

State of Louisiana

Uniform Motor Vehicle Traffic Crash Report

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State of Louisiana Uniform Motor Vehicle Traffic Crash Report

Why We Investigate Traffic Crashes

One simple answer as to why traffic crashes must be investigated can be found in state law. Section §398.D. of the Louisiana Revises Statutes states:

It shall be the duty of the state police or the sheriff's office to investigate all accidents required to be reported by this Section (*an accident resulting in injury to or death of any person or property damage in excess of five hundred dollars*) when the accident occurs outside the corporate limits of a city or town, and it shall be the duty of the police department of each city or town to investigate all accidents required to be reported by this Section when the accidents occur within the corporate limits of the city or town....

“Because we have to.” is not the only, or even the best reason to investigate. Statewide motor vehicle traffic crash data systems provide the basic information necessary for effective highway and traffic safety efforts at any level of government -- local, state or federal. State crash data are used to perform problem identification, establish goals and performance measures, determine progress of specific programs, and support the development and evaluation of highway and vehicle safety countermeasures.

A motor vehicle crash report describes characteristics of the crash, the vehicles and people (drivers, injured and uninjured occupants and injured pedestrians and bicyclists) involved. By using evidence found at the scene, and by interviewing participants and witnesses the investigating officer can answer questions concerning how the crash occurred.

Data recorded on crash reports are computerized central file in this and other states. These statewide motor vehicle crash databases provide the basic information necessary for developing effective highway and traffic safety programs. Data from state crash data systems are used by local, state and federal agencies to:

- ! identify and prioritize highway and traffic safety problem areas;
- ! assess the effectiveness of laws and programs intended to reduce the frequency and severity of motor vehicle crashes and injuries; and,
- ! assess the relationship between vehicle and highway characteristics, crash propensity, and injury severity to support either the development of countermeasures or their evaluation.

Information recorded from crashes investigated by you, a Louisiana law enforcement officer, has many uses and is very important to many users. It is important that you, the investigating officer complete the crash report form as completely and accurately as possible. This manual is intended to assist you and other investigators in accomplishing that.

CRASH REPORT PROTOCOLS

Crash Report Forms – The entire crash report package consist of six (6) forms (the report number appears in the lower left corner of each page.) Not every form is used in every crash.

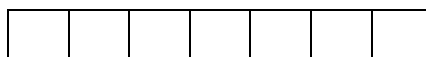
1. DPSSP 3105 Crash Report (2-sided). Pre-printed pages 1 and 2.
2. DPSSP 3106 Vehicle/Pedestrian Information (2 sided).
3. DPSSP 3108 Additional Occupant Supplement (1-sided).
4. DPSSP 3110 Narrative Supplement/Alternative Grid (2-sided).
5. DPSSP 3111 Driver/Witness Voluntary Statement (1-sided).
6. DPSSP 3112 Uniform Railroad Grade Crossing Crash Supplement (1-sided).

This section of the Manual will provide general guidelines concerning the completion of the crash report forms. The guidelines cover procedures and recommendations that should be used when completing all forms and parts of the crash report.

Data Block – An individual block designed to receive one alphanumeric character of information.



Data Section – A group of data blocks.



Printing – **Print in block letters. DO NOT** use longhand. Use of capitol letters in data blocks is suggested.

Blocks – Attempt to confine handwriting characters within blocks if possible.

Writing Tools – Use a black ballpoint or roller-ball pen, or fine-point, black felt-tip pen. Typing is permitted. Ink other than black and other writing tools such as pencils are not allowed.

Justification – All entries are left justified except where specifically noted.

White out – The use of white out is discouraged. However, if used, do so sparingly and neatly.

Entries – In all the data blocks for names of drivers, owners or occupants, use a blank space between each word. Do not include periods (.) as part of the entry unless it is needed to clarify the entry or it is required, e.g., an Internet or e-mail address.

EXAMPLE:

OWNER'S NAME (Last, First, MI)

J	O	N	E	S		J	O	S	E	P	H		L										
---	---	---	---	---	--	---	---	---	---	---	---	--	---	--	--	--	--	--	--	--	--	--	--

NOT:

Owner's name (Last, First, MI)

J	O	N	E	S	J	O	S	E	P	H	L	.											
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Abbreviations – Use only approved abbreviations as shown in *Appendices A and D*. Otherwise, spell out the words.

Yes/No Questions – There are two methods of answering Yes/No questions on the report:

- A) Data Entry Boxes – There are eight of these blocks at the top of page 1 on the report: **Work Zone, Hit and Run, Public Property Damage, Photos Made, RR Train Involved, Fatality, Pedestrian, and Injury**. On the bottom of page 1, there are two: **Ambulance and Rescue Unit**. If the answer to the question is **YES**, mark **X** in the box (**DO NOT USE CHECK MARKS**). If the answer is **No**, do not mark anything in the block.
- B) All of the other YES/NO questions have one block. If the answer is **Yes** then mark **Y** in the block. If the answer is **No** then mark **N** in the block. For **ALL** of these questions, either **Y** or **N** **MUST** be marked.

Composition of Report – The first two pages of the Crash Report are already numbered 1 and 2 (DPSSP 3105– front and back). The reporting officer **MUST** complete **BOTH** pages for any crash. Complete additional pages as needed for:

- vehicle/pedestrian form for each vehicle and/or each pedestrian involved (at least one of these forms will be completed in every crash);
- more than two occupants in any vehicle;
- a railroad or streetcar;
- a supplemental narrative or diagram, and/or;
- a written statement from a driver or witness.

Computer Report Number – Forms **DPSSP 3106** through **3112** each have a block in the upper right-hand corner for the Computer Form Number, Page Number, and local agency use. Beginning with **DPSSP 3106**, copy the **Pre-Printed Computer Report Number** from Page 1 of Form **DPSSP 3105** into the space provided on all other forms used.

Page Numbers – Page numbers 1 and 2 are preprinted on the pages of form **DPSSP 3105**. Beginning with form **DPSSP 3106 Vehicle/Pedestrian Information** form, as other forms are used, add a **CONSECUTIVE PAGE NUMBER** as required by the blocks. The reverse side of Form **DPSSP 3110 Narrative Supplement/Alternative Grid** requires a consecutive page number. Keep the completed report in order by page numbers. If possible, assemble the crash report package so that forms are in DPSSP form number order, and pages numbered consecutively within that package. Supplementary reports done after the initial report package has been completed should be placed at the end of the package and assigned the next page number.

In addition, below the Pre-printed Computer Report Number is a space for the local agency name.

Page Numbering Example – a crash involved 3 vehicles and two of the drivers provided written statements. The final report package would consist of **Forms DPSSP 3105** (pages 1 and 2, pre-numbered), **3106** for vehicle 1 (pages 3 and 4), another **3106** for vehicle 2 (pages 5 and 6, added by the reporting officer), a third **3106** for vehicle 3 (pages 7 and 8, added by the reporting officer), and 2 copies of **3111** (pages 9 and 10, added by the reporting officer).

IMPORTANT: If there are additional forms to be attached to the final report package – other than one of the six DPSSP forms – for each completed side enter the **Computer Report Number** and the **Page Number** in the upper right-hand corner. (Examples could include expanded diagrams, hospital or coroner reports, written statements not on a witness form, etc.)

Time – Time entries must be made in the 24-hour clock (military time) format. Four data blocks are supplied for this data entry at various places in the report. A colon **MUST NOT** be used.

IMPORTANT: Midnight shall be designated as “**0000**” hours; one minute after midnight as “**0001**” hours. Noon shall be listed as “**1200**” hours. An “unknown” time is coded as “**UNK.**”

None, Not Applicable (N/A), Unknown (UNK) – The use of these various entries where there is no specific entry to make will be determined by the exact reason the entry would ordinarily be blank. The goal is to provide the reader of the report with an understanding of why the data section is not completed.

Example – If a vehicle has no passengers, the data blocks for occupant’s name on page 1 should contain either “**NONE**” or “**N/A.**” If the crash is a **Hit and Run**, the data blocks for driver’s name should contain “**UNKNOWN**” or “**UNK.**”

Follow-Up Reports

Use **DPSSP 3106, Vehicle / Pedestrian Information** form, to submit information regarding the identification of a pedestrian or a hit and run vehicle.

Use **DPSSP 3110, Narrative Supplement**, to submit follow-up information regarding BAC results, drug tests, death of a driver, occupant, or pedestrian within 30 days of the crash, or any other additional information coming to light. Note: The **Pre-printed Computer Number** must be copied from the original report DPSSP 3105 into the upper right-hand data blocks. Also, enter the next consecutive page number.

Fatality Investigations –

IMPORTANT: *Send a copy of all fatal crash investigation reports to the LOUISIANA HIGHWAY SAFETY COMMISSION, P. O. BOX 66336 BATON ROUGE, LOUISIANA, 70896.*

Initials – Investigating officers should initial *EVERY* page of the report (other than page 1, which is signed) at the bottom of the form in the space provided for initials.

Signature – The lead investigator *MUST* sign *ALL* crash reports. Additionally, in the appropriate spaces provided at the bottom of Page 1 of form **DPSSP 3105**, the investigator shall **PRINT** his or her name, badge number (if applicable), and the employing agency.

Blood Alcohol Pending – When an investigator receives a blood alcohol or drug report from a crime lab, a supplement *MUST* be filed stating this result. A copy of this supplement *MUST* be mailed to the Louisiana Highway Safety Commission at the address given above.

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

* 7 8 5 5 0 7 4 *

TOTAL NUMBER OF VEHICLES INVOLVED:

DATE OF CRASH: TIME (0000): DISTRICT/ZONE: TROOP:

PARISH: PARISH CODE:

CITY OR TOWN: CITY CODE:

LAT. LONG.

Quadrant: NW, NE, SW, SE; Service Road: N, S, E, W

PAGE #

CRASH OCCURRED ON: HIGHWAY U.S. HWY STATE HWY FEDERAL ROAD CITY STREET DRIVEWAY PRIVATE PROPERTY TOLL ROAD

DRYNESS: WET FROST ICE SLUSH OTHER

STREET HIGHWAY: AT INTERSECTION NOT AT INTERSECTION

VEHICLE HIGHWAY: AT INTERSECTION NOT AT INTERSECTION

ROAD TYPE: RURAL URBAN

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (CHECK ONE COLUMN)	ROADWAY CONDITIONS	TYPE OF ROADWAY	ALIGNMENT	PRIMARY FACTOR
A. DRY B. WET C. FROST/SLUSH D. ICE E. CONTAMINANT (GREASE, OIL, ETC.) F. UNKNOWN G. OTHER	A. NO ABNORMALITIES B. SPOKE LINE ABNORMALITY C. HOLES D. DEEP RUTS E. BUMP F. LOWERS IN PLACE (HOLE, GULLY, CONSTRUCTION PITS) G. OVERHUNG CLEARANCE LIMITED H. CONSTRUCTION - NO MARKING I. FRESH CURB/CRAV J. NARROW ROADWAY K. SMALL IN ROADWAY L. OBJECT IN ROADWAY M. OTHER	A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL SEPARATION E. ONE-WAY F. UNKNOWN G. OTHER	A. STRAIGHT LEVEL B. RAMPED LEVEL (UPHILL) C. CURVE (LEFT) D. CURVE (RIGHT) E. OR OTHER CURVE F. HILL (DOWN) G. HILL (UP) H. OTHER	A. VIOLATION B. INADEQUATE TRAINING C. VEHICLE CONDITION D. CONDITION OF DRIVER E. ROAD SURFACE F. ROADWAY CONDITION G. ROADWAY CONDITION H. LIGHTING I. TRAFFIC CONTROL J. SPEED OF TRAFFIC K. CONDITION OF DRIVER L. OTHER
WEATHER	KIND OF LOCATION	RELATION TO ROADWAY	ACCESS CONTROL	SECONDARY FACTOR
A. CLEAR B. CLOUDY C. FOG D. FOG/SMOG E. HAZE F. RAIN G. HAIL H. SNOW I. SLEET J. UNKNOWN K. OTHER	A. MANUFACTURING OR INDUSTRIAL B. BUSINESS DISTRICT C. BUSINESS URBAN PERIPHERAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SUBURBAN F. SCHOOL OR PLAYGROUND G. OTHER	A. ON ROADWAY B. SHOULDER C. SIDEWALK D. BEYOND SHOULDER, LEFT E. BEYOND SHOULDER, RIGHT F. BEYOND ROAD OF WAY G. OTHER	A. NO CONTROL B. UNLAWFUL ACCESS TO ROADWAY C. TRAFFIC CONTROL D. LIMITED ACCESS TO ROADWAY (ONLY RIGHT ENTRANCE & EXIT) E. FULL CONTROL F. OTHER	A. VIOLATION B. INADEQUATE TRAINING C. VEHICLE CONDITION D. CONDITION OF DRIVER E. ROAD SURFACE F. ROADWAY CONDITION G. ROADWAY CONDITION H. LIGHTING I. TRAFFIC CONTROL J. SPEED OF TRAFFIC K. CONDITION OF DRIVER L. OTHER

VEHICLE DESCRIPTION

A. PASSENGER CAR	D. A, B, C, OR D WITH TRAILER	G. OFF-ROAD VEHICLE	J. BUS (12 OR MORE SEATS)	M. TRUCK (TRUCK OR MOTOR)	Q. TRACTOR	T. TRACTOR
B. MOTORCYCLE	E. MOTORCYCLE	H. MOTORCYCLE	K. MOTORCYCLE	N. TRUCK/ TRAILER	R. TRUCK/ TRAILER	V. MOTOR HOME
C. TRUCK	F. TRUCK	I. SCHOOL BUS	L. TRUCK/ TRAILER	P. TRUCK/ TRAILER	S. TRUCK	Z. OTHER

VEHICLE BODY TYPE

A. VAN	D. FLATBED	G. AUTO TRACTOR	J. MOTOR
B. MANUFACTURED HOME	E. SEMI TRAILER	H. LOG TRUCK/ TRAILER	K. FOLD TRAILER
C. GARAGE/ TRAILER	F. OTHER	I. GARAGE/ TRAILER	X. OTHER

EMERGENCY SERVICES: AMBULANCE FIRE DEPARTMENT

TIME CALLED: ARRIVED SCENE: DEPARTED SCENE: ARRIVED HOSPITAL:

INVESTIGATING AGENCY: TIME OF NOTIFICATION: TIME OF ARRIVAL: TIME ALL LINES OPENED:

INVESTIGATION COMPLETE: INVESTIGATING AGENCY: DATE REPORT COMPLETED:

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

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

* 7 8 5 5 0 7 4 *

TOTAL NUMBER OF VEHICLES INVOLVED: **1**

DATE OF CRASH: **MM/DD/YY** TIME (0000): **0000** DISTRICT/ZONE: **0000** TROOP: **0000**

PARISH: **0000** PARISH CODE: **00**

CITY OR TOWN: **0000000000** CITY CODE: **0000**

LAT. **00.0000** LONG. **00.0000**

Quadrant: NW, NE, SW, SE; Service Road: N, S, E, W

PAGE # **01**

Entries A, and 1 through 6 are shown on page 3.

**State of Louisiana
Uniform Motor Vehicle Traffic Crash Report
DPSSP 3105 – Page #1
Crash Specific Data**

Pre-Printed Computer Report Number

This is the only page in the entire Crash Report package of six forms and supplements that has a **Pre-Printed Computer Report Number**. Refer to the section on **Pre-Printed Computer Report Number** in the Crash Report Protocols at the front of this manual for specific instructions regarding adding this number to other pages in the report.

Page Number

Page number one (01) is pre-printed on this report. The front of this report will always be designated as page one and the reverse will be page number two (02). Any remaining pages must be numbered sequentially. Refer to the section on **Page Numbers** in the Crash Report Protocols at the front of this manual for specific instructions for numbering all following pages in the report.

A. Local Agency Use Boxes

These boxes can be used to list the name of the law enforcement agency that investigated the crash and local agency crash report number. This same information should be entered on all additional pages of the crash report package.

1. Total Number of Vehicles Involved

Record the total number of vehicles involved in the crash. A vehicle being towed by another vehicle is not considered as a separate vehicle and it should be listed with the vehicle that was towing it. For example: A tow truck towing a passenger car is considered one vehicle for the purposes of this report. Information on the tow truck would be entered in the vehicle information section and information on the passenger car would be entered into the trailer information section. A pickup truck pulling a passenger car would also be considered one vehicle and any occupants in the passenger car would be considered occupants of the pickup truck.

A vehicle that may have caused the crash without necessarily making physical contact with other vehicles **IS** counted as a crash vehicle. Investigators should use investigative skill to determine if in fact there was a non-contact vehicle involved. A railroad train or a streetcar is counted as one vehicle. Enter data about the train or streetcar on **DPSSP 3112 Uniform Railroad Grade Crossing Supplement**. Enter specific commercial

vehicle information in the blue shaded area located on **DPSSP 3106 Vehicle/Pedestrian Information**. **DO NOT** enter railroad or streetcar information in the vehicle data sections of the crash report form.

2. Date of Crash

Enter the Month, Day, and Year of the crash (**MMDDYYYY**). A two-digit format is used for the month and the day. However, it should be noted that a four-digit format is required for the year. January 1, 2005 would be written as **01012005**. All blocks must be filled in.

Do **NOT** use dashes or hyphens.

0	1	0	1	2	0	0	5
---	---	---	---	---	---	---	---

3. Time of Crash

Enter the time in hours and minutes when the crash occurred. The time is written using the 24-hour clock where 0000 is midnight and 1200 is noon. If the time of the crash is not known, enter “**UNK**” in these blocks. Refer to the section on Crash Report Protocols at the beginning of this manual for specific instructions on coding time.

EXAMPLE: A crash is investigated the morning after it was discovered the vehicle ran off the road during the previous night. Clarification of any such entry should be made in the narrative.

4. District/Zone

The reporting agency uses this data entry section to designate local patrol routes, districts or zones, or any other use that the reporting agency may employ.

5. Troop

Enter the letter of the State Police Troop in which the crash occurred. This section should only be used for crashes investigated by State Police.

6. Parish

The investigator must enter the name of the parish in which the crash occurred. **ABBREVIATION OF THE PARISH NAME IS NOT ALLOWED.**

Entries 7 through 12 are shown on page 5.

7. Parish Code

Enter the two-digit parish code that corresponds with the Parish in which the crash occurred. Refer to Appendix B for a listing of Parish codes.

8. City or Town

Record the official name of the city or town for all crashes occurring within the incorporated limits of an official municipality. DO NOT reference a city or town when identifying the exact location of the crash. Example: 2 miles south of Alexandria on US 71 is inappropriate. Refer to Appendix C for a list of official incorporated municipalities. Designation of a name by the U.S. Postal Service or other government agency does not constitute an official city or town and should not be used.

9. City Code

Enter the two-digit city code that corresponds with the Incorporated Municipality (City) in which the crash occurred. Refer to Appendix C for a list of city codes.

NOTE: This data block is required on all crashes that occur within an incorporated municipality regardless of the investigating agency.

10. Latitude (LAT.) / Longitude (LONG.)

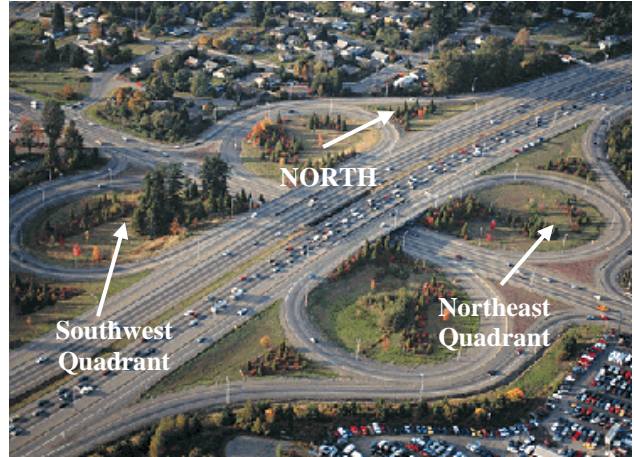
These lines are provided for those agencies that utilize a GPS system for locating traffic crashes. Recording latitude/longitude coordinates DOES NOT replace the traditional means of reporting crash locations by highway number, milepost, intersection, etc. Enter Lat./Long. data in Degrees & Decimal of Degrees. It is important to note that the GPS reading should be taken as closely as possible to the approximate point of impact on the roadway or area of departure from the roadway.

11. Quadrant

This data section applies to partial or fully controlled access highways that have “cloverleaf” or “diamond” type interchanges. For example, entrance and exit ramps located at an interstate interchange would require an entry into this section. Partial interchanges must also be entered. The quadrant of the interchange should coincide with the general direction of the highway rather than the true compass direction.

12. Service Road

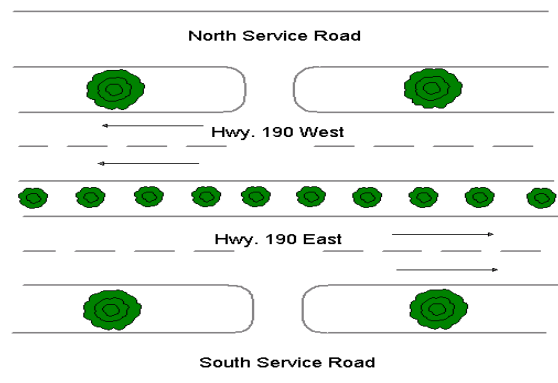
This data section should be used to properly locate a crash occurring on a service road of a major highway. Interstate and U.S. Highway service roads should be included in this section. For Example, Florida Blvd. (U.S. 190) in the city of Baton Rouge is a partial controlled (limited) access roadway, which has service roads on both sides that run parallel to the main roadway. Investigators should indicate which service road the crash occurred on.



“CLOVERLEAF INTERCHANGE” If the general north direction of this highway is towards the top right of the picture (as indicated by the arrow) then the top left portion of the interchange would be the northwest quadrant; the top right portion would be the northeast quadrant; the bottom left would be the southwest quadrant; and the bottom right would be the southeast quadrant.”



“DIAMOND INTERCHANGE” If the general north direction of the highway is towards the top of the page then the top left portion of the interchange would be the northwest quadrant; the top right would be the northeast quadrant; the bottom left would be the southwest quadrant and the bottom right would be the southeast quadrant.”



STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

TOTAL NUMBER OF VEHICLES INVOLVED:

DATE OF CRASH: THIS (DD) DISTRICTS: TROOP:

PAGE #

PARISH: PARISH CODE:

CITY/TOWNSHIP: CITY CODE:

ROUTE: MILE:

SECTION: SECTION CODE:

CRASH OCCURRED ON: A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/ PRIVATE PROPERTY G. TOLL ROAD	HIGHWAY # <input type="text" value="14"/>	MILEPOST <input type="text" value="15"/>	ROADWAY NAME <input type="text" value="16"/>	AT INTERSECTION <input type="checkbox"/>	NOT AT INTERSECTION <input type="checkbox"/>	WORK ZONE <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>
DISTANCE <input type="text" value="18"/>	MILES <input type="checkbox"/> FEET <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	STREET/HIGHWAY <input type="text" value="20"/>	AT INTERSECTION <input type="checkbox"/>	NOT AT INTERSECTION <input type="checkbox"/>	PUBLIC PROPERTY DAMAGE <input type="checkbox"/>	PHOTOS MADE <input type="checkbox"/>
DISTANCE <input type="text" value="18"/>	MILES <input type="checkbox"/> FEET <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	STREET/HIGHWAY <input type="text" value="21"/>	AT INTERSECTION <input type="checkbox"/>	NOT AT INTERSECTION <input type="checkbox"/>	RR TRAIN INVOLVED <input type="checkbox"/>	FATALITY <input type="checkbox"/>
						PED <input type="checkbox"/>	INJURY <input type="checkbox"/>

NOTE: AT TOP OF PAGE LETTERS IN BLOCK. NORTH INDICATES DIRECTION AND ORIENTATION

ROAD SURFACE (CHECK ONE COLUMN) A. DRY B. WET C. IRRADIATED D. ICE E. OIL F. SAND/MUD G. OTHER	ROADWAY CONDITIONS A. NO IMPROVEMENTS B. IMPROVEMENTS C. NO LANE D. DIRT RUTS E. SLEETS F. LOGS OR BRANCHES G. CONSTRUCTION H. OTHER	TYPE OF ROADWAY A. DRIVEWAY B. TWO-WAY ROAD WITH PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL BARRIER D. ONE-WAY ROAD E. OTHER	ALIGNMENT A. STRAIGHT LEVEL B. CURVE C. CURVE LENGTH D. CURVE GRADE E. OTHER	PRIMARY FACTOR A. VIOLATION B. HUMAN ERROR C. VEHICLE CONDITION D. ROADWAY CONDITION E. WEATHER F. OTHER
WEATHER A. CLEAR B. CLOUDY C. RAIN D. FOG E. HAZE F. SNOW G. HAIL H. OTHER	KIND OF LOCATION A. INDUSTRIAL B. RESIDENTIAL C. COMMERCIAL D. SCHOOL E. OTHER	RELATION TO ROADWAY A. ON SHOULDER B. IN SHOULDER C. IN LANE D. OTHER	ACCESS CONTROL A. NO CONTROL B. CONTROLLED ACCESS C. FULL CONTROL D. OTHER	SECONDARY FACTOR A. VIOLATION B. HUMAN ERROR C. VEHICLE CONDITION D. ROADWAY CONDITION E. WEATHER F. OTHER

VEHICLE COMPLETION A. PASSENGER CAR B. LIGHT TRUCK (PICKUP, ETC.) C. VAN D. TRUCK E. MOTORCYCLE F. OTHER	VEHICLE TYPE A. BUS B. TRUCK C. TRAILER D. OTHER
--	--

EMERGENCY SERVICES: AMBULANCE FIRE DEPARTMENT

ARRIVED SCENE: DEPARTED SCENE:

ARRIVED HOSPITAL: TIME CALLED:

INVESTIGATING AGENCY:

INVESTIGATING OFFICER'S NAME (PRINT):

SIGNATURE:

DATE REPORT COMPLETED:

CRASH OCCURRED ON: A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/ PRIVATE PROPERTY G. TOLL ROAD	HIGHWAY # <input type="text" value="14"/>	MILEPOST <input type="text" value="15"/>	ROADWAY NAME <input type="text" value="16"/>	WORK ZONE <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>
DISTANCE <input type="text" value="18"/>	MILES <input type="checkbox"/> FEET <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	STREET/HIGHWAY <input type="text" value="20"/>	PUBLIC PROPERTY DAMAGE <input type="checkbox"/>	PHOTOS MADE <input type="checkbox"/>
DISTANCE <input type="text" value="18"/>	MILES <input type="checkbox"/> FEET <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	STREET/HIGHWAY <input type="text" value="21"/>	RR TRAIN INVOLVED <input type="checkbox"/>	FATALITY <input type="checkbox"/>
				PED <input type="checkbox"/>	INJURY <input type="checkbox"/>

Entries 13 and 14 are shown on page 7.

13. Crash Occurred on

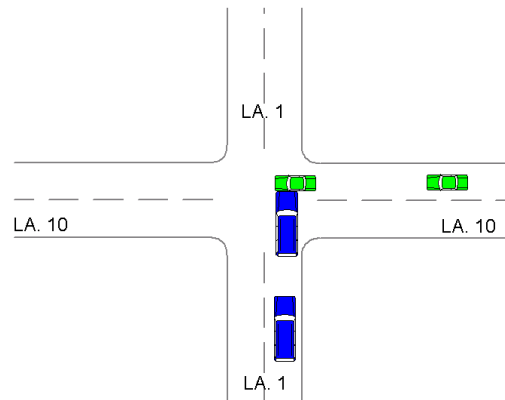
Mark the corresponding letter that describes the type of roadway on which the crash occurred. This designation should correspond with the roadway chosen in the **Highway #** and **Roadway Name** data sections. Median openings, turn lanes, and turnarounds are considered part of the roadway on which they are located and should be classified as such. **Off Road/Private Property** must be used for all crashes occurring on any location not on a public roadway, e.g., private driveways or lanes, levees, public or private parking lots, etc.

