



# Manual for Use of the Uniform Traffic Crash Report

April 15, 2019

A cooperative effort among the following agencies:

Louisiana State Highway Commission

Louisiana State Police

Louisiana Department of Transportation and Development

Louisiana Traffic Record Coordinating Committee

U.S. Federal Motor Carrier Safety Administration







**JOHN BEL EDWARDS**  
GOVERNOR

**Lisa Freeman**  
EXECUTIVE DIRECTOR

**State of Louisiana**  
*Department of Public Safety and Corrections*  
*Louisiana Highway Safety Commission*

April 15, 2019

To: All Traffic Crash Investigators

From: Louisiana Highway Safety Commission

In response to your comments, suggestions and guidance from the National Highway Traffic Safety Administration (NHTSA), the Manual for Use of the State of Louisiana Uniform Motor Vehicle Traffic Crash Report has been revised. After an extensive review, edits were made by a revision task force led by the Louisiana Traffic Records Coordinating Committee (TRCC). This committee included representatives from the Louisiana Highway Safety Commission (LHSC), the Louisiana Department of Transportation and Development (DOTD), the Louisiana State Police, City Police Officers, and Sheriff's Deputies from across Louisiana. The updated version of the Manual is presented herein.

Investigators will notice that the general verbiage and outline of the Manual has not changed. There are some significant changes and/or clarifications that include:

- New injury definitions to help become compliant with NHTSA's National Definition for Serious Injuries.
- New definitions for Driver Condition, Work Zones, Intersections, Median Openings, RCUTs, (J-Turns), and Roundabouts.
- Explanation has been provided for estimates of CMV Weight and "Manner of Collision".
- Additional diagrams help further illustrate relevant information.
- A narrative outline format and sample narratives.
- Investigators will notice detailed explanations and examples throughout the manual.

A complete list of the revisions is provided on the following page.

The Crash Report Manual was created to assist the investigator in the field. The latest revision was made to give investigators greater clarity when completing the Crash Report.



| <b>Section</b>                                     | <b>What's New?</b>   | <b>Page(s)</b> |
|--|--|----------------|
| <b>17. Intersecting Roads</b>                      | Clarification on intersecting roads, which includes new diagrams and information on <b>Roundabouts</b> .             | 25-27          |
| <b>22. Check Boxes</b><br><b>a. Work Zones</b>     | Clarification on <b>Work Zone Crashes</b> with a new diagram.  | 31             |
| <b>30. Relation to Roadway</b><br><b>2) Median</b> | Definition and diagrams added for <b>Restricted Crossing U-Turn (RCUT)</b> and also referred to as a <b>J-TURN</b> . | 39-40          |
| <b>54. Officer's Narrative</b>                     | An outline, examples, and diagrams have been added.  | 45-47          |
| <b>55. Manner of Collision</b>                     | Added definitions and diagrams for choices "A" – "K".  | 47-51          |
| <b>84. Truck/Bus Crash Data</b>                    | Clarification of <b>GVWR/GCWR of 10,001 pounds or more</b> .   | 71             |
| <b>99. Coded Boxes</b><br><b>i. Injury</b>         | Provides the new <b>National Definitions for Injuries</b> .  | 78             |
| <b>116. Condition of Driver or Pedestrian</b>      | Definitions for Driver Conditions, A – J, have been added.   | 85-86          |

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## State of Louisiana

# Uniform Motor Vehicle Traffic Crash Report

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## Why We Investigate Traffic Crashes

The importance of why officers investigate traffic crashes 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....

While investigating crashes is a required duty of an officer, the comprehensive data used from the reports provide important information for local and statewide means. 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 interviewing participants and witnesses, the investigating officer answers questions concerning how the crash occurred.

Data recorded on crash reports are computerized into a 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,
- ❖ Evaluate 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 completely and accurately. This manual is intended to assist you and other investigators in accomplishing that.

## State of Louisiana

# Crash Report Forms

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

The following pages represent what each form looks like:

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

# DPSSP 3105 – Crash Report (Two-Sided)

[illegible]

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

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

REFER TO EACH BY VEHICLE NUMBER

PAGE #

02

| NON-COLLISION WITH MOTOR VEHICLE<br>A | REAR END<br>B | HEAD-ON<br>C | RIGHT ANGLE<br>D | LEFT TURN<br>E | LEFT TURN<br>F | LEFT TURN<br>G | RIGHT TURN<br>H | RIGHT TURN<br>I | SIDESWipe SAME<br>J | SIDESWipe OPPOSITE<br>K | OTHER<br>Z | MANNER OF COLLISION      |
|---------------------------------------|---------------|--------------|------------------|----------------|----------------|----------------|-----------------|-----------------|---------------------|-------------------------|------------|--------------------------|
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            | <input type="checkbox"/> |
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            |                          |
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            |                          |
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            |                          |
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            |                          |
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            |                          |
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            |                          |
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            |                          |
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            |                          |
|                                       |               |              |                  |                |                |                |                 |                 |                     |                         |            |                          |



# DPSSP 3106 – Vehicle/Pedestrian Information (Two-Sided)

**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**  **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** ☐

**STREET ADDRESS**  **TELEPHONE #**

**CITY**  **STATE**  **ZIP**

**STATE**  **CLASS**  **ENDORSEMENTS**  **DRIVER'S LICENSE NUMBER**

**INSTRUCTED TO EXCHANGE INFORMATION?** ☐ **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** ☐

**STREET ADDRESS**  **TELEPHONE #**

**CITY**  **STATE**  **ZIP**

**INSURANCE CO. NAME**  **POLICY NUMBER**  **EXPIRATION DATE**

**AGENT'S NAME/ADDRESS**  **PHONE #**

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

**STREET ADDRESS**  **TRANSPORTED TO MEDICAL FACILITY** ☐ **NAME OF FACILITY**

**CITY**  **STATE**  **ZIP**

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

**STREET ADDRESS**  **TRANSPORTED TO MEDICAL FACILITY** ☐ **NAME OF FACILITY**

**CITY**  **STATE**  **ZIP**

| CODES   |                       |                            |                             |                                       |                                 |
|---|-----------------------|----------------------------|-----------------------------|---------------------------------------|---------------------------------|
| 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)                              | D - EJECTED           | D - TRAPPED/NOT EXTRICATED | D - NOT APPLICABLE          | D - SHOULDER AND LAP BELT USED        | D - POSSIBLE/COMPLAINT          |
| E - SECOND SEAT MIDDLE  | E - UNKNOWN           | E - UNKNOWN                | E - 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 PASSENGER OR CARGO AREA (NON-TRAILING UNIT)   |                       |                            |                             |                                       |                                 |
| L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) |                       |                            |                             |                                       |                                 |
| M - PASSENGER ON TRAILER OR STREETCAR   |                       |                            |                             |                                       |                                 |
| N - TRAILING UNIT   |                       |                            |                             |                                       |                                 |
| O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                            |                       |                            |                             |                                       |                                 |
| Y - UNKNOWN   |                       |                            |                             |                                       |                                 |

DPSSP 3106 (REV. MAR. 2005)

WRITE APPROPRIATE LETTER IN BLOCK

## CONTRIBUTING FACTORS AND CONDITIONS

|  |   |   |   |   |   |   |   |  |  |   |   |  |
|--|---|---|---|---|---|---|---|--|--|---|---|--|
| <b>VISION OBSCUREMENTS</b><br>A. RAIN, SNOW, ETC. ON WINDSHIELD<br>B. WINDSHIELD OTHERWISE OBSCURED<br>C. VISION OBSCURED BY LOAD<br>D. TREES, BUSHES, ETC.<br>E. BUILDING<br>F. EMBANKMENT<br>G. SIGN BOARDS<br>H. HILLCREST<br>I. PARKED VEHICLES<br>J. MOVING VEHICLES<br>K. BLINDED BY HEADLIGHTS<br>L. BLINDED BY SUNGLARE<br>M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW<br>N. NO OBSCUREMENTS<br>Y. UNKNOWN<br>Z. OTHER | <b>CONDITION OF DRIVER/PED</b><br>A. NORMAL<br>B. INATTENTIVE<br>C. DISTRACTED<br>D. ELNESS<br>E. FATIGUED<br>F. APPARENTLY ASLEEP/BLACKOUT<br>G. DRINKING ALCOHOL - IMPAIRED<br>H. DRINKING ALCOHOL - NOT IMPAIRED<br>I. DRUG USE - IMPAIRED<br>J. DRUG USE - NOT IMPAIRED<br>K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB)<br>Y. UNKNOWN<br>Z. OTHER | <b>SEQUENCE OF EVENTS/HARMFUL EVENTS</b><br>S. MOTOR VEHICLE IN TRANSPORT<br>T. PARKED MOTOR VEHICLE<br>U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE<br>V. WORK ZONE/MAINTENANCE EQUIPMENT<br>W. OTHER NON-FIXED OBJECT<br><b>COLLISION WITH FIXED OBJECT</b><br>X. IMPACT ATTENUATOR/CRASH CUSHION<br>Y. BRIDGE OVERHEAD STRUCTURE<br>Z. BRIDGE PIER OR SUPPORT<br>AA. BRIDGE RAIL<br>BB. CULVERT<br>CC. CURB<br>DD. DITCH<br>EE. EMBANKMENT<br>FF. GUARDRAIL FACE<br>GG. GUARDRAIL END<br>HH. CONCRETE TRAFFIC BARRIER<br>II. OTHER TRAFFIC BARRIER<br>JJ. TREE (STANDING)<br>KK. UTILITY POLE/LIGHT SUPPORT<br>LL. TRAFFIC SIGN SUPPORT<br>MM. TRAFFIC SIGNAL SUPPORT<br>NN. OTHER POST, POLE, OR SUPPORT<br>OO. FENCE<br>PP. MAILBOX<br>QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)<br>YY. UNKNOWN | <b>VIOLATION</b><br>A. EXCEEDING STATED SPEED LIMIT<br>B. EXCEEDING SAFE SPEED LIMIT<br>C. FAILURE TO YIELD<br>D. FOLLOWING TOO CLOSELY<br>E. DRIVING LEFT OF CENTER<br>F. CUTTING IN, IMPROPER PASSING<br>G. FAILURE TO SIGNAL<br>H. MADE WIDE RIGHT TURN<br>I. CUT CORNER ON LEFT TURN<br>J. TURNED FROM WRONG LANE<br>K. OTHER IMPROPER TURNING<br>L. DISREGARDED TRAFFIC CONTROL<br>M. IMPROPER STARTING<br>N. IMPROPER PARKING<br>O. FAILED TO SET OUT FLAGS, FLARES<br>P. FAILED TO DIM HEADLIGHTS<br>Q. VEHICLE CONDITION<br>R. DRIVER CONDITION<br>S. CARELESS OPERATION<br>T. IMPROPER BACKING<br>U. NO VIOLATIONS<br>Y. UNKNOWN<br>Z. OTHER | <b>DRIVER DISTRACTION</b><br>A. CELL PHONE<br>B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.)<br>C. OTHER INSIDE THE VEHICLE<br>D. OTHER OUTSIDE THE VEHICLE<br>E. NOT DISTRACTED<br>Y. UNKNOWN | <b>REASON FOR MOVEMENT</b><br>A. TO AVOID OTHER VEHICLE<br>B. TO AVOID PEDESTRIAN<br>C. TO AVOID ANIMAL<br>D. TO AVOID OTHER OBJECT<br>E. PASSING<br>F. VEHICLE OUT OF CONTROL, NOT PASSING<br>G. VEHICLE OUT OF CONTROL, PASSING<br>H. FOR TRAFFIC CONTROL<br>I. DUE TO CONGESTION<br>J. DUE TO PRIOR CRASH (COLLISION)<br>K. DUE TO DRIVER CONDITION<br>L. DUE TO DRIVER VIOLATION<br>M. DUE TO VEHICLE CONDITION (FAILURE)<br>N. DUE TO PAVEMENT CONDITION<br>O. HIGH WIND<br>P. NORMAL MOVEMENT<br>Y. UNKNOWN<br>Z. OTHER | <b>PEDESTRIAN ACTIONS</b><br>A. CROSSING, ENTERING ROAD AT INTERSECTION<br>B. CROSSING, ENTERING ROAD NOT AT INTERSECTION<br>C. WALKING IN ROAD - WITH TRAFFIC<br>D. WALKING IN ROAD - AGAINST TRAFFIC<br>E. SLEEPING IN ROADWAY<br>F. STANDING IN ROADWAY<br>G. GETTING ON OR OFF OTHER VEHICLE<br>H. PUSHING, WORKING ON VEHICLE IN ROAD<br>I. OTHER WORKING IN ROADWAY<br>J. PLAYING IN ROADWAY<br>K. NOT IN ROADWAY<br>Y. UNKNOWN<br>Z. OTHER | <b>MOVEMENT PRIOR TO CRASH</b><br>A. STOPPED<br>B. PROCEEDING STRAIGHT AHEAD<br>C. TRAVELING WRONG WAY<br>D. BACKING<br>E. CROSSED MEDIAN INTO OPPOSING LANE<br>F. CROSSED CENTER LINE INTO OPPOSING LANE<br>G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION)<br>H. CHANGING LANES ON MULTI-LANE ROAD<br>I. MAKING LEFT TURN<br>J. MAKING RIGHT TURN<br>K. STOPPED PREPARING TO, OR MAKING U-TURN<br>L. MAKING TURN DIRECTION UNKNOWN<br>M. STOPPED, PREPARING TO TURN LEFT<br>N. STOPPED, PREPARING TO TURN RIGHT<br>O. SLOWING TO MAKE LEFT TURN<br>P. SLOWING TO MAKE RIGHT TURN<br>Q. SLOWING TO STOP<br>R. PROPERLY PARKED<br>S. PARKING MANEUVER<br>T. ENTERING TRAFFIC FROM SHOULDER<br>U. ENTERING TRAFFIC FROM MEDIAN<br>V. ENTERING TRAFFIC FROM PARKING LANE<br>W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY<br>X. ENTERING FREEWAY FROM ON RAMP<br>Y. LEAVING FREEWAY VIA OFF RAMP<br>Z. OTHER OR UNKNOWN | <b>VEHICLE CONDITION</b><br>A. DEFECTIVE BRAKES<br>B. DEFECTIVE HEADLIGHTS<br>C. DEFECTIVE REAR LIGHTS<br>D. DEFECTIVE SIGNAL LIGHTS<br>E. ALL LIGHTS OUT<br>F. DEFECTIVE STEERING<br>G. TIRE FAILURE<br>H. WORN OR SMOOTH TIRES<br>I. ENGINE FAILURE<br>J. DEFECTIVE SUSPENSION<br>K. NO DEFECTS OBSERVED<br>Y. UNKNOWN<br>Z. OTHER | <b>ALCOHOL/DRUG INVOLVEMENT</b><br>ALCOHOL/DRUGS SUSPECTED:<br>A. NEITHER ALCOHOL NOR DRUGS<br>B. YES-ALCOHOL<br>C. YES-DRUGS<br>D. YES-ALCOHOL AND DRUGS<br>Y. UNKNOWN<br>ALCOHOL.....<br>A. TEST REFUSED<br>B. NO TEST GIVEN<br>C. TEST GIVEN, RESULTS PENDING<br>D. TEST GIVEN, BAC ..... %<br>DRUGS.....<br>A. TEST NOT GIVEN<br>B. TEST GIVEN, RESULTS PENDING<br>C. TEST REFUSED<br>D. DRUGS REPORTED (SPECIFY IN NARRATIVE) | <b>VEHICLE LIGHTING</b><br>A. HEADLIGHTS ON<br>B. HEADLIGHTS OFF<br>C. DAYTIME RUNNING LIGHTS<br>Y. UNKNOWN | <b>TRAFFIC CONTROL CONDITIONS</b><br>A. CONTROLS FUNCTIONING<br>B. CONTROLS NOT FUNCTIONING<br>C. CONTROLS OBSCURED<br>D. LANE MARKING UNCLEAR OR DEFECTIVE<br>E. NO CONTROLS<br>Y. UNKNOWN | <b>TRAFFIC CONTROL</b><br>A. STOP SIGN<br>B. YIELD SIGN<br>C. RED SIGNAL ON<br>D. YELLOW SIGNAL ON<br>E. GREEN SIGNAL ON<br>F. GREEN TURN ARROW ON<br>G. RIGHT TURN ON RED<br>H. LIGHT PHASE UNKNOWN<br>I. FLASHING YELLOW<br>J. FLASHING RED<br>K. OFFICER, FLAGMAN<br>L. RR CROSSING, SIGN<br>M. RR CROSSING, SIGNAL<br>N. RR CROSSING, NO CONTROL<br>O. WARNING SIGN (SCHOOL, ETC.)<br>P. SCHOOL FLASHING SPEED SIGN<br>Q. YELLOW NO PASSING LINE<br>R. WHITE DASHED LINE<br>S. YELLOW DASHED LINE<br>T. BIKE LANE<br>U. CROSSWALK<br>V. NO CONTROL<br>Y. UNKNOWN<br>Z. OTHER |
|--|---|---|---|---|---|---|---|--|--|---|---|--|

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

| DAMAGE TO VEHICLE   |   |
|---|---|
| <b>AREA DAMAGED</b><br>A. UNDER-CARRIAGE<br>B. TOTAL<br>C. OTHER<br>D. NONE<br>Y. UNKNOWN | <b>EXTENT OF DEFORMITY</b><br>A. NONE<br>B. VERY MINOR<br>C. MINOR<br>D. MINOR/MODERATE<br>E. MODERATE<br>F. MODERATE/SEVERE<br>G. SEVERE<br>H. VERY SEVERE<br>Y. UNKNOWN |
| 1ST <input type="text"/>  | 1ST <input type="text"/>  |
| 2ND <input type="text"/>  | 2ND <input type="text"/>  |
| 3RD <input type="text"/>  | 3RD <input type="text"/>  |

| CITATION NO.         | VEH.                     | PED.                     | B.S. OR CRD. NO.     |
|----------------------|--------------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

NOTICE OF INSURANCE VIOLATION ☐



# DPSSP 3108 – Additional Occupant Supplement

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

**COMPUTER NUMBER**    **PAGE #**

---

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

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

|        |           |       |     |        |     |      |     |        |
|--------|-----------|-------|-----|--------|-----|------|-----|--------|
| DRIVER | EMERGENCY | DEAD/ | WAS | DRIVER | SEX | RACE | AGE | INJURY |
| TOOK   | TRIAL     | OTHER | BAI | WAS    |     |      |     |        |
|        |           |       |     |        |     |      |     |        |

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

NAME OF FACILITY \_\_\_\_\_

---

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

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

|        |           |       |     |        |     |      |     |        |
|--------|-----------|-------|-----|--------|-----|------|-----|--------|
| DRIVER | EMERGENCY | DEAD/ | WAS | DRIVER | SEX | RACE | AGE | INJURY |
| TOOK   | TRIAL     | OTHER | BAI | WAS    |     |      |     |        |
|        |           |       |     |        |     |      |     |        |

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

NAME OF FACILITY \_\_\_\_\_

---

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

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

|        |           |       |     |        |     |      |     |        |
|--------|-----------|-------|-----|--------|-----|------|-----|--------|
| DRIVER | EMERGENCY | DEAD/ | WAS | DRIVER | SEX | RACE | AGE | INJURY |
| TOOK   | TRIAL     | OTHER | BAI | WAS    |     |      |     |        |
|        |           |       |     |        |     |      |     |        |

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

NAME OF FACILITY \_\_\_\_\_

---

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

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

|        |           |       |     |        |     |      |     |        |
|--------|-----------|-------|-----|--------|-----|------|-----|--------|
| DRIVER | EMERGENCY | DEAD/ | WAS | DRIVER | SEX | RACE | AGE | INJURY |
| TOOK   | TRIAL     | OTHER | BAI | WAS    |     |      |     |        |
|        |           |       |     |        |     |      |     |        |

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

NAME OF FACILITY \_\_\_\_\_

---

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

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

|        |           |       |     |        |     |      |     |        |
|--------|-----------|-------|-----|--------|-----|------|-----|--------|
| DRIVER | EMERGENCY | DEAD/ | WAS | DRIVER | SEX | RACE | AGE | INJURY |
| TOOK   | TRIAL     | OTHER | BAI | WAS    |     |      |     |        |
|        |           |       |     |        |     |      |     |        |

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

NAME OF FACILITY \_\_\_\_\_

---

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

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

|        |           |       |     |        |     |      |     |        |
|--------|-----------|-------|-----|--------|-----|------|-----|--------|
| DRIVER | EMERGENCY | DEAD/ | WAS | DRIVER | SEX | RACE | AGE | INJURY |
| TOOK   | TRIAL     | OTHER | BAI | WAS    |     |      |     |        |
|        |           |       |     |        |     |      |     |        |

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

NAME OF FACILITY \_\_\_\_\_

---

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

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

|        |           |       |     |        |     |      |     |        |
|--------|-----------|-------|-----|--------|-----|------|-----|--------|
| DRIVER | EMERGENCY | DEAD/ | WAS | DRIVER | SEX | RACE | AGE | INJURY |
| TOOK   | TRIAL     | OTHER | BAI | WAS    |     |      |     |        |
|        |           |       |     |        |     |      |     |        |

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

NAME OF FACILITY \_\_\_\_\_

---

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

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

|        |           |       |     |        |     |      |     |        |
|--------|-----------|-------|-----|--------|-----|------|-----|--------|
| DRIVER | EMERGENCY | DEAD/ | WAS | DRIVER | SEX | RACE | AGE | INJURY |
| TOOK   | TRIAL     | OTHER | BAI | WAS    |     |      |     |        |
|        |           |       |     |        |     |      |     |        |

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

NAME OF FACILITY \_\_\_\_\_

# DPSSP 3110 – Narrative Supplement and Alternative Grid (Two-Sided)

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>STATE OF LOUISIANA<br/>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT<br/>NARRATIVE SUPPLEMENT</p> | <p>COMPUTER NUMBER</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="margin-top: 5px;">=</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  | <p>PAGE #</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

**REFER TO EACH BY VEHICLE NUMBER**

DPSSP 3110 (REV. JAN. 2006)

INVESTIGATING OFFICER'S INITIALS \_\_\_\_\_



STATE OF LOUISIANA  
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT  
ALTERNATIVE GRID

|                 |  |  |  |  |  |        |  |
|-----------------|--|--|--|--|--|--------|--|
| COMPUTER NUMBER |  |  |  |  |  | PAGE # |  |
|                 |  |  |  |  |  |        |  |
|                 |  |  |  |  |  |        |  |



INVESTIGATING OFFICER'S INITIALS \_\_\_\_\_

## DPSSP 3111 – Driver/Witness Voluntary Statement

[illegible]

# DPSSP 3112 – Uniform Railroad Crossing Crash Supplement

| STATE OF LOUISIANA<br>UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT   |           | COMPUTER NUMBER   | PAGE # |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
|--|-----------|---|--------|-----------|-----------|-------------------|-----|------|-----|------|--|--|--|--|--|--|--|
| <input type="checkbox"/> RAILROAD TRAIN<br><input type="checkbox"/> STREET CAR<br>DOT CROSSING NUMBER _____<br>TRAIN ID NUMBER/CONSIST NUMBER _____<br>SETS OF TRACKS _____<br>TRACK SPEED LIMIT _____<br>TYPE CROSSING <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE<br>SURFACE <input type="checkbox"/> A. RUBBER MAT <input type="checkbox"/> B. ASPHALT <input type="checkbox"/> C. WOOD <input type="checkbox"/> D. CONCRETE <input type="checkbox"/> E. GRAVEL <input type="checkbox"/> Z. OTHER _____<br>ESTIMATED SPEED OF TRAIN BEFORE BRAKING _____ MPH |           | COMPANY OPERATING RR TRAIN OR STREET CAR _____<br>STREET ADDRESS _____<br>CITY _____ STATE _____ ZIP _____<br>COMPANY OWNING TRACKS _____<br>STREET ADDRESS _____<br>CITY _____ STATE _____ ZIP _____   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| ENGINEER'S NAME (LAST, FIRST, MI) _____<br>STREET ADDRESS _____<br>CITY _____ STATE _____ ZIP _____<br>ENGINEER'S CERTIFICATION NO _____   |           | DATE OF BIRTH _____<br><table border="1" style="width: 100%; text-align: center;"> <tr> <th>POS. TERM</th> <th>SUB. TERM</th> <th>TRAIN EXTS. CATED</th> <th>SEX</th> <th>RACE</th> <th>AGE</th> <th>HAIR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN <input type="checkbox"/> |        | POS. TERM | SUB. TERM | TRAIN EXTS. CATED | SEX | RACE | AGE | HAIR |  |  |  |  |  |  |  |
| POS. TERM  | SUB. TERM | TRAIN EXTS. CATED   | SEX    | RACE      | AGE       | HAIR              |     |      |     |      |  |  |  |  |  |  |  |
|  |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| CONDUCTOR'S NAME (LAST, FIRST, MI) _____<br>STREET ADDRESS _____<br>CITY _____ STATE _____ ZIP _____   |           | DATE OF BIRTH _____<br><table border="1" style="width: 100%; text-align: center;"> <tr> <th>POS. TERM</th> <th>SUB. TERM</th> <th>TRAIN EXTS. CATED</th> <th>SEX</th> <th>RACE</th> <th>AGE</th> <th>HAIR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN <input type="checkbox"/> |        | POS. TERM | SUB. TERM | TRAIN EXTS. CATED | SEX | RACE | AGE | HAIR |  |  |  |  |  |  |  |
| POS. TERM  | SUB. TERM | TRAIN EXTS. CATED   | SEX    | RACE      | AGE       | HAIR              |     |      |     |      |  |  |  |  |  |  |  |
|  |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| MARK ALL APPLICABLE BOXES  |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| WARNING DEVICES <input type="checkbox"/> CROSSBUCK <input type="checkbox"/> FLASHING LIGHTS/BELL <input type="checkbox"/> FLASHING LIGHTS/BELL/GATE <input type="checkbox"/> OTHER _____   |           | HIGHWAY USER _____<br>A. STALLED ON CROSSING<br>B. STOPPED ON CROSSING<br>C. MOVING OVER CROSSING<br>D. TRAPPED ON CROSSING   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| ADVANCE WARNING DEVICES <input type="checkbox"/> SIGN <input type="checkbox"/> PAVEMENT MARKINGS <input type="checkbox"/> ACTIVE ADVANCED WARNING <input type="checkbox"/> OTHER _____   |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| ACTIVE WARNING DEVICES FUNCTIONAL <input type="checkbox"/> LIGHTS FLASHING <input type="checkbox"/> BELL RINGING <input type="checkbox"/> GATES DOWN <input type="checkbox"/> OTHER _____  |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| TRAIN MAKE _____ TYPE _____ LEAD ENGINE # _____  |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| SERIAL NUMBER _____ NO. OF ENGINES _____ NO. OF CARS _____   |           | DISTANCE TRAVELED AFTER IMPACT _____ MILES <input type="checkbox"/> FEET <input type="checkbox"/>   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| HEADLIGHT FUNCTIONAL? <input type="checkbox"/> DITCH LIGHTS FUNCTIONAL? <input type="checkbox"/> HORN FUNCTIONAL? <input type="checkbox"/> BELL FUNCTIONAL? <input type="checkbox"/>   |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| EVENT DATA RECORDER EQUIPPED? <input type="checkbox"/> DATA RECORDER SPEED _____ SPEED RESULTS PENDING? <input type="checkbox"/>   |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| SIDE IMPACT <input type="checkbox"/> NO. OF CARS FROM LEAD ENGINE _____ TYPE RAILCAR STRUCK _____ RAILCAR NUMBER _____   |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| HAZARDOUS MATERIALS <input type="checkbox"/> DOT PLACARD # _____ CAR LOADED? <input type="checkbox"/> LEAKING? <input type="checkbox"/>  |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |
| INVESTIGATING OFFICER'S INITIALS _____   |           |   |        |           |           |                   |     |      |     |      |  |  |  |  |  |  |  |

DPSSP 3112 (REV. MAR. 2005)

## Crash Report Protocols

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This section of the manual provides general guidelines concerning the completion of the crash report forms. The guidelines cover procedures and recommendations that are used when completing all forms and parts of the crash report.

**Data Block** – An individual block will receive one alphanumeric character of information.

|  |
|--|
|  |
|--|

**Data Section** – A group of data blocks.

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

**Printing** – Print in block letters. **DO NOT** use longhand/cursive writing. Use capital letters in data blocks. Attempt to confine handwriting characters within blocks.

**Writing Tools** – ONLY USE A BLACK PEN (ballpoint, rollerball, fine-point, or black felt-tip pens are acceptable). Typing is permitted. Use only black ink. Writing tools, such as pencils, are not allowed.

**Justification** – Align all entries with the left margin except where specifically noted.

**Correct:**

|   |   |   |   |   |  |  |
|---|---|---|---|---|--|--|
| J | O | N | E | S |  |  |
|---|---|---|---|---|--|--|

**Incorrect:**

|  |  |   |   |   |   |   |
|--|--|---|---|---|---|---|
|  |  | J | O | N | E | S |
|--|--|---|---|---|---|---|

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

**Entries** – Use blank space between each word in all the data blocks for names of drivers, owners or occupants. 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*. **Spell out** the words otherwise.

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

**A) Data Entry Boxes (PAGE 1 ONLY)** – There are eight of these blocks at the top of page 1 on the report:

|                        |             |
|------------------------|-------------|
| WORK ZONE              | HIT & RUN   |
| PUBLIC PROPERTY DAMAGE | PHOTOS MADE |
| RR TRAIN INVOLVED      | FATALITY    |
| PED                    | INJURY      |

**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**). Do not mark anything in the block if the answer is **No**.

Answer **YES**:

☐

Answer **NO**:

☐

**\*NOTE: ONLY FOR PAGE 1**

**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.

Answer **YES**:

☐

Answer **NO**:

☐

**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 the following:

- Vehicle/pedestrian form for each vehicle and/or each pedestrian involved (complete at least one of these forms at every crash) – DPSSP 3106;
- More than two occupants in any vehicle – DPSSP 3108;
- A railroad or streetcar – DPSSP 3112;
- A supplemental narrative or diagram – DPSSP 3110, and/or;
- A written statement from a driver or witness – DPSSP 3111.

**Computer Report Number** – Forms **DPSSP 3106** through **3112** each have a seven (7)-block data section 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

**(DPSSP 3105)**

→ **Computer Report Number**

|                                   |             |  |       |  |        |
|-----------------------------------|-------------|--|-------|--|--------|
| TOTAL NUMBER OF VEHICLES INVOLVED |             | STATE OF LOUISIANA<br>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT |       | <br>* 7 8 5 5 0 7 4 * |        |
| DATE OF CRASH                     | TIME (0000) | DISTRICT/ZONE  | TROOP | LAT.   | PAGE # |
| PARISH                            |             |  |       | LONG.  | 01     |
| CITY OR TOWN                      |             |  |       | Quadrant   |        |
|                                   |             |  |       | Service Road   |        |
|                                   |             |  |       | NW SW N E  |        |
|                                   |             |  |       | NE SE S W  |        |

**Page Numbers** – Page numbers 1 and 2 are preprinted on the pages of form **DPSSP 3105**. Beginning with Form **DPSSP 3106 Vehicle/Pedestrian Information**, 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. Assemble the crash report package so that forms are in DPSSP form number order, and pages numbered consecutively within that package. Place supplementary reports completed after the initial report package is finished at the end of the package and assign 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 three vehicles and two of the drivers provided written statements. The final report package would consist of the following:

- **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),
- In addition, 2 copies of **3111** (pages 9 and 10, added by the reporting officer).

**IMPORTANT:** Enter the **Computer Report Number** and the **Page Number** in the upper right-hand corner for each completed page to attach additional forms to the final report package (other than one of the six DPSSP forms). (Examples of this include expanded diagrams, hospital or coroner reports, written statements not on a witness form, etc.)

**Time** – Make time entries in the 24-hour clock (MILITARY TIME) format. Four data blocks are supplied for this data entry at various places in the report. **DO NOT** use a colon.

**IMPORTANT:** Midnight is designated as “0000” hours; one minute after midnight as “0001” hours. Noon is “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 are determined by the exact reason the entry would ordinarily be blank. Provide the reader of the report with a clear understanding in the narrative section 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:**

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

**DPSSP 3110 - Narrative Supplement:** Use this form to submit follow-up information regarding Blood Alcohol Content (BAC) results, drug tests, death of a driver, occupant, or pedestrian within 30 days of the crash, or any other additional information that is recovered in the investigation. Note: You must copy the **Pre-printed Computer Number** 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 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 (BAC) or drug report from a crime lab, a supplement **MUST** be filed stating this result, and a copy of this supplement **MUST** be mailed to the Louisiana Highway Safety Commission.

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State of Louisiana

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**Uniform Motor Vehicle Traffic Crash Report**

Entries A, B, and C and 1 – 6 are shown on page 17.

## STATE OF LOUISIANA

## Uniform Motor Vehicle Traffic Crash Report

DPSSP 3105 – Page #1

## Crash Specific Data

**A. 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 the **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.

**B. Page Number**

Page number one (01) is pre-printed on this report. The front of the report is designated as page one (01) and the reverse will be page number two (02). Any remaining pages are 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.

**C. Local Agency Use Boxes**

These boxes are used to list the name of the law enforcement agency that investigated the crash and local agency crash report number. This same information is 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.

**NOTE:** A vehicle being towed by another vehicle is not a separate vehicle and it should be listed with the vehicle that was towing it.

**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 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, a four-digit format is required for the year.

**EXAMPLE:** January 1, 2005 is 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. Write the time using the 24-hour clock where 0000 is midnight and 1200 is noon. Enter "**UNK**" in these blocks if the time of the crash is not known. Refer to the section on Crash Report Protocols at the beginning of this manual for specific instructions on coding time.

**NOTE:** A crash is investigated the morning after it was discovered that the vehicle ran off the road during the previous night. Clarification for this type of entry is made in the narrative.

