



Manual for Use of the Uniform Vehicle 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



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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.

Section	What's New?	Page(s)
17. Intersecting Roads	Clarification on intersecting roads, which includes new diagrams and information on Roundabouts .	25-27
22. Check Boxes a. Work Zones	Clarification on Work Zone Crashes a new diagram.	31
30. Relation to Roadway 2) Median	Definition and diagrams added for Restricted Crossing U-Turn (RCUT) and also referred to as a J-TURN .	39-40
54. Officer's Narrative	An outline, examples, and diagrams have been added.	45-47
55. Manner of Collision	Added definitions and diagrams for choices "A" – "K".	47-51
84. Truck/Bus Crash Data	Clarification of GVWR/GCWR of 10,001 pounds or more .	71
99. Coded Boxes i. Injury	Provides the new National Definitions for Injuries .	78
116. Condition of Driver or Pedestrian	Definitions for Driver Conditions, A – J, have been added.	85-96

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State of Louisiana

Uniform Motor Vehicle Traffic Crash Report

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 by 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

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

1.) DPSSP 3015 – Crash Report (2 sided)

TOTAL NUMBER OF VEHICLES INVOLVED		STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT						* 4 0 0 0 0 0 1 *												
DATE OF CRASH		TIME (0000)		DISTRICT/ZONE		TROOP		LAT.												
PARISH				PARISH CODE				LONG.												
CITY OR TOWN				CITY CODE																
CRASH OCCURRED ON A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARIS ROAD E. CITY STREET F. OFF ROAD G. TOLL ROAD		HIGHWAY #		MILEPOST		ROADWAY NAME		Quadrant												
								NW	SW											
DISTANCE		MILES <input type="checkbox"/>		N E		Service Road		N	E											
		FEET <input type="checkbox"/>		S W				S	W											
DISTANCE		MILES <input type="checkbox"/>		N E																
		FEET <input type="checkbox"/>		S W																
STREET/HIGHWAY		<input type="checkbox"/> AT INTERSECTION						<input type="checkbox"/> NOT AT INTERSECTION												
STREET/HIGHWAY		<input type="checkbox"/> AT INTERSECTION						<input type="checkbox"/> NOT AT INTERSECTION												
WORK ZONE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> PUBLIC PROPERTY DAMAGE <input type="checkbox"/> PHOTOS MADE <input type="checkbox"/> RR TRAIN INVOLVED <input type="checkbox"/> FATALITY <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> INJURY <input type="checkbox"/>																				
WRITE APPROPRIATE LETTER IN BLOCK																				
CONTRIBUTING FACTORS AND CONDITIONS																				
ROAD SURFACE (ONE PER COLUMN)		ROADWAY CONDITIONS		TYPE OF ROADWAY		ALIGNMENT		PRIMARY FACTOR												
A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN	A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT Y. UNKNOWN	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. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER	A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER	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 Y. UNKNOWN Z. OTHER	A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS															
WEATHER		KIND OF LOCATION		RELATION TO ROADWAY		ACCESS CONTROL		SECONDARY FACTOR												
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER	A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER	A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE Y. UNKNOWN Z. OTHER	A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER	A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER																
VEHICLE CONFIGURATION																				
A PASSENGER CAR	D A, B, C, OR S WITH TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 9-15 OCCUPANTS	M SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT	CARGO BODY TYPE													
B LT. TRUCK (P.U., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	K BUS W/SEATS FOR 16 OR MORE OCC.	N TRUCK/ TRAILER	R TRUCK DOUBLE	V MOTOR HOME	A BUS	D FLATBED	G AUTO TRANSPORTER	J HOPPER										
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK/ TRACTOR	S SUV	Z OTHER	B VAN/ENCLOSED BOX	E DUMP TRUCK/ TRAILER	H LOG TRUCK/ TRAILER	K POLE TRAILER										
TIME CALLED							ARRIVED SCENE			DEPARTED SCENE			ARRIVED HOSPITAL			TIME CALLED		ARRIVED SCENE		
EMERGENCY SERVICES		AMBULANCE														RESCUE UNIT				
AMBULANCE SERVICE																FIRE DEPARTMENT				
INVESTIGATING AGENCY		NAME OF AGENCY						TIME OF NOTIFICATION		TIME OF ARRIVAL		TIME ALL LANES OPENED								
INVESTIGATION COMPLETE		Y/N		INVESTIGATING POLICE AGENCY		<input type="checkbox"/> A. STATE <input type="checkbox"/> B. CITY <input type="checkbox"/> C. PARISH <input type="checkbox"/> Z. OTHER								DATE REPORT COMPLETED						
INVESTIGATING OFFICER'S NAME (PRINT)										SIGNATURE						BADGE #		SUPERVISOR'S INITIALS OR BADGE#		
DRSSP 3105 (REV. MAR. 2005)																				

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

PAGE #

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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

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

2.) DPSSP 3106 – Vehicle/Pedestrian Information (2 Sided)

<input type="checkbox"/> VEH #	OR	<input type="checkbox"/> PEDESTRIAN		COMPUTER NUMBER	PAGE #			
STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT VEHICLE/PEDESTRIAN								
<input type="checkbox"/> CONF CARGO BODY TYPE <small>see page 1 for selections</small>		YEAR	MAKE	MODEL	# DOORS # AXLES # TIRES			
V.I.N. <input type="text"/>		VEHICLE TOWED	<input type="checkbox"/> A. YES <input type="checkbox"/> B. NO <input type="checkbox"/> C. LEFT AT SCENE	REMOVED BY				
LICENSE PLATE <input type="text"/>		YEAR	STATE	NUMBER	TYPE	GVWR/GCWR	REASON TOWED	
							<input type="checkbox"/> A. VEHICLE DAMAGE	<input type="checkbox"/> B. DRIVER ARRESTED
TRAILER DESCRIPTION <input type="text"/>		YEAR	MAKE	TYPE	YEAR	STATE	C. INSURANCE VIOLATION	
							<input type="checkbox"/> D. OTHER	<input type="checkbox"/> Z. OTHER
VEHICLE CLASSIFICATION <input type="checkbox"/> COMMERCIAL/BUSINESS VEHICLE <input type="checkbox"/> GOVERNMENT VEHICLE <input type="checkbox"/> 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 #		
						MC/MX ("ICC") #		
CARRIER NAME _____						STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		
INTERSTATE CARRIER Y/N <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL Y/N <input type="checkbox"/> CLASS: <input type="text"/> ID# <input type="text"/> PLACARDS DISPLAYED Y/N <input type="checkbox"/> HAZ MAT RELEASED Y/N <input type="checkbox"/>								
NAME (LAST, FIRST, MI) OF <input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN						DATE OF BIRTH <input type="text"/>		
STREET ADDRESS _____ TELEPHONE # _____						POSITION <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAPPED/EXTRICATED <input type="checkbox"/> AIR BAG <input type="checkbox"/> OCC PROT SYS <input type="checkbox"/> SEX <input type="checkbox"/> RACE <input type="checkbox"/> AGE <input type="checkbox"/> INJURY		
CITY _____ STATE _____ ZIP: _____						TRANSPORTED TO MEDICAL FACILITY		
STATE _____ CLASS ENDORSEMENTS _____ DRIVER'S LICENSE NUMBER <input type="text"/>						INSTRUCTED TO EXCHANGE INFORMATION?		
Y/N <input type="checkbox"/> NAME OF FACILITY _____						A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/>		
PEDESTRIAN ONLY UPPER BODY CLOTHING <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> LOWER BODY CLOTHING <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> SEX <input type="checkbox"/> RACE <input type="checkbox"/> AGE <input type="checkbox"/> INJURY CODE <input type="checkbox"/>								
OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME)						TELEPHONE # _____		
Same as Driver <input type="checkbox"/>								
STREET ADDRESS _____						CITY _____ STATE _____ ZIP: _____		
INSURANCE CO. NAME _____ (NOT AGENCY NAME)						POLICY NUMBER _____ EXPIRATION DATE _____		
AGENT'S NAME/ADDRESS _____						PHONE # _____		
OCCUPANT'S NAME (LAST, FIRST, MI)						POSITION <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAPPED/EXTRICATED <input type="checkbox"/> AIR BAG <input type="checkbox"/> OCC PROT SYS <input type="checkbox"/> SEX <input type="checkbox"/> RACE <input type="checkbox"/> AGE <input type="checkbox"/> INJURY		
STREET ADDRESS _____						TRANSPORTED TO MEDICAL FACILITY		
CITY _____ STATE _____ ZIP: _____						A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/> NAME OF FACILITY _____		
OCCUPANT'S NAME (LAST, FIRST, MI)						POSITION <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAPPED/EXTRICATED <input type="checkbox"/> AIR BAG <input type="checkbox"/> OCC PROT SYS <input type="checkbox"/> SEX <input type="checkbox"/> RACE <input type="checkbox"/> AGE <input type="checkbox"/> INJURY		
STREET ADDRESS _____						TRANSPORTED TO MEDICAL FACILITY		
CITY _____ STATE _____ ZIP: _____						A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/> NAME OF FACILITY _____		
CODES								
SEATING POSITION		EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED		INJURY	
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER) B - FRONT SEAT-MIDDLE C - FRONT SEAT-RIGHT SIDE D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER) E - SECOND SEAT MIDDLE F - SECOND SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER) G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER) H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE		J - SLEEPER SECTION OF CAB (TRUCK) K - PASSENGER IN OTHER ENCLOSED AREA OR CARGO AREA (NON-TRAILING UNIT) L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) M - PASSENGER ON TRAIN OR STREETCAR N - TRAILING UNIT O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED Y - UNKNOWN	A - DEPLOYED B - NON DEPLOYED C - NON-DEPLOYED/SWITCH OFF D - NOT APPLICABLE Y - UNKNOWN	A - NONE USED-VEHICLE OCCUPANT B - SHOULDER BELT ONLY USED C - LAP BELT ONLY USED D - SHOULDER AND LAP BELT USED E - CHILD SAFETY SEAT IMPROPERLY USED F - CHILD SAFETY SEAT USED G - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING/SEVERE C - NON-INCAPACITATING/ MODERATE D - POSSIBLE/ COMPLAINT E - NO INJURY	

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

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

DAMAGE TO VEHICLE	
AREA DAMAGED	EXTENT OF DEFORMITY
 N- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE Y- UNKNOWN	A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H- VERY SEVERE Y- UNKNOWN

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

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)																
<input type="text"/>		<input type="text"/>															
STREET ADDRESS												TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN					
CITY _____		STATE _____		ZIP _____								<input type="text"/> NAME OF FACILITY					
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)																
<input type="text"/>		<input type="text"/>															
STREET ADDRESS												TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN					
CITY _____		STATE _____		ZIP _____								<input type="text"/> NAME OF FACILITY					
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)																
<input type="text"/>		<input type="text"/>															
STREET ADDRESS												TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN					
CITY _____		STATE _____		ZIP _____								<input type="text"/> NAME OF FACILITY					
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)																
<input type="text"/>		<input type="text"/>															
STREET ADDRESS												TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN					
CITY _____		STATE _____		ZIP _____								<input type="text"/> NAME OF FACILITY					
VEH #	OCCUPANT'S NAME (LAST, FIRST, MI)																
<input type="text"/>		<input type="text"/>															
STREET ADDRESS												TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN					
CITY _____		STATE _____		ZIP _____								<input type="text"/> NAME OF FACILITY					

3.) DPSSP 3110 – Narrative Supplement and Alternative Grid (2 Sided)

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE SUPPLEMENT

COMPUTER NUMBER

PAGE #

1

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

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

REFER TO EACH BY VEHICLE NUMBER

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
ALTERNATIVE GRID

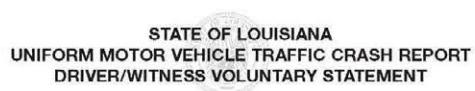
COMPUTER NUMBER
 -

PAGE #



INVESTIGATING OFFICER'S INITIALS _____

DPSSP 3111 – Driver/Witness Voluntary Statement



DATE _____ TIME _____ PLACE _____

I, _____ AM _____ YEARS OF AGE,

MY ADDRESS IS _____

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

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: _____

OFFICER TAKING STATEMENT: _____

SIGNATURE:

DPSSP 3111 (REV. JAN. 2005)

INVESTIGATING OFFICER'S INITIALS

4.) DPSSP 3112 – Uniform Railroad Crossing Crash Supplement

<p><input type="checkbox"/> RAILROAD TRAIN <input type="checkbox"/> STREET CAR DOT CROSSING NUMBER <input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/></p> <p>TRAIN ID NUMBER/CONSIST NUMBER <input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/></p> <p>SETS OF TRACKS <input style="width: 20px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-right: 10px;" type="text"/> TRAIN IN MOTION? <input type="checkbox"/> TRACK SPEED LIMIT <input style="width: 20px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-right: 10px;" type="text"/> Y/N <input type="checkbox"/> TYPE CROSSING <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE SURFACE A. RUBBER MAT <input type="checkbox"/> ESTIMATED SPEED OF TRAIN BEFORE BRAKING B. ASPHALT <input type="checkbox"/> C. WOOD <input type="checkbox"/> D. CONCRETE <input type="checkbox"/> E. GRAVEL <input type="checkbox"/> Z. OTHER <input type="checkbox"/> MPH.</p>	<p>STATE OF LOUISIANA UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT</p> <p>COMPUTER NUMBER <input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/> - <input style="width: 20px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/></p> <p>COMPANY OPERATING RR TRAIN OR STREET CAR <input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/></p> <p>STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____</p> <p>COMPANY OWNING TRACKS <input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/></p> <p>STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____</p>	<p>DATE OF BIRTH <input style="width: 20px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/> MM DD YY <input type="checkbox"/> <input style="width: 20px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/> MM DD YY <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th>POSITION</th> <th>EXC. TRAP</th> <th>TRAP/EXTRICATED</th> <th>SEX</th> <th>RACE</th> <th>AGE</th> <th>INJURY</th> </tr> <tr> <td><input type="checkbox"/></td> </tr> </table> <p>TRANSPORTED TO MEDICAL FACILITY A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> D. UNKNOWN <input type="checkbox"/></p> <p>NAME OF FACILITY _____</p> <p>DATE OF BIRTH <input style="width: 20px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/> MM DD YY <input type="checkbox"/> <input style="width: 20px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/> MM DD YY <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th>POSITION</th> <th>EXC. TRAP</th> <th>TRAP/EXTRICATED</th> <th>SEX</th> <th>RACE</th> <th>AGE</th> <th>INJURY</th> </tr> <tr> <td><input type="checkbox"/></td> </tr> </table> <p>TRANSPORTED TO MEDICAL FACILITY A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> D. UNKNOWN <input type="checkbox"/></p> <p>NAME OF FACILITY _____</p> </p></p>	POSITION	EXC. TRAP	TRAP/EXTRICATED	SEX	RACE	AGE	INJURY	<input type="checkbox"/>	POSITION	EXC. TRAP	TRAP/EXTRICATED	SEX	RACE	AGE	INJURY	<input type="checkbox"/>												
POSITION	EXC. TRAP	TRAP/EXTRICATED	SEX	RACE	AGE	INJURY																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
POSITION	EXC. TRAP	TRAP/EXTRICATED	SEX	RACE	AGE	INJURY																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<p>MARK ALL APPLICABLE BOXES</p> <p>WARNING DEVICES <input type="checkbox"/> CROSSBUCK <input type="checkbox"/> FLASHING LIGHTS/ BELL <input type="checkbox"/> FLASHING LIGHTS/ BELL/GATE <input type="checkbox"/> OTHER _____</p> <p>ADVANCE WARNING DEVICE <input type="checkbox"/> SIGN <input type="checkbox"/> PAVEMENT MARKINGS <input type="checkbox"/> ACTIVE ADVANCED WARNING <input type="checkbox"/> OTHER _____</p> <p>ACTIVE WARNING DEVICES FUNCTIONAL <input type="checkbox"/> LIGHTS FLASHING <input type="checkbox"/> BELL RINGING <input type="checkbox"/> GATES DOWN <input type="checkbox"/> OTHER _____</p> <p>HIGHWAY USER <input type="checkbox"/> A. STALLED ON CROSSING B. STOPPED ON CROSSING C. MOVING OVER CROSSING D. TRAPPED ON CROSSING</p>																														
<p>TRAIN</p> <p>MAKE _____ TYPE _____ LEAD ENGINE # _____</p> <p>SERIAL NUMBER _____ NO. OF ENGINES _____ NO. OF CARS _____ DISTANCE TRAVELED AFTER IMPACT <input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/> MILES <input type="checkbox"/> <input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/> FEET <input type="checkbox"/></p> <p>HEADLIGHT FUNCTIONAL? Y/N <input type="checkbox"/> DITCH LIGHTS FUNCTIONAL? Y/N <input type="checkbox"/> HORN FUNCTIONAL? Y/N <input type="checkbox"/> BELL FUNCTIONAL? Y/N <input type="checkbox"/> EVENT DATA RECORDER EQUIPPED? Y/N <input type="checkbox"/> DATA RECORDER SPEED <input type="checkbox"/> SPEED RESULTS PENDING? Y/N <input type="checkbox"/></p>																														
<p>SIDE IMPACT</p> <p>Y/N <input type="checkbox"/> NO. OF CARS FROM LEAD ENGINE _____ TYPE RAILCAR STRUCK _____ RAILCAR NUMBER _____</p> <p>HAZARDOUS MATERIALS Y/N <input type="checkbox"/> DOT PLACARD # <input style="width: 100px; height: 1.2em; border: 1px solid black; border-radius: 2px; margin-bottom: 5px;" type="text"/> CAR LOADED? Y/N <input type="checkbox"/> LEAKING? Y/N <input type="checkbox"/></p> <p>INVESTIGATING OFFICER'S INITIALS _____</p>																														

Crash Report Protocols

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. Use of capital letters in data blocks is suggested. 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. Ink other than black and other 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

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)

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

TOTAL NUMBER OF VEHICLES INVOLVED	<input type="text"/>	 3 7 8 5 5 0 7 4 3			
DATE OF CRASH	TIME (000)	DISTRICT/ZONE	TROOP	LAT.	LONG.
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PARISH		PARISH CODE		Quadrant	Service Road
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> Service Road
CITY OR TOWN		CITY CODE			
<input type="text"/>		<input type="text"/>			

Page Numbers – Page numbers 1 and 2 are preprinted on the pages of form **DPSSP 3105**. Beginning with form **DPSSP 3106 Vehicle/Pedestrian Information** form, as other forms are used, add a **CONSECUTIVE PAGE NUMBER** as required by the blocks. The reverse side of Form **DPSSP 3110 Narrative Supplement/Alternative Grid** requires a consecutive page number. Keep the completed report in order by page numbers. 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.