14. Highway

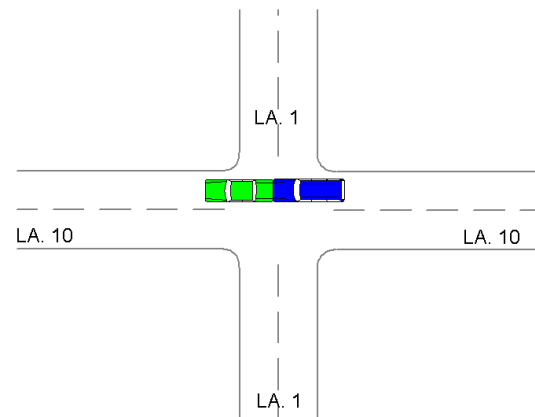
Enter the official number of the highway where the crash occurred. Only utilize this section if the crash occurred on an Interstate, U.S. or State numbered highway. It is not necessary to enter the type of highway in this section. The type of highway will be noted in the **Crash Occurred On** section. For example, LA. 308 should be entered as 308. I-10 should be entered as 10. U.S. 61 should be entered as 61. **DO NOT** enter Parish Road numbers in this block. Investigators should take note of the additional dashed block, which is to be utilized for spur or business routes or for routes with hyphenation in its number. Examples: U.S. 90 branches to U.S. 90 Business (90B) in certain areas of the state. This should be entered as 90-B. LA. 70 Spur should be entered as 70-S and LA. 1015-2 should be entered as 1015-2. **THESE ENTRIES SHOULD BE RIGHT JUSTIFIED.**

When a segment of roadway has two or more U.S. highway numbers assigned, use the lower highway number because lower numbers designate major highways. The same criterion applies when two or more State highways travel the same route. If a U.S. highway and a State highway travel the same segment of roadway, the U.S. highway number should be entered. If the crash occurs at an intersection of two highways and the vehicles are traveling at right angles to each other, the number of the major highway (lower number) should be recorded in these blocks. If both vehicles are traveling on the same roadway in the same or opposite direction at an intersection, use the name of the roadway on which the vehicles were traveling (making sure to reference the intersecting roadway. See below for these instructions). The official route number of the Interstate, U.S., or State highway must be recorded on the crash report if the crash occurred within an incorporated municipality, even if the municipality has given the roadway a unique name. The hierarchy of entry is based on highway classification:

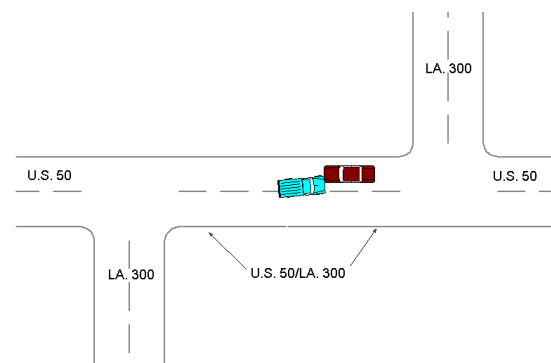
- Interstate Highways
- U.S. Highways
- State Highways
- Parish Roads
- City Streets
- Private Drives



In the above example the crash occurred within the intersection and the vehicles were traveling at right angles to each other. LA. 1 would be the correct highway because LA. 1 is the lower numbered state highway.



In the above example the crash occurred within the intersection, but the vehicles are both traveling on the same highway. The correct highway would be LA. 10 because both vehicles were traveling on LA. 10.



In the above example the crash occurred in an area where two highways are traveling the same segment of roadway. The correct highway would be U.S. 50 because the U.S. highway is the major highway according to highway classification hierarchy.

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

7 8 5 0 7 4 *

TOTAL NUMBER OF VEHICLES INVOLVED:

DATE OF CRASH: TIME (24H): DISTRICT/CODE: TROOP: PAGE #

PURCH: PARISH CODE: LOCAL:

CITY/TOWNSHIP: CITY CODE: SUBURBAN: RURAL:

CRASH OCCURRED ON: HIGHWAY # MILEPOST ROADWAY NAME

CRASH OCCURRED ON: DISTANCE MILES FEET STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

CRASH OCCURRED ON: DISTANCE MILES FEET STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/ PRIVATE PROPERTY G. TOLL ROAD	ROADWAY CONDITIONS A. NO ABNORMALITIES B. SHOULDER ABNORMALITY C. NO LANE D. DEEP RATS E. RAMP F. LOCKER IN PLACE/HEAVY BALL G. CONSTRUCTION PILES H. OVERSIZED CLEARANCE LIMITS I. CONSTRUCTION, NO WARNING J. PAVEMENT CRACKS K. MISMATCH ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY N. OTHER	TYPE OF ROADWAY A. DRIVEWAY B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL SEPARATION E. ONE-WAY F. OTHER	ALIGNMENT A. STRAIGHT LEVEL B. STRAIGHT LEVEL SLOPED C. CURVE LEVEL D. CURVE LEVEL SLOPED E. ON GRADE CURVE F. HILL/CREST CURVE G. DITCH/DEPRESSION H. OTHER	PRIMARY FACTOR A. VIOLATION B. MOVEMENT PRIOR TO CRASH C. VISION OBSCURED D. CONDITION OF DRIVER E. VEHICLE CONDITION F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. SPEED OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTION
WEATHER A. CLEAR B. CLOUDY C. FOG D. FOG/SMOG E. RAIN F. SLEET G. HEAVY CLOUDY H. SNOW I. OTHER	KIND OF LOCATION A. MANUFACTURING OR INDUSTRIAL B. BUSINESS DISTRICT C. BUSINESS/RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL/COMMERCIAL F. SCHOOL OR PLAYGROUND G. OTHER COUNTRY H. OTHER	RELATION TO ROADWAY A. ON ROADWAY B. SHOULDER C. DITCH D. BEYOND SHOULDER, LEFT E. BEYOND SHOULDER, RIGHT F. BEYOND RIGHT OF WAY G. OTHER H. OTHER	ACCESS CONTROL A. NO CONTROL B. UNLIMITED ACCESS TO ROADWAY C. LIMITED ACCESS TO ROADWAY D. FULL CONTROL E. ONE-WAY (INTERSECTION & BOX) F. OTHER G. OTHER	SECONDARY FACTOR A. VIOLATION B. MOVEMENT PRIOR TO CRASH C. VISION OBSCURED D. CONDITION OF DRIVER E. VEHICLE CONDITION F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. SPEED OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTION

VEHICLE CONFIGURATION

A. PASSENGER CAR	D. A.B.C. OR 15 NTR TRAILER	G. OFF-ROAD VEHICLE	J. SEMI-TRAILER	M. SINGLE UNIT TRUCK/NO.2 AXLES OR MORE	Q. TRACTOR	T. TRACTOR WITH TRAILER	U. TRACTOR
B. LIGHT TRUCK (PICKUP, ETC.)	E. MOTORCYCLE	H. EMERGENCY VEHICLE	K. TRUCK/TRACTOR	N. TRUCK/TRACTOR	R. TRUCK/TRACTOR	V. MOTOR HOME	W. MULTICLONED BOX
C. VAN	F. FERRICYCLE	I. SCHOOL BUS	L. TRUCK/TRACTOR	P. TRUCK/TRACTOR	S. TRUCK/TRACTOR	Z. OTHER	X. NO BODY

GAFCO BODY TYPE

A. BUS	D. TRUCK	G. TRUCK	J. TRUCK
B. TRUCK	E. TRUCK	H. TRUCK	K. TRUCK
C. TRUCK	F. TRUCK	I. TRUCK	X. NO BODY

EMERGENCY SERVICES: AMBULANCE FIRE DEPARTMENT RESCUE UNIT

INVESTIGATING AGENCY: TIME OF NOTIFICATION: TIME OF ARRIVAL: TIME ALL LINES OPENED:

INVESTIGATING OFFICER: SIGNATURE: SUPERVISOR'S INITIALS OR SIGNATURE:

DPSSP 3105 (REV. JUL 2005)

CRASH OCCURRED ON:

14 HIGHWAY # 15 MILEPOST 16 ROADWAY NAME 17

18 DISTANCE 19 MILES 20 FEET STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

18 DISTANCE 19 MILES 20 FEET STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

13 CRASH OCCURRED ON:

WORK ZONE HIT & RUN

PUBLIC PROPERTY DAMAGE PHOTO MADE

RR TRAIN INVOLVED FATALITY

PED INJURY

Entries 15 through 20 are shown on page 9.

15. Milepost

Enter the lowest number milepost nearest the crash location, plus the hundredths of a mile from that lowest number milepost. Example: A crash occurred between milepost 20 and 21, forty-five hundredths of a mile from milepost 20. The investigator would enter 20.45 in the milepost data blocks. A milepost location is required for all crashes that occur on an Interstate, U.S., or State highway. Milepost numbers are assigned to all of the aforementioned highways. If an investigator needs assistance in locating these milepost numbers, contact the local DOTD district office to obtain milepost maps or conversion sheets.

In a municipality, for Interstate, U.S. and State numbered highways, enter the milepost or measure the distance in feet or tenths of a mile from the nearest intersecting US or State-numbered roadway.

Leave this section blank for parish roads and city streets.

16. Roadway Name

Enter the official name of the street, roadway or highway where the crash occurred. Crashes occurring on city or parish roads and streets should use only this section to identify the primary roadway. It is permissible to use this section to identify a local name of a numbered Interstate, U.S. or State highway previously entered in the Highway # section. Use a blank space to separate the name of the street or highway from its designator such as "ST", "AVE," "BLVD", etc.

17. Intersecting Roads

Two rows for information are provided for the investigator to locate the crash at an intersection or from the nearest intersecting road. It is important that at least one of these sections is completed to properly identify the location of the crash.

If the crash occurred on an Interstate, U.S. or State numbered highway it must be referenced, using one of these sections, to the nearest Interstate, U.S. or State numbered highway. It is permissible to reference a crash that occurs on a State highway to an intersecting Interstate or U.S. highway and vice-versa.

Intersection/Not at Intersection

Mark the appropriate box.

EXAMPLES:

- Section (1) Interstate, U.S. and State (LA) Numbered Highways

On an Interstate, U.S. or State numbered roadway, if the crash occurs:

- At an intersection: investigators should include the name of the intersecting street or roadway in the first section. If the intersecting roadway is not an Interstate, U.S. or State numbered roadway, then on the second line the distance to the nearest Interstate,

U.S. or State numbered roadway must be included. In order to properly locate the crash, it is important to list the intersecting roadway regardless of whether the intersecting roadway is an Interstate, U.S. or State numbered highway.

- Not at an intersection – include the number of the nearest intersecting Interstate, U.S. or State Highway. If the nearest intersecting roadway is not an Interstate, U.S. or State numbered roadway, it is permissible to list that intersection on the first set of lines and the nearest Interstate, U.S. or State numbered highway in the second set of lines.¹

- Section (2) Other Roadways and Parking Lots

On all other roadways, the crash may occur:

- At an intersection – include the name of the intersecting street.
- Not at an intersection – include the name of the nearest intersecting roadway.

18. Distance

The distance in feet or miles from the intersecting street or highway. Indicate only if the crash was **NOT** at an intersection.

19. Miles/Feet, Direction

Mark **feet** or **miles** and enter a letter indicating the direction from the nearest intersection (further explanation for direction is given below). Indicate only if the crash was **NOT** at an intersection. Three miles should be entered as 3.0. Three-tenths of a mile should be entered as 0.3.

20. Direction

The direction refers to the assigned direction of the highway, not the true compass direction. Many highways are designated as north-south routes even though the roadway or sections of the roadway proceed in an east-west compass direction. Use the DOTD assigned direction of the roadway for the purposes of this crash report. If an investigator needs assistance in locating the assigned direction of a roadway, he should contact his local DOTD district office to obtain this information.

NOTE: Generally, highways that have odd numbers assigned are designated north-south and even numbered highways are designated east-west, however this is not always the case.

On a parish or city street that runs at an angle, select the most commonly used direction. For example, if the street runs toward the northeast, but is considered a north-south road, then the direction from the intersection would either be **north** or **south**. Parishes and cities should have a road reference list that gives the direction of all roads.

¹ If circumstances prevent using a US or State numbered highway then use the nearest intersecting roadway.

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

TOTAL NUMBER OF VEHICLES INVOLVED:

DATE OF CRASH: TIME (24HR): DISTRICT: TROOP:

PAGE #

PARISH: PARISH CODE:

CITY/TOWN: CITY CODE:

SECTION: SECTION CODE:

HE: SE: NE: NW:

CRASH OCCURRED ON:

A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/PRIVATE PROPERTY G. TOLL ROAD

DISTANCE: MILES FEET N E S W

STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

FACTORS:

W & SUN PUBLIC PROPERTY DAMAGE RR TRAIN INVOLVED PED

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN):

ROADWAY CONDITIONS:

TYPE OF ROADWAY:

ALIGNMENT:

PRIMARY FACTOR:

SECONDARY FACTOR:

WEATHER:

KIND OF LOCATION:

RELATION TO ROADWAY:

ACCESS CONTROL:

LIGHTING:

VEHICLE COMPOSITION

GAUGE BODY TYPE

A. PASSENGER CAR D. A. B. C. OR D. TRAILER G. OFF-ROAD VEHICLE J. BUS/VAN/POB 9-12 OCCUPANTS M. SINGLE UNIT TRUCK W/3 AXLES OR MORE Q. TRACTOR TRAILER T. PUMP TRUCK

B. LIGHT TRUCK (P.U., ETC.) E. MOTORCYCLE H. EMERGENCY VEHICLE K. BURN/REAR FOLDS OR MORE COOL. N. TRUCK/TRACTOR R. TRUCK/DOUBLE V. MOTOR HOME

C. VAN F. TRI-CYCLE I. SCHOOL BUS L. SINGLE UNIT TRUCK W/2 AXLES P. TRUCK/TRACTOR S. RV Z. OTHER

A. SEMI D. FLATBED G. ALGO TRAILER J. HOPPER

B. MULTICLOSED BOX E. SEMI TRACTR TRAILER H. LOG TRACTR TRAILER K. POLE TRAILER

C. GARAGE TRUCK F. COAC BITE HEAVY I. GARAGE/REFUSE X. CRDO BODY Z. OTHER

EMERGENCY SERVICES:

AMBULANCE SERVICE:

FIRE DEPARTMENT:

INVESTIGATING AGENCY:

INVESTIGATION COMPLETE:

INVESTIGATING OFFICER'S NAME (PRINT):

SIGNATURE:

DATE REPORT COMPLETED:

OFFICER'S BADGE #

SUPERVISOR'S INITIALS OR BADGE #

CRASH OCCURRED ON:

A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/PRIVATE PROPERTY G. TOLL ROAD

DISTANCE: MILES FEET N E S W

STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

WORK ZONE HIT & RUN

PUBLIC PROPERTY DAMAGE PHOTOS MADE

RR TRAIN INVOLVED FATALITY

PED INJURY

Entries 21 and 22 are shown on pages 11 through 13.

21. Street/Highway

List the number or name of the intersecting roadway or the nearest intersecting roadway.

EXAMPLES:

• Section (1)

a) Crash occurs on US 61 at the intersection of LA 42. “61” should be entered in the **Highway #** section. (It would be also be permissible to additionally list “Airline Hwy.” in the ROADWAY NAME section since this is the local name given to the roadway). In the first intersecting roadway section **Intersection** should be checked and “LA 42” should be entered in the **Street/Highway** data blocks.

It would not be necessary to enter any information on the second intersecting roadway line.

b) Crash occurs on US 61 at the intersection of Foster Ave, 1.2 miles north of LA 42. “61” should be entered in the **Highway #** section. In the first intersecting roadway section **Intersection** should be checked and “Foster Ave” should be entered in the **Street/Highway** data blocks. On the second roadway line enter “1.2” in the **Distance** boxes, check the **Miles** box, enter “N” in the **Direction** box, and write “LA 42” in the **Street/Highway** boxes.

c) Crash occurs on US 61, 400 feet north of Foster Ave and 1250 feet south of LA 42. Fill in the highway number, e.g., 61. Mark **Not An Intersection**.

(Preferred) Complete “1250” in **Distance**, “S” in **Direction** and LA 42 in **Street/Highway** on the first intersection roadway line.

(Alternate) Enter distance and direction from Foster Ave on the first intersecting roadway line, **AND** distance and direction from LA 42 on the second intersecting roadway line e.g., “1250” in **Distance**, “S” in **Direction** and LA 42 in **Street/Highway**.

• Section (2)

d) Crash occurs on Foster Ave at the intersection of North Ave. List “Foster Ave” In The Roadway Name section. Mark **Intersection** and enter “North Ave” in the **Street/Highway** boxes on the first intersecting roadway line.

e) Crash occurs on Foster Ave, 300 feet south of North Ave. List “Foster Ave” in the **Roadway Name** section. Mark **Not An Intersection** and enter 300 in **Distance**, “S” in **Direction** and “North Ave” in **Street/Highway** on the first intersecting roadway line.

22. Check Boxes

a. Work Zone

Only mark an “X” in the block if the crash occurred in a construction or maintenance work zone. A work zone crash is a crash where the first harmful event occurs within the boundaries of a work zone. A work zone is defined as an officially designated portion of a public thoroughfare on which the Department of Transportation and Development (DOTD), a subcontractor representing DOTD, or the local city or parish road department is doing construction or maintenance. This applies to the main roadway or the shoulder. Included are utility companies, contractors removing or trimming trees, or any other **AUTHORIZED** endeavor. A private contractor working next to the roadway, or paving a driveway up to the edge of the roadway, does not constitute a work zone. NOTE: Construction or maintenance work does not need to be actually occurring in this zone at the time of the crash. Check this box for **ALL** crashes occurring in a designated construction or maintenance work zones.

A work zone is typically marked by signs, channelizing devices, barriers, pavement markings, and/or work vehicles. It begins at the first warning sign or flashing lights on a vehicle and ends at the sign indicating the end of construction or road work or at the last traffic control device. If no signs are present the work zone begins at the first point of construction or maintenance work and ends at the last point of construction or maintenance work. An orange warning sign indicating that a work zone begins in 1 mile signifies the beginning of the work zone for the purposes of this report. Crashes involving vehicles slowed or stopped because of the work zone should not be included unless the vehicles had actually entered the work zone when the first harmful event occurred.

b. Hit and Run

Only mark an “X” in the block if the crash is a Hit and Run as defined by law. Solution of the Hit and Run soon after the crash occurs or before the report is complete does not preclude classifying the crash as a Hit and Run.

(Definition according to R.S. 14:100 appears on page 13)

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

TOTAL NUMBER OF VEHICLES INVOLVED:

DATE OF CRASH: TIME (24): DISTRICT: TROOP: PAGE #

PARRISH: PARRISH CODE: LAC:

CITY/TOWN: CITY CODE: LONL:

CRASH OCCURRED ON: DISTANCE: MILES FEET N E S W

STREET/HIGHWAY: AT INTERSECTION: NOT AT INTERSECTION:

STREET/HIGHWAY: AT INTERSECTION: NOT AT INTERSECTION:

CRASH OCCURRED ON: DISTANCE: MILES FEET N E S W

STREET/HIGHWAY: AT INTERSECTION: NOT AT INTERSECTION:

STREET/HIGHWAY: AT INTERSECTION: NOT AT INTERSECTION:

WORK ZONE: HIT & RUN:
 PUBLIC PROPERTY DAMAGE: FATALITY:
 RR TRAIN INVOLVED: INJURY:
 PED:

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE A. DRY B. CONCRETE C. ASPHALT D. ICE E. OIL/GREASE F. SAND/DIRT G. OTHER	ROADWAY CONDITIONS A. NO ABNORMALITIES B. WHEELS ABNORMALITY C. HOLES D. DEEP RUTS E. RAMP F. LOSS OF SURFACE G. CONSTRUCTION PITS H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO SIGNALS J. PAVEMENT CRACKS K. WEAR SURFACE L. SMALL SIGNAGE M. OBJECT IN ROADWAY N. OTHER	TYPE OF ROADWAY A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. ONE-WAY ROAD WITH A PHYSICAL SEPARATION E. ONE-WAY ROAD WITH A PHYSICAL SEPARATION F. ONE-WAY ROAD WITH A PHYSICAL SEPARATION G. ONE-WAY ROAD WITH A PHYSICAL SEPARATION H. ONE-WAY ROAD WITH A PHYSICAL SEPARATION I. OTHER	ALIGNMENT A. STRAIGHT LEVEL B. STRAIGHT LEVEL DOWN C. CURVE LEVEL D. CURVE LEVEL DOWN E. CURVE LEVEL UP F. CURVE LEVEL DOWN G. CURVE LEVEL UP H. CURVE LEVEL DOWN I. CURVE LEVEL UP J. CURVE LEVEL DOWN K. CURVE LEVEL UP L. OTHER	PRIMARY FACTOR A. VIOLATION B. INADEQUATE TRAINING C. VEHICLE CONDITION D. CONDITION OF DRIVER E. VEHICLE CONDITION F. ROAD SURFACE G. ROADWAY CONDITION H. WEATHER I. WEAR J. TRAFFIC CONTROL K. LOCATION L. CONDITION OF FIGHTER M. FIGHTER ACTION	SECONDARY FACTOR A. VIOLATION B. INADEQUATE TRAINING C. VEHICLE CONDITION D. CONDITION OF DRIVER E. VEHICLE CONDITION F. ROAD SURFACE G. ROADWAY CONDITION H. WEATHER I. WEAR J. TRAFFIC CONTROL K. LOCATION L. CONDITION OF FIGHTER M. FIGHTER ACTION
WEATHER A. CLEAR B. CLOUDY C. FOG D. FOG/RAIN E. RAIN F. SNOW G. WIND H. WIND/RAIN I. WIND/SNOW J. WIND/ICE K. OTHER	KIND OF LOCATION A. MANUFACTURING OR INDUSTRIAL B. RESIDENTIAL DISTRICT C. BUSINESS/SHOPPING CENTER D. BUSINESS/SHOPPING CENTER E. BUSINESS/SHOPPING CENTER F. BUSINESS/SHOPPING CENTER G. BUSINESS/SHOPPING CENTER H. BUSINESS/SHOPPING CENTER I. BUSINESS/SHOPPING CENTER J. BUSINESS/SHOPPING CENTER K. BUSINESS/SHOPPING CENTER L. BUSINESS/SHOPPING CENTER M. BUSINESS/SHOPPING CENTER N. BUSINESS/SHOPPING CENTER O. BUSINESS/SHOPPING CENTER P. BUSINESS/SHOPPING CENTER Q. BUSINESS/SHOPPING CENTER R. BUSINESS/SHOPPING CENTER S. BUSINESS/SHOPPING CENTER T. BUSINESS/SHOPPING CENTER U. BUSINESS/SHOPPING CENTER V. BUSINESS/SHOPPING CENTER W. BUSINESS/SHOPPING CENTER X. BUSINESS/SHOPPING CENTER Y. BUSINESS/SHOPPING CENTER Z. BUSINESS/SHOPPING CENTER	RELATION TO ROADWAY A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER, LEFT E. BEYOND SHOULDER, RIGHT F. BEYOND BOUND OF ROADWAY G. OTHER H. OTHER I. OTHER J. OTHER K. OTHER L. OTHER M. OTHER N. OTHER O. OTHER P. OTHER Q. OTHER R. OTHER S. OTHER T. OTHER U. OTHER V. OTHER W. OTHER X. OTHER Y. OTHER Z. OTHER	ACCESS CONTROL A. NO CONTROL B. LIMITED ACCESS TO ROADWAY C. TRAFFIC CONTROL D. LIMITED ACCESS TO ROADWAY E. FULL CONTROL F. FULL CONTROL G. FULL CONTROL H. FULL CONTROL I. FULL CONTROL J. FULL CONTROL K. FULL CONTROL L. FULL CONTROL M. FULL CONTROL N. FULL CONTROL O. FULL CONTROL P. FULL CONTROL Q. FULL CONTROL R. FULL CONTROL S. FULL CONTROL T. FULL CONTROL U. FULL CONTROL V. FULL CONTROL W. FULL CONTROL X. FULL CONTROL Y. FULL CONTROL Z. FULL CONTROL	LIGHTING A. DAYLIGHT B. DARK - NIGHT C. DARK - NIGHT WITH LIGHT D. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY E. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY F. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY G. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY H. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY I. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY J. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY K. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY L. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY M. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY N. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY O. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY P. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY Q. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY R. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY S. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY T. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY U. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY V. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY W. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY X. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY Y. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY Z. DARK - NIGHT WITH LIGHT AT INTERSECTION ONLY	

VEHICLE DESCRIPTION

A. PASSENGER CAR	D. A. B. C. OR D. TRUCK	G. OFF-ROAD VEHICLE	J. BUS/VEHICLE FOR 9-12 OCCUPANTS	M. TRUCK/TRACTOR	Q. TRUCK/TRACTOR	T. TRUCK/TRACTOR
B. LIGHT TRUCK (P.U., ETC.)	E. MOTORCYCLE	H. EMERGENCY VEHICLE (AMBULANCE, FIRE, POLICE, ETC.)	K. TRUCK/TRACTOR	N. TRUCK/TRACTOR	R. TRUCK/TRACTOR	V. TRUCK/TRACTOR
C. VAN	F. TRICYCLE	I. SCHOOL BUS	L. TRUCK/TRACTOR	P. TRUCK/TRACTOR	S. TRUCK/TRACTOR	Z. TRUCK/TRACTOR

CAUSE CATEGORY

A. DRIVER	D. DRIVER	G. DRIVER	J. DRIVER
B. DRIVER	E. DRIVER	H. DRIVER	K. DRIVER
C. DRIVER	F. DRIVER	I. DRIVER	X. DRIVER
Y. DRIVER	Z. DRIVER		

EMERGENCY SERVICES: AMBULANCE: FIRE DEPARTMENT: POLICE UNIT:

INVESTIGATING AGENCY: TIME OF NOTIFICATION: TIME OF ARRIVAL: TIME ALL LINES OPENED:

INVESTIGATION COMPLETE: INTERESTING: POLICE AGENCY: STATE: CITY: OTHER:

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

DPSSP 3105 (REV. JUL. 2018)

CRASH OCCURRED ON: INTERSTATE U.S. HWY STATE HWY PARISH ROAD CITY STREET OFF ROAD/PRIVATE PROPERTY TOLL ROAD

HIGHWAY #: MILEPOST:

DISTANCE: MILES FEET N E S W

STREET/HIGHWAY: AT INTERSECTION: NOT AT INTERSECTION:

STREET/HIGHWAY: AT INTERSECTION: NOT AT INTERSECTION:

WORK ZONE: HIT & RUN:
 PUBLIC PROPERTY DAMAGE: FATALITY:
 RR TRAIN INVOLVED: INJURY:
 PED:

Entries 21 and 22 are shown on page 13.

Hit & Run (R.S. 14:100)

A. Hit and run driving is the intentional failure of the driver of a vehicle involved in or causing any accident, to stop such vehicle at the scene of the accident, to give his identity, and to render reasonable aid.

B. For the purpose of this Section:

(1) "To give his identity", means that the driver of any vehicle involved in any accident shall give his name, address, and the license number of his vehicle, or shall report the accident to the police.

(2) "Serious bodily injury" means bodily injury, which involves unconsciousness, extreme physical pain, or protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty, or a substantial risk of death.

(3) "Vehicle" includes a watercraft.

(4) "Accident" means an incident or event resulting in damage to property or injury to person.

c. Public Property Damage

Only mark an "X" in this block if property belonging to Louisiana DOTD or local governments was damaged as a result of the crash. Examples include damage to highway signs, traffic signals, shoulders, pavement, bridge rails, or any other property belonging to DOTD or local government.

Provide a brief description of the damaged property in the narrative section of the report and indicate the name of the agency to which the property belongs.

d. Photos Made

Mark an "X" in this block *ONLY* if photographs or videotapes of the crash were made by the investigating agency. An "X" in this block means that official photos or video of the crash scene are available to interested parties. The investigator should describe in the narrative section of the report if video was taken in addition to or in place of regular photos.

This *DOES NOT* include photographs taken by newspaper reporters, television stations, amateurs, involved drivers, etc.

e. Railroad (RR) Train Involved

Only mark an "X" to indicate this collision involved a motor vehicle and a railroad train defined in L.R.S. 32:1, or if the crash involved a pedestrian or pedalcyclist and a railroad train at a public highway/street railroad crossing. Also place an "X" in the block if the crash involved a streetcar with an automobile, pedestrian, or pedalcyclist. Marking an "X" in this block requires completion of the **DPSSP 3112 Uniform Railroad Grade Crossing Crash Report** supplement in conjunction with the crash report.

f. Fatality

Only mark an "X" if the crash resulted in a fatal injury. If the death of one of the involved parties occurs within **30 DAYS** of this crash, it is a fatal crash. If the fatality occurs after the report has been filed, but within 30 days of the crash, a supplement should be completed outlining the details of the death and a copy of the supplement should be mailed to the Highway Safety Commission.

g. Pedestrian

Mark this block if the crash involved one or more pedestrians.

h. Injury

Mark this block if this crash involved an injury classification B, C, or D as outlined in the codes section on the **DPSSP 3106 Vehicle / Pedestrian Information** form.