**4. District/Zone**

Use 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 is only 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.**

| TOTAL NUMBER OF VEHICLES INVOLVED  |  | STATE OF LOUISIANA<br>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT   |  |  |  | <br>* 4 0 0 0 0 0 1 *   |  |   |  |
|--|--|--|--|--|--|---|--|---|--|
| DATE OF CRASH  |  | TIME (0000)  |  | DISTRICT/ZONE  |  | TROOP   |  |   |  |
| PARISH   |  | PARISH CODE  |  | LAT.   |  | PAGE #  |  |   |  |
| CITY OR TOWN   |  | CITY CODE  |  | LONG.  |  | 01  |  |   |  |
| CRASH OCCURRED ON:<br>A. INTERSTATE<br>B. STATE HWY.<br>C. US HWY.<br>D. CITY STREET<br>E. RAMP<br>F. PRIVATE PROPERTY<br>G. TOLL ROAD   |  | HIGHWAY #<br>MILEPOST<br>ROADWAY NAME<br>STREET/HIGHWAY<br>AT INTERSECTION<br>NOT AT INTERSECTION  |  | QUADRANT<br>NW SW NE SE<br>N E S W   |  | SERVICE ROAD<br>NAME<br>TYPE  |  |   |  |
| ROAD SURFACE (ONE PER COLUMN)<br>A. DRY<br>B. WET<br>C. UNKNOWN<br>D. ICE<br>E. OIL/GRUNT<br>F. GRAVEL<br>G. DIRT<br>H. UNKNOWN  |  | ROADWAY CONDITIONS<br>A. NO IMPROVEMENTS<br>B. SHOULDER ABNORMALLY<br>C. HOLES<br>D. DEEP RUTS<br>E. DUMPS<br>F. LOGS/SURFACE MATERIAL<br>G. CONSTRUCTION, REPAIR<br>H. OVERHEAD CLEARANCE LIMITED<br>I. CONSTRUCTION - NO BARRIERS<br>J. PREVIOUS CRASH<br>K. RAMP ON ROADWAY<br>L. ANIMAL IN ROADWAY<br>M. OBJECT IN ROADWAY<br>N. OTHER |  | TYPE OF ROADWAY<br>A. ONE-WAY ROAD<br>B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION<br>C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION<br>D. TWO-WAY ROAD WITH A PHYSICAL BARRIER<br>E. OTHER   |  | ALIGNMENT<br>A. STRAIGHT-LEVEL<br>B. STRAIGHT-LEVEL ELEVATED<br>C. CURVE-LEVEL<br>D. CURVE-LEVEL ELEVATED<br>E. ON GRADE-STRAIGHT<br>F. ON GRADE-CURVE<br>G. HILL/GRAD-STEADY<br>H. HILL/GRAD-CURVE<br>I. DIP RAMP-STRAIGHT<br>J. DIP RAMP-CURVE<br>K. UPRAMP<br>L. OTHER |  | PRIMARY FACTOR<br>SECONDARY FACTOR<br>A. VIOLATIONS<br>B. MOVEMENT PRIOR TO CRASH<br>C. VEHICLE DEFECTS<br>D. CONDITION OF DRIVER<br>E. VEHICLE CONDITION<br>F. ROAD SURFACE<br>G. ROADWAY CONDITION<br>H. LIGHTING<br>I. WEATHER<br>J. TRAFFIC CONTROL<br>K. KIND OF LOCATION<br>L. CONDITION OF PRECEDENT<br>M. PRECEDENT ACTIONS |  |
| WEATHER<br>A. CLEAR<br>B. CLOUDY<br>C. RAIN<br>D. FOG/SMOG<br>E. SLEET/RAIL<br>F. SNOW<br>G. ICE<br>H. UNKNOWN   |  | KIND OF LOCATION<br>A. MANUFACTURING OR INDUSTRIAL<br>B. BUSINESS CONTINUOUS<br>C. BUSINESS, MIXED RESIDENTIAL<br>D. RESIDENTIAL DISTRICT<br>E. RESIDENTIAL SCATTERED<br>F. SCHOOL OR PLAYGROUND<br>G. OPEN COUNTRY<br>H. OTHER  |  | RELATION TO ROADWAY<br>A. ON ROADWAY<br>B. SHOULDER<br>C. MEDIAN<br>D. BEYOND SHOULDER - LEFT<br>E. BEYOND SHOULDER - RIGHT<br>F. BEYOND FRONT OF WAY<br>G. DIRT<br>H. UNKNOWN<br>I. OTHER   |  | ACCESS CONTROL<br>A. NO CONTROL<br>B. LIMITED ACCESS TO ROADWAY<br>C. PARTIAL CONTROL<br>D. LIMITED ACCESS TO ROADWAY<br>E. FULL CONTROL<br>F. ONLY RAMP ENTRANCE & EXIT<br>G. UNKNOWN<br>H. OTHER  |  | LIGHTING<br>A. DAYLIGHT<br>B. DARK - NO STREET LIGHTS<br>C. DARK - CONTRAST STREET LIGHT<br>D. DARK - STREET LIGHT AT INTERSECTION ONLY<br>E. DARK<br>F. DARK<br>G. UNKNOWN<br>H. OTHER   |  |
| VEHICLE INFORMATION<br>A. PASSENGER CAR<br>B. LIGHT TRUCK (FBI, ETC.)<br>C. VAN<br>D. A, B, C, OR R WITH TRAILER<br>E. MOTORCYCLE<br>F. HIGHWHEEL<br>G. OFF-ROAD VEHICLE<br>H. EMERGENCY VEHICLE OR BUS<br>I. SCHOOL BUS<br>J. BUS W/SEATS FOR 15 OR MORE OCCUPANTS<br>K. BUS W/SEATS FOR 16 OR MORE OCC.<br>L. SINGLE UNIT TRUCK NO 2 AXLES<br>M. SINGLE UNIT TRUCK NO 3 AXLES OR MORE<br>N. TRUCK/ TRAILER<br>O. TRUCK/ TRAILER<br>P. TRUCK/ TRAILER<br>Q. TRACTOR SEMI-TRAILER<br>R. TRUCK DOUBLE<br>S. SUV<br>T. FARM EQUIPMENT<br>U. MOTOR HOME<br>V. OTHER |  |  |  | DAMAGE BODY TYPE<br>A. BUS<br>B. WAGON/COUPE/BOX<br>C. CARGO VAN<br>D. FLATBED<br>E. DUMP TRUCK/ TRAILER<br>F. CONCRETE MIXER<br>G. AUTO TRANSPORTER<br>H. LOG TRUCK/ TRAILER<br>I. BARBAGE/ REFUSE<br>J. HOPPER<br>K. POLE TRAILER<br>L. NO DAMAGE BODY<br>M. OTHER |  |   |  |   |  |
| EMERGENCY SERVICES<br>AMBULANCE SERVICE<br>FIRE DEPARTMENT   |  | TIME CALLED<br>APPROVED SCENE<br>DEPARTED SCENE<br>APPROVED HOSPITAL   |  | RESCUE UNIT<br>FIRE DEPARTMENT   |  | TIME CALLED<br>APPROVED SCENE   |  |   |  |
| INVESTIGATING AGENCY<br>NAME OF AGENCY<br>TIME OF NOTIFICATION<br>TIME OF ARRIVAL<br>TIME ALL LARDE OPENED   |  | INVESTIGATING POLICE AGENCY<br>A. STATE B. PARISH C. CITY D. OTHER   |  | DATE REPORT COMPLETED  |  | SUPERVISOR'S SIGNATURE<br>DETAILS OR BADGE  |  |   |  |

| TOTAL NUMBER OF VEHICLES INVOLVED  |  | STATE OF LOUISIANA<br>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT |  |               |  | <br>* 4 0 0 0 0 0 1 * |  |
|------------------------------------|--|--|--|---------------|--|-----------------------|--|
| DATE OF CRASH                      |  | TIME (0000)  |  | DISTRICT/ZONE |  | TROOP                 |  |
| PARISH                             |  | PARISH CODE  |  | LAT.          |  | PAGE #                |  |
| CITY OR TOWN                       |  | CITY CODE  |  | LONG.         |  | 01                    |  |
| QUADRANT<br>NW SW NE SE<br>N E S W |  | SERVICE ROAD<br>NAME<br>TYPE                                     |  | A             |  |                       |  |

Entries for 7 through 12 are found on page 21.



## 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**. The GPS reading is taken as closely as possible to the approximate point of impact on the roadway or area of departure from the roadway.

**EXAMPLE:** The intersection of Florida Blvd. (U.S. 190) and Airline Hwy. (U.S. 61) is 30.45269, -91.09577.

|       |          |
|-------|----------|
| LAT.  | 30.45269 |
| LONG. | 91.09577 |

## 11. Quadrant

This data section applies to partial or fully controlled access highways that have “cloverleaf” or “diamond” type interchanges.

**EXAMPLE:** Entrance and exit ramps located at an interstate interchange would require an entry into this section. Also, enter partial interchanges. The quadrant of the interchange should coincide with the general direction of the highway rather than the true compass direction.



“CLOVERLEAF INTERCHANGE” If the general north direction is to the right of the picture,

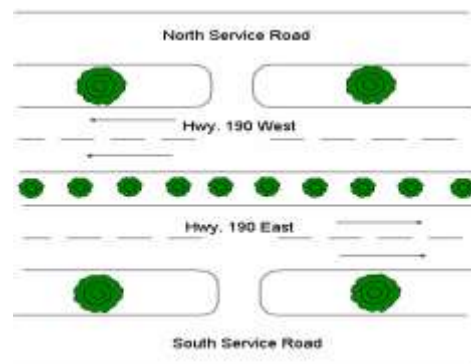



“DIAMOND INTERCHANGE” If the general north direction is to the right of the picture...

## 12. Service Road

This data section is used to properly locate a crash occurring on a service road of a major highway. Included in this section are Interstate and U.S. Highway service roads.

**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. Indicate which service road where the crash occurred on.



| TOTAL NUMBER OF VEHICLES INVOLVED   |                               | STATE OF LOUISIANA<br>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT  |  | <br>* 4 0 0 0 0 1 *   |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
|---|-------------------------------|---|--|---|------------------|------------------------|---------------------|------------------------|-----------------------|-------------------|----------|-------------------|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|------------------|-------------------------------|---------------------|--|--|------------|----------------------|--------|------------|---------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|---------------|-----------------------------|-----------------------------------|-------------------|------------------|---------------|---------------------|------------------------|-----------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--------|---------------|---------------|---------------------------------|-------------------|--------|----------|---------------|-------------------|--------------------|-------------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| DATE OF CRASH   |                               | TIME  |  | DISTRICT/ZONE   |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| PARISH  |                               | TOWNSHIP  |  | LAT. / LONG.  |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| CITY OR TOWN  |                               | CITY CODE   |  | GASTOWN: NW SE NE SW<br>SERVICE ROAD: N E S W   |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| CRASH OCCURRED ON:<br>A. INTERSTATE<br>B. U.S. HWY<br>C. STATE HWY<br>D. PARISH ROAD<br>E. CITY STREET<br>F. OFF ROAD<br>G. PRIVATE PROPERTY<br>H. TOLL ROAD  |                               | HIGHWAY #<br>MILEPOST<br>ROADWAY NAME   |  | DISTANCE<br>MILES<br>FEET<br>STREET/HIGHWAY<br>AT INTERSECTION<br>NOT AT INTERSECTION   |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| ROAD SURFACE<br>(ONE PER COLUMN)<br>A. DRY<br>B. WET<br>C. SLUSHY<br>D. ICE<br>E. CONTAMINANT<br>(OIL, GREASE, ETC.)<br>F. UNKNOWN<br>G. OTHER  |                               | ROADWAY CONDITIONS<br>A. NO ABNORMALITIES<br>B. SHOULDER ABNORMALITY<br>C. HOLES<br>D. DEEP RUTS<br>E. BUMPS<br>F. LOOSE SURFACE MATERIAL<br>G. CONSTRUCTION DEBRIS<br>H. CONSTRUCTION - NO WARNING<br>I. CONSTRUCTION - LIMITED<br>J. PROTRUSING OBJECTS<br>K. WATER ON ROADWAY<br>L. JAVELIN IN ROADWAY<br>M. OBJECT IN ROADWAY<br>N. OTHER |  | TYPE OF ROADWAY<br>A. ONE-WAY ROAD<br>B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION<br>C. TWO-WAY ROAD WITH PHYSICAL SEPARATION<br>D. TWO-WAY ROAD WITH PHYSICAL SEPARATION<br>E. UNKNOWN<br>F. OTHER   |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| WEATHER<br>A. CLEAR<br>B. CLOUDY<br>C. RAIN<br>D. FOG/SMOG<br>E. SLEET/RAIN<br>F. SNOW<br>G. BLIZZARD (SNOWING)<br>H. BLOWING SAND, SOIL, DIRT, SNOW<br>I. UNKNOWN<br>J. OTHER  |                               | KIND OF LOCATION<br>A. MANUFACTURING OR INDUSTRIAL<br>B. BUSINESS/COMMERCIAL<br>C. BUSINESS/RECREATIONAL<br>D. RESIDENTIAL DISTRICT<br>E. RESIDENTIAL/SCATTERED<br>F. SCHOOL OR PLAYGROUND<br>G. OPEN COUNTRY<br>H. OTHER   |  | ALIGNMENT<br>A. STRAIGHT-LEVEL<br>B. STRAIGHT-LEVEL, ELEVATED<br>C. CURVE-LEVEL<br>D. CURVE-LEVEL, ELEVATED<br>E. ON GRADE-STRIGHT<br>F. ON GRADE-CURVE<br>G. HILLTOP-STRIGHT<br>H. HILLTOP-CURVE<br>I. DIP HUMP-STRIGHT<br>J. DIP HUMP-CURVE<br>K. UNKNOWN<br>L. OTHER |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| ACCESS CONTROL<br>A. NO CONTROL<br>B. LIMITED ACCESS TO ROADWAY<br>C. PARTIAL CONTROL<br>D. LIMITED ACCESS TO ROADWAY<br>E. FULL CONTROL<br>F. ONLY RAMP ENTRANCE & EXIT<br>G. UNKNOWN<br>H. OTHER  |                               | RELATION TO ROADWAY<br>A. ON ROADWAY<br>B. SHOULDER<br>C. MEDIAN<br>D. BEYOND SHOULDER - LEFT<br>E. BEYOND SHOULDER - RIGHT<br>F. BEYOND RIGHT OF WAY<br>G. OTHER<br>H. UNKNOWN<br>I. OTHER   |  | PRIMARY FACTOR<br>SECONDARY FACTOR<br>LIGHTING<br>A. DAYLIGHT<br>B. DARK - NO STREET LIGHTS<br>C. DARK - CONTINUOUS STREET LIGHT<br>D. DARK - STREET LIGHT AT INTERSECTION ONLY<br>E. DIMS<br>F. DAWN<br>G. UNKNOWN<br>H. OTHER   |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="12">VEHICLE IDENTIFICATION</th> <th colspan="12">DRIVING BOOK TYPE</th> </tr> </thead> <tbody> <tr> <td>A. PASSENGER CAR</td> <td>D. A, B, C, OR D WITH TRAILER</td> <td>G. OFF-ROAD VEHICLE</td> <td>J. BUS/VEHICLE FOR 9 OR MORE OCCUPANTS</td> <td>M. WHOLE UNIT TRUCK WITH DRIVER OR MOTOR</td> <td>Q. TRACTOR</td> <td>T. TRACTOR EQUIPMENT</td> <td>A. BUS</td> <td>D. FLATBED</td> <td>G. AUTO TRANSPORTER</td> <td>J. HOPPER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B. LT TRUCK (FV, ETC.)</td> <td>E. MOTORCYCLE</td> <td>H. EMERGENCY VEHICLE IN USE</td> <td>K. BUS/VEHICLE FOR 9 OR MORE OCC.</td> <td>N. TRUCK/ TRAILER</td> <td>R. TRUCK/ DOUBLE</td> <td>V. MOTOR HOME</td> <td>B. WAGON/CLOSER BOX</td> <td>E. DUMP TRUCK/ TRAILER</td> <td>H. LOG TRUCK/ TRAILER</td> <td>K. POLE TRAILER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C. VAN</td> <td>F. PEDALCYCLE</td> <td>I. SCHOOL BUS</td> <td>L. WHOLE UNIT TRUCK WITH DRIVER</td> <td>P. TRUCK/ TRACTOR</td> <td>S. BUS</td> <td>Z. OTHER</td> <td>C. CARGO TANK</td> <td>F. CONCRETE MIXER</td> <td>I. GARBAGE/ REFUSE</td> <td>X. HT. CARGO BODY</td> <td>Z. OTHER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                               |   |  |   |                  | VEHICLE IDENTIFICATION |                     |                        |                       |                   |          |                   |  |  |  |  |  | DRIVING BOOK TYPE |  |  |  |  |  |  |  |  |  |  |  | A. PASSENGER CAR | D. A, B, C, OR D WITH TRAILER | G. OFF-ROAD VEHICLE | J. BUS/VEHICLE FOR 9 OR MORE OCCUPANTS | M. WHOLE UNIT TRUCK WITH DRIVER OR MOTOR | Q. TRACTOR | T. TRACTOR EQUIPMENT | A. BUS | D. FLATBED | G. AUTO TRANSPORTER | J. HOPPER |  |  |  |  |  |  |  |  |  |  |  |  | B. LT TRUCK (FV, ETC.) | E. MOTORCYCLE | H. EMERGENCY VEHICLE IN USE | K. BUS/VEHICLE FOR 9 OR MORE OCC. | N. TRUCK/ TRAILER | R. TRUCK/ DOUBLE | V. MOTOR HOME | B. WAGON/CLOSER BOX | E. DUMP TRUCK/ TRAILER | H. LOG TRUCK/ TRAILER | K. POLE TRAILER |  |  |  |  |  |  |  |  |  |  |  |  | C. VAN | F. PEDALCYCLE | I. SCHOOL BUS | L. WHOLE UNIT TRUCK WITH DRIVER | P. TRUCK/ TRACTOR | S. BUS | Z. OTHER | C. CARGO TANK | F. CONCRETE MIXER | I. GARBAGE/ REFUSE | X. HT. CARGO BODY | Z. OTHER |  |  |  |  |  |  |  |  |  |  |  |
| VEHICLE IDENTIFICATION  |                               |   |  |   |                  |                        |                     |                        |                       |                   |          | DRIVING BOOK TYPE |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| A. PASSENGER CAR  | D. A, B, C, OR D WITH TRAILER | G. OFF-ROAD VEHICLE   | J. BUS/VEHICLE FOR 9 OR MORE OCCUPANTS | M. WHOLE UNIT TRUCK WITH DRIVER OR MOTOR  | Q. TRACTOR       | T. TRACTOR EQUIPMENT   | A. BUS              | D. FLATBED             | G. AUTO TRANSPORTER   | J. HOPPER         |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| B. LT TRUCK (FV, ETC.)  | E. MOTORCYCLE                 | H. EMERGENCY VEHICLE IN USE   | K. BUS/VEHICLE FOR 9 OR MORE OCC.      | N. TRUCK/ TRAILER   | R. TRUCK/ DOUBLE | V. MOTOR HOME          | B. WAGON/CLOSER BOX | E. DUMP TRUCK/ TRAILER | H. LOG TRUCK/ TRAILER | K. POLE TRAILER   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| C. VAN  | F. PEDALCYCLE                 | I. SCHOOL BUS   | L. WHOLE UNIT TRUCK WITH DRIVER        | P. TRUCK/ TRACTOR   | S. BUS           | Z. OTHER               | C. CARGO TANK       | F. CONCRETE MIXER      | I. GARBAGE/ REFUSE    | X. HT. CARGO BODY | Z. OTHER |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| EMERGENCY SERVICES<br>AMBULANCE<br>FIRE DEPARTMENT  |                               | TIME CALLED<br>ARRIVED SCENE<br>DEPARTED SCENE<br>ARRIVED HOSPITAL  |  | TIME CALLED<br>ARRIVED SCENE  |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| INVESTIGATING AGENCY<br>NAME OF AGENCY<br>TIME OF NOTIFICATION<br>TIME OF ARRIVAL<br>TIME ALL LINES OPENED  |                               | INVESTIGATING POLICE AGENCY<br>A. 911-222<br>B. 911-222<br>C. 911-222<br>D. 911-222   |  | DATE REPORT COMPLETED<br>SIGNATURE<br>BADGE #<br>SUPERVISOR'S INITIALS OR BADGE   |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |
| CRASH OCCURRED ON:<br>A. INTERSTATE<br>B. U.S. HWY<br>C. STATE HWY<br>D. PARISH ROAD<br>E. CITY STREET<br>F. OFF ROAD<br>G. PRIVATE PROPERTY<br>H. TOLL ROAD  |                               | HIGHWAY #<br>MILEPOST<br>ROADWAY NAME   |  | DISTANCE<br>MILES<br>FEET<br>STREET/HIGHWAY<br>AT INTERSECTION<br>NOT AT INTERSECTION   |                  |                        |                     |                        |                       |                   |          |                   |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |  |  |                  |                               |                     |  |  |            |                      |        |            |                     |           |  |  |  |  |  |  |  |  |  |  |  |  |                        |               |                             |                                   |                   |                  |               |                     |                        |                       |                 |  |  |  |  |  |  |  |  |  |  |  |  |        |               |               |                                 |                   |        |          |               |                   |                    |                   |          |  |  |  |  |  |  |  |  |  |  |  |

Entries 13 and 14 are shown on pages 21-22.

### 13. Crash Occurred On

Mark the corresponding letter that describes the type of roadway on which the crash occurred. This designation corresponds 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 are classified as such. **Off Road/Private Property** is 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. Note: the type of highway in the **Crash Occurred On** section.

**EXAMPLE:** LA. 308 is entered as 308. I-10 is entered as 10. U.S. 61 is entered as 61.

**DO NOT** enter Parish Road numbers in this block. Investigators should take note of the additional dashed block, which is utilized for spur or business routes or for routes with hyphenation in its number.

**EXAMPLE:** U.S. 90 branches to U.S. 90 Business (90B) in certain areas of the state. Enter as 90-B. LA. 70 Spur is entered as 70-S and LA. 1015-2 is entered as 1015-2.

**NOTE: THESE ENTRIES SHOULD BE RIGHT JUSTIFIED<sup>1</sup>.**

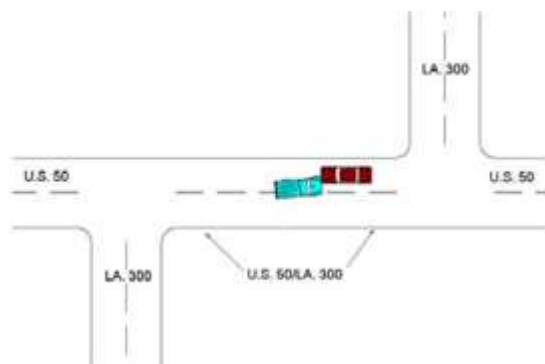
When a segment of roadway has two or more U.S. highway numbers assigned, use the lower highway number because lower numbers designate major highways. The same criterion applies when two or more State highways travel the same route. Enter the U.S. highway if a U.S. highway and a State highway travel the same segment of roadway. (Refer to the first figure.)

**Definition of an Intersection:** an intersection consists of two or more roadways that intersect at the same level.

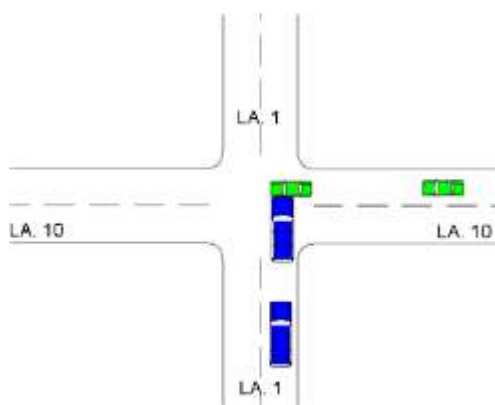
An area which:

1. Contains a crossing or connection of two or more roadways not classified as a driveway access
2. Is embraced within the prolongation of the lateral curb line, or, if none, the lateral boundary line of the roadways.

Record the number of the major highway (lower number) if the crash occurs at an intersection of two highways and the vehicles are traveling at right angles to each other. (Refer to the second figure.)



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

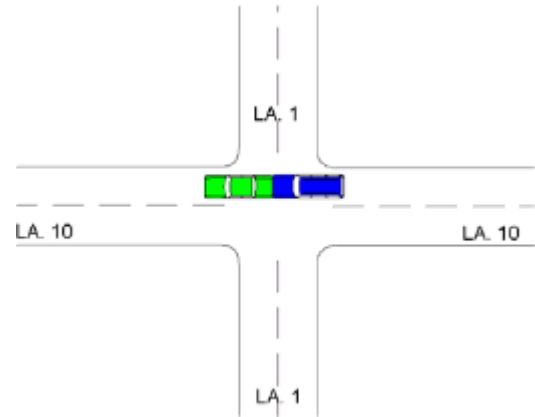


In the above example the crash occurred within the intersection and the vehicles were traveling at right angles to each other. LA. 1 would be the correct highway because LA. 1 is the lower numbered state highway.

<sup>1</sup> See CRASH REPORT PROTOCOLS for justification

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 both the vehicles were traveling (making sure to reference the intersecting roadway. See image for these instructions). Record the official route number of the Interstate, U.S., or State highway 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 an entry is based on its 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, 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.*



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| STATE OF LOUISIANA<br>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT   |  |   |  |  |  |   |  |   |  |   |  |
|--|--|---|--|--|--|---|--|---|--|---|--|
| TOTAL NUMBER OF VEHICLES INVOLVED <span style="border: 1px solid black; padding: 2px;">  </span>   |  |   |  |  |  | * 4 0 0 0 0 0 1 *   |  |   |  |   |  |
| DATE OF CRASH <span style="border: 1px solid black; padding: 2px;">  </span>   |  | TIME (0000) <span style="border: 1px solid black; padding: 2px;">  </span>  |  | DISTRICT (ZONE) <span style="border: 1px solid black; padding: 2px;">  </span>   |  | TROOP <span style="border: 1px solid black; padding: 2px;">  </span>  |  | PAGE # <span style="border: 1px solid black; padding: 2px;">01</span>   |  |   |  |
| PARISH <span style="border: 1px solid black; padding: 2px;">  </span>  |  | PARISH CODE <span style="border: 1px solid black; padding: 2px;">  </span>  |  | LAT. <span style="border: 1px solid black; padding: 2px;">  </span>  |  | LONG. <span style="border: 1px solid black; padding: 2px;">  </span>  |  |   |  |   |  |
| CITY OR TOWN <span style="border: 1px solid black; padding: 2px;">  </span>  |  | CITY CODE <span style="border: 1px solid black; padding: 2px;">  </span>  |  | Quadrant: NW SW NE SE<br>Service Road: N E S W   |  |   |  |   |  |   |  |
| CRASH OCCURRED ON:<br>A. INTERSTATE<br>B. U.S. HWY<br>C. STATE HWY<br>D. PARISH ROAD<br>E. CITY STREET<br>F. OFF ROAD<br>G. PRIVATE PROPERTY<br>H. TOLL ROAD   |  | HIGHWAY # <span style="border: 1px solid black; padding: 2px;">  </span>  |  | MILEPOST <span style="border: 1px solid black; padding: 2px;">  </span>  |  | ROADWAY NAME <span style="border: 1px solid black; padding: 2px;">  </span>   |  | WORK ZONE <span style="border: 1px solid black; padding: 2px;">  </span>  |  |   |  |
| DISTANCE <span style="border: 1px solid black; padding: 2px;">  </span> MILES <span style="border: 1px solid black; padding: 2px;">  </span> NE<br>DISTANCE <span style="border: 1px solid black; padding: 2px;">  </span> FEET <span style="border: 1px solid black; padding: 2px;">  </span> SW  |  | STREET/HIGHWAY <span style="border: 1px solid black; padding: 2px;">  </span>   |  | AT INTERSECTION <span style="border: 1px solid black; padding: 2px;">  </span>   |  | NOT AT INTERSECTION <span style="border: 1px solid black; padding: 2px;">  </span>  |  | PUBLIC PROPERTY DAMAGE <span style="border: 1px solid black; padding: 2px;">  </span>   |  |   |  |
| DISTANCE <span style="border: 1px solid black; padding: 2px;">  </span> MILES <span style="border: 1px solid black; padding: 2px;">  </span> NE<br>DISTANCE <span style="border: 1px solid black; padding: 2px;">  </span> FEET <span style="border: 1px solid black; padding: 2px;">  </span> SW  |  | STREET/HIGHWAY <span style="border: 1px solid black; padding: 2px;">  </span>   |  | AT INTERSECTION <span style="border: 1px solid black; padding: 2px;">  </span>   |  | NOT AT INTERSECTION <span style="border: 1px solid black; padding: 2px;">  </span>  |  | RR TRAIN INVOLVED <span style="border: 1px solid black; padding: 2px;">  </span>  |  |   |  |
|  |  |   |  |  |  |   |  | PED <span style="border: 1px solid black; padding: 2px;">  </span>  |  |   |  |
| CONTRIBUTING FACTORS AND CONDITIONS  |  |   |  |  |  |   |  |   |  |   |  |
| ROAD SURFACE (ONE PER COLUMN)<br>A. DRY<br>B. WET<br>C. SNOW/SLUSH<br>D. ICE<br>E. CONTAMINANT (SAND, MUD, GREASE, OIL, ETC.)<br>F. UNKNOWN  |  | ROADWAY CONDITIONS<br>A. NO ABNORMALITIES<br>B. SHOULDER ABNORMALITY<br>C. HOLES<br>D. DEEP RUTS<br>E. BUMP<br>F. LOOSE SURFACE MATERIAL<br>G. CONSTRUCTION BARRIER<br>H. OVERHEAD CLEARANCE LIMITED<br>I. CONSTRUCTION - NO WARNING<br>J. PREVIOUS CRASH<br>K. WORK ON ROADWAY<br>L. ANIMAL IN ROADWAY<br>M. OBJECT IN ROADWAY<br>N. OTHER |  | TYPE OF ROADWAY<br>A. ONE-WAY ROAD<br>B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION<br>C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION<br>D. TWO-WAY ROAD WITH A PHYSICAL BARRIER<br>E. UNKNOWN<br>F. OTHER |  | ALIGNMENT<br>A. STRAIGHT-LEVEL<br>B. STRAIGHT-LEVEL ELEVATED<br>C. CURVE-LEVEL<br>D. CURVE-LEVEL ELEVATED<br>E. ON GRADE-STRIGHT<br>F. ON GRADE-CURVE<br>G. HILL-CREST-STRIGHT<br>H. HILL-CREST-CURVE<br>I. DIP HUMP-STRIGHT<br>J. DIP HUMP-CURVE<br>K. UNKNOWN<br>L. OTHER |  | PRIMARY FACTOR<br>A. VIOLATIONS<br>B. MOVEMENT PRIOR TO CRASH<br>C. VISION OBSTRUCTIONS<br>D. CONDITION OF DRIVER<br>E. VEHICLE CONDITIONS<br>F. ROAD SURFACE<br>G. ROADWAY CONDITIONS<br>H. LIGHTING<br>I. WEATHER<br>J. TRAFFIC CONTROL<br>K. KIND OF LOCATION<br>L. CONDITION OF PEDESTRIAN<br>M. PEDESTRIAN ACTIONS |  | SECONDARY FACTOR<br>A. DAYLIGHT<br>B. DARK - NO STREET LIGHTS<br>C. DARK - CONTINUOUS STREET LIGHT<br>D. DARK - STREET LIGHT AT INTERSECTION ONLY<br>E. DARK<br>F. DARK<br>G. UNKNOWN<br>H. OTHER |  |
| WEATHER<br>A. CLEAR<br>B. CLOUDY<br>C. RAIN<br>D. FOG/SMOG<br>E. SLEET/RAIL<br>F. SNOW<br>G. SEVERE CROSSWIND<br>H. BLOWING SAND, SOIL, DIRT, SNOW<br>I. UNKNOWN<br>J. OTHER   |  | KIND OF LOCATION<br>A. MANUFACTURING OR INDUSTRIAL<br>B. BUSINESS CONTINUOUS<br>C. BUSINESS MIXED RESIDENTIAL<br>D. RESIDENTIAL DISTRICT<br>E. RESIDENTIAL SCATTERED<br>F. SCHOOL OR PLAYGROUND<br>G. OTHER   |  | RELATION TO ROADWAY<br>A. ON ROADWAY<br>B. SHOULDER<br>C. MEDIAN<br>D. BEYOND SHOULDER - LEFT<br>E. BEYOND SHOULDER - RIGHT<br>F. BEYOND RIGHT-OF-WAY<br>G. SOLE<br>H. UNKNOWN<br>I. OTHER           |  | ACCESS CONTROL<br>A. NO CONTROL<br>B. UNLIMITED ACCESS TO ROADWAY<br>C. PARTIAL CONTROL, LIMITED ACCESS TO ROADWAY<br>D. FULL CONTROL, ONLY RAMP ENTRANCE & EXIT<br>E. UNKNOWN<br>F. OTHER  |  | LIGHTING<br>A. DAYLIGHT<br>B. DARK - NO STREET LIGHTS<br>C. DARK - CONTINUOUS STREET LIGHT<br>D. DARK - STREET LIGHT AT INTERSECTION ONLY<br>E. DARK<br>F. DARK<br>G. UNKNOWN<br>H. OTHER   |  |   |  |
| VEHICLE CONTRIBUTION   |  |   |  |  |  |   |  |   |  |   |  |
| A. PASSENGER CAR<br>B. LT. TRUCK (P.U., ETC.)<br>C. VAN<br>D. A, B, C, OR S WITH TRAILER<br>E. MOTORCYCLE<br>F. PEDALCYCLE<br>G. OFF-ROAD VEHICLE<br>H. EMERGENCY VEHICLE IN USE<br>I. SCHOOL BUS<br>J. BUS W/SEATS FOR 9-15 OCCUPANTS<br>K. BUS W/SEATS FOR 16 OR MORE OCC.<br>L. SINGLE UNIT TRUCK W/2 AXLES<br>M. SINGLE UNIT TRUCK W/3 AXLES OR MORE<br>N. TRUCK/ TRAILER<br>P. TRUCK/ TRAILER<br>Q. TRACTOR SEMI-TRAILER<br>R. TRUCK DOUBLE<br>S. SUV<br>T. FARM EQUIPMENT<br>U. MOTOR HOME<br>V. OTHER |  | CHASSIS BODY TYPE<br>A. BUS<br>B. VAN/ENCLOSED BOX<br>C. CARGO TANK<br>D. FLATBED<br>E. DUMP TRUCK/ TRAILER<br>F. CONCRETE MIXER<br>G. AUTO TRANSPORTER<br>H. LOG TRUCK/ TRAILER<br>I. GARBAGE/ REFUSE<br>J. HOPPER<br>K. POLE TRAILER<br>L. NO CARGO BODY<br>M. OTHER  |  | TIME CALLED <span style="border: 1px solid black; padding: 2px;">  </span>   |  | TIME OF NOTIFICATION <span style="border: 1px solid black; padding: 2px;">  </span>   |  | TIME OF ARRIVAL <span style="border: 1px solid black; padding: 2px;">  </span>  |  | TIME ALL LANES OPENED <span style="border: 1px solid black; padding: 2px;">  </span>  |  |
| EMERGENCY SERVICES <span style="border: 1px solid black; padding: 2px;">  </span>  |  | AMBULANCE <span style="border: 1px solid black; padding: 2px;">  </span>  |  | FIRE DEPARTMENT <span style="border: 1px solid black; padding: 2px;">  </span>   |  | RESCUE UNIT <span style="border: 1px solid black; padding: 2px;">  </span>  |  |   |  |   |  |
| INVESTIGATING AGENCY   |  |   |  |  |  |   |  |   |  |   |  |
| NAME OF AGENCY <span style="border: 1px solid black; padding: 2px;">  </span>  |  | TIME OF NOTIFICATION <span style="border: 1px solid black; padding: 2px;">  </span>   |  | TIME OF ARRIVAL <span style="border: 1px solid black; padding: 2px;">  </span>   |  | TIME ALL LANES OPENED <span style="border: 1px solid black; padding: 2px;">  </span>  |  |   |  |   |  |
| INVESTIGATION COMPLETE <span style="border: 1px solid black; padding: 2px;">  </span>  |  | INVESTIGATING POLICE AGENCY <span style="border: 1px solid black; padding: 2px;">  </span>  |  | DATE REPORT COMPLETED <span style="border: 1px solid black; padding: 2px;">  </span>   |  | SUPERVISOR'S INITIALS OR BADGE # <span style="border: 1px solid black; padding: 2px;">  </span>   |  |   |  |   |  |
| INVESTIGATING OFFICER'S NAME (PRINT) <span style="border: 1px solid black; padding: 2px;">  </span>  |  | SIGNATURE <span style="border: 1px solid black; padding: 2px;">  </span>  |  | BADGE # <span style="border: 1px solid black; padding: 2px;">  </span>   |  | SUPERVISOR'S INITIALS OR BADGE # <span style="border: 1px solid black; padding: 2px;">  </span>   |  |   |  |   |  |
| CRASH OCCURRED ON  |  |   |  |  |  |   |  |   |  |   |  |
| A. INTERSTATE<br>B. U.S. HWY<br>C. STATE HWY<br>D. PARISH ROAD<br>E. CITY STREET<br>F. OFF ROAD<br>G. PRIVATE PROPERTY<br>H. TOLL ROAD   |  | HIGHWAY # <span style="border: 1px solid black; padding: 2px;">14</span>  |  | MILEPOST <span style="border: 1px solid black; padding: 2px;">15</span>  |  | ROADWAY NAME <span style="border: 1px solid black; padding: 2px;">16</span>   |  | WORK ZONE <span style="border: 1px solid black; padding: 2px;">22</span>  |  |   |  |
| DISTANCE <span style="border: 1px solid black; padding: 2px;">18</span> MILES <span style="border: 1px solid black; padding: 2px;">19</span> NE<br>DISTANCE <span style="border: 1px solid black; padding: 2px;">18</span> FEET <span style="border: 1px solid black; padding: 2px;">20</span> SW  |  | STREET/HIGHWAY <span style="border: 1px solid black; padding: 2px;">  </span>   |  | AT INTERSECTION <span style="border: 1px solid black; padding: 2px;">17</span>   |  | NOT AT INTERSECTION <span style="border: 1px solid black; padding: 2px;">  </span>  |  | PUBLIC PROPERTY DAMAGE <span style="border: 1px solid black; padding: 2px;">  </span>   |  |   |  |
| DISTANCE <span style="border: 1px solid black; padding: 2px;">18</span> MILES <span style="border: 1px solid black; padding: 2px;">19</span> NE<br>DISTANCE <span style="border: 1px solid black; padding: 2px;">18</span> FEET <span style="border: 1px solid black; padding: 2px;">20</span> SW  |  | STREET/HIGHWAY <span style="border: 1px solid black; padding: 2px;">  </span>   |  | AT INTERSECTION <span style="border: 1px solid black; padding: 2px;">17</span>   |  | NOT AT INTERSECTION <span style="border: 1px solid black; padding: 2px;">  </span>  |  | RR TRAIN INVOLVED <span style="border: 1px solid black; padding: 2px;">  </span>  |  |   |  |
|  |  |   |  |  |  |   |  | PED <span style="border: 1px solid black; padding: 2px;">  </span>  |  |   |  |
|  |  |   |  |  |  |   |  | INJURY <span style="border: 1px solid black; padding: 2px;">  </span>   |  |   |  |

Entries 15 through 17 are shown on pages 25 – 27.