This page intentionally left blank.

State of Louisiana

Uniform Motor Vehicle Traffic Crash Report

DPSSP 3105 (Side #1) – Crash Report

TOTAL NUMBER OF VEHICLES INVOLVED		STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT										* 4 0 0 0 0 1 *																																																																																																																																																																																																																																																										
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<table border="1"> <tr> <td colspan="2">HIGHWAY #</td> <td colspan="2">MILEPOST</td> <td colspan="8">ROADWAY NAME</td> <td colspan="2">WORK ZONE</td> </tr> <tr> <td colspan="2">OCCURRED ON:</td> <td colspan="2"></td> <td colspan="8"></td> <td colspan="2"><input type="checkbox"/> HIT & RUN</td> </tr> <tr> <td colspan="2">A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. DRIVEWAY G. PRIVATE PROPERTY H. TOLL ROAD</td> <td colspan="2"></td> <td colspan="8"></td> <td colspan="2"><input type="checkbox"/> PUBLIC HIGHWAY DAMAGE</td> </tr> <tr> <td colspan="2">DISTANCE</td> <td colspan="2">MILES <input type="checkbox"/></td> <td colspan="8">STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION</td> <td colspan="2"><input type="checkbox"/> PHOTOS MADE</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">FEET <input type="checkbox"/></td> <td colspan="8"></td> <td colspan="2"><input type="checkbox"/> RR TRAIN INVOLVED</td> </tr> <tr> <td colspan="2">DISTANCE</td> <td colspan="2">MILES <input type="checkbox"/></td> <td colspan="8">STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION</td> <td colspan="2"><input type="checkbox"/> FAULTY</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">FEET <input type="checkbox"/></td> <td colspan="8"></td> <td colspan="2"><input type="checkbox"/> FED</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="8"></td> <td colspan="2"><input type="checkbox"/> INJURY</td> </tr> </table>														HIGHWAY #		MILEPOST		ROADWAY NAME								WORK ZONE		OCCURRED ON:												<input type="checkbox"/> HIT & RUN		A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. DRIVEWAY G. PRIVATE PROPERTY H. TOLL ROAD												<input type="checkbox"/> PUBLIC HIGHWAY DAMAGE		DISTANCE		MILES <input type="checkbox"/>		STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION								<input type="checkbox"/> PHOTOS MADE				FEET <input type="checkbox"/>										<input type="checkbox"/> RR TRAIN INVOLVED		DISTANCE		MILES <input type="checkbox"/>		STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION								<input type="checkbox"/> FAULTY				FEET <input type="checkbox"/>										<input type="checkbox"/> FED														<input type="checkbox"/> INJURY																																																																																																																																										
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(2)		(3)	(4)	(5)				PAGE #	
PARISH				PARISH CODE				(B) 0 1	
(6)				(7)				C	
CITY OR TOWN				CITY CODE				NW (11) SW (11) NE (11) SE (11)	N (12) E (12) S (12) W (12)
(8)				(9)				(10)	

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 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
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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

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

5. Troop

Enter the letter of the State Police Troop in which the crash occurred. This section 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**

* 4 0 0 0 0 0 1 *

TOTAL NUMBER OF VEHICLES INVOLVED <input type="text"/>		STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT						PAGE # 01																																																																																																																									
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TOTAL NUMBER OF VEHICLES INVOLVED 1 <input type="text"/>		STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT						PAGE # 01	
DATE OF CRASH <input type="text"/> TIME (000) <input type="text"/> DISTRICT/ZONE <input type="text"/> TROOP <input type="text"/>		PARISH <input type="text"/> PARISH CODE <input type="text"/>		LAT. <input type="text"/> LONG. <input type="text"/>		Quadrant <input type="text"/> Service Road <input type="text"/>		A	
CITY OR TOWN <input type="text"/> CITY CODE <input type="text"/>		CITY CODE <input type="text"/>		NW <input type="checkbox"/> SW <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		NW <input type="checkbox"/> SW <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		A	
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6 <input type="text"/>		7 <input type="text"/>		8 <input type="text"/>		9 <input type="text"/>		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.



"CLOVERLEAD INTERCHANGE" If the general north direction is to the right of the picture,

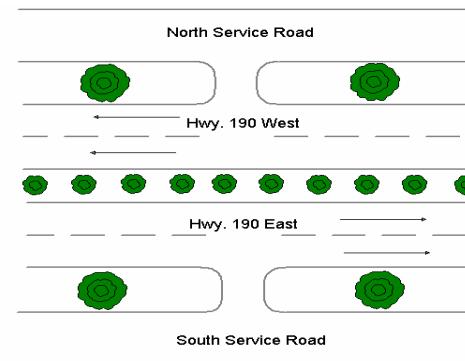


"DIAMOND INTERCHANGE" If the general north direction is to the right of the picture...

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 UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT								* 4 0 0 0 0 0 1 *										
DATE OF CRASH	TIME (0000)	DISTRICT/ZONE	TROOP	LAT.	■	■	■	■	PAGE #										
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				NE	■	■	■	■											
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				SW	■	■	■	■											
				E	■	■	■	■											
				S	■	■	■	■											
				W	■	■	■	■											
									WORK ZONE	HIT & RUN									
									PUBLIC PROPERTY DAMAGE	PHOTOS MADE									
									RR TRAIN INVOLVED	FATALITY									
									PED	INJURY									
CRASH OCCURRED ON		HIGHWAY #	MILEPOST	ROADWAY NAME															
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WRITE APPROPRIATE LETTER IN BLOCK										CONTRIBUTING FACTORS AND CONDITIONS									
ROAD SURFACE (ONE PER COLUMN)		ROADWAY CONDITIONS		TYPE OF ROADWAY		ALIGNMENT		PRIMARY FACTOR		SECONDARY FACTOR									
A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (RUST, MILK, DIRT, OIL, ETC.) Y. UNKNOWN	B. CONCRETE C. BLACK TOP D. DIRT E. GRAVEL F. DIRT G. UNKNOWN	H. COKER I. DEEP RUTS J. DUST K. LOOSE SURFACE MATERIAL L. OVERHEAD CLEARANCE LIMITED M. CONSTRUCTION - NO WARNING N. DUST O. WATER ON ROADWAY P. ANIMAL IN ROADWAY Q. OBJECT IN ROADWAY Z. OTHER	A. NO ABNORMALITIES B. SHOULDER ABNORMALITY C. HOLE D. DEEP RUTS E. DUST F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO WARNING J. DUST K. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER	A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER	A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED ON GRADE STRAIGHT F. ON GRADE-CURVE G. HILL-CREST-STRAIGHT H. HILL-CREST-CURVE I. HILL-FALL-STRAIGHT J. DIP-HUMP-CURVE Y. UNKNOWN Z. OTHER	A. NO CONTROL (NO ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY C. FULL CONTROL (ONLY HAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER	A. VIOLATION B. MOVEMENT PRIOR TO CRASH C. UNDER OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. HAZARDOUS SITUATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS	A. VIOLATION B. MOVEMENT PRIOR TO CRASH C. UNDER OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. HAZARDOUS SITUATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS	KIND OF LOCATION	RELATION TO ROADWAY	ACCESS CONTROL	LIGHTING							
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SUN F. HEAVY G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER	I. MANUFACTURING OR INDUSTRIAL J. BUSINESS CONTINUOUS K. BUSINESS, MIXED RESIDENTIAL L. RESIDENTIAL, COMMERCIAL M. RESIDENTIAL SCATTERED N. SCHOOL OR PLAYGROUND O. OPEN COUNTRY Z. OTHER	A. ON ROADWAY B. BEYOND SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. UNKNOWN Y. UNKNOWN Z. OTHER	A. ON ROADWAY B. BEYOND SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. UNKNOWN Y. UNKNOWN Z. OTHER	A. NO CONTROL (NO ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY C. FULL CONTROL (ONLY HAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER	A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER														
VEHICLE CONFIGURATION										CARGO BODY TYPE									
A. PASSENGER CAR	D. VEHICLE WITH TRAILER	G. OFF-ROAD VEHICLE	J. BUS W/SEATS FOR 9-15 OCCUPANTS	M. SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	Q. TRACTOR SEMI-TRAILER	T. FARM EQUIPMENT	A. BUS	D. FLATBED	G. AUTO TRANSPORTER	J. HOPPER									
B. LT. TRUCK (P.U., ETC.)	E. MOTORCYCLE	H. EMERGENCY VEHICLE IN USE	K. BUS W/SEATS FOR 16 OR MORE OCC.	N. TRUCK/ TRAILER	R. TRUCK DOUBLE	V. MOTOR HOME	B. VAN/ENCLOSED BOX	E. DUMP TRUCK/ TRAILER	H. LOG TRUCK/ TRAILER	K. POLE TRAILER									
C. VAN	F. PEDALCYCLE	I. SCHOOL BUS	L. SINGLE UNIT TRUCK W/ 2 AXLES	P. TRUCK/ TRACTOR	S. SUV	Z. OTHER	C. CARGO TANK	F. CONCRETE MIXER	G. GARBAGE/ REFUSE	X. NO CANOPY BODY Z. OTHER									
TIME CALLED							ARRIVED SCENE			DEPARTED SCENE		ARRIVED HOSPITAL			TIME CALLED		ARRIVED SCENE		
EMERGENCY SERVICES	AMBULANCE														HSCUE UNIT				
AMBULANCE SERVICE															FIRE DEPARTMENT				
INVESTIGATING AGENCY		NAME OF AGENCY							TIME OF NOTIFICATION			TIME OF ARRIVAL			TIME ALL LANES OPENED				
INVESTIGATION COMPLETE		INVESTIGATING POLICE AGENCY							A. STATE B. CITY C. OTHER			DATE REPORT COMPLETED							
INVESTIGATING OFFICER'S NAME (PRINT)										SIGNATURE						BADGE #			
DPGSB 3105 (REV. MAR. 2005)																SUPERVISOR'S INITIALS OR BADGE#			
CRASH OCCURRED ON		HIGHWAY #	MILEPOST	ROADWAY NAME						WORK ZONE		HIT & RUN							
A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/ PRIVATE PROPERTY G. TOLL ROAD		14	—	15	—	16	STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION						22						
DISTANCE		MILES	<input type="checkbox"/>	N E	17	STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION													
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FEET		FEET	<input type="checkbox"/>	S W	18	19	20	21	STREET/HIGHWAY <input type="checkbox"/>										

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 JUSTIFIED¹.

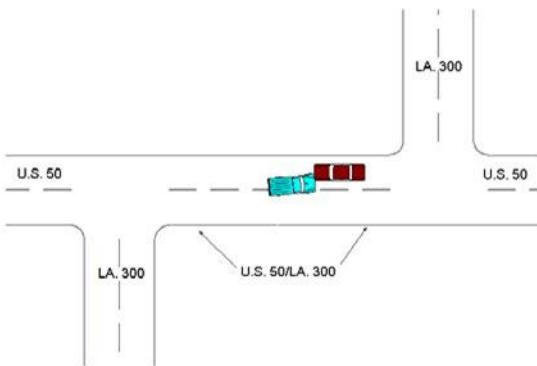
When a segment of roadway has two or more U.S. highway numbers assigned, use the lower highway number because lower numbers designate major highways. The same criterion applies when two or more State highways travel the same route. Enter the U.S. highway if a U.S. highway and a State highway travel the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

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

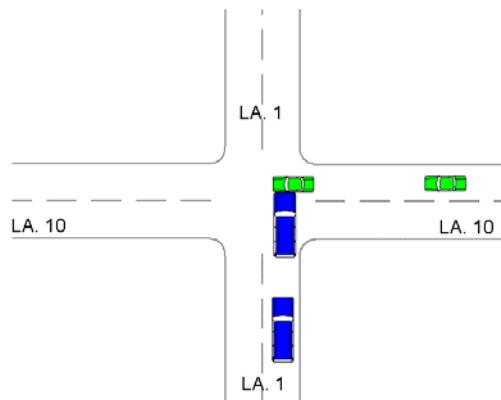
An area which:

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 to the right*).



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.

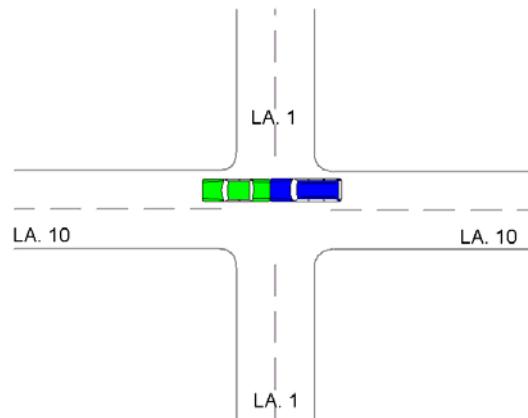


In the above example the crash occurred within the intersection and the vehicles were traveling at right angles to each other. LA. 1 would be the correct highway because LA 1 is the lower numbered state highway.

¹ 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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TOTAL NUMBER OF VEHICLES INVOLVED <input type="text"/>		STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT										* 4 0 0 0 0 0 1 *													
DATE OF CRASH <input type="text"/>		TIME (0000) <input type="text"/>		DISTRICT/ZONE <input type="text"/>		TROOP <input type="text"/>		LAT. <input type="text"/>		LONG. <input type="text"/>		PAGE # <input type="text"/>													
PARISH <input type="text"/>		PARISH CODE <input type="text"/>		CITY OR TOWN <input type="text"/>		CITY CODE <input type="text"/>		Quadrant <input type="text"/> NW <input type="text"/> SW <input type="text"/> NE <input type="text"/> SE		Service Road <input type="text"/> N <input type="text"/> E <input type="text"/> S <input type="text"/> W		WORK ZONE <input type="checkbox"/> HIT & RUN <input type="checkbox"/>													
CRASH OCCURRED ON A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/ PRIVATE PROPERTY G. TOLL ROAD <input type="checkbox"/>		HIGHWAY # <input type="text"/>		MILEPOST <input type="text"/>		ROADWAY NAME <input type="text"/>		STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION		STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION		PUBLIC PROPERTY DAMAGE <input type="checkbox"/> PHOTOG MADE <input type="checkbox"/>													
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WRITE APPROPRIATE LETTER IN BLOCK														CONTRIBUTING FACTORS AND CONDITIONS											
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B LT. TRUCK (P.U., ETC.)	E 	H 	K 	N 	R 	V 	B 	E 	H 	K 															
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EMERGENCY SERVICES		TIME CALLED <input type="text"/>		ARRIVED SCENE <input type="text"/>		DEPARTED SCENE <input type="text"/>		ARRIVED HOSPITAL <input type="text"/>		TIME CALLED <input type="text"/>		ARRIVED SCENE <input type="text"/>													
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INVESTIGATING OFFICER'S NAME (PRINT) DP39P 3105 (REV. MAR. 2005)														SIGNATURE											
CRASH OCCURRED ON A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/ PRIVATE PROPERTY G. TOLL ROAD <input type="checkbox"/>														HIGHWAY # <input type="text"/>		MILEPOST <input type="text"/>		ROADWAY NAME <input type="text"/>		STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION		STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION		WORK ZONE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> PUBLIC PROPERTY DAMAGE <input type="checkbox"/> PHOTOS MADE <input type="checkbox"/> RR TRAIN INVOLVED <input type="checkbox"/> FATALITY <input type="checkbox"/> PED <input type="checkbox"/> INJURY <input type="checkbox"/>	
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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
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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 at 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:**• 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.

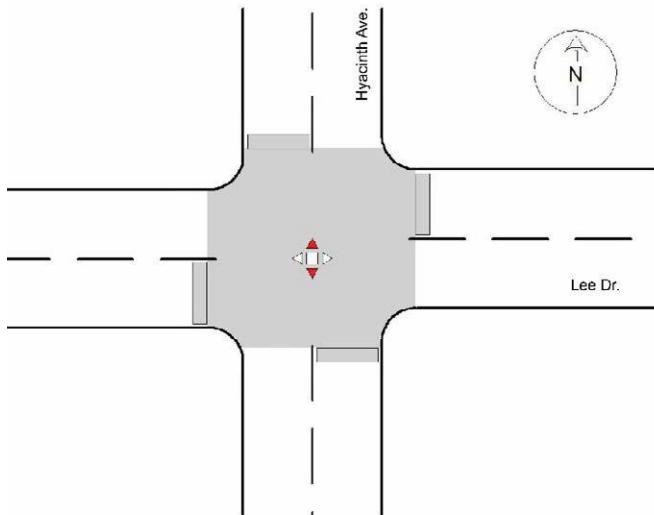


Diagram 1 of an Intersection.