CONTRIBUTING FACTORS AND CONDITIONS (CRASH SPECIFIC DATA)

The below data entry blocks, along with similar blocks located on the reverse of the **DPSSP 3106 Vehicle/Pedestrian Information** form, provide a convenient format to document some of the most important safety information concerning the crash. The details of every crash are entered into a computer database. The data are then analyzed by the various agencies that study traffic safety and related subjects. This includes the study of highway design, vehicle safety aspects, and driver profiles.

While there may be more than one appropriate response in a particular category for the crash, choose the one response that best describes the crash or its causes. Under no circumstance is it permissible to split a data block in half and enter two responses to one question.

If none of the responses in any given field correctly describe the crash, mark **Other**. The selection of **Other** requires that the investigator explain the choice in the narrative section of the report. If the information is not known at the time of the report, you should mark **Unknown**. Should the information become available at a later time a supplemental report should be filed documenting the findings.

23. Road Surface

Two data blocks are provided to enter the appropriate letter describing the road surface and the road surface condition at the time and place of the crash. If more than one element is present in the crash scenario, choose the element that most contributed to the crash. Choices in the left column describe the modifiers of the road surface. Choices in the right column describe the physical composition of the surface.

24. Roadway Conditions

Enter the letter which best describes the environmental or apparent physical condition of the roadway at the time and place of the crash. Since only one data block is available, choose the element that best describes the factor present which most contributed to the crash. If additional factors are present, list them in the narrative section of the report and also describe their effect, if any, on the crash. Although several of these conditions may be present at the location of the crash, mark an "A" for **No Abnormalities** if in your opinion they did not contribute to this crash. For choices such as **Shoulder Abnormality**, **Water on Roadway**, and **Object on Roadway** investigators should elaborate in detail in their narrative.

Water on Roadway should be used to describe a measurable amount of standing or running water located on the roadway that in the **INVESTIGATING OFFICERS' OPINION** might have contributed to the crash. This choice should not be used to denote a wet roadway (a wet roadway should be noted in the data section on Road Surface). The selection of this choice requires that the officer use the narrative to explain in detail the water situation on the roadway.

Shoulder Abnormality should be used to describe any abnormality of the roadway shoulder that in the **INVESTIGATING OFFICERS' OPINION** might have contributed to the crash. This may include edge drop-offs, holes, or ruts on the shoulder. The selection of this choice requires that the officer use the narrative to explain in detail the shoulder abnormality. The definition of

shoulder according to R.S. 32:1 is "the portion of the highway contiguous with the roadway for accommodation of stopped vehicles, for emergency use, and for lateral support of base and surface."

25. Type of Roadway

Enter the letter that best describes the number of lanes, the physical construction, and layout of the roadway at the time and place of the crash.

Choices that may need additional clarification:

1) Physical Separation

A space which provides a physical limitation through which a vehicle would not normally pass but not necessarily designed to contain or redirect an errant vehicle. An example would be a median. The area between the travel lanes of a freeway and the frontage road would also be a separation.

2) Physical Barrier

A device that provides a physical limitation through which a vehicle would not normally pass; it is designed to contain or redirect an errant vehicle. Guardrails and concrete "Jersey walls" are examples.

26. Alignment

Enter the letter which best describes the horizontal orientation of the roadway and the vertical grade or slope of the roadway.

Choices that may need additional clarification:

1) Grade

The rate of ascent (incline) or descent (decline) of a roadway. The section of roadway going up or down a hill or bridge approach would be considered "On-Grade." Super elevation or banking of a roadway normally found in curves does not constitute "On - Grade."

2) Hillcrest

The top section of a hill or bridge when the grade transitions from an upgrade to a downgrade. It may be a flat section of roadway on top of a hill or bridge.

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

7 8 5 5 0 7 4 *

TOTAL NUMBER OF VEHICLES INVOLVED:

DATE OF CRASH: TIME (24): DISTRICT: TROOP: PAGE #

PARISH: PARISH CODE: LOCAL:

CITY/TOWNSHIP: CITY CODE:

CRASH OCCURRED ON:
 INTERSTATE
 U.S. HWY
 STATE HWY
 INTERSTATE
 STATE HWY
 U.S. HWY
 LOCAL ROAD

ROADWAY SURFACE: ASPHALT CONCRETE GRAVEL DIRT SAND/MUD OTHER

ROADWAY WIDTH: FEET

STREET/ROADWAY: AT INTERSECTION: NOT AT INTERSECTION:

STREET/ROADWAY: AT INTERSECTION: NOT AT INTERSECTION:

ROADWAY TYPE: ONE-WAY TWO-WAY OTHER

ALIGNMENT: STRAIGHT-LEVEL STRAIGHT-LEVEL ELEVATED CURVE-LEVEL CURVE-LEVEL ELEVATED ON GRADE-STRAIGHT ON GRADE-CURVE HILLCREST-STRAIGHT HILLCREST-CURVE DIP HUMP-STRAIGHT DIP HUMP-CURVE OTHER

PRIMARY FACTOR: VIOLATIONS MOVEMENT PRIOR TO CRASH VISION OBSCUREMENTS CONDITION OF DRIVER VEHICLE CONDITIONS ROAD SURFACE ROADWAY CONDITION LIGHTING WEATHER TRAFFIC CONTROL KIND OF LOCATION CONDITION OF PEDESTRIAN PEDESTRIAN ACTIONS

SECONDARY FACTOR: DAYLIGHT DARK - NO STREET LIGHTS DARK - CONTINUOUS STREET LIGHT DARK - STREET LIGHT AT INTERSECTION ONLY DAWN DUSK UNKNOWN OTHER

CONTRIBUTING FACTORS AND CONDITIONS

<p>ROAD SURFACE (ONE PER COLUMN)</p> <p><input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW/SLUSH <input type="checkbox"/> ICE <input type="checkbox"/> CONCRETE <input type="checkbox"/> SAND/MUD, DIRT, OIL, ETC.</p> <p>WEATHER</p> <p><input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG/SMOKE <input type="checkbox"/> SLEET/HAUL <input type="checkbox"/> SNOW <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p>	<p>ROADWAY CONDITIONS</p> <p><input type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> SHOULDER ABNORMALITY <input type="checkbox"/> HOLES <input type="checkbox"/> DEEP RUTS <input type="checkbox"/> BUMPS <input type="checkbox"/> LOOSE SURFACE MATERIAL <input type="checkbox"/> CONSTRUCTION REPAIR <input type="checkbox"/> OVERHEAD CLEARANCE LIMITED <input type="checkbox"/> CONSTRUCTION - NO WARNING <input type="checkbox"/> PREVIOUS CRASH <input type="checkbox"/> WATER ON ROADWAY <input type="checkbox"/> ANIMAL IN ROADWAY <input type="checkbox"/> OBJECT IN ROADWAY <input type="checkbox"/> OTHER</p> <p>KIND OF LOCATION</p> <p><input type="checkbox"/> MANUFACTURING OR INDUSTRIAL <input type="checkbox"/> BUSINESS CONTINUOUS <input type="checkbox"/> BUSINESS, MIXED RESIDENTIAL <input type="checkbox"/> RESIDENTIAL DISTRICT <input type="checkbox"/> RESIDENTIAL SCATTERED <input type="checkbox"/> SCHOOL OR PLAYGROUND <input type="checkbox"/> OPEN COUNTRY <input type="checkbox"/> OTHER</p>	<p>TYPE OF ROADWAY</p> <p><input type="checkbox"/> ONE-WAY ROAD <input type="checkbox"/> TWO-WAY ROAD WITH NO PHYSICAL SEPARATION <input type="checkbox"/> TWO-WAY ROAD WITH A PHYSICAL SEPARATION <input type="checkbox"/> TWO-WAY ROAD WITH A PHYSICAL BARRIER <input type="checkbox"/> ONE-WAY <input type="checkbox"/> OTHER</p> <p>RELATION TO ROADWAY</p> <p><input type="checkbox"/> ON ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> BEYOND SHOULDER - LEFT <input type="checkbox"/> BEYOND SHOULDER - RIGHT <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> GORE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p>	<p>ALIGNMENT</p> <p><input type="checkbox"/> STRAIGHT-LEVEL <input type="checkbox"/> STRAIGHT-LEVEL ELEVATED <input type="checkbox"/> CURVE-LEVEL <input type="checkbox"/> CURVE-LEVEL ELEVATED <input type="checkbox"/> ON GRADE-STRAIGHT <input type="checkbox"/> ON GRADE-CURVE <input type="checkbox"/> HILLCREST-STRAIGHT <input type="checkbox"/> HILLCREST-CURVE <input type="checkbox"/> DIP HUMP-STRAIGHT <input type="checkbox"/> DIP HUMP-CURVE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p> <p>ACCESS CONTROL</p> <p><input type="checkbox"/> NO CONTROL (UNLIMITED ACCESS TO ROADWAY) <input type="checkbox"/> PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) <input type="checkbox"/> FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p>	<p>PRIMARY FACTOR</p> <p><input type="checkbox"/> VIOLATIONS <input type="checkbox"/> MOVEMENT PRIOR TO CRASH <input type="checkbox"/> VISION OBSCUREMENTS <input type="checkbox"/> CONDITION OF DRIVER <input type="checkbox"/> VEHICLE CONDITIONS <input type="checkbox"/> ROAD SURFACE <input type="checkbox"/> ROADWAY CONDITION <input type="checkbox"/> LIGHTING <input type="checkbox"/> WEATHER <input type="checkbox"/> TRAFFIC CONTROL <input type="checkbox"/> KIND OF LOCATION <input type="checkbox"/> CONDITION OF PEDESTRIAN <input type="checkbox"/> PEDESTRIAN ACTIONS</p> <p>SECONDARY FACTOR</p> <p><input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK - NO STREET LIGHTS <input type="checkbox"/> DARK - CONTINUOUS STREET LIGHT <input type="checkbox"/> DARK - STREET LIGHT AT INTERSECTION ONLY <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p>
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EMERGENCY SERVICES: AIRLIFT AMBULANCE FIRE DEPARTMENT RESCUE UNIT

INVESTIGATING AGENCY: NAME OF AGENCY: TIME OF NOTIFICATION: TIME OF ARRIVAL: TIME ALL LAMBS OPENED:

INVESTIGATION COMPLETE: POLICE AGENCY: STATE: PARISH: CITY: OTHER:

DATE REPORT COMPLETED:

INVESTIGATING OFFICER'S NAME (PRINT): RANK: BADGE #: SUPERVISOR'S INITIALS OR BADGE #:

DPSSP 3105 (REV. JAN. 2016)

CONTRIBUTING FACTORS AND CONDITIONS

<p>ROAD SURFACE (ONE PER COLUMN)</p> <p><input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW/SLUSH <input type="checkbox"/> ICE <input type="checkbox"/> CONCRETE <input type="checkbox"/> SAND/MUD, DIRT, OIL, ETC.</p> <p>WEATHER</p> <p><input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG/SMOKE <input type="checkbox"/> SLEET/HAUL <input type="checkbox"/> SNOW <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p>	<p>ROADWAY CONDITIONS</p> <p><input type="checkbox"/> NO ABNORMALITIES <input type="checkbox"/> SHOULDER ABNORMALITY <input type="checkbox"/> HOLES <input type="checkbox"/> DEEP RUTS <input type="checkbox"/> BUMPS <input type="checkbox"/> LOOSE SURFACE MATERIAL <input type="checkbox"/> CONSTRUCTION REPAIR <input type="checkbox"/> OVERHEAD CLEARANCE LIMITED <input type="checkbox"/> CONSTRUCTION - NO WARNING <input type="checkbox"/> PREVIOUS CRASH <input type="checkbox"/> WATER ON ROADWAY <input type="checkbox"/> ANIMAL IN ROADWAY <input type="checkbox"/> OBJECT IN ROADWAY <input type="checkbox"/> OTHER</p> <p>KIND OF LOCATION</p> <p><input type="checkbox"/> MANUFACTURING OR INDUSTRIAL <input type="checkbox"/> BUSINESS CONTINUOUS <input type="checkbox"/> BUSINESS, MIXED RESIDENTIAL <input type="checkbox"/> RESIDENTIAL DISTRICT <input type="checkbox"/> RESIDENTIAL SCATTERED <input type="checkbox"/> SCHOOL OR PLAYGROUND <input type="checkbox"/> OPEN COUNTRY <input type="checkbox"/> OTHER</p>	<p>TYPE OF ROADWAY</p> <p><input type="checkbox"/> ONE-WAY ROAD <input type="checkbox"/> TWO-WAY ROAD WITH NO PHYSICAL SEPARATION <input type="checkbox"/> TWO-WAY ROAD WITH A PHYSICAL SEPARATION <input type="checkbox"/> TWO-WAY ROAD WITH A PHYSICAL BARRIER <input type="checkbox"/> ONE-WAY <input type="checkbox"/> OTHER</p> <p>RELATION TO ROADWAY</p> <p><input type="checkbox"/> ON ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> BEYOND SHOULDER - LEFT <input type="checkbox"/> BEYOND SHOULDER - RIGHT <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> GORE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p>	<p>ALIGNMENT</p> <p><input type="checkbox"/> STRAIGHT-LEVEL <input type="checkbox"/> STRAIGHT-LEVEL ELEVATED <input type="checkbox"/> CURVE-LEVEL <input type="checkbox"/> CURVE-LEVEL ELEVATED <input type="checkbox"/> ON GRADE-STRAIGHT <input type="checkbox"/> ON GRADE-CURVE <input type="checkbox"/> HILLCREST-STRAIGHT <input type="checkbox"/> HILLCREST-CURVE <input type="checkbox"/> DIP HUMP-STRAIGHT <input type="checkbox"/> DIP HUMP-CURVE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p> <p>ACCESS CONTROL</p> <p><input type="checkbox"/> NO CONTROL (UNLIMITED ACCESS TO ROADWAY) <input type="checkbox"/> PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) <input type="checkbox"/> FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p>	<p>PRIMARY FACTOR</p> <p><input type="checkbox"/> VIOLATIONS <input type="checkbox"/> MOVEMENT PRIOR TO CRASH <input type="checkbox"/> VISION OBSCUREMENTS <input type="checkbox"/> CONDITION OF DRIVER <input type="checkbox"/> VEHICLE CONDITIONS <input type="checkbox"/> ROAD SURFACE <input type="checkbox"/> ROADWAY CONDITION <input type="checkbox"/> LIGHTING <input type="checkbox"/> WEATHER <input type="checkbox"/> TRAFFIC CONTROL <input type="checkbox"/> KIND OF LOCATION <input type="checkbox"/> CONDITION OF PEDESTRIAN <input type="checkbox"/> PEDESTRIAN ACTIONS</p> <p>SECONDARY FACTOR</p> <p><input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK - NO STREET LIGHTS <input type="checkbox"/> DARK - CONTINUOUS STREET LIGHT <input type="checkbox"/> DARK - STREET LIGHT AT INTERSECTION ONLY <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</p>
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VEHICLE CONFIGURATION: PASSENGER CAR OFF-ROAD VEHICLE BUS W/SEATS FOR 9-15 OCCUPANTS SINGLE UNIT TRUCK W/3 AXLES OR MORE TRUCK SEMI-TRAILER FARM EQUIPMENT TRACTOR TRUCK DOUBLE MOTOR HOME OTHER

CARGO BODY TYPE: BUS FLATBED AUTO TRANSPORTER HOPPER VAN/ENCLOSED BOX DUMP TRUCK/TRAILER LOG TRUCK/TRAILER POLE TRAILER CARGO TANK CONCRETE MIXER GARBAGE/REFUSE NO CARGO BODY OTHER

Entries 27 through 33 are shown on page 17.

27. Primary/Secondary Factors

Choose the number one (primary) and number two (secondary) causative factors for the crash. It should be noted that the choices here must correspond to the data entry sections on the rest of page #1 and/or the contributing factors and conditions on the reverse of the **DPSSP 3106 Vehicle/Pedestrian Information** form. For Example, if **A** is chosen as one of the factors of causation, the **Violation** data section (located on the reverse of the **DPSSP 3106 Vehicle/Pedestrian Information** form) should have a violation listed for at least one of the vehicles in the crash. Note: It is not necessary to provide a secondary factor in all crashes. If no secondary factor is necessary, leave the "Secondary Factor" box blank.

28. Weather

Enter the letter which best describes the prevailing atmospheric condition that existed at the time and location of the crash.

29. Kind of Location

Enter the letter which best describes the land use in the area of the crash.

30. Relation to Roadway

Enter the letter which best describes the location of the crash in relation to the highway.

Choices that may need additional clarification:

1) Shoulder

The portion of the highway adjacent to the roadway designed for the accommodation of stopped vehicles, for emergency use, and for lateral support of base and surface of the highway. It can be paved or unpaved and on either side of the roadway.

2) Median

The portion of a divided highway separating the travel way for traffic in opposite directions. A median can be physical, such as grass or a raised surface like concrete, or simply painted. A median is not intended for vehicular travel or parking.

3) Beyond Shoulder – (Left or Right)

Any area beyond the shoulder on either side of the roadway, but still on the public right-of-way. This would include a parkway or similar area up to and including a sidewalk.

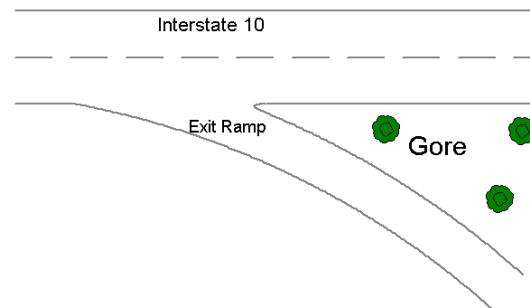
4) Beyond Right-of-Way

Use this classification when the harmful event occurs completely off the public right-of-way. This would include parking lots.

5) Gore

An area of land (see next column) where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The direction of traffic

must be the same on both sides of these roadways. The area includes shoulders or marked pavement, if any, between the roadways. The most common example is the area between a freeway and the entrance/exit ramp.



31. Access Control

Enter the letter which best describes the degree that access to abutting land in connection with a highway is fully, partially, or not controlled by a public authority. Examples of each are an Interstate Highway (full control), a highway through a business district with a service road on either side, and access to the main road at intersections only (partial control), and a typical city street or country road with unlimited side streets, driveways, etc. (no control).

32. Lighting

Enter the letter which best describes the lighting conditions that existed at the place and time of the crash.

33. Vehicle Configuration and Cargo Body Type

The vehicle graphics provided on page 1 are for use on all vehicles involved in the crash. These sections will be used on the **DPSSP 3106 Vehicle/Pedestrian Information** form and will be explained in more detail later in this manual.

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

7 8 5 5 0 7 4 *

TOTAL NUMBER OF VEHICLES INVOLVED:

DATE OF CRASH: TIME (24): DISTRICT CODE: TROOP: PAGE #

PARISH: PARISH CODE:

CITY/TOWNSHIP: CITY CODE:

SECTION: SECTION CODE:

CONVEYER OCCURRED ON: HIGHWAY # REPORT ROADWAY NAME:

INTERSECTION: DISTANCE: MILES: FEET: N/E S/W

STREET/ROADWAY: INTERSECTION: AT INTERSECTION: NOT AT INTERSECTION:

ADJACENT ZONE: SIDE OF ROAD:

PUBLIC PROPERTY: WIDTH:

ADJACENT TRAIL: WIDTH:

ADJACENT ROAD: WIDTH:

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN)	ROADWAY CONDITIONS	TYPE OF ROADWAY	ALIGNMENT	PRIMARY FACTOR
A. PAVED B. UNPAVED C. BROKEN D. ICE E. CONTAMINANT (GREASE, OIL, ETC.) F. UNUSUAL G. OTHER	A. NO ABNORMALITIES B. EXCESSIVE ABNORMALITIES C. HOLES D. DEEP RATS E. RAMP F. LOCKS OR SPACED RAILS G. CONSTRUCTION PILES H. OVERSIZED CARRIAGE LANE I. CONSTRUCTION, NO WARNING J. PAVED SURFACE K. UNUSUAL ROADWAY L. ABNORMAL ROADWAY M. CORRECT ROADWAY N. OTHER	A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL SEPARATION E. ONE-WAY F. OTHER	A. STRAIGHT LEVEL B. STRAIGHT LEVEL SLOPED C. CURVE LEVEL D. CURVE LEVEL SLOPED E. ON GRADE CURVE F. OFF GRADE CURVE G. HILLcrest CURVE H. OFF GRADE ALIGNMENT I. OTHER	A. VIOLATION B. MOVEMENT PRIOR TO CRASH C. VEHICLE CONDITION D. CONDITION OF DRIVER E. VEHICLE CONDITION F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. SPEED OF TRAFFIC L. CONDITION OF DRIVER M. VIOLATION
WEATHER	KIND OF LOCATION	RELATION TO ROADWAY	ACCESS CONTROL	LIGHTING
A. CLEAR B. CLOUDY C. FOG D. FOG/RAIN E. HAZE F. SNOW G. HEAVY CLOUDS H. SLOWING WIND, RAIN, OR OTHER I. UNUSUAL J. OTHER	A. MANUFACTURING OR INDUSTRIAL B. BUSINESS DISTRICT C. BUSINESS/INDUSTRIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL DISTRICT F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY H. OTHER	A. ON ROADWAY B. SHOULDER C. SHOULDER D. BEYOND SHOULDER, LEFT E. BEYOND SHOULDER, RIGHT F. BEYOND RIGHT OF WAY G. OTHER H. OTHER I. UNUSUAL J. OTHER	A. NO CONTROL B. LIMITED ACCESS TO ROADWAY C. FULL CONTROL D. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) E. OTHER F. OTHER	A. DAYLIGHT B. DARK - NIGHT C. DARK - CONSTRUCTION LIGHTS D. DARK - STREET LIGHT AT INTERSECTION E. DARK F. DARK G. OTHER H. OTHER

VEHICLE CONFIGURATION								GARAGE BODY TYPE			
A. PASSENGER CAR	D. A, B, C, OR E WITH TRAILER	G. OFF-ROAD VEHICLE	J. SEMI-TRAILER	M. SINGLE UNIT TRUCK/BOX TRAILER	Q. TRACTOR SEMI-TRAILER	T. TRACTOR	V. TRACTOR	A. VAN	D. FLATBED	G. AUTO TRAILER	J. TRUCK
B. LIGHT TRUCK (FUT, ETC.)	E. MOTORCYCLE	H. EMERGENCY VEHICLE	K. SEMI-TRAILER	N. TRUCK/TRACTOR	R. TRUCK/TRACTOR	S. TRUCK/TRACTOR	V. TRACTOR	B. MULTICOLOR BOX	E. SEMI-TRAILER	H. LOG TRUCK/TRACTOR	K. TRUCK
C. VAN	F. MOTORCYCLE	I. SCHOOL BUS	L. TRUCK/TRACTOR	P. TRUCK/TRACTOR	S. TRUCK/TRACTOR	Z. OTHER	Z. OTHER	C. GARAGE TRUCK	F. COACH	I. GARAGE TRUCK	X. NO GARAGE BODY

EMERGENCY SERVICES: AMBULANCE: FIRE DEPARTMENT: RESCUE UNIT:

TIME CALLED: ARRIVED SCENE: DEPARTED SCENE: ARRIVED HOSPITAL:

NAME OF AGENCY: TIME OF NOTIFICATION: TIME OF ARRIVAL: TIME ALL LINES OPENED:

INVESTIGATING AGENCY:

INVESTIGATING OFFICER: INVESTIGATING POLICE AGENCY: A. STATE B. CITY C. PARISH D. OTHER

DATE REPORT COMPLETED:

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

EMERGENCY SERVICES: AMBULANCE: FIRE DEPARTMENT: RESCUE UNIT:

TIME CALLED: ARRIVED SCENE: DEPARTED SCENE: ARRIVED HOSPITAL:

NAME OF AGENCY: TIME OF NOTIFICATION: TIME OF ARRIVAL: TIME ALL LINES OPENED:

INVESTIGATING AGENCY:

INVESTIGATING OFFICER: INVESTIGATING POLICE AGENCY: A. STATE B. CITY C. PARISH D. OTHER

DATE REPORT COMPLETED:

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

Entries 34 through 53 are shown on page 19.

34. Emergency Services Ambulance

Only mark an **X** if an ambulance was called to or arrived at the scene of the crash.

35. Time Called

Enter the time in hours and minutes when the ambulance service was notified of the crash. Refer to the section on Crash Report Protocols at the beginning of this manual for specific instructions on coding time.

36. Arrived Scene

Enter the time in hours and minutes when the first ambulance arrived at the crash scene.

37. Departed Scene

Enter the time in hours and minutes when the first ambulance departed the scene.

38. Arrived Hospital

Enter the time in hours and minutes when the first ambulance arrived at the hospital.

39. Rescue Unit

Only mark an **X** if a rescue unit or fire department was called to or arrived at the scene of the crash.

40. Time Called (Rescue/Fire)

Enter the time in hours and minutes when the rescue unit or fire department was notified of the crash.

41. Arrived Scene (Rescue/Fire)

Enter the time in hours and minutes when the first rescue unit or fire truck arrived at the scene.

42. Ambulance Service

On the line provided record the name of the ambulance service(s) that responded to the crash scene.

43. Fire Department

On the line provided record the name of the fire department(s) or rescue squad(s) that responded to the crash scene.

INVESTIGATING AGENCY**44. Investigating Agency**

In the box provided write the name of the agency employing the lead crash investigator.

45. Time of Notification

Enter the time in hours and minutes when the investigating officer was notified of the crash. Refer to the section on Crash Report Protocols at the beginning of this manual for specific instructions on coding time.

46. Time of Arrival

Enter the time in hours and minutes when the first investigator arrived at the crash scene.

47. Time All Lanes Opened

Enter the time in hours and minutes when the roadway travel lanes were completely clear of any vehicle, object, or debris from the crash. If the travel lanes were never obstructed as a result of the crash, enter the time of the crash from the top of the report in the data blocks provided.

48. Investigation Complete

The crash report is not considered complete until all known and significant information concerning the crash has been recorded. If this is true, mark a **Y** for Yes. If awaiting additional information, witness statements, blood alcohol results, etc. then mark an **N** for No.

NOTE: This includes blood and drug results from coroners. Document disposition of evidence in the narrative section.

49. Investigating Police Agency

Fill in the corresponding letter that describes the investigating officer's employer.

50. Date Report Completed

Enter the month, day, and year the crash report was completed and submitted.

51. Investigating Officer's Name/Signature

The lead investigator must print and sign his or her name on the lines provided.

52. Badge #

The lead investigator should enter his or her badge, data, payroll, or any other identifying number assigned to him by his employing agency. If the employing agency does not assign a permanent number to the investigator, the data section should be left blank.

53. Supervisor's Initials or Badge #

Space is provided for the supervisor of the lead investigator to initial or write his badge number on the crash report.

NOTE: A supervisor's initials or badge number is certification that the report is correct and complete.

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

PAGE #

02

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

54

NON-COLLISION WITH MOTOR VEHICLE A	REAR END B	HEAD-ON C	RIGHT ANGLE D	LEFT TURN E	LEFT TURN F	LEFT TURN G	RIGHT TURN H	RIGHT TURN I	SIDESWIPE SAME J	SIDESWIPE OPPOSITE K	OTHER Y	MANNER OF COLLISION 55
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56
NORTH

57

Entries 54 through 57 are shown on page 21.

State of Louisiana
Uniform Motor Vehicle Traffic Crash Report
DPSSP 3105 – Page #2
Narrative & Diagram

54. Officer's Narrative

Use the narrative section of the report to describe how the crash occurred. Using the numbers assigned to each of the vehicles in the crash, begin with an explanation of the direction of travel of each vehicle, the road or street the vehicle was traveling on, and any other descriptive information that will explain events leading to the crash. Include any and all details of the crash such as what each driver observed and any evasive actions taken, including details about movements prior to impact and subsequent movement to the point of rest. If the vehicle was driven away from the scene or removed to a safe location to call the police, note this in the narrative section. Explain in detail any response marked **Other** or **Unknown** on a data section of the report. It is vitally important to include a description of your observations of the area, any physical evidence, your opinions, and the condition of drivers as observed by you.