## 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 above-mentioned 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 only use 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.

**EXAMPLE:**

|   |   |   |   |  |   |   |
|---|---|---|---|--|---|---|
| P | I | N | E |  | S | T |
|---|---|---|---|--|---|---|

## 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. **At least one of these sections are 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 the following sections, 18-21, 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.

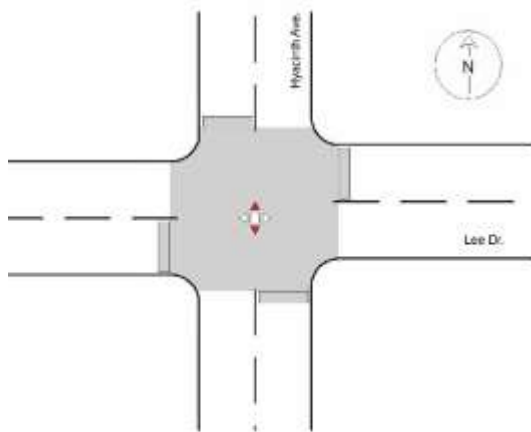
Model Minimum Uniform Crash Criteria (MMUCC)

Intersections are defined as follows:

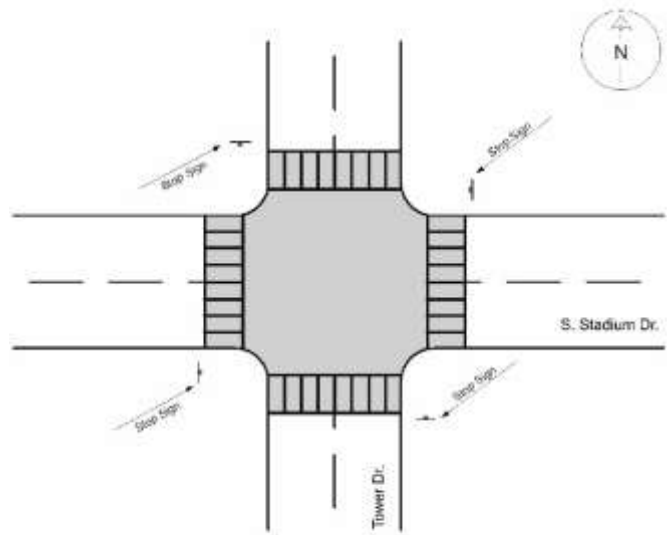
- a) The area embraced within the prolongation or connection of the lateral curb lines, or if none, the lateral boundary lines of the roadways of two highways that join one another at, or approximately at, right angles or the area within which vehicles travelling on different highways that join that any other angle might come into conflict.
  - b) The junction of an alley or driveway with a roadway or highway does not constitute an intersection, unless the roadway at said intersection is controlled by a traffic control device.
  - c) At a location controlled by a traffic control signal (Intersection at a Divided Highway):
    1. If a stop line, yield line, or crosswalk is not designated on the roadway (within the median) between the separate intersections, the two intersections and the roadway (median) between them shall be considered as one intersection.
    2. Where a stop line, yield line, or crosswalk is designated on the roadway on the intersection approach, the area within the crosswalk and/or beyond the designated stop line or yield line shall be part of the intersection; and
    3. Where a crosswalk is designated on a roadway on the departure from the intersection, the intersection shall include the area extending to the far side of such crosswalk.
- Keep in mind: A **Crossover** is an improved area in the median of a divided traffic way where motor vehicles are permitted to cross the opposing lanes of traffic and/or execute a U-turn and **is not an intersection**.

**EXAMPLES:**

If a vehicle has a collision in the gray area it is considered at an intersection.



**Diagram 1 of an Intersection.**



**Diagram 2 of an Intersection.**

- **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 – Include the name of the intersecting street or roadway in the first U.S. or State numbered roadway. The intersecting roadway is entered to locate the crash with accuracy, 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.

- **Section (2):**

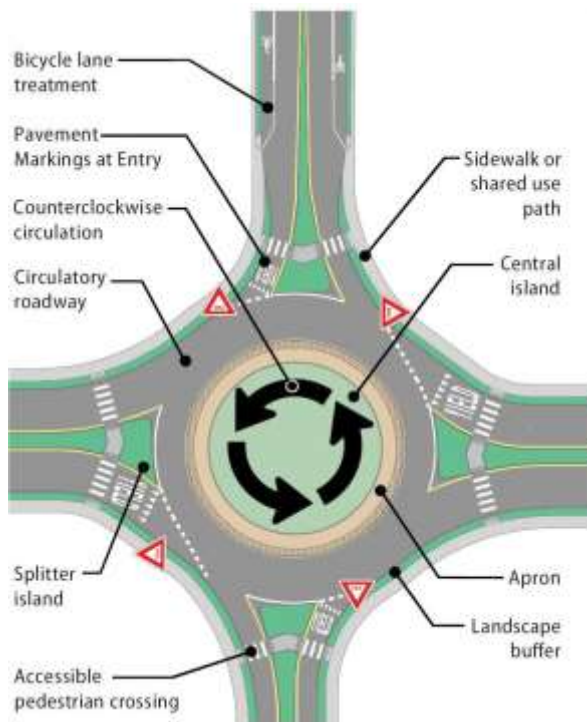
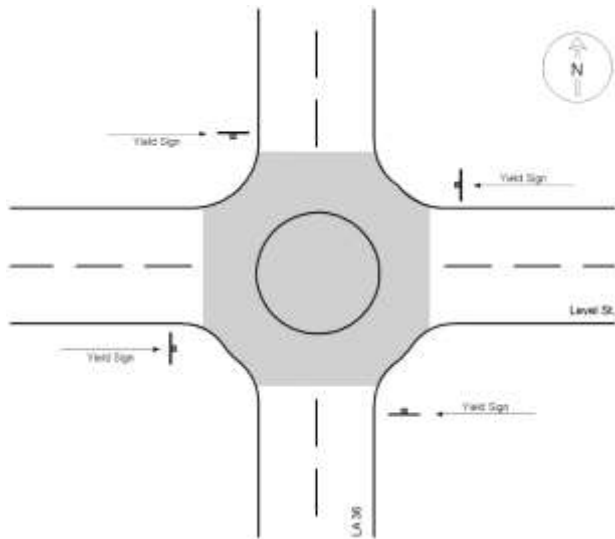
- Other Roadways and Parking Lots**

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.

➤ **Roundabout:**

A roundabout is a circular intersection where drivers travel counterclockwise around a center island. Typically, there are no traffic signals or stop signs in a modern roundabout. Drivers yield at entry to traffic in the roundabout and then enter the intersection and exit at their desired street. If a vehicle has a collision with the gray area, it is considered at an intersection.





| TOTAL NUMBER OF VEHICLES INVOLVED |  | STATE OF LOUISIANA<br>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT |  | <br>* 4 0 0 0 0 1 * |  |
|-----------------------------------|--|--|--|---------------------|--|
| DATE OF CRASH                     |  | TIME (2000)  |  | DISTRICT/ZONE       |  |
| PARISH                            |  | PARISH CODE  |  | CITY OR TOWN        |  |
| CITY OR TOWN                      |  | CITY CODE  |  | CITY CODE           |  |
| CRASH OCCURRED ON                 |  | HIGHWAY #  |  | MILEPOST            |  |
| A. INTERSTATE                     |  | 14   |  | 15                  |  |
| B. U.S. HWY                       |  |  |  |                     |  |
| C. STATE HWY                      |  |  |  |                     |  |
| D. PARISH ROAD                    |  |  |  |                     |  |
| E. CITY STREET                    |  |  |  |                     |  |
| F. OFF ROAD                       |  |  |  |                     |  |
| G. PRIVATE PROPERTY               |  |  |  |                     |  |
| H. TOLL ROAD                      |  |  |  |                     |  |
| DISTANCE                          |  | MILES  |  | NE                  |  |
| 18                                |  | 19   |  | 20                  |  |
| DISTANCE                          |  | FEET   |  | SW                  |  |
| 18                                |  | 19   |  | 20                  |  |
| DISTANCE                          |  | MILES  |  | NE                  |  |
| 18                                |  | 19   |  | 20                  |  |
| DISTANCE                          |  | FEET   |  | SW                  |  |
| 18                                |  | 19   |  | 20                  |  |
| STREET/HIGHWAY                    |  | AT INTERSECTION  |  | NOT AT INTERSECTION |  |
| 21                                |  | 17   |  | 17                  |  |
| STREET/HIGHWAY                    |  | AT INTERSECTION  |  | NOT AT INTERSECTION |  |
| 21                                |  | 17   |  | 17                  |  |
| WORK ZONE                         |  | HIT & RUN  |  | PHOTOS MADE         |  |
| 22                                |  |  |  |                     |  |
| PUBLIC PROPERTY DAMAGE            |  | FATALITY   |  | INJURY              |  |
|                                   |  |  |  |                     |  |
| RR TRAIN INVOLVED                 |  |  |  |                     |  |
| PED                               |  |  |  |                     |  |

Entries 18 through 21 are shown on page 29.

## 18. Distance

The distance is 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.

**NOTE:** Three miles is entered as 3.0 and three/tenths of a mile is 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:** In general highways that have odd numbers assigned are designated as north-south and even numbered highways are designated as east-west, however this is not always the case.

Select the most commonly used direction for a Parish or city street that runs at an angle.

**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 have a road reference list that gives the direction of all roads.

## 21. Street/Highway

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

(Examples following)

### EXAMPLES:

#### • Section (1)

#### Interstate, U.S. and State (LA) Numbered Highways

a) Crash occurs on US 61 at the intersection of LA 42. "61" is entered in the **Highway #** section. (It would 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** is checked and "LA 42" is entered in the **Street/Highway** data blocks.

It is not 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" is entered in the **Highway #** section. In the first intersecting roadway section, **Intersection** is checked and "Foster Ave" is 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 At Inter-Section**".

(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)

#### Other Roadways and Parking Lots

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 At Intersection**" and enter "300" in **Distance**, "S" in **Direction**, and "North Ave" in **Street/Highway** on the first intersecting roadway line.

| TOTAL NUMBER OF VEHICLES INVOLVED  |   | STATE OF LOUISIANA<br>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT  |   |  |                         | * 4 0 0 0 0 0 1 *              |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|--|---|---|---|--|-------------------------|--------------------------------|-----------------------|---|---|---|---|--|--|--|---|--|--|-----------------------|--|--|--|-----------------|--|--|--|------------------|-------------------------------|---------------------|------------------------------------|---|-------------------------|-------------------|--------|-------------------------|---------------|-----------------------------|------------------------------------|------------------|-----------------|---------------|------------|--------|---------------|---------------|---------------------------------|------------------|--------|----------|---------------------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|----------|
| DATE OF CRASH  |   | TIME (0000)   | DISTRICT/ZONE   | TROOP  | PAGE #                  |                                |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| PARISH   |   | PARISH CODE   |   | LAT. LONG.   |                         | 0 1                            |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| CITY OR TOWN   |   | CITY CODE   |   | Quadrant   |                         | Service Road                   |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   | NW SW NE SE  |                         | N E S W                        |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| CRASH OCCURRED ON<br>A. INTERSTATE<br>B. U.S. HWY<br>C. STATE HWY<br>D. PARISH ROAD<br>E. CITY STREET<br>F. OFF ROAD<br>PRIVATE PROPERTY<br>G. TOLL ROAD   |   | HIGHWAY #   | MILEPOST  | ROADWAY NAME   |                         | WORK ZONE                      | HIT & RUN             |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| DISTANCE   |   | MILES   | FEET  | STREET/HIGHWAY   |                         | PUBLIC PROPERTY DAMAGE         | PHOTOS MADE           |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| DISTANCE   |   | MILES   | FEET  | STREET/HIGHWAY   |                         | RR TRAIN INVOLVED              | FATALITY              |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         | PED                            | INJURY                |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WRITE APPROPRIATE LETTER IN BLOCK</p> <table border="1" style="width: 100%;"> <tr> <td> <b>ROAD SURFACE</b><br/>(ONE PER COLUMN)<br/>A. DRY<br/>B. WET<br/>C. SNOW/SLUSH<br/>D. ICE<br/>E. CONTAMINANT<br/>F. SAND, MUD, DIRT, OIL, ETC.<br/>G. UNKNOWN </td> <td> <b>ROADWAY CONDITIONS</b><br/>A. NO ABNORMALITIES<br/>B. SHOULDER ABNORMALITY<br/>C. HOLES<br/>D. CRACK PITS<br/>E. BUMPS<br/>F. LOOSE SURFACE MATERIAL<br/>G. CONSTRUCTION, REPAIR<br/>H. OVERHEAD CLEARANCE LIMITED<br/>I. CONSTRUCTION - NO WARNING<br/>J. PREVIOUS CRASH<br/>K. WATER ON ROADWAY<br/>L. ANIMAL IN ROADWAY<br/>M. OBJECT IN ROADWAY<br/>N. OTHER </td> <td> <b>TYPE OF ROADWAY</b><br/>A. ONE-WAY ROAD<br/>B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION<br/>C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION<br/>D. TWO-WAY ROAD WITH A PHYSICAL BARRIER<br/>E. UNKNOWN<br/>F. OTHER </td> <td> <b>ALIGNMENT</b><br/>A. STRAIGHT-LEVEL<br/>B. 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| C. VAN   | F. PEDALCYCLE   | I. SCHOOL BUS   | L. SINGLE UNIT TRUCK W/ 3 AXLES   | P. TRUCK TRACTOR   | S. SUV                  | Z. OTHER                       | G. AUTO TRANSPORTER   |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | J. HOPPER             |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | B. W/ENVELOPED BOX    |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | E. DUMP TRUCK TRAILER |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | H. LOG TRUCK TRAILER  |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | K. POLE TRAILER       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | C. CARGO TANK         |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | F. CONCRETE MIXER     |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | I. GARBAGE/REFUSE     |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | X. NO CARGO BODY      |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
|  |   |   |   |  |                         |                                | Z. OTHER              |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| EMERGENCY SERVICE  |   | TIME CALLED   |   | ARRIVED SCENE  |                         | DEPARTED SCENE                 |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| AMBULANCE SERVICE  |   | TIME CALLED   |   | ARRIVED SCENE  |                         | DEPARTED SCENE                 |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| FIRE DEPARTMENT  |   | TIME CALLED   |   | ARRIVED SCENE  |                         | DEPARTED SCENE                 |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| INVESTIGATING AGENCY   |   | NAME OF AGENCY  |   | TIME OF NOTIFICATION   |                         | TIME OF ARRIVAL                |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| INVESTIGATION COMPLETE   |   | INVESTIGATING AGENCY  |   | DATE REPORT COMPLETED  |                         | TIME ALL LINES OPENED          |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| INVESTIGATING OFFICER'S NAME (PRINT)   |   | SIGNATURE   |   | BADGE #  |                         | SUPERVISOR'S INITIALS OR BADGE |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |
| DPSBP 3105 (REV. MAR. 2005)  |   |   |   |  |                         |                                |                       |   |   |   |   |  |  |  |   |  |  |                       |  |  |  |                 |  |  |  |                  |                               |                     |                                    |   |                         |                   |        |                         |               |                             |                                    |                  |                 |               |            |        |               |               |                                 |                  |        |          |                     |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |          |

Entry 22 is shown on pages 31 - 32.



## 22. Check Boxes

### a. Work Zone

Only mark an “X” in the block if the crash occurred in a construction (utility) or maintenance work zone. A work zone crash is a crash where the first harmful event occurs within the boundaries of a work zone, or at a queue resulting from the 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 work zone does not constitute a private contractor working next to the roadway, or paving a driveway up to the edge of the roadway.

**NOTE:** Construction or maintenance work does not need to be actually occurring in this zone at the time of the crash, nor do workers need be present.

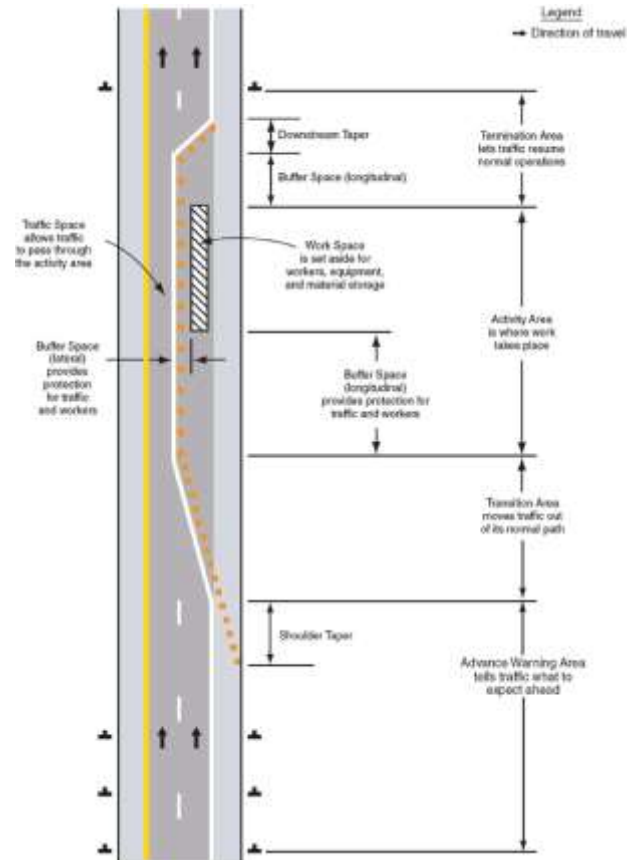
Check this box for **ALL** crashes occurring in a designated construction or maintenance work zones.

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 roadwork 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.

**Work Zone crashes also include those involving motor vehicles slowed or stopped because of the work zone, even if the first harmful event occurred before the first warning sign. See “Diagram of a Work Zone Area”**

### 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.



**Diagram of a Work Zone Area**

**The definition for “Hit and Run” in R.S. 14:100 is as follows:**

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.

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

(2) "Vehicle" includes a watercraft.

(3) "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:** 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 describes 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/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. Complete a supplement outlining the details of the death if the fatality occurs after the report has been filed.

A copy of the supplement should be mailed to the Highway Safety Commission.

**IMPORTANT: Send a copy of all fatal crash investigation reports to:**

**LOUISIANA HIGHWAY SAFETY COMMISSION**

**P. O. BOX 66336**

**BATON ROUGE, LOUISIANA, 70896.**

#### **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**.

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[illegible]

| ROAD SURFACE<br>(ONE PER COLUMN)  |  | ROADWAY CONDITIONS   |  | TYPE OF ROADWAY  |  | ALIGNMENT  |  | PRIMARY FACTOR   |  |
|---|--|--|--|--|--|--|--|--|--|
| <div> <div></div> <div>           A. DRY<br/>B. WET<br/>C. SNOW/SLUSH<br/>D. ICE<br/>E. CONTAMINANT (SAND, MUD, OIL, ETC.)<br/>Y. UNKNOWN         </div> </div> <div> <div>23</div> <div>           A. CONCRETE<br/>B. BLACK TOP<br/>C. BRICK<br/>D. GRAVEL<br/>E. DIRT<br/>Y. UNKNOWN<br/>Z. OTHER         </div> </div> |  | <div> <div>24</div> <div>           A. NO ABNORMALITIES<br/>B. SHOULDER ABNORMALITY<br/>C. HOLES<br/>D. DEEP RUTS<br/>E. BUMPS<br/>F. LOOSE SURFACE MATERIAL<br/>G. CONSTRUCTION, REPAIR<br/>H. OVERHEAD CLEARANCE LIMITED<br/>I. CONSTRUCTION - NO WARNING<br/>J. PREVIOUS CRASH<br/>K. WATER ON ROADWAY<br/>L. ANIMAL IN ROADWAY<br/>M. OBJECT IN ROADWAY<br/>Z. OTHER         </div> </div> |  | <div> <div>25</div> <div>           A. ONE-WAY ROAD<br/>B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION<br/>C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION<br/>D. TWO-WAY ROAD WITH A PHYSICAL BARRIER<br/>Y. UNKNOWN<br/>Z. OTHER         </div> </div> |  | <div> <div>26</div> <div>           A. STRAIGHT-LEVEL<br/>B. STRAIGHT-LEVEL ELEVATED<br/>C. CURVE-LEVEL<br/>D. CURVE-LEVEL ELEVATED<br/>E. ON GRADE-STRAIGHT<br/>F. ON GRADE-CURVE<br/>G. HILL-CREST-STRAIGHT<br/>H. HILL-CREST-CURVE<br/>I. DIP HUMP-STRAIGHT<br/>J. DIP HUMP-CURVE<br/>Y. UNKNOWN<br/>Z. OTHER         </div> </div> |  | <div> <div>27</div> <div>           A. VIOLATIONS<br/>B. MOVEMENT PRIOR TO CRASH<br/>C. VISION OBSCUREMENTS<br/>D. CONDITION OF DRIVER<br/>E. VEHICLE CONDITIONS<br/>F. ROAD SURFACE<br/>G. ROADWAY CONDITION<br/>H. LIGHTING<br/>I. WEATHER<br/>J. TRAFFIC CONTROL<br/>K. KIND OF LOCATION<br/>L. CONDITION OF PEDESTRIAN<br/>M. PEDESTRIAN ACTIONS         </div> </div> |  |
| <div> <div>28</div> <div>           A. CLEAR<br/>B. CLOUDY<br/>C. RAIN<br/>D. FOG/SMOKE<br/>E. SLEET/HALE<br/>F. SNOW<br/>G. SEVERE CROSSWIND<br/>H. BLOWING SAND, SOIL, DIRT, SNOW<br/>Y. UNKNOWN<br/>Z. OTHER         </div> </div>   |  | <div> <div>29</div> <div>           A. MANUFACTURING OR INDUSTRIAL<br/>B. BUSINESS CONTINUOUS<br/>C. BUSINESS, MIXED RESIDENTIAL<br/>D. RESIDENTIAL DISTRICT<br/>E. RESIDENTIAL SCATTERED<br/>F. SCHOOL OR PLAYGROUND<br/>G. OPEN COUNTRY<br/>Z. OTHER         </div> </div>   |  | <div> <div>30</div> <div>           A. ON ROADWAY<br/>B. SHOULDER<br/>C. MEDIAN<br/>D. BEYOND SHOULDER - LEFT<br/>E. BEYOND SHOULDER - RIGHT<br/>F. BEYOND RIGHT OF WAY<br/>G. GORE<br/>Y. UNKNOWN<br/>Z. OTHER         </div> </div>            |  | <div> <div>31</div> <div>           A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY)<br/>B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY)<br/>C. FULL CONTROL (ONLY RAMP ENTRANCE &amp; EXIT)<br/>Y. UNKNOWN<br/>Z. OTHER         </div> </div>   |  | <div> <div>32</div> <div>           A. DAYLIGHT<br/>B. DARK - NO STREET LIGHTS<br/>C. DARK - CONTINUOUS STREET LIGHT<br/>D. DARK - STREET LIGHT AT INTERSECTION ONLY<br/>E. DUSK<br/>F. DAWN<br/>Y. UNKNOWN<br/>Z. OTHER         </div> </div>   |  |

| VEHICLE CONFIGURATION                                      |  |  |   |  |  |  | CARGO BODY TYPE                                      |   |  |   |   |
|--|--|--|---|--|--|--|--|---|--|---|---|
| <div>A</div> <div></div> <div>PASSENGER CAR</div>          | <div>D</div> <div></div> <div>A, B, C, OR S WITH TRAILER</div> | <div>G</div> <div></div> <div>OFF-ROAD VEHICLE</div>         | <div>J</div> <div></div> <div>BUS W/SEATS FOR 9-15 OCCUPANTS</div>  | <div>M</div> <div></div> <div>SINGLE UNIT TRUCK W/ 3 AXLES OR MORE</div> | <div>Q</div> <div></div> <div>TRACTOR SEMI-TRAILER</div> | <div>T</div> <div></div> <div>FARM EQUIPMENT</div> | <div>A</div> <div></div> <div>BUS</div>              | <div>D</div> <div></div> <div>FLATBED</div>             | <div>G</div> <div></div> <div>AUTO TRANSPORTER</div>   | <div>J</div> <div></div> <div>HOPPER</div>        |   |
| <div>B</div> <div></div> <div>LT. TRUCK (P.U., ETC.)</div> | <div>E</div> <div></div> <div>MOTORCYCLE</div>                 | <div>H</div> <div></div> <div>EMERGENCY VEHICLE IN USE</div> | <div>K</div> <div></div> <div>BUS W/SEATS FOR 16 OR MORE OCC.</div> | <div>N</div> <div></div> <div>TRUCK/ TRAILER</div>                       | <div>R</div> <div></div> <div>TRUCK DOUBLE</div>         | <div>V</div> <div></div> <div>MOTOR HOME</div>     | <div>B</div> <div></div> <div>VAN/ENCLOSED BOX</div> | <div>E</div> <div></div> <div>DUMP TRUCK/ TRAILER</div> | <div>H</div> <div></div> <div>LOG TRUCK/ TRAILER</div> | <div>K</div> <div></div> <div>POLE TRAILER</div>  |   |
| <div>C</div> <div></div> <div>VAN</div>                    | <div>F</div> <div></div> <div>PEDALCYCLE</div>                 | <div>I</div> <div></div> <div>SCHOOL BUS</div>               | <div>L</div> <div></div> <div>SINGLE UNIT TRUCK W/ 2 AXLES</div>    | <div>P</div> <div></div> <div>TRUCK/ TRACTOR</div>                       | <div>S</div> <div></div> <div>SUV</div>                  | <div>Z</div> <div></div> <div>OTHER</div>          | <div>C</div> <div></div> <div>CARGO TANK</div>       | <div>F</div> <div></div> <div>CONCRETE MIXER</div>      | <div>I</div> <div></div> <div>GARBAGE/ REFUSE</div>    | <div>X</div> <div></div> <div>NO CARGO BODY</div> | <div>Z</div> <div></div> <div>OTHER</div> |

Entries 23 and 24 are shown on page 35.

## STATE OF LOUISIANA

## Uniform Motor Vehicle Traffic Crash Report

## DPSSP 3105 Side #1

## 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 format to document important safety information concerning the crash. The details of every crash are entered into a computer database. The data is 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 describes 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”. If the information becomes available at a later date, 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.

*Left Column:* describe the changes to the road surface.

*Right Column:* 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. For example, was the roadway surface wet or dry? If additional factors are present, list them in the **narrative section** of the report and 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.

**NOTE:** Investigators are to elaborate (these choices need additional clarification) the following choices (B, K, and M) in detail in their **narrative report**:

**B = Shoulder Abnormality**

**K = Water on Roadway**

**M = Object on Roadway**

Choices that may need additional clarification:

**B. Shoulder Abnormality** is 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 section** 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.”

**K. Water on Roadway** is 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. **DO NOT** use this choice to denote a wet roadway (a wet roadway should be noted in the data section on **Road Surface**). If selecting this choice, the officer will use the **narrative** to explain in detail the water situation on the roadway.



STATE OF LOUISIANA  
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

FILE NUMBER OF VEHICLE INVOLVED:

DATE OF CRASH:  TIME:  LOCATION:

REPORTER:  POLICE OFFICER:

CITY/TOWNSHIP:  COUNTY:

CRASH OCCURRED ON:

ROAD SURFACE:

WEATHER:

ROADWAY CONDITIONS:

TYPE OF ROADWAY:

ALIGNMENT:

PRIMARY FACTOR:

SECONDARY FACTOR:

RELATION TO ROADWAY:

ACCESS CONTROL:

LIGHTING:

VEHICLE CONFIGURATION:

CARGO BODY TYPE:

TIME OF CRASH:

REPORTER'S SIGNATURE:

POLICE OFFICER'S SIGNATURE:

DATE REPORT COMPLETED:

OFFICER'S ID NUMBER:

REPORTING AGENCY:

CRASH LOCATION:

CRASH TYPE:

CRASH SEVERITY:

CRASH DESCRIPTION:

CRASH INVESTIGATION:

CRASH ANALYSIS:

CRASH PREVENTION:

CRASH REPORTING:

CRASH RECORDING:

CRASH STATISTICS:

CRASH TRENDS:

CRASH PREVENTION:

CRASH REPORTING:

CRASH RECORDING:

CRASH STATISTICS:

CRASH TRENDS:

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN) 23

A. DRY  
B. WET  
C. SNOW/SLUSH  
D. ICE  
E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.)  
F. UNKNOWN

WEATHER 28

A. CLEAR  
B. CLOUDY  
C. RAIN  
D. FOG/SMOKE  
E. SLEET/RAIL  
F. SNOW  
G. SEVERE CROSSWIND  
H. BLOWING SAND, SOIL, DIRT, SNOW  
I. UNKNOWN  
J. OTHER

ROADWAY CONDITIONS 24

A. NO ABNORMALITIES  
B. SHOULDER ABNORMALITY  
C. HOLES  
D. DEEP RUTS  
E. BUMPS  
F. LOOSE SURFACE MATERIAL  
G. CONSTRUCTION, REPAIR  
H. OVERHEAD CLEARANCE LIMITED  
I. PREVIOUS CRASH  
J. WATER ON ROADWAY  
K. ANIMAL IN ROADWAY  
L. OBJECT IN ROADWAY  
M. OTHER

KIND OF LOCATION 29

A. MANUFACTURING OR INDUSTRIAL  
B. BUSINESS CONTINUOUS  
C. BUSINESS, MIXED RESIDENTIAL  
D. RESIDENTIAL DISTRICT  
E. RESIDENTIAL SCATTERED  
F. SCHOOL OR PLAYGROUND  
G. OPEN COUNTRY  
H. OTHER

TYPE OF ROADWAY 25

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 BARRIER  
E. UNKNOWN  
F. OTHER

RELATION TO ROADWAY 30

A. ON ROADWAY  
B. SHOULDER  
C. MEDIAN  
D. BEYOND SHOULDER - LEFT  
E. BEYOND SHOULDER - RIGHT  
F. BEYOND RIGHT OF WAY  
G. GORE  
H. UNKNOWN  
I. OTHER

ALIGNMENT 26

A. STRAIGHT-LEVEL  
B. STRAIGHT-LEVEL ELEVATED  
C. CURVE-LEVEL  
D. CURVE-LEVEL ELEVATED  
E. ON GRADE-STRAIGHT  
F. ON GRADE-CURVE  
G. HILLCREST-STRAIGHT  
H. HILLCREST-CURVE  
I. DIP, HUMP-STRAIGHT  
J. DIP, HUMP-CURVE  
K. UNKNOWN  
L. OTHER

ACCESS CONTROL 31

A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY)  
B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY  
C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT)  
D. UNKNOWN  
E. OTHER

PRIMARY FACTOR 27

SECONDARY FACTOR 27

A. VIOLATIONS  
B. MOVEMENT PRIOR TO CRASH  
C. VISION OBSCUREMENTS  
D. CONDITION OF DRIVER  
E. VEHICLE CONDITIONS  
F. ROAD SURFACE  
G. ROADWAY CONDITION  
H. LIGHTING  
I. WEATHER  
J. TRAFFIC CONTROL  
K. KIND OF LOCATION  
L. CONDITION OF PEDESTRIAN  
M. PEDESTRIAN ACTIONS

LIGHTING 32

A. DAYLIGHT  
B. DARK - NO STREET LIGHTS  
C. DARK - CONTINUOUS STREET LIGHT  
D. DARK - STREET LIGHT AT INTERSECTION ONLY  
E. DUSK  
F. DAWN  
G. UNKNOWN  
H. OTHER

VEHICLE CONFIGURATION

A. PASSENGER CAR  
B. LT. TRUCK (P.U., ETC.)  
C. VAN  
D. A, B, C, OR S WITH TRAILER  
E. MOTORCYCLE  
F. PEDALCYCLE  
G. OFF-ROAD VEHICLE  
H. EMERGENCY VEHICLE IN USE  
I. SCHOOL BUS  
J. BUS W/SEATS FOR 9-15 OCCUPANTS  
K. BUS W/SEATS FOR 16 OR MORE OCC.  
L. SINGLE UNIT TRUCK W/2 AXLES  
M. SINGLE UNIT TRUCK W/3 AXLES OR MORE  
N. TRUCK/TRAILER  
O. TRUCK/TRACTOR  
P. TRUCK/TRACTOR  
Q. TRACTOR SEMI-TRAILER  
R. TRUCK DOUBLE  
S. SUV  
T. FARM EQUIPMENT  
U. OTHER

CARGO BODY TYPE

A. BUS  
B. VAN/ENCLOSED BOX  
C. CARGO TANK  
D. FLATBED  
E. DUMP TRUCK/TRAILER  
F. CONCRETE MIXER  
G. AUTO TRANSPORTER  
H. LOG TRUCK/TRAILER  
I. GARBAGE/REFUSE  
J. HOPPER  
K. POLE TRAILER  
L. NO CARGO BODY  
M. OTHER

Entries 25 through 29 are shown on page 37.