• 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.

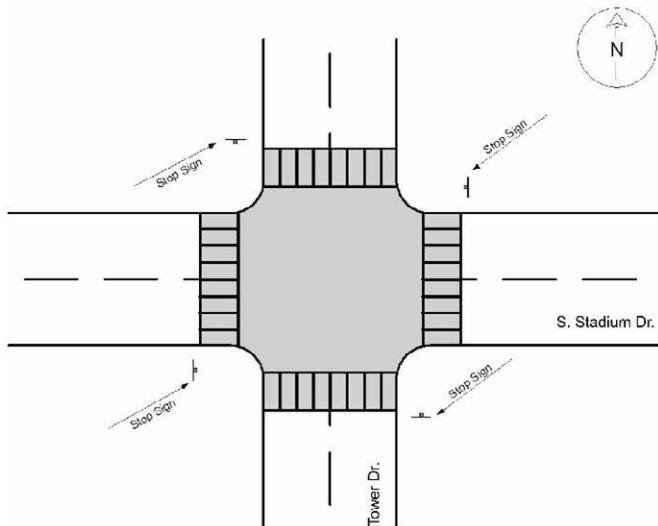
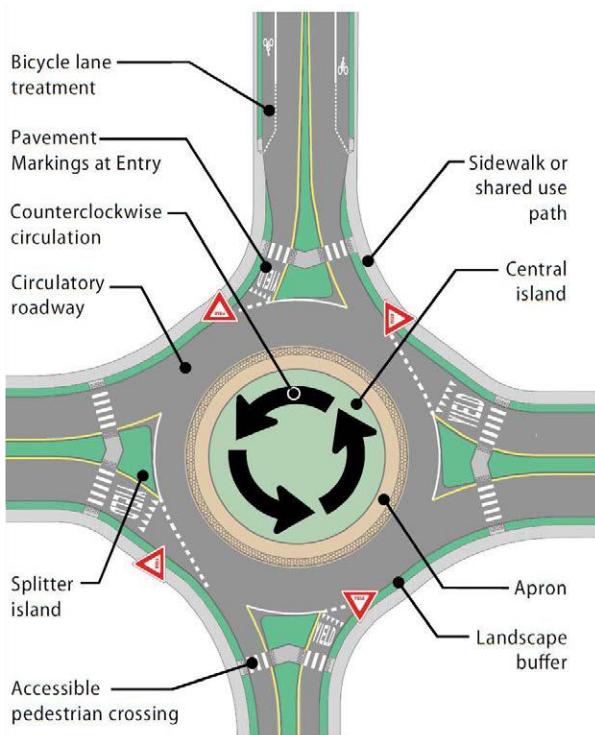
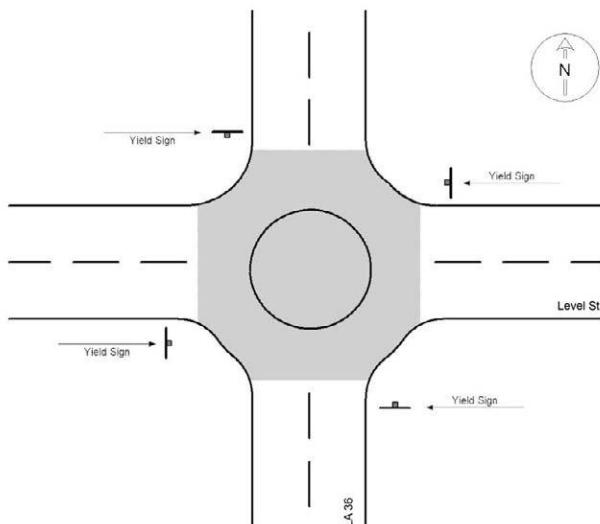


Diagram 2 of an Intersection.

➤ **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.



STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

* 4 0 0 0 0 1 *

TOTAL NUMBER OF VEHICLES INVOLVED																																																																																																																																																																																																		
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OTHER</br></td> </tr> <tr> <th colspan="10" style="text-align: center;">VEHICLE CONFIGURATION</th> </tr> <tr> <td>A PASSENGER CAR</td> <td>D TRAILER</td> <td>G OFF-ROAD VEHICLE</td> <td>J BUS W/SEATS FOR 9-15 OCCUPANTS</td> <td>M SINGLE UNIT TRUCK W/ 3 AXLES OR MORE</td> <td>Q TRACTOR SEMI-TRAILER</td> <td>T FARM EQUIPMENT</td> <td colspan="3">CARGO BODY TYPE</td> </tr> <tr> <td>B LT. 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FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN 	A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK 	A. 0 DAYLIGHT B. 1 DARK - NO STREET LIGHT C. 2 DARK - CONTINUOUS STREET LIGHT D. 3 DARK - STREET LIGHT AT INTERSECTION ONLY E. 4 DUSK 	VEHICLE CONFIGURATION										A PASSENGER CAR	D TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 9-15 OCCUPANTS	M SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT	CARGO BODY TYPE			B LT. TRUCK (P.U., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	N BUS W/SEATS FOR 16 OR MORE OCC.	R TRUCK/ TRAILER	V TRUCK DOUBLE	W MOTOR HOME	A BUS	D FLATBED	G AUTO TRANSPORTER	C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK/ TRACTOR	S SUV	Z OTHER	B VAN/ENCLOSED BOX	E DUMP TRUCK/ TRAILER	H LOG TRUCK/ TRAILER								K POLE TRAILER	C CARGO TANK	F CONCRETE MIXER	X NO CARGO BODY								J HOPPER	I GARBAGE/ REFUSE	Z OTHER		TIME CALLED			ARRIVED SCENE		DEPARTED SCENE		ARRIVED HOSPITAL		TIME CALLED		ARRIVED SCENE		EMERGENCY SERVICES			AMBULANCE						RESCUE UNIT				AMBULANCE SERVICE									FIRE DEPARTMENT				INVESTIGATING AGENCY			NAME OF AGENCY		TIME OF NOTIFICATION		TIME OF ARRIVAL		TIME ALL LANES OPENED				INVESTIGATION COMPLETE			Y/N		INVESTIGATING POLICE AGENCY		A. STATE B. CITY C. OTHER		DATE REPORT COMPLETED				INVESTIGATING OFFICER'S NAME (PRINT)			SIGNATURE						BADGE #		SUPERVISOR'S INITIALS OR BADGE#		DPSSP 3105 (REV. MAR. 2005)											
ROAD SURFACE (ONE PER COLUMN)		ROADWAY CONDITIONS		TYPE OF ROADWAY		ALIGNMENT		PRIMARY FACTOR																																																																																																																																																																																										
A. DRY B. SLICK C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN	I. CONCRETE A. BLACK TOP C. BRICK D. GRAVEL E. DIRT Y. UNKNOWN	A. NO ABNORMALITIES B. SHOULDER ABNORMALITY C. HOLES D. DEER RUTS E. DEBRIS F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. ANIMAL IN ROADWAY L. OBJECT IN ROADWAY M. OTHER Z. OTHER	A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER	A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL E. ON GRADE-STRAIGHT F. ON GRADE-CURVE 	A. 0 STRAIGHT-LEVEL B. 1 STRAIGHT-LEVEL ELEVATED C. 2 CURVE-LEVEL E. 3 ON GRADE-STRAIGHT F. 4 ON GRADE-CURVE 	A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS 																																																																																																																																																																																												
WEATHER		KIND OF LOCATION		RELATION TO ROADWAY		ACCESS CONTROL		SECONDARY FACTOR																																																																																																																																																																																										
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. HAIL/TAUPE F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER	A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED 	A. ON ROADWAY B. BEYOND SHOULDER - LEFT C. MEDIAN D. BEYOND SHOULDER - RIGHT E. BEYOND RIGHT OF WAY F. GORE Y. UNKNOWN Z. OTHER	A. NO CONTROL B. UNLIMITED ACCESS TO ROADWAY C. PARTIAL CONTROL D. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN 	A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK 	A. 0 DAYLIGHT B. 1 DARK - NO STREET LIGHT C. 2 DARK - CONTINUOUS STREET LIGHT D. 3 DARK - STREET LIGHT AT INTERSECTION ONLY E. 4 DUSK 																																																																																																																																																																																													
VEHICLE CONFIGURATION																																																																																																																																																																																																		
A PASSENGER CAR	D TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 9-15 OCCUPANTS	M SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT	CARGO BODY TYPE																																																																																																																																																																																											
B LT. TRUCK (P.U., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	N BUS W/SEATS FOR 16 OR MORE OCC.	R TRUCK/ TRAILER	V TRUCK DOUBLE	W MOTOR HOME	A BUS	D FLATBED	G AUTO TRANSPORTER																																																																																																																																																																																									
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK/ TRACTOR	S SUV	Z OTHER	B VAN/ENCLOSED BOX	E DUMP TRUCK/ TRAILER	H LOG TRUCK/ TRAILER																																																																																																																																																																																									
							K POLE TRAILER	C CARGO TANK	F CONCRETE MIXER	X NO CARGO BODY																																																																																																																																																																																								
							J HOPPER	I GARBAGE/ REFUSE	Z OTHER																																																																																																																																																																																									
TIME CALLED			ARRIVED SCENE		DEPARTED SCENE		ARRIVED HOSPITAL		TIME CALLED		ARRIVED SCENE																																																																																																																																																																																							
EMERGENCY SERVICES			AMBULANCE						RESCUE UNIT																																																																																																																																																																																									
AMBULANCE SERVICE									FIRE DEPARTMENT																																																																																																																																																																																									
INVESTIGATING AGENCY			NAME OF AGENCY		TIME OF NOTIFICATION		TIME OF ARRIVAL		TIME ALL LANES OPENED																																																																																																																																																																																									
INVESTIGATION COMPLETE			Y/N		INVESTIGATING POLICE AGENCY		A. STATE B. CITY C. OTHER		DATE REPORT COMPLETED																																																																																																																																																																																									
INVESTIGATING OFFICER'S NAME (PRINT)			SIGNATURE						BADGE #		SUPERVISOR'S INITIALS OR BADGE#																																																																																																																																																																																							
DPSSP 3105 (REV. MAR. 2005)																																																																																																																																																																																																		

CRASH OCCURRED ON		HIGHWAY #	MILEPOST	ROADWAY NAME		WORK ZONE	
A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/ PRIVATE PROPERTY G. TOLL ROAD		(14)	- (15)	(16)		(22)	HIT & RUN
DISTANCE		(18)	MILES <input type="checkbox"/> N E FEET <input type="checkbox"/> S W	(19)	(20)	(21)	PUBLIC PROPERTY DAMAGE
DISTANCE		(18)	MILES <input type="checkbox"/> N E FEET <input type="checkbox"/> S W	(19)	(20)	(21)	PHOTOS MADE
							RR TRAIN INVOLVED
							FATALITY
							PED
							INJURY

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
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

* 4 0 0 0 0 0 1 *

DATE OF CRASH	TIME (0000)	DISTRICT/ZONE	TROOP	LAT.	LONG.	PAGE #
PARISH						01
CITY OR TOWN			CITY CODE	Quadrant	Service Road	
				NW <input type="checkbox"/> SW <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/>	NE <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	

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

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN)	ROADWAY CONDITIONS	TYPE OF ROADWAY	ALIGNMENT	PRIMARY FACTOR <input type="checkbox"/>		
A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN	B. CONCRETE BLACK TOP C. BRICK D. GRAVEL E. DIRT Y. UNKNOWN Z. OTHER	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. CONSTRUCTION - NO WARNING J. PAVED - DIRT K. MARSH ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER	A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NON-MATERIAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER	A. STRAIGHT LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILL-CREST-STRAIGHT H. HILL-CREST-CURVE J. DIP, HUMP-STRAIGHT K. DIP, HUMP-CURVE Y. UNKNOWN Z. OTHER		
WEATHER	KIND OF LOCATION	RELATION TO ROADWAY	ACCESS CONTROL	SECONDARY FACTOR <input type="checkbox"/>		
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER	A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. DENSE RESIDENTIAL E. SPARSELY SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER	A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. UNKNOWN Z. OTHER	A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER	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		
VEHICLE CONFIGURATION	CARGO BODY TYPE					
A. PASSENGER CAR D. A, B, C, OR S WITH TRAILER	G. OFF-ROAD VEHICLE	J. BUS W/SEATS FOR 9-15 OCCUPANTS	M. Q. T.	A. BUS D. FLATBED G. AUTO TRANSPORTER J. HOPPER		
B. LT. TRUCK (PU, ETC.) E. MOTORCYCLE	H. EMERGENCY VEHICLE IN USE	K. BUS W/SEATS FOR 16 OR MORE OCC.	N. R. V.	B. VAN/ENCLOSED BOX E. DUMP TRUCK/ TRAILER H. LOG TRUCK/ TRAILER K. POLE TRAILER		
C. VAN F. PEDALCYCLE	I. SCHOOL BUS	L. P. S.	S. Z.	C. CARGO TANK F. CONCRETE MIXER I. GARBAGE/ REFUSE X. NO CARGO BODY Z. OTHER		
EMERGENCY SERVICES AMBULANCE	TIME CALLED	ARRIVED SCENE	DEPARTED SCENE	ARRIVED HOSPITAL	TIME CALLED	ARRIVED SCENE
AMBULANCE SERVICE					RESCUE UNIT	
FIRE DEPARTMENT						
INVESTIGATING AGENCY	NAME OF AGENCY		TIME OF NOTIFICATION	TIME OF ARRIVAL	TIME ALL LANES OPENED	
INVESTIGATION COMPLETE Y/N	INVESTIGATING POLICE AGENCY A. STATE B. CITY C. PARISH Z. OTHER					
INVESTIGATING OFFICER'S NAME (PRINT)		SIGNATURE		BADGE #	SUPERVISOR'S INITIALS OR BADGE #	
DPSSP 3105 (REV. MAR. 2005)						

CRASH OCCURRED ON A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/ PRIVATE PROPERTY G. TOLL ROAD	HIGHWAY #	MILEPOST	ROADWAY NAME	WORK ZONE <input type="checkbox"/> HIT & RUN 22
	14 <input type="checkbox"/>	- <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
DISTANCE	18 <input type="checkbox"/>	MILES <input type="checkbox"/> FEET <input type="checkbox"/>	N E SW	RR TRAIN INVOLVED <input type="checkbox"/> FATALITY <input type="checkbox"/>
DISTANCE	18 <input type="checkbox"/>	MILES <input type="checkbox"/> FEET <input type="checkbox"/>	N E SW	PED <input type="checkbox"/> INJURY <input type="checkbox"/>
	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	
	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	

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. 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.

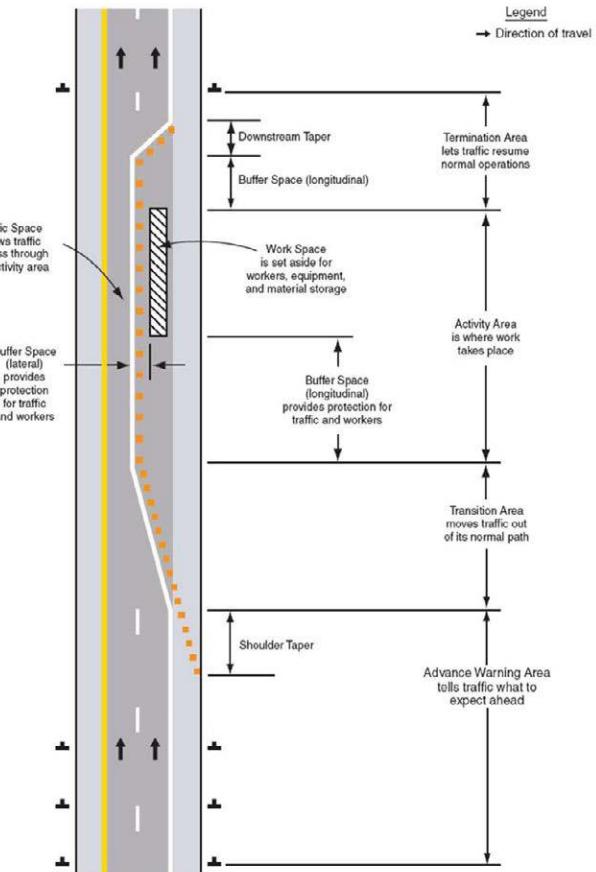


Diagram of a Work Zone Area

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

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

- 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.
- For the purpose of this Section:
 - "To give his identity", means that the driver of any vehicle involved in any accident shall give his name, address, and the license number of his vehicle, or shall report the accident to the police.

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

(3) "Vehicle" includes a watercraft.

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

c. Public Property Damage

Only mark an "X" in this block if property belonging to Louisiana DOTD or local governments was damaged as a result of the crash.