Include a description of any property that was damaged as a result of the crash, excluding the vehicles. This description should include the item or items damaged as well as the complete name and address of the owner. This may be public property such as signs belonging to DOTD or private property belonging to an individual.

If there are witnesses to the crash, record their names, addresses, and telephone numbers in the narrative. Where possible and when necessary, obtain their statements and submit them on the **DPSSP 3111 Driver/Witness Voluntary Statement Supplement** report. Witness names should be recorded in the narrative even if they complete the voluntary statement supplement.

If additional space is needed, use the **DPSSP 3110 Narrative Supplement**.

55. Manner of Collision

Choose the graphic that best describes the manner in which the vehicles initially came into contact with each other. Enter the corresponding letter in the data block. For crashes involving more than two vehicles, show the manner of collision for the first two vehicles that struck each other.

Choice **A** for **Non-Collision with Motor Vehicle** is to be used for single vehicle crashes in which an off-road object was struck (e.g. tree, mailbox, culvert, embankment, etc.) or for a non-collision crash such as a rollover. Crashes involving pedestrians and objects struck on the roadway should also use Choice **A**. Most single vehicle crashes should use code **A**.

Choice **Y** for **Other** is to be used for multiple vehicle crashes that do not match any of the graphics given in choices B thru K.

NOTE: The arrows depicted in this section represent the direction in which the vehicles were traveling at the time of initial contact. A vehicle that is backing would still be traveling in the direction of the arrow regardless of the orientation of the vehicle at first contact.

56. Direction of North

Mark the direction of north in the circle using an arrow.

57. Diagram

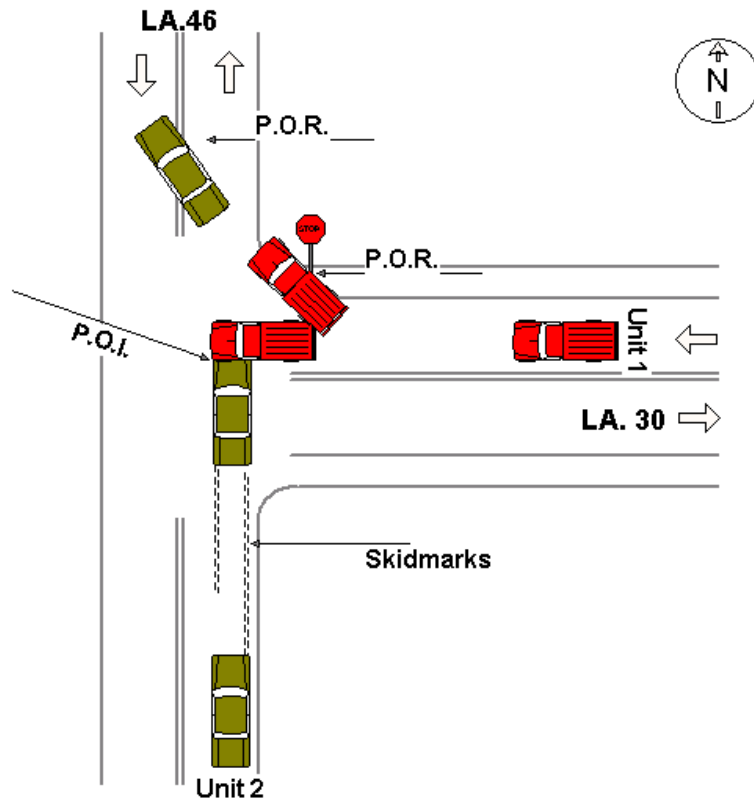
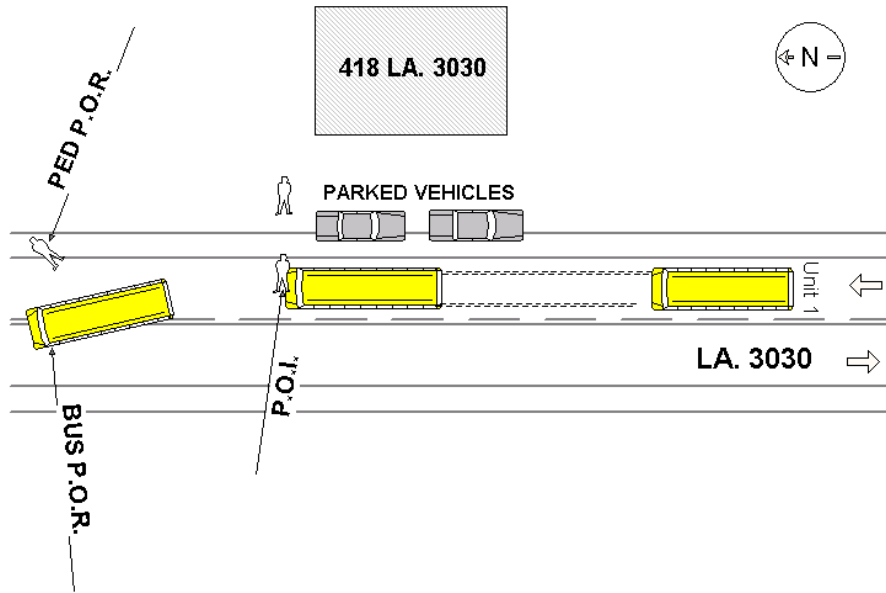
For each vehicle or non-motorist involved, show the direction of travel prior to impact, the movement toward impact, the point of impact, and the final rest positions. Label the vehicle with numbers that correspond to the number assigned to them on the crash report. Indicate probable vehicle and pedestrian paths before and after the collision. Include and identify the roadways involved, traffic control devices, vehicles, pedestrians, objects on or off the roadway, skidmarks, debris, and any unusual or temporary conditions. If a bridge is struck, write the bridge number under the word **North** on the diagram.

In many cases the vehicles have been moved from the roadway prior to the arrival of the investigator. This makes it difficult to link physical evidence to the vehicles. You are encouraged to draw a diagram based on investigation. This diagram should include the physical layout of the roadway and any physical evidence still at the scene. Include the probable paths of the vehicles and their probable point of rest based on all available evidence. When a diagram is completed in this fashion, label the diagram "Vehicles Not Observed in Position After Impact," or "Vehicle Moved Prior to Arrival."

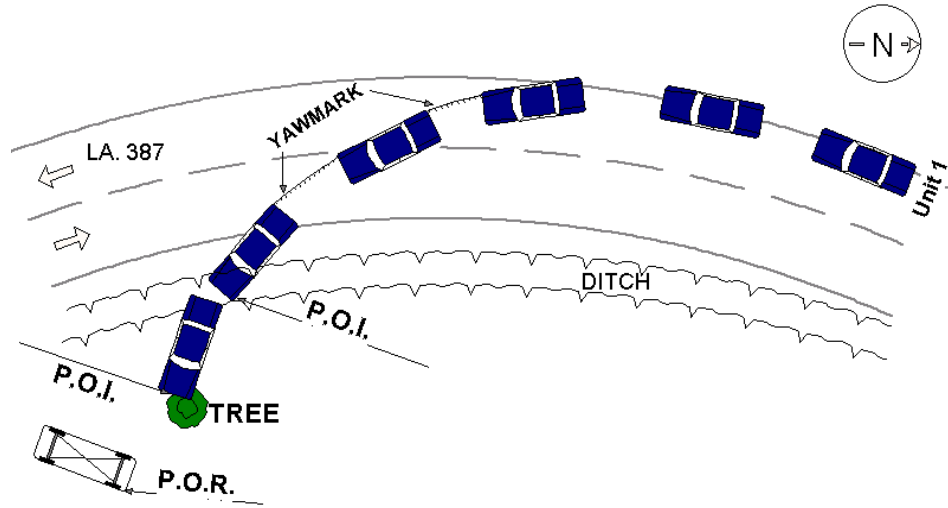
If the space for the diagram is too small, write "See Attached Supplement Diagram" and use the Alternative Grid located on the back of **DPSSP 3110 Narrative Supplement**.

Examples of diagrams that can be used to display the scene appear on the two following pages, 22 and 23.

Examples:



Examples:



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

VEH # OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

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

LICENSE PLATE YEAR MAKE TYPE GWR/GCWR REASON TOWED
A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION LICENSE PLATE YEAR MAKE TYPE YEAR STATE NUMBER

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPLETE THE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCIAL/BUSINESS PURPOSES WITH A GROSS WEIGHT IN EXCESS OF 16,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

CARRIER NAME MC/MX ("ICC") # US DOT #

STREET ADDRESS: CITY STATE ZIP

INTERSTATE CARRIER TRANSPORTING HAZARDOUS MATERIAL CLASS ID# PLACARDS DISPLAYED HAZ MAT RELEASED

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

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)

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID B. NO Y. UNKNOWN

CITY STATE ZIP

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID B. NO Y. UNKNOWN

CITY STATE ZIP

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 - BEING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED Y - UNKNOWN	A - DEPLOYED B - NON-DEPLOYED C - NON-DEPLOYED/SWITCH OFF D - NOT APPLICABLE Y - 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 - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING/SEVERE C - NON-INCAPACITATING/ MODERATE D - POSSIBLE/ COMPLAIN E - NO INJURY

DPSSP 3106

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

VEH # **61** OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

V.I.N. **62** VEHICLE TOWED **69** A. YES B. NO C. LEFT AT SCENE REMOVED BY **70**

LICENSE PLATE YEAR MAKE TYPE GWR/GCWR REASON TOWED
A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER **76**

TRAILER DESCRIPTION LICENSE PLATE YEAR MAKE TYPE YEAR STATE NUMBER

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE **83** GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPUTER NUMBER **58** - PAGE # **59**

Entries 58 to 62 are shown on pages 25 through 33.

**State of Louisiana
Uniform Motor Vehicle Traffic Crash Report
DPSSP 3106 – Side #1
Vehicle/Pedestrian Information**

This form has consolidated vehicle/driver information, pedestrian information and contributing factors and conditions relating to vehicles, drivers and pedestrians into one multiple use form. This form must be completed for each vehicle involved in the crash and/or each pedestrian involved in the crash. The form cannot be used to record both vehicle and pedestrian information from the same crash on a single form.

58. Computer Number

59. Page Number

Refer to the sections on **Computer Report Number** and **Page Numbers** in the Crash Report Protocols at the front of this manual for specific instructions in numbering additional forms in this report with the appropriate computer number and page numbers.

60. Local Agency Use

(See item A., page 3)

61. Vehicle #/Pedestrian

If this form is being used to record vehicle and driver information then enter the identifying number assigned to the vehicle for which this form is being completed in the **Vehicle #** block. If this form is being completed to record information on a pedestrian involved in the crash mark “X” in the **Pedestrian** block.

VEHICLE INFORMATION

62. Vehicle Configuration (CONF)

In the data block under the vehicle number enter the letter (A through Z) from the graphics on page 1 that best describe the configuration or shape of the vehicle, or combination of vehicles. The Vehicle Configuration block should be completed for **ALL** vehicles involved in the crash, with the only exception noted below. In the event of a Hit and Run where there is no description of the fleeing vehicle, enter **Z** (Other).

NOTE: No vehicle that runs on rails should be listed in this section, use the **DPSSP 3112 Railroad Grade Crossing Crash Supplement** for any rail-vehicle involvement.

NOTE: Investigators should take note that 11 choices in this section are shaded blue. The blue shading indicates that the particular type of vehicle may require additional information to be gathered in the Truck/Bus Crash Data Section.

The following definitions and photographs are provided by the Model Minimum Uniform Crash Criteria Guideline (Second Edition 2003) and/or the MMUCC training website (www.mmucc.us/Training). The pictures included are meant to be used as a guide in making the correct decision. The photos do not necessarily include all of the various types of vehicles that may fit under each configuration.

A. Passenger Car

Includes convertibles, 2-door sedans, 3-door/2-door hatchbacks, 4-door sedans, 5-door/4-door hatchbacks, station wagons (excluding vans and truck based).



B. Light Truck

Any utility vehicle identifiable by a body style consisting of an open cargo area “bed” behind the cab.



C. Van

A motor vehicle consisting primarily of a transport device which has a GVWR of 10,000lbs or less and is basically a “box on wheels” that is identifiable by its enclosed passenger and/or cargo area, step-up floor, and relatively short (or nonexistent) hood. Vans are classified by size based on frame type and overall vehicle body width.

NOTE: Vans with seating for more than eight occupants should be classified as a bus for the purposes of this report.



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

CONF VEH # OR PEDESTRIAN

CARGO BODY TYPE 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 GWR/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 THE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCIAL/BUSINESS PURPOSES WITH A GROSS WEIGHT IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

CARRIER NAME MC/MX ("ICC") #

STREET ADDRESS: CITY STATE ZIP

INTERSTATE CARRIER TRANSPORTING HAZARDOUS MATERIAL CLASS ID# PLACARDS DISPLAYED HAZ MAT RELEASED

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

STREET ADDRESS TELEPHONE #

CITY STATE ZIP

SEX RACE AGE INJURY

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER

INSTRUCTED TO EXCHANGE INFORMATION? TRANSPORTED TO MEDICAL FACILITY

NAME OF FACILITY

PEDESTRIAN ONLY UPPER BODY CLOTHING LOWER BODY CLOTHING 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)

STREET ADDRESS

CITY STATE ZIP

TRANSPORTED TO MEDICAL FACILITY

NAME OF FACILITY

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY STATE ZIP

TRANSPORTED TO MEDICAL FACILITY

NAME OF FACILITY

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY STATE ZIP

TRANSPORTED TO MEDICAL FACILITY

NAME OF FACILITY

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 (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 - BEING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED Y - UNKNOWN	A - DEPLOYED B - NON-DEPLOYED/SWITCH OFF D - NOT APPLICABLE Y - 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 - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING/SEVERE C - NON-INCAPACITATING/MODERATE D - POSSIBLE/COMPLAIN E - NO INJURY

DPSSP 3106

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

CONF VEH # OR PEDESTRIAN

CARGO BODY TYPE 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 GWR/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

Entry 62 continues on page 27.

D. A, B, C, or S (Vehicle) with Trailer

Includes any passenger vehicle, light truck, van, or SUV that has a trailer or semi-trailer attached to it.



E. Motorcycle

A two- or three-wheeled motor vehicle designed to transport one or two people. Included are motor scooters, mini-bikes, and mopeds.



F. Pedalcycle

Nonmotorized vehicle propelled by pedaling. Includes bicycle, tricycle, unicycle, pedal car, etc.



G. Off Road Vehicle

Includes 3 or 4 wheeled all terrain vehicles, lawn mowers and tractors that are not farm equipment.



H. Emergency Vehicle In Use

Indicates official motor vehicles, such as military, law enforcement, ambulance, fire, etc., that are involved in a crash while on an emergency response, or being used in an official capacity. Official capacity includes any emergency vehicle stopped at a crash scene, fire, or similar incident, a police vehicle on a traffic stop or public assist, or an emergency vehicle being used to direct traffic. Emergency refers to an official motor vehicle that is traveling with emergency signals in use, typically red or blue flashing lights, sirens sounding, etc.



I. School Bus

A motor vehicle used for the transportation of any school pupil at or below the 12th grade level to or from a public or private school-related activity. It is externally identifiable by the color yellow, the words “school bus.” flashing red lights located on the front and rear, and lettering on both sides identifying the school or district served, or the company operating the bus.



K. Bus

A motor vehicle consisting primarily of a transport device designed for carrying more than eight persons per the regulations of the Federal Motor Carrier Safety Administration. Includes vans with seating for more than eight persons. Note: There are two selections for describing a bus involved in the crash. One selection should be chosen for buses with seats for 9-15 occupants and the other with seats for 16 or more occupants.



NOTE: The 3/4-Row, 9/15-Passenger Van (as in above left photo) would qualify as a **Bus**.

L. Single Unit Truck with 2 axles

A power unit that includes a permanently mounted cargo body (also called a straight truck) that has only two axles and a GVWR of over 10,000 lbs.



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

VEH # OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

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

LICENSE PLATE YEAR MAKE TYPE G.V.W.R./G.C.W.R. REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION YEAR MAKE TYPE LICENSE PLATE

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPLETION INSTRUCTIONS: COMPLETE THIS CRASH REPORT ONLY IF THIS VEHICLE IS BEING USED FOR COMMERCIAL BUSINESS, IT HAS A GROSS WEIGHT 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? TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN

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) STREET ADDRESS CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN NAME OF FACILITY

OCCUPANT'S NAME (LAST, FIRST, MI) STREET ADDRESS CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN NAME OF FACILITY

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 - NOT TRAPPED	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 - TRAPPED/EXTRICATED	B - NON DEPLOYED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	D - NOT EJECTED	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT	E - EJECTED	E - NOT APPLICABLE	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - DRIVING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	F - NOT EJECTED	F - NOT APPLICABLE	F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y - UNKNOWN	G - TRAPPED/NOT EXTRICATED	G - NOT APPLICABLE	G - HELMET USED	
H - THIRD ROW-MIDDLE		H - TRAPPED/NOT EXTRICATED	H - NOT APPLICABLE	H - HELMET USED	
I - THIRD ROW-RIGHT SIDE		I - TRAPPED/NOT EXTRICATED	I - NOT APPLICABLE	I - RESTRAINT USE UNKNOWN	

DPSSP 3106

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

VEH # OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

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

LICENSE PLATE YEAR MAKE TYPE G.V.W.R./G.C.W.R. REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION YEAR MAKE TYPE LICENSE PLATE

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPUTER NUMBER PAGE #

61 OR PEDESTRIAN

62 CARGO BODY TYPE

63 YEAR

64 MAKE

65 MODEL

66 # DOORS # AXLES # TIRES

67

68 V.I.N.

69 VEHICLE TOWED

70 REMOVED BY

71 LICENSE PLATE

72 YEAR

73 MAKE

74 TYPE

75 G.V.W.R./G.C.W.R.

76 REASON TOWED

77 TRAILER DESCRIPTION

78 YEAR

79 MAKE

80 TYPE

81 LICENSE PLATE

82

83 VEHICLE CLASSIFICATION

Entry 62 continues on page 29.

M. Single Unit Truck with 3 or more axles

A power unit that includes a permanently mounted cargo body (also called a straight truck) that has three or more axles.



N. Truck/Trailer

A motor vehicle combination consisting of a single-unit truck and a trailer.



P. Truck/Tractor

A motor vehicle consisting of a single motorized transport device designed primarily for pulling semi-trailers.



Q. Tractor Semi-Trailer

A truck tractor that is pulling a semi-trailer.



R. Truck Double

A truck tractor that is pulling a single semi-trailer and one full-sized trailer.



S. SUV (Sport Utility Vehicle)

A motor vehicle other than a motorcycle or bus consisting primarily of a transport device designed for carrying ten or fewer persons, and generally considered a multi-purpose vehicle that is designed to have off-road capabilities. These vehicles are generally four-wheel-drive (4x4) and have increased ground clearance. A utility vehicle has a gross vehicle weight rating (GVWR) of 10,000 lbs. or less. Sizes range from mini, small, midsize, full-size and large. Examples are GEO Tracker, GMC Jimmy, Chevrolet Suburban, Ford Explorer or a Hummer.



T. Farm Equipment

A vehicle designed and used primarily as a farm implement, for drawing plows, mowing machines, and other implements of husbandry.



V. Motor Home

A van where a frame-mounted recreational unit is added behind the driver or cab area or mounted on a bus/truck chassis that is suitable to live in and drive across the country.



Z. Other

Any vehicle not otherwise covered, for example, a Segway.

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

VEH # OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

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

LICENSE PLATE YEAR MAKE TYPE G.V.W.R./G.C.W.R. REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION YEAR MAKE TYPE LICENSE PLATE

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPLETION INSTRUCTIONS: COMPLETE THIS CRASH REPORT ONLY IF THIS VEHICLE IS BEING USED FOR COMMERCIAL BUSINESS, IT 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 # POSITION EJECTION TRAP/EXTRICATED AIR BAG OCC. PROT. SYS. SEX RACE AGE INJURY

CITY STATE ZIP

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO EXCHANGE INFORMATION? TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN 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 A. YES C. REFUSED AID B. NO Y. UNKNOWN NAME OF FACILITY

CITY STATE ZIP

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. REFUSED AID B. NO Y. UNKNOWN NAME OF FACILITY

CITY STATE ZIP

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 - NOT TRAPPED	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 - TRAPPED/EXTRICATED	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 - TRAPPED/NOT EXTRICATED	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	Y - UNKNOWN	Y - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/ COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT			Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - DRIVING 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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**STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN**

VEH # OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

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

LICENSE PLATE YEAR MAKE TYPE G.V.W.R./G.C.W.R. REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION YEAR MAKE TYPE LICENSE PLATE

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPUTER NUMBER PAGE #

61 OR PEDESTRIAN

62 63 page 1 for selections 64 65 66 67

68 69 70

71 72 73 74 75 76

77 78 79 80 81 82

83

Entry 63 is shown on page 31

63. Cargo Body Type

The Cargo Body Type block should be completed for **ALL** vehicles involved in a crash. Enter the Letter (A through Z) that best corresponds with the graphics from the Cargo Body Type section on Page 1. Passenger vehicles, light trucks, vans, etc. will have no cargo body. Choice X for **No Cargo Body** should be selected for these types of vehicles.

The following definitions are provided by the Model Minimum Uniform Crash Criteria Guideline (Second Edition 2003) and/or the MMUCC training website (www.mmucc.us/Training). The pictures included are meant to be used as a guide in making the correct decision. The photos do not necessarily include all of the various types of cargo bodies that may fit under each type.

A. Bus

A motor vehicle consisting primarily of a transport device designed for carrying more than eight persons per the regulations of the Federal Motor Carrier Safety Administration. Includes vans with seating capacity for more than eight occupants.



NOTE: The 3/4-Row, 9/15-Passenger Van (as in above right photo) would qualify as a **Bus**.

B. Van / Enclosed Box

A single-unit truck, truck/trailer, or tractor/semi-trailer having an enclosed body integral to the frame of the motor vehicle.



C. Cargo Tank

A single-unit truck or truck tractor having a cargo body designed to transport dry bulk (fly, ash, etc.), liquid bulk (gasoline, milk), or gas bulk (propane).



D. Flatbed

A single-unit truck, truck/trailer, or tractor/semi-trailer whose body is without sides or roof, with or without readily removable stakes which may be tied together with chains,

slats, or panels. This includes trucks transporting containerized loads.



E. Dump Truck/Trailer

Can be tilted or otherwise manipulated to discharge its load by gravity.



F. Concrete Mixer

A single-unit truck having a body specifically designed to mix or agitate concrete.



G. Auto Transporter

A single-unit truck, truck/trailer, or tractor/semi-trailer having a cargo body specifically



The photos above right is an example of a new style of Auto Transporter. A covering or “skin” over the cargo area is designed to protect the vehicles. It is identifiable by the unique rear loading door (see inset photo). This is **NOT** a Van/Enclosed Box cargo body type. Also note this [Vehicle Configuration](#) is a Truck/Trailer **NOT** a Truck Tractor/Double (Note the location of the axles).

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

VEH # OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

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

LICENSE PLATE YEAR MAKE TYPE G.V.W./G.C.W.R. 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

COMPLETION INSTRUCTIONS: COMPLETE THIS CRASH REPORT ONLY IF THIS VEHICLE IS BEING USED FOR COMMERCIAL BUSINESS, IT HAS A GROSS WEIGHT 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 # POSITION POSITION TRAP/ EXTRICATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY

CITY STATE ZIP

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO EXCHANGE INFORMATION? TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN 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 POSITION TRAP/ EXTRICATED AIR BAG OCC PROT SYS SEX RACE AGE INJURY

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

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

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

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

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

VEH # OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

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

LICENSE PLATE YEAR MAKE TYPE G.V.W./G.C.W.R. 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

COMPUTER NUMBER PAGE #

61 OR PEDESTRIAN

62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82

Entry 63 continues on page 33.

H. Log Truck

A truck or trailer designed to transport forestry products in their natural state such as logs and pulpwood.



I. Garbage/Refuse

A single-unit truck having a body specifically designed to collect and transport garbage or refuse. This includes both conventional rear loading and over-the-top bucket loading garbage trucks.



J. Hopper

A truck body designed to carry grain, chips, gravel, etc. with a bottom rather than rear discharge such as found with a dump truck.



K. Pole Trailer

A trailer designed to be attached to the towing vehicle by means of a reach or pole, or by being boomed or otherwise secured to the towing motor vehicle, and ordinarily used for carrying property of a long or irregular shape.



X. No Cargo Body

Bobtail, light motor vehicle w/ hazardous materials placard, etc. A Truck Tractor (Bobtail) without a trailer has no cargo body type, including towing situations as in the photo below. This Configuration includes passenger vehicles, light (pickup) trucks, vans, SUVs, and all two- or three-wheeled vehicles.



Z. Other

Any other configuration not otherwise described or pictured above.

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

VEH # OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

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

LICENSE PLATE YEAR MAKE TYPE GWR/GCWR REASON TOWED
A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION LICENSE PLATE YEAR MAKE TYPE YEAR STATE NUMBER

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPLETE THE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCIAL/BUSINESS PURPOSES WITH A GROSS WEIGHT IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

CARRIER NAME MC/MX ("ICC") # US DOT #

STREET ADDRESS CITY STATE ZIP

INTERSTATE CARRIER TRANSPORTING HAZARDOUS MATERIAL CLASS ID# PLACARDS DISPLAYED HAZ MAT RELEASED

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

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

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)

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID B. NO Y. UNKNOWN

CITY STATE ZIP NAME OF FACILITY

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID B. NO Y. UNKNOWN

CITY STATE ZIP NAME OF FACILITY

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 (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) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED Y - UNKNOWN	A - DEPLOYED B - NON-DEPLOYED C - NON-DEPLOYED/SWITCH OFF D - NOT APPLICABLE Y - 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 - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING/SEVERE C - NON-INCAPACITATING/MODERATE D - POSSIBLE/COMPLAINT E - NO INJURY

DPSSP 3106

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

VEH # **61** OR PEDESTRIAN

CONF CARGO BODY TYPE YEAR **64** MAKE **65** MODEL **66** # DOORS # AXLES # TIRES **67**

V.I.N. **68** VEHICLE TOWED **69** A. YES B. NO C. LEFT AT SCENE REMOVED BY **70**

LICENSE PLATE **71** YEAR **72** STATE **73** NUMBER **74** TYPE **75** GWR/GCWR REASON TOWED
A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER **76**

TRAILER DESCRIPTION **77** LICENSE PLATE **78** YEAR **79** MAKE **80** STATE **81** NUMBER **82**

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE **83** GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPUTER NUMBER **58** - PAGE # **59**

Entries 64 to 72 are shown on page 35.

64. Vehicle Year

Enter all four digits representing the model year of the vehicle as it appears on the vehicle's registration. Year listings from the "Nader Sticker" on the vehicle's door post or from a taillight lens may be incorrect. The VIN can also be used to determine vehicle year.

65. Make

Enter the manufacturer of the vehicle in this data section. Some examples of make for passenger vehicle would include: Ford, Chrysler, Infiniti, Chevrolet, Dodge, Lincoln, Toyota, etc. For trucks and buses some possible entries are: Dodge, Ford, GMC, International, Freightliner, etc. For motorcycles, motorbikes, etc. appropriate entries would be Honda, Harley-Davidson, Yamaha, etc.

NOTE: Refer to Appendix D for NCIC-approved abbreviations for most vehicle makes.

66. Model

Enter the manufacturer's model name in this set of data blocks. Some examples are: Crown Victoria, Accord, Impala, F150, Ram, Passat, etc. On most pickup truck registrations the model is listed as 6000, however this is not an acceptable model for this report. Investigators should attempt to identify an appropriate model for the pickup such as S-10, Sierra, Tundra, Ranger, etc. If a model name cannot be located on the truck enter **Pickup** in the model section.

67. Doors, Axles, and Tires

of Doors

Enter the number of doors on the vehicle.

In the case of motorcycles and bicycles, this data block should be left blank.

of Axles

Enter the total number of axles on the vehicle or the combination of vehicles. Some semi-trucks have the ability to raise or lower an axle depending on the load. For reporting purposes, an axle should be counted only if the tires attached thereto were in contact with the ground. A standard passenger car would have two axles. A motorcycle or bicycle would also have two axles. A passenger car towing another passenger car would be considered to have four axles. A tow truck in the process of towing a vehicle would also be classified by the total number of axles/tires actually in contact with the ground including the towed vehicle.

of Tires

Enter the total number of tires on the vehicle or the combination of vehicles. Some semi-trucks have the ability to raise or lower an axle depending on the load. For reporting purposes, tires should be counted only if the tires attached thereto were in contact with the ground. A

standard passenger car has four tires. A standard motorcycle or bicycle has two tires. A passenger car towing another passenger car would be considered for reporting purposes to have eight tires. A tow truck towing a vehicle would be classified by the total number of axles/tires actually in contact with the ground including the towed vehicle.