## 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 that a vehicle would not normally pass; it is designed to contain or redirect an errant vehicle. Examples are guardrails and concrete "Jersey walls".

## 26. Alignment

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

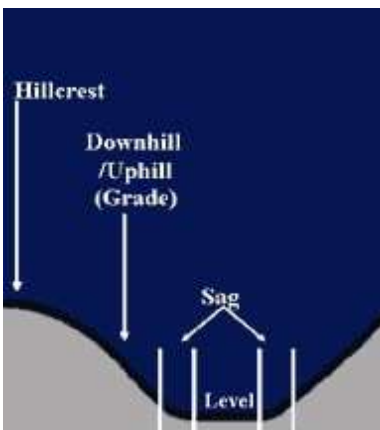
Choices that may need additional clarification: (\*See image for reference)

### 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.



## 27. Primary/Secondary Factors

Choose the number one (primary) and number two (secondary) causative factors for the crash.

**NOTE:** 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.

**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

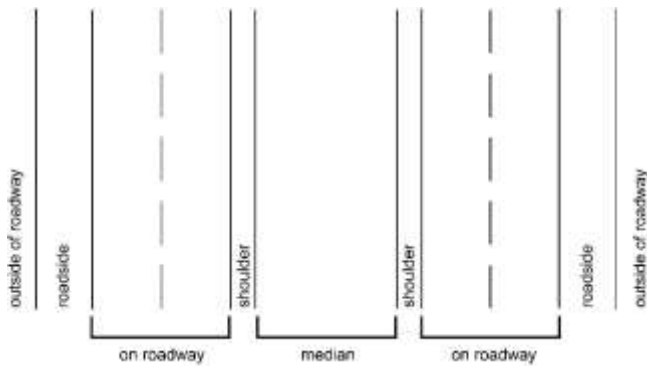
Enter the letter which best describes the land use in the area of the crash.

[illegible]

| WRITE APPROPRIATE LETTER IN BLOCK  |  | CONTRIBUTING FACTORS AND CONDITIONS   |  |  |  |  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|---|--|--|--|--|--|
| <b>ROAD SURFACE</b><br>(ONE PER COLUMN) <div> <div>  <p>A. DRY<br/>B. WET<br/>C. SNOW/SLUSH<br/>D. ICE<br/>E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.)<br/>Y. UNKNOWN</p> </div> <div>  <p>A. CONCRETE<br/>B. BLACK TOP<br/>C. BRICK<br/>D. GRAVEL<br/>E. DIRT<br/>Y. UNKNOWN<br/>Z. OTHER</p> </div> </div> |  | <b>ROADWAY CONDITIONS</b> <span>24</span> <p>A. NO ABNORMALITIES<br/>B. SHOULDER ABNORMALITY<br/>C. HOLES<br/>D. DEEP RUTS<br/>E. BUMPS<br/>F. LOOSE SURFACE MATERIAL<br/>G. CONSTRUCTION, REPAIR<br/>H. OVERHEAD CLEARANCE LIMITED<br/>I. CONSTRUCTION - NO WARNING<br/>J. PREVIOUS CRASH<br/>K. WATER ON ROADWAY<br/>L. ANIMAL IN ROADWAY<br/>M. OBJECT IN ROADWAY<br/>Z. OTHER</p> |  | <b>TYPE OF ROADWAY</b> <span>25</span> <p>A. ONE-WAY ROAD<br/>B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION<br/>C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION<br/>D. TWO-WAY ROAD WITH A PHYSICAL BARRIER<br/>Y. UNKNOWN<br/>Z. OTHER</p> |  | <b>ALIGNMENT</b> <span>26</span> <p>A. STRAIGHT-LEVEL<br/>B. STRAIGHT-LEVEL ELEVATED<br/>C. CURVE-LEVEL<br/>D. CURVE-LEVEL ELEVATED<br/>E. ON GRADE-STRAIGHT<br/>F. ON GRADE-CURVE<br/>G. HILLCREST-STRAIGHT<br/>H. HILLCREST-CURVE<br/>I. DIP, HUMP-STRAIGHT<br/>J. DIP, HUMP-CURVE<br/>Y. UNKNOWN<br/>Z. OTHER</p> |  | <b>PRIMARY FACTOR</b> <span>27</span> <p>A. VIOLATIONS<br/>B. MOVEMENT PRIOR TO CRASH<br/>C. VISION OBSCUREMENTS<br/>D. CONDITION OF DRIVER<br/>E. VEHICLE CONDITIONS<br/>F. ROAD SURFACE<br/>G. ROADWAY CONDITION<br/>H. LIGHTING<br/>I. WEATHER<br/>J. TRAFFIC CONTROL<br/>K. KIND OF LOCATION<br/>L. CONDITION OF PEDESTRIAN<br/>M. PEDESTRIAN ACTIONS</p> |  |  |  |  |  |
| <b>WEATHER</b> <span>28</span> <p>A. CLEAR<br/>B. CLOUDY<br/>C. RAIN<br/>D. FOG/SMOKE<br/>E. SLEET/RAIL<br/>F. SNOW<br/>G. SEVERE CROSSWIND<br/>H. BLOWING SAND, SOIL, DIRT, SNOW<br/>Y. UNKNOWN<br/>Z. OTHER</p>  |  | <b>KIND OF LOCATION</b> <span>29</span> <p>A. MANUFACTURING OR INDUSTRIAL<br/>B. BUSINESS CONTINUOUS<br/>C. BUSINESS, MIXED RESIDENTIAL<br/>D. RESIDENTIAL DISTRICT<br/>E. RESIDENTIAL SCATTERED<br/>F. SCHOOL OR PLAYGROUND<br/>G. OPEN COUNTRY<br/>Z. OTHER</p>   |  | <b>RELATION TO ROADWAY</b> <span>30</span> <p>A. ON ROADWAY<br/>B. SHOULDER<br/>C. MEDIAN<br/>D. BEYOND SHOULDER - LEFT<br/>E. BEYOND SHOULDER - RIGHT<br/>F. BEYOND RIGHT OF WAY<br/>G. GORE<br/>Y. UNKNOWN<br/>Z. OTHER</p>        |  | <b>ACCESS CONTROL</b> <span>31</span> <p>A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY)<br/>B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY)<br/>C. FULL CONTROL (ONLY RAMP ENTRANCE &amp; EXIT)<br/>Y. UNKNOWN<br/>Z. OTHER</p>  |  | <b>LIGHTING</b> <span>32</span> <p>A. DAYLIGHT<br/>B. DARK - NO STREET LIGHTS<br/>C. DARK - CONTINUOUS STREET LIGHT<br/>D. DARK - STREET LIGHT AT INTERSECTION ONLY<br/>E. DUSK<br/>F. DAWN<br/>Y. UNKNOWN<br/>Z. OTHER</p>   |  |  |  |  |  |
| VEHICLE CONFIGURATION  |  |   |  |  |  | CARGO BODY TYPE  |  |   |  |  |  |  |  |
| <b>A</b>  <b>PASSENGER CAR</b>  |  | <b>D</b>  <b>A, B, C, OR S WITH TRAILER</b>  |  | <b>G</b>  <b>OFF-ROAD VEHICLE</b>   |  | <b>J</b>  <b>BUS W/SEATS FOR B-15 OCCUPANTS</b>   |  | <b>M</b>  <b>SINGLE UNIT TRUCK W/ 3 AXLES OR MORE</b>  |  | <b>Q</b>  <b>TRACTOR SEMI-TRAILER</b> |  | <b>T</b>  <b>FARM EQUIPMENT</b>     |  |
| <b>B</b>  <b>LT. TRUCK (P/U, ETC.)</b>  |  | <b>E</b>  <b>MOTORCYCLE</b>  |  | <b>H</b>  <b>EMERGENCY VEHICLE IN USE</b>   |  | <b>K</b>  <b>BUS W/SEATS FOR 16 OR MORE OCC.</b>  |  | <b>N</b>  <b>TRUCK/ TRAILER</b>  |  | <b>R</b>  <b>TRUCK DOUBLE</b>         |  | <b>V</b>  <b>MOTOR HOME</b>         |  |
| <b>C</b>  <b>VAN</b>  |  | <b>F</b>  <b>PEDALCYCLE</b>  |  | <b>I</b>  <b>SCHOOL BUS</b>   |  | <b>L</b>  <b>SINGLE UNIT TRUCK W/ 2 AXLES</b>   |  | <b>P</b>  <b>TRUCK/ TRACTOR</b>  |  | <b>S</b>  <b>SUV</b>                  |  | <b>Z</b>  <b>OTHER</b>              |  |
| <b>A</b>  <b>BUS</b>  |  | <b>D</b>  <b>FLATBED</b>   |  | <b>G</b>  <b>AUTO TRANSPORTER</b>   |  | <b>J</b>  <b>HOPPER</b>   |  | <b>B</b>  <b>VAN/ENCLOSED BOX</b>  |  | <b>E</b>  <b>DUMP TRUCK/ TRAILER</b>  |  | <b>H</b>  <b>LOG TRUCK/ TRAILER</b> |  |
| <b>B</b>  <b>VAN/ENCLOSED BOX</b>   |  | <b>E</b>  <b>DUMP TRUCK/ TRAILER</b>   |  | <b>H</b>  <b>LOG TRUCK/ TRAILER</b>   |  | <b>K</b>  <b>POLE TRAILER</b>   |  | <b>C</b>  <b>CARGO TANK</b>  |  | <b>F</b>  <b>CONCRETE MIXER</b>       |  | <b>I</b>  <b>GARBAGE/ REFUSE</b>    |  |
| <b>C</b>  <b>CARGO TANK</b>   |  | <b>F</b>  <b>CONCRETE MIXER</b>  |  | <b>I</b>  <b>GARBAGE/ REFUSE</b>  |  | <b>X</b>  <b>NO CARGO BODY</b>  |  | <b>Z</b>  <b>OTHER</b>   |  |  |  |  |  |

Entries 30 through 33 are shown on page 39 – 40.





### 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\*

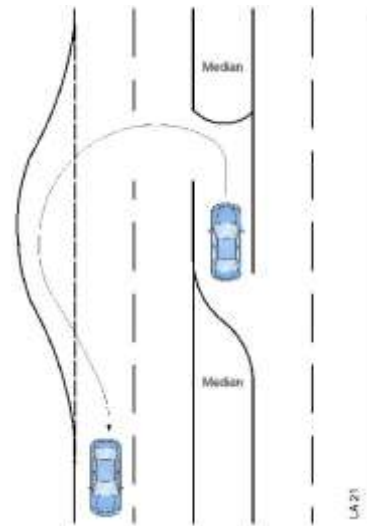
The portion of the highway adjacent to the roadway designed for the accommodation of stopped vehicles, for emergency use, and for lateral support of base and surface of the highway. It can be paved or unpaved and on either side of the roadway.

#### 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.

- **Median Opening** refers to a designed, authorized opening. It does not include unauthorized/homemade crossings not authorized by DOTD or local government.
- **Partial Median Opening** is defined as a median opening that allows for left turns from the mainline. This type of opening prohibits left turns or through movements from the minor roadway (or access connection). The Restricted Crossing U-turn (RCUT) and the Median U-turn are examples of uses of partial median openings.
- **Restricted Crossing U-Turn (RCUT, also referred as a J-TURN)** is characterized by the exclusion of left-turn and/or through movements from side street approaches. RCUT accommodates these movements by requiring drivers to turn right onto the main road and then make a U-Turn maneuver at one-way median opening.

### R-Cut (J-Turn)



#### 3) Beyond Shoulder – (Left or Right)\*

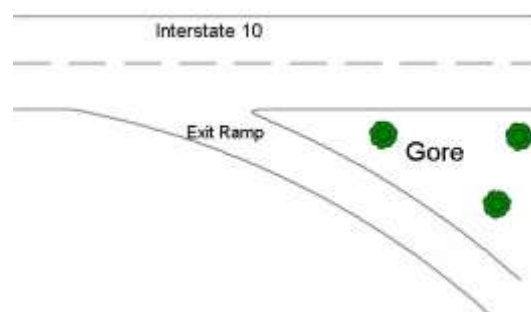
Any area beyond the shoulder on either side of the roadway but still on the public right-of-way. This would include a parkway or similar area up to and including a sidewalk.

#### 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 image) 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.



\*Refer to figures on the page for references

### 31. Access Control

Enter the letter which best describes the degree that access to adjacent land in connection with a highway is fully, partially, or not controlled by a public authority. Descriptions of each are:

- A. No Control** – typical city street or country road with unlimited side streets, driveways, etc.
- B. Partial Control** – a highway through a business district with a service road on either side, and access to the main road at intersections only
- C. Full Control** – Interstate Highway and other similarly controlled roadways. A median is a method of access.


### 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 are used on the [DPSSP 3106 Vehicle/Pedestrian Information](#) form and are explained in more detail later in this manual.

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| TOTAL NUMBER OF VEHICLES INVOLVED: <span style="border: 1px solid black; padding: 2px 10px;">  </span>  |  | STATE OF LOUISIANA<br>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT   |   | <br>* 4 0 0 0 0 1 *   |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
|---|--|--|---|--|---|---|-------------------------------|---------------------|---|--|-----------------------|---|---|---|---|---|---|---|---|---|---|---------------|--------------------------------|-----------------------|---|----------|--------------------------------------|--|-----------|---|---------|---|---------------------------------|---|--|--|--|--|--|--|----------------------|----------------|----------------------|-----------------|-----------------------|---|---|---|---|---|------------------------|---|-----------------------------|---|--|--|--|-----------------------|---|--|--------------------------------------|--|-----------|---|---------|---|---------------------------------|--|--|--|--|--|--|--|
| DATE OF CRASH: <span style="border: 1px solid black; padding: 2px 10px;">  </span>  | TIME OF CRASH: <span style="border: 1px solid black; padding: 2px 10px;">  </span> | DISTRICT/ZONE: <span style="border: 1px solid black; padding: 2px 10px;">  </span>   | TRIP: <span style="border: 1px solid black; padding: 2px 10px;">  </span> | PAGE # <span style="border: 1px solid black; padding: 2px 10px;">01</span>   |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| CITY OR TOWN: <span style="border: 1px solid black; padding: 2px 10px;">  </span>   |  | CITY CODE: <span style="border: 1px solid black; padding: 2px 10px;">  </span>   |   | LAT. <span style="border: 1px solid black; padding: 2px 10px;">  </span><br>LONG. <span style="border: 1px solid black; padding: 2px 10px;">  </span>  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| CRASH OCCURRED ON:<br>A. INTERSTATE<br>B. U.S. HWY.<br>C. STATE HWY.<br>D. RURAL ROAD<br>E. CITY STREET<br>F. OFF ROAD<br>G. RAMP/ON RAMP<br>H. TOLL ROAD   |  | HIGHWAY # <span style="border: 1px solid black; padding: 2px 10px;">  </span><br>MILEPOST <span style="border: 1px solid black; padding: 2px 10px;">  </span><br>ROADWAY NAME <span style="border: 1px solid black; padding: 2px 10px;">  </span>  |   | DISTANCE <span style="border: 1px solid black; padding: 2px 10px;">  </span> MILES <span style="border: 1px solid black; padding: 2px 10px;">  </span> FEET<br>DISTANCE <span style="border: 1px solid black; padding: 2px 10px;">  </span> MILES <span style="border: 1px solid black; padding: 2px 10px;">  </span> FEET       |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| STREET/ROADWAY: <span style="border: 1px solid black; padding: 2px 10px;">  </span><br>AT INTERSECTION: <input type="checkbox"/> NOT AT INTERSECTION: <input type="checkbox"/>  |  | STREET/ROADWAY: <span style="border: 1px solid black; padding: 2px 10px;">  </span><br>AT INTERSECTION: <input type="checkbox"/> NOT AT INTERSECTION: <input type="checkbox"/>   |   | WORK ZONE: <input type="checkbox"/> NOT WORK ZONE: <input type="checkbox"/><br>PUBLIC PROPERTY DAMAGE: <input type="checkbox"/> NOT PUBLIC PROPERTY DAMAGE: <input type="checkbox"/><br>FPD: <span style="border: 1px solid black; padding: 2px 10px;">  </span>   |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| CONTRIBUTING FACTORS AND CONDITIONS   |  |  |   |  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| <b>ROAD SURFACE</b><br>(ONE PER COLUMN)<br>A. CITY<br>B. INTERSTATE<br>C. STATE HWY.<br>D. RURAL ROAD<br>E. CITY STREET<br>F. OFF ROAD<br>G. RAMP/ON RAMP<br>H. TOLL ROAD<br>I. UNKNOWN   |  | <b>ROADWAY CONDITIONS</b><br>A. NO ABNORMALITIES<br>B. SHOULDER ABNORMALITY<br>C. HOLES<br>D. CRACKS<br>E. POLES<br>F. LOW SURFACE MATERIAL<br>G. CONSTRUCTION REPAIR<br>H. SUFFICIENT CLEARANCE LIMITED<br>I. CONSTRUCTION - NO WARNING<br>J. PREVIOUS CRASH<br>K. WATER ON ROADWAY<br>L. ANIMAL IN ROADWAY<br>M. OBJECT IN ROADWAY<br>N. OTHER |   | <b>TYPE OF ROADWAY</b><br>A. ONE-WAY ROAD<br>B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION<br>C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION<br>D. TWO-WAY ROAD WITH A PHYSICAL BARRIER<br>E. SHOULDER<br>F. OTHER   |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| <b>WEATHER</b><br>A. CLEAR<br>B. CLOUDY<br>C. RAIN<br>D. FOG/MIST<br>E. SLEET/RAIN<br>F. SNOW<br>G. HEAVY SNOW<br>H. BLOWING SAND/ SOIL<br>I. DRIZZLE<br>J. UNKNOWN<br>K. OTHER   |  | <b>KIND OF LOCATION</b><br>A. MANUFACTURING OR INDUSTRIAL<br>B. BUSINESS/COMMERCIAL<br>C. BUSINESS/RESIDENTIAL<br>D. RESIDENTIAL DISTRICT<br>E. SCHOOL OR PLAYGROUND<br>F. OTHER   |   | <b>RELATION TO ROADWAY</b><br>A. ON ROADWAY<br>B. SHOULDER<br>C. MEDIAN<br>D. SECOND SHOULDER - LEFT<br>E. SECOND SHOULDER - RIGHT<br>F. BEYOND FRONT CURVE<br>G. CORNER<br>H. UNKNOWN<br>I. OTHER   |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| <b>ALIGNMENT</b><br>A. STRAIGHT LEVEL<br>B. STRAIGHT LEVEL SLOPED<br>C. CURVE-LEFT<br>D. CURVE-LEFT, SLOPED<br>E. ON GRADE-STRIGHT<br>F. ON GRADE-CURVE<br>G. HILL/CREST STRAIGHT<br>H. HILL/CREST CURVE<br>I. ON RAMP STRAIGHT<br>J. ON RAMP CURVE<br>K. UNKNOWN<br>L. OTHER   |  | <b>ACCESS CONTROL</b><br>A. NO CONTROL, UNLIMITED ACCESS TO ROADWAY<br>B. PARTIAL CONTROL, LIMITED ACCESS TO ROADWAY<br>C. FULL CONTROL, ONLY DUMP ENTRANCE & EXIT<br>D. UNKNOWN<br>E. OTHER   |   | <b>PRIMARY FACTOR</b><br>A. VIOLATIONS<br>B. MISPERFORMANCE PRIOR TO CRASH<br>C. WORK/RECONSTRUCTION<br>D. CONDITION OF DRIVER<br>E. VEHICLE CONDITION<br>F. ROAD SURFACE<br>G. ROADWAY CONDITION<br>H. LIGHTS<br>I. WEATHER<br>J. TRAFFIC CONTROL<br>K. KIND OF LOCATION<br>L. CONDITION OF PEDESTRIAN<br>M. PEDESTRIAN ACTIONS |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| <b>SECONDARY FACTOR</b><br>A. VIOLATIONS<br>B. MISPERFORMANCE PRIOR TO CRASH<br>C. WORK/RECONSTRUCTION<br>D. CONDITION OF DRIVER<br>E. VEHICLE CONDITION<br>F. ROAD SURFACE<br>G. ROADWAY CONDITION<br>H. LIGHTS<br>I. WEATHER<br>J. TRAFFIC CONTROL<br>K. KIND OF LOCATION<br>L. CONDITION OF PEDESTRIAN<br>M. PEDESTRIAN ACTIONS  |  | <b>LIGHTING</b><br>A. DAYLIGHT<br>B. DARK - NO STREET LIGHTS<br>C. DARK - CONTINUOUS STREET LIGHT<br>D. DARK - STREET LIGHT AT INTERSECTION ONLY<br>E. DARK<br>F. UNKNOWN<br>G. OTHER  |   |  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| VEHICLE CONFIGURATION   |  |  |   |  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
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| CRASH SCENE TYPE  |  |  |   |  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
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|   |  |  | Z. OTHER  |  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
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| EMERGENCY SERVICES  | TIME CALLED  | ARRIVED SCENE  | DEPARTED SCENE  | ARRIVED HOSPITAL   | TIME CALLED   | ARRIVED SCENE   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| AMBULANCE   | <span style="border: 1px solid black; padding: 2px 10px;">34</span>                | <span style="border: 1px solid black; padding: 2px 10px;">35</span>  | <span style="border: 1px solid black; padding: 2px 10px;">36</span>       | <span style="border: 1px solid black; padding: 2px 10px;">38</span>  | <span style="border: 1px solid black; padding: 2px 10px;">39</span> | <span style="border: 1px solid black; padding: 2px 10px;">41</span> |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| AMBULANCE SERVICE   | <span style="border: 1px solid black; padding: 2px 10px;">42</span>                |  |   |  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| FIRE DEPARTMENT   |  |  |   |  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>INVESTIGATING AGENCY</td> <td>NAME OF AGENCY</td> <td>TIME OF NOTIFICATION</td> <td>TIME OF ARRIVAL</td> <td>TIME ALL LANES OPENED</td> </tr> <tr> <td><span style="border: 1px solid black; padding: 2px 10px;">44</span></td> <td><span style="border: 1px solid black; padding: 2px 10px;">  </span></td> <td><span style="border: 1px solid black; padding: 2px 10px;">45</span></td> <td><span style="border: 1px solid black; padding: 2px 10px;">46</span></td> <td><span style="border: 1px solid black; padding: 2px 10px;">47</span></td> </tr> <tr> <td>INVESTIGATION COMPLETE</td> <td><span style="border: 1px solid black; padding: 2px 10px;">48</span></td> <td>INVESTIGATING POLICE AGENCY</td> <td><span style="border: 1px solid black; padding: 2px 10px;">49</span></td> <td>A. STATE C. PARISH<br/>B. CITY Z. OTHER</td> </tr> <tr> <td></td> <td></td> <td>DATE REPORT COMPLETED</td> <td><span style="border: 1px solid black; padding: 2px 10px;">50</span></td> <td></td> </tr> <tr> <td colspan="2">INVESTIGATING OFFICER'S NAME (PRINT)</td> <td>SIGNATURE</td> <td><span style="border: 1px solid black; padding: 2px 10px;">51</span></td> <td>BADGE #</td> <td><span style="border: 1px solid black; padding: 2px 10px;">52</span></td> <td>SUPERVISOR'S INITIALS OR BADGE#</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>   |  |  |   |  |   |   | INVESTIGATING AGENCY          | NAME OF AGENCY      | TIME OF NOTIFICATION                    | TIME OF ARRIVAL                        | TIME ALL LANES OPENED | <span style="border: 1px solid black; padding: 2px 10px;">44</span> | <span style="border: 1px solid black; padding: 2px 10px;">  </span> | <span style="border: 1px solid black; padding: 2px 10px;">45</span> | <span style="border: 1px solid black; padding: 2px 10px;">46</span> | <span style="border: 1px solid black; padding: 2px 10px;">47</span> | INVESTIGATION COMPLETE  | <span style="border: 1px solid black; padding: 2px 10px;">48</span> | INVESTIGATING POLICE AGENCY   | <span style="border: 1px solid black; padding: 2px 10px;">49</span> | A. STATE C. PARISH<br>B. CITY Z. OTHER                              |               |                                | DATE REPORT COMPLETED | <span style="border: 1px solid black; padding: 2px 10px;">50</span> |          | INVESTIGATING OFFICER'S NAME (PRINT) |  | SIGNATURE | <span style="border: 1px solid black; padding: 2px 10px;">51</span> | BADGE # | <span style="border: 1px solid black; padding: 2px 10px;">52</span> | SUPERVISOR'S INITIALS OR BADGE# |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| INVESTIGATING AGENCY  | NAME OF AGENCY   | TIME OF NOTIFICATION   | TIME OF ARRIVAL   | TIME ALL LANES OPENED  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| <span style="border: 1px solid black; padding: 2px 10px;">44</span>   | <span style="border: 1px solid black; padding: 2px 10px;">  </span>                | <span style="border: 1px solid black; padding: 2px 10px;">45</span>  | <span style="border: 1px solid black; padding: 2px 10px;">46</span>       | <span style="border: 1px solid black; padding: 2px 10px;">47</span>  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
| INVESTIGATION COMPLETE  | <span style="border: 1px solid black; padding: 2px 10px;">48</span>                | INVESTIGATING POLICE AGENCY  | <span style="border: 1px solid black; padding: 2px 10px;">49</span>       | A. STATE C. PARISH<br>B. CITY Z. OTHER   |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
|   |  | DATE REPORT COMPLETED  | <span style="border: 1px solid black; padding: 2px 10px;">50</span>       |  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |
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|   |  |  |   |  |   |   |                               |                     |   |  |                       |   |   |   |   |   |   |   |   |   |   |               |                                |                       |   |          |                                      |  |           |   |         |   |                                 |   |  |  |  |  |  |  |                      |                |                      |                 |                       |   |   |   |   |   |                        |   |                             |   |  |  |  |                       |   |  |                                      |  |           |   |         |   |                                 |  |  |  |  |  |  |  |

Entries for 34 through 53 are shown on page 43.

**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.

**NOTE:** 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.

**34. Investigating Agency**

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

**35. Time of Notification**

**Enter** the time in hours and minutes when the investigating officer was notified of the crash.

**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(s), or debris 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 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 enters 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 is 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 or complete.

## DPSSP 3105 (Side #2) – Narrative and Diagram

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

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

**REFER TO EACH BY VEHICLE NUMBER**

PAGE # 02

(54)

| NON-COLLISION WITH MOTOR VEHICLE | REAR-END | HEAD-ON | RIGHT ANGLE | LEFT TURN | LEFT TURN | LEFT TURN | RIGHT TURN | RIGHT TURN | SIDEWIDE SAME | SIDEWIDE OPPOSITE | OTHER | MANNER OF COLLISION |
|----------------------------------|----------|---------|-------------|-----------|-----------|-----------|------------|------------|---------------|-------------------|-------|---------------------|
| A                                | B        | C       | D           | E         | F         | G         | H          | I          | J             | K                 | L     | (55)                |
|                                  |          |         |             |           |           |           |            |            |               |                   |       | (56)                |
|                                  |          |         |             |           |           |           |            |            |               |                   |       | NORTH               |
|                                  |          |         |             |           |           |           |            |            |               |                   |       | (57)                |
|                                  |          |         |             |           |           |           |            |            |               |                   |       |                     |

Entries 54 through 57 are shown on pages 45 – 51.



## STATE OF LOUISIANA

## Uniform Motor Vehicle Traffic Crash Report

## DPSSP 3105 – Page #2

## Narrative and 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.
- **Include** in this section if the vehicle was driven away from the scene or removed to a safe location.
- **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. **Include** the item or items damaged as well as the complete name and address of the owner in the description. This may be public property such as signs belonging to DOTD or private property belonging to an individual.
- **Record** (in the narrative) names, addresses and telephone numbers of witnesses in the crash. Where possible and when necessary, **obtain** their statements and **submit** them on the [DPSSP 3111 Driver/Witness Voluntary Statement Supplement](#) report. **Include** the witness names in the **narrative section** even if they complete the voluntary statement supplement.

The narrative should be organized into logical paragraphs.

The length and the amount of detail contained in the narrative will vary depending on the circumstances and/or magnitude of the crash.

Below is a suggested narrative outline:

**A. Initial Observations****B. Synopsis**

- Pre-collision (Set the stage)
- Collision (Describe the crash)
- Separation/Final Rest (Bring the vehicles to final rest)

**C. Physical Evidence****D. Driver/Witness Statement Summary****E. Other****a) Initial Observations**

Describes your observations upon arrival to the scene. Note the location of vehicles involved in the crash, the condition of drivers/pedestrians, as well as the location/actions of emergency response vehicles/personnel. Also note unusual observations, such as vehicle fires, trapped occupants, roadway blockage, etc.

**b) Synopsis**

Explains in chronological order exactly what occurred before, during, and after the collision, bringing the vehicles to final rest.

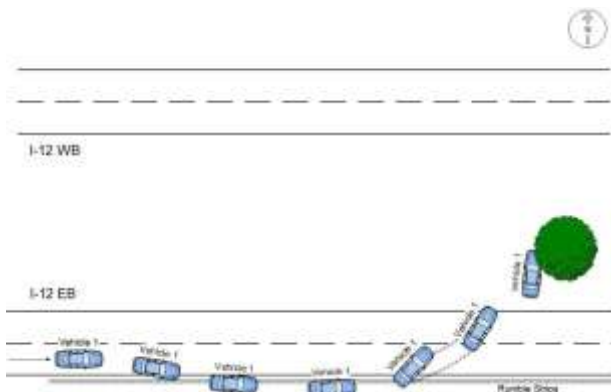
- i. Pre-collision (Set the Stage):  
Using the numbers assigned to each of the vehicles in the crash, begin with an explanation of the direction of travel of each vehicle, the road or street the vehicle was traveling on, and any other descriptive information that will help explain the events leading to the crash.
- ii. Collision (Describe the Crash):  
Using the numbers assigned to each vehicle in the crash describe exactly how the collision occurred including how the vehicles collided, and which part of the vehicle(s) collided and where on/off the roadway the collision occurred.
- iii. Separation/Final Rest (Bring the Vehicles to Final Rest): Explains what occurred after impact.

Document the distance and direction the vehicles traveled as a result of impact to final rest. If the vehicles came to a controlled stop or were removed to a safe location, note that in this section.

### Sample Synopsis:

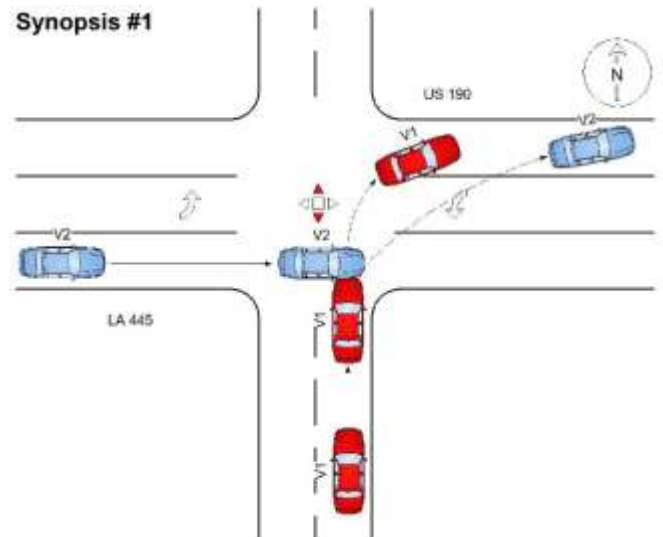
#### Single Vehicle Crash Synopsis:

- Vehicle #1 was eastbound on I-12, traveling in the right lane. Vehicle #1's right tires ran off the paved portion of the roadway on the right side for approximately 75 feet. The driver of vehicle #1 then overcorrected when steering his vehicle back onto the roadway. Vehicle #1 began to yaw counterclockwise, leaving 120 feet of yaw marks, and traveled approximately 120 feet across both eastbound lanes of I-12. Vehicle #1 then ran off the roadway on the left side and into the median. The vehicle continued to rotate counterclockwise and traveled approximately 40 feet and the right front end of vehicle #1 collided with a tree. Vehicle #1 came to rest at impact.



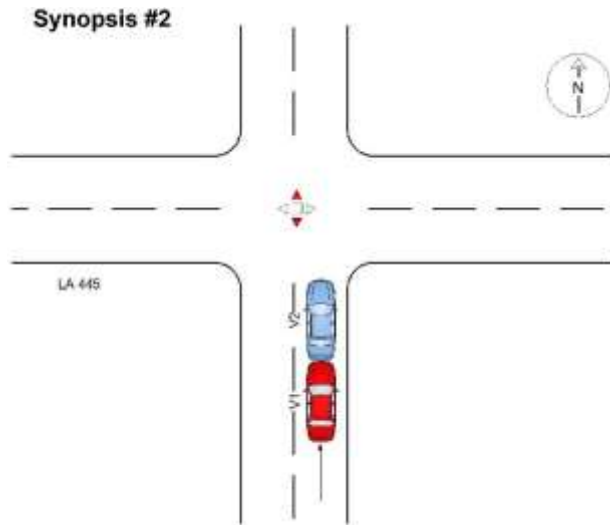
#### Two Vehicle Crash Synopsis 1:

- Vehicle #1 was northbound on LA 445 at its intersection with US 190. Vehicle #2 was eastbound on US 190 at its intersection with LA 445. Vehicle #1 failed to stop for the red light and the front end of Vehicle #1 collided with the right front quarter panel of Vehicle #2.
- After impact, Vehicle #2 continued eastbound for 70 feet and came to rest in the westbound lane of US 190 facing east. Vehicle #1 travelled northeast for 25 feet and rotated clockwise, coming to rest in the westbound lane of US 190 facing east.



#### Two Vehicle Crash Synopsis 2:

- Vehicle #1 was northbound on LA 445 approaching its intersection with US 190. Vehicle #2 was northbound on LA 445 and had stopped at the intersection of US 190 due to a red light. Vehicle #1 failed to stop, and the front end of Vehicle #1 collided with the rear of Vehicle #2.
- Both vehicles were drivable and were moved into a private drive prior to my arrival.



**c) Physical Evidence**

Supports the synopsis. Describe the damage to the vehicles involved in the crash. Include a description of any property that was damaged as a result of the crash. 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. Describe other physical evidence such as roadway markings, (skid or gouge marks for example), or vehicle/roadway debris.

Include a description of the roadway features relevant to the crash, roadway marking, and signage and traffic control devices. Include a description of any other physical evidence important to the investigation.

**d) Driver/Witness Statement Summary**

Includes a summary of each driver, passenger, or witness statement in a separate paragraph. Identify each driver and passenger, along with the vehicle they occupied.

**Example:** Driver #1 or Passenger Vehicle #1. The statement of the passenger should follow the paragraph summarizing the statement of the driver of the vehicle in which they were traveling. Witness names should be recorded in this section even if

they completed a DPSSP 3111 Driver/Witness Voluntary Statement supplemental report. Be sure to include their name, address, and phone number in this section.

**e) Other**

Include a detailed explanation for any response marked "other" on the crash report. Explain why a response marked "unknown" was not determinable.