EXAMPLES: 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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TOTAL NUMBER OF VEHICLES INVOLVED:		STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT						* 4 0 0 0 0 0 1 *			
DATE OF CRASH		TIME (EDST)	DISTRICT/ZONE	THROB	LAT.	LONG.	RANGE #				
PARISH				PARISH CODE			0				
CITY OR TOWN				CITY CODE	Quadrant	Service Road	0				
GRADE DOCUMENTED ON		HIGHWAY #	MILEPOST	ROADWAY NAME		HIGH ZONE		HIGH AIR			
A. INTERSTATE B. U.S. C. STATE HIGHWAY D. COUNTY ROAD E. CITY STREET F. OFF-ROAD G. PRIVATE PROPERTY H. UNKNOWN											
DISTANCE		MILES	N.E.	STATE HIGHWAY		AT INTERSECTION		PUBLIC PROPERTY DISMANTLED			
		FEET	S.W.	STREET HIGHWAY		NOT AT INTERSECTION		PRIVATE PROPERTY MADE			
DISTANCE		MILES	N.E.	STREET HIGHWAY		AT INTERSECTION		RENTAL MOVED			
		FEET	S.W.			NOT AT INTERSECTION		FAIRLY TIDY			
WRITE APPROPRIATE LETTER IN BLOCK											
CONTRIBUTING FACTORS AND CONDITIONS											
ROAD SURFACE (ONE PER COLUMN)		ROADWAY CONDITIONS		TYPE OF ROADWAY		ALIGNMENT		PRIMARY FACTOR			
A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN		A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT Y. UNKNOWN Z. OTHER		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. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER		A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER		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 Y. UNKNOWN Z. OTHER	SECONDARY FACTOR		
WEATHER		KIND OF LOCATION		RELATION TO ROADWAY		ACCESS CONTROL		LIGHTING			
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER		A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER		A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE Y. UNKNOWN Z. OTHER		A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER		A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER			
VEHICLE CONFIGURATION		CARGO BODY TYPE									
A PASSENGER CAR	D TRAILER	G OFF-ROAD VEHICLE	J BUS	M TRUCK W/ 3 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT	A BUS				
A, B, C, OR S WITH TRAILER	A, B, C, OR S WITH TRAILER	OFF-ROAD VEHICLE	BUS W/SEATS FOR 9-15 OCCUPANTS	SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	TRACTOR SEMI-TRAILER	FARM EQUIPMENT	D FLATBED	G AUTO TRANSPORTER	J HOPPER		
B LT. TRUCK (P.U., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	K BUS W/SEATS FOR 16 OR MORE OCC.	N TRUCK / TRAILER	R TRUCK DOUBLE	V MOTOR HOME	B VAN/ENCLOSED BOX	E DUMP TRUCK/ TRAILER	H LOG TRUCK/ TRAILER	K POLE TRAILER	
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK / TRACTOR	S SUV	Z OTHER	C CARGO TANK	F CONCRETE MIXER	I GARBAGE/ REFUSE	X NO CARGO BODY	Z OTHER

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 are 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**:

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.

B = Shoulder Abnormality

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT											
TOTAL NUMBER OF VEHICLES INVOLVED		DATE OF CRASH		TIME (PST)		DISTRICT/ZONE		HOOP		PAGE #	
										* 4 0 0 0 0 0 1 *	
TWINS						PARISH CODE				PAGE #	
CITY OR TOWN						CITY CODE				0 1	
CRASH OCCURRED ON HIGHWAY #		MILEPOST		ROADWAY NAME		LAT.		LONG.		WEEKEND Service Road	
A. INTERSTATE B. STATE HIGHWAY C. PARISH ROAD D. CITY ROAD E. OTHER F. OFF-ROAD G. HIGHWAY H. TOLL ROAD		MILES <input type="checkbox"/> FEET <input type="checkbox"/>		N E <input type="checkbox"/> N W <input type="checkbox"/> S E <input type="checkbox"/> S W <input type="checkbox"/>		N N <input type="checkbox"/> N S <input type="checkbox"/> E E <input type="checkbox"/> E W <input type="checkbox"/>		N N <input type="checkbox"/> N S <input type="checkbox"/> E E <input type="checkbox"/> E W <input type="checkbox"/>		WEEKEND Service Road	
DISTANCE		MILES <input type="checkbox"/> FEET <input type="checkbox"/>		STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION		WEEKEND Service Road		WEEKEND Service Road		WEEKEND Service Road	
DISTANCE		MILES <input type="checkbox"/> FEET <input type="checkbox"/>		STREET/HIGHWAY <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> NOT AT INTERSECTION		WEEKEND Service Road		WEEKEND Service Road		WEEKEND Service Road	
FEET		N E <input type="checkbox"/> N W <input type="checkbox"/> S E <input type="checkbox"/> S W <input type="checkbox"/>		WEEKEND Service Road		WEEKEND Service Road		WEEKEND Service Road		WEEKEND Service Road	
WEEKEND Service Road		WEEKEND Service Road		WEEKEND Service Road		WEEKEND Service Road		WEEKEND Service Road		WEEKEND Service Road	
WRITE APPROPRIATE LETTER IN BLOCK											
CONTRIBUTING FACTORS AND CONDITIONS											
ROAD SURFACE (ONE PER COLUMN)		ROADWAY CONDITIONS		TYPE OF ROADWAY		ALIGNMENT		PRIMARY FACTOR		SECONDARY FACTOR	
A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN		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. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER		A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER		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 Y. UNKNOWN Z. OTHER		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		A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER	
WEATHER		KIND OF LOCATION		RELATION TO ROADWAY		ACCESS CONTROL		LIGHTING		ACCIDENT	
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER		A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER		A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE Y. UNKNOWN Z. OTHER		A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER		A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER		A. 0-15 B. 16-30 C. 31-50 D. 51-70 E. 71-90 F. 91-110 G. 111-130 H. 131-150 I. 151-170 J. 171-190 K. 191-210 L. 211-230 M. 231-250 N. 251-270 O. 271-290 P. 291-310 Q. 311-330 R. 331-350 S. 351-370 T. 371-390 U. 391-410 V. 411-430 W. 431-450 X. 451-470 Y. 471-490 Z. OTHER	
EMERGENCY SERVICES		AMBULANCE		TIME CALLED		ARRIVED SCENE		DEPARTED SCENE		ARRIVED HOSPITAL	
AMBULANCE SERVICE		FIRE DEPARTMENT		TIME CALLED		ARRIVED SCENE		TIME CALLED		ARRIVED SCENE	
INVESTIGATING AGENCY		NAME OF AGENCY		TIME OF NOTIFICATION		TIME OF ARRIVAL		TIME ALL LANES OPENED		ACCIDENT	
INVESTIGATION COMPLETE		Y/N <input type="checkbox"/>		INVESTIGATING POLICE AGENCY		A. STATE <input type="checkbox"/> B. CITY <input type="checkbox"/> C. PARISH <input type="checkbox"/>		DATE REPORT COMPLETED		ACCIDENT	
INVESTIGATING OFFICER'S NAME (PRINT)		SIGNATURE		BADGE #		SUPERVISOR'S INITIALS OR BADGE		ACCIDENT		ACCIDENT	
WRITE APPROPRIATE LETTER IN BLOCK											
CONTRIBUTING FACTORS AND CONDITIONS											
ROAD SURFACE (ONE PER COLUMN)		ROADWAY CONDITIONS		TYPE OF ROADWAY		ALIGNMENT		PRIMARY FACTOR		SECONDARY FACTOR	
A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN		A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT Y. UNKNOWN Z. OTHER		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. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER		A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER		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 Y. UNKNOWN Z. OTHER		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	
WEATHER		KIND OF LOCATION		RELATION TO ROADWAY		ACCESS CONTROL		LIGHTING		ACCIDENT	
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER		A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER		A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE Y. UNKNOWN Z. OTHER		A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER		A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER		A. 0-15 B. 16-30 C. 31-50 D. 51-70 E. 71-90 F. 91-110 G. 111-130 H. 131-150 I. 151-170 J. 171-190 K. 191-210 L. 211-230 M. 231-250 N. 251-270 O. 271-290 P. 291-310 Q. 311-330 R. 331-350 S. 351-370 T. 371-390 U. 391-410 V. 411-430 W. 431-450 X. 451-470 Y. 471-490 Z. OTHER	
VEHICLE CONFIGURATION		CARGO BODY TYPE		VEHICLE CONFIGURATION		CARGO BODY TYPE		VEHICLE CONFIGURATION		CARGO BODY TYPE	
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/TRACTOR P. TRUCK/TRACTOR		Q. TRACTOR SEMI-TRAILER R. TRUCK DOUBLE S. SUV T. FARM EQUIPMENT	
A. B. C. OR S WITH TRAILER E. MOTORCYCLE F. PEDALCYCLE		D. FLATBED E. DUMP TRUCK/ TRAILER F. LOG TRUCK/ TRAILER		G. AUTO TRANSPORTER H. POLE TRAILER I. CONCRETE MIXER J. HOPPER		A. BUS B. VAN/ENCLOSED BOX C. CARGO TANK		D. FLATBED E. DUMP TRUCK/ TRAILER F. LOG TRUCK/ TRAILER G. CONCRETE MIXER H. GARBAGE/ REFUSE		J. HOPPER K. POLE TRAILER L. GARBAGE/ REFUSE X. NO CARGO BODY Z. 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.

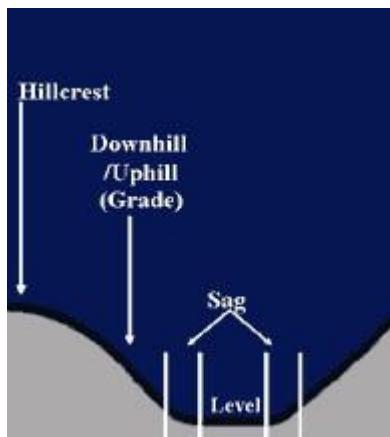
Choices that may need additional clarification: (*See image for reference)

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.

N O T E : 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.

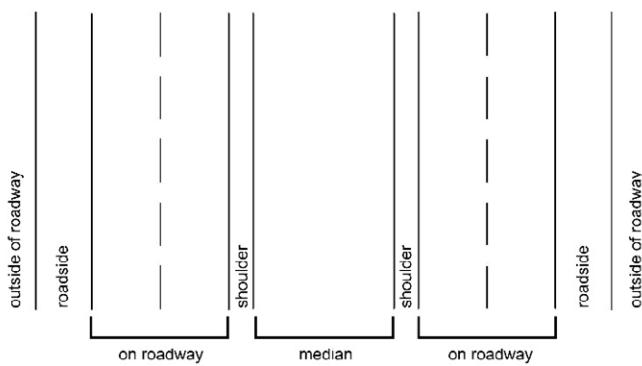
28. Weather

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.

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.

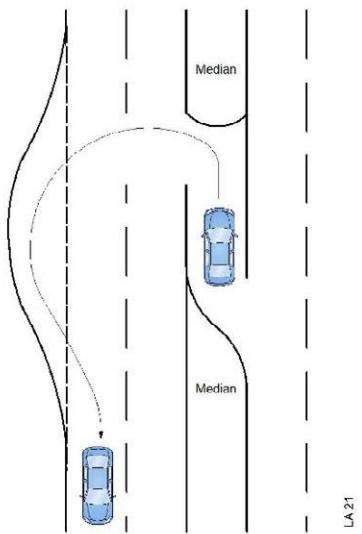
2) Median*

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/home made 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 Intersection (RCUT) and the Median U-turn Intersection 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)



LA 21

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.

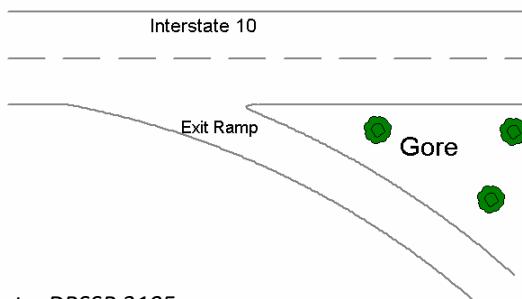
4) Beyond Right-of-Way

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 in next column) where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. The area includes shoulders or marked pavement, if any, between the roadways. The most common example is the area between a freeway and the entrance/exit ramp.

*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		STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT											
DATE OF CRASH		TIME (0000)		DISTRICT/ZONE		TROOP		LAT.		LONG.		PAGE #	
PARISH												01	
CITY OR TOWN				CITY CODE									
CRASH OCCURRED ON		HIGHWAY #		MILEPOST		ROADWAY NAME		Quadrant		Service Road		WORK ZONE	
A. INTERSTATE B. U.S. HIGHWAY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD PRIVATE PROPERTY G. TAXI ROAD								NW <input type="checkbox"/> SW <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/>		SE <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		HIT & RUN	
DISTANCE		MILES <input type="checkbox"/>		N E		STREET/HIGHWAY		AT INTERSECTION		NOT AT INTERSECTION		PUBLIC PROPERTY DAMAGE	
DISTANCE		FEET <input type="checkbox"/>		S W		STREET/HIGHWAY		AT INTERSECTION		NOT AT INTERSECTION		VICTIM MADE	
MILES <input type="checkbox"/>		N E		S W		MILEPOST		AT INTERSECTION		NOT AT INTERSECTION		HARM INVOLVED	
FEET <input type="checkbox"/>		N E		S W								INJURY	
WRITE APPROPRIATE LETTER IN BLOCK													
CONTRIBUTING FACTORS AND CONDITIONS													
ROAD SURFACE (ONE PER COLUMN)		ROADWAY CONDITIONS		TYPE OF ROADWAY		ALIGNMENT		PRIMARY FACTOR		SECONDARY FACTOR			
A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y. UNKNOWN		A. NO ADNORMALITIES B. SHOULDER ABNORMALITY C. HOLES D. DENTED/OUTS E. LUMPS F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. ROAD WORK, CONSTRUCTION, LIMITED CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. WATER ON ROADWAY L. DEBRIS ON ROADWAY M. OBJECT IN ROADWAY Z. OTHER		A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER		A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL ELEVATED D. CURVE-LEVEL STRAIGHT E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILL-CREST-CURVE H. HILL-FRONT-CURVE I. DIP-HUMP-STRAIGHT J. DIP-HUMP-CURVE Y. UNKNOWN Z. OTHER		A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSTRUCTIONS 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					
WEATHER		KIND OF LOCATION		RELATION TO ROADWAY		ACCESS CONTROL		LIGHTING					
A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SNOW F. SNOWFLAKE G. GENTLE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER		A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL SCATTERED E. RESIDENTIAL F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER		A. ON ROADWAY B. SIDEWALK C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. OFF ROAD Y. UNKNOWN Z. OTHER		A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY C. FULL CONTROL D. HUMP ENTRANCE & EXIT Y. UNKNOWN Z. OTHER		A. DAY/NIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHTS D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER					
VEHICLE CONFIGURATION													
A PASSENGER CAR	D VAN	G BUS	J TRUCK	M TRAILER	Q SEMI-TRAILER	T FARM EQUIPMENT	A BUS	D FLATBED	G AUTO TRANSPORTER	J HOPPER			
B LT. TRUCK (PU., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	K TRUCK FOR 16 OR MORE OCC.	L BUS W/SEATS FOR 16 OR MORE OCC.	M TRUCK/TRACTOR	R TRAILER	V MOTOR HOME	B VAN/ENCLOSED BOX	E DUMP TRUCK/ TRAILER	H LOG TRUCK/ TRAILER	K POLE TRAILER		
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK/TRACTOR	S SUV	Z OTHER	C CARGO TANK	F CONCRETE MIXER	G GARBAGE/ REFUSE	X NO CARGO BODY	Z OTHER		
EMERGENCY SERVICES													
EMERGENCY SERVICES		TIME CALLED		ARRIVED SCENE		DEPARTED SCENE		ARRIVED HOSPITAL		TIME CALLED		ARRIVED SCENE	
AMBULANCE SERVICE													
FIRE DEPARTMENT													
INVESTIGATING AGENCY		NAME OF AGENCY				TIME OF NOTIFICATION		TIME OF ARRIVAL		TIME ALL LANES OPENED			
INVESTIGATION COMPLETE		Y/N		INVESTIGATING POLICE AGENCY		A. STATE B. CITY C. PARISH Z. OTHER		DATE REPORT COMPLETED					
INVESTIGATING OFFICER'S NAME (PRINT)		SIGNATURE								BADGE #		SUPERVISOR'S INITIALS OR BADGE#	
DPSSP 3105 (REV. MAR. 2005)													
EMERGENCY SERVICES (34) AMBULANCE (35) FIRE DEPARTMENT (43)													
TIME CALLED		ARRIVED SCENE		DEPARTED SCENE		ARRIVED HOSPITAL		TIME CALLED		ARRIVED SCENE			
(36)		(37)		(38)		(39)		(40)		(41)			
INVESTIGATING AGENCY (44)													
INVESTIGATION COMPLETE		Y/N (48)		INVESTIGATING POLICE AGENCY (49)		A. STATE B. CITY C. PARISH Z. OTHER		TIME OF NOTIFICATION (45)		TIME OF ARRIVAL (46)		TIME ALL LANES OPENED (47)	
INVESTIGATING OFFICER'S NAME (PRINT)		SIGNATURE (51)				DATE REPORT COMPLETED (50)				BADGE # (52)		SUPERVISOR'S INITIALS OR BADGE# (53)	
DPSSP 3105 (REV. MAR. 2005)													

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.

INVESTIGATING AGENCY

44. Investigating Agency

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

45. Time of Notification

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

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 from the crash. If the travel lanes were not obstructed as a result of the crash, **enter** the time of the crash from the top of the report in the data blocks provided.