68. VIN

Enter the vehicle identification number (VIN) assigned to the vehicle by the manufacturer. You should attempt to verify the VIN listed on the registration against the VIN plate on the vehicle itself before entering it on the crash report.

- The VIN plate on most automobiles, pick-up trucks, and vans is located on the front of the dashboard, in the front left corner, visible through the windshield.
- The VIN plate on most tractor-trailers is located on a plate in the passenger compartment. This plate can readily be seen by opening the driver's door.
- The VIN plate on the majority of motorcycles is located on the fork or frame itself, not the number on the engine; most motorcycles have an engine serial number that is different from the VIN.

69. Vehicle Towed

Enter the appropriate code for whether the vehicle was towed, not towed, or left at the scene.

70. Removed By

Enter whether the owner, driver, or a wrecker service removed the vehicle from the crash scene. If the vehicle is towed from the scene due to the driver's arrest and the lack of a replacement driver, enter "**Official Storage**" on the line provided. If the vehicle is left at the scene enter "**Left At Scene**" on the line.

71. License Plate Year

Enter all four digits representing the last year the license plate was or will be valid in this data section. In the case of a permanent plate, enter "9999" in the data section.

72. License Plate State

Enter the standardized two-digit abbreviation for the state in which the vehicle is legally registered. If more than one license plate is legally displayed, such as on some commercial interstate vehicles use the Louisiana plate if one is present. Otherwise, enter the designation of the registered home state of the vehicle. If the vehicle does not display a license plate, write "**None**" in the data section. Refer to Appendix E for a list of accepted state, province and country abbreviations. If the license plate is from a country not listed in Appendix E, enter "**99**" in the data section.

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

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

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

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

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPLETE THE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCIAL/BUSINESS PURPOSES WITH A GROSS WEIGHT IN EXCESS OF 16,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

CARRIER NAME _____ MC/MX ("ICC") # _____ US DOT # _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

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

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

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) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

NAME OF FACILITY _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

NAME OF FACILITY _____

SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY	
A - FRONT SEAT LEFT SIDE (MOTORCYCLE DRIVER) B - FRONT SEAT-MIDDLE (NON-TRAILING UNIT) C - FRONT SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER) D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER) E - SECOND SEAT-MIDDLE (MOTORCYCLE PASSENGER) F - SECOND SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER) G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER) H - THIRD ROW-MIDDLE (MOTORCYCLE PASSENGER) I - THIRD ROW-RIGHT SIDE (MOTORCYCLE PASSENGER)	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 - BEING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED Y - UNKNOWN	A - DEPLOYED B - NON-DEPLOYED C - NON-DEPLOYED/SWITCH OFF D - NOT APPLICABLE Y - 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 - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING/SEVERE C - NON-INCAPACITATING/MODERATE D - POSSIBLE/COMPLAIN E - NO INJURY

DPSSP 3106

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

COMPUTER NUMBER 58 PAGE # 59

VEH # 61 OR PEDESTRIAN

CONF 62 CARGO BODY TYPE 63 YEAR 64 MAKE 65 MODEL 66 # DOORS 67 # AXLES 68 # TIRES 69

V.I.N. 68 VEHICLE TOWED 69 A. YES 70 B. NO 71 C. LEFT AT SCENE REMOVED BY 72

LICENSE PLATE 71 72 73 74 GWR/GCWR 75 REASON TOWED 76
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
Z. OTHER

TRAILER DESCRIPTION 77 78 79 LICENSE PLATE 80 81 82

VEHICLE CLASSIFICATION 83 COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

Entries 73 to 75 are shown on page 37.

73. License Plate Number

Enter the entire license plate number, including all letters as it appears on the registration. Louisiana truck registration papers may have the number **0** following the letter when printed on the registration form. Omit this **0** when entering data on the crash report. Investigators should verify the number on the registration to the number displayed on the license plate to ensure that the correct number is recorded.

74. License Plate Type

Enter the type of license plate the vehicle is legally displaying. Do not confuse the type of license plate with the type of vehicle. For example SUV's can be issued passenger car plates or private truck plates. Investigators must be sure to enter the type of plate that the vehicle is displaying. Some examples would be: passenger car, private truck, apportioned, retired law officer, and volunteer firefighter. Although it is discouraged, it is understood that abbreviation may be necessary in this data section. If it is necessary to abbreviate, you should strive to abbreviate in an easily understandable fashion.

75. GVWR/GCWR

This section is to be completed for any single unit vehicle or combination of vehicles that:

- are being used in commerce or business, or
- are a government owned or personally used vehicles that have a GVWR/GCWR over 10,000 pounds (any single vehicle or combination of vehicles that have six or more tires will likely meet this requirement and should be inspected further for compliance with this section), or
- Which are designed to transport 9 or more people, including the driver, or
- Are transporting hazardous materials, and are or should be displaying hazardous materials placards.

GVWR – Gross Vehicle Weight Rating

The GVWR is the rating issued by the vehicle manufacturer and is the combination of the vehicles actual weight and the maximum recommended cargo weight.

If the vehicle is a single unit then enter the manufacturer's **Gross Vehicle Weight Rating (GVWR)** in the appropriate blocks. The GVWR of a vehicle can be located on most single unit or powered vehicles on a Manufacturer's plate or on the Nader sticker. The vehicle registration certificate **IS NOT** an appropriate source of the GVWR. The weight recorded on the registration certificate is the legal registered **COMBINED** weight of the vehicle.

GCWR – Gross Combination Weight Rating

The GCWR is the combination of GVWRs from 2 or more vehicles, which includes the tow vehicle and the vehicle(s) being towed.

If the vehicle is towing a trailer then enter the **Gross Combination Weight Rating (GCWR)** in this set of blocks. This is the combination of the GVWR's of the towing and towed vehicles. In the absence of a GCWR specified by the shipper, GCWR should be determined by adding the GVWR of the power (towing) unit and the total weight of the towed unit(s) and any load thereon. Generally, a single (straight) truck has a GVWR; any combination of trucks and trailers has a GCWR the manufacturers Gross Vehicle Weight Rating for the trailer or trailers combined.

Examples:

- Half-ton trucks (Chevrolet 1500, Ford F-150, Dodge 1500) usually have a GVWR range of 6000 to 8600 pounds.
- Three quarter ton trucks (Chevrolet 2500, Ford F-250, Dodge 2500) usually have a GVWR range of 8600 to 9200 pounds.
- One-ton trucks (Chevrolet 3500, Ford F-350, Dodge 3500) usually have a GVWR range of 9900 to 12000 pounds.
- Single-axle utility trailers are normally rated for 3250 pounds and above. In the event that the single-axle unit is a home made or shop made trailer without markings, the investigator shall use the 3250 GVWR.
- Double axle utility trailers are normally rated for 7500 pounds and above. In the event that the single-axle unit is a home made or shop made trailer without markings, the investigator shall use the 7500 GVWR.

The GVWR of a trailer may be located on a VIN plate or Manufacturer's plate. These plates may be found on the tongue of small trailers or utility trailers or on the side rail of the frame on larger trailers.



**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

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

LICENSE PLATE YEAR STATE NUMBER TYPE GWR/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 GWR/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? TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. REFUSED AID D. UNKNOWN

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

OCCUPANT'S NAME (LAST, FIRST, MI) STREET ADDRESS CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. REFUSED AID D. UNKNOWN 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 STREETCAR N - TRAILING UNIT O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED Y - UNKNOWN	A - DEPLOYED B - NON-DEPLOYED C - NON-DEPLOYED/SWITCH OFF D - NOT APPLICABLE Y - 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 - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING/SEVERE C - NON-INCAPACITATING/MODERATE D - POSSIBLE/COMPLAINT E - NO INJURY

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

COMPUTER NUMBER (58) - PAGE # (59)

VEH # (61) OR PEDESTRIAN

CONF (62) CARGO BODY TYPE (63) YEAR (64) MAKE (65) MODEL (66) # DOORS (67) # AXLES # TIRES

V.I.N. (68) VEHICLE TOWED (69) A. YES B. NO C. LEFT AT SCENE REMOVED BY (70)

LICENSE PLATE YEAR (71) STATE (72) NUMBER (73) TYPE (74) GWR/GCWR (75) REASON TOWED (76) A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION (77) YEAR (78) MAKE (79) TYPE (79) LICENSE PLATE (80) YEAR (81) STATE (81) NUMBER (82)

VEHICLE CLASSIFICATION (83) COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

Entries 76 to 83 are shown on page 39.

76. Reason Towed

If the **Vehicle Towed** data block was marked **A** (Yes), enter the letter code that best describes the reason the vehicle was towed in the space provided.

77. Trailer Description Year

Enter all four digits representing the model year of the trailer, semi-trailer, or towed vehicle as it appears on the vehicle's registration. For the purposes of this section the word trailer shall be synonymous with semi-trailer and towed vehicle.

NOTE: A passenger car, pickup truck, SUV, etc., being towed by a tow truck or another type of vehicle is a towed vehicle and the information should be recorded in this section.

78. Trailer Description Make

Enter the manufacturer of the trailer in the data section provided. The name of the manufacturer on the registration should be verified against the trailer itself. If there is no trailer involved with this vehicle in the crash, enter "**None**."

78. Trailer Description Type

Determine the type of trailer and enter that information in this data section. This entry calls for the basic body style of the trailer. Some examples would be box, flatbed, boat, utility, tank, etc.

80. Trailer License Plate Year

Enter the four-digit year representing the last year for which the license plate on the trailer was or will be valid. If the trailer does not display a license plate, "**None**" should be entered in this data section. If the vehicle has a permanent plate, enter "**9999**" in the data section.

81. Trailer License Plate State

Enter the two-letter designation of the state (province) or country for which the trailer is legally registered. *Refer to Appendix E for a list of two letter designations.*

82. Trailer License Plate Number

Enter the entire license plate number for the trailer including all letters and numbers as they appear on the registration.

83. Vehicle Classification

The Vehicle Classification block provides information about the **OWNERSHIP** of the vehicle. It should be completed for **ALL** vehicles involved in a crash.

- **Commercial/Business** --- A privately owned vehicle (non-governmental and owned by a person, business, company, corporation, etc.) that is primarily used in the furtherance of a commercial or business endeavor. These vehicles are often identifiable by a company name displayed on the side of the vehicle.

Examples: a pickup truck used in a lawn service business, a vehicle registered to an individual but being used for business purposes, delivery trucks, any van/bus with seating for 9 or more including the driver, a log truck, or a tractor trailer hauling sugar cane.

NOTE: Be sure to record the GVWR/GCWR for **ALL** commerce/business class vehicles as described in 75 on page 37.

- **Government Vehicle** --- A vehicle owned by, leased or rented to any federal, state, or local government entity/agency.

Examples: transit buses, school buses, garbage trucks, military vehicles, dump trucks, police vehicles, highway construction vehicles.

- **Personal Vehicle** --- Personally owned truck or passenger vehicle that is meant for personal use.

Examples: passenger vehicle, sport utility vehicle (SUV), pickup truck, family van or motorcycle. Included in this category are any of these vehicles towing personal use utility, boat, horse trailers, etc.

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 _____ MAKE _____ TYPE _____ GWR/GCWR _____ REASON TOWED
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
Z. OTHER _____

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

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GWR/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 TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

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) _____ TELEPHONE # _____

Same as Driver 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) _____

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY _____

SEATING POSITION		CODES				
		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 - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NON-DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	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	D - EJECTED	D - 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	Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - BEING 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					H - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE						

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COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GWR/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

Entries 84 to 85 are shown on page 41.

84. Truck/Bus Crash Data

This section is used to report additional data for crashes that involve certain vehicles. It is distinguished by the blue heading and gray background and is to be completed for **ALL** vehicles involved in a crash that meet the following criteria:

1. It is being used for Commerce/Business and has a GVWR/GCWR in excess of 10,000 pounds, or
2. Is displaying or should be displaying a Hazardous Materials Placard, or
3. Is a vehicle with seating for 9 or more occupants including the driver.

Examples of vehicles that **FALL** within the above guidelines:

- A lawn service company operating a one-ton (Ford F-350, Chevrolet 3500, Dodge 3500) pickup with a GVWR of 10,001 pounds or more.
- A lawn service company operating a half ton Chevrolet 1500 with GVWR of 7000 pounds towing a single axle utility trailer with a GVWR of 3250 pounds for a GCWR of 10,250 pounds.
- Most trucks with 6 or more wheels, such as, delivery vans, truck tractors, buses, garbage trucks, and dump trucks.
- Most combination or articulated vehicles, such as, pickup trucks/SUVs towing a trailer, truck trailer combinations, and tractor trailer combinations.
- Guideline:
- Single axle utility trailers usually have a GVWR of 3250 pounds or more
- Double axle utility trailers have a GVWR of 7500 pounds or more

Examples of vehicles that **DO NOT** fall under the above guidelines:

- A horse rancher transporting hay bales for his own use from his pasture on one side of the road to his stables on the other side in a truck with a GVWR over 10,000 pounds.
- A homeowner carrying recyclables to a drop-off point in a personally owned pickup truck with a GVWR/GCWR over 10,000 pounds.
- A large family of 10 persons taking a trip in the family's 12-person van.
- A personally owned pickup truck hauling a boat or a horse trailer, with a GVWR/GCWR in excess of 10,000 pounds.
- A family operating a recreational vehicle.

85. Carrier Name and Address:

Record the motor carrier's name, address, city, state, and zip code, using the same data entry procedures previously outlined in this manual. A motor carrier is defined as "the business entity, individual, partnership, corporation, or religious organization responsible for the transportation of goods, property, or people." The identity of the carrier is often not the same as the owner of the truck. Carrier names are sometimes displayed on the side of the truck, but this information may or may not be correct. Officers should ask the driver the name of the carrier under whose authority the load is being transported.

Officers should also inspect the Single State Registration (SSRS) generally issued by the Public Service or Public Utilities Commission for the state in which the carrier is based. The SSRS is issued to interstate carriers (those who cross state lines) who haul for-hire (for a fee). Another source for this information will be the driver's record of duty status, commonly referred to as a "logbook" and/or the "bill of lading" or load manifest/shipping document. Many for-hire carriers and private carriers (those who haul goods only for their own company such as Home Depot or Wal-Mart) own their own vehicles and lease equipment from independent owner operators as well. Private carriers do not carry a SSRS but usually carry the other documents described above. A check of all the paperwork associated with the truck and its load should produce enough information to allow proper carrier identification.

EXAMPLE: Driver Joe Smith owns the tractor he is driving. Driver Smith has leased his truck to Brand X Trucking and is pulling a Brand X trailer, or one that he might have leased to Brand X as well, delivering goods for-hire. The tractor registration shows Joe Smith as the owner. The marking displayed on the side of the truck shows Brand X Trucking and their MC/MX/ICC and/or DOT Numbers.



(continued on page 43)

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

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

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

TRAILER DESCRIPTION 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 TRANSPORTING HAZARDOUS MATERIAL CLASS _____ ID# _____ PLACARDS DISPLAYED HAZ MAT RELEASED

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

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) _____

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY _____

SEATING POSITION		CODES				
		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 - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NON-DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	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	D - EJECTED	D - TRAPPED/NOT EXTRICATED	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT	E - UNKNOWN	E - UNKNOWN	E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - BEING 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					H - UNKNOWN	
I - THIRD ROW-RIGHT SIDE					I - RESTRAINT USE UNKNOWN	

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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 # _____

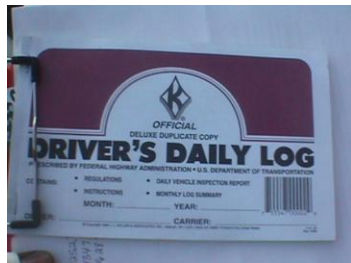
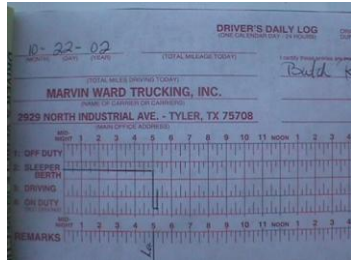
CARRIER NAME _____ MC/MX ("ICC") # _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

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

Entries 86 and 87 are shown on page 43.

A check of the logbook and load manifest indicates Brand X Trucking as the carrier. The SSRS shows Brand X Trucking. In such an instance Brand X Trucking would be the carrier and should be shown as such on the crash report.



86. U.S. DOT Number

The U.S. DOT Number is an identification number issued to both for-hire and private interstate carriers by the United States Department of Transportation. The DOT Number has up to seven digits and is generally displayed on both sides of the truck. The number is always preceded by “USDOT.” The USDOT Number and the MC/MX/ICC Number described below are critical pieces of data necessary to properly attribute this crash to the motor carrier’s safety record maintained by the U.S. Department of Transportation.



NOTE: If the DOT number cannot be determined, the field should be left blank.

87. MC/MX/ICC Number

The MC/MX/ICC number will only be found on trucks operated by for-hire interstate carriers. The number is usually six digits long but may be less and is normally preceded by “MC/MX/ICC”, but may be preceded by only “MC”, “MX”, or “ICC”. These numbers were provided to interstate for-hire carriers by the Interstate Commerce Commission prior to re-assignment of that function to the U.S. Department of Transportation.

Since that re-assignment, all for-hire carriers are now also issued a U.S. DOT number (described above). For-hire carriers that were issued MC/MX/ICC numbers must continue to display those numbers as well as their U.S. DOT number. Therefore many trucks will display both a USDOT number and an MC/MX/ICC number. If both numbers are found on the truck, both should be entered on this report. If the MC/MX/ICC number cannot be determined, the field should be left blank.

NOTE: Some carriers may be issued all four types of numbers, depending on circumstances. Additionally, if a truck is issued an “MC”, “MX”, or “ICC” number, it also **MUST** have a DOT number, although it may not always display the latter. Typically, however, for those trucks issued either a MC/MX/ICC or DOT number, or both, the numbers will be displayed on the outside of the vehicle.

EXAMPLE: Brand X Trucking is hired by AAA Furniture to haul a load of recliners from Kansas City, Missouri to New Orleans, Louisiana. Brand X Trucking, as an interstate for-hire carrier, has an MC/MX/ICC number and a USDOT number thus requiring the display of both numbers on the truck. Like the USDOT number, the MC/MX/ICC number is a critical piece of data necessary to properly attribute this crash to the motor carrier’s safety record maintained by the U.S. Department of Transportation.

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 _____ MAKE _____ TYPE _____ GVWR/GCWR _____ REASON TOWED
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
Z. OTHER _____

TRAILER DESCRIPTION _____ 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.

CARRIER NAME _____ MC/MX ("ICC") # _____ US DOT # _____
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 TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

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) _____ TELEPHONE # _____
Same as Driver 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) _____
STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN NAME OF FACILITY _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____
STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN NAME OF FACILITY _____

SEATING POSITION		CODES				
		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 - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NON-DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER)	L - PASSENGER IN OTHER UNENCLOSED (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	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	D - EJECTED	D - 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	Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER)	O - BEING 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					H - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE						

DPSSP 3106

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.

CARRIER NAME _____ MC/MX ("ICC") # _____ US DOT # _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

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

Entries 88 to 93 are shown on page 45.

88. Interstate Carrier

Indicate if the Carrier is an Interstate Carrier. If the Carrier is an Interstate Carrier place a “Y” (for Yes) in the block provided. If the Carrier is not an Interstate Carrier place an “N” (for No) in the block provided. An Interstate Carrier is a Carrier that forwards goods, cargo, etc.

1. Between a place in a State and a place outside of such State (including a place outside of the United States);
2. Between two places in a State through another State or a place outside of the United States; or
3. Between two places in a State as part of trade, traffic, or transportation originating or terminating outside the State or the United States.

Examples:

- Able Trucking hauling watermelons from Houston, TX. to New Orleans, La.
- Miller Trucking hauling a freight container of computers, originating in China, from the Port of New Orleans to Opelousas, La.
- Ducote Trucking hauling logs from Anacoco, La. to the rail yard in Shreveport, La. for further transport to Little Rock, Ark.

89. Transporting Hazardous Materials

If the vehicle is transporting Hazardous Material(s) indicate such by placing a “Y” (for Yes) in the block provided. If the vehicle is not transporting Hazardous Material(s) indicate such by placing an “N” (for No) in the block provided.

90. Class

If the vehicle is transporting Hazardous Material(s) place the Hazardous Material Classification Number, listed in *Appendix H* in the block provided. If the vehicle is transporting more than one Hazardous Material record the lowest Hazard Class number. The lower Hazard Class Numbers indicate materials of greater risk. The Hazard Class Number can be located on the bottom of the Hazardous Material Placard and on the Shipping Papers.

*The Hazard Class Number recorded should correspond with the Hazardous Material ID Number recorded.

Example: Gasoline is a Flammable Liquid with a Hazard Class of 3, where as, Propane is a Flammable Gas with a Hazard Class of 2.1.



91. ID #

If the vehicle is transporting Hazardous Material(s) place the four-digit Hazardous Material Identification Number in the block provided. The ID Number is the four-digit number assigned by the U.S. DOT to identify chemicals and groups of chemicals for transportation. The ID Number should be displayed on or near (on an orange panel) the Hazardous Material placard on bulk containers. Freight containers, box trailers, etc. that have bulk containers inside will not have the ID number on the outside of the trailer but on the bulk container itself. The ID Number should also be on the Shipping Papers.

*The ID Number recorded should correspond with the Hazard Class Number recorded.



92. Placards Displayed

Indicate if Hazardous Material placards were displayed on the vehicle of which you are reporting. To indicate Yes, Hazardous Material placards were displayed, place a “Y” in the block provided. To indicate No, that no Hazardous Material placards were displayed, place an “N” in the block provided.

93. HazMat Released

Indicate if any Hazardous Material, being transported on or in the vehicle you are reporting, was released or escaped from its transport container into the environment. Place a “Y” (for Yes) in the block provided to indicate that a release or escape did occur. Place an “N” (for No) in the block provided to indicate that a release or escape of Hazardous Materials did not occur.

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

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

LICENSE PLATE YEAR MAKE TYPE GWR/GCWR REASON TOWED
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
Z. OTHER

TRAILER DESCRIPTION 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 GWR/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 TRANSPORTING HAZARDOUS MATERIAL CLASS _____ ID# _____ PLACARDS DISPLAYED HAZ MAT RELEASED

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

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

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) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

NAME OF FACILITY _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

NAME OF FACILITY _____

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 - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL					
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NON DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE					
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED (MOTORCYCLE PASSENGER)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	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	Y - UNKNOWN	Y - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT					
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT			Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY					
F - SECOND SEAT-RIGHT SIDE	O - BEING 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											

DPSSP 3106

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

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

NAME OF FACILITY _____

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

Entries 94 to 99 are shown on page 47.

DRIVER INFORMATION

94. Name of Driver or Pedestrian

Indicate if the information being completed is for a driver or a pedestrian.

95. Name

Enter the last name, first name and middle initial of the driver or pedestrian using a blank space between each name. If the name is of such length that it will not fit in the data blocks, enter the complete last name, and as much of the first name as possible. When entering driver names investigators should record the name exactly as it appears on the driver's license. Discrepancies in the driver's name should be explained in the narrative.

If the identity of the driver or pedestrian is not known at the time of report, enter "**Unknown**" in the data field.

If the vehicle is properly parked or abandoned or the field is not applicable for any other reason, enter "**None**" in the data field.

If the vehicle is illegally parked or abandoned in the roadway and this violation is the cause of or contributed to the crash, the name of the person responsible for parking or leaving the vehicle in that position should be entered in the data field.

96. Street Address, City, State, and Zip Code

On the lines provided, document the correct and current address of the driver or pedestrian, including the zip code. Should the driver or pedestrian have a different address than the one on his or her license, use the one that is current.

97. Telephone

Enter the telephone number of the driver or pedestrian; this information is optional. Departmental policy should dictate use of this section.

98. Date of Birth

Enter the driver's date of birth. When entering driver information investigators should record the date of birth exactly as it appears on the driver's license. Discrepancies in the driver's date of birth should be explained in the narrative.

99. Coded Boxes Codes are located at the bottom of this page. (This section should be completed only for drivers)

a) Position

Enter the **Seating Position** code listed in the CODES section at the bottom of this page that most accurately describes the driver's position in or on the vehicle. In subsequent sections the same listing of position codes will be utilized for all occupants. If more than one person is occupying a position such as a child on the

lap of another person, it is permissible to use a code more than once. Use "**P**" if the position is not known and cannot be determined.

b) Ejection

Enter the **Ejection** code listed in the CODES section at the bottom of this page that most accurately describes whether or not the driver was partially or completely thrown from the vehicle as a result of the crash.

c) Trapped/Extricated

Enter the **Trapped/Extricated** code listed in the CODES section at the bottom of this page that most accurately describes whether the driver was trapped and/or removed from the vehicle by mechanical means such as "jaws of life". The "Trapped/Not Extricated" code **C** would be used when a person is trapped but is freed by non-mechanical means, such as simply disentangling clothing.

d) Airbag

Enter the **Airbag** code listed in the CODES section at the bottom of this page that most accurately describes whether the driver has an airbag supplementary restraint system available and its post impact condition.

e) Occupant Protection System

Enter the **Occupant Protection System Used**, code listed in the CODES section at the bottom of this page that most accurately describes whether the driver had an occupant restraint system available and its use at the time of impact.

Code **A** should be used for motorcyclist or bicyclists **NOT** wearing a helmet.

f) Sex

Enter the sex of the driver using only the codes listed below:

M = Male

F = Female

g) Race

Enter the **Race** of the driver using **ONLY** the codes listed below:

W Caucasian

B Black or African/American

I Indian (Native American)

O Other (Specific ethnic origin may be listed in the narrative at your discretion)

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

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

LICENSE PLATE _____ YEAR _____ MAKE _____ TYPE _____ G.V.W.R./G.C.W.R. _____ REASON TOWED
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
Z. OTHER

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

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 TRANSPORTING HAZARDOUS MATERIAL CLASS _____ ID# _____ PLACARDS DISPLAYED HAZ MAT RELEASED

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

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) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

NAME OF FACILITY _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

NAME OF FACILITY _____

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 - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL					
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - TRAPPED/EXTRICATED	B - NON DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE					
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED (MOTORCYCLE PASSENGER)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE					
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAILER OR STREETCAR	Y - UNKNOWN	Y - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT					
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT			Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY					
F - SECOND SEAT-RIGHT SIDE	O - BEING 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											

DPSSP 3106

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

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

Entries 99 to 107 are shown on page 47.

99. Coded Boxes (continued)**h) Age**

Enter the **Age** of the driver. Age entries must be two digit such as “05”. Ages over 99 should be entered as “99”. Enter “UN” if the age is not known.

i) Injury

Enter the **Injury** code listed in the CODES section at the bottom of this page that most accurately describes the injuries sustained by the driver as a result of this crash.

100. Driver’s License State

Enter the standardized two-digit abbreviation for the state or country in which the driver is legally licensed. *Refer to Appendix E a list of two letter state/country designations.* If the driver is not licensed to drive a vehicle in any state or country leave this data section blank and write “None” in the Driver’s License Number field.

NOTE: Enter data in this block if this section is being completed for a driver. If information is being recorded for a pedestrian the driver’s license information should be left blank.

101. Driver’s License Class

Enter the letter of the license class as it appears on the driver’s license in this data block.

102. Driver’s License Endorsements

Enter the letter of any endorsements/restrictions to the driver’s license as it appears on the driver’s license in this data section.

103. Driver’s License Number

Enter the unique alpha-numeric identifier assigned by the official licensing authority of the state, commonwealth, foreign country, U.S. Government, Indian Nation, etc. The number should be entered exactly as it appears on the drivers license or computer read out. Even if a person’s license is suspended or revoked, the number should be entered here. If the driver has not been issued a license, enter “None” in the data blocks. A pseudo number should not be entered in this block.

NOTE: Investigating officers are encouraged to conduct a computer check on all drivers involved in a crash to ascertain the validity of their driver’s license. If the license is determined to be invalid for any reason, officers are further encouraged to take appropriate enforcement action.

104. Instructed to Exchange Information

Mark a “Y” for Yes or an “N” for No to indicate whether the drivers involved in the crash were instructed to exchange pertinent identification and insurance

information as required by state law. If “N” is entered, explain the reason in the narrative.