Include information or evidence not contained elsewhere in the narrative that would help explain the crash or clarify confusing or contradicting information. Examples of "other information" include corner's reports, cell phone records, CDR Data, death notifications, and subpoenas.

Use the [DPSSP 3110 Narrative Supplement](#) if additional space is needed.

**55. Manner of Collision**

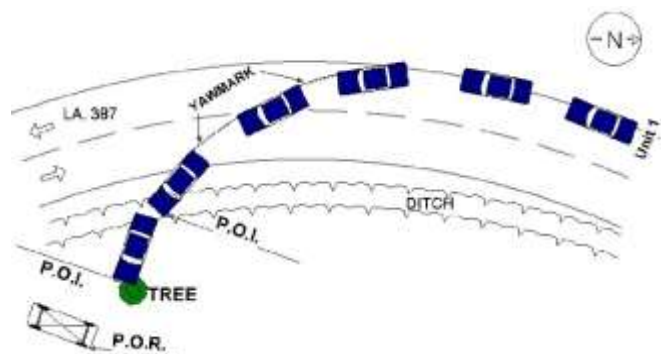
Choose the option that best describes the manner in which the vehicles initially came into contact with each other. **Enter** the corresponding letter in the data block. For crashes involving more than two vehicles, show the manner of collision for the first two vehicles that struck each other.

**"A" "Non-Collision with Motor Vehicle":**

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".

**All single vehicle crashes should use code "A".**

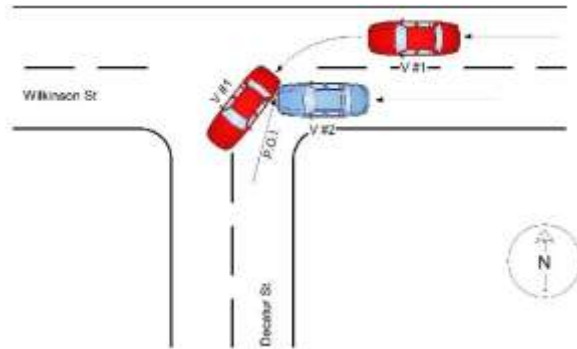
**A. Non-Collision with Motor Vehicle**



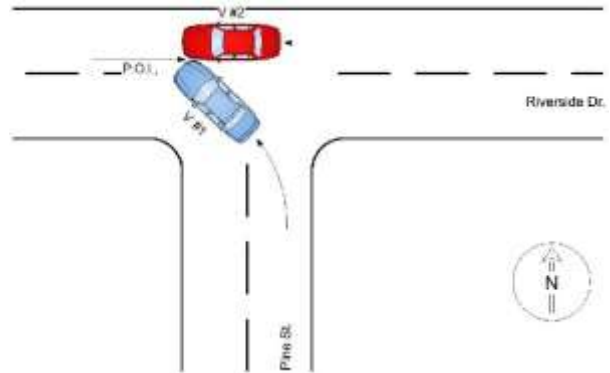


**“E” “Left Turn”:**

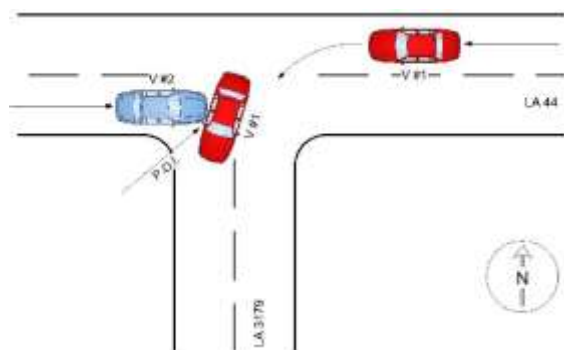
Occurs when a vehicle on the right turns left and collides with the vehicle traveling in the same direction and to the left.

**E. Left Turn****“G” “Left Turn”:**

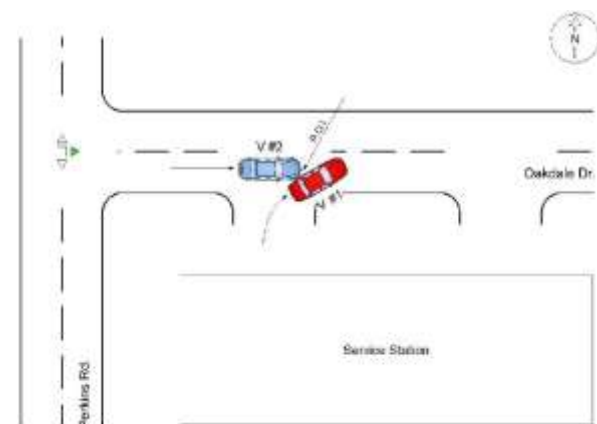
Occurs when a vehicle turning left collides with a vehicle traveling in that same direction.

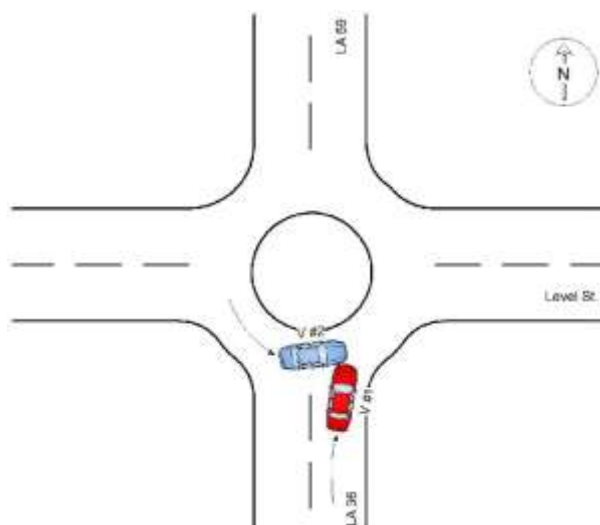
**G. Left Turn****“F” “Left-Turn”:**

Occurs when a vehicle turns left, colliding with the vehicle travelling in the opposite direction. *This often occurs when the turning vehicle fails to yield.*

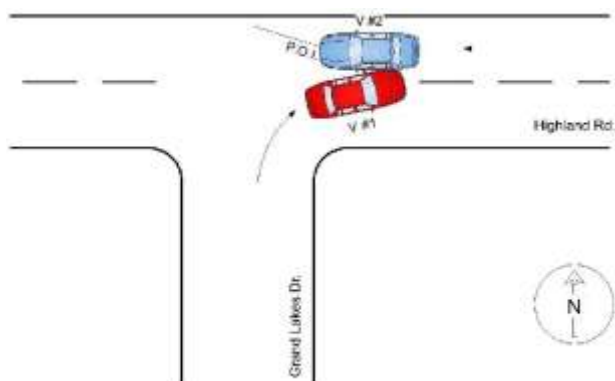
**F. Left Turn****“H” for “Right Turn”:**

Occurs when a vehicle turning right collides with a vehicle traveling in that same direction.

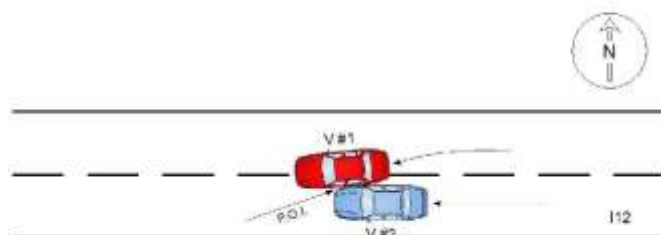
**H(1). Right Turn**

**H (2). Right Turn****"I" "Right-Turn":**

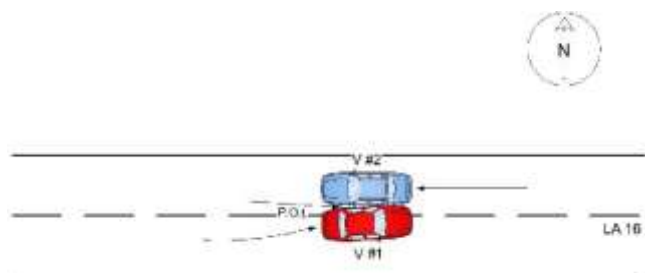
Occurs when a vehicle turning right collides with a vehicle that is traveling in the opposite direction of the intended turn.

**I. Right Turn****"J" "Sideswipe Same":**

Occurs when a vehicle's side collides with another vehicle traveling in the same direction.

**J. Same Direction Swipe****"K" "Sideswipe Opposite":**

Occurs when a vehicle's side collides with another vehicle traveling in the opposite direction.

**K. Opposite Direction Swipe**



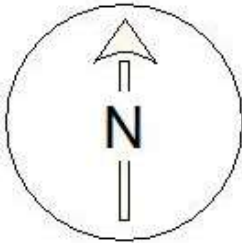
**“Z” “Other”:**

Is to be used for vehicle crashes involving two or more vehicles that do not match any of the choices “B” through “K”.

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

**56. Direction of North**

Mark the direction of north using an arrow.

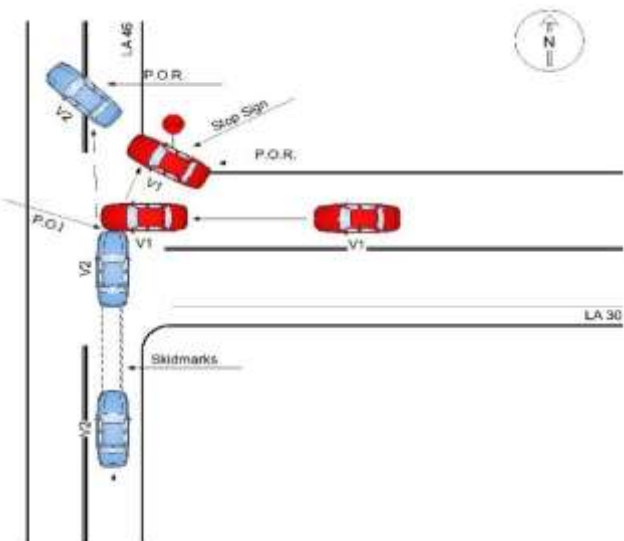
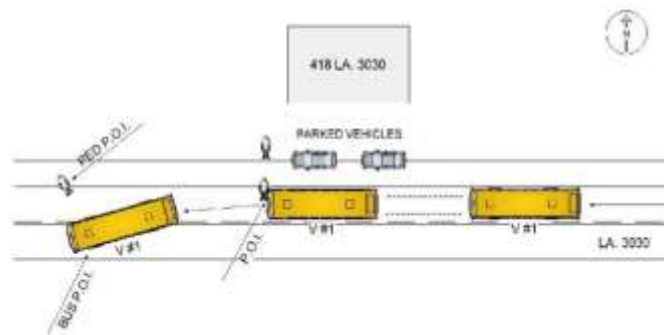
**57. Diagram**

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. **Draw a diagram** based on investigation. Include the physical layout of the roadway, any physical evidence still at the scene, and the probable paths of the vehicles and their probable point of rest based on all available evidence. Label the diagram **“Vehicles Not Observed in Position After Impact,”** or **“Vehicle Moved Prior to Arrival”** when a diagram is completed in this fashion.

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:**

# DPSSP 3106 (Side #1) – Crash Report

**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: \_\_\_\_\_

YEAR: \_\_\_\_\_ STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ TYPE: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_

TRAILER DESCRIPTION: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ TYPE: \_\_\_\_\_

VEHICLE CLASSIFICATION: \_\_\_\_\_ COMMERCIAL/BUSINESS VEHICLE \_\_\_\_\_ GOVERNMENT VEHICLE \_\_\_\_\_ PERSONAL VEHICLE \_\_\_\_\_

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

DATE OF CRASH: \_\_\_\_\_ TIME OF CRASH: \_\_\_\_\_

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: \_\_\_\_\_

OCCUPANT'S NAME LAST, FIRST, MI: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

| SEATING POSITION  | EJECTION   | TRAPPED OR ENTRAPPED  | APPROX   | OCCUPANT PROTECTION SYSTEM USED   | REMARKS  |
|---|--|---|--|---|--|
| 1. FRONT SEAT LEFT SIDE (DRIVER'S SEAT)<br>2. FRONT SEAT RIGHT SIDE<br>3. FRONT SEAT CENTER<br>4. FRONT SEAT LEFT SIDE (PASSENGER SEAT)<br>5. FRONT SEAT RIGHT SIDE (PASSENGER SEAT)<br>6. FRONT SEAT CENTER (PASSENGER SEAT)<br>7. REAR SEAT LEFT SIDE<br>8. REAR SEAT RIGHT SIDE<br>9. REAR SEAT CENTER<br>10. REAR SEAT LEFT SIDE (PASSENGER SEAT)<br>11. REAR SEAT RIGHT SIDE (PASSENGER SEAT)<br>12. REAR SEAT CENTER (PASSENGER SEAT) | 1. EJECTION SEAT<br>2. EJECTION SEAT (PASSENGER SEAT)<br>3. EJECTION SEAT (PASSENGER SEAT)<br>4. EJECTION SEAT (PASSENGER SEAT)<br>5. EJECTION SEAT (PASSENGER SEAT)<br>6. EJECTION SEAT (PASSENGER SEAT)<br>7. EJECTION SEAT (PASSENGER SEAT)<br>8. EJECTION SEAT (PASSENGER SEAT)<br>9. EJECTION SEAT (PASSENGER SEAT)<br>10. EJECTION SEAT (PASSENGER SEAT)<br>11. EJECTION SEAT (PASSENGER SEAT)<br>12. EJECTION SEAT (PASSENGER SEAT) | 1. NOT TRAPPED<br>2. TRAPPED<br>3. TRAPPED (PASSENGER SEAT)<br>4. TRAPPED (PASSENGER SEAT)<br>5. TRAPPED (PASSENGER SEAT)<br>6. TRAPPED (PASSENGER SEAT)<br>7. TRAPPED (PASSENGER SEAT)<br>8. TRAPPED (PASSENGER SEAT)<br>9. TRAPPED (PASSENGER SEAT)<br>10. TRAPPED (PASSENGER SEAT)<br>11. TRAPPED (PASSENGER SEAT)<br>12. TRAPPED (PASSENGER SEAT) | 1. NONE<br>2. NONE (PASSENGER SEAT)<br>3. NONE (PASSENGER SEAT)<br>4. NONE (PASSENGER SEAT)<br>5. NONE (PASSENGER SEAT)<br>6. NONE (PASSENGER SEAT)<br>7. NONE (PASSENGER SEAT)<br>8. NONE (PASSENGER SEAT)<br>9. NONE (PASSENGER SEAT)<br>10. NONE (PASSENGER SEAT)<br>11. NONE (PASSENGER SEAT)<br>12. NONE (PASSENGER SEAT) | 1. NONE USED (WHOLE OCCUPANT)<br>2. NONE USED (WHOLE OCCUPANT)<br>3. NONE USED (WHOLE OCCUPANT)<br>4. NONE USED (WHOLE OCCUPANT)<br>5. NONE USED (WHOLE OCCUPANT)<br>6. NONE USED (WHOLE OCCUPANT)<br>7. NONE USED (WHOLE OCCUPANT)<br>8. NONE USED (WHOLE OCCUPANT)<br>9. NONE USED (WHOLE OCCUPANT)<br>10. NONE USED (WHOLE OCCUPANT)<br>11. NONE USED (WHOLE OCCUPANT)<br>12. NONE USED (WHOLE OCCUPANT) | 1. A-FATAL<br>2. A-FATAL (PASSENGER SEAT)<br>3. A-FATAL (PASSENGER SEAT)<br>4. A-FATAL (PASSENGER SEAT)<br>5. A-FATAL (PASSENGER SEAT)<br>6. A-FATAL (PASSENGER SEAT)<br>7. A-FATAL (PASSENGER SEAT)<br>8. A-FATAL (PASSENGER SEAT)<br>9. A-FATAL (PASSENGER SEAT)<br>10. A-FATAL (PASSENGER SEAT)<br>11. A-FATAL (PASSENGER SEAT)<br>12. A-FATAL (PASSENGER SEAT) |

CRASH REPORT MADE BY: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

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: \_\_\_\_\_

YEAR: \_\_\_\_\_ STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ TYPE: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_

TRAILER DESCRIPTION: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ TYPE: \_\_\_\_\_

VEHICLE CLASSIFICATION: \_\_\_\_\_ COMMERCIAL/BUSINESS VEHICLE \_\_\_\_\_ GOVERNMENT VEHICLE \_\_\_\_\_ PERSONAL VEHICLE \_\_\_\_\_

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

DATE OF CRASH: \_\_\_\_\_ TIME OF CRASH: \_\_\_\_\_

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: \_\_\_\_\_

OCCUPANT'S NAME LAST, FIRST, MI: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

| SEATING POSITION  | EJECTION   | TRAPPED OR ENTRAPPED  | APPROX   | OCCUPANT PROTECTION SYSTEM USED   | REMARKS  |
|---|--|---|--|---|--|
| 1. FRONT SEAT LEFT SIDE (DRIVER'S SEAT)<br>2. FRONT SEAT RIGHT SIDE<br>3. FRONT SEAT CENTER<br>4. FRONT SEAT LEFT SIDE (PASSENGER SEAT)<br>5. FRONT SEAT RIGHT SIDE (PASSENGER SEAT)<br>6. FRONT SEAT CENTER (PASSENGER SEAT)<br>7. REAR SEAT LEFT SIDE<br>8. REAR SEAT RIGHT SIDE<br>9. REAR SEAT CENTER<br>10. REAR SEAT LEFT SIDE (PASSENGER SEAT)<br>11. REAR SEAT RIGHT SIDE (PASSENGER SEAT)<br>12. REAR SEAT CENTER (PASSENGER SEAT) | 1. EJECTION SEAT<br>2. EJECTION SEAT (PASSENGER SEAT)<br>3. EJECTION SEAT (PASSENGER SEAT)<br>4. EJECTION SEAT (PASSENGER SEAT)<br>5. EJECTION SEAT (PASSENGER SEAT)<br>6. EJECTION SEAT (PASSENGER SEAT)<br>7. EJECTION SEAT (PASSENGER SEAT)<br>8. EJECTION SEAT (PASSENGER SEAT)<br>9. EJECTION SEAT (PASSENGER SEAT)<br>10. EJECTION SEAT (PASSENGER SEAT)<br>11. EJECTION SEAT (PASSENGER SEAT)<br>12. EJECTION SEAT (PASSENGER SEAT) | 1. NOT TRAPPED<br>2. TRAPPED<br>3. TRAPPED (PASSENGER SEAT)<br>4. TRAPPED (PASSENGER SEAT)<br>5. TRAPPED (PASSENGER SEAT)<br>6. TRAPPED (PASSENGER SEAT)<br>7. TRAPPED (PASSENGER SEAT)<br>8. TRAPPED (PASSENGER SEAT)<br>9. TRAPPED (PASSENGER SEAT)<br>10. TRAPPED (PASSENGER SEAT)<br>11. TRAPPED (PASSENGER SEAT)<br>12. TRAPPED (PASSENGER SEAT) | 1. NONE<br>2. NONE (PASSENGER SEAT)<br>3. NONE (PASSENGER SEAT)<br>4. NONE (PASSENGER SEAT)<br>5. NONE (PASSENGER SEAT)<br>6. NONE (PASSENGER SEAT)<br>7. NONE (PASSENGER SEAT)<br>8. NONE (PASSENGER SEAT)<br>9. NONE (PASSENGER SEAT)<br>10. NONE (PASSENGER SEAT)<br>11. NONE (PASSENGER SEAT)<br>12. NONE (PASSENGER SEAT) | 1. NONE USED (WHOLE OCCUPANT)<br>2. NONE USED (WHOLE OCCUPANT)<br>3. NONE USED (WHOLE OCCUPANT)<br>4. NONE USED (WHOLE OCCUPANT)<br>5. NONE USED (WHOLE OCCUPANT)<br>6. NONE USED (WHOLE OCCUPANT)<br>7. NONE USED (WHOLE OCCUPANT)<br>8. NONE USED (WHOLE OCCUPANT)<br>9. NONE USED (WHOLE OCCUPANT)<br>10. NONE USED (WHOLE OCCUPANT)<br>11. NONE USED (WHOLE OCCUPANT)<br>12. NONE USED (WHOLE OCCUPANT) | 1. A-FATAL<br>2. A-FATAL (PASSENGER SEAT)<br>3. A-FATAL (PASSENGER SEAT)<br>4. A-FATAL (PASSENGER SEAT)<br>5. A-FATAL (PASSENGER SEAT)<br>6. A-FATAL (PASSENGER SEAT)<br>7. A-FATAL (PASSENGER SEAT)<br>8. A-FATAL (PASSENGER SEAT)<br>9. A-FATAL (PASSENGER SEAT)<br>10. A-FATAL (PASSENGER SEAT)<br>11. A-FATAL (PASSENGER SEAT)<br>12. A-FATAL (PASSENGER SEAT) |

CRASH REPORT MADE BY: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

Entries 58 through 62 are shown on pages 53 – 56.

## STATE OF LOUISIANA

## Uniform Motor Vehicle Traffic Crash Report

## DPSSP 3106 – Page #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. **Complete this form 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**

**ONLY APPLIES TO HANDWRITTEN, STATE GENERATED, PAPER FORMS.**

**59. PAGE NUMBER**

**ONLY APPLIES TO HANDWRITTEN, STATE GENERATED, PAPER FORMS.**

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 B, page 17)

**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 of the **DPSSP 3105** that best describe the configuration or shape of the vehicle, or combination of vehicles. Complete the Vehicle Configuration block for **ALL** vehicles involved in the crash, with the only exception noted below. **Enter "Z"** (Other) in the event of a Hit and Run where there is no description of the fleeing vehicle.

**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:** The eleven (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.

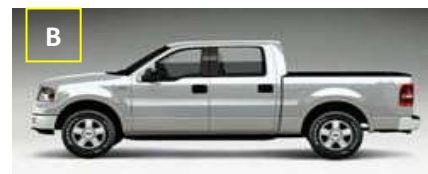
The following definitions and photographs are provided by the Model Minimum Uniform Crash Criteria Guideline (Second Edition 2003) and/or the MMUCC training website ([www.mmucc.us/Training](http://www.mmucc.us/Training)). The pictures included are intended to be used as a guide in making the correct 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. (See examples below.)



### 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. (See examples below.)



### E. Motorcycle

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



### F. Pedalcycle

Non-motorized vehicle propelled by pedaling. Includes bicycle, tricycle, unicycle, pedal car, etc. (See examples below.)



### 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 12<sup>th</sup> 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.





**J. 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 10,001 lbs. or greater.

**M. Single Unit Truck with 3 or more axles**

A power unit that included 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.

**O. 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



**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



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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

YEAR  STATE  NUMBER  TYPE

TRAILER DESCRIPTION

VEHICLE CLASSIFICATION ☐ COMMERCIAL/BUSINESS VEHICLE ☐ GOVERNMENT VEHICLE ☐ PERSONAL VEHICLE ☐

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

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCIAL/BUSINESS & HAS A BUSINESS LICENSE OR LICENSE OF VEHICLE, OR HAS A BUSINESS LICENSE, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.

CARRIER NAME  US DOT #

STREET ADDRESS  CITY  STATE  ZIP

INTERSTATE CARRIER ☐ TRANSPORTING HAZARDOUS MATERIAL ☐ CLASS  EX  PLACARDS DISPLAYED ☐ HAZ MAT ☐

NAME LAST, FIRST, MI. OF  DRIVER ☐ PEDESTRIAN ☐

DATE OF BIRTH

STREET ADDRESS  TELEPHONE #

CITY  STATE  ZIP

DRIVER ☐ CLASS ENDORSEMENTS  DRIVER'S LICENSE NUMBER

TRANSPORTED TO MEDICAL FACILITY ☐ A. YES B. NO C. REFUSED AD D. NO E. UNKNOWN

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

OWNER'S NAME LAST, FIRST, MI. OR COMPANY NAME

STREET ADDRESS  TELEPHONE #

CITY  STATE  ZIP

INSURANCE CO. NAME  (NOT NECESSARY) POLICY NUMBER  EXPIRATION DATE

AGENT'S NAME/ADDRESS

THREE #

OCCUPANT'S NAME LAST, FIRST, MI.

STREET ADDRESS  TELEPHONE #

CITY  STATE  ZIP

OCCUPANT'S NAME LAST, FIRST, MI.

STREET ADDRESS  TELEPHONE #

CITY  STATE  ZIP

| CRASH   |  |   |  |   |  |
|---|--|---|--|---|--|
| SEATING POSITION  | EJECTION   | TRAPPED OR EXTRICATED   | AIRBAG   | OCCUPANT PROTECTION SYSTEM USED   | INJURY   |
| A - FRONT SEAT LEFT SIDE<br>B - FRONT SEAT RIGHT SIDE<br>C - FRONT SEAT CENTER<br>D - SECOND SEAT LEFT SIDE<br>E - SECOND SEAT RIGHT SIDE<br>F - SECOND SEAT CENTER<br>G - THIRD SEAT LEFT SIDE<br>H - THIRD SEAT RIGHT SIDE<br>I - THIRD SEAT CENTER | J - SEATED SECTION OF CAB/FRONT<br>K - PASSENGER IN OTHER ENCLOSED<br>L - PASSENGER IN OTHER ENCLOSED<br>M - PASSENGER ON TRAILER OR OTHER<br>N - TRAILER UNIT<br>O - OTHER (ON VEHICLE EXTERIOR OR<br>P - UNKNOWN | A - NOT EJECTED<br>B - TOTALLY EJECTED<br>C - PARTIALLY EJECTED<br>D - EJECTED<br>E - UNKNOWN | A - NOT TRAPPED<br>B - TRAPPED/EXTRICATED<br>C - TRAPPED/NOT EXTRICATED<br>D - TRAPPED/NOT EXTRICATED<br>E - UNKNOWN | A - DEPLOYED<br>B - NON-DEPLOYED<br>C - NON-DEPLOYED/CLIP SWITCH<br>D - NOT APPLICABLE<br>E - UNKNOWN | A - NONE USED-VEHICLE<br>B - NONE USED-VEHICLE<br>C - LAF BELT ONLY USED<br>D - SHOULDER AND LAP BELT USED<br>E - CHILD SAFETY SEAT<br>F - CHILD SAFETY SEAT USED<br>G - HELMET USED<br>H - FEET/ARM USE UNKNOWN |

CPSP 1108 (REV. MAR. 2000)

**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

YEAR  STATE  NUMBER  TYPE

TRAILER DESCRIPTION

VEHICLE CLASSIFICATION ☐ COMMERCIAL/BUSINESS VEHICLE ☐ GOVERNMENT VEHICLE ☐ PERSONAL VEHICLE ☐

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

Entry 63 is found on pages 59–60.

### 63. Cargo Body Type

**Complete** the Cargo Body Type block 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. **Choose “X” for No Cargo Body** for these types of vehicles.

The following definitions are provided by the Model Minimum Uniform Crash Criteria Guideline (Second Edition 2003) and/or the MMMUCC training website ([www.mmucc.us/Training](http://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.



Both Van/Enclosed Box Cargo Design

#### 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.



Concrete Mixer

#### 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 axes).

**H. Log Truck**

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

**I. Garbage/Refuse**

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 truck.

**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.

**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 10,001 lbs. or more.

**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.

**Garbage/Refuse**

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.

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**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.L.N. \_\_\_\_\_ VEHICLE TOWED ☐ A. YES ☐ B. NO ☐ C. LEFT AT SCENE REMOVED BY \_\_\_\_\_

LICENSE PLATE YEAR STATE NUMBER TYPE GVWR/GCWR REASON TOWED  
A. VEHICLE DAMAGE  
B. DRIVER ARRESTED  
C. INSURANCE VIOLATION  
D. 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 COMMERCIAL PURPOSES, HAS A NONSTANDARD LICENSE OF TITLE, OR HAS A HAZARD PLACARD, OR IS A BUS WITH SEATING FOR MORE THAN ONE INCLUDING THE DRIVER.

CARRIER NAME \_\_\_\_\_ US DOT # \_\_\_\_\_  
MO/MS (DOT) # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INTERSTATE CARRIER ☐ TRANSPORTING HAZARDOUS MATERIAL ☐ CLASS \_\_\_\_\_ CH \_\_\_\_\_ PLACARDS DISPLAYED ☐ HAZ MAT RELEASED ☐

NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN

STREET ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ INJURY CODE \_\_\_\_\_

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER

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

PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT DARK LOWER BODY CLOTHING LIGHT DARK SEX FACE 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) TELEPHONE # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

OCCUPANT'S NAME (LAST, FIRST, MI) TELEPHONE # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

| SEATING POSITION  | EJECTION   | TRAPPED OR EXTRACTED   | AIRBAG   | OCCUPANT PROTECTION SYSTEM USED  | INJURY   |
|---|--|--|--|--|--|
| A. FRONT SEAT/LEFT SIDE (MOTORCYCLE DRIVER)<br>B. FRONT SEAT/RIGHT SIDE<br>C. FRONT SEAT/RIGHT SIDE (MOTORCYCLE PASSENGER)<br>D. SECOND SEAT/LEFT SIDE (MOTORCYCLE PASSENGER)<br>E. SECOND SEAT/RIGHT SIDE<br>F. SECOND SEAT/RIGHT SIDE (MOTORCYCLE PASSENGER)<br>G. THIRD SEAT/LEFT SIDE<br>H. THIRD SEAT/RIGHT SIDE<br>I. THIRD SEAT/RIGHT SIDE (MOTORCYCLE PASSENGER)<br>J. THIRD SEAT/RIGHT SIDE (MOTORCYCLE PASSENGER) | A. NOT EJECTED<br>B. TOTALLY EJECTED<br>C. PARTIALLY EJECTED<br>D. EJECTED<br>E. UNKNOWN | A. NOT TRAPPED<br>B. TRAPPED/EXTRACTED<br>C. TRAPPED/NOT EXTRACTED<br>D. UNKNOWN | A. DEPLOYED<br>B. NON-DEPLOYED<br>C. NON-DEPLOYED/EXTRACTED<br>D. NOT APPLICABLE<br>E. UNKNOWN | A. NONE USED-VEHICLE OCCUPANT<br>B. SHOULDER BELT ONLY USED<br>C. LAP BELT ONLY USED<br>D. SHOULDER AND LAP BELT USED<br>E. CHILD SAFETY SEAT IMPROPERLY USED<br>F. CHILD SAFETY SEAT USED<br>G. HELMET USED<br>H. RESTRAINT USE UNKNOWN | A. FATAL<br>B. NON-FATAL<br>C. NON-FATAL/SEVERE<br>D. NON-FATAL/STRAIN<br>E. MODERATE<br>F. POSSIBLE/COMPLAINT<br>G. NO INJURY |

DPSP 3-06 (REV. MAR. 2005)

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

COMPUTER NUMBER 58 - PAGE # 59

VEH # 61 OR PEDESTRIAN 62

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

V.L.N. 63 see page 1 for selections 64 65 66 67

LICENSE PLATE 68 69 70 71 72 73 74 75 76

TRAILER DESCRIPTION 77 78 79 80 81 82

VEHICLE CLASSIFICATION 83 COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

Entries 64 through 70 are shown on page 63.



#### 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. Examples of make for passenger vehicle would include Ford, Chrysler, Infiniti, Chevrolet, Dodge, Lincoln, Toyota, etc. For trucks and buses, 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. **Identify** an appropriate model for the pickup such as S-10, Sierra, Tundra, Ranger, etc. **Enter Pickup** in the model section if the model name cannot be located.

#### 67. Doors, Axles, and Tires

##### # of Doors

Enter the number of doors on the vehicle.

In the case of motorcycles and bicycles, leave this data block 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, only count the tires attached that 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. **Verify** the VIN listed on the registration against the VIN plate on the vehicle itself before entering it on the crash report if possible.

- 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.

- 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.

**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 \_\_\_\_\_ GVWR/GCWR \_\_\_\_\_

TRAILER DESCRIPTION \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ TYPE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

VEHICLE CLASSIFICATION \_\_\_\_\_ COMMERCIAL/BUSINESS VEHICLE \_\_\_\_\_ GOVERNMENT VEHICLE \_\_\_\_\_ PERSONAL VEHICLE \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_

NAME (LAST, FIRST, MI) OF DRIVER \_\_\_\_\_ PEDESTRIAN \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

INSURANCE CO. NAME \_\_\_\_\_ (SEE ADVERTISING) POLICY NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ADVERT'S NAME/ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

OCCUPANT'S NAME (LAST, FIRST, MI) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSPORTED TO MEDICAL FACILITY \_\_\_\_\_ A. YES B. REFUSED AD C. NO D. UNKNOWN

NAME OF FACILITY \_\_\_\_\_

OCCUPANT'S NAME (LAST, FIRST, MI) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSPORTED TO MEDICAL FACILITY \_\_\_\_\_ A. YES B. REFUSED AD C. NO D. UNKNOWN

NAME OF FACILITY \_\_\_\_\_

| SEATING POSITION   | EJECTION             | TRAPPED OR EXTRICATED     | AIRBAG                        | OCCUPANT PROTECTION SYSTEM USED      | INJURY                         |
|--|----------------------|---------------------------|-------------------------------|--------------------------------------|--------------------------------|
| A. FRONT SEAT, LEFT SIDE (DRIVER'S SEAT)                               | A. NOT EJECTED       | A. NOT TRAPPED            | A. DEPLOYED                   | A. NONE USED-VEHICLE OCCUPANT        | A. FATAL                       |
| B. FRONT SEAT, RIGHT SIDE  | B. TOTALLY EJECTED   | B. TRAPPED/EXTRICATED     | B. NON-DEPLOYED               | B. SHOULDER BELT ONLY USED           | B. INCAPACITATING/REVERE       |
| C. FRONT SEAT, RIGHT SIDE (PASSENGER OR CARGO AREA NON-TRAILING UNIT)  | C. PARTIALLY EJECTED | C. TRAPPED/NOT EXTRICATED | C. NON-DEPLOYED/CD/SWITCH OFF | C. LAP BELT ONLY USED                | C. NON-INCAPACITATING/MODERATE |
| D. SECOND SEAT, LEFT SIDE (PASSENGER OR CARGO AREA NON-TRAILING UNIT)  | D. EJECTED           | D. TRAPPED/NOT EXTRICATED | D. NOT APPLICABLE             | D. SHOULDER AND LAP BELT USED        | D. POSSIBLY COMPLAINT          |
| E. SECOND SEAT, RIGHT SIDE (PASSENGER OR CARGO AREA NON-TRAILING UNIT) | E. UNKNOWN           | E. UNKNOWN                | E. UNKNOWN                    | E. CHILD SAFETY SEAT IMPROPERLY USED | E. NO INJURY                   |
| F. THIRD SEAT, LEFT SIDE (PASSENGER OR CARGO AREA NON-TRAILING UNIT)   | F. UNKNOWN           | F. UNKNOWN                | F. UNKNOWN                    | F. CHILD SAFETY SEAT USED            |                                |
| G. THIRD SEAT, RIGHT SIDE (PASSENGER OR CARGO AREA NON-TRAILING UNIT)  | G. UNKNOWN           | G. UNKNOWN                | G. UNKNOWN                    | G. HELMET USED                       |                                |
| H. THIRD SEAT, RIGHT SIDE (PASSENGER OR CARGO AREA NON-TRAILING UNIT)  | H. UNKNOWN           | H. UNKNOWN                | H. UNKNOWN                    | H. RESTRAINT LINE UNKNOWN            |                                |

DPSP 1/06 (REV. MAR. 2000)

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

COMPUTER NUMBER 58 - PAGE # 59

VEH # 61 OR PEDESTRIAN 62

CONF 62 CARGO BODY TYPE 63 see page 1 for selections YEAR 64 MAKE 65 MODEL 66 # DOORS 67 # AXLES 68 # TIRES 69

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 GVWR/GCWR 76

TRAILER DESCRIPTION 77 YEAR 78 MAKE 79 TYPE 80 LICENSE PLATE 81 82

VEHICLE CLASSIFICATION 83 COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

Entries 71 through 75 on pages 65 – 66.