48. Investigation Complete

The crash report is **not 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 and 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 #

0 2

(54)

NON COLLISION WITH MOTOR VEHICLE	REAR END	HEAD ON	RIGHT ANGLE	LEFT TURN	LEFT TURN	LEFT TURN	RIGHT TURN	RIGHT TURN	SIDESWIPE SAME	SIDESWIPE OPPOSITE	OTHER	MANNER OF COLLISION
A	B	C	D	E	F	G	H	I	J	K	Z	(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 & 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.

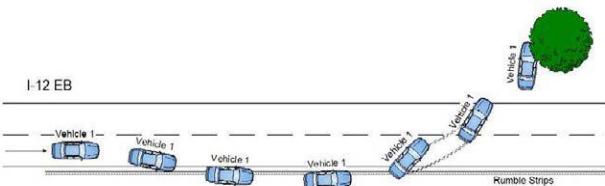
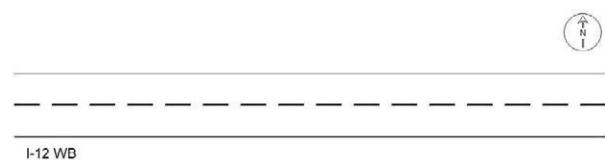
- i. Precollision (Set the Stage): Using the numbers assigned to each of the vehicles in the crash, begin with an explanation of the direction of travel of each vehicle, the road or street the vehicle was traveling on, and any other descriptive information that will help explain the events leading to 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, 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 moved, note that in this section.

Sample Synopsis:

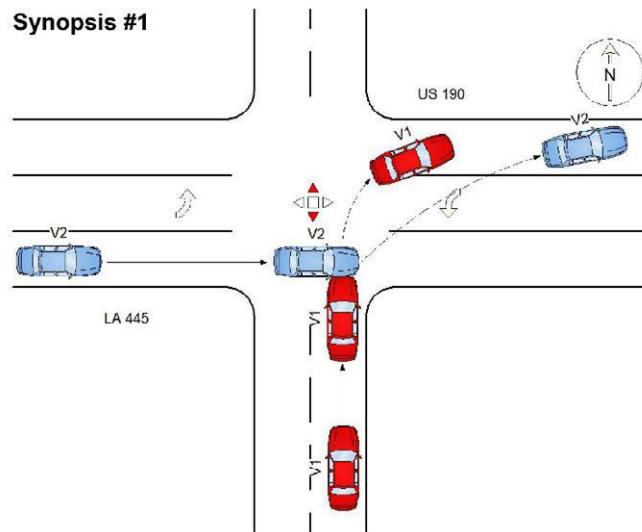
Single Vehicle Crash Synopsis:

- 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.



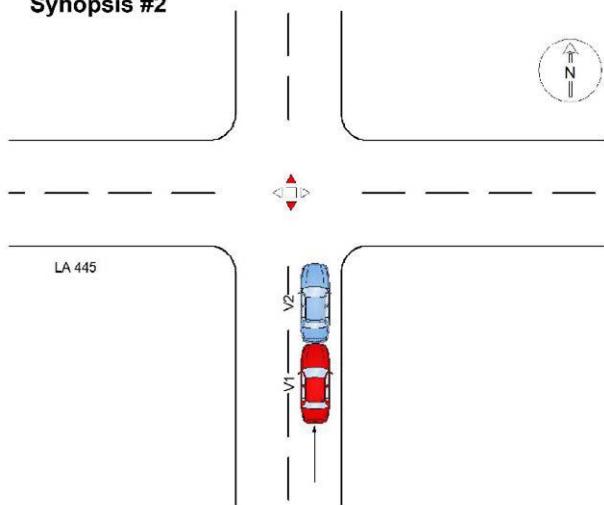
Two Vehicle Crash Synopsis 1:

- 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 at 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.

Synopsis #2**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. 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, 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](#)

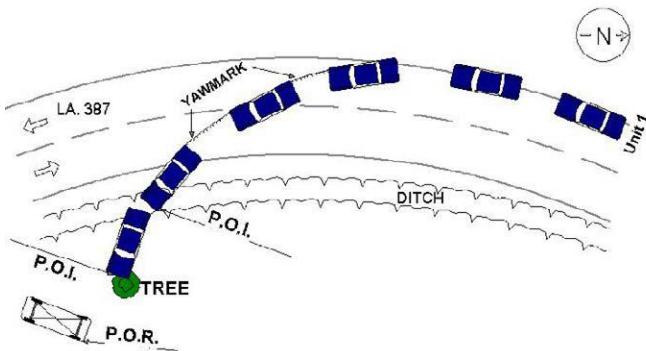
[Narrative Supplement](#) if additional space is needed.

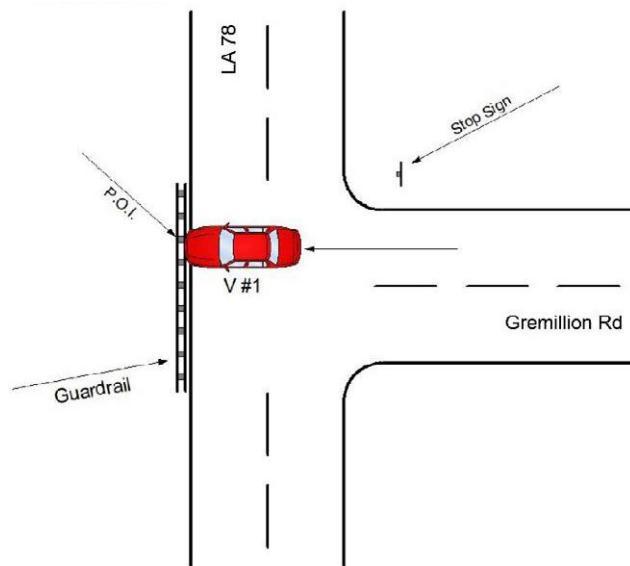
55. Manner of Collision

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.

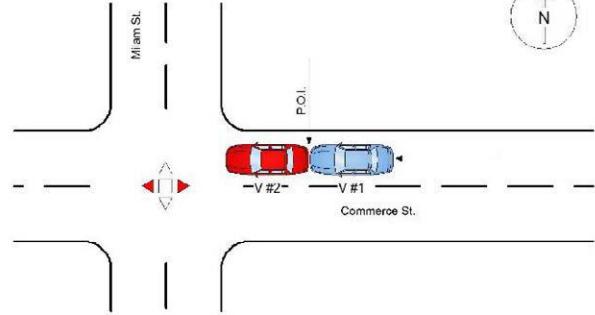
"A" "Non-Collision with Motor Vehicle" :

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".

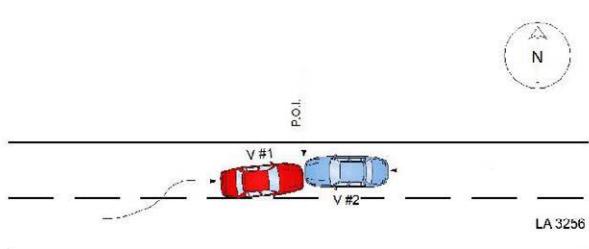
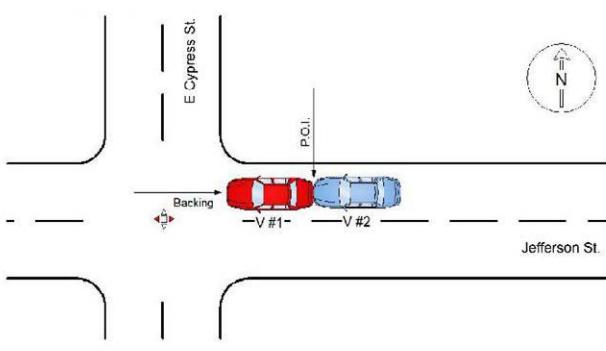
A. Non-Collision with Motor Vehicle

A. Non-Collision with Motor Vehicle**"B" "Rear-End":**

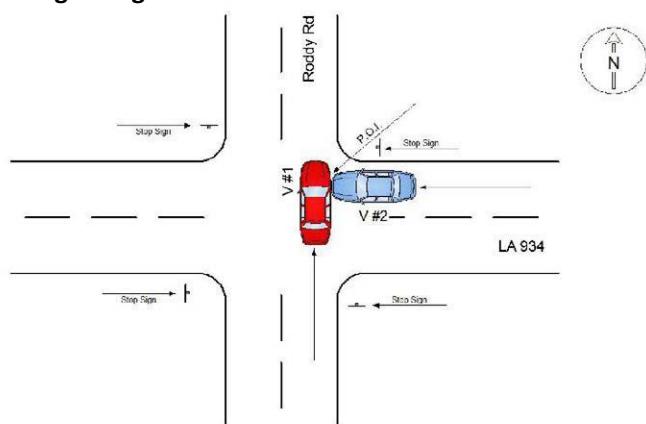
occurs when the front of a vehicle collides into the back of another vehicle and not the opposite situation (refer to Choice "C").

B. Rear-End**"C" "Head-On":**

occurs when two vehicles moving in opposite directions collide. This usually occurs when the front of one vehicle collides with the front of another vehicle travelling in the opposite directions. However, **it also occurs when a vehicle backs into the front of another vehicle.**

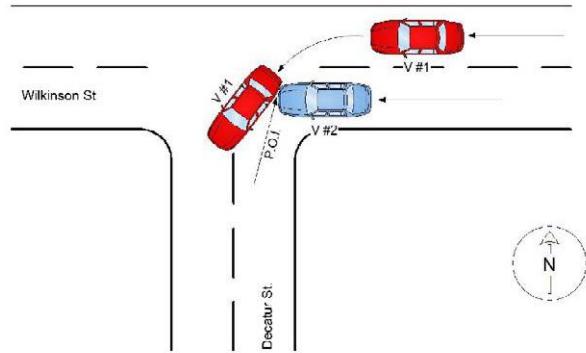
C (1). Head On**C (2). Head On (Backing)****"D" "Right Angle":**

(perpendicular) occurs when the front of one vehicle collides with the side of another vehicle in a generally perpendicular and non- parallel manner.

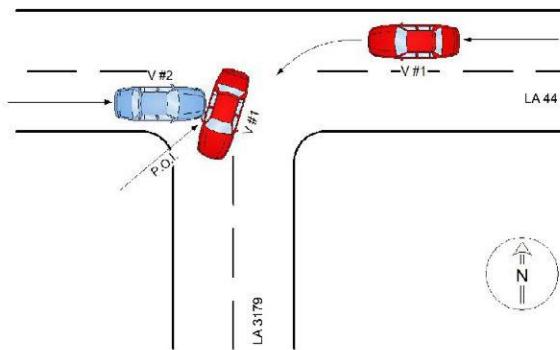
D. Right Angle

"E" "Left Turn":

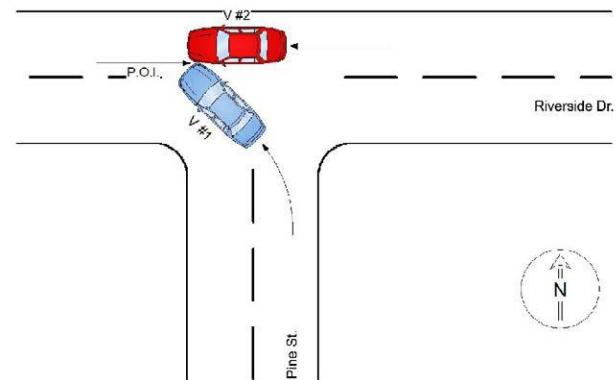
occurs when a vehicle on the right turns left and collides with the vehicle traveling in the same direction and to the left.

E. Left Turn**"F" "Left-Turn":**

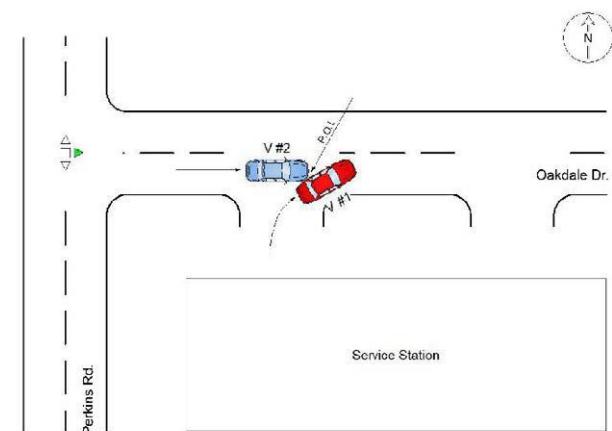
occurs when a vehicle turns left, colliding with the vehicle travelling in the opposite direction. *This often occurs when the turning vehicle fails to yield.*

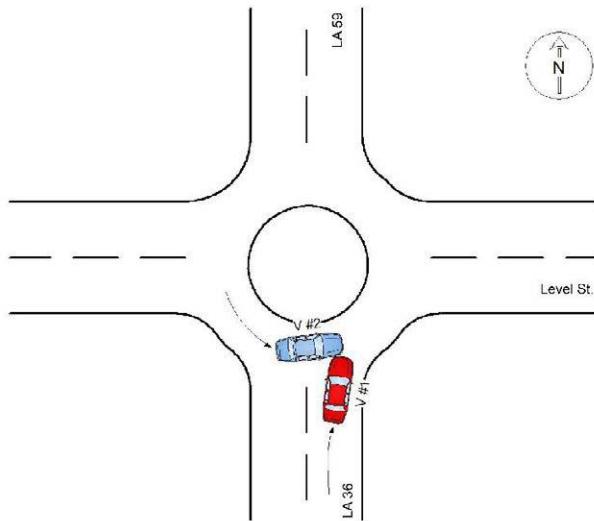
F. Left Turn**"G" "Left Turn":**

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

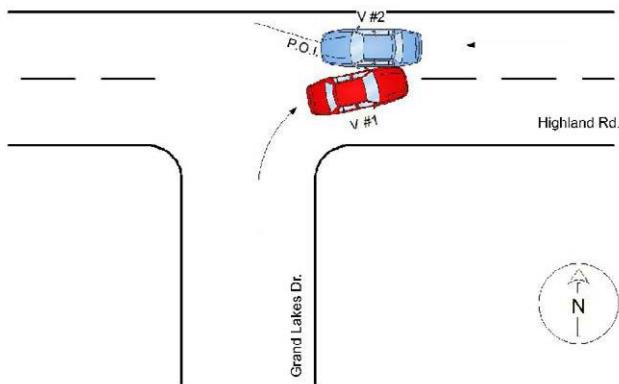
G. Left Turn**"H" for "Right Turn":**

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

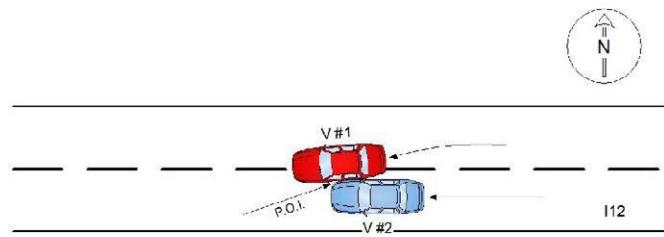
H(1). Right Turn

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

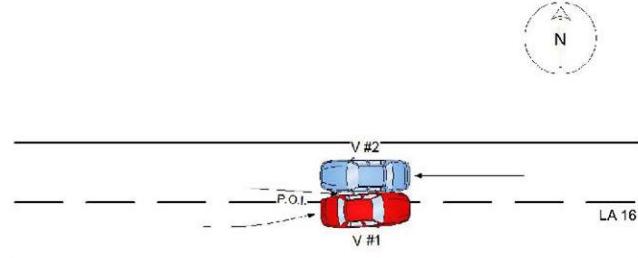
occurs when a vehicle *turning* right collides with a vehicle that is traveling in the opposite direction of the intended turn.

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 collide with another vehicle traveling in the option direction.

K. Opposite Direction Swipe

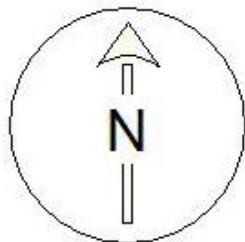
"Z" "Other":

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.