105. Transported to Medical Facility

Enter the letter which best describes the disposition of the driver or pedestrian after the crash. Code “C” should be entered in cases where the party has indicated an injury or complaint of pain but refuses medical treatment. Code “C” should **NOT** be entered if you have entered “E” in the **Injury** code block above.

106. Name of Facility

If code “A” was entered in the data section **Transported to Medical Facility**, enter the name of the medical facility to which the driver or pedestrian was transported on the line provided. If code “A” was not entered, leave the line blank.

107. Pedestrian Only

Enter the **Name, Address, City, State, Zip Code and Telephone Number** of involved pedestrians using the procedures and format previously described in the manual. In addition, complete the **Transported to Medical Facility** and **Name of Facility** data sections using the same format for a driver or occupant of a vehicle. Further information to be recorded only for pedestrians is located in the shaded area below driver’s license information.

a) Upper Body Clothing

Mark an “X” to identify whether the **Upper** body clothing of the pedestrian was light or dark colored.

b) Lower Body Clothing

Mark an “X” to identify whether the **Lower** body clothing of the pedestrian was light or dark colored.

c) Sex

Enter sex of pedestrian using protocols previously described.

d) Race

Enter race of pedestrian using protocols previously described.

e) Age

Enter age of pedestrian using protocols previously described.

f) Injury Code

Enter injury code for pedestrian using protocols previously described.

Additional Pedestrians

If there is more than one pedestrian involved in a crash, use an additional **DPSSP 3106 Vehicle/Pedestrian Information** form for each additional pedestrian.

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

Form fields for vehicle information including CONF, CARGO BODY TYPE, YEAR, MAKE, MODEL, # DOORS, # AXLES, # TIRES, V.I.N., LICENSE PLATE, TRAILER DESCRIPTION, VEHICLE CLASSIFICATION, CARRIER NAME, STREET ADDRESS, INTERSTATE CARRIER, NAME (LAST, FIRST, MI) OF DRIVER/PEDESTRIAN, DATE OF BIRTH, STREET ADDRESS, TELEPHONE #, CITY, STATE, ZIP, CLASS ENDORSEMENTS, DRIVER'S LICENSE NUMBER, PEDESTRIAN ONLY, UPPER BODY CLOTHING, LOWER BODY CLOTHING, SEX, RACE, AGE, INJURY CODE.

Form fields for owner and occupant information, including OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME), STREET ADDRESS, CITY, STATE, ZIP, INSURANCE CO. NAME, POLICY NUMBER, EXPIRATION DATE, AGENT'S NAME/ADDRESS, PHONE #, OCCUPANT'S NAME (LAST, FIRST, MI), STREET ADDRESS, CITY, STATE, ZIP, TRANSPORTED TO MEDICAL FACILITY, NAME OF FACILITY.

Table with columns: SEATING POSITION, EJECTION, TRAPPED OR EXTRICATED, AIRBAG, OCCUPANT PROTECTION SYSTEM USED, INJURY. Includes codes for various crash scenarios.

Form fields for a second owner and occupant, including OWNER'S NAME, STREET ADDRESS, CITY, STATE, ZIP, INSURANCE CO. NAME, POLICY NUMBER, EXPIRATION DATE, AGENT'S NAME/ADDRESS, PHONE #, OCCUPANT'S NAME, STREET ADDRESS, CITY, STATE, ZIP, TRANSPORTED TO MEDICAL FACILITY, NAME OF FACILITY.

Table with columns: SEATING POSITION, EJECTION, TRAPPED OR EXTRICATED, AIRBAG, OCCUPANT PROTECTION SYSTEM USED, INJURY. Includes codes for various crash scenarios.

Entries 108 to 112 appear on page 51.

OWNER'S INFORMATION

108. Same as Driver

As discussed in the **Owner's Name** data section, below, indicate whether or not the vehicle owner is the same as the driver by marking an "X" in the data box. ***IF THE OWNER AND DRIVER ARE THE SAME, NO INFORMATION NEEDS TO BE REPEATED IN THE OWNER SECTION*** which starts at 109..

109. Owner's Name

Ascertain the legal owner of the vehicle through the registration, title, bill of sale, or any other document that positively identifies the current legal owner. The last name, first name and middle initial of the owner, or a company name if appropriate, should be listed in this data block section using a blank space between names. Use the same rules for entering **Owner's Name** as for **Driver's Name** as explained above. If ownership cannot be determined, enter "**Unknown**" in the blocks. If the owner is also the driver of the vehicle mark an "X" in the **Same as Driver** data block located to the left of **Owner's Name**. If the **Same as Driver** data block is utilized, it is not necessary to enter any information in this section.

For dual registrations such as "John H. and Mary R Smith," pick one name to list as the owner. It is recommended that if one of the owners is also the driver, that person should be listed as the owner/driver.

If a leased vehicle is involved in a crash, enter the name of the person or company to whom the vehicle is leased; not the name of the leasing company.

To document the owner of a short-term rental vehicle, list the name of the rental company as shown on the rental agreement.

110. Telephone

Enter the telephone number of the owner; this information is optional. Departmental policy should dictate use of this section.

111. Owner's Street Address, City, State, and Zip Code

Enter the complete street address, city, state, and zip code for the person or company that was listed as the **Owner** using the same conventions as listed above for the **Driver**. Leave these lines blank if the owner is the same as the driver.

112. Insurance Information

Enter the name of the insurance company (i.e. State Farm, Allstate, Progressive, etc.) that issued the liability policy, the policy number, and the expiration date on the appropriate lines. If the driver or owner provides an

expired insurance card, it shall not be considered as valid proof of insurance. In the additional spaces provided, enter the name of the insurance agent who sold the policy along with the agent's address and telephone number, or if there is no agent, the "800" contact telephone number of the insurance company. If the vehicle is self-insured, the driver should provide you with a copy of the Office of Motor Vehicles Self Insurance Certificate. The certificate number and pertinent information should be recorded in the spaces provided.

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

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

LICENSE PLATE _____ GWR/GWR _____ REASON TOWED
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
Z. OTHER

TRAILER DESCRIPTION _____ LICENSE PLATE _____

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 ("IC") # _____

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 _____

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

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) _____ TELEPHONE # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

INSURANCE CO. NAME _____ POLICY NUMBER _____ EXPIRATION DATE _____

AGENT'S NAME/ADDRESS _____ PHONE # _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____

STREET ADDRESS _____

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

NAME OF FACILITY _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____

STREET ADDRESS _____

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

NAME OF FACILITY _____

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 - NOT TRAPPED	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 - TRAPPED/EXTRICATED	B - NON-DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER)	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NON-DEPLOY-ED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	D - NOT EJECTED	D - NOT APPLICABLE	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT	E - UNKNOWN	E - UNKNOWN	E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER)	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	F - UNKNOWN	F - UNKNOWN	F - UNKNOWN	F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y - UNKNOWN				G - HELMET USED	
H - THIRD ROW-MIDDLE					H - HELMET USED	
I - THIRD ROW-RIGHT SIDE					I - RESTRAINT USE UNKNOWN	

DPSSP 3106

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

108 Same as Driver 109 _____ 110 _____

STREET ADDRESS _____ 111 _____

CITY _____ STATE _____ ZIP _____

INSURANCE CO. NAME _____ POLICY NUMBER _____ EXPIRATION DATE _____

112 (NOT AGENCY NAME) _____ PHONE # _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____

113 _____ 95 _____ 99 _____

STREET ADDRESS _____ 96 _____ 105 _____ 106 _____

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

NAME OF FACILITY _____

OCCUPANT'S NAME (LAST, FIRST, MI) _____

95 _____ 99 _____

STREET ADDRESS _____ 96 _____ 105 _____ 106 _____

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

NAME OF FACILITY _____

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 - NOT TRAPPED	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 - TRAPPED/EXTRICATED	B - NON-DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER)	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - TRAPPED/NOT EXTRICATED	C - NON-DEPLOY-ED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	D - NOT EJECTED	D - NOT APPLICABLE	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT	E - UNKNOWN	E - UNKNOWN	E - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER)	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	F - UNKNOWN	F - UNKNOWN	F - UNKNOWN	F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y - UNKNOWN				G - HELMET USED	
H - THIRD ROW-MIDDLE					H - HELMET USED	
I - THIRD ROW-RIGHT SIDE					I - RESTRAINT USE UNKNOWN	

Entries 95 to 114 appear on page 53.

OCCUPANT INFORMATION

95. Name

Enter the last name, first name and middle initial of the occupant (see page 47).

96. Street Address, City, State, and Zip Code

Enter the address for the person in 95 as described on page 47.

99. Coded Boxes

Use the same codes located at the bottom of this form as described on page 49.

105. Transported to Medical Facility

Enter the letter which best describes the disposition of the occupant after the crash (see page 49).

106. Name of Facility

Enter the name of the facility as described on page 49.

113. Occupant Information

The data sections for occupant information on the crash form and its supplements follow the same rules and procedures as for the drivers of the vehicles. Verify that each person claiming to have been an occupant was actually in or on the vehicle at the time of the crash. Occasionally, occupants leave the scene prior to arrival of the crash investigator. Strive to acquire the name of each occupant. If there was an occupant whose identity that you could not determine, enter “**Unknown**” in the data blocks. Space is provided on the crash form for two occupants in addition to the driver.

If the vehicle has more than three occupants (driver and two passengers), additional occupants are to be listed on the **DPSSP Form 3108 Additional Occupant Supplement** form. It is a requirement that all occupants be listed on the crash report. This includes all passengers in vans, buses, passenger trains or streetcars. Enter each occupant’s name, address, city, state, and zip code. The **Transported to Medical Facility** and **Name of Facility** data sections follow the same procedures as for the drivers with the codes listed in the CODES section on the front of the Vehicle/Pedestrian form of the crash report.

NOTE # 1: For infant occupants UNDER the age of one year, enter “**01**” in the appropriate **Age** block.

NOTE # 2: For children meeting the criteria of L.R.S. 32:295 (the Child Restraint Law), use Codes **E** or **F** as appropriate in the **Occupant Protection System Used** block.

114. Codes

Codes for Seating Position, Ejection, Trapped or Extricated, Airbag, Occupant protection system used, and Injury. These codes are used for all drivers and passengers involved in the crash. The Injury codes are also used for any pedestrians involved in the crash.

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

VISION OBSCUREMENTS 115 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	CONDITION OF DRIVER/PEDESTRIAN 116 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	NON COLLISION 117 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 COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL	SEQUENCE OF EVENTS/HARMFUL EVENTS 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 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 LL. TRAFFIC SIGNAL 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 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> MOST HARMFUL EVENT <input type="checkbox"/>		
VIOLATION 118 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	DRIVER DISTRACTION 119 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 Z. OTHER	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 OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN			
TRAFFIC CONTROL 122 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	REASON FOR MOVEMENT 120 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	VEHICLE CONDITION 124 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	ALCOHOL/DRUG INVOLVEMENT 127 ALCOHOL/DRUGS SUSPECTED A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN ALCOHOL A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC g% DRUGS A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)		
DIRECTION BEFORE CRASH HEADED <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W 129 ON HIGHWAY, STREET OR DRIVE 130	FINAL LOCATION OF VEHICLES 131	DISTANCE TRAVELED AFTER IMPACT 132	SPEED EST. <input type="checkbox"/> POSTED <input type="checkbox"/> SKIDMARK DATA (FEET) FT. <input type="checkbox"/> FL. <input type="checkbox"/> RR. <input type="checkbox"/> RL. 135		
DAMAGE TO VEHICLE 136 <table border="1"> <tr> <td> AREA DAMAGED </td> <td> EXTENT OF DEFORMITY A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN </td> </tr> </table>		AREA DAMAGED 	EXTENT OF DEFORMITY A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN	VEHICLE LIGHTING 125 A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN TRAFFIC CONTROL CONDITIONS 126 A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKINGS UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN	NOTICE OF INSURANCE VIOLATION 139 <input type="checkbox"/>
AREA DAMAGED 	EXTENT OF DEFORMITY A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN				

Entries 5, and to 117 are shown on page 55.

State of Louisiana
Uniform Motor Vehicle Traffic Crash Report
DPSSP 3106 – Side # 2
Contributing Factors and Conditions- Vehicle Specific Data

The below data entry blocks, along with similar blocks located on page 1 of the report, **DPSSP 3105**, provide a convenient format to document some of the most important safety information concerning the crash. The details of every crash are entered into a computer database. The data are then analyzed by the various agencies that study traffic safety and related subjects. This includes the study of highway design, vehicle safety aspects, and driver profiles.

While there may be more than one appropriate response in a particular category for the crash, choose the one response that best describes the crash or its causes. Under no circumstance is it permissible to split a data block in half and enter two responses to one question.

If none of the responses in any given field correctly describe the crash, mark **Other**. The selection of **Other** requires that the investigator explain the choice in the narrative section of the report. If the information is not known at the time of the report, you should mark **Unknown**. Should the information become available at a later time a supplemental report should be filed documenting the findings.

**CONTRIBUTING FACTORS AND CONDITIONS
(VEHICLE SPECIFIC DATA)**

59. Page Number

Enter the next *CONSECUTIVE* page number (see also page 25).

115. Vision Obscurements

For each vehicle involved in the crash, enter the letter that best describes the vision obscurement, if any, for each driver.

116. Condition of Driver or Pedestrian

For each driver or pedestrian involved in the crash, enter the letter that best describes his or her state of health or physical well-being. If **Other** or **Unknown** is chosen, the condition or reason for this should be documented in the narrative section on the report.

117. Sequence of Events/Harmful Events

For each vehicle involved in the crash, enter the letter(s) that best describe the events in sequence relating to the crash, including both non-collision as well as collision events. Space is provided to record up to four events in sequence. While it may not be necessary to enter four events in every crash, investigators should enter as many events as possible that pertain to each particular crash. Some crashes may have more than four events. In this case investigators should record the **FIRST FOUR** events in sequence. Additional events may be documented in the narrative section of the report.

Additionally, investigators should enter the letter that best describes the **Most Harmful Event** related to the crash.

The **Most Harmful Event** can be defined as the event which results in the most severe injury or, if no injury, the greatest property damage involving this vehicle. In most cases the **Most Harmful Event** will be one of your selections in the **Sequence of Events** section, so the same code would be listed in two boxes. Double blocks are provided here for the entries AA – QQ, and YY for Unknown.

Refer to Appendix F for further discussion and examples of harmful events and terms defined in this section.

Terms that may need additional clarification:

1) Collision

A collision is a road vehicle crash other than an overturning crash when the first damage or injury producing event is collision of a road vehicle in transport (see definition below) with another vehicle, an animal, other property, or a pedestrian. Basically, this would define any crash of a vehicle with another object, either fixed (like a tree or pole) or non-fixed (like another non-parked vehicle or a pedestrian).

2) Non-Collision

Any road vehicle crash other than a collision crash. Common examples are overturning or jackknife crashes. Other incidents that meet the technical definition of a non-collision crash by a vehicle in transport include: accidental poisoning from carbon dioxide generated by the vehicle, breakage of any part of the vehicle which results in injury or further property damage, explosion of any part of the vehicle, fire starting in the vehicle, falling or jumping from the vehicle, object falling from or into the vehicle, or where the vehicle drives into water without collision, or strikes holes or bumps on the surface of the trafficway.

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

VISION OBSCUREMENTS (115) <ul style="list-style-type: none"> 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 	CONDITION OF DRIVER/PED (116) <ul style="list-style-type: none"> A. NORMAL B. INATTENTIVE C. DISTRACTED 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 	SEQUENCE OF EVENTS/HARMFUL EVENTS (117) <ul style="list-style-type: none"> 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 COLLISION WITH FIXED OBJECT <ul style="list-style-type: none"> 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 	LL. TRAFFIC SIGNAL 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 1st <input type="checkbox"/> <input type="checkbox"/> 2nd <input type="checkbox"/> <input type="checkbox"/> 3rd <input type="checkbox"/> <input type="checkbox"/> 4th <input type="checkbox"/> <input type="checkbox"/> MOST HARMFUL EVENT	
VIOLATION (118) <ul style="list-style-type: none"> 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 R. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER 	DRIVER DISTRACTION (119) <ul style="list-style-type: none"> 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 	MOVEMENT PRIOR TO CRASH <ul style="list-style-type: none"> 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 OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN	
TRAFFIC CONTROL (122) <ul style="list-style-type: none"> 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. CROSSLANE V. NO CONTROL Y. UNKNOWN Z. OTHER 	REASON FOR MOVEMENT (120) <ul style="list-style-type: none"> 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 	VEHICLE CONDITION (124) <ul style="list-style-type: none"> 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 	ALCOHOL/DRUG INVOLVEMENT (127) <p>ALCOHOL/DRUGS SUSPECTED.....</p> <ul style="list-style-type: none"> A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN <p>ALCOHOL.....</p> <ul style="list-style-type: none"> A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC <p>DRUGS.....</p> <ul style="list-style-type: none"> A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE) <p style="text-align: center;"> AFFIX BLOOD ALCOHOL KIT LABEL HERE <input type="checkbox"/> (OR ENTER BLOOD ALCOHOL KIT NUMBER) </p>	
DIRECTION BEFORE CRASH (129) <p style="text-align: center;"> <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> S </p>	FINAL LOCATION OF VEHICLES (131) <p style="text-align: center;">ON HIGHWAY, STREET OR DRIVE</p>	DISTANCE TRAVELED AFTER IMPACT (132) <p style="text-align: center;">EST. POSTED</p>	SPEED (133) <p style="text-align: center;">EST. POSTED</p>	SKIDMARK DATA (FEET) (135) <p style="text-align: center;">FR. FL. RR. RL.</p>
DAMAGE TO VEHICLE (136) <p>AREA DAMAGED: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z</p> <p>EXTENT OF DEFORMITY: A-NONE, B-VERY MINOR, C-MINOR, D-MINOR/MODERATE, E-MODERATE, F-MODERATE/SEVERE, G-SEVERE, H-VERY SEVERE, Y-UNKNOWN</p>		NOTICE OF INSURANCE VIOLATION (139) <p>VEH. PED. B.S. OR ORD. NO.</p>		

Entry 117 continues on page 57.

117. Sequence of Events/Harmful Events (cont'd)

A) Overturn/Rollover

A motor vehicle that has turned onto its side or roof at some point during the collision sequence.



B) Fire/Explosion

Fire or explosion that was the result of the crash.



C) Immersion

Vehicle covered completely by liquid.

D) Jackknife

The unintended contact between any two units of multi-unit road vehicle at any time during a crash sequence: Examples are a truck/trailer combination or pickup/boat trailer combination



G) Thrown or Falling Object

An object is thrown or falls on or near a motor vehicle in transport at the time of the crash.

I) Separation of Units in Transport

The unintended separation between two units of a multi-unit road vehicle such as a truck/trailer combination or pickup/boat trailer combination.



O) Pedestrian

A person who is not an occupant of a motor vehicle in transport. A person afoot.

P) Pedalcycle

A bicycle, tricycle, unicycle, or pedalcar.

Q) Railway Vehicle

Any land vehicle (train, engine) that is (1) designated primarily for moving persons or property from one place to another on rails and (2) not in use on a landway other than a railway.

S) Motor Vehicle in Transport

A *Motor Vehicle* means any motorized (mechanically or electrically powered) road vehicle not operated upon rails. *In Transport* means in motion (or in readiness for motion) on a roadway. Some examples would be a motor vehicle in traffic on a highway, a driver-less motor vehicle in motion, a motionless motor vehicle abandoned in the roadway, a disabled motor vehicle in the roadway.

T) Parked Motor Vehicle

A transport motor vehicle that is not in motion or on a roadway. A motor vehicle parked on the roadway during periods when parking is prohibited is considered in transport.

V) Work Zone/Maintenance Equipment

Equipment related to work zone or roadway maintenance.



W) Other Non-Fixed Object

Includes fallen trees.

X) Impact Attenuator/Crash Cushion

A barrier at a location designed to prevent an errant vehicle from impacting a fixed object by gradually decelerating the vehicle to a safe stop or by redirecting the vehicle away from the hazard. Sand or water filled barrels are examples.



Y) Bridge Overhead Structure

Any part of a bridge that is over the roadway. This typically refers to the beams or other structural elements supporting a bridge deck.

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<p>VISION OBSCUREMENTS (115)</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 (116)</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>NON COLLISION</p> <p>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>SEQUENCE OF EVENTS/HARMFUL EVENTS</p> <p>(117)</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>LL. TRAFFIC SIGNAL 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"/></p> <p>2nd <input type="checkbox"/></p> <p>3rd <input type="checkbox"/></p> <p>4th <input type="checkbox"/></p> <p>MOST HARMFUL EVENT</p>
<p>VIOLATION (118)</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 (119)</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>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</p> <p>O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL</p>	<p>COLLISION WITH FIXED OBJECT</p> <p>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>MOVEMENT PRIOR TO CRASH</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>TRAFFIC CONTROL (122)</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 (120)</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 (124)</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>ALCOHOL/DRUG INVOLVEMENT (127)</p> <p>ALCOHOL/DRUGS SUSPECTED.....</p> <p>A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL.....</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC..... g%</p> <p>DRUGS.....</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p>	<p>VEHICLE LIGHTING (125)</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p> <p>TRAFFIC CONTROL CONDITIONS (126)</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKINGS UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN</p>
<p>PEDESTRIAN ACTIONS (123)</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>AFFIX BLOOD ALCOHOL KIT LABEL HERE (128)</p> <p>(OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>			

<p>DIRECTION BEFORE CRASH</p> <p>HEADED <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W</p> <p>(129)</p>	<p>FINAL LOCATION OF VEHICLES</p> <p>ON HIGHWAY, STREET OR DRIVE</p> <p>(130)</p>	<p>DISTANCE TRAVELED AFTER IMPACT</p> <p>(131)</p>	<p>SPEED</p> <p>EST. POSTED</p> <p>(132) (133)</p>	<p>SKIDMARK DATA (FEET)</p> <p>FR. FL. RR. RL.</p> <p>(134) (135)</p>	
<p>DAMAGE TO VEHICLE</p> <p>AREA DAMAGED (136)</p> <p>EXTENT OF DEFORMITY (137)</p> <p>N- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE Y- UNKNOWN</p> <p>1ST 2ND 3RD</p>		<p>NOTICE OF INSURANCE VIOLATION (139) <input type="checkbox"/></p>			

Entry 117 continues on page 59.

117. Sequence of Events/Harmful Events (cont'd)

Z) Bridge Pier or Support

Support for a bridge structure other than at the ends.



AA) Bridge – Rail

A barrier attached to a bridge deck or a bridge parapet to restrain vehicles, pedestrians, or other users.



BB) Culvert

An enclosed structure providing free passage of water under or adjacent to a roadway.

CC) Curb

A raised edge or border to a roadway. Curbs may be constructed of concrete, asphalt, or wood and typically are less than nine inches in height.



FF) Guardrail Face

The side of the guardrail nearest traffic.

GG) Guardrail End

The first or last 25 feet of a guardrail measured from the end post.



HH) Concrete Traffic Barrier

A type of permanent median made of concrete that is usually fixed but sometimes can be moved by special equipment to shift lane direction.



II) Other Traffic Barrier

Movable barriers including cones, chains, law enforcement vehicle, etc.

JJ) Tree (Standing)

Tree that is upright and in the ground. A standing tree is a fixed object as opposed to a fallen tree that is a movable (non-fixed) object.

KK) Utility Pole/Light Support

Constructed for the primary function of supporting an electric line, telephone line or other electrical-electronic transmission line or cable.



LL) Traffic Sign Support

A pole, post or other type of support for a traffic sign.



MM) Traffic Signal Support

A pole, post or other type of support for a traffic signal.

NN) Other Post, Pole or Support

Post, pole or support that does not include a highway safety sign.

QQ) Other Fixed Object

Includes a wall, building, tunnel, house, etc.

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<p>VISION OBSCUREMENTS 115</p> <p>A. RAIN, SHOW, 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/PEDESTRIAN 116</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>NON COLLISION 117</p> <p>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>SEQUENCE OF EVENTS/HARMFUL EVENTS</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</p> <p>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 SIGNAL 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"/></p> <p>2nd <input type="checkbox"/></p> <p>3rd <input type="checkbox"/></p> <p>4th <input type="checkbox"/></p> <p>MOST HARMFUL EVENT</p>	
<p>VIOLATION 118</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 119</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>REASON FOR MOVEMENT 121</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>MOVEMENT PRIOR TO CRASH 120</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>VEHICLE CONDITION 124</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>ALCOHOL/DRUG INVOLVEMENT 127</p> <p>ALCOHOL/DRUGS SUSPECTED.....</p> <p>A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL.....</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC g%</p> <p>DRUGS.....</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p> <p>128</p> <p>AFFIX BLOOD ALCOHOL KIT LABEL HERE</p> <p>(OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>
<p>TRAFFIC CONTROL 122</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>PEDESTRIAN ACTIONS 123</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 125</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p>	<p>TRAFFIC CONTROL CONDITIONS 126</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN</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
129	N E S W	131	132	133	134	135			

<p>DAMAGE TO VEHICLE</p> <p>AREA DAMAGED</p> <p>EXTENT OF DEFORMITY</p> <p>A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN</p> <p>1st <input type="checkbox"/></p> <p>2nd <input type="checkbox"/></p> <p>3rd <input type="checkbox"/></p>	<p>CITATION NO. 136</p> <p>VEH. PED. <input type="checkbox"/></p> <p>R.S. OR ORD. NO.</p> <p>NOTICE OF INSURANCE VIOLATION 139 <input type="checkbox"/></p> <p>140</p> <p>INVESTIGATING OFFICER'S INITIALS</p>
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Entries 118 to 127 appear on page 61.

118. Violation

For each driver involved in the crash, enter the letter that best describes a violation by that driver. Entries in these data blocks are not dependent upon a traffic summons or citation being issued. Choose the factor that most contributed to the crash regardless of whether a citation was issued or an arrest made as a result of that violation.

119. Driver Distraction

For each driver involved in the crash, enter the letter that best describes any distraction that may have influenced driver behavior. The distraction may have occurred inside the vehicle or outside the vehicle. Note choice **E** for **Not Distracted**.

120. Movement Prior to Crash

For each vehicle involved in the crash, enter the letter that best describes what each vehicle was doing immediately prior to the crash.

121. Reason for Movement

For each vehicle involved in the crash, enter the letter that best describes the actions of the driver or the reason the driver made the movements described in the **Movement Prior to Crash** data section.

122. Traffic Control

For each vehicle involved in the crash, enter the letter that best describes the type of traffic control, if any, at the crash location. Do not list controls that had no relevance to the crash. For example, if a mid-block crash occurs in a cross walk, but no pedestrians were in the vicinity, the presence of the marked crosswalk likely had no role as to whether or not the crash occurred.

123. Pedestrian Actions

Actions by the **pedestrian** that may have contributed to the crash.

124. Vehicle Condition

For each vehicle involved in the crash, enter the letter that best describes any vehicle defect discovered during the course of the investigation that you determine was a factor in the crash or contributed to its severity. If more than one defect exists, choose the one that best describes or most contributed to the crash and make note of others in the narrative section of the report. Choice **K** for **No Defects Observed** should be used to indicate that there were no crash-related defects found on the vehicle. For example, if a vehicle with worn tires is legally stopped at a traffic signal and is rear-ended by another vehicle, the condition of the tires of the stopped vehicle probably had no effect on crash occurrence or severity.

125. Vehicle Lighting

For each vehicle involved in the crash, enter the letter that best describes whether the headlights were on at the time of the crash. Choice **C** for **Daytime Running Lights** should be chosen only during daylight hours as a means of gathering data for those vehicles with that equipment. NOTE: Daytime running lights **DO NOT** meet the legal requirements for the use of headlights during nighttime hours. If a vehicle equipped with Daytime running lights is utilizing them during nighttime hours then Choice **B** for **Headlights Off** should be selected.

126. Traffic Control Conditions

For each vehicle involved in the crash, enter the letter that best describes the condition of the traffic control previously selected.

127. Alcohol/Drug Involvement

For all **drivers** and **pedestrians** involved in the crash, enter the letters that best describe your assessment of whether alcohol or drugs were present in the vehicle drivers or pedestrians and the results of any tests given. For this section, the term “**Suspected**” implies that the investigating officer has reason to believe that the person involved has physically used alcohol or drugs and that the alcohol or drugs is or was present in their bodies at the time of the crash.