### 71. License Plate Year

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

### 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.

### 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. 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 enter the type of plate that the vehicle is displaying.

**EXAMPLES:** 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, abbreviate in an easily understandable fashion.

### 75. GVWR/GCWR

Complete this section 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 10,001 lbs. or more (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 two (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 on the following page)

**Examples:**

1. Half-ton trucks (Chevrolet 1500, Ford F-150, Dodge 1500) usually have a GVWR range of 6000 to 8600 pounds.
  2. 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 homemade or shop made trailer without markings, the investigator shall use the 3250 GVWR.
  - Double axel utility trailers are normally rated for 7500 pounds and above. In the event that the single-axle unit is a homemade 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.



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**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 ☐

YEAR ☐ STATE ☐ NUMBER ☐ TYPE ☐ GWR/GCWR ☐

LICENSE PLATE ☐

TRAILER DESCRIPTION ☐ YEAR ☐ MAKE ☐ TYPE ☐ LICENSE PLATE ☐

VEHICLE CLASSIFICATION ☐ COMMERCIAL/BUSINESS VEHICLE ☐ GOVERNMENT VEHICLE ☐ PERSONAL VEHICLE ☐

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

US DOT # \_\_\_\_\_

CARRIER NAME \_\_\_\_\_ MC/MX (VCC) # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INTERESTED PARTIES ☐ TRANSPORTING HAZARDOUS MATERIAL ☐ CLASS \_\_\_\_\_

NAME LAST, FIRST, MI OF ☐ DRIVER ☐ PEDESTRIAN

STREET ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER \_\_\_\_\_

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 \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSURANCE CO. NAME \_\_\_\_\_ (NOT AGENT NAME) POLICY NUMBER \_\_\_\_\_

AGENT'S NAME LAST, FIRST, MI \_\_\_\_\_ PHONE # \_\_\_\_\_

OCCUPANT'S NAME LAST, FIRST, MI \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPANT'S NAME LAST, FIRST, MI \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

| SEATING POSITION  | SUBSECTION  | TRAPPED OR EXTRICATED   | ARRANG   | OCCUPANT PROTECTION SYSTEM USED   | INJURY   |
|---|---|---|--|---|--|
| A - FRONT SEAT LEFT SIDE<br>B - FRONT SEAT RIGHT SIDE<br>C - FRONT SEAT RIGHT SIDE<br>D - SECOND SEAT LEFT SIDE<br>E - SECOND SEAT RIGHT SIDE<br>F - SECOND SEAT RIGHT SIDE<br>G - THIRD SEAT LEFT SIDE<br>H - THIRD SEAT RIGHT SIDE<br>I - THIRD SEAT RIGHT SIDE | J - SLEEPER SECTION OF CAB (TRUCK)<br>K - PASSENGER IN OTHER ENCLOSED<br>L - PASSENGER IN OTHER ENCLOSED<br>M - PASSENGER IN OTHER ENCLOSED<br>N - PASSENGER IN OTHER ENCLOSED<br>O - PASSENGER IN OTHER ENCLOSED<br>P - PASSENGER IN OTHER ENCLOSED<br>Q - PASSENGER IN OTHER ENCLOSED<br>R - PASSENGER IN OTHER ENCLOSED<br>S - PASSENGER IN OTHER ENCLOSED | A - NOT TRAPPED<br>B - TRAPPED/EXTRICATED<br>C - PARTIALLY TRAPPED/EXTRICATED<br>D - TRAPPED/EXTRICATED<br>E - TRAPPED/EXTRICATED<br>F - TRAPPED/EXTRICATED<br>G - TRAPPED/EXTRICATED<br>H - TRAPPED/EXTRICATED<br>I - TRAPPED/EXTRICATED<br>J - TRAPPED/EXTRICATED | A - DEPLOYED<br>B - NON-DEPLOYED<br>C - NON-DEPLOYED<br>D - NON-DEPLOYED<br>E - NON-DEPLOYED<br>F - NON-DEPLOYED<br>G - NON-DEPLOYED<br>H - NON-DEPLOYED<br>I - NON-DEPLOYED<br>J - NON-DEPLOYED | A - NEW VEHICLE OCCUPANT<br>B - SHOULD BELT ONLY USED<br>C - LAP BELT ONLY USED<br>D - SHOULD AND LAP BELT USED<br>E - CHILD SAFETY SEAT<br>F - CHILD SAFETY SEAT<br>G - HELMET USED<br>H - RESTRAINT USE UNKNOWN | A - FATAL<br>B - NON-FATAL<br>C - NON-FATAL<br>D - NON-FATAL<br>E - NON-FATAL<br>F - NON-FATAL<br>G - NON-FATAL<br>H - NON-FATAL<br>I - NON-FATAL<br>J - NON-FATAL |

(SPRINT 3100 (REV. MAR. 2000))

**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 ☐

YEAR ☐ STATE ☐ NUMBER ☐ TYPE ☐ GWR/GCWR ☐

LICENSE PLATE ☐

TRAILER DESCRIPTION ☐ YEAR ☐ MAKE ☐ TYPE ☐ LICENSE PLATE ☐

VEHICLE CLASSIFICATION ☐ COMMERCIAL/BUSINESS VEHICLE ☐ GOVERNMENT VEHICLE ☐ PERSONAL VEHICLE ☐

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

Entries 76 through 83 are shown on page 69.



## 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: Record** 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 in this section.

## 78. Trailer Description Make

**Enter** the manufacturer of the trailer in the data section provided. **Verify** the name of the manufacturer on the registration against the trailer itself. If there is no trailer involved with this vehicle in the crash, enter “None.”

## 79. Trailer Description Type

Enter the type of trailer 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. Enter “None” in this data section if the trailer does not display a license plate. 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** (not about how the vehicle is being used at the time of the crash) of the vehicle. Complete 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 Section 75, pages 62 – 63.

- **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

COMP. CARO BODY TYPE \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ # DOORS # AXLES # TIRES \_\_\_\_\_

VIN \_\_\_\_\_ VEHICLE TOWED ☐ ALIVE ☐ NO ☐ LEFT AT SCENE ☐ REMOVED BY \_\_\_\_\_

VEHICLE LICENSE PLATE \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_

TRAILER DESCRIPTION \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

VEHICLE CLASSIFICATION ☐ COMMERCIAL ☐ BUSINESS VEHICLE ☐ INCORPORATED 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 \_\_\_\_\_ 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 \_\_\_\_\_

SEX \_\_\_\_\_ CLASS \_\_\_\_\_ DRIVERS LICENSE NUMBER \_\_\_\_\_

TRANSPORTED TO MEDICAL FACILITY ☐ A. YES ☐ B. NO ☐ C. RELEASED ☐ D. NO ☐ E. 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 \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSURANCE CO. NAME \_\_\_\_\_ BETA AGENCY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AGENT'S NAME/ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

OCCUPANT'S NAME (LAST, FIRST, MI) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPANT'S NAME (LAST, FIRST, MI) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

| SEATING POSITION                                |                                      | EJECTION              |                            | AIRBAG           |                                  | OCCUPANT PROTECTION SYSTEM USED |  | INJURY |  |
|---|--------------------------------------|-----------------------|----------------------------|------------------|----------------------------------|---------------------------------|--|--------|--|
| A - FRONT SEAT LEFT SIDE (MOTORCYCLE SEATING)   | J - REAR SEAT SECTION OF CAB (TRUCK) | A - NOT EJECTED       | A - NOT TRAPPED OR EJECTED | A - DEPLOYED     | A - NONE USED - VEHICLE OCCUPANT | A - FATAL                       |  |        |  |
| B - FRONT SEAT RIGHT SIDE (MOTORCYCLE SEATING)  | K - IN BETWEEN IN CAB (TRUCK)        | B - TOTALLY EJECTED   | B - TRAPPED OR EJECTED     | B - NON-DEPLOYED | B - SHOULD BELT ONLY USED        | B - FATAL                       |  |        |  |
| C - FRONT SEAT LEFT SIDE (MOTORCYCLE SEATING)   | L - IN BETWEEN IN CAB (TRUCK)        | C - PARTIALLY EJECTED | C - TRAPPED OR EJECTED     | C - DEPLOYED     | C - SHOULD BELT ONLY USED        | C - FATAL                       |  |        |  |
| D - SECOND SEAT LEFT SIDE (MOTORCYCLE SEATING)  | M - IN BETWEEN IN CAB (TRUCK)        | D - NOT EJECTED       | D - TRAPPED OR EJECTED     | D - NON-DEPLOYED | D - SHOULD BELT ONLY USED        | D - FATAL                       |  |        |  |
| E - SECOND SEAT RIGHT SIDE (MOTORCYCLE SEATING) | N - IN BETWEEN IN CAB (TRUCK)        | E - EJECTED           | E - TRAPPED OR EJECTED     | E - DEPLOYED     | E - SHOULD BELT ONLY USED        | E - FATAL                       |  |        |  |
| F - THIRD SEAT LEFT SIDE (MOTORCYCLE SEATING)   | O - IN BETWEEN IN CAB (TRUCK)        | F - NOT EJECTED       | F - TRAPPED OR EJECTED     | F - NON-DEPLOYED | F - SHOULD BELT ONLY USED        | F - FATAL                       |  |        |  |
| G - THIRD SEAT RIGHT SIDE (MOTORCYCLE SEATING)  | P - IN BETWEEN IN CAB (TRUCK)        | G - EJECTED           | G - TRAPPED OR EJECTED     | G - DEPLOYED     | G - SHOULD BELT ONLY USED        | G - FATAL                       |  |        |  |
| H - FOURTH SEAT LEFT SIDE (MOTORCYCLE SEATING)  | Q - IN BETWEEN IN CAB (TRUCK)        | H - NOT EJECTED       | H - TRAPPED OR EJECTED     | H - NON-DEPLOYED | H - SHOULD BELT ONLY USED        | H - FATAL                       |  |        |  |
| I - FOURTH SEAT RIGHT SIDE (MOTORCYCLE SEATING) | R - IN BETWEEN IN CAB (TRUCK)        | I - EJECTED           | I - TRAPPED OR EJECTED     | I - DEPLOYED     | I - SHOULD BELT ONLY USED        | I - FATAL                       |  |        |  |
|   |                                      |                       |                            |                  |                                  |                                 |  |        |  |

DPSP 11-90 PREP. MAR. 2009

84 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 # 86

CARRIER NAME 85 MC/MX ("ICC") # 87

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INTERSTATE CARRIER Y/N 88 TRANSPORTING HAZARDOUS MATERIAL Y/N 89 CLASS 90 ID# 91 PLACARDS DISPLAYED Y/N 92 HAZ MAT RELEASED Y/N 93

Entries 84 through 87 are shown on page 71-72.

## 84. Truck/Bus Crash Data

Use this section 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. Is being used for **Commerce/Business** and has a GVWR/GCWR 10,001 pounds or greater, 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 3,250 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 3,250 pounds or more
- Double axel utility trailers have a GVWR of 7,500 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.

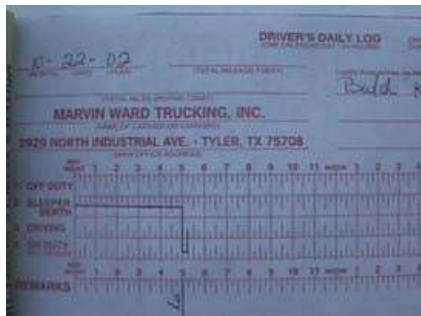
## 85. Carrier Name and Address:

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. Ask the driver the name of the carrier under whose authority the load is being transported.

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 with images on next page)



*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 previously). 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, enter both numbers on this report. If the MC/MX/ICC number cannot be determined, leave the field 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 not always displayed. 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.

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VEHICLE/PEDESTRIAN**

COMPUTER NUMBER: \_\_\_\_\_ PAGE # \_\_\_\_\_

VEH # OR PEDESTRIAN

COMP. CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES

VEH. \_\_\_\_\_ VEHICLE TOWED ☐ A YES ☐ B NO ☐ C LEFT AT SCENE ☐ REMOVED BY \_\_\_\_\_

LICENSE PLATE YEAR STATE NUMBER TYPE TYPE 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 GVW/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") # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

NAME LAST, FIRST, MI OF DRIVER PEDESTRIAN

STREET ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER \_\_\_\_\_

TRANSPORTED TO MEDICAL FACILITY ☐ A YES ☐ B NO ☐ C REFUSED ☐ D NO ☐ E 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

STREET ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSURANCE CO. NAME \_\_\_\_\_ AGENT'S NAME/ADDRESS \_\_\_\_\_ 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 ☐ D NO ☐ E UNKNOWN

OCCUPANT'S NAME LAST, FIRST, MI

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSPORTED TO MEDICAL FACILITY ☐ A YES ☐ B NO ☐ C REFUSED ☐ D NO ☐ E UNKNOWN

| SEATING POSITION                                 | EJECTION              | TRAPPED OR EXTRICATED      | AFSBAD                                | OCCUPANT PROTECTION SYSTEM USED | INJURY |
|--|-----------------------|----------------------------|---------------------------------------|---------------------------------|--------|
| A - FRONT SEAT LEFT SIDE (MOTORCYCLE DRIVER)     | A - NOT EJECTED       | A - NOT TRAPPED            | A - NONE USED-VEHICLE OCCUPANT        | A - FATAL                       |        |
| B - FRONT SEAT RIGHT SIDE (NON TRAILING UNIT)    | B - TOTALLY EJECTED   | B - TRAPPED/EXTRICATED     | B - NON-DEPLOYED                      | B - INCAPACITY-TWO SEVERE       |        |
| C - SECOND SEAT LEFT SIDE (MOTORCYCLE PASSENGER) | C - PARTIALLY EJECTED | C - TRAPPED/NOT EXTRICATED | C - LAP BELT ONLY USED                | C - NON-INCAPACITATING          |        |
| D - SECOND SEAT RIGHT SIDE (NON TRAILING UNIT)   | D - NOT EJECTED       | D - NOT TRAPPED            | D - SHOULDERS AND LAP BELT USED       | D - MODERATE                    |        |
| E - THIRD SEAT LEFT SIDE (MOTORCYCLE PASSENGER)  | E - PARTIALLY EJECTED | E - TRAPPED/NOT EXTRICATED | E - CHILD SAFETY SEAT IMPROPERLY USED | E - POSSIBLE COMPLAINT          |        |
| F - THIRD SEAT RIGHT SIDE (NON TRAILING UNIT)    | F - NOT EJECTED       | F - NOT TRAPPED            | F - CHILD SAFETY SEAT USED            | F - NO INJURY                   |        |
| G - TRAILING UNIT                                | G - NOT EJECTED       | G - NOT TRAPPED            | G - HELMET USED                       |                                 |        |
| H - TRAILING UNIT                                | H - NOT EJECTED       | H - NOT TRAPPED            | H - RESTRAINT USE UNKNOWN             |                                 |        |
| I - UNKNOWN                                      | I - UNKNOWN           | I - UNKNOWN                |                                       |                                 |        |

DPSP 3108 (REV. MAR. 2005)

84 COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVW/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 # 86

CARRIER NAME 85 MC/MX ("ICC") # 87

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INTERSTATE CARRIER ☐ 88 TRANSPORTING HAZARDOUS MATERIAL ☐ 89 CLABS 90 ID# 91 PLACARDS DISPLAYED ☐ 92 HAZ MAT RELEASED ☐ 93

Entries 88 to 93 are shown on page 75.



## 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

Indicate if the vehicle is transporting Hazardous Material(s), by placing a “Y” (for **Yes**) in the block provided. Indicate if the vehicle is not transporting Hazardous Material(s) 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, whereas, 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 is also entered on the Shipping Papers.

\*The ID Number recorded corresponds with the Hazard Class Number recorded.



### 92. Placards Displayed

Indicate if Hazardous Material placards were displayed on the vehicle being reported. 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.

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VEHICLE/PEDESTRIAN**

COMPUTER NUMBER \_\_\_\_\_ PAGE # \_\_\_\_\_

VER # \_\_\_\_\_ OR PEDESTRIAN \_\_\_\_\_

CONF. ☐ CARDO BODY TYPE ☐ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ # DOORS \_\_\_\_\_ # AXLES \_\_\_\_\_ # TIRES \_\_\_\_\_  
See page 1 for reflections

VIN \_\_\_\_\_ VEHICLE TOWED ☐ A. YES ☐ B. NO ☐ C. LEFT AT SCENE ☐ REMOVED BY \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_ YEAR \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_

TRAILER DESCRIPTION \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_ YEAR \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER \_\_\_\_\_

VEHICLE CLASSIFICATION: COMMERCIAL/BUSINESS VEHICLE ☐ GOVERNMENT VEHICLE ☐ PERSONAL VEHICLE ☐

COMPLETE INFORMATION SECTION IF THIS VEHICLE IS BEING USED FOR (CORRECTED) BUSINESS, IF THIS IS A SPECIALTY VEHICLE, OR IF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR MORE THAN 15 PASSENGERS INCLUDING THE DRIVER.

UN DOT # \_\_\_\_\_ MC/MX (DOT) # \_\_\_\_\_

OWNER NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSTRUCTED TO EXCHANGE INFORMATION? ☐ Y ☐ N PLACARD DISPLAYED ☐ Y ☐ N HAZ MAT WEIGHED ☐ Y ☐ N

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

STREET ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SWI CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER \_\_\_\_\_ INSTRUCTED TO EXCHANGE INFORMATION? ☐ Y ☐ N NAME OF FACILITY \_\_\_\_\_

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

OCCUPANT'S NAME (LAST, FIRST, MI) \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

| SEATING POSITION                                  |  | EJECTION              |                              | EJECTION OR TRAPPED OR EXTRACTED |   | AIRBAG                          |  | OCCUPANT PROTECTION SYSTEM USED |  | INJURY |  |
|---|--|-----------------------|------------------------------|----------------------------------|---|---------------------------------|--|---------------------------------|--|--------|--|
| A - FRONT SEAT/LEFT SIDE (MOTORCYCLE DRIVERS)     | C - SEATED SECTION OF SEAT/TRUCK   | A - NOT EJECTED       | A - NOT TRAPPED OR EXTRACTED | A - DEPLOYED                     | A - NONE USED-VEHICLE OCCUPANT          | A - FATAL                       |  |                                 |  |        |  |
| B - FRONT SEAT/RIGHT SIDE                         | K - PASSENGER IN OTHER ENCLOSED MOTORCYCLE OR CAR/AREA (NON-TRAILING UNIT) | B - TOTALLY EJECTED   | B - TRAPPED/EXTRACTED        | B - NON-DEPLOYED                 | B - SHOULDERS BELT ONLY USED            | B - INCAPACITATING/SEVERE       |  |                                 |  |        |  |
| C - FRONT SEAT/RIGHT SIDE (MOTORCYCLE PASSENGER)  | L - PASSENGER IN OTHER ENCLOSED CHASSIS/ON CAR/AREA (NON-TRAILING UNIT)    | C - PARTIALLY EJECTED | C - TRAPPED/NOT EXTRACTED    | C - MON-OR-DEPLOY                | C - LAP BELT ONLY USED                  | C - NON-INCAPACITATING/MODERATE |  |                                 |  |        |  |
| D - SECOND SEAT/LEFT SIDE (MOTORCYCLE PASSENGER)  | M - PASSENGER IN OTHER ENCLOSED CHASSIS/ON CAR/AREA (NON-TRAILING UNIT)    | D - NOT EJECTED       | D - UNKNOWN                  | D - OFF                          | D - SHOULDERS AND LAP BELT USED         | D - POSSIBLE/COMPLAINT          |  |                                 |  |        |  |
| E - SECOND SEAT/RIGHT SIDE (MOTORCYCLE PASSENGER) | N - PASSENGER IN TRAILER (IF STRUCTURE)                                    | E - NOT EJECTED       | E - UNKNOWN                  | E - NOT APPLICABLE               | E - CHILD SAFETY SEAT SUPERVISORLY USED | E - NO INJURY                   |  |                                 |  |        |  |
| F - THIRD ROW/LEFT SIDE (MOTORCYCLE PASSENGER)    | O - TRAILING UNIT  | F - NOT EJECTED       | F - UNKNOWN                  | F - UNKNOWN                      | F - CHILD SAFETY SEAT USED              |                                 |  |                                 |  |        |  |
| G - THIRD ROW/RIGHT SIDE (MOTORCYCLE PASSENGER)   | P - FILING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                         | G - NOT EJECTED       | G - UNKNOWN                  | G - UNKNOWN                      | G - HELMET USED                         |                                 |  |                                 |  |        |  |
| H - THIRD ROW/RIGHT SIDE (MOTORCYCLE PASSENGER)   | Q - FILING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                         | H - NOT EJECTED       | H - UNKNOWN                  | H - UNKNOWN                      | H - HELMET USED                         |                                 |  |                                 |  |        |  |
| I - THIRD ROW/RIGHT SIDE (MOTORCYCLE PASSENGER)   | R - FILING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                         | I - NOT EJECTED       | I - UNKNOWN                  | I - UNKNOWN                      | I - HELMET USED                         |                                 |  |                                 |  |        |  |

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NAME (LAST, FIRST, MI) OF ☐ DRIVER ☐ PEDESTRIAN **94**

DATE OF BIRTH **98**

STREET ADDRESS **96** TELEPHONE # **97**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER **100** **101** **102** **103** INSTRUCTED TO EXCHANGE INFORMATION? ☐ Y ☐ N **104** NAME OF FACILITY **106**

TRANSPORTED TO MEDICAL FACILITY ☐ A. YES ☐ B. NO ☐ C. REFUSED AID ☐ D. UNKNOWN **105**

**107** PEDESTRIAN ONLY ☐ UPPER BODY CLOTHING: LIGHT ☐ DARK ☐ LOWER BODY CLOTHING: LIGHT ☐ DARK ☐ SEX \_\_\_\_\_ RACE \_\_\_\_\_ AGE \_\_\_\_\_ INJURY CODE \_\_\_\_\_

Entries 94 to 107 are shown on pages 77 – 79.

## 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 a 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 will record the name exactly as it appears on the driver's license. Explain the discrepancies in the driver's name in the **narrative section**.

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, enter the name of the person responsible for parking or leaving the vehicle in that position 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. If the driver or pedestrian has an address different from 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 exactly as it appears on the driver's license. Explain the discrepancies in the driver's date of birth in the **narrative section**.

**99. Coded Boxes** Codes are located at the bottom of this page. (Only complete this section 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)

**h) Age**

Enter the **Age** of the driver. Age entries must be two digits 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(s), occupant(s), or pedestrian(s) as a result of this crash.

**“A” Fatal Injury (Fatal):** A fatal injury is any injury that results in death within 30 days after the motor vehicle crash in which the injury occurred.

If the person did not die at the scene, but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification from the attribute previously assigned shall be changed to the attribute “Fatal Injury.”

**“B” Suspected Serious Injury**

**(Incapacitating/Severe):** A suspected serious injury is any injury other than fatal, which results in one or more of the following:

- Exposure of underlying tissue/muscle/organs
- Significant blood loss
- Broken or distorted extremity (arm or leg)
- Crush injuries
- Suspected skull, chest, or abdominal injury other than bruises or minor lacerations
- Significant burns (second and third degree burns over 10% or more of the body)
- Unconsciousness when taken from the crash scene
- Paralysis

**“C” Suspected Minor Injury (Non-Incapacitating/**

**Moderate):** A minor injury is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises, minor lacerations, (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).

**“D” Possible Injury (Possible/Complaint):**

A possible injury is any injury reported or claimed which is not a fatal, suspected serious, or

suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.

**“E” No Apparent Injury (No Injury):** No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

**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. For a pedestrian, the driver’s license information is 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. Enter the number exactly as it appears on the driver’s license or computer read out. Even if a person’s license is suspended or revoked, the number is entered here. If the driver has not been issued a license, enter “None” in the data blocks. Do not enter a pseudo number 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 section**.

#### 105. Transported to Medical Facility

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

#### 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

Use an additional **DPSSP 3106 Vehicle/Pedestrian Information** form for each additional pedestrian.

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## 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. Owner's Name

Determine the legal owner of the vehicle through the registration, title, bill of sale, or any other document that positively identifies the current legal owner. List the last name, first name, and middle initial of the owner, or a company name if appropriate, 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. 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 is not 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. Record the certificate number and pertinent information in the spaces provided.

[illegible]Louisiana Uniform Crash Report

## OCCUPANT INFORMATION

### 95. Name

Enter the last name, first name and middle initial of the occupant (see page 77).

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

Enter the address for the person in 95 as described on page 77.

### 99. Coded Boxes

Use the same codes located at the bottom of this form as described on page 77.

### 105. Transported to Medical Facility

Enter the letter which best describes the disposition of the occupant after the crash (see page 79.)

### 106. Name of Facility

Enter the name of the facility as described on page \_\_\_\_.

### 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. 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 required 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 involved in the crash.

# DPSSP 3106 (Side #2) – Contributing Factors and Conditions

PAGE #  
**59**

WRITE APPROPRIATE LETTER IN BLOCK

## CONTRIBUTING FACTORS AND CONDITIONS

|   |  |   |     |  |     |  |     |  |     |  |
|---|--|---|-----|--|-----|--|-----|--|-----|--|
| <b>VISION OBSCUREMENTS (115)</b><br>A. RAIN, SNOW, ETC. ON WINDSHIELD<br>B. WINDSHIELD OTHERWISE OBSCURED<br>C. VISION OBSCURED BY LOAD<br>D. TREES, BUSHES, ETC.<br>E. BUILDING<br>F. EMBANKMENT<br>G. SIGN BOARDS<br>H. VEHICLE<br>I. PARKED VEHICLES<br>J. WORKING VEHICLES<br>K. BLINDED BY HEADLIGHTS<br>L. BLINDED BY SUNGLARE<br>M. DISTRACTED BY NOON LIGHTS IN FIELD OF VIEW<br>N. NO OBSCUREMENTS<br>Y. UNKNOWN<br>Z. OTHER   | <b>CONDITION OF DRIVER/PED (116)</b><br>A. NORMAL<br>B. INATTENTIVE<br>C. DISTRACTED<br>D. LLAESS<br>E. FATIGUED<br>F. APPARENTLY ASLEEP/BLACKOUT<br>G. DRINKING ALCOHOL - IMPAIRED<br>H. DRINKING ALCOHOL - NOT IMPAIRED<br>I. DRUG USE - IMPAIRED<br>J. DRUG USE - NOT IMPAIRED<br>K. PHYSICAL IMPAIRMENT (EYES, EARS, LIMBS)<br>Y. UNKNOWN<br>Z. OTHER<br><br><b>DRIVER DISTRACTION (119)</b><br>A. CELL PHONE<br>B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.)<br>C. OTHER INSIDE THE VEHICLE<br>D. OTHER OUTSIDE THE VEHICLE<br>E. NOT DISTRACTED<br>Y. UNKNOWN<br>Z. OTHER | <b>SEQUENCE OF EVENTS/HARMFUL EVENTS (117)</b><br>A. JUMP/TURNED OVER<br>B. FIRE/EXPLOSION<br>C. IMMOBILIZATION<br>D. JACKKNIFE<br>E. CAR/COMPARTMENT LOST OR SHEET<br>F. ROLL/AIRLIFT FROM MOTOR VEHICLE<br>G. THROWN OR FALLING OBJECT<br>H. EQUIPMENT FAILURE (DOWN TIRE, BRAKE FAILURE, ETC.)<br>I. SEPARATION OF UNITS IN TRANSPORT<br>J. RAN OFF ROAD RIGHT<br>K. RAN OFF ROAD LEFT<br>L. CROSSED MEDIAN/CENTERLINE<br>M. DOWNHILL RUNAWAY<br>N. OTHER NON-COLLISION<br><br><b>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</b><br>G. PEDESTRIAN<br>H. BICYCLIST<br>I. RAILROAD<br>J. RAILWAY VEHICLE (TRAIL, ENGINE)<br>K. ANIMAL<br><br><b>COLLISION WITH FIXED OBJECT</b><br>A. IMPACT ATTENUATOR/CRASH CUSHION<br>Y. BRIDGE OVERHEAD STRUCTURE<br>Z. BRIDGE PIER OR SUPPORT<br>AA. BRIDGE RAIL<br>BB. CULVERT<br>CC. CURB<br>DD. DITCH<br>EE. EMBANKMENT<br>FF. GUARDRAIL FACE<br>GG. GUARDRAIL END<br>HH. CONCRETE TRAFFIC BARRIER<br>II. OTHER TRAFFIC BARRIER<br>JJ. TREE (STANDING)<br>KK. UTILITY POLY-LIGHT SUPPORT<br><br><b>COLLISION WITH TRAFFIC SIGNAL SUPPORT</b><br>LL. TRAFFIC SIGNAL SUPPORT<br>MM. OTHER POLE, POLE OR SUPPORT<br>NN. FENCE<br>OO. MAILBOX<br>PP. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)<br>YY. UNKNOWN<br><br><b>MOST HARMFUL EVENT</b><br><table style="width: 100%; text-align: center;"> <tr><td>1st</td><td></td></tr> <tr><td>2nd</td><td></td></tr> <tr><td>3rd</td><td></td></tr> <tr><td>4th</td><td></td></tr> </table> | 1st |  | 2nd |  | 3rd |  | 4th |  |
| 1st   |  |   |     |  |     |  |     |  |     |  |
| 2nd   |  |   |     |  |     |  |     |  |     |  |
| 3rd   |  |   |     |  |     |  |     |  |     |  |
| 4th   |  |   |     |  |     |  |     |  |     |  |
| <b>VIOLATION (118)</b><br>A. EXCEEDING STATED SPEED LIMIT<br>B. EXCEEDING SAFE SPEED LIMIT<br>C. FAILURE TO YIELD<br>D. FOLLOWING TOO CLOSELY<br>E. DRIVING LEFT OF CENTER<br>F. CUTTING IN, IMPROPER PASSING<br>G. FAILURE TO SIGNAL<br>H. MADE WIDE RIGHT TURN<br>I. CUT CORNER ON LEFT TURN<br>J. TURNED FROM WRONG LANE<br>K. OTHER IMPROPER TURNING<br>L. UNGUARDED TRAFFIC CONTROL<br>M. IMPROPER STARTING<br>N. IMPROPER PARKING<br>O. FAILED TO SET OUT FLARE, FLARES<br>P. FAILED TO DIM HEADLIGHTS<br>Q. VEHICLE CONDITION<br>R. DRIVER CONDITION<br>S. CARELESS OPERATION<br>T. IMPROPER BACKING<br>U. NO VIOLATIONS<br>Y. UNKNOWN<br>Z. OTHER | <b>REASON FOR MOVEMENT (120)</b><br>A. TO AVOID OTHER VEHICLE<br>B. TO AVOID PEDESTRIAN<br>C. TO AVOID ANIMAL<br>D. TO AVOID OTHER OBJECT<br>E. PASSING<br>F. VEHICLE OUT OF CONTROL, NOT PASSING<br>G. VEHICLE OUT OF CONTROL, PASSING<br>H. FOR TRAFFIC CONTROL<br>I. DUE TO CONGESTION<br>J. DUE TO PROX CRASH (COLLISION)<br>K. DUE TO DRIVER CONDITION<br>L. DUE TO DRIVER VIOLATION<br>M. DUE TO VEHICLE CONDITION (FAILURE)<br>N. DUE TO PAVEMENT CONDITION<br>O. HIGH WIND<br>P. NORMAL MOVEMENT<br>Y. UNKNOWN<br>Z. OTHER   | <b>MOVEMENT PRIOR TO CRASH (121)</b><br>A. STOPPED<br>B. PROCEEDING STRAIGHT AHEAD<br>C. TRAVELING WRONG WAY<br>D. BACKING<br>E. CROSSED MEDIAN INTO OPPOSING LANE<br>F. CROSSED CENTER LINE INTO OPPOSING LANE<br>G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION)<br>H. CHANGING LANES ON MULTI-LANE ROAD<br>I. MAKING LEFT TURN<br>J. MAKING RIGHT TURN<br><br>K. STOPPED PREPARING TO, OR MAKING U-TURN<br>L. MAKING TURN, DIRECTION UNKNOWN<br>M. STOPPED, PREPARING TO TURN LEFT<br>N. STOPPED, PREPARING TO TURN RIGHT<br>O. SLOWING TO MAKE LEFT TURN<br>P. SLOWING TO MAKE RIGHT TURN<br>Q. SLOWING TO STOP<br>R. PROPERLY PARKED<br>S. PARKING MANUEVER<br><br>T. ENTERING TRAFFIC FROM SHOULDER<br>U. ENTERING TRAFFIC FROM MEDIAN<br>V. ENTERING TRAFFIC FROM PARKING LANE<br>W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY<br>X. ENTERING FREEWAY FROM ON RAMP<br>Y. LEAVING FREEWAY VIA OFF RAMP<br>Z. OTHER OR UNKNOWN  |     |  |     |  |     |  |     |  |
| <b>TRAFFIC CONTROL (122)</b><br>A. STOP SIGN<br>B. YIELD SIGN<br>C. RED SIGNAL OFF<br>D. YELLOW SIGNAL ON<br>E. GREEN SIGNAL ON<br>F. GREEN TURN ARROW ON<br>G. RIGHT TURN ON RED<br>H. LIGHT PHASE UNKNOWN<br>I. FLASHING YELLOW<br>J. FLASHING RED<br>K. OFFICER, FLAGMAN<br>L. RR CROSSING, SIGN<br>M. RR CROSSING, SIGNAL<br>N. RR CROSSING, NO CONTROL<br>O. WARNING SIGN (SCHOOL, ETC.)<br>P. SCHOOL FLASHING SPEED SIGN<br>Q. YELLOW NO PASSING LINE<br>R. WHITE DASHED LINE<br>S. YELLOW DASHED LINE<br>T. BKG LANE<br>U. CROSSWALK<br>V. NO CONTROL<br>Y. UNKNOWN<br>Z. OTHER  | <b>PEDESTRIAN ACTIONS (123)</b><br>A. CROSSING, ENTERING ROAD AT INTERSECTION<br>B. CROSSING, ENTERING ROAD NOT AT INTERSECTION<br>C. WALKING IN ROAD - WITH TRAFFIC<br>D. WALKING IN ROAD - AGAINST TRAFFIC<br>E. SLEEPING IN ROADWAY<br>F. STANDING IN ROADWAY<br>G. GETTING ON OR OFF OTHER VEHICLE<br>H. PUSHING, WORKING ON VEHICLE IN ROAD<br>I. OTHER WORKING IN ROADWAY<br>J. PLAYING IN ROADWAY<br>K. NOT IN ROADWAY<br>Y. UNKNOWN<br>Z. OTHER  | <b>VEHICLE CONDITION (124)</b><br>A. DEFECTIVE BRAKES<br>B. DEFECTIVE HEADLIGHTS<br>C. DEFECTIVE REAR LIGHTS<br>D. DEFECTIVE SIGNAL LIGHTS<br>E. ALL LIGHTS OUT<br>F. DEFLECTOR STERMINAL<br>G. TIRE FAILURE<br>H. WORN OR SMOOTH TIRES<br>I. ENGINE FAILURE<br>J. DEFECTIVE SUSPENSION<br>K. NO DEFECTS OBSERVED<br>Y. UNKNOWN<br>Z. OTHER<br><br><b>VEHICLE LIGHTING (125)</b><br>A. HEADLIGHTS ON<br>B. HEADLIGHTS OFF<br>C. DAYTIME RUNNING LIGHTS<br>Y. UNKNOWN<br><br><b>TRAFFIC CONTROL CONDITIONS (126)</b><br>A. CONTROLS FUNCTIONING<br>B. CONTROLS NOT FUNCTIONING<br>C. CONTROLS OBSCURED<br>D. LANE MARKING UNCLEAR OR DEFECTIVE<br>E. NO CONTROLS<br>Y. UNKNOWN   |     |  |     |  |     |  |     |  |
| <b>ALCOHOL/DRUG INVOLVEMENT (127)</b><br>ALCOHOL/DRUGS SUSPECTED.....<br>A. NEITHER ALCOHOL NOR DRUGS<br>B. YES-ALCOHOL<br>C. YES-DRUGS<br>D. YES-ALCOHOL AND DRUGS<br>Y. UNKNOWN<br><br>ALCOHOL.....<br>A. TEST REFUSED<br>B. NO TEST GIVEN<br>C. TEST GIVEN, RESULTS PENDING<br>D. TEST GIVEN, SAC<br><br>DRUGS.....<br>A. TEST NOT GIVEN<br>B. TEST GIVEN, RESULTS PENDING<br>C. TEST REFUSED<br>D. DRUGS REPORTED (SPECIFY IN NARRATIVE)  |  | <b>APPR BLOOD ALCOHOL KIT LABEL HERE (128)</b><br>(OR ENTER BLOOD ALCOHOL KIT NUMBER)   |     |  |     |  |     |  |     |  |

| DIRECTION BEFORE CRASH |                            | FINAL LOCATION OF VEHICLES | DISTANCE TRAVELED AFTER IMPACT | SPEED |        | SKETCH (ASA, FBT) |    |    |    |
|------------------------|----------------------------|----------------------------|--------------------------------|-------|--------|-------------------|----|----|----|
| HEADED                 | ON HIGHWAY STREET OR DRIVE |                            |                                | EST.  | POSTED | FR                | FL | RR | RL |
| (129) N E S W          | (130)                      | (131)                      | (132)                          | (133) | (134)  | (135)             |    |    |    |

**DAMAGE TO VEHICLE (136)**  

|                         |  |     |         |     |               |     |          |     |             |     |           |     |                |     |            |
|-------------------------|--|-----|---------|-----|---------------|-----|----------|-----|-------------|-----|-----------|-----|----------------|-----|------------|
| <b>AREA DAMAGED</b><br> | <b>EXTENT OF DEFORMITY (137)</b><br><table style="width: 100%;"> <tr><td>1ST</td><td>A. NONE</td></tr> <tr><td>2ND</td><td>B. VERY MINOR</td></tr> <tr><td>3RD</td><td>C. MINOR</td></tr> <tr><td>4TH</td><td>D. MODERATE</td></tr> <tr><td>5TH</td><td>E. SEVERE</td></tr> <tr><td>6TH</td><td>F. VERY SEVERE</td></tr> <tr><td>7TH</td><td>G. UNKNOWN</td></tr> </table> | 1ST | A. NONE | 2ND | B. VERY MINOR | 3RD | C. MINOR | 4TH | D. MODERATE | 5TH | E. SEVERE | 6TH | F. VERY SEVERE | 7TH | G. UNKNOWN |
| 1ST                     | A. NONE  |     |         |     |               |     |          |     |             |     |           |     |                |     |            |
| 2ND                     | B. VERY MINOR  |     |         |     |               |     |          |     |             |     |           |     |                |     |            |
| 3RD                     | C. MINOR   |     |         |     |               |     |          |     |             |     |           |     |                |     |            |
| 4TH                     | D. MODERATE  |     |         |     |               |     |          |     |             |     |           |     |                |     |            |
| 5TH                     | E. SEVERE  |     |         |     |               |     |          |     |             |     |           |     |                |     |            |
| 6TH                     | F. VERY SEVERE   |     |         |     |               |     |          |     |             |     |           |     |                |     |            |
| 7TH                     | G. UNKNOWN   |     |         |     |               |     |          |     |             |     |           |     |                |     |            |

**CITATION NO (138)**  
 \_\_\_\_\_  
**VEH. PED.**  
 \_\_\_\_\_  
**R.B. OR DPL NO**  
 \_\_\_\_\_  
**NOTICE OF INSURANCE VIOLATION (139)**  
 \_\_\_\_\_

INVESTIGATING OFFICER'S INITIALS (140)

DPSSP 3106 (REV. JAN. 2003)

Entries 115 to 117 are shown on pages 85-86.