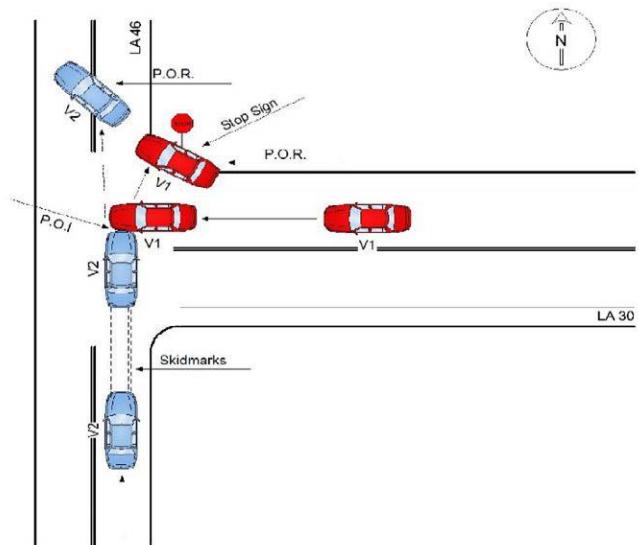
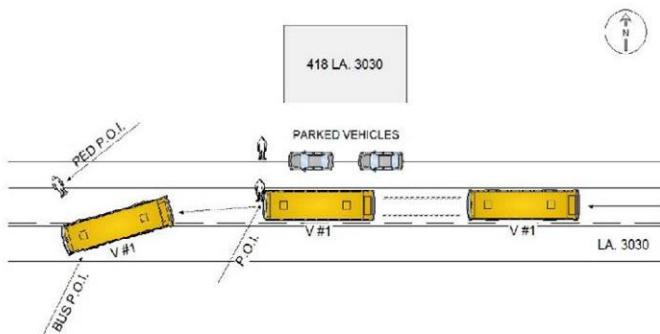
57. Diagram

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

<input type="checkbox"/> VEH #	<input type="checkbox"/> OR	<input type="checkbox"/> PEDESTRIAN	COMPUTER NUMBER	PAGE #										
CONF <small>(see page 1 for selections)</small>	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				GVWR/GCWR										
TRAILER DESCRIPTION	YEAR	STATE	NUMBER	TYPE	YEAR	STATE	NUMBER							
VEHICLE CLASSIFICATION	COMMERCIAL/BUSINESS VEHICLE	GOVERNMENT VEHICLE	PERSONAL VEHICLE	LICENSE PLATE										
COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GROSS WEIGHT IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.														
US DOT # _____														
CARRIER NAME _____ CITY _____ STATE _____ ZIP _____														
STREET ADDRESS:		CITY		STATE		ZIP								
INTERSTATE CARRIER Y/N		TRANSPORTING HAZARDOUS MATERIAL Y/N		CLASS		HAZ MAT RELEASED Y/N								
NAME (LAST, FIRST, MI) OF DRIVER / PEDESTRIAN														
DATE OF BIRTH														
STREET ADDRESS		TELEPHONE #		POSITION MATERIAL BODYSIDE ARMREST HEADREST SEX WEIGHT INJURY										
CITY		STATE		INSTRUCTED TO EXCHANGE INFORMATION NAME OF FACILITY Y/N										
STATE 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	INJURY CODE									
OWNER'S NAME (LAST, FIRST, MI) OR COMPANY NAME														
Same as Driver														
STREET ADDRESS														
CITY		STATE		ZIP										
INSURANCE CO. NAME <small>(NOT AGENCY NAME)</small>		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		A. YES B. NO C. REFUSED AD D. NO E. UNKNOWN										
OCCUPANT'S NAME (LAST, FIRST, MI)														
STREET ADDRESS		TRANSPORTED TO MEDICAL FACILITY		NAME OF FACILITY										
CITY		STATE		A. YES B. NO C. REFUSED AD D. NO E. UNKNOWN										
SEATING POSITION CODES EJECTION TRAPPED OR EXTRICATED AIRBAG OCCUPANT PROTECTION SYSTEM USED INJURY														
<table border="1"> <tr> <td>A - FRONT ROW-LEFT SIDE B - FRONT SEAT/MIDDLE C - FRONT ROW-RIGHT SIDE D - SECOND SEAT-LEFT SIDE E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD ROW-LEFT SIDE H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE</td> <td>J - MEDIUM SECTION OF CAB/TRACTOR K - PASSENGER IN OTHER ENCLOSED L - PASSENGER IN OTHER UNENCLOSED M - PASSENGER ON TRAIN OR AIRPORT N - PASSENGER ON VEHICLE EXTERIOR (NON- TRAILING UNIT) O - RIDER ON VEHICLE EXTERIOR (NON- TRAILING UNIT) Y - UNKNOWN</td> <td>A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN</td> <td>A - NOT TRAPPED B - TRAPPED/EXTRAC- TED C - TRAPPED/NOT EXTRAC-TED Y - UNKNOWN</td> <td>A - DEPLOYED B - NON DEPLOY C - TRAPPED/NOT EXTRAC-TED Y - UNKNOWN</td> <td>A - NONE USED VEHICLE B - SHOULDER BELT ONLY USED C - LIMB BELT ONLY USED D - SHOULDER AND LAP BELT USED E - CHILD SAFETY SEAT USED F - CHILD SAFETY SEAT USED G - HELMET USED Y - RESTRAINT USE UNKNOWN</td> <td>A - FRONTAL B - INCAPACITA- TING/SEVERE C - NON-INCAPA- CATING D - MODERATE E - POSSIBLE/ CONTRAIN- IENT F - NO INJURY</td> </tr> </table>								A - FRONT ROW-LEFT SIDE B - FRONT SEAT/MIDDLE C - FRONT ROW-RIGHT SIDE D - SECOND SEAT-LEFT SIDE E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD ROW-LEFT SIDE H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE	J - MEDIUM SECTION OF CAB/TRACTOR K - PASSENGER IN OTHER ENCLOSED L - PASSENGER IN OTHER UNENCLOSED M - PASSENGER ON TRAIN OR AIRPORT N - PASSENGER ON VEHICLE EXTERIOR (NON- TRAILING UNIT) O - RIDER ON VEHICLE EXTERIOR (NON- TRAILING UNIT) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRAC- TED C - TRAPPED/NOT EXTRAC-TED Y - UNKNOWN	A - DEPLOYED B - NON DEPLOY C - TRAPPED/NOT EXTRAC-TED Y - UNKNOWN	A - NONE USED VEHICLE B - SHOULDER BELT ONLY USED C - LIMB BELT ONLY USED D - SHOULDER AND LAP BELT USED E - CHILD SAFETY SEAT USED F - CHILD SAFETY SEAT USED G - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FRONTAL B - INCAPACITA- TING/SEVERE C - NON-INCAPA- CATING D - MODERATE E - POSSIBLE/ CONTRAIN- IENT F - NO INJURY
A - FRONT ROW-LEFT SIDE B - FRONT SEAT/MIDDLE C - FRONT ROW-RIGHT SIDE D - SECOND SEAT-LEFT SIDE E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD ROW-LEFT SIDE H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE	J - MEDIUM SECTION OF CAB/TRACTOR K - PASSENGER IN OTHER ENCLOSED L - PASSENGER IN OTHER UNENCLOSED M - PASSENGER ON TRAIN OR AIRPORT N - PASSENGER ON VEHICLE EXTERIOR (NON- TRAILING UNIT) O - RIDER ON VEHICLE EXTERIOR (NON- TRAILING UNIT) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRAC- TED C - TRAPPED/NOT EXTRAC-TED Y - UNKNOWN	A - DEPLOYED B - NON DEPLOY C - TRAPPED/NOT EXTRAC-TED Y - UNKNOWN	A - NONE USED VEHICLE B - SHOULDER BELT ONLY USED C - LIMB BELT ONLY USED D - SHOULDER AND LAP BELT USED E - CHILD SAFETY SEAT USED F - CHILD SAFETY SEAT USED G - HELMET USED Y - RESTRAINT USE UNKNOWN	A - FRONTAL B - INCAPACITA- TING/SEVERE C - NON-INCAPA- CATING D - MODERATE E - POSSIBLE/ CONTRAIN- IENT F - NO INJURY								
DPSSP 3106 (REV. MAR. 2008)														

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

<input type="checkbox"/> VEH #	<input type="checkbox"/> OR	<input type="checkbox"/> PEDESTRIAN	COMPUTER NUMBER	PAGE #			
CONF <small>(62) (63) see page 1 for selections</small>	CARGO BODY TYPE	YEAR <small>(64)</small>	MAKE <small>(65)</small>	MODEL <small>(66)</small>	# DOORS <small>(67)</small>	# AXLES <small>(67)</small>	# TIRES <small>(67)</small>
V.I.N. <small>(68)</small>	VEHICLE TOWED	A. YES <small>(69)</small>	B. NO <small>(69)</small>	C. LEFT AT SCENE <small>(69)</small>	REMOVED BY <small>(70)</small>		
LICENSE PLATE <small>(71)</small>	YEAR <small>(72)</small>	STATE <small>(73)</small>	NUMBER <small>(73)</small>	TYPE <small>(74)</small>	GVWR/GCWR <small>(75)</small>		
TRAILER DESCRIPTION <small>(77)</small>	YEAR <small>(78)</small>	MAKE <small>(78)</small>	TYPE <small>(79)</small>	LICENSE PLATE <small>(80)</small>	YEAR <small>(81)</small>	STATE <small>(81)</small>	NUMBER <small>(82)</small>
VEHICLE CLASSIFICATION <small>(83) COMMERCIAL/BUSINESS VEHICLE</small>	GOVERNMENT VEHICLE	PERSONAL VEHICLE					

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). 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.

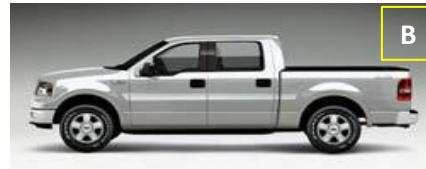
A. Passenger Car

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.



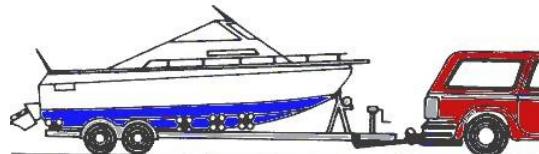
C. Van

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.

**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.

**F. Pedalcycle**

Non-motorized vehicle propelled by pedaling. Includes bicycle, tricycle, unicycle, pedal car, etc.

**G. Off Road Vehicle**

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

**H. Emergency Vehicle in Use**

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

**I. School Bus**

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



K. Bus

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

NOTE: There are two selections for describing a bus involved in the crash. One selection should be chosen for buses with seats for 9-15 occupants and the other with seats for 16 or more occupants.



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

L. Single Unit Truck with 2 axles

A power unit that includes a permanently mounted cargo body (also called a straight truck) that has only two axles and a GVWR of 10,001 lbs.or greater.

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

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

**N. Truck/Trailer**

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

**P. Truck/Traffic**

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

**Q. Tractor Semi-Trailer**

A truck tractor that is pulling a semi-trailer.

**R. Truck Double**

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

**S. SUV (Sport Utility Vehicle)**

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



T. Farm Equipment

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

**V. Motor Home**

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

**Z. Other**

Any Vehicle not otherwise covered. For Example: a Segway

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

VEH #	OR	PEDESTRIAN	COMPUTER NUMBER				PAGE #
CONF CARGO BODY TYPE <small>see page 1 for selections</small>		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	GWWR/GCWR		
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/BUSINESS & HAS A GROSS WEIGHT IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.							
US DOT # _____							
CARRIER NAME _____ MC/MX ("ICC") # _____							
STREET ADDRESS		CITY		STATE	ZIP		
INTERSTATE CARRIER Y/N	TRANSPORTING HAZARDOUS MATERIAL Y/N	CLASS	ID#	PLACARDS DISPLAYED Y/N			HAZ MAT RELEASED Y/N
NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN							
STREET ADDRESS							
CITY		STATE		ZIP			
PHONE #				DATE OF BIRTH			
				POS. TON	EGS.	MIN. TON	MAX. TON
				TON	PERIOD	AM. MILE	DAU. MILE
				INSTRUMENT	ACTUAL	SEX	RACE
				DRIVER	AGE	AGE	BLURRY
INSTRUCTIONS TO EXCHANGE INFORMATION							
Y/N NAME OF FACILITY							
TRANSPORTED TO MEDICAL FACILITY							
A. YES C. REFUSED AID B. NO 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 C. REFUSED AID B. NO D. UNKNOWN							
NAME OF FACILITY							
TRANSPORTED TO MEDICAL FACILITY							
A. YES C. REFUSED AID B. NO D. UNKNOWN							
NAME OF FACILITY							
CODES							
SEATING POSITION		EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED		INJURY
A - FRONT SEAT-LEFT SIDE B - FRONT SEAT-MIDDLE C - FRONT SEAT-RIGHT SIDE D - SECOND SEAT-LEFT SIDE E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THREE ROW-LEFT SIDE H - THREE ROW-MIDDLE I - THIRD ROW-RIGHT SIDE		J - SLIDING SECTION OF CAB (TRUCK) K - PASSENGER IN OTHER POSITION L - PASSENGER IN CARGO AREA (NON TRAILING UNIT) M - PASSENGER IN CARGO AREA (NON TRAILING UNIT) N - TRAILING UNIT O - RIDING ON VEHICLE EXTERIOR (NON- TRAILING UNIT) Y - UNKNOWN	A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN	A - DEPLOYED B - NOT DEPLOYED C - TRAPPED/NOT EXTRICATED Y - UNKNOWN	A - NONE USED VEHICLE B - AIR BAG C - BUCKLE/SEAT BELT ONLY USED D - LAP BELT ONLY USED E - SHOULDER AND LAP BELT USED F - CHILD SAFETY SEAT INDIVIDUALLY USED G - CHILD SAFETY SEAT USED Y - RESTRAINT USE UNKNOWN		A - FATAL B - INCAPACITATING C - NON-INCAPACITATING/ MODERATE D - POSSIBLY COMPLAINT E - NO INJURY
DISSP 3106 (REV. MAR. 2009)							

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

VEH #	OR	PEDESTRIAN	COMPUTER NUMBER				PAGE #
CONF	CARGO BODY TYPE	YEAR	MAKE	MODEL	# DOORS	# AXLES	# TIRES
62	63 see page 1 for selections	64	65	66	67	68	69
V.I.N.				VEHICLE TOWED	A. YES B. NO C. LEFT AT SCENE	REMOVED BY	70
LICENSE PLATE	YEAR	STATE	NUMBER	TYPE	GWWR/GCWR		
71	72	73	74	75	76		
TRAILER DESCRIPTION	YEAR	MAKE	TYPE	LICENSE PLATE	YEAR	STATE	NUMBER
77	78	79	80	81	82		
VEHICLE CLASSIFICATION	COMMERCIAL/BUSINESS VEHICLE	GOVERNMENT VEHICLE	PERSONAL VEHICLE				

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). 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.



G. Auto Transporter

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



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

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

<input type="checkbox"/> VEH #	<input type="checkbox"/> OR	<input type="checkbox"/> PEDESTRIAN						COMPUTER NUMBER	PAGE #		
CONF CARGO BODY TYPE <small>(62) (63) see page 1 for selections</small>		YEAR <small>(64)</small>	MAKE <small>(65)</small>	MODEL <small>(66)</small>	# DOORS # AXLES # TIRES						
V.I.N. <small>(68)</small>		YEAR <small>(71)</small>	STATE <small>(72)</small>	NUMBER <small>(73)</small>	TYPE <small>(74)</small>	VEHICLE TOWED <small>(69)</small>	A. YES B. NO C. LEFT AT SCENE	REMOVED BY <small>(70)</small>	GVWR/GCWR <small>(75)</small>		
LICENSE PLATE <small>(76)</small>		YEAR <small>(77)</small>	MAKE <small>(78)</small>	TYPE <small>(79)</small>	YEAR <small>(80)</small>	STATE <small>(81)</small>	NUMBER <small>(82)</small>	REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER			
TRAILER DESCRIPTION <small>(77)</small>		VEHICLE CLASSIFICATION <small>(83)</small>	COMMERCIAL/BUSINESS VEHICLE <input type="checkbox"/>	GOVERNMENT VEHICLE <input type="checkbox"/>	PERSONAL VEHICLE <input type="checkbox"/>						
COMPLETE INFORMATION BELOW IF THIS VEHICLE IS USED FOR COMMERCIAL/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.											
US DOT # _____											
CARRIER NAME _____ MC/MX ("ICC") # _____											
STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____		INTERSTATE CARRIER Y/N <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL Y/N <input type="checkbox"/> CLASS <input type="checkbox"/> ID# <input type="checkbox"/> PLACARDS DISPLAYED Y/N <input type="checkbox"/> HAZ MAT RELEASED Y/N <input type="checkbox"/>									
NAME (LAST, FIRST, MI) OF <input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN										DATE OF BIRTH _____	
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____		TELEPHONE # _____		POSITION <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAP EXTRICATED <input type="checkbox"/> AIR BAG <input type="checkbox"/> DOG PRINT <input type="checkbox"/> SIDE <input type="checkbox"/> BACK <input type="checkbox"/> INJURY <input type="checkbox"/>		TRANSPORTED TO MEDICAL FACILITY A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/>					
STATE CLASS ENDORSEMENTS DRIVERS LICENSE NUMBER _____		INSTRUCTED TO EXCHANGE INFORMATION Y/N <input type="checkbox"/> NAME OF FACILITY _____									
PEDESTRIAN ONLY <input type="checkbox"/> UPPER BODY CLOTHING <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> LOWER BODY CLOTHING <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> SEX <input type="checkbox"/> RACE <input type="checkbox"/> AGE <input type="checkbox"/> INJURY CODE <input type="checkbox"/>											
OWNER'S NAME (LAST, FIRST, MI) OR COMPANY NAME <input type="checkbox"/> Same as Driver _____										TELEPHONE # _____	
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____											
INSURANCE CO. NAME (NOT AGENCY NAME) _____		POLICY NUMBER _____		EXPIRATION DATE _____							
AGENT'S NAME/ADDRESS _____ PHONE # _____											
OCCUPANT'S NAME (LAST, FIRST, MI) _____										POSITION <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAP EXTRICATED <input type="checkbox"/> AIR BAG <input type="checkbox"/> DOG PRINT <input type="checkbox"/> SIDE <input type="checkbox"/> BACK <input type="checkbox"/> INJURY <input type="checkbox"/>	
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____		TRANSPORTED TO MEDICAL FACILITY A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/>		NAME OF FACILITY _____							
OCCUPANT'S NAME (LAST, FIRST, MI) _____										POSITION <input type="checkbox"/> EJECTION <input type="checkbox"/> TRAP EXTRICATED <input type="checkbox"/> AIR BAG <input type="checkbox"/> DOG PRINT <input type="checkbox"/> SIDE <input type="checkbox"/> BACK <input type="checkbox"/> INJURY <input type="checkbox"/>	
STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____		TRANSPORTED TO MEDICAL FACILITY A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/>		NAME OF FACILITY _____							
CODES											
SEATING POSITION A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER) B - FRONT SEAT-MIDDLE C - FRONT SEAT-RIGHT SIDE D - FRONT SEAT-BACK (MOTORCYCLE PASSENGER) E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER) H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE		EJECTION J - SLEEPER SECTION OF CAB (TRUCK) K - PASSENGER IN OTHER ENCLOSED PASSAGING ON CARGO AREA (NON-TRAILING UNIT) L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) M - PASSENGER IN TRAIN OR STREETCAR TRAILING UNIT N - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) Y - UNKNOWN		TRAPPED OR EXTRICATED A. NOT EJECTED B. TOTALY EJECTED C. PARTIALLY EJECTED Y- UNKNOWN		AIRBAG A. NOT DEPLOYED B. NON-DEPLOYED C. NON-DEPLOYED/ED/SWITCH OFF D. NOT APPLICABLE Y- UNKNOWN		OCCUPANT PROTECTION SYSTEM USED A. NONE USED-VEHICLE OCCUPANT B. SHOULDER BELT ONLY USED C. LAP BELT ONLY USED D. SHOULDER AND LAP BELT USED E. CHILD SAFETY SEAT F. CHILD SAFETY SEAT USED G. HELMET USED Y- RESTRAINT USE UNKNOWN		INJURY A. FATAL B. INCAPACITATING/SEVERE C. NON-INCAPACITATING/ MODERATE D. POSSIBLE E. NO INJURY	

