

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

COMPUTER NUMBER

PAGE #

VEH #

OR

PEDESTRIAN

_____-_____

CONF CARGO BODY TYPE YEAR _____ MAKE _____ MODEL _____ # DOORS _____ # AXLES _____ # TIRES _____
see page 1 for selections

V.I.N. _____ VEHICLE TOWED A. YES B. NO C. LEFT AT SCENE REMOVED BY _____

LICENSE PLATE YEAR _____ STATE _____ NUMBER _____ TYPE _____ GVWR/GCWR _____ REASON TOWED
A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION YEAR _____ MAKE _____ TYPE _____ LICENSE PLATE YEAR _____ STATE _____ NUMBER _____

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS 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 _____ ZIP _____

INTERSTATE CARRIER Y/N TRANSPORTING HAZARDOUS MATERIAL Y/N CLASS _____ ID# _____ PLACARDS DISPLAYED Y/N HAZ MAT RELEASED Y/N

NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN _____ DATE OF BIRTH _____

STREET ADDRESS _____ TELEPHONE # _____

CITY _____ STATE _____ ZIP _____

STATE _____ CLASS _____ ENDORSEMENTS _____ DRIVER'S LICENSE NUMBER _____ INSTRUCTED TO EXCHANGE INFORMATION? Y/N NAME OF FACILITY _____

PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT DARK LOWER BODY CLOTHING LIGHT DARK SEX _____ RACE _____ AGE _____ INJURY CODE _____

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) _____ Same as Driver TELEPHONE # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

INSURANCE CO. NAME _____ (NOT AGENCY NAME) POLICY NUMBER _____ EXPIRATION DATE _____

AGENT'S NAME/ADDRESS _____ PHONE # _____

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 _____ NAME OF FACILITY _____
CITY _____ STATE _____ ZIP _____ A. YES C. REFUSED AID B. NO Y. UNKNOWN

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 _____ NAME OF FACILITY _____
CITY _____ STATE _____ ZIP _____ A. YES C. REFUSED AID B. NO Y. UNKNOWN

CODES					
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT EJECTED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - NON DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	C - TRAPPED/NOT EXTRICATED	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT	Y - UNKNOWN	Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y - UNKNOWN			G - HELMET USED	
H - THIRD ROW-MIDDLE				Y - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE					

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WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<p>VISION OBSCUREMENTS <input type="checkbox"/></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. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER</p>	<p>CONDITION OF DRIVER/PED <input type="checkbox"/></p> <p>A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER</p>	<p>SEQUENCE OF EVENTS/HARMFUL EVENTS</p> <p>NON COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FELL/JUMPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF UNITS IN TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION</p> <p>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON- FIXED OBJECT O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL</p> <p>S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT</p> <p>COLLISION WITH FIXED OBJECT X. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC BARRIER II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT</p> <p>LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN</p> <p>1st <input type="checkbox"/> <input type="checkbox"/></p> <p>2nd <input type="checkbox"/> <input type="checkbox"/></p> <p>3rd <input type="checkbox"/> <input type="checkbox"/></p> <p>4th <input type="checkbox"/> <input type="checkbox"/></p> <p>MOST HARMFUL EVENT</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>VIOLATION <input type="checkbox"/></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. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER</p>	<p>DRIVER DISTRACTION <input type="checkbox"/></p> <p>A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN</p>	<p>MOVEMENT PRIOR TO CRASH <input type="checkbox"/></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</p> <p>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</p> <p>T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>
<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, FLAGMAN 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 Y. UNKNOWN Z. OTHER</p>	<p>REASON FOR MOVEMENT <input type="checkbox"/></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 Y. UNKNOWN Z. OTHER</p>	<p>VEHICLE CONDITION <input type="checkbox"/></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 Y. UNKNOWN Z. OTHER</p>
<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 H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER</p>	<p>VEHICLE LIGHTING <input type="checkbox"/></p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p>	<p>ALCOHOL/DRUG INVOLVEMENT</p> <p>ALCOHOL/DRUGS SUSPECTED..... <input type="checkbox"/></p> <p>A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL..... <input type="checkbox"/></p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> g% D. TEST GIVEN, BAC</p> <p>DRUGS..... <input type="checkbox"/></p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">AFFIX BLOOD ALCOHOL KIT LABEL HERE</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">(OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET 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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				

DAMAGE TO VEHICLE	
<p>AREA DAMAGED</p> <p>N- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE Y- UNKNOWN</p>	<p>EXTENT OF DEFORMITY</p> <p>1ST <input type="checkbox"/> A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H-VERY SEVERE Y-UNKNOWN</p>

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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE OF INSURANCE VIOLATION