## STATE OF LOUISIANA

## Uniform Motor Vehicle Traffic Crash Report

## DPSSP 3106 – Page #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 format to document 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. If information becomes available at a later time, file a supplemental report documenting the finding.

**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 condition. If **Other** or **Unknown** is chosen, the condition and reason for this should be documented in the **narrative section** on the report.

**Definitions of Driver Condition:**

**A) Normal:** A normal driver is an attentive driver; one who is paying attention to the task of driving and is not inattentive, distracted, impaired, fatigued, etc. A normal driver is paying attention to the external surroundings (road conditions and traffic conditions), the interior situation (controls, instruments, passengers), and is alert to the task of driving.

**B) Inattentive:** The Driver operated the vehicle in an inattentive, careless, or negligent manner. The driver was not paying attention to the task of driving. Inattention is a form of distraction. It is a cognitive distraction. It may be difficult or impossible for an officer to articulate why a driver was inattentive, for example, if the driver was concentrating on some mental task other than driving. However there may be prima facie evidence that the driver was inattentive. For example, if a driver fails to take evasive action and collides with the rear end of a vehicle stopped at a red light, absent other factors, (impairment, illness, vehicle failure, etc.) it is assumed the driver was not paying attention.

**C) Distracted:** A distracted driver is one who is actively engaged in any activity that diverts his/her attention away from the task of driving. The distraction can be manual, visual or cognitive. The distraction can be inside or outside the vehicle.

**D) Asleep or Fatigued:** The driver experienced a temporary loss of consciousness, was drowsy or asleep, or was operating in a reduced physical or mental capacity due to weariness.

**E) Drinking Alcohol-Impaired:** The driver has been drinking alcohol and is legally impaired. It does not necessarily mean that the driver's Blood Alcohol Level (BAC) is .08g% or greater, but it does mean that his/her ability to operate a motor vehicle is impaired to the point where the driver could be arrested for DWI. Example: A driver who does not normally drink may perform poorly on the Standardized Field Sobriety Test (SFST) and be charged with DWI even though his or her BAC is lower than .08g%.

**F) Drinking Alcohol-Not Impaired:** The driver has been drinking alcohol but his/her ability to operate a motor vehicle is not impaired. He/she has shown no signs of impairment.

**G) Drug Use-Impaired:** The driver has taken drugs, (legal or illegal) and his/her ability to operate a motor vehicle is impaired. The driver has not or would not perform well on a SFST.

**H) Drug Use-Not Impaired:** The driver has taken drugs, (legal or illegal) but his/her ability to operate a motor vehicle has not been impaired. He/she has performed or would perform well on a SFST.

**I) Physical impairment (EYES, EARS, etc.):** The driver's physical impairment, such as eyesight or hearing, etc., contributed to the crash.

**J) Unknown/Other:** not listed, officer should explain the narrative

### 117. Sequence of Events/Harmful Events

In this section, report what this particular vehicle did/ or collided with. For example, ***if this vehicle collided with*** a motor vehicle in transport "S-Motor Vehicle in Transport" would be the appropriate choice. "S-Motor Vehicle in Transport" is ***not the appropriate choice for a single vehicle crash***. 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, enter as many events as possible that pertain to each particular crash. Some crashes may have more than four events. Record the **FIRST FOUR (4)** events in sequence. Document additional events in the **narrative section** of the report.

Additionally, 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. Double blocks are provided here for the entries **AA – QQ**, and **YY** for "Unknown". For single vehicle crashes, "S" is not an appropriate response.

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

Further explanation of each of these events are explained in detail on pages 129 to 130.

**NOTE:** Terms that may need additional clarification are below:

- Non-collision
- Collision

Terms that may need additional clarification:

#### 1) Non-Collision

Any road vehicle crash other than a collision crash.

Common examples include overturning or jackknife crashes. Other incidents that meet the technical definition of a non- collision crash by a **vehicle in transport** include:

- a) accidental poisoning from carbon dioxide generated by the vehicle,
- b) breakage of any part of the vehicle which results in injury or further property damage, explosion of any part of the vehicle,
- c) fire starting in the vehicle,
- d) falling or jumping from the vehicle,
- e) object falling from or into the vehicle,
- f) vehicle drives into water without collision,
- g) vehicle strikes holes or bumps on the surface of the traffic way.

#### 2) Collision

A collision is a motor vehicle crash, other than an overturning crash, where the first damage or injury producing event is the collision of a vehicle in transport (see definition below) with **another vehicle, animal, other property, or pedestrian**. 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).

Entry 117 is further explained in detail on page 129.




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WRITE APPROPRIATE LETTER IN BLOCK

## CONTRIBUTING FACTORS AND CONDITIONS

|   |   |  |
|---|---|--|
| <b>VISION OBSCUREMENTS</b> (115)<br>A. RAIN, SNOW, ETC. ON WINDSHIELD<br>B. WINDSHIELD OTHERWISE OBSCURED<br>C. VISION OBSCURED BY LOAD<br>D. TREES, BUSHES, ETC.<br>E. BUILDING<br>F. EMBANKMENT<br>G. SIGN BOARDS<br>H. HILLCREST<br>I. PARKED VEHICLES<br>J. MOVING VEHICLES<br>K. BLINDED BY HEADLIGHTS<br>L. BLINDED BY SUNGLARE<br>M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW<br>N. NO OBSCUREMENTS<br>Y. UNKNOWN<br>Z. OTHER  | <b>CONDITION OF DRIVER/PED</b> (116)<br>A. NORMAL<br>B. INATTENTIVE<br>C. DISTRACTED<br>D. ILLNESS<br>E. FATIGUED<br>F. APPARENTLY ASLEEP/BLACKOUT<br>G. DRINKING ALCOHOL - IMPAIRED<br>H. DRINKING ALCOHOL - NOT IMPAIRED<br>I. DRUG USE - IMPAIRED<br>J. DRUG USE - NOT IMPAIRED<br>K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB)<br>Y. UNKNOWN<br>Z. OTHER<br><br><b>DRIVER DISTRACTION</b> (119)<br>A. CELL PHONE<br>B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.)<br>C. OTHER INSIDE THE VEHICLE<br>D. OTHER OUTSIDE THE VEHICLE<br>E. NOT DISTRACTED<br>Y. UNKNOWN<br>Z. OTHER | <b>NON-COLLISION</b> (117) <b>SEQUENCE OF EVENTS/HARMFUL EVENTS</b><br>A. OVERTURN/ROLL-OVER<br>B. FIRE/EXPLOSION<br>C. IMBROILION<br>D. JACKKNIFE<br>E. CARGO/EQUIPMENT LOSS OR SHIFT<br>F. FELL/JUMPED FROM MOTOR VEHICLE<br>G. THROWN OR FALLING OBJECT<br>H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)<br>I. SEPARATION OF UNITS IN TRANSPORT<br>J. RAN OFF ROAD RIGHT<br>K. RAN OFF ROAD LEFT<br>L. CROSSED MEDIAN/CENTERLINE<br>M. DOWNHILL RUNAWAY<br>N. OTHER NON-COLLISION<br><br><b>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</b><br>O. PEDESTRIAN<br>P. BICYCLIST<br>Q. RAILWAY VEHICLE (TRAIN, ENGINE)<br>R. ANIMAL<br><br><b>COLLISION WITH FIXED OBJECT</b><br>S. MOTOR VEHICLE IN TRANSPORT<br>T. PARKED MOTOR VEHICLE<br>U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE<br>V. WORK ZONE/MAINTENANCE EQUIPMENT<br>W. OTHER NON-FIXED OBJECT<br><br><b>COLLISION WITH FIXED OBJECT</b><br>X. IMPACT ATTENUATOR/CRASH CUSHION<br>Y. BRIDGE OVERHEAD STRUCTURE<br>Z. BRIDGE PIER OR SUPPORT<br>AA. BRIDGE RAIL<br>BB. CLACART<br>CC. CURB<br>DD. DITCH<br>EE. EMBANKMENT<br>FF. GUARDRAIL FACE<br>GG. GUARDRAIL END<br>HH. CONCRETE TRAFFIC BARRIER<br>II. OTHER TRAFFIC BARRIER<br>JJ. TREE (STANDING)<br>KK. UTILITY POLE/LIGHT SUPPORT<br><br>LL. TRAFFIC SIGN SUPPORT<br>MM. TRAFFIC SIGNAL SUPPORT<br>NN. OTHER POST, POLE, OR SUPPORT<br>OO. FENCE<br>PP. MAILBOX<br>QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)<br>YY. UNKNOWN<br><br><div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">1st</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">2nd</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">3rd</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">4th</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">MOST HARMFUL EVENT</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> |
| <b>VIOLATION</b> (118)<br>A. EXCEEDING STATED SPEED LIMIT<br>B. EXCEEDING SAFE SPEED LIMIT<br>C. FAILURE TO YIELD<br>D. FOLLOWING TOO CLOSELY<br>E. DRIVING LEFT OF CENTER<br>F. CUTTING IN, IMPROPER PASSING<br>G. FAILURE TO SIGNAL<br>H. MADE WIDE RIGHT TURN<br>I. CUT CORNER ON LEFT TURN<br>J. TURNED FROM WRONG LANE<br>K. OTHER IMPROPER TURNING<br>L. DISREGARDED TRAFFIC CONTROL<br>M. IMPROPER STARTING<br>N. IMPROPER PARKING<br>O. FAILED TO SET OUT FLARE, FLARES<br>P. FAILED TO DIM HEADLIGHTS<br>Q. VEHICLE CONDITION<br>R. DRIVER CONDITION<br>S. CARELESS OPERATION<br>T. IMPROPER BACKING<br>U. NO VIOLATIONS<br>Y. UNKNOWN<br>Z. OTHER | <b>REASON FOR MOVEMENT</b> (120)<br>A. TO AVOID OTHER VEHICLE<br>B. TO AVOID PEDESTRIAN<br>C. TO AVOID ANIMAL<br>D. TO AVOID OTHER OBJECT<br>E. PASSING<br>F. VEHICLE OUT OF CONTROL, NOT PASSING<br>G. VEHICLE OUT OF CONTROL, PASSING<br>H. FOR TRAFFIC CONTROL<br>I. DUE TO CONGESTION<br>J. DUE TO PRIOR CRASH (COLLISION)<br>K. DUE TO DRIVER CONDITION<br>L. DUE TO DRIVER VIOLATION<br>M. DUE TO VEHICLE CONDITION (FAILURE)<br>N. DUE TO WEARMENT CONDITION<br>O. HIGH WIND<br>P. NORMAL MOVEMENT<br>Y. UNKNOWN<br>Z. OTHER   | <b>MOVEMENT PRIOR TO CRASH</b> (121)<br>A. STOPPED<br>B. PROCEEDING STRAIGHT AHEAD<br>C. TRAVELING WRONG WAY<br>D. BACKING<br>E. CROSSED MEDIAN INTO OPPOSING LANE<br>F. CROSSED CENTER LINE INTO OPPOSING LANE<br>G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION)<br>H. CHANGING LANES ON MULTI-LANE ROAD<br>I. MAKING LEFT TURN<br>J. MAKING RIGHT TURN<br><br>K. STOPPED, PREPARING TO, OR MAKING U-TURN<br>L. MAKING TURN, DIRECTION UNKNOWN<br>M. STOPPED, PREPARING TO TURN LEFT<br>N. STOPPED, PREPARING TO TURN RIGHT<br>O. SLOWING TO MAKE LEFT TURN<br>P. SLOWING TO MAKE RIGHT TURN<br>Q. SLOWING TO STOP<br>R. PROPERLY PARKED<br>S. PARKING MANEUVER<br><br>T. ENTERING TRAFFIC FROM SHOULDER<br>U. ENTERING TRAFFIC FROM MEDIAN<br>V. ENTERING TRAFFIC FROM PARKING LANE<br>W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY<br>X. ENTERING FREEWAY FROM ON RAMP<br>Y. LEAVING FREEWAY VIA OFF RAMP<br>Z. OTHER OR UNKNOWN  |
| <b>TRAFFIC CONTROL</b> (122)<br>A. STOP SIGN<br>B. YIELD SIGN<br>C. RED SIGNAL ON<br>D. YELLOW SIGNAL ON<br>E. GREEN SIGNAL ON<br>F. GREEN TURN ARROW ON<br>G. RIGHT TURN ON RED<br>H. LIGHT PHASE UNKNOWN<br>I. FLASHING YELLOW<br>J. FLASHING RED<br>K. OFFICER, FLAGMAN<br>L. RR CROSSING, SIGN<br>M. RR CROSSING, SIGNAL<br>N. RR CROSSING, NO CONTROL<br>O. WARNING SIGN (SCHOOL, ETC.)<br>P. SCHOOL FLASHING SPEED SIGN<br>Q. YELLOW NO PASSING LINE<br>R. WHITE DASHED LINE<br>S. YELLOW DASHED LINE<br>T. BIKE LANE<br>U. CROSSWALK<br>V. NO CONTROL<br>Y. UNKNOWN<br>Z. OTHER  | <b>PEDESTRIAN ACTIONS</b> (123)<br>A. CROSSING, ENTERING ROAD AT INTERSECTION<br>B. CROSSING, ENTERING ROAD NOT AT INTERSECTION<br>C. WALKING IN ROAD - WITH TRAFFIC<br>D. WALKING IN ROAD - AGAINST TRAFFIC<br>E. SLEEPING IN ROADWAY<br>F. STANDING IN ROADWAY<br>G. GETTING ON OR OFF OTHER VEHICLE<br>H. PUSHING, WORKING ON VEHICLE IN ROAD<br>I. OTHER WORKING IN ROADWAY<br>J. PLAYING IN ROADWAY<br>K. NOT IN ROADWAY<br>Y. UNKNOWN<br>Z. OTHER   | <b>VEHICLE CONDITION</b> (124)<br>A. DEFECTIVE BRAKES<br>B. DEFECTIVE HEADLIGHTS<br>C. DEFECTIVE REAR LIGHTS<br>D. DEFECTIVE SIGNAL LIGHTS<br>E. ALL LIGHTS OUT<br>F. DEFECTIVE STEERING<br>G. TIRE FAILURE<br>H. WORN OR SMOOTH TIRES<br>I. ENGINE FAILURE<br>J. DEFECTIVE SUSPENSION<br>K. NO DEFECTS OBSERVED<br>Y. UNKNOWN<br>Z. OTHER<br><br><b>VEHICLE LIGHTING</b> (125)<br>A. HEADLIGHTS ON<br>B. HEADLIGHTS OFF<br>C. DAYTIME RUNNING LIGHTS<br>Y. UNKNOWN<br><br><b>TRAFFIC CONTROL CONDITIONS</b> (126)<br>A. CONTROLS FUNCTIONING<br>B. CONTROLS NOT FUNCTIONING<br>C. CONTROLS OBSERVED<br>D. LANE MARKING UNCLEAR OR DEFECTIVE<br>E. NO CONTROLS<br>Y. UNKNOWN   |
| <b>ALCOHOL/DRUG INVOLVEMENT</b> (127)<br>ALCOHOL/DRUGS SUSPECTED.....<br>A. NEITHER ALCOHOL NOR DRUGS<br>B. YES-ALCOHOL<br>C. YES-DRUGS<br>D. YES-ALCOHOL AND DRUGS<br>Y. UNKNOWN<br><br>ALCOHOL.....<br>A. TEST REFUSED<br>B. NO TEST GIVEN<br>C. TEST GIVEN, RESULTS PENDING<br>D. TEST GIVEN, BAC.....%<br><br>DRUGS.....<br>A. TEST NOT GIVEN<br>B. TEST GIVEN, RESULTS PENDING<br>C. TEST REFUSED<br>D. DRUGS REPORTED (SPECIFY IN NARRATIVE)<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;">             AFFIX BLOOD ALCOHOL KIT LABEL HERE<br/>             (OR ENTER BLOOD ALCOHOL KIT NUMBER)           </div>     |   |  |

| 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. |
| HEADED<br>N<br>E<br>S<br>W  | (128) | (131)                      | (132)                          | (133) | (134)  | (135)                |     |     |     |

| DAMAGE TO VEHICLE   |   |
|---|---|
| <b>AREA DAMAGED</b> (136)<br> A. UNDER-CARRIAGE<br>B. TOTAL<br>C. OTHER<br>D. NONE<br>Y. UNKNOWN | <b>EXTENT OF DEFORMITY</b> (137)<br>A. NONE<br>B. VERY MINOR<br>C. MINOR<br>D. MINOR/MODERATE<br>E. MODERATE<br>F. MODERATE/SEVERE<br>G. SEVERE<br>H. VERY SEVERE<br>Y. UNKNOWN |

| CITATION NO.                             | VEH. PED.   | B.S. OR DRG. NO. |
|--|---|------------------|
| (138)                                    | <input type="checkbox"/> <input type="checkbox"/> |                  |
|  | <input type="checkbox"/> <input type="checkbox"/> |                  |
|  | <input type="checkbox"/> <input type="checkbox"/> |                  |
|  | <input type="checkbox"/> <input type="checkbox"/> |                  |
|  | <input type="checkbox"/> <input type="checkbox"/> |                  |
| NOTICE OF INSURANCE VIOLATION..... (139) |   |                  |

Entry for 117 continues on pages 89 – 90.

## 117. Sequence of Events/Harmful Events

### 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 which 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 include 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

### 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.

## 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.

(\*See images below for reference)



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WRITE APPROPRIATE LETTER IN BLOCK

## CONTRIBUTING FACTORS AND CONDITIONS

|   |   |  |   |     |     |     |     |
|---|---|--|---|-----|-----|-----|-----|
| <b>VISION OBSCUREMENTS</b> (115)<br>A. RAIN, SNOW, ETC. ON WINDSHIELD<br>B. WINDSHIELD OTHERWISE OBSCURED<br>C. VISION OBSCURED BY LOAD<br>D. TREES, BUSHES, ETC.<br>E. BUILDING<br>F. EMBANKMENT<br>G. SIGN BOARDS<br>H. HILLCREST<br>I. PARKED VEHICLES<br>J. MOVING VEHICLES<br>K. BLINDED BY HEADLIGHTS<br>L. BLINDED BY SUNGLARE<br>M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW<br>N. NO OBSCUREMENTS<br>Y. UNKNOWN<br>Z. OTHER  | <b>CONDITION OF DRIVER/PED</b> (116)<br>A. NORMAL<br>B. INATTENTIVE<br>C. DISTRACTED<br>D. ILLNESS<br>E. FATIGUED<br>F. APPARENTLY ASLEEP/BLACKOUT<br>G. DRINKING ALCOHOL - IMPAIRED<br>H. DRINKING ALCOHOL - NOT IMPAIRED<br>I. DRUG USE - IMPAIRED<br>J. DRUG USE - NOT IMPAIRED<br>K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB)<br>Y. UNKNOWN<br>Z. OTHER  | <b>NON-COLLISION</b><br>A. OVERTURN/ROLLOVER<br>B. FIRE/EXPLOSION<br>C. IMMERSION<br>D. JACKRAPE<br>E. CARGO/EQUIPMENT LOSS OR SHIFT<br>F. FELL/JUMPED FROM MOTOR VEHICLE<br>G. THROWN OR FALLING OBJECT<br>H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)<br>I. SEPARATION OF UNITS IN TRANSPORT<br>J. RAN OFF ROAD RIGHT<br>K. RAN OFF ROAD LEFT<br>L. CROSSED MEDIAN/CENTERLINE<br>M. DOWNHILL RUNAWAY<br>N. OTHER NON-COLLISION<br><b>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</b><br>O. DECEITFUL<br>P. PEDAL CYCLE<br>Q. RAILWAY VEHICLE (TRAIN, ENGINE)<br>R. ANIMAL   | <b>SEQUENCE OF EVENTS/HARMFUL EVENTS</b> (117)<br>S. MOTOR VEHICLE IN TRANSPORT<br>T. PARKED MOTOR VEHICLE<br>U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE<br>V. WORK ZONE/MAINTENANCE EQUIPMENT<br>W. OTHER NON-FIXED OBJECT<br><b>COLLISION WITH FIXED OBJECT</b><br>X. IMPACT ATTENUATOR/CRASH CUSHION<br>Y. BRIDGE OVERHEAD STRUCTURE<br>Z. BRIDGE PIER OR SUPPORT<br>AA. BRIDGE RAIL<br>BB. CULVERT<br>CC. CURB<br>DD. DITCH<br>EE. EMBANKMENT<br>FF. GUARDRAIL FACE<br>GG. GUARDRAIL END<br>HH. CONCRETE TRAFFIC BARRIER<br>II. OTHER TRAFFIC BARRIER<br>JJ. TREE (STANDING)<br>KK. UTILITY POLE/LIGHT SUPPORT<br>LL. TRAFFIC SIGN SUPPORT<br>MM. TRAFFIC SIGNAL SUPPORT<br>NN. OTHER POST, POLE, OR SUPPORT<br>OO. FENCE<br>PP. MAILBOX<br>QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)<br>YY. UNKNOWN<br><div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td>1st</td></tr> <tr><td>2nd</td></tr> <tr><td>3rd</td></tr> <tr><td>4th</td></tr> </table> <p>MOST HARMFUL EVENT</p> </div> | 1st | 2nd | 3rd | 4th |
| 1st   |   |  |   |     |     |     |     |
| 2nd   |   |  |   |     |     |     |     |
| 3rd   |   |  |   |     |     |     |     |
| 4th   |   |  |   |     |     |     |     |
| <b>VIOLATION</b> (118)<br>A. EXCEEDING STATED SPEED LIMIT<br>B. EXCEEDING SAFE SPEED LIMIT<br>C. FAILURE TO YIELD<br>D. FOLLOWING TOO CLOSELY<br>E. DRIVING LEFT OF CENTER<br>F. CUTTING IN, IMPROPER PASSING<br>G. FAILURE TO SIGNAL<br>H. MADE WIDE RIGHT TURN<br>I. CUT CORNER ON LEFT TURN<br>J. TURNED FROM WRONG LANE<br>K. OTHER IMPROPER TURNING<br>L. DISREGARDED TRAFFIC CONTROL<br>M. IMPROPER STARTING<br>N. IMPROPER PARKING<br>O. FAILED TO SET OUT FLAGS, FLARES<br>P. FAILED TO DIM HEADLIGHTS<br>Q. VEHICLE CONDITION<br>R. DRIVER CONDITION<br>S. CARELESS OPERATION<br>T. IMPROPER BACKING<br>U. NO VIOLATIONS<br>Y. UNKNOWN<br>Z. OTHER | <b>REASON FOR MOVEMENT</b> (120)<br>A. TO AVOID OTHER VEHICLE<br>B. TO AVOID PEDESTRIAN<br>C. TO AVOID ANIMAL<br>D. TO AVOID OTHER OBJECT<br>E. PASSING<br>F. VEHICLE OUT OF CONTROL, NOT PASSING<br>G. VEHICLE OUT OF CONTROL, PASSING<br>H. FOR TRAFFIC CONTROL<br>I. DUE TO CONGESTION<br>J. DUE TO PRIOR CRASH (COLLISION)<br>K. DUE TO DRIVER CONDITION<br>L. DUE TO DRIVER VIOLATION<br>M. DUE TO VEHICLE CONDITION (FAILURE)<br>N. DUE TO PAVEMENT CONDITION<br>O. HIGH WIND<br>P. NORMAL MOVEMENT<br>Y. UNKNOWN<br>Z. OTHER | <b>MOVEMENT PRIOR TO CRASH</b> (121)<br>A. STOPPED<br>B. PROCEEDING STRAIGHT AHEAD<br>C. TRAVELING WRONG WAY<br>D. BACKING<br>E. CROSSED MEDIAN INTO OPPOSING LANE<br>F. CROSSED CENTER LINE INTO OPPOSING LANE<br>G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION)<br>H. CHANGING LANES ON MULTI-LANE ROAD<br>I. MAKING LEFT TURN<br>J. MAKING RIGHT TURN<br>K. STOPPED PREPARING TO, OR MAKING U-TURN<br>L. MAKING TURN, DIRECTION UNKNOWN<br>M. STOPPED, PREPARING TO TURN LEFT<br>N. STOPPED, PREPARING TO TURN RIGHT<br>O. SLOWING TO MAKE LEFT TURN<br>P. SLOWING TO MAKE RIGHT TURN<br>Q. SLOWING TO STOP<br>R. PROPERLY PARKED<br>S. PARKING MANEUVER<br>T. ENTERING TRAFFIC FROM SHOULDER<br>U. ENTERING TRAFFIC FROM MEDIAN<br>V. ENTERING TRAFFIC FROM PARKING LANE<br>W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY<br>X. ENTERING FREEWAY FROM ON RAMP<br>Y. LEAVING FREEWAY VIA OFF RAMP<br>Z. OTHER OR UNKNOWN |   |     |     |     |     |
| <b>TRAFFIC CONTROL</b> (122)<br>A. STOP SIGN<br>B. YIELD SIGN<br>C. RED SIGNAL ON<br>D. YELLOW SIGNAL ON<br>E. GREEN SIGNAL ON<br>F. GREEN TURN ARROW ON<br>G. RIGHT TURN ON RED<br>H. LIGHT PHASE UNKNOWN<br>I. FLASHING YELLOW<br>J. FLASHING RED<br>K. OFFICER, FLAGMAN<br>L. RR CROSSING, SIGN<br>M. RR CROSSING, SIGNAL<br>N. RR CROSSING, NO CONTROL<br>O. WARNING SIGN (SCHOOL, ETC.)<br>P. SCHOOL FLASHING SPEED SIGN<br>Q. YELLOW NO PASSING LINE<br>R. WHITE DASHED LINE<br>S. YELLOW DASHED LINE<br>T. BIKE LANE<br>U. CROSSWALK<br>V. NO CONTROL<br>Y. UNKNOWN<br>Z. OTHER  | <b>PEDESTRIAN ACTIONS</b> (123)<br>A. CROSSING, ENTERING ROAD AT INTERSECTION<br>B. CROSSING, ENTERING ROAD NOT AT INTERSECTION<br>C. WALKING IN ROAD - WITH TRAFFIC<br>D. WALKING IN ROAD - AGAINST TRAFFIC<br>E. SLEEPING IN ROADWAY<br>F. STANDING IN ROADWAY<br>G. GETTING ON OR OFF OTHER VEHICLE<br>H. PUSHING, WORKING ON VEHICLE IN ROAD<br>I. OTHER WORKING IN ROADWAY<br>J. PLAYING IN ROADWAY<br>K. NOT IN ROADWAY<br>Y. UNKNOWN<br>Z. OTHER   | <b>VEHICLE CONDITION</b> (124)<br>A. DEFECTIVE BRAKES<br>B. DEFECTIVE HEADLIGHTS<br>C. DEFECTIVE REAR LIGHTS<br>D. DEFECTIVE SIGNAL LIGHTS<br>E. ALL LIGHTS OUT<br>F. DEFECTIVE STEERING<br>G. TIRE FAILURE<br>H. WORN OR SMOOTH TIRES<br>I. ENGINE FAILURE<br>J. DEFECTIVE SUSPENSION<br>K. NO DEFECTS OBSERVED<br>Y. UNKNOWN<br>Z. OTHER   | <b>ALCOHOL/DRUG INVOLVEMENT</b> (127)<br><b>ALCOHOL/DRUGS SUSPECTED:</b><br>A. NEITHER ALCOHOL NOR DRUGS<br>B. YES-ALCOHOL<br>C. YES-DRUGS<br>D. YES-ALCOHOL AND DRUGS<br>Y. UNKNOWN<br><b>ALCOHOL</b> .....<br>A. TEST REFUSED<br>B. NO TEST GIVEN<br>C. TEST GIVEN, RESULTS PENDING<br>D. TEST GIVEN, BAC ..... g%<br><b>DRUGS</b> .....<br>A. TEST NOT GIVEN<br>B. TEST GIVEN, RESULTS PENDING<br>C. TEST REFUSED<br>D. DRUGS REPORTED (SPECIFY IN NARRATIVE)<br><div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <b>AFFIX BLOOD ALCOHOL KIT LABEL HERE</b><br/>         (FOR ENTER BLOOD ALCOHOL KIT NUMBER)       </div>   |     |     |     |     |
| <b>VEHICLE LIGHTING</b> (125)<br>A. HEADLIGHTS ON<br>B. HEADLIGHTS OFF<br>C. DAYTIME RUNNING LIGHTS<br>Y. UNKNOWN   |   | <b>TRAFFIC CONTROL CONDITIONS</b> (126)<br>A. CONTROLS FUNCTIONING<br>B. CONTROLS NOT FUNCTIONING<br>C. CONTROLS OBSCURED<br>D. LANE MARKING UNCLEAR OR DEFECTIVE<br>E. NO CONTROLS<br>Y. UNKNOWN  |   |     |     |     |     |

| 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 | RL |
| (129) NE<br>SW         | (130)                       | (131)                      | (132)                          | (133) | (134)  | (135)                |    |    |

| DAMAGE TO VEHICLE  |   |
|--|---|
| <b>AREA DAMAGED</b> (136)<br> <p>N- UNDER CARRIAGE<br/>O- TOTAL<br/>P- OTHER<br/>Q- NONE<br/>Y- UNKNOWN</p> | <b>EXTENT OF DEFORMITY</b> (137)<br>A- NONE<br>B- VERY MINOR<br>C- MINOR<br>D- MINOR/MODERATE<br>E- MODERATE<br>F- MODERATE/SEVERE<br>G- SEVERE<br>H- VERY SEVERE<br>Y- UNKNOWN |

|  |  |   |
|--|--|---|
| CITATION NO<br>(138)   | VEH. PED.<br><input type="checkbox"/> <input type="checkbox"/> | B.S. OR ORD. NO.<br><input type="checkbox"/> <input type="checkbox"/> |
| NOTICE OF INSURANCE VIOLATION ..... <input type="checkbox"/> (139) |  |   |

Entries 118 to 134 are shown on pages 93 – 94.



### 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 might have influenced driver behavior. The distraction may have occurred inside the vehicle or outside the vehicle. Choice “E” for **Not Distracted** is synonymous with Normal Driver. Refer to the Driver Condition Section on page 80.

### 120. Movement Prior to Crash

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

**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. Use choice **K** for **No Defects Observed** to indicate that there were no crash-related defects found on the vehicle.

**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. Only choose Choice **C** for **Daytime Running Lights** 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 is 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 record the test in the space provided. Three blocks are provided for the test results, as printed out on the Intoxilyzer 9000 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 section**. If choice “**D**”, **Drugs Reported** is selected, then within the **narrative section** detail all pertinent information such as:

- the results of the test,
- who conducted the test,
- where the test was conducted,
- etc.

