AND MY TELEPHON				
THE ADOME STATE	MENT TO THE DECT			IE AND CODDECT
	MENT, TO THE BEST (RECOLLECTION IN TH			
SIGNED:				
OF	FICER TAKING STATE	MENT:		
	SIGNA	TURE:		
			INVESTIGATING OFFICE	

			STATE OF LOUIS			COMPUT	TER NUMBE	R	PAGE :	#
RAILROAD TRAIN		DI EMENT			_					
STREET CAR	UI	NIFORM RAILROA	D GRADE CROSSI	NG CRASH SUP	PLEMENI					
DOT CROSSING NUMBER		ı								
		COMPANY OPERA	ITING RR TRAIN OR STRE	ET CAR						
] 	COMITAINT OF EITH	THE THE THAIR OF OTHE	LIOAN				\top	\top	
TRAIN ID NUMBER/CONSIST NUM	BER									
	TRAIN IN	STREET ADDRESS	S							
TDACK SDEED	MOTION? Y/N	CITYCOMPANY OWNIN	IG TRACKS			STA	TE ZIP			_
TYPE PUBLIC	PRIVATE									
CROSSING TOBLIS										_
C. WOOD BRA	TRAIN BEFORE AKING	STREET ADDRESS	S							_
E. GRAVEL Z. OTHER	MPH.	CITY				STATE	ZIP			
ENGINEER'S NAME (LAST, FIRST,	MI)				D.	ATE OF				_
						BIRTH	M D D	YY	YY	_
STREET ADDRESS						POSI- EJE TION TIO		RACE AG	GE INJUF	RY
STREET ADDRESS										_
CITY			STATE	710		TDANCO	ODTED TO ME	DICAL FAC	II ITV	_
ENGINEER'S CERTIFICATION NO			SIAIL			TRANSPO	A. YES	C. REFUSED A C. UNKNOWN	AID	
ENGINEER 3 CENTIFICATION NO					NAM	IE OF	D. 110	· Ontarovin		
					FACI					
CONDUCTOR'S NAME (LAST, FIRS	ST, MI)									_
						ATE OF BIRTH	M D D	YY	Y	
						POSI- EJE	TYTHE SEX	RACE AG	GE INJUF	JRY
STREET ADDRESS						1	CATED			_
CITY			STATE	ZIP		TRANSPO		. REFUSED	AID	
					NAM	IE OF	B. NO Y	. UNKNOWN		
					FACI					
MARK ALL APPLICABLE BOXES										_
WARNING DEVICES	CROSSBUCK	FLASHING LIGHTS/ BELL	FLASHING LIGHTS BELL/GATE	OTHER		HIG	HWAY USER			
ADVANCE		PAVEMENT	ACTIVE ADVANCE			A. S	STALLED ON C	ROSSING		
WARNING DEVICE	SIGN	MARKINGS	WARNING	OTHER			STOPPED ON C			
ACTIVE WARNING DEVICES FUNCTIONAL	LIGHTS FLASHING	BELL RINGING	GATES DOWN	OTHER			MOVING OVER TRAPPED ON C		ì	
TRAIN		_		OHIEN						_
TRAIN MAKE			TYP	E		LI	EAD ENGINE #			
					DISTANCE			1	MILES	$\overline{}$
SERIAL NUMBER		NO. OF ENGINE	ES 1	NO. OF CARS	TRAVELED AFTER IMP	ACT			FEET [=
HEADLIGHT FUNCTIONAL? Y/N	DITCH LIGHTS FUNCTION		HORN	BE	ELL	Y/N				
EVENT DATA	DATA RECORDER	···	SPEED RESULTS							
RECORDER Y/N EQUIPPED?	SPEED			Y/ _N						
SIDE IMPACT										_
Y/N NO. OF CARS FRO	M LEAD ENGINE _	TYPE	RAILCAR STRUCK				RAILCAR NUMI	BER		
HAZARDOUS , D	OT PLACARD #	CAR ,	LEAKING?	,		·				
MATERIALS Y/N DPSSP 3112 (REV. MAR. 2005)		LOADED? Y/N		/n	INVI	ESTIGATING	OFFICER'S INI	TIALS		-