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

<input type="checkbox"/> VEH # <small>(61)</small>	<input type="checkbox"/> OR <small>(62)</small>	<input type="checkbox"/> PEDESTRIAN <small>(63) see page 1 for selections</small>					COMPUTER NUMBER	PAGE #	
CONF <small>(62)</small>	CARGO BODY TYPE <small>(63) see page 1 for selections</small>	YEAR <small>(64)</small>	MAKE <small>(65)</small>	MODEL <small>(66)</small>	# DOORS # AXLES # TIRES		<small>(67)</small>	<small>(59)</small>	
V.I.N. <small>(68)</small>	YEAR <small>(71)</small>	STATE <small>(72)</small>	NUMBER <small>(73)</small>	TYPE <small>(74)</small>	VEHICLE TOWED <small>(69)</small>	A. YES B. NO C. LEFT AT SCENE	REMOVED BY <small>(70)</small>	GVWR/GCWR <small>(75)</small>	
LICENSE PLATE <small>(76)</small>	YEAR <small>(77)</small>	STATE <small>(78)</small>	NUMBER <small>(79)</small>	TYPE <small>(74)</small>	YEAR <small>(80)</small>	STATE <small>(81)</small>	NUMBER <small>(82)</small>	REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER	
TRAILER DESCRIPTION <small>(77)</small>	VEHICLE CLASSIFICATION <small>(83)</small>	COMMERCIAL/BUSINESS VEHICLE <input type="checkbox"/>	GOVERNMENT VEHICLE <input type="checkbox"/>	PERSONAL VEHICLE <input type="checkbox"/>					

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

<input type="checkbox"/> VEH #	<input type="checkbox"/> OR	<input type="checkbox"/> PEDESTRIAN	COMPUTER NUMBER _____ - PAGE # _____										
CONF	CARGO BODY TYPE <small>see page 1 for selections</small>	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									
TRAILER DESCRIPTION	YEAR	MAKE	TYPE	YEAR	STATE	NUMBER	LICENSE PLATE						
VEHICLE CLASSIFICATION	COMMERCIAL/BUSINESS VEHICLE	GOVERNMENT VEHICLE	PERSONAL VEHICLE										
COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCIAL/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.													
US DOT # _____													
CARRIER NAME _____		MC/MX ("ICC") # _____											
STREET ADDRESS: _____		CITY _____		STATE _____		ZIP _____							
INTERSTATE CARRIER Y/N <input type="checkbox"/>		TRANSPORTING HAZARDOUS MATERIAL Y/N <input type="checkbox"/>		CLASS <input type="checkbox"/>	ID# <input type="checkbox"/>	PLACARDS DISPLAYED Y/N <input type="checkbox"/> HAZ MAT RELEASED Y/N <input type="checkbox"/>							
NAME (LAST, FIRST, MI) OF <input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN													
STREET ADDRESS <input type="checkbox"/> TELEPHONE # <input type="checkbox"/>													
CITY _____		STATE _____		ZIP _____		DATE OF BIRTH <input type="checkbox"/>							
STATE _____		CLASS ENDORSEMENTS _____		DRIVER'S LICENSE NUMBER _____		INSTRUCTED TO EXCHANGE INFORMATION? <input type="checkbox"/> NAME OF FACILITY <input type="checkbox"/>							
TRANSPORTED TO MEDICAL FACILITY <input type="checkbox"/> A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN													
PEDESTRIAN ONLY		UPPER BODY CLOTHING	LIGHT <input type="checkbox"/>	DARK <input type="checkbox"/>	LOWER BODY CLOTHING	LIGHT <input type="checkbox"/>	DARK <input type="checkbox"/>						
GEX		RACE <input type="checkbox"/>	AGE <input type="checkbox"/>	INJURY CODE <input type="checkbox"/>									
OWNER'S NAME (LAST, FIRST, MI) OR COMPANY NAME <input type="checkbox"/> Same as Driver <input type="checkbox"/> TELEPHONE # _____													
STREET ADDRESS		CITY _____		STATE _____		ZIP _____							
INSURANCE CO. NAME <input type="checkbox"/> (NOT AGENCY NAME)		POLICY NUMBER		EXPIRATION DATE		PHONE #							
AGENT'S NAME/ADDRESS <input type="checkbox"/>													
OCCUPANT'S NAME (LAST, FIRST, MI) <input type="checkbox"/>													
STREET ADDRESS		CITY _____		STATE _____		ZIP _____							
TRANSPORTED TO MEDICAL FACILITY <input type="checkbox"/> A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN		NAME OF FACILITY <input type="checkbox"/>		POSITION <input type="checkbox"/>		EJECTION <input type="checkbox"/>							
TRANSPORTED TO MEDICAL FACILITY <input type="checkbox"/> A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN		NAME OF FACILITY <input type="checkbox"/>		TRAP EXTRAC- TED <input type="checkbox"/>		AIRBAG <input type="checkbox"/>							
TRANSPORTED TO MEDICAL FACILITY <input type="checkbox"/> A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN		NAME OF FACILITY <input type="checkbox"/>		AIR BAG <input type="checkbox"/>		OCU- PANT PROT- SYS <input type="checkbox"/>							
CODES		POSITION <input type="checkbox"/>		EJECTION <input type="checkbox"/>		TRAPPED OR EXTRAC- TED <input type="checkbox"/>		AIRBAG <input type="checkbox"/>		OCCUPANT PROTECTION SYSTEM USED <input type="checkbox"/>		INJURY <input type="checkbox"/>	
A - FRONT SEAT-LEFT SIDE B - FRONT SEAT-MIDDLE C - FRONT SEAT-RIGHT SIDE D - SECOND SEAT-LEFT SIDE E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD ROW-LEFT SIDE H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE		J - SLEEPER SECTION OF CAB (TRUCK) K - PASSENGER IN OTHER ENCLOSED PASS. AREA (NON-CARGO AREA) (NON-TRAINING UNIT)		A - NOT EJECTED B - TOTALLY EJECTED C - PARTIALLY EJECTED Y - UNKNOWN		A - NOT TRAPPED B - TRAPPED/EXTRAC- TED C - PARTIALLY EXTRAC- TED Y - UNKNOWN		A - DEPLOYED B - NOT DEPLOYED C - PARTIALLY DEPLOY- ED/NOT DEPLOYED D - NOT APPLICABLE Y - UNKNOWN		A - NONE USED-VEHICLE B - SHOULDER BELT ONLY USED C - SHOULDER BELT ONLY USED D - SHOULDER AND LAP BELT USED E - CHILD SAFETY SEAT F - NOT APPLICABLE G - CHILD SAFETY SEAT USED H - HRI MET USED Y - RESTRAINT USE UNKNOWN		A - FATAL B - INCAPACITA- TING/SEVERE C - MODERATE D - POSSIBLE/ COMPLAINT E - NO INJURY	

DPSSP 3100 (REV. MAR. 2005)

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

<input type="checkbox"/> VEH #	<input type="checkbox"/> OR	<input type="checkbox"/> PEDESTRIAN	COMPUTER NUMBER _____ - PAGE # _____				
CONF	CARGO BODY TYPE <small>see page 1 for selections</small>	YEAR	MAKE	MODEL	# DOORS	# AXLES	# TIRES
V.I.N. <small>(68)</small>				VEHICLE TOWED	A. YES B. NO C. LEFT AT SCENE	REMOVED BY <small>(70)</small>	
LICENSE PLATE <small>(71)</small>	YEAR <small>(72)</small>	STATE <small>(73)</small>	NUMBER <small>(74)</small>	TYPE <small>(75)</small>	GVWR/GCWR <small>(76)</small>		
TRAILER DESCRIPTION <small>(77)</small>	YEAR <small>(78)</small>	MAKE <small>(79)</small>	TYPE <small>(80)</small>	YEAR <small>(81)</small>	STATE <small>(82)</small>	REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER	
VEHICLE CLASSIFICATION <small>(83)</small>	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 Manufacture'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.

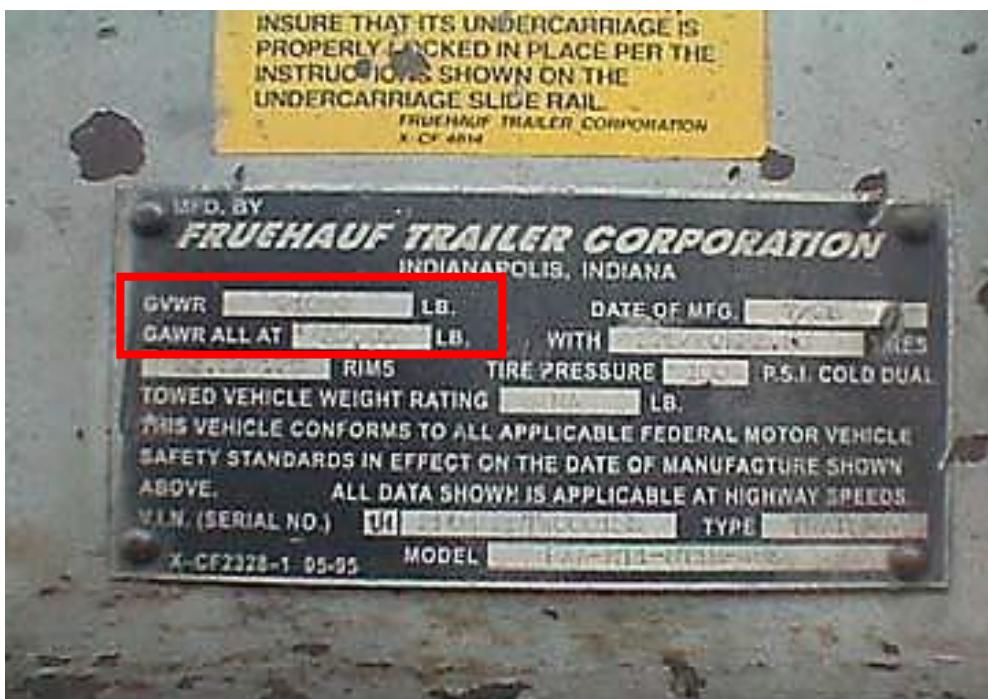
If the vehicle is towing a trailer, then enter the **Gross Combination Weight Rating (GCWR)** in this set of blocks. This is the combination of the GVWR's of the towing and towed vehicles. In the absence of a GCWR specified by the shipper, GCWR should be determined by adding the GVWR of the power (towing) 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:

- F. Half-ton trucks (Chevrolet 1500, Ford F-150, Dodge 1500) usually have a GVWR range of 6000 to 8600 pounds.
- G. 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 axle 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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COMPUTER NUMBER PAGE #

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

<input type="checkbox"/> VEH #	OR	<input type="checkbox"/> PEDESTRIAN					
CONF	CARGO BODY TYPE <small>see page 1 for selections</small>	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	YEAR	STATE	REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER NUMBER	
VEHICLE CLASSIFICATION	COMMERCIAL/BUSINESS VEHICLE	GOVERNMENT VEHICLE	PERSONAL VEHICLE	LICEN. PLATE			
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 V/N <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL V/N <input type="checkbox"/> CLASS: <input type="checkbox"/> ID# <input type="checkbox"/> PLACARDS DISPLAYED V/N <input type="checkbox"/> HAZ MAT RELEASED V/N <input type="checkbox"/>							
NAME (LAST, FIRST, MI) OF <input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN							
STREET ADDRESS: _____ TELEPHONE # _____ DATE OF BIRTH CITY: _____ STATE: _____ ZIP: _____ PERIOD FROM (MM DD YYYY) TO (MM DD YYYY) INSTRUCTED TO EXCHANGE INFORMATION Y/N NAME OF FACILITY							
TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. REFUSED AND D. UNKNOWN							
PEDESTRIAN ONLY UPPER BODY CLOTHING: LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> LOWER BODY CLOTHING: LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> SEX: <input type="checkbox"/> RACE: <input type="checkbox"/> AGE: <input type="checkbox"/> INJURY CODE: <input type="checkbox"/>							
OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) <input type="checkbox"/> 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 AND D. UNKNOWN NAME OF FACILITY							
OCCUPANT'S NAME (LAST, FIRST, MI): _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. REFUSED AND D. UNKNOWN NAME OF FACILITY							
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TRANSPORTED TO MEDICAL FACILITY A. YES B. NO C. REFUSED AND D. UNKNOWN NAME OF FACILITY							
CODES SEATING POSITION EJECTION TRAPPED OR EXTRICATED AIRBAG OCCUPANT PROTECTION SYSTEM USED INJURY							
A - FRONT SEAT LEFT SIDE J - SLEEPER SECTION OF CAB (TRUCK) B - FRONT SEAT MIDDLE K - PASSENGER IN OTHER ENCLOSED C - FRONT SEAT RIGHT SIDE L - PASSENGER IN OTHER AREA D - SECOND SEAT LEFT SIDE M - PASSENGER IN OTHER UNENCLOSED (MOTORCYCLE PASSENGER) E - SECOND SEAT MIDDLE N - TRAINING UNIT F - SECOND SEAT RIGHT SIDE O - PASSENGER EXTERIOR (NON- G - THIRD ROW-LEFT SIDE P - PASSENGER EXTERIOR (NON- H - THIRD ROW-MIDDLE Q - PASSENGER EXTERIOR (NON- I - THIRD ROW-RIGHT SIDE Y - UNKNOWN)							
A - NOT EJECTED D - TOTALLY EJECTED G - TRAPPED/EXTRICATED B - PARTIALLY EJECTED C - PARTIALLY EXTRICATED C - UNKNOWN F - NOT APPLICABLE D - UNKNOWN Y - UNKNOWN							
A - DEPLOYED D - NON B - DEPLOYED E - DEPLOYED C - NON-DEPLOYED D - NOT APPLICABLE E - CHILD SAFETY SEAT F - DEPLOYED G - HELMET USED H - RESTRAINT USE UNKNOWN							
A - NONE USED-VEHICLE OCCUPANT B - SHOULDER BELT ONLY USED C - LAP BELT ONLY USED D - BOTH SHOULDER AND LAP BELT USED E - CHILD SAFETY SEAT F - DEPLOYED G - HELMET USED H - RESTRAINT USE UNKNOWN							
A - FATAL B - INCAPACITATING/SEVERE C - MODERATE/CRITICAL D - POSSIBLE/COMPLAINT E - NO INJURY							

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COMPUTER NUMBER PAGE #

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

<input type="checkbox"/> VEH #	61	OR	<input type="checkbox"/> PEDESTRIAN	58	-	59		
CONF	CARGO BODY TYPE <small>62 63 see page 1 for selections</small>	YEAR	MAKE	66	# DOORS	# AXLES	# TIRES	
V.I.N.	68				69	A. YES B. NO C. LEFT AT SCENE	70	
LICENSE PLATE	71	YEAR	STATE	NUMBER	TYPE	GVWR/GCWR 75		
TRAILER DESCRIPTION	77	YEAR	MAKE	78	TYPE	YEAR	STATE	NUMBER
VEHICLE CLASSIFICATION	83	COMMERCIAL/BUSINESS VEHICLE	GOVERNMENT VEHICLE	PERSONAL VEHICLE	LICEN. PLATE 80	81	82	

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

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

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(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 or 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 axle 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.