Note in the **Narrative Section** the disposition of evidence.

#### 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 is 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, 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 rest position, or the vehicle never came to an uncontrolled rest, enter “**Unknown**” in this data block.

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

#### 133/134. Speed

##### • 133. Estimated Speed

This **Estimated Speed** is the speed of the vehicle prior to any braking or evasive action, 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 section**, 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.

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### CONTRIBUTING FACTORS AND CONDITIONS

NOTICE OF INSURANCE VIOLATION ..... ☐ 139

INVESTIGATING OFFICER'S INITIALS

### 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, enter the distance measurements for skidmarks in the **narrative section** 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, either 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 initial contact, keeping the sequence of events in mind during the decision-making process. Only list the areas of damage that have resulted from contact between vehicles in the data block, 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.

### 137. Extent of Deformity

For each vehicle involved in the crash, enter the extent or type of damage to the corresponding 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> **Area Damaged** data blocks. These code **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, record information on the additional charges in the narrative.

**NOTE:** Conduct a computer check on all drivers involved in a crash to confirm 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 will initial and all additional forms that are attached to the original report.

# DPSSP 3108 – Additional Occupant Information

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

COMPUTER NUMBER 58 - PAGE # 59  
60

| VEH #   | OCCUPANT'S NAME (LAST, FIRST, MI)                              | PDR-<br>TDR  | SAC-<br>TDR | TRIP-<br>STATUS | DR-<br>BAR | DYS-<br>PROT | DR-<br>PROT | DR-<br>PROT | DR-<br>PROT | DR-<br>PROT | DR-<br>PROT | DR-<br>PROT | DR-<br>PROT |
|---|--|--|-------------|-----------------|------------|--------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <span style="border: 1px solid black; padding: 2px;">141</span>               | <span style="border: 1px solid black; padding: 2px;">95</span> |  |             |                 |            |              |             |             |             |             |             |             |             |
| STREET ADDRESS <span style="border: 1px solid black; padding: 2px;">96</span> |  | TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN   |             |                 |            |              |             |             |             |             |             |             |             |
| CITY _____ STATE _____ ZIP _____  |  | NAME OF FACILITY <span style="border: 1px solid black; padding: 2px;">105</span> <span style="border: 1px solid black; padding: 2px;">106</span> |             |                 |            |              |             |             |             |             |             |             |             |
| <span style="border: 1px solid black; padding: 2px;"></span>                  | <span style="border: 1px solid black; padding: 2px;"></span>   |  |             |                 |            |              |             |             |             |             |             |             |             |
| STREET ADDRESS <span style="color: red;">REPEAT AS ABOVE</span>               |  | TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN   |             |                 |            |              |             |             |             |             |             |             |             |
| CITY _____ STATE _____ ZIP _____  |  | NAME OF FACILITY <span style="border: 1px solid black; padding: 2px;"></span>  |             |                 |            |              |             |             |             |             |             |             |             |
| <span style="border: 1px solid black; padding: 2px;"></span>                  | <span style="border: 1px solid black; padding: 2px;"></span>   |  |             |                 |            |              |             |             |             |             |             |             |             |
| STREET ADDRESS  |  | TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN   |             |                 |            |              |             |             |             |             |             |             |             |
| CITY _____ STATE _____ ZIP _____  |  | NAME OF FACILITY <span style="border: 1px solid black; padding: 2px;"></span>  |             |                 |            |              |             |             |             |             |             |             |             |
| <span style="border: 1px solid black; padding: 2px;"></span>                  | <span style="border: 1px solid black; padding: 2px;"></span>   |  |             |                 |            |              |             |             |             |             |             |             |             |
| STREET ADDRESS  |  | TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN   |             |                 |            |              |             |             |             |             |             |             |             |
| CITY _____ STATE _____ ZIP _____  |  | NAME OF FACILITY <span style="border: 1px solid black; padding: 2px;"></span>  |             |                 |            |              |             |             |             |             |             |             |             |
| <span style="border: 1px solid black; padding: 2px;"></span>                  | <span style="border: 1px solid black; padding: 2px;"></span>   |  |             |                 |            |              |             |             |             |             |             |             |             |
| STREET ADDRESS  |  | TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN   |             |                 |            |              |             |             |             |             |             |             |             |
| CITY _____ STATE _____ ZIP _____  |  | NAME OF FACILITY <span style="border: 1px solid black; padding: 2px;"></span>  |             |                 |            |              |             |             |             |             |             |             |             |
| <span style="border: 1px solid black; padding: 2px;"></span>                  | <span style="border: 1px solid black; padding: 2px;"></span>   |  |             |                 |            |              |             |             |             |             |             |             |             |
| STREET ADDRESS  |  | TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN   |             |                 |            |              |             |             |             |             |             |             |             |
| CITY _____ STATE _____ ZIP _____  |  | NAME OF FACILITY <span style="border: 1px solid black; padding: 2px;"></span>  |             |                 |            |              |             |             |             |             |             |             |             |
| <span style="border: 1px solid black; padding: 2px;"></span>                  | <span style="border: 1px solid black; padding: 2px;"></span>   |  |             |                 |            |              |             |             |             |             |             |             |             |
| STREET ADDRESS  |  | TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN   |             |                 |            |              |             |             |             |             |             |             |             |
| CITY _____ STATE _____ ZIP _____  |  | NAME OF FACILITY <span style="border: 1px solid black; padding: 2px;"></span>  |             |                 |            |              |             |             |             |             |             |             |             |
| <span style="border: 1px solid black; padding: 2px;"></span>                  | <span style="border: 1px solid black; padding: 2px;"></span>   |  |             |                 |            |              |             |             |             |             |             |             |             |
| STREET ADDRESS  |  | TRANSPORTED TO MEDICAL FACILITY<br>A. YES C. REFUSED AID<br>B. NO Y. UNKNOWN   |             |                 |            |              |             |             |             |             |             |             |             |
| CITY _____ STATE _____ ZIP _____  |  | NAME OF FACILITY <span style="border: 1px solid black; padding: 2px;"></span>  |             |                 |            |              |             |             |             |             |             |             |             |

DPSSP 3108 (REV. JAN. 2005) INVESTIGATING OFFICER'S INITIALS 140

Entries above are shown on page 99.



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 C., page 17)

#### **95. Name**

Enter the last name, first name and middle initial of the driver or pedestrian. (See item 95., page 77) Unknown driver must be explained in the narrative.

If there is no driver, (for example a parked car in crash), leave this section blank.

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

(See item 96., page 77)

#### **99. Coded Boxes**

(See item 99., page 77)

#### **105. Transported to Medical Facility**

(See item 105., page 79)

#### **106. Name of Facility**

(See item 106., page 79)

#### **140. Investigating Officer's Initial**

The lead investigator who signed on page #1 initials 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**.



## DPSSP 3010 (Side #1) – Narrative Supplement

STATE OF LOUISIANA  
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT  
NARRATIVE SUPPLEMENT

COMPUTER NUMBER

|    |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|
| 58 |  |  |  |  |  |  |  |
| 60 |  |  |  |  |  |  |  |

PAGE #

|    |
|----|
| 59 |
|----|

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

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

**REFER TO EACH BY VEHICLE NUMBER**

54

INVESTIGATING OFFICER'S INITIALS

140

Entries above are shown on page 101.



## STATE OF LOUISIANA

## Uniform Motor Vehicle Traffic Crash Report

*DPSSP 3110 – Side #1*Narrative Supplement

The **Narrative Supplement** is 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 C., page 17)

**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. Use this form 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.

The narrative must include a synopsis of the crash which is a chronological description of the crash.

**1. Set the Stage**

**Example:** Vehicles #1 & 2 were northbound on US 51. Vehicle #3 was westbound on US 190.

**2. Describe the crash**

**Example:** Vehicle #2 was slowing due to congestion. Vehicle #1 failed to slow down and the front-end of Vehicle #1 collided with the rear-end of Vehicle #2. Vehicle #2 skidded 22 feet into the westbound lane of US 190 and collided with the right side of Vehicle #3.

**3. Bring the vehicles to final rest**

**Example:** After impact Vehicle #1 skidded 18 feet and came to rest in the northbound lane of US 51. Vehicle #2 rotated 90 degrees clockwise and came to rest in the westbound lane of US 190. Vehicle #3 rotated 180 degrees and came to rest in the eastbound lane of US 190.

(Draw this diagram and include in manual)

**Additional info will be required, i.e. driver/witness statements**

**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.

Entries above are shown on page 101.

## DPSSP 3110 (Side #2) – Alternative Grid

---

|   |  |
|---|--|
| <b>STATE OF LOUISIANA</b><br><b>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT</b><br><b>ALTERNATIVE GRID</b> | <div style="display: flex; justify-content: space-between;"><div>COMPUTER NUMBER<br/><div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">58</div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div></div><div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">60</div><div style="border: 1px solid black; width: 100px; height: 20px;"></div></div></div> <div>PAGE #<br/><div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">59</div></div></div> |
|---|--|

56

NORTH

57

INVESTIGATING OFFICER'S INITIALS

140



STATE OF LOUISIANA

## Uniform Motor Vehicle Traffic Crash Report

*DPSSP 3110 – Side #1*

### 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 C., page 17)

#### **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, note the appropriate references, indicating this addition. 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 initials this and all additional forms that are attached to the original report

Entries above are shown on page 103.

# DPSSP 3111 – Drive/Witness Voluntary Statement

|  |  |                           |
|--|--|---------------------------|
| STATE OF LOUISIANA<br>UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT<br>DRIVER/WITNESS VOLUNTARY STATEMENT |  | COMPUTER NUMBER<br>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 ) -

149

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

Entries above are shown on page 105.

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 C., page 17)

#### **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.

# DPSSP 3112 – Railroad Grade Crossing Crash Supplement

| STATE OF LOUISIANA<br>UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT   |  | COMPUTER NUMBER  | PAGE #                                    |                                |           |                      |                                    |                                |                        |                |                   |                         |                               |                                   |                 |              |            |       |
|--|--|--|---|--------------------------------|-----------|----------------------|------------------------------------|--------------------------------|------------------------|----------------|-------------------|-------------------------|-------------------------------|-----------------------------------|-----------------|--------------|------------|-------|
| <div style="margin-bottom: 5px;">152 RAILROAD TRAIN</div> <div style="margin-bottom: 5px;">153 STREET CAR</div> <div style="margin-bottom: 5px;">DOT CROSSING NUMBER</div> <div style="margin-bottom: 5px;">154</div> <div style="margin-bottom: 5px;">TRAIN ID NUMBER/CONSIST NUMBER</div> <div style="margin-bottom: 5px;">155</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="margin-bottom: 5px;">BETS OF TRACKS 156</div> <div style="margin-bottom: 5px;">TRACK SPEED LIMIT 157</div> <div style="margin-bottom: 5px;">159 TYPE CROSSING <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE</div> <div style="margin-bottom: 5px;">SURFACE<br/>A. RUBBER MAT<br/>B. ASPHALT<br/>C. WOOD<br/>D. CONCRETE<br/>E. GRAVEL<br/>Z. OTHER 160</div> </div> <div style="width: 45%;"> <div style="margin-bottom: 5px;">TRAIN IN MOTION? Y/N 158</div> <div style="margin-bottom: 5px;">ESTIMATED SPEED OF TRAIN BEFORE BRAKING<br/>161 MPH</div> </div> </div>  | <div style="margin-bottom: 5px;">162 COMPANY OPERATING RR TRAIN OR STREET CAR</div> <div style="margin-bottom: 5px;">STREET ADDRESS</div> <div style="margin-bottom: 5px;">CITY STATE ZIP</div> <div style="margin-bottom: 5px;">163 COMPANY OWNING TRACKS</div> <div style="margin-bottom: 5px;">STREET ADDRESS</div> <div style="margin-bottom: 5px;">CITY STATE ZIP</div> | <div style="margin-bottom: 5px;">58</div> <div style="margin-bottom: 5px;">60</div>  | <div style="margin-bottom: 5px;">59</div> |                                |           |                      |                                    |                                |                        |                |                   |                         |                               |                                   |                 |              |            |       |
| <div style="margin-bottom: 5px;">164 ENGINEER'S NAME (LAST, FIRST, MI)</div> <div style="margin-bottom: 5px;">STREET ADDRESS</div> <div style="margin-bottom: 5px;">CITY STATE ZIP</div> <div style="margin-bottom: 5px;">ENGINEER'S CERTIFICATION NO</div> <div style="margin-bottom: 5px;">165</div>   |  | <div style="margin-bottom: 5px;">DATE OF BIRTH</div> <div style="margin-bottom: 5px;">TRANSPORTED TO MEDICAL FACILITY<br/>A. YES C. REFUSED AID<br/>B. NO Y. UNKNOWN</div> <div style="margin-bottom: 5px;">NAME OF FACILITY</div> |   |                                |           |                      |                                    |                                |                        |                |                   |                         |                               |                                   |                 |              |            |       |
| <div style="margin-bottom: 5px;">166 CONDUCTOR'S NAME (LAST, FIRST, MI)</div> <div style="margin-bottom: 5px;">STREET ADDRESS</div> <div style="margin-bottom: 5px;">CITY STATE ZIP</div>  |  | <div style="margin-bottom: 5px;">DATE OF BIRTH</div> <div style="margin-bottom: 5px;">TRANSPORTED TO MEDICAL FACILITY<br/>A. YES C. REFUSED AID<br/>B. NO Y. UNKNOWN</div> <div style="margin-bottom: 5px;">NAME OF FACILITY</div> |   |                                |           |                      |                                    |                                |                        |                |                   |                         |                               |                                   |                 |              |            |       |
| <div style="margin-bottom: 5px;">167 MARK ALL APPLICABLE BOXES</div> <table style="width: 100%;"> <tr> <td style="width: 25%;">WARNING DEVICES</td> <td style="width: 25%;">CROSSBUCK</td> <td style="width: 25%;">FLASHING LIGHTS/BELL</td> <td style="width: 25%;">FLASHING LIGHTS/BELL/GATE</td> <td style="width: 20%;">OTHER</td> </tr> <tr> <td>ADVANCE WARNING DEVICE</td> <td>SIGN</td> <td>PAVEMENT MARKINGS</td> <td>ACTIVE ADVANCED WARNING</td> <td>OTHER</td> </tr> <tr> <td>ACTIVE WARNING DEVICES FUNCTIONAL</td> <td>LIGHTS FLASHING</td> <td>BELL RINGING</td> <td>GATES DOWN</td> <td>OTHER</td> </tr> </table> <div style="margin-bottom: 5px;">168 HIGHWAY USER</div> <div style="margin-bottom: 5px;">A. STALLED ON CROSSING</div> <div style="margin-bottom: 5px;">B. STOPPED ON CROSSING</div> <div style="margin-bottom: 5px;">C. MOVING OVER CROSSING</div> <div style="margin-bottom: 5px;">D. TRAPPED ON CROSSING</div>   |  |  |   | WARNING DEVICES                | CROSSBUCK | FLASHING LIGHTS/BELL | FLASHING LIGHTS/BELL/GATE          | OTHER                          | ADVANCE WARNING DEVICE | SIGN           | PAVEMENT MARKINGS | ACTIVE ADVANCED WARNING | OTHER                         | ACTIVE WARNING DEVICES FUNCTIONAL | LIGHTS FLASHING | BELL RINGING | GATES DOWN | OTHER |
| WARNING DEVICES  | CROSSBUCK  | FLASHING LIGHTS/BELL   | FLASHING LIGHTS/BELL/GATE                 | OTHER                          |           |                      |                                    |                                |                        |                |                   |                         |                               |                                   |                 |              |            |       |
| ADVANCE WARNING DEVICE   | SIGN   | PAVEMENT MARKINGS  | ACTIVE ADVANCED WARNING                   | OTHER                          |           |                      |                                    |                                |                        |                |                   |                         |                               |                                   |                 |              |            |       |
| ACTIVE WARNING DEVICES FUNCTIONAL  | LIGHTS FLASHING  | BELL RINGING   | GATES DOWN                                | OTHER                          |           |                      |                                    |                                |                        |                |                   |                         |                               |                                   |                 |              |            |       |
| <div style="margin-bottom: 5px;">169 TRAIN</div> <table style="width: 100%;"> <tr> <td style="width: 20%;">MAKE</td> <td style="width: 20%;">TYPE</td> <td style="width: 20%;">LEAD ENGINE #</td> <td style="width: 20%;">DISTANCE TRAVELED AFTER IMPACT 170</td> <td style="width: 20%;">MILES <input type="checkbox"/></td> </tr> <tr> <td>SERIAL NUMBER</td> <td>NO. OF ENGINES</td> <td>NO. OF CARS</td> <td></td> <td>FEET <input type="checkbox"/></td> </tr> </table> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="margin-bottom: 5px;">HEADLIGHT FUNCTIONAL? Y/N 171</div> <div style="margin-bottom: 5px;">EVENT DATA RECORDER EQUIPPED? Y/N</div> </div> <div style="width: 45%;"> <div style="margin-bottom: 5px;">DITCH LIGHTS FUNCTIONAL? Y/N</div> <div style="margin-bottom: 5px;">DATA RECORDER SPEED 172</div> <div style="margin-bottom: 5px;">HORN FUNCTIONAL? Y/N</div> <div style="margin-bottom: 5px;">SPEED RESULTS PENDING? Y/N</div> <div style="margin-bottom: 5px;">BELL FUNCTIONAL? Y/N</div> </div> </div> <div style="margin-bottom: 5px;">SIDE IMPACT Y/N 173</div> <div style="margin-bottom: 5px;">NO. OF CARS FROM LEAD ENGINE 174</div> <div style="margin-bottom: 5px;">TYPE RAILCAR STRUCK</div> <div style="margin-bottom: 5px;">DOT PLACARD #</div> <div style="margin-bottom: 5px;">HAZARDOUS MATERIALS Y/N 175</div> <div style="margin-bottom: 5px;">CAR LOADED? Y/N</div> <div style="margin-bottom: 5px;">LEAKING? Y/N</div> <div style="margin-bottom: 5px;">RAILCAR NUMBER</div> <div style="margin-bottom: 5px;">INVESTIGATING OFFICER'S INITIALS 140</div> |  |  |   | MAKE                           | TYPE      | LEAD ENGINE #        | DISTANCE TRAVELED AFTER IMPACT 170 | MILES <input type="checkbox"/> | SERIAL NUMBER          | NO. OF ENGINES | NO. OF CARS       |                         | FEET <input type="checkbox"/> |                                   |                 |              |            |       |
| MAKE   | TYPE   | LEAD ENGINE #  | DISTANCE TRAVELED AFTER IMPACT 170        | MILES <input type="checkbox"/> |           |                      |                                    |                                |                        |                |                   |                         |                               |                                   |                 |              |            |       |
| SERIAL NUMBER  | NO. OF ENGINES   | NO. OF CARS  |   | FEET <input type="checkbox"/>  |           |                      |                                    |                                |                        |                |                   |                         |                               |                                   |                 |              |            |       |

DPSSP 3112 (REV. MAR. 2005)

Entries above are shown on page 107.

## 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 C., page 17)

**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. Obtain this number from a railroad crewmember. If the locomotive has no ID number posted on the number boards, use the consist number 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, 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.



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| STATE OF LOUISIANA<br>UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT  |  |   |  | COMPUTER NUMBER  | PAGE #                             |   |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |
|---|--|---|--|--|------------------------------------|---|--|--------------|---|-------------------------------|--|--|-------------|--|--|---------------------------------------|-------------------------------------|-------------|---|--|
| <div style="margin-bottom: 5px;">(152) RAILROAD TRAIN</div> <div style="margin-bottom: 5px;">(153) STREET CAR</div> <div style="margin-bottom: 5px;">DOT CROSSING NUMBER</div> <div style="margin-bottom: 5px;">(154) _____</div> <div style="margin-bottom: 5px;">TRAIN ID NUMBER/CONSIST NUMBER</div> <div style="margin-bottom: 5px;">(155) _____</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="margin-bottom: 5px;">SETS OF TRACKS (156) _____</div> <div style="margin-bottom: 5px;">TRACK SPEED LIMIT (157) _____</div> <div style="margin-bottom: 5px;">TYPE CROSSING (159) <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE</div> <div style="margin-bottom: 5px;">SURFACE (160) _____</div> </div> <div style="width: 45%;"> <div style="margin-bottom: 5px;">TRAIN IN MOTION? (158) <input type="checkbox"/> Y <input type="checkbox"/> N</div> <div style="margin-bottom: 5px;">ESTIMATED SPEED OF TRAIN BEFORE BRAKING (161) _____ MPH</div> </div> </div>   | <div style="margin-bottom: 5px;">(162) COMPANY OPERATING RR TRAIN OR STREET CAR</div> <div style="margin-bottom: 5px;">STREET ADDRESS _____</div> <div style="margin-bottom: 5px;">CITY _____ STATE _____ ZIP _____</div> <div style="margin-bottom: 5px;">(163) COMPANY OWNING TRACKS</div> <div style="margin-bottom: 5px;">STREET ADDRESS _____</div> <div style="margin-bottom: 5px;">CITY _____ STATE _____ ZIP _____</div> |   |  |  |                                    |   |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |
| <div style="margin-bottom: 5px;">(164) ENGINEER'S NAME (LAST, FIRST, MI) _____</div> <div style="margin-bottom: 5px;">STREET ADDRESS _____</div> <div style="margin-bottom: 5px;">CITY _____ STATE _____ ZIP _____</div> <div style="margin-bottom: 5px;">ENGINEER'S CERTIFICATION NO. (165) _____</div>  |  |   |  | <div style="margin-bottom: 5px;">DATE OF BIRTH _____</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <th>POS-<br/>ITION</th> <th>EST-<br/>IMATED</th> <th>TRIP<br/>DATE</th> <th>SEX</th> <th>RACE</th> <th>AGE</th> <th>HAIR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <div style="margin-bottom: 5px;">TRANSPORTED TO MEDICAL FACILITY <input type="checkbox"/></div> <div style="font-size: 8px;">A. YES C. REFUSED AID<br/>B. NO Y. UNKNOWN</div> <div style="margin-bottom: 5px;">NAME OF FACILITY _____</div>  |                                    | POS-<br>ITION                                     | EST-<br>IMATED   | TRIP<br>DATE | SEX   | RACE                          | AGE  | HAIR   |             |  |  |                                       |                                     |             |   |  |
| POS-<br>ITION   | EST-<br>IMATED   | TRIP<br>DATE                                      | SEX  | RACE   | AGE                                | HAIR  |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |
|   |  |   |  |  |                                    |   |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |
| <div style="margin-bottom: 5px;">(166) CONDUCTOR'S NAME (LAST, FIRST, MI) _____</div> <div style="margin-bottom: 5px;">STREET ADDRESS _____</div> <div style="margin-bottom: 5px;">CITY _____ STATE _____ ZIP _____</div>   |  |   |  | <div style="margin-bottom: 5px;">DATE OF BIRTH _____</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <th>POS-<br/>ITION</th> <th>EST-<br/>IMATED</th> <th>TRIP<br/>DATE</th> <th>SEX</th> <th>RACE</th> <th>AGE</th> <th>HAIR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <div style="margin-bottom: 5px;">TRANSPORTED TO MEDICAL FACILITY <input type="checkbox"/></div> <div style="font-size: 8px;">A. YES C. REFUSED AID<br/>B. NO Y. UNKNOWN</div> <div style="margin-bottom: 5px;">NAME OF FACILITY _____</div>  |                                    | POS-<br>ITION                                     | EST-<br>IMATED   | TRIP<br>DATE | SEX   | RACE                          | AGE  | HAIR   |             |  |  |                                       |                                     |             |   |  |
| POS-<br>ITION   | EST-<br>IMATED   | TRIP<br>DATE                                      | SEX  | RACE   | AGE                                | HAIR  |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |
|   |  |   |  |  |                                    |   |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |
| <div style="margin-bottom: 5px;">(167) MARK ALL APPLICABLE BOXES</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 25%;">WARNING DEVICES <input type="checkbox"/></td> <td style="width: 25%;">CROSSBUCK <input type="checkbox"/></td> <td style="width: 25%;">FLASHING LIGHTS/<br/>BELL <input type="checkbox"/></td> <td style="width: 25%;">FLASHING LIGHTS/<br/>BELL/GATE <input type="checkbox"/></td> <td style="width: 25%;">OTHER _____</td> </tr> <tr> <td>ADVANCE WARNING DEVICE <input type="checkbox"/></td> <td>SIGN <input type="checkbox"/></td> <td>PAVEMENT MARKINGS <input type="checkbox"/></td> <td>ACTIVE ADVANCED WARNING <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>ACTIVE WARNING DEVICES FUNCTIONAL <input type="checkbox"/></td> <td>LIGHTS FLASHING <input type="checkbox"/></td> <td>BELL RINGING <input type="checkbox"/></td> <td>GATES DOWN <input type="checkbox"/></td> <td>OTHER _____</td> </tr> </table>   |  |   |  | WARNING DEVICES <input type="checkbox"/>   | CROSSBUCK <input type="checkbox"/> | FLASHING LIGHTS/<br>BELL <input type="checkbox"/> | FLASHING LIGHTS/<br>BELL/GATE <input type="checkbox"/> | OTHER _____  | ADVANCE WARNING DEVICE <input type="checkbox"/> | SIGN <input type="checkbox"/> | PAVEMENT MARKINGS <input type="checkbox"/> | ACTIVE ADVANCED WARNING <input type="checkbox"/> | OTHER _____ | ACTIVE WARNING DEVICES FUNCTIONAL <input type="checkbox"/> | LIGHTS FLASHING <input type="checkbox"/> | BELL RINGING <input type="checkbox"/> | GATES DOWN <input type="checkbox"/> | OTHER _____ | <div style="margin-bottom: 5px;">HIGHWAY USER (168) _____</div> <div style="font-size: 8px;">A. STALLED ON CROSSING<br/>B. STOPPED ON CROSSING<br/>C. MOVING OVER CROSSING<br/>D. TRAPPED ON CROSSING</div> |  |
| WARNING DEVICES <input type="checkbox"/>  | CROSSBUCK <input type="checkbox"/>   | FLASHING LIGHTS/<br>BELL <input type="checkbox"/> | FLASHING LIGHTS/<br>BELL/GATE <input type="checkbox"/> | OTHER _____  |                                    |   |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |
| ADVANCE WARNING DEVICE <input type="checkbox"/>   | SIGN <input type="checkbox"/>  | PAVEMENT MARKINGS <input type="checkbox"/>        | ACTIVE ADVANCED WARNING <input type="checkbox"/>       | OTHER _____  |                                    |   |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |
| ACTIVE WARNING DEVICES FUNCTIONAL <input type="checkbox"/>  | LIGHTS FLASHING <input type="checkbox"/>   | BELL RINGING <input type="checkbox"/>             | GATES DOWN <input type="checkbox"/>                    | OTHER _____  |                                    |   |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |
| <div style="margin-bottom: 5px;">(169) TRAIN</div> <div style="display: flex; justify-content: space-between;"> <div>MAKE _____</div> <div>TYPE _____</div> <div>LEAD ENGINE # _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SERIAL NUMBER _____</div> <div>NO. OF ENGINES _____</div> <div>NO. OF CARS _____</div> <div>DISTANCE TRAVELED AFTER IMPACT (170) _____ MILES <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>HEADLIGHT FUNCTIONAL? <input type="checkbox"/> Y <input type="checkbox"/> N (171)</div> <div>DITCH LIGHTS FUNCTIONAL? <input type="checkbox"/> Y <input type="checkbox"/> N</div> <div>HORN FUNCTIONAL? <input type="checkbox"/> Y <input type="checkbox"/> N</div> <div>BELL FUNCTIONAL? <input type="checkbox"/> Y <input type="checkbox"/> N</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EVENT DATA RECORDER EQUIPPED? <input type="checkbox"/> Y <input type="checkbox"/> N</div> <div>DATA RECORDER SPEED (172) _____</div> <div>SPEED RESULTS PENDING? <input type="checkbox"/> Y <input type="checkbox"/> N</div> </div> |  |   |  | <div style="margin-bottom: 5px;">SIDE IMPACT (173) <input type="checkbox"/> Y <input type="checkbox"/> N</div> <div style="display: flex; justify-content: space-between;"> <div>NO. OF CARS FROM LEAD ENGINE (174) _____</div> <div>TYPE RAILCAR STRUCK _____</div> <div>RAILCAR NUMBER _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>HAZARDOUS MATERIALS <input type="checkbox"/> Y <input type="checkbox"/> N (175)</div> <div>CAR LOADED? <input type="checkbox"/> Y <input type="checkbox"/> N</div> <div>LEAKING? <input type="checkbox"/> Y <input type="checkbox"/> N</div> </div> <div style="margin-top: 5px;">INVESTIGATING OFFICER'S INITIALS (140) _____</div> |                                    |   |  |              |   |                               |  |  |             |  |  |                                       |                                     |             |   |  |

Entries above are shown on page 111.

#### 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 the 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. 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 **Number 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 initials this and all additional forms that are attached to the original report.

This page intentionally left blank.

## References

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1. *Manual on Classification of Motor Vehicle Traffic Accidents (ANSI D161 – 1996)*, 1996, American National Standards Institute, Itasca, Illinois 60143-3201.
2. *Guideline for Model Minimum Uniform Crash Criteria (MMUCC)*, Fourth Edition 2012, National Association of Governors Highway Safety Representatives, National Highway Traffic Safety Administration, Washington. D.C. 20590, <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/811631>
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

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### 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 Driver's License                     |
| SR   | = | Senior  |
| JR   | = | Junior  |
| UNK  | = | Unknown   |
| N/A  | = | Not Applicable                                  |
| DOTD | = | Department of Transportation and<br>Development |



## Appendix B

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### 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

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### 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        |
|            |            | 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*       |

| PARISH NO. | PARISH    | CITY          | CITY CODE |
|------------|-----------|---------------|-----------|
| 07         | Bienville | Arcadia       | 01        |
|            |           | Bienville     | 02        |
|            |           | Bryceland     | 03        |
|            |           | Castor        | 04        |
|            |           | Gibbsland     | 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        |

| 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        |
|            |                  | Central City    | 04        |

| 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        |
|            |                | Creola          | 06        |
| 23         | Iberia         | Jeanerette      | 01        |
|            |                | Loreauville     | 02        |
|            |                | New Iberia      | 03        |
|            |                | Delcambre       | 13*       |
| 24         | Iberville      | Grosse Tete     | 01        |
|            |                | Maringouin      | 02        |
|            |                | Plaquemine      | 03        |

| 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        |



| 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        |
|            |            | Killian           | 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        |
|            |            |                   |           |
|            |            |                   |           |

| 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        |

| 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        |

| 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        |

| 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        |

| 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        |



## Appendix D

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### NCIC – Approved Abbreviations for Vehicle Makes

|                      |      |                     |      |
|----------------------|------|---------------------|------|
| Acura                | ACUR |                     |      |
| Alfa Romeo           | ALFA | Kia Motors Corp.    | KIA  |
| American Motors      | AMER | Lamborghini         | LAMO |
| Aston Martin         | ASTO | Land Rover          | LNDR |
| Audi                 | AUDI | Lexus               | LEXS |
| Austin               | AUST | Lincoln-Continental | LINC |
| Bentley              | BENT | Lotus               | LOTU |
| BMW                  | BMW  | Maserati            | MASE |
| Buick                | BUIC | Mazda               | MAZD |
| Cadillac             | CADI | Mercedes-Benz       | MERZ |
| Checker              | CHEC | Mercury             | MERC |
| Chevrolet            | CHEV | Merkus              | MERK |
| Chrysler             | CHRY | MG                  | MG   |
| Citroen              | CITR | Mitsubishi          | MIT  |
| Daewoo               | DAEW | Nash                | NASH |
| Daihatsu             | DAIH | Nissan              | NISS |
| Datsun               | DATS | Oldsmobile          | OLDS |
| DeSoto               | DESO | Opel                | OPEL |
| Dodge                | DODG | Packard             | PACK |
| Eagle                | EGIL | Peugeot             | PEUG |
| Edsel                | EDSE | Plymoth             | PLYM |
| Ferrari              | FERR | Pontiac             | PONT |
| Fiat                 | FIAT | Porsche             | PORS |
| Ford                 | FORD | Rambler             | RAMB |
| General Motors Corp. | GMC  | Renault             | RENA |
| GEO                  | GEO  | Rolls-Royce         | ROL  |
| Honda                | HOND | Rover               | ROV  |
| Hudson               | HUDS | Saab                | SAA  |
| Hyundai              | HYUN | Saturn              | STRN |
| Imperial             | IMPE | Studebaker          | STI  |
| Infiniti             | INFI | Subaru              | SUBA |
| Isuzu                | ISU  | Suzuki              | SUZI |
| Jaguar               | JAGU | Toyota              | TOYT |
| Jeep                 | JEEP | Triumph             | TRIU |
| Kaiser               | KAIS | Volkswagen          | VOLK |
|                      |      | Volvo               | VOL  |

## Appendix E

### State, Province, Territory, and Country Abbreviations

|                      |                      |                                 |                          |
|----------------------|----------------------|---------------------------------|--------------------------|
| <b>United States</b> |                      | PR                              | Puerto Rico              |
| AL                   | Alabama              | RI                              | Rhode Island             |
| AK                   | Alaska               | SC                              | South Carolina           |
| AS                   | American Samoa       | SD                              | South Dakota             |
| AZ                   | Arizona              | TN                              | Tennessee                |
| AR                   | Arkansas             | TX                              | Texas                    |
| CA                   | California           | US                              | United States Government |
| CN                   | Canada               | UT                              | Utah                     |
| CO                   | Colorado             | VT                              | Vermont                  |
| CT                   | Connecticut          | VI                              | U.S. Virgin Islands      |
| DE                   | Delaware             | VA                              | Virginia                 |
| DC                   | District of Columbia | WA                              | Washington               |
| FL                   | Florida              | WV                              | West Virginia            |
| GA                   | Georgia              | WI                              | Wisconsin                |
| HI                   | Hawaii               | WY                              | Wyoming                  |
| ID                   | Idaho                | <b>Canada</b>                   |                          |
| 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               | <b>Mexico (Selected States)</b> |                          |
| NE                   | Nebraska             | BJ                              | Baja California          |
| NV                   | Nevada               | CI                              | Chihuahua                |
| NH                   | New Hampshire        | CU                              | Coahuila                 |
| NJ                   | New Jersey           | DF                              | Distrito Federal         |
| NM                   | New Mexico           | DG                              | Durango                  |
| MY                   | New York             | JA                              | Jalisco                  |
| NC                   | North Carolina       | NL                              | Nuevo Leon               |
| ND                   | North Dakota         | SO                              | Sonora                   |
| OH                   | Ohio                 | TM                              | Tamaulipas               |
| OK                   | Oklahoma             | 99                              | All others not listed    |
| OR                   | Oregon               |                                 |                          |
| PA                   | Pennsylvania         |                                 |                          |

## 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.

**NOTE:** 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 #1 is struck by Vehicle #2 which disobeyed a traffic control device. The driver of Vehicle #1 lost control and that vehicle struck Vehicle #3, which was legally parked. The contact between Vehicles #1 and 2 resulted in disabling damage to Vehicle #2. The contact between Vehicles #1 and #3 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 #1 and 3.

### 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 1<sup>st</sup> 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

$\sqrt{\phantom{x}}$  = 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

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### **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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