In the **Alcohol/Drugs Suspected** data section, for each driver or pedestrian choose the response that best describes his or her condition with regard to alcohol and/or drugs. If you choose letter **A** for **Neither Alcohol or Drugs Suspected**, the remainder of this data section should be left blank. If you select a response **B** through **D** or **Y**, the rest of the data section must be completed.

In the **Alcohol** data section enter the single letter that best describes whether an alcohol test was given and the results of that test. If choice **D** for **Test Given, BAC**, is chosen, the results of the blood alcohol concentration test should be recorded in the space provided. Three blocks are provided for the test results, as printed out on the Intoxilyzer 5000 report. If choice **C** for **Test Given, Results Pending** is selected a supplement must be completed documenting the results of the lab test once the results are received.

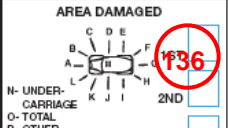
In the **Drugs** data section enter the single letter that best describes whether a drug test was given and the results of that test. If choice **B** for **Test Given, Results Pending** is selected, enter the name of the suspected drug in the narrative. If choice **D** **Drugs Reported** is selected, then detail in the narrative all pertinent information as to the results of the test, who conducted the test, where the test was conducted, etc. Note in the Narrative Section the disposition of evidence.

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<p>VISION OBSCUREMENTS 115</p> <p>A. RAIN, SHOW, 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/PEDESTRIAN 116</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>NON COLLISION 117</p> <p>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>SEQUENCE OF EVENTS/HARMFUL EVENTS 117</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</p> <p>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"/></p> <p>2nd <input type="checkbox"/></p> <p>3rd <input type="checkbox"/></p> <p>4th <input type="checkbox"/></p> <p>MOST HARMFUL EVENT</p> <p><input type="checkbox"/></p>
<p>VIOLATION 118</p> <p>A. EXCEEDING SAFE 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 119</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>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</p> <p>O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL</p>	<p>MOVEMENT PRIOR TO CRASH 121</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 MANUEVER</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 122</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 120</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 124</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>ALCOHOL/DRUG INVOLVEMENT 127</p> <p>ALCOHOL/DRUGS SUSPECTED</p> <p>A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC <input type="text"/> g%</p> <p>DRUGS</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p>	<p>PEDESTRIAN ACTIONS 123</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 125</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p>	<p>TRAFFIC CONTROL CONDITIONS 126</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN</p>	<p>ALCOHOL/DRUGS SUSPECTED 127</p> <p>A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC <input type="text"/> g%</p> <p>DRUGS</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p> <p>128</p> <p>AFFIX BLOOD ALCOHOL KIT LABEL HERE</p> <p>(OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>		

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
FRONT	REAR			EST.	POSTED	FR	FL	RR	RL
129	130	131	132	133	134				135

DAMAGE TO VEHICLE		CITATION NO.	VEH. FED.	R.S. OR ORD. NO.	
<p>AREA DAMAGED</p>  <p>N- UNDER CARRIAGE O- TOTAL P- OTHER Q- NONE Y- UNKNOWN</p>	<p>EXTENT OF DEFORMITY</p> <p>A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H- VERY SEVERE Y- UNKNOWN</p>	138	<input type="checkbox"/>	<input type="checkbox"/>	
		136	<input type="checkbox"/>	<input type="checkbox"/>	
		137	<input type="checkbox"/>	<input type="checkbox"/>	
		139	<input type="checkbox"/>	<input type="checkbox"/>	

NOTICE OF INSURANCE VIOLATION

140
INVESTIGATING OFFICER'S INITIALS

Entries 128 to 136 appear on page 63.

128. Affix Blood Alcohol Kit Label

All blood alcohol kits furnished by the State Police Crime Lab contain a peel off label indicating the Blood Alcohol Kit #. Peel this label off of the box and place it in the space provided or copy the number from the label into the space. This number will be used to track the results of lab tests to determine the blood alcohol or drug levels.

129. Direction Before Crash

For each vehicle/pedestrian involved in the crash, mark **N**, **S**, **E** or **W** in the data block provided to indicate the general roadway direction the vehicle/pedestrian was traveling prior to impact. This direction should be limited to the generally accepted map direction of the roadway, and for reporting purposes can be only North, South, East or West. In the space provided, enter the name of the street or highway on which the vehicle was traveling prior to impact. If a highway has been designated by DOTD as a north/south highway, **N** or **S** would be the two accepted responses for the **Direction Headed** data block even if a section of the road runs true east or west at the point of the collision. A vehicle that pulls out across a north/south highway to make a turn and is struck broadside would be shown as traveling **E** or **W** on a **Private Drive or Road** prior to impact.

130. On Street, Highway, or Drive

Enter the name of the street on which the vehicle was traveling.

131. Final Location of Vehicles

For each vehicle involved in the crash, record the final rest position of the vehicle with respect to the roadway. Appropriate responses are **On Road**, **Off Road**, **Median**, **Shoulder**, etc. If any portion of the vehicle remains in one of the travel lanes, mark **On Road**.

If the driver has moved the vehicle from its final after-impact position, enter “**Moved**” in this data block.

132. Distance Traveled After Impact

For each vehicle involved in the crash, enter the number of feet the vehicle’s center of mass traveled from the point of collision to its final rest position.

If the driver has moved the vehicle from its final after-impact rest position, or the vehicle never came to an uncontrolled rest, enter “**Unknown**” in this data block.

133/134. Speed

For each vehicle involved in this crash, enter the estimated and posted speeds as the vehicle entered the crash.

133. Estimated Speed

This **Estimated Speed** should be the speed of the vehicle prior to any braking or evasive action and not

the speed of the vehicle at impact. *Refer to Appendix G for additional information about speed estimation.*

NOTE: Just as in the officer’s narrative, as noted in the instructions at the top of page 2, this **estimated speed** is the opinion of the investigator. It is **not** necessarily factual, but is based on his or her observations at the crash scene.

134. Posted Speed

Under **Posted Speed** enter the maximum legal speed on the road at the crash scene. To be considered a legal speed limit, it should be explicitly posted and signed under authority of the public body that owns the roadway.

135. Skidmark Data

For each vehicle involved in the crash, enter the distance in feet that each wheel skidded from the point of initial braking to the point of impact. If the format of this data box is not conducive to truly explaining the scenario of this crash, the distance measurements for skidmarks may be entered in the narrative along with a detailed explanation of the skidmarks. For the purposes of this section, the data entered is a mark resulting from the initial point the driver applied sufficient brake pressure to leave a mark, in an attempt to stop his or her vehicle. Marks left by tires pre-impact that are not the result of brake pressure and post impact marks are not to be documented in this data box; however, those marks certainly would be explained in the narrative section of the report. Also, do not record the length of yaw marks left by a vehicle in an uncontrolled spin/skid.

136/137. Damage to Vehicles

136. Area Damaged

For each vehicle involved in the crash, enter in the **Area Damaged** data blocks the 1st, 2nd, and 3rd areas damaged on the vehicle by entering the corresponding letter **A–Q** (**Y** for **Unknown**) from the vehicle diagram. If more than three areas are damaged, you may record only the first three damaged areas, or record the three major damaged areas.

The 1st damage area data block **MUST** be used to describe the point of first contact, keeping the sequence of events in mind during the decision-making process. The areas of damage listed in the data block should have resulted from contact damage between vehicles, or a vehicle and another object. Do not list induced or stress damage locations on the vehicle as an area of damage. *Refer to Appendix F for examples.*

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

<p>VISION OBSCUREMENTS 115</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/PEDESTRIAN 116</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 117</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"/></p> <p>2nd <input type="checkbox"/></p> <p>3rd <input type="checkbox"/></p> <p>4th <input type="checkbox"/></p> <p>MOST HARMFUL EVENT</p> <p><input type="checkbox"/></p>
<p>VIOLATION 118</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 119</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 Z. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH 121</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 122</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, FLAGSMAN L. RR CROSSING, SIGNAL 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 120</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. EMERGENCY 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 124</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>ALCOHOL/DRUG INVOLVEMENT 127</p> <p>ALCOHOL/DRUGS SUSPECTED..... A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL..... A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC g%</p> <p>DRUGS..... A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p>
<p>PEDESTRIAN ACTIONS 123</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 125</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p>	<p>TRAFFIC CONTROL CONDITIONS 126</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAN OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN</p>	<p>127</p> <p>128</p> <p>AFFIX BLOOD ALCOHOL KIT LABEL HERE</p> <p>(OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
ON HIGHWAY, STREET OR DRIVE				EST.	POSTED	FR	FL	RR	RL
129	130	131	132	133	134	135			

DAMAGE TO VEHICLE

AREA DAMAGED

EXTENT OF DEFORMITY

A- NONE
 B- VERY MINOR
 C- MINOR
 D- MINOR/MODERATE
 E- MODERATE
 F- MODERATE/SEVERE
 G- SEVERE
 H- VERY SEVERE
 Y- UNKNOWN

1ST **137**

2ND

3RD

CITATION NO	VEH. FED.	R.S. OR ORD. NO
138	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

NOTICE OF INSURANCE VIOLATION **139**

140
INVESTIGATING OFFICER'S INITIALS

DPSSP 3106 (REV. JAN. 2005)

Entries 137 to 140 appear on page 63.

137. Extent of Deformity

For each vehicle involved in the crash, enter the extent or type of damage to the corresponding 1st, 2nd, or 3rd **Area Damaged** data blocks. These codes **A–H (Y for Unknown)** are designed to record the degree of damage to the vehicle. They are not to assign a degree of cost to repair the damaged area. Discussion and examples of damage severity can be found in *Appendix F*.

138. Citation Number

For each driver involved in the crash, record the citation number for any charges filed as a result of the crash including the revised statute or ordinance. Space is provided for five citations. If there are more than five citations the narrative should be used to record information on the additional charges.

NOTE: Investigating officers are encouraged to conduct a computer check on all drivers involved in a crash to ascertain the validity of their driver's license. If the license is determined to be invalid for any reason, officers are further encouraged to take appropriate enforcement action.

139. Notice of Violation Issued

Mark an "X" in the box provided to indicate that the owner/driver was issued a "Notice of Violation" for not having proof of liability insurance at the time of the crash.

140. Investigating Officer's Initial

The lead investigator who signed on page #1 should initial this and all additional forms that are attached to the original report.

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

COMPUTER NUMBER

PAGE #

58

59

60

VEH # **141** OCCUPANT'S NAME (LAST, FIRST, MI) **95**

POS- TION	EJEC- TION	TRAF- FIC EXTRI- CATED	AIR BAG	OCC PROT DVG	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN **105**

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY **106**

VEH # OCCUPANT'S NAME (LAST, FIRST, MI) **Repeat as above**

POS- TION	EJEC- TION	TRAF- FIC EXTRI- CATED	AIR BAG	OCC PROT DVG	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POS- TION	EJEC- TION	TRAF- FIC EXTRI- CATED	AIR BAG	OCC PROT DVG	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POS- TION	EJEC- TION	TRAF- FIC EXTRI- CATED	AIR BAG	OCC PROT DVG	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POS- TION	EJEC- TION	TRAF- FIC EXTRI- CATED	AIR BAG	OCC PROT DVG	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POS- TION	EJEC- TION	TRAF- FIC EXTRI- CATED	AIR BAG	OCC PROT DVG	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POS- TION	EJEC- TION	TRAF- FIC EXTRI- CATED	AIR BAG	OCC PROT DVG	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

VEH # OCCUPANT'S NAME (LAST, FIRST, MI)

POS- TION	EJEC- TION	TRAF- FIC EXTRI- CATED	AIR BAG	OCC PROT DVG	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ TRANSPORTED TO MEDICAL FACILITY
A. YES C. REFUSED AID
B. NO Y. UNKNOWN

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY

DPSSP 3108

INVESTIGATING OFFICER'S INITIALS

140

Entries 58 through 141 appear on page 67.

**State of Louisiana
Uniform Motor Vehicle Traffic Crash Report
DPSSP 3108
Additional Occupant Supplement**

Use the **DPSSP 3108 Additional Occupant Supplement** to record crash information for all crash-involved vehicle occupants other than the driver and two passengers (who should be reported on side # 1 of the **DPSSP 3106 Vehicle/Pedestrian Information** form.

Copy the **(58) Pre-printed Computer Number** onto the supplement form from page one of the crash report.

59. Page Number

Enter the next **consecutive** page number.

60. Local Agency Use

(See item A., page 3)

95. Name

Enter the last name, first name and middle initial of the driver or pedestrian. (See item 95., page 47)

96. Street Address, City, State, and Zip Code

(See item 96., page 47)

99. Coded Boxes

(See item 99., page 47)

105. Transported to Medical Facility

(See item 105., page 49)

106. Name of Facility

(See item 106., page 49)

140. Investigating Officer's Initial

The lead investigator who signed on page #1 should initial this and all additional forms that are attached to the original report.

141. Additional Occupants

For each additional occupant, complete the data sections following directions previously described in this manual for vehicle drivers. Two blocks are provided in the **Veh #** data section; thus, an additional occupant of vehicle one would be documented as "01." It is permissible to enter additional occupant information from several different vehicles on one supplement form. Document the correct vehicle number that the occupant was in at the time of the crash.

NOTE: For occupants of a **Railroad Train** or **Streetcar**, enter the letters "**RR**" in the **Veh #** block, only use the letter "**M**" for the **Position** block, and leave blank the blocks entitled **Airbag** and **Occ Prot System**.

State of Louisiana
Uniform Motor Vehicle Traffic Crash Report
DPSSP 3110 – Side #1
Narrative Supplement

The **Narrative Supplement** is designed for use when additional space is needed for the narrative, either in its entirety or as a continuation of page 2 (reverse of DPSSP 3105).

Copy the **(58) Pre-printed Computer Number** onto the supplement form from page one of the crash report.

59. Page Number

Enter the next **consecutive** page number.

60. Local Agency Use

(See item A., page 3)

54. Narrative

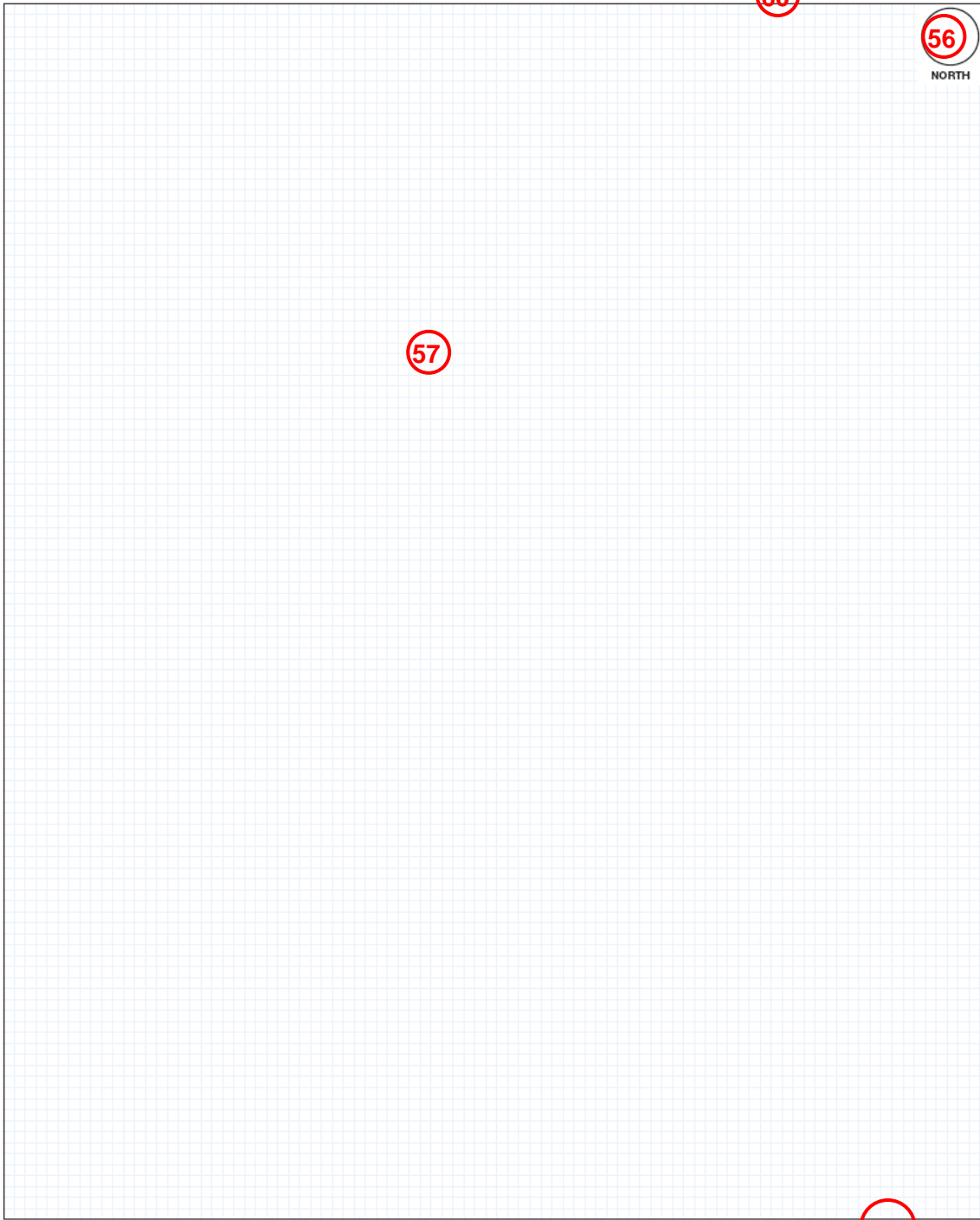
If this Supplement contains the entire narrative, then a notation should be made in the narrative block on Page 2 to refer to this Supplement. Accordingly, should more than one Supplement be required, the appropriate references should be noted indicating this addition. This form should also be used to record corrections which need to be made to the original report, additional information learned after the original report is filed, or to update information which was listed as unknown or pending on the original report (Example: blood alcohol results, locating the driver in a Hit and Run case, etc.) When used for these purposes, begin by stating the reason the report is being filed, listing the incorrect or unknown information, followed by the additional or correct information.

140. Investigating Officer's Initial

The lead investigator who signed on page #1 should initial this and all additional forms that are attached to the original report.

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
ALTERNATIVE GRID

COMPUTER NUMBER				PAGE #
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60				



INVESTIGATING OFFICER'S INITIALS

140

Entries 57 through 140 appear on page 71.

State of Louisiana
Uniform Motor Vehicle Traffic Crash Report
DPSSP 3110 – Side #2
Alternative Grid

The **Alternative Grid**, located on the back of the **Narrative Supplement** (DPSSP 3110), is available to provide additional space to draw the diagram should the space on Page 2 be deemed inadequate.

Copy the **(58) Pre-printed Computer Number** onto the supplement form from page one of the crash report.

59. Page Number

Enter the next **consecutive** page number.

60. Local Agency Use

(See item A., page 3)

56. North

The circle in the top right corner of the diagram is used to indicate in which compass direction **North** would be in the diagram. Indicate **North** by drawing an arrow in the **North** direction.

57. Grid

As noted above in the section on the **Narrative Supplement**, if this **Alternative Grid** contains your entire diagram, then a notation should be made in the Diagram block on Page 2 to refer to this Supplement. Accordingly, should more than one **Alternative Grid** be required, the appropriate references should be made indicating this addition. It should also be noted that the **Narrative Supplement** and the **Alternative Grid**, although sharing a Supplement Number (DPSSP 3110), are completely independent of each other. The use of each of the Supplements (or both) is totally dependent on the requirements of the specific crash being investigated.

140. Investigating Officer's Initial

The lead investigator who signed on page #1 should initial this and all additional forms that are attached to the original report.

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

COMPUTER NUMBER				PAGE #	
		58			59
60					

DATE (142) _____ TIME (143) _____ PLACE (144) _____

I, (145) _____ AM (146) _____ YEARS OF AGE,

MY ADDRESS IS (147) _____

AND MY TELEPHONE NUMBER IS (148) (_____) - (_____) _____.

THE ABOVE STATEMENT, TO THE BEST OF MY KNOWLEDGE, IS A TRUE AND CORRECT ACCOUNT OF MY RECOLLECTION IN THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: (150) _____

OFFICER TAKING STATEMENT: (151) _____

SIGNATURE: (152) _____

INVESTIGATING OFFICER'S INITIALS (140) _____

DPSSP 3111

Entries 58 through 152 appear on page 69.

**State of Louisiana
Uniform Motor Vehicle Traffic Crash Report
DPSSP 3111
Driver/Witness Voluntary Statement**

The **Driver/Witness Voluntary Statement** is available to provide a convenient format to obtain written statements from drivers and/or witnesses involved in a traffic crash.

If more than one statement is taken in the course of a crash investigation, ensure that each statement is numbered correctly and sequentially.

Copy the **(58) Pre-printed Computer Number** onto the supplement form from page one of the crash report.

59. Page Number

Enter the next **consecutive** page number

60. Local Agency Use

(See item A., page 3)

142. Date

Enter the date the statement was taken.

143. Time

Enter the time the statement was taken.

144. Place

Enter the location where the statement was taken.

145. Name

Enter the name of the person giving the statement.

146. Age

Enter the age of the person giving the statement.

147. Address

Enter the address of the person giving the statement.

148. Telephone

Enter the telephone number of the person giving the statement.

149. Statement

Record the words used by the driver or witness. Do not paraphrase or use acronyms, or use abbreviations unless such are clear to any reader.

150. Signature

Have the person giving the statement read it, and then sign.

151. Officer Taking Statement

Write the full name of the officer taking the statement.

152. Officer Signature

Sign the statement.

140. Investigating Officer's Initials

Note: this is for the **investigating officer**, not the officer taking the statement.

STATE OF LOUISIANA
UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT

COMPUTER NUMBER _____ PAGE # _____

RAILROAD TRAIN

STREET CAR

DOT CROSSING NUMBER _____

TRAIN ID NUMBER/CONSIST NUMBER _____

SETS OF TRACKS TRAIN IN MOTION?

TRACK SPEED LIMIT _____ Y/N

TYPE CROSSING PUBLIC PRIVATE

SURFACE A. RUBBER MAT ESTIMATED SPEED OF TRAIN BEFORE BRAKING _____ MPH.
 B. ASPHALT
 C. WOOD
 D. CONCRETE
 E. GRAVEL
 Z. OTHER

COMPANY OPERATING RR TRAIN OR STREET CAR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

COMPANY OWNING TRACKS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

ENGINEER'S NAME (FIRST, MIDDLE INITIAL, LAST) _____

DATE OF BIRTH

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

ENGINEER'S CERTIFICATION NO _____

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

NAME OF FACILITY _____

CONDUCTOR'S NAME (FIRST, MIDDLE INITIAL, LAST) _____

DATE OF BIRTH

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

NAME OF FACILITY _____

MARK ALL APPLICABLE BOXES

WARNING DEVICES CROSSBUCK FLASHING LIGHTS/BELL FLASHING LIGHTS/BELL/GATE OTHER _____

ADVANCE WARNING DEVICES SIGN PAVEMENT MARKINGS ACTIVE ADVANCED WARNING OTHER _____

ACTIVE WARNING DEVICES LIGHTS FLASHING BELL RINGING GATES DOWN OTHER _____

HIGHWAY USER _____

A. STALLED ON CROSSING
 B. STOPPED ON CROSSING
 C. MOVING OVER CROSSING
 D. TRAPPED ON CROSSING

TRAIN MAKE _____ TYPE _____ LEAD ENGINE # _____

SERIAL NUMBER _____ NO. OF ENGINES _____ NO. OF CARS _____ DISTANCE TRAVELED AFTER IMPACT _____ MILES
 FEET

HEADLIGHT FUNCTIONAL? Y/N DITCH LIGHTS FUNCTIONAL? Y/N HORN FUNCTIONAL? Y/N BELL FUNCTIONAL? Y/N

EVENT DATA RECORDER EQUIPPED? Y/N DATA RECORDER SPEED _____ SPEED RESULTS PENDING? Y/N

SIDE IMPACT Y/N

NO. OF CARS FROM LEAD ENGINE _____ TYPE RAILCAR STRUCK _____ RAILCAR NUMBER _____

HAZARDOUS MATERIALS Y/N DOT PLACARD # _____ CAR LOADED? Y/N LEAKING? Y/N

INVESTIGATING OFFICER'S INITIALS _____

DP88P 3112 (REV. JAN. 2005)

STATE OF LOUISIANA
UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT

COMPUTER NUMBER **58** - PAGE # **59**

RAILROAD TRAIN

STREET CAR

DOT CROSSING NUMBER _____

TRAIN ID NUMBER/CONSIST NUMBER _____

SETS OF TRACKS TRAIN IN MOTION?

TRACK SPEED LIMIT _____ Y/N

TYPE CROSSING PUBLIC PRIVATE

SURFACE A. RUBBER MAT ESTIMATED SPEED OF TRAIN BEFORE BRAKING _____ MPH.
 B. ASPHALT
 C. WOOD
 D. CONCRETE
 E. GRAVEL
 Z. OTHER

COMPANY OPERATING RR TRAIN OR STREET CAR _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

COMPANY OWNING TRACKS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Entries 58 through 162 are shown on page 71

**State of Louisiana
Uniform Motor Vehicle Traffic Crash Report
DPSSP 3112
Railroad Grade Crossing Crash Supplement**

The Railroad Grade Crossing Crash Supplement is provided to report additional data for crashes involving a motor vehicle and a railroad train, *AT A PUBLIC CROSSING*. It is also used for a crash involving a streetcar and a motor vehicle, as well as a streetcar and a pedestrian. ***THIS FORM IS USED AS A SUPPLEMENT*** to the **DPSSP 3105 Uniform Motor Vehicle Traffic Crash Report, NOT IN PLACE OF IT.**

NOTE: Mark the appropriate block at the top of the form to indicate whether the form is being used to document a crash involving a **railroad train** or a **streetcar**.

Copy the **(58) Pre-printed Computer Number** onto the supplement form from page one of the crash report.

59. Page Number

Enter the next **consecutive** page number.

60. Local Agency Use

(See item A., page 3)

152. Train

Check here if crash involves a railroad train.

153. Streetcar

Check here if crash involves a streetcar.

154. DOT Crossing Number

Each grade crossing is assigned a unique identification number composed of six digits and one letter. This number is usually attached to the signal mast or painted on nearby railroad fixed equipment. If the number is not readily visible at the crossing, a representative of the railroad company or the Louisiana Department of Transportation and Development can help obtain the number. The Railroad Unit telephone number is 225-379-1573. It is **MANDATORY** that this number be entered.

NOTE: If the **Streetcar** block is marked, **DO NOT** enter a DOT crossing number.

155. Train ID Number/Consist Number

Enter the **Train ID Number** found on the number boards of the lead locomotive. In lieu of this number, the **Consist Number** is a unique number assigned to a particular train on a specific trip by the railroad company. This number may be obtained from a railroad crewmember. If the locomotive has no ID number posted on the number boards, the consist number should be used in this data section. The engineer should be able to provide this information. Streetcars may not have an ID or consist number available. If this is the case, the investigating officer should enter “**Not Available**” or “**N/A**” in the spaces provided.

156. Set of Tracks

Enter the number of complete sets of tracks at the crossing.

157. Track Speed Limit

Enter the maximum track speed limit in effect at the time of the crash. This information may be posted by signage or obtained from the railroad or streetcar company.

158. Train in Motion

Mark a **Y** for Yes or an **N** for No to indicate whether the train was in motion at the time of the crash.

159. Crossing Type

Mark an **X** in the appropriate data block to identify whether the roadways leading up to the grade crossing were publicly or privately owned.

160. Surface

Enter the letter from the choices provided that best describes the roadway surface at the crossing.

161. Estimated Speed of Train Before Braking

Based on physical evidence, including data recorder information, as well as witness statements, you should enter the estimated speed of the train before any braking attempts to avoid collision were employed.

162. Company Operating RR Train or Street Car

Enter the **Name, Address, City, State and Zip Code** of the company that is operating the train or streetcar using the procedures and format previously described in this manual.

163. Company Owning Tracks

Enter the **Name, Address, City, State and Zip Code** of the company that owns the railroad tracks using the procedures and format previously described in this manual. If the company operating the train is the same company that owns the tracks, enter “**Same**” in the first four data blocks of this section.

STATE OF LOUISIANA
UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT

COMPUTER NUMBER - PAGE #

RAILROAD TRAIN
 STREET CAR

DOT CROSSING NUMBER

TRAIN ID NUMBER/CONSIST NUMBER

SETS OF TRACKS TRAIN IN MOTION? Y/N

TRACK SPEED LIMIT TYPE CROSSING PUBLIC PRIVATE

SURFACE A. RUBBER MAT ESTIMATED SPEED OF TRAIN BEFORE BRAKING MPH.
 B. ASPHALT
 C. WOOD
 D. CONCRETE
 E. GRAVEL
 Z. OTHER

COMPANY OPERATING RR TRAIN OR STREET CAR

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

COMPANY OWNING TRACKS

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

ENGINEER'S NAME (FIRST, MIDDLE INITIAL, LAST) **164**

DATE OF BIRTH M M M D D D Y Y Y Y

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

ENGINEER'S CERTIFICATION NO **165**

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

NAME OF FACILITY _____

CONDUCTOR'S NAME (FIRST, MIDDLE INITIAL, LAST) **166**

DATE OF BIRTH M M M D D D Y Y Y Y

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

NAME OF FACILITY _____

MARK ALL APPLICABLE BOXES

WARNING DEVICES **167** CROSSBUCK FLASHING LIGHTS/BELL FLASHING LIGHTS/BELL/GATE OTHER _____

ADVANCE WARNING DEVICES SIGN PAVEMENT MARKINGS ACTIVE ADVANCED WARNING OTHER _____

ACTIVE WARNING DEVICES FUNCTIONAL LIGHTS FLASHING BELL RINGING GATES DOWN OTHER _____

HIGHWAY USER..... **168**
A. STALLED ON CROSSING
B. STOPPED ON CROSSING
C. MOVING OVER CROSSING
D. TRAPPED ON CROSSING

TRAIN MAKE **169** TYPE _____ LEAD ENGINE # _____

SERIAL NUMBER _____ NO. OF ENGINES _____ NO. OF CARS _____ DISTANCE TRAVELED AFTER IMPACT **170** MILES
FEET

HEADLIGHT FUNCTIONAL? **171** DITCH LIGHTS FUNCTIONAL? Y/N HORN FUNCTIONAL? Y/N BELL FUNCTIONAL? Y/N

EVENT DATA RECORDER EQUIPPED? Y/N DATA RECORDER SPEED **172** SPEED RESULTS PENDING? Y/N

SIDE IMPACT **173** NO. OF CARS FROM LEAD ENGINE **174** TYPE RAILCAR STRUCK _____ RAILCAR NUMBER _____

HAZARDOUS MATERIALS **175** CAR LOADED? Y/N LEAKING? Y/N **140**

INVESTIGATING OFFICER'S INITIALS _____

DPSSP 3112 (REV. JAN. 2005)

Entries 140 through 175 are shown on page 73.

164. Engineer's Name, Address, Date of Birth, and Personal and Injury Information

Enter the requested information for the engineer of the train, using the format previously outlined in this manual. It is **NOT** necessary to ask for the engineer's motor vehicle driver's license.

165. Engineer's Certification Number

Enter this number in the appropriate data block. Note: **DO NOT** enter the motor vehicle driver's license number of the engineer.

166. Conductor's Name, Address, Date of Birth, and Personal and Injury Information

Enter the requested information for the conductor of the train, using the format previously outlined in this manual. It is **NOT** necessary to ask for the conductor's driver's license.

NOTE: Additional occupants of the train/streetcar should be listed on the **DPSSP 3108 Additional Occupant Supplement**. The train's manifest may be a source document for this information.

167. Warning Devices, Advance Warning Devices and Active Warning Devices Functional

Mark an "X" in the data blocks provided to indicate which warning devices were in place at the crossing and their operating condition. You should mark all the blocks that apply.

168. Highway User

Enter the letter in the data block that best describes the movement of the highway user at the time of the crash. If the crash involved a train or streetcar and a pedestrian, this block should be left blank.

169. Train Information

Enter the **Make, Type, Lead Engine # and Serial Number** of the lead engine in the train consist. Further, enter the total **Number of Engines** and **Number of Cars** in the consist. This information can be gathered with the help of a railroad company representative.

170. Distance Traveled after Impact

Document the distance the train traveled after impact. If the engineer applied significant braking and immediately brought the train to a stop, enter the distance in the data blank provided. Indicate the distance in feet or tenths of a mile. If the engineer did not immediately bring the train to a stop but continued to the next crossing or station, enter "**moved**" in the blank provided.

171. YES/NO Boxes

For the following mandatory warning devices on the train, you should mark a **Y** for Yes or an **N** for No to answer the questions:

- **Headlight Functional**
- **Ditch Lights Functional**
- **Horn Functional**
- **Bell Functional**
- **Event Data Recorder Equipped**

172. Data Recorder Speed

If able to determine the speed of the train from the Data Recorder, enter this speed in the appropriate set of blocks. If the **Speed Results** are **Pending**, then mark a **Y** for Yes and leave the **Data Recorder Speed** block blank.

173. Side Impact

Information in this data section should be completed **ONLY** if the crash involved the highway user colliding with the side of the train or the train backing into a highway user on the crossing.

174. Impact Information

Mark a "Y" for Yes or an "N" for No to indicate whether this crash involved a side impact. Enter the appropriate information to document the **No. of Cars from Lead Engine, Type Railcar Struck** and the **Railcar Number** of the Struck Railcar.

175. Hazardous Materials

Mark a "Y" for Yes or an "N" for No to indicate whether the railcar struck was carrying **Hazardous Materials**. If yes, then enter the four-digit identification number in the blocks labeled **DOT Placard #**. Also mark a "Y" for Yes or an "N" for No in the blocks labeled **Car Loaded and Leaking**.

140. Investigating Officer's Initial

The lead investigator who signed on page #1 should initial this and all additional forms that are attached to the original report.

References

1. *Manual on Classification of Motor Vehicle Traffic Accidents (ANSI D161 – 1996)*, 1996, American National Standards Institute, Itasca, Illinois 60143-3201.
2. *Guideline for Minimum Uniform Crash Criteria (MUCC)*, Second Edition 2003, National Association of Governors Highway Safety Representatives, National Highway Traffic Safety Administration, Washington, D.C. 20590, <http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/MMUCC/>.
3. *Data Element Dictionary (ANSI D20.1 – 1979)*, 1980, American National Standards Institute, Itasca, Illinois 60143-3201.
4. *Forms for Accident / Incident Recordkeeping and Reporting (DOT/FRA/RRS-22)*, 1997, Federal Railroad Administration, Washington, D.C. 20590.
5. *The Traffic Collision Investigation Manual (Volume 1)*, 2001, Northwestern University Center for Public Safety, Evanston, Illinois 60204.

Appendix A
Acceptable Abbreviations

BLK	=	Block
BLVD	=	Boulevard
AVE	=	Avenue
RD	=	Road
LA	=	Louisiana
HWY	=	Highway
INT	=	Interstate
ST	=	State/ Street/ Saint
N	=	North
S	=	South
E	=	East
W	=	West
CDL	=	Commercial Drivers License
SR	=	Senior
JR	=	Junior
UNK	=	Unknown
N/A	=	Not Applicable
DOTD	=	Department of Transportation and Development

**Appendix B
Parish Codes**

01	Acadia	33	Madison
02	Allen	34	Morehouse
03	Ascension	35	Natchitoches
04	Assumption	36	Orleans
05	Avoyelles	37	Ouachita
06	Beauregard	38	Plaquemines
07	Bienville	39	Pointe Coupee
08	Bossier	40	Rapides
09	Caddo	41	Red River
10	Calcasieu	42	Richland
11	Caldwell	43	Sabine
12	Cameron	44	St. Bernard
13	Catahoula	45	St. Charles
14	Claiborne	46	St. Helena
15	Concordia	47	St. James
16	Desoto	48	St. John
17	East Baton Rouge	49	St. Landry
18	East Carroll	50	St. Martin
19	East Feliciana	51	St. Mary
20	Evangeline	52	St. Tammany
21	Franklin	53	Tangipahoa
22	Grant	54	Tensas
23	Iberia	55	Terrebonne
24	Iberville	56	Union
25	Jackson	57	Vermillion
26	Jefferson	58	Vernon
27	Jefferson Davis	59	Washington
28	Lafayette	60	Webster
29	Lafourche	61	West Baton Rouge
30	LaSalle	62	West Carroll
31	Lincoln	63	West Feliciana
32	Livingston	64	Winn

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
01	Acadia	Church Point	01
		Crowley	02
		Esterwood	03
		Iota	04
		Mermentau	05
		Morse	06
		Rayne	07
		Duson	09*
		Eunice	16*
02	Allen	Elizabeth	01
		Kinder	02
		Oakdale	03
		Oberlin	04
		Reeves	05
03	Ascension	Donaldsonville	01
		Gonzales	02
		Sorrento	03
04	Assumption	Napoleonville	01
05	Avoyelles	Bunkie	01
		Cottonport	02
		Evergreen	03
		Hessmer	04
		Mansura	05
		Marksville	06
		Moreauville	07
		Plaucheville	08
		Simmesport	09
06	Beauregard	Merryville	01
		Deridder	14*

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
07	Bienville	Arcadia	01
		Bienville	02
		Bryceland	03
		Castor	04
		Gibsland	05
		Jamestown	06
		Lucky	07
		Mount Lebanon	08
		Ringgold	09
		Saline	10
08	Bossier	Benton	01
		Bossier City	02
		Haughton	03
		Plain Dealing	04
		Shreveport	18*
09	Caddo	Belcher	01
		Blanchard	02
		Gilliam	03
		Greenwood	04
		Hosston	05
		Ida	06
		Mooringsport	07
		Oil City	08
		Rodessa	09
		Vivian	10
		Shreveport	18*
10	Calcasieu	DeQuincy	01
		Iowa	02
		Lake Charles	03
		Sulphur	04
		Vinton	05

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
10	Calcasieu	Westlake	06
11	Caldwell	Clarks	01
		Columbia	02
		Grayson	03
12	Cameron	None	
13	Catahoula	Harrisonburg	01
		Jonesville	02
		Sicily Island	03
14	Claiborne	Athens	01
		Haynesville	02
		Homer	03
		Lisbon	04
		Junction City	17*
15	Concordia	Clayton	01
		Ferriday	02
		Ridgecrest	03
		Vidalia	04
16	DeSoto	Grand Cane	01
		Keatchie	02
		Logansport	03
		Longstreet	04
		Mansfield	05
		South Mansfield	06
		Stanley	07
		Stonewall	08
17	East Baton Rouge	Baker	01
		Baton Rouge	02
		Zachary	03

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
18	East Carroll	Lake Providence	01
19	East Feliciana	Clinton	01
		Jackson	02
		Norwood	03
		Slaughter	04
		Wilson	05
20	Evangeline	Basile	01
		Chataignier	02
		Mamou	03
		Pine Prairie	04
		Turkey Creek	05
		Ville Platte	06
21	Franklin	Baskin	01
		Gilbert	02
		Winnsborro	03
		Wisner	04
22	Grant	Colfax	01
		Dry Prong	02
		Georgetown	03
		Montgomery	04
		Pollock	05
23	Iberia	Jeanerette	01
		Loreauville	02
		New Iberia	03
		Delcambre	13*
24	Iberville	Grosse Tete	01
		Maringouin	02
		Plaquemine	03

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
24	Iberville	Rosedale	04
		White Castle	05
		Saint Gabriel	06
25	Jackson	Chatham	01
		East Hodge	02
		Eros	03
		Hodge	04
		Jonesboro	05
		North Hodge	06
		Quitman	07
26	Jefferson	Grand Isle	01
		Gretna	02
		Harahan	03
		Jean Lafitte	04
		Kenner	05
		Westwego	06
27	Jefferson Davis	Elton	01
		Fenton	02
		Jennings	03
		Lake Arthur	04
		Welsh	05
28	Lafayette	Broussard	01*
		Carencro	02
		Duson	03*
		Lafayette	04
		Scott	05
		Youngsville	06
29	Lafourche	Golden Meadow	01
		Lockport	02
		Thibodaux	03

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
30	LaSalle	Jena	01
		Olla	02
		Tullos	03
		Urania	04
31	Lincoln	Choudrant	01
		Dubach	02
		Grambling	03
		Ruston	04
		Simsboro	05
		Vienna	06
		Downsville	15*
32	Livingston	Albany	01
		Denham Springs	02
		French Settlement	03
		Killin	04
		Livingston	05
		Port Vincent	06
		Springfield	07
		Walker	08
33	Madison	Delta	01
		Mound	02
		Richmond	03
		Tallulah	04
34	Morehouse	Bastrop	01
		Bonita	02
		Collinston	03
		Mer Rouge	04
		Oak Ridge	05

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
35	Natchitoches	Ashland	01
		Campti	02
		Clarence	03
		Goldonna	04
		Natchez	05
		Natchitoches	06
		Powhatan	07
		Provencal	08
		Robeline	09
36	Orleans	New Orleans	01
37	Ouachita	Monroe	01
		Richmond	02
		Sterlington	03
		West Monroe	04
38	Plaquemines	None	
39	Pointe Coupee	Fordoche	01
		Livonia	02
		Morganza	03
		New Roads	04
40	Rapides	Alexandria	01
		Ball	02
		Boyce	03
		Cheneyville	04
		Forest Hill	05
		Glenmora	06
		Lecompte	07
		McNary	08
		Pineville	09
		Woodworth	10

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
41	Red River	Coushatta	01
		Edgefield	02
		Hall Summit	03
		Martin	04
42	Richland	Delhi	01
		Mangham	02
		Rayville	03
43	Sabine	Converse	01
		Fisher	02
		Florien	03
		Many	04
		Noble	05
		Pleasant Hill	06
		Zwolle	07
44	St. Bernard	None	
45	St. Charles	None	
46	St. Helena	Greensburg	01
		Montpelier	02
47	St. James	Gramercy	01
		Lutcher	02
48	St. John	None	
49	St. Landry	Cankton	01
		Grand Coteau	02
		Krotz Springs	03
		Leonville	04
		Melville	05

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
49	St. Landry	Opelousas	06
		Palmetto	07
		Port Barre	08
		Sunset	09
		Washington	10
		Arnaudville	12*
		Eunice	16*
50	St. Martin	Breaux Bridge	01
		Henderson	02
		Parks	03
		St. Martinville	04
		Broussard	07*
		Arnaudville	12*
51	St. Mary	Baldwin	01
		Berwick	02
		Franklin	03
		Morgan City	04
		Patterson	05
52	St. Tammany	Abita Springs	01
		Covington	02
		Folsom	03
		Madisonville	04
		Mandeville	05
		Pearl River	06
		Slidell	07
		Sun	08
53	Tangipahoa	Amite	01
		Hammond	02
		Independence	03
		Kentwood	04
		Ponchatoula	05
		Roseland	06

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
53	Tangipahoa	Tangipahoa	07
		Tickfaw	08
54	Tensas	Newellton	01
		St. Joseph	02
		Waterproof	03
55	Terrebonne	Houma	01
56	Union	Bernice	01
		Farmerville	02
		Lillie	03
		Marion	04
		Spearsville	05
		Downsville	15*
		Junction City	17*
57	Vermillion	Abbeville	01
		Erath	02
		Gueydan	03
		Kaplan	04
		Maurice	05
		Delcambre	13*
58	Vernon	Anacoco	01
		Hornbeck	02
		Leesville	03
		Newllano	04
		Rosepine	05
		Simpson	06
		DeRidder	14*
59	Washington	Angie	01
		Bogalusa	02
		Franklinton	03

Appendix C Incorporated Municipalities			
PARISH NO.	PARISH	CITY	CITY CODE
59	Washington	Varnado	04
60	Webster	Cotton Valley	01
		Cullen	02
		Dixie Inn	03
		Doyline	04
		Dubberly	05
		Heflin	06
		Minden	07
		Sarpeta	08
		Shongaloo	09
		Sibley	10
		Springhill	11
61	West Baton Rouge	Addis	01
		Brusly	02
		Port Allen	03
62	West Carroll	Epps	01
		Forest	02
		Kilbourne	03
		Oak Grove	04
		Pioneer	05
63	West Feliciana	St. Francisville	01
64	Winn	Atlanta	01
		Calvin	02
		Dodson	03
		Sikes	04
		Winnfield	05

* Denotes a municipality that crosses parish lines

Appendix D
NCIC-Approved Abbreviations for Vehicle Makes

Acura	ACUR	Kia Motors Corp	KIA
Alfa Romeo	ALFA	Lamborghini	LAMO
American Motors	AMER	Land Rover	LNDR
Aston Martin	ASTO	Lexus	LEXS
Audi	AUDI	Lincoln-Continental	LINC
Austin	AUST	Lotus	LOTU
Bentley	BENT	Maserati	MASE
BMW	BMW	Mazda	MAZD
Buick	BUIC	Mercedes-Benz	MERZ
Cadillac	CADI	Mercury	MERC
Checker	CHEC	Merkus	MERK
Chevrolet	CHEV	MG	MG
Chrysler	CHRY	Mitsubishi	MITO
Citroen	CITR	Nash	NASH
Daewoo	DAEW	Nissan	NISS
Daihatsu	DAIH	Oldsmobile	OLDS
Datsun	DATS	Opel	OPEL
DeSoto	DESO	Packard	PACK
Dodge	DODG	Peugeot	PEUG
Eagle	EGIL	Plymouth	PLYM
Edsel	EDSE	Pontiac	PONT
Ferrari	FERR	Porsche	PORS
Fiat	FIAT	Rambler	RAMB
Ford	FORD	Renault	RENA
General Motors Corp.	GMC	Rolls-Royce	ROL
GEO	GEO	Rover	ROV
Honda	HOND	Saab	SAA
Hudson	HUDS	Saturn	STRN
Hyundai	HYUN	Studebaker	STI
Imperial	IMPE	Subaru	SUBA
Infiniti	INFI	Suzuki	SUZI
Isuzu	ISU	Toyota	TOYT
Jaguar	JAGU	Triumph	TRIU
Jeep	JEEP	Volkswagen	VOLK
Kaiser	KAIS	Volvo	VOLV

Appendix E
State, Province, Territory and Country Abbreviations

United States			
AL	Alabama	SC	South Carolina
AK	Alaska	SD	South Dakota
AS	American Samoa	TN	Tennessee
AZ	Arizona	TX	Texas
AR	Arkansas	US	United States Government
CA	California	UT	Utah
CN	Canada	VT	Vermont
CO	Colorado	VI	U.S. Virgin Islands
CT	Connecticut	VA	Virginia
DE	Delaware	WA	Washington
DC	District of Columbia	WV	West Virginia
FL	Florida	WI	Wisconsin
GA	Georgia	WY	Wyoming
HI	Hawaii		
ID	Idaho		Canada
IL	Illinois	AB	Alberta
IN	Indiana	BC	British Columbia
IA	Iowa	LB	Labrador
KS	Kansas	MB	Manitoba
KY	Kentucky	NB	New Brunswick
LA	Louisiana	NF	Newfoundland
ME	Maine	NT	Northwest Territory
MD	Maryland	NS	Nova Scotia
MA	Massachusetts	NU	Nunavut
MI	Michigan	ON	Ontario
MN	Minnesota	PE	Prince Edward Island
MS	Mississippi	QU	Quebec
MO	Missouri	SK	Saskatchewan
MT	Montana	YT	Yukon Territory
MX	Mexico		
NE	Nebraska		Mexico (Selected States)
NV	Nevada	BJ	Baja California
NH	New Hampshire	CI	Chihuahua
NJ	New Jersey	CU	Coahuila
NM	New Mexico	DF	Distrito Federal
NY	New York	DG	Durango
NC	North Carolina	JA	Jalisco
ND	North Dakota	NL	Nuevo Leon
OH	Ohio	SO	Sonora
OK	Oklahoma	TM	Tamaulipas
OR	Oregon		
PA	Pennsylvania	99	All others not listed
PR	Puerto Rico		
RI	Rhode Island		

Appendix F Harmful Events, Damage to Vehicles, and Damage Severity

Harmful Events

The term HARMFUL EVENT is used to describe any action that results in damage to an object or injury to a person. In a crash, there can be several harmful events and these can be ordered into a sequence of events. For crash reporting purposes in Louisiana, the **first four** harmful events are listed into the SEQUENCE OF EVENTS. Additionally, the MOST HARMFUL EVENT is captured.

Note: While most of the events being listed in the SEQUENCE OF EVENTS data section are classified as harmful events according to the above definition, investigators should note that other choices such as “Ran off road (right or left)” may not have caused damage or injury and therefore are not considered to be harmful events. It is important however, that these non-harmful events be captured in the SEQUENCE OF EVENTS data section if they are relevant to the particular crash under investigation.

The FIRST HARMFUL EVENT is the first event in the crash sequence that produces damage or injury and it is used to define crash type and location. For example, if vehicle one sideswipes vehicle two which causes a loss of control and vehicle one subsequently strikes a tree resulting in the death of an occupant, the crash would be classified vehicle striking vehicle, not vehicle striking fixed object, since the FIRST HARMFUL EVENT involved the collision of two motor vehicles.

The **Most Harmful Event** can be defined as the event which results in the most severe injury or, if no injury, the greatest property damage involving this vehicle. It is up to the investigator to determine what the most significant or most severe injury is, if there were multiple harmful events. In the crash described above, the vehicle striking the tree would be the MOST HARMFUL EVENT since that event resulted in a fatality. For that crash, the FIRST EVENT in the SEQUENCE OF EVENTS would be coded S: Motor Vehicle in Transport. The SECOND EVENT in the SEQUENCE OF EVENTS would be coded either J or K: Ran off Road (Right or Left) and the THIRD EVENT would be coded JJ: Tree (Standing). The MOST HARMFUL EVENT would also be coded JJ: Tree (Standing). Also, the RELATION TO ROADWAY box would be completed as A: On Roadway, since that was the location of the First Harmful Event.

In a great majority of crashes, the FIRST EVENT in the SEQUENCE OF EVENTS and the MOST HARMFUL EVENT are the same since most often there is only one harmful event.

EXAMPLE: Vehicle one is stopped at a stop sign and vehicle two strikes it from the rear sending it into the intersection where vehicle three broadsides vehicle one. The rear end collision caused only property damage; the broadside resulted in an injury. Both FIRST and SECOND EVENTS in the SEQUENCE OF EVENTS and MOST HARMFUL EVENT are coded S: Motor Vehicle in Transport. Two different sets of vehicles were involved in the two events, but in both cases, all harm resulted from collisions involving vehicles in transport.

EXAMPLE: Vehicle one is struck by vehicle two which disobeyed a traffic control device. The driver of vehicle one lost control and that vehicle struck vehicle three, which was legally parked. The contact between vehicles one and two resulted in disabling damage to vehicle two. The contact between vehicles one and three resulted in functional damage to both vehicles. The FIRST EVENT in the SEQUENCE OF EVENTS and the MOST HARMFUL EVENT would be the collision between vehicles 1 and 2 – it came first and it resulted in the most severe damage. The SECOND EVENT in the SEQUENCE OF EVENTS would be the contact between vehicles one and three.

Damage to Vehicles

The diagram in this data area divides the vehicle into a number of sections. Enter areas damaged in the three data blocks given for the vehicle. Use one, two or all three of the blocks. If there are more than three areas on the vehicle with contact damage, use either of the following criteria to determine which three areas should be used for each vehicle involved in the crash:

**Record the first three damaged areas, or
Record the three major damaged areas.**

Remember that it is mandatory that the 1st damage area block be used to describe the point of first contact, keeping the first event in the SEQUENCE OF EVENTS in mind during the decision-making process. If the first damaged area is not the area with the greatest damage, it is recommended that the area(s) with the greatest damage be listed next.

If a vehicle ran into a pole striking it centered on the front of the vehicle, only code A would be used. If a vehicle struck another head-on, with no overlap, codes A, B and L would be used.

Extent of Deformity

For each damaged area listed in the previous section, indicate the extent of that damage in this set of boxes. The extent of damage described here refers ONLY to the damaged area indicated in the adjacent box. These codes are designed for you to record the degree of damage

Damage assessments can be thought of in terms of how that damage affects the function of that area of the vehicle. VERY MINOR and MINOR damage can be thought of as cosmetic damage only. Damage is visible, but the function of the area is not affected. The degrees of MODERATE damage indicate that the affected area has lost some of its function. Lights might be missing, door completely jammed or a bumper ripped off. The functional use of that part of the vehicle is clearly diminished. (While a cracked or broken light lens can affect function, in terms of law, in most instances this would be minor damage. If an entire light assembly were damaged, that would be functional damage.) The SEVERE damage categories imply vehicle disablement. Not only has that area of the vehicle lost its functionality, but the entire vehicle is disabled because of that damage.

Appendix G Speed Estimation

Determining the pre-collision speed of a vehicle can be a challenge for even the most skilled investigator or reconstructionist. Fortunately, for most crashes, speed is not a significant factor in the crash and the estimates of the involved drivers are usually satisfactory. If there is a concern about the accuracy of their estimated speeds, other sources for speed determination should be sought. Witnesses can often be a source of speed estimates. However, always keep in mind that most people overestimate the approaching speed of small vehicles and underestimate the speed of larger vehicles.

Collision damage can also provide general guidance for speed estimation. If a vehicle shows little evidence of pre-collision braking and still did little damage, its pre-collision speed was likely slow. The reverse is obviously also true. There are computer programs and books available that estimate collision speed based on damage. These techniques range from relatively simple to very sophisticated, with ultimate accuracy usually increasing with increasing complexity of the program and variables that it can take into account.

These approaches still only show speed at impact. If there is braking or other pre-collision maneuvers, then the speed lost there must be combined with impact speed to determine speed before the crash sequence began. These speeds ARE NOT additive. For example, if skid evidence shows a vehicle lost 20 mph in skidding, and damage analysis shows an impact speed of 40 mph, the pre-crash speed of the vehicle was not 60 mph. Rather, a mathematical formula must be used to do such combined speeds.

Skidmark evidence only shows speed lost while skidding. In a special case, such as a vehicle skidding and striking a pedestrian and then skidding to a halt without a break in the skid, then the skid mark evidence can show the speed of the vehicle prior to the crash sequence. Such situations are uncommon. Usually, a vehicle skids for some distance and then strikes another vehicle, fixed object, etc. The skid mark can only show speed lost while skidding and usually this is just a portion of the pre-crash speed.

Determine speed lost from skidding uses a simple formula: $S = \sqrt{30df}$, where

S = speed in mph

30 = a constant which adjusts the equation to the units of measurement used

d = the length of the skid mark in feet

f = the coefficient of friction (drag factor) of the road surface

$\sqrt{\quad}$ = take the square root of the product of the three factors

The coefficient of friction can be found from making test skids or by checking reference books. Speed from skidmarks can also be determined through use of a nomograph such as the one on the following page. The nomograph does the mathematics of determining speed if the “ d ” and “ f ” factors are known. Running a straight edge from the skid distance to the coefficient of friction will show the speed on the middle scale.

It is also possible to determine speed from marks other than skidmarks. Yawmarks made while a vehicle is in a sideways, loss-of-control skid (without brake application) are one example of this. Marks made by a vehicle involved in a flip or vault can also be used to determine speed.

For more information on determining pre-collision speed, the investigator should consult an agency-designated investigator or a reference such as the Northwestern University Center for Public Safety’s *Traffic Collision Investigation Manual*.

Appendix H Hazardous Materials Classification System

Class 1 Explosives

- 1.1 - Explosives with a mass explosion hazard
- 1.2 - Explosives with a projection hazard
- 1.3 - Explosives with predominantly a fire hazard
- 1.4 - Explosives with no significant blast hazard
- 1.5 - Very insensitive explosives; blasting agents
- 1.6 - Extremely insensitive detonating articles

Class 2 Gases

- 2.1 – Flammable gases
- 2.2 – Non-flammable, non-toxic* compressed gases
- 2.3 – Gases toxic* by inhalation
- 2.4 – Corrosive gases (Canada)

Class 3 Flammable liquids (and Combustible liquids [U.S.]

Class 4 Flammable solids; spontaneously combustible materials; and dangerous when wet materials

- 4.1 – Flammable solids
- 4.2 – Spontaneously combustible materials
- 4.3 – Dangerous when wet materials

Class 5 Oxidizers and Organic peroxides

- 5.1 – Oxidizers
- 5.2 – Organic peroxides

Class 6 Toxic* materials and Infectious substances

- 6.1 – Toxic* materials
- 6.2 – Infectious substances

Class 7 Radioactive materials

Class 8 Corrosive materials

Class 9 Miscellaneous dangerous goods

- 9.1 – Miscellaneous dangerous goods (Canada)
- 9.2 – Environmentally hazardous substances (Canada)
- 9.3 – Dangerous wastes (Canada)

*The words “poison” or “poisonous” are synonymous with “toxic.”

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