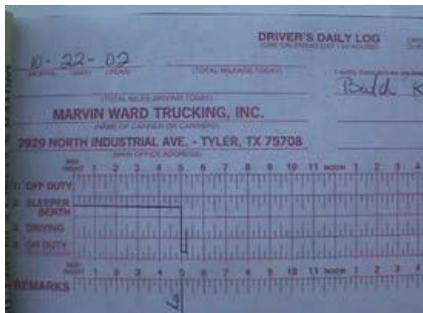
85. Carrier Name and Address:

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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<input type="checkbox"/> VEH #	OR	<input type="checkbox"/> PEDESTRIAN	STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT VEHICLE/PEDESTRIAN	COMPUTER NUMBER	PAGE #
<input type="checkbox"/> CONF CARGO BODY TYPE <small>see page 1 for selections</small>		YEAR	MAKE	MODEL	# DOORS # AXLES # TIRES
<small>V.I.N.</small> <small>YEAR STATE NUMBER</small> <small>TYPE</small>		<small>VEHICLE TOWED</small> <small>A YES B. NO C. LEFT AT SCENE</small>		<small>REMOVED BY</small> <small>GWWR/GCWR</small> <small>REASON TOWED</small> <small>A. VEHICLE DAMAGE B. DRIVER ARRESTED C. OBSTRUCTION VIOLATION Z. OTHER</small>	
<small>YFAR</small> <small>TRAILER DESCRIPTION</small>		YEAR	MAKE	TYPE	YEAR STATE NUMBER
<small>VEHICLE CLASSIFICATION</small> <small>COMMERCIAL / BUSINESS VEHICLE</small>		<small>GOVERNMENT VEHICLE</small>		<small>PERSONAL VEHICLE</small>	
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: _____					
STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____					
INTERSTATE CARRIER Y/N <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL Y/N <input type="checkbox"/> CLASS <input type="checkbox"/> ID# <input type="checkbox"/> PLACARDS DISPLAYED Y/N <input type="checkbox"/> HAZ MAT RELEASED Y/N <input type="checkbox"/>					
NAME (LAST, FIRST, MI) OF <input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN <small>STREET ADDRESS</small> _____ <small>TELEPHONE #</small> _____					
<small>DATE OF BIRTH</small> _____					
<small>STATE</small> _____ <small>ZIP</small> _____					
<small>STATE CLASS ENDORSEMENTS</small> _____ <small>DRIVER'S LICENSE NUMBER</small> _____					
<small>INSTRUCTED TO EXCHANGE INFORMATION?</small> <input type="checkbox"/> <small>NAME OF FACILITY</small> _____					
<small>TRANSPORTED TO MEDICAL FACILITY</small> <small>A. YES C. REFUSED AID</small> <small>B. NO D. UNKNOWN</small>					
PEDESTRIAN ONLY <input type="checkbox"/> UPPER BODY CLOTHING <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> LOWER BODY CLOTHING <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> SEX <input type="checkbox"/> RACE <input type="checkbox"/> AGE <input type="checkbox"/> INJURY CODE _____					
OWNER'S NAME (LAST, FIRST, MI) OR COMPANY NAME: _____					
<small>Same as Driver</small> <input type="checkbox"/> <small>TELEPHONE #</small> _____					
<small>STREET ADDRESS</small> _____ <small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP</small> _____					
<small>INSURANCE CO. NAME (NOT AGENCY NAME)</small> _____ <small>POLICY NUMBER</small> _____ <small>EXPIRATION DATE</small> _____					
<small>AGENT'S NAME/ADDRESS</small> _____ <small>PHONE #</small> _____					
OCCUPANT'S NAME (LAST, FIRST, MI) _____					
<small>STREET ADDRESS</small> _____ <small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP</small> _____					
<small>TRANSPORTED TO MEDICAL FACILITY</small> <small>A. YES C. REFUSED AID</small> <small>B. NO D. UNKNOWN</small>					
<small>NAME OF FACILITY</small> _____					
OCCUPANT'S NAME (LAST, FIRST, MI) _____					
<small>STREET ADDRESS</small> _____ <small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP</small> _____					
<small>TRANSPORTED TO MEDICAL FACILITY</small> <small>A. YES C. REFUSED AID</small> <small>B. NO D. UNKNOWN</small>					
<small>NAME OF FACILITY</small> _____					
<small>SEATING POSITION</small> _____ <small>EJECTION</small> _____ <small>TRAPPED OR EXTRICATED</small> _____ <small>AIRBAG</small> _____ <small>OCCUPANT PROTECTION SYSTEM USED</small> _____ <small>INJURY</small> _____					
<small>A- FRONT SEAT/LEFT SIDE (MOTORCYCLE DRIVER) B- FRONT SEAT/MIDDLE C- FRONT SEAT/RIGHT SIDE D- SECOND ROW-LEFT SIDE (MOTORCYCLE PASSENGER) E- SECOND SEAT/MIDDLE F- SECOND ROW-RIGHT SIDE G- THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER) H- THIRD ROW MIDDLE I- THIRD ROW-RIGHT SIDE</small>					
<small>J- SLEEPER SECTION OF CAB (TRUCK) K- PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAINING UNIT) L- PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAINING UNIT) M- PASSENGER ON TRAIN OR STREETCAR N- TRAILING UNIT O- RIDING ON VEHICLE EXTERIOR (NON-TRAINING UNIT) Y- UNKNOWN</small>					
<small>A- NOT EJECTED B- TOTALLY EJECTED C- PARTIALLY EJECTED D- EJECTED Y- UNKNOWN</small>					
<small>A- NOT TRAPPED B- TRAPPED/EXTRICATED C- TRAPPED/NOT EXTRICATED D- NOT APPLICABLE Y- UNKNOWN</small>					
<small>A- DEPLOYED B- NON DEPLOYED C- NON-DEPLOY-ED/SWITCH OFF D- NOT APPLICABLE Y- UNKNOWN</small>					
<small>A- NONE USED-VEHICLE OCCUPANT B- SHOULDER BELT ONLY USED C- LAP BELT ONLY USED D- SHOULDER AND LAP BELT USED E- CHILD SAFETY SEAT IMPROPERLY USED F- CHILD SAFETY SEAT USED G- HELMET USED Y- RESTRAINT USE UNKNOWN</small>					
<small>A- FATAL B- INCAPACITATING/SEVERE C- NON-INCAPACITATING/MODERATE D- POSSIBLE/COMPLAINT E- NO INJURY</small>					
<small>DPSR 3106 (REV. MAR. 2005)</small>					
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)					
<small>STREET ADDRESS:</small> _____ <small>CITY</small> _____ <small>STATE</small> _____ <small>ZIP</small> _____					
<small>INTERSTATE CARRIER Y/N</small> (88) <small>TRANSPORTING HAZARDOUS MATERIAL Y/N</small> (89) <small>CLASS</small> (90) <small>ID#</small> (91) <input type="checkbox"/> PLACARDS DISPLAYED Y/N (92) <small>HAZ MAT RELEASED Y/N</small> (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.

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT VEHICLE/PEDESTRIAN												COMPUTER NUMBER		PAGE #							
<input type="checkbox"/> VEH # OR <input type="checkbox"/> PEDESTRIAN		YEAR MAKE MODEL				# DOORS # AXLES # TIRES															
CONF	CARGO BODY TYPE <small>see page 1 for selections</small>	YEAR	MAKE	MODEL																	
V.I.N.					VEHICLE TOWED	A. YES B. NO C. LEFT AT SCENE	REMOVED BY														
LICENSE PLATE	YEAR	STATE	NUMBER	TYPE	GWR/GCW		REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER														
TRAILER DESCRIPTION	YEAR	MAKE	TYPE	YEAR	STATE	NUMBER															
VEHICLE CLASSIFICATION	COMMERCIAL/BUSINESS VEHICLE	GOVERNMENT VEHICLE	PERSONAL VEHICLE	MC/MX ("ICC") # _____																	
COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GWR/GCW 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 _____												STREET ADDRESS:	CITY	STATE	ZIP						
INTERSTATE CARRIER Y/N <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL Y/N <input type="checkbox"/>												CLASS	ID#	PLACARDS DISPLAYED Y/N <input type="checkbox"/>		HAZ MAT RELEASED Y/N <input type="checkbox"/>					
NAME (LAST, FIRST, MI) OF <input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN												DATE OF BIRTH									
STREET ADDRESS												TELEPHONE #	POS. IN CAR	SEAT BELT	SEAT BELT EXTENDED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
CITY _____ STATE _____ ZIP _____												INSTRUCTED TO EXCHANGE INFORMATION Y/N <input type="checkbox"/>				NAME OF FACILITY					
STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER												TRANSPORTED TO MEDICAL FACILITY A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/>									
PEDESTRIAN ONLY <input type="checkbox"/> UPPER BODY CLOTHING <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> LOWER BODY CLOTHING <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> SEX <input type="checkbox"/> RACE <input type="checkbox"/> AGE <input type="checkbox"/> INJURY CODE																					
OWNER'S NAME (LAST, FIRST, MI) OR COMPANY NAME <input type="checkbox"/> 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)												POS. IN CAR	SEAT BELT	SEAT BELT EXTENDED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY	
STREET ADDRESS												TRANSPORTED TO MEDICAL FACILITY A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/>	NAME OF FACILITY								
CITY _____ STATE _____ ZIP _____												POS. IN CAR	SEAT BELT	SEAT BELT EXTENDED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY	
OCCUPANT'S NAME (LAST, FIRST, MI)												POS. IN CAR	SEAT BELT	SEAT BELT EXTENDED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY	
STREET ADDRESS												TRANSPORTED TO MEDICAL FACILITY A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/>	NAME OF FACILITY								
CITY _____ STATE _____ ZIP _____												POS. IN CAR	SEAT BELT	SEAT BELT EXTENDED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY	
CODES												OCCUPANT PROTECTION SYSTEM USED				INJURY					
SEATING POSITION			EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED				INJURY											
A - FRONT AND LEFT SIDE (NON-TRAILING SIDE) B - FRONT SEAT-LEFT SIDE C - FRONT SEAT-RIGHT SIDE D - SECOND SEAT-LEFT SIDE (NON-TRAILING SIDE) E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD ROW-LEFT (NON-TRAILING SIDE) H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE			J - SLEEPER SECTION OF CAB (TRUCK) K - PASSENGER IN OTHER ENCLOSED VEHICLE (NON-TRAILING SIDE)	A - NOT EJECTED B - TOTALLY EXTRICATED C - PARTIALLY EXTRICATED D - EXTRICATED E - UNKNOWN	A - NOT TRAPPED B - TRAPPED/EXTRICATED C - TRAPPED/NOT EXTRICATED D - UNKNOWN	A - DEPLOYED B - NOT DEPLOYED C - NON-DEPLOYED/SWITCH OFF D - NOT APPLICABLE E - UNKNOWN	A - NONE USED-VEHICLE B - SEAT BELT ONLY (1/STR) C - LAP BELT ONLY USED D - SHOULDER AND LAP BELT USED E - CHILD SAFETY SEAT F - PROPERLY USED G - CHILD SAFETY SEAT USED H - HI MET USED I - RESTRAINT USE UNKNOWN	A - FATAL B - INCAPACITATING C - NON-INCAPA- CITATING/ MODERATE D - POSSIBLE/ COMPLAINT E - NO INJURY													
DPSSP 3106 (REV. MAR. 2005)																					

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

95 STREET ADDRESS **96** TELEPHONE # **97** STATE **98** ZIP **99** DATE OF BIRTH **100** **101** **102** **103** **104** **105** **106** **107** **108** **109** **110** **111** **112** **113** **114** **115** **116** **117** **118** **119** **120** **121** **122** **123** **124** **125** **126** **127** **128** **129** **130** **131** **132** **133** **134** **135** **136** **137** **138** **139** **140** **141** **142** **143** **144** **145** **146** **147** **148** **149** **150** **151** **152** **153** **154** **155** **156** **157** **158** **159** **160** **161** **162** **163** **164** **165** **166** **167** **168** **169** **170** **171** **172** **173** **174** **175** **176** **177** **178** **179** **180** **181** **182** **183** **184** **185** **186** **187** **188** **189** **190** **191** **192** **193** **194** **195** **196** **197** **198** **199** **200** **201** **202** **203** **204** **205** **206** **207** **208** **209** **210** **211** **212** **213** **214** **215** **216** **217** **218** **219** **220** **221** **222** **223** **224** **225** **226** **227** **228** **229** **230** **231** **232** **233** **234** **235** **236** **237** **238** **239** **240** **241** **242** **243** **244** **245** **246** **247** **248** **249** **250** **251** **252** **253** **254** **255** **256** **257** **258** **259** **260** **261** **262** **263** **264** **265** **266** **267** **268** **269** **270** **271** **272** **273** **274** **275** **276** **277** **278** **279** **280** **281** **282** **283** **284** **285** **286** **287** **288** **289** **290** **291** **292** **293** **294** **295** **296** **297** **298** **299** **300** **301** **302** **303** **304** **305** **306** **307** **308** **309** **310** **311** **312** **313** **314** **315** **316** **317** **318** **319** **320** **321** **322** **323** **324** **325** **326** **327** **328** **329** **330** **331** **332** **333** **334** **335** **336** **337** **338** **339** **340** **341** **342** **343** **344** **345** **346** **347** **348** **349** **350** **351** **352** **353** **354** **355** **356** **357** **358** **359** **360** **361** **362** **363** **364** **365** **366** **367** **368** **369** **370** **371** **372** **373** **374** **375** **376** **377** **378** **379** **380** **381** **382** **383** **384** **385** **386** **387** **388** **389** **390** **391** **392** **393** **394** **395** **396** **397** **398** **399** **400** **401** **402** **403** **404** **405** **406** **407** **408** **409** **410** **411** **412** **413** **414** **415** **416** **417** **418** **419** **420** **421** **422** **423** **424** **425** **426** **427** **428** **429** **430** **431** **432** **433** **434** **435** **436** **437** **438** **439** **440** **441** **442** **443** **444** **445** **446** **447** **448** **449** **450** **451** **452** **453** **454** **455** **456** **457** **458** **459** **460** **461** **462** **463** **464** **465** **466** **467** **468** **469** **470** **471** **472** **473** **474** **475** **476** **477** **478** **479** **480** **481** **482** **483** **484** **485** **486** **487** **488** **489** **490** **491** **492** **493** **494** **495** **496** **497** **498** **499** **500** **501** **502** **503** **504** **505** **506** **507** **508** **509** **510** **511** **512** **513** **514** **515** **516** **517** **518** **519** **520** **521** **522** **523** **524** **525** **526** **527** **528** **529** **530** **531** **532** **533** **534** **535** **536** **537** **538** **539** **540** **541** **542** **543** **544** **545** **546** **547** **548** **549** **550** **551** **552** **553** **554** **555** **556** **557** **558** **559** **560** **561** **562** **563** **564** **565** **566** **567** **568** **569** **570** **571** **572** **573** **574** **575** **576** **577** **578** **579** **580** **581** **582** **583** **584** **585** **586** **587** **588** **589** **590** **591** **592** **593** **594** **595** **596** **597** **598** **599** **600** **601** **602** **603** **604** **605** **606** **607** **608** **609** **610** **611** **612** **613** **614** **615** **616** **617** **618** **619** **620** **621** **622** **623** **624** **625** **626** **627** **628** **629** **630** **631** **632** **633** **634** **635** **636** **637** **638** **639** **640** **641** **642** **643** **644** **645** **646** **647** **648** **649** **650** **651** **652** **653** **654** **655** **656** **657** **658** **659** **660** **661** **662** **663** **664** **665** **666** **667** **668** **669** **670** **671** **672** **673** **674** **675** **676** **677** **678** **679** **680** **681** **682** **683** **684** **685** **686** **687** **688** **689** **690** **691** **692** **693** **694** **695** **696** **697** **698** **699** **700** **701** **702** **703** **704** **705** **706** **707** **708** **709** **710** **711** **712** **713** **714** **715** **716** **717** **718** **719** **720** **721** **722** **723** **724** **725** **726** **727** **728** **729** **730** **731** **732** **733** **734** **735** **736** **737** **738** **739** **740** **741** **742** **743** **744** **745** **746** **747** **748** **749** **750** **751** **752** **753** **754** **755** **756** **757** **758** **759** **760** **761** **762** **763** **764** **765** **766** **767** **768** **769** **770** **771** **772** **773** **774** **775** **776** **777** **778** **779** **780** **781** **782** **783** **784** **785** **786** **787** **788** **789** **790** **791** **792** **793** **794** **795** **796** **797** **798** **799** **800** **801** **802** **803** **804** **805** **806** **807** **808** **809** **810** **811** **812** **813** **814** **815** **816** **817** **818** **819** **820** **821** **822** **823** **824** **825** **826** **827** **828** **829** **830** **831** **832** **833** **834** **835** **836** **837** **838** **839** **840** **841** **842** **843** **844** **845** **846** **847** **848** **849** **850** **851** **852** **853** **854** **855** **856** **857** **858** **859** **860** **861** **862** **863** **864** **865** **866** **867** **868** **869** **870** **871** **872** **873** **874** **875** **876** **877** **878** **879** **880** **881** **882** **883** **884** **885** **886** **887** **888** **889** **890** **891** **892** **893** **894** **895** **896** **897** **898** **899** **900** **901** **902** **903** **904** **905** **906** **907** **908** **909** **910** **911** **912** **913** **914** **915** **916** **917** **918** **919** **920** **921** **922** **923** **924** **925** **926** **927** **928** **929** **930** **931** **932** **933** **934** **935** **936** **937** **938** **939** **940** **941** **942** **943** **944** **945** **946** **947** **948** **949** **950** **951** **952** **953** **954** **955** **956** **957** **958** **959** **960** **961** **962** **963** **964** **965** **966** **967** **968** **969** **970** **971** **972** **973** **974** **975** **976** **977** **978** **979** **980** **981** **982** **983** **984** **985** **986** **987** **988** **989** **990** **991** **992** **993** **994** **995** **996** **997** **998** **999** **1000** **1001** **1002** **1003** **1004** **1005** **1006** **1007** **1008** **1009** **1010** **1011** **1012** **1013** **1014** **1015** **1016** **1017** **1018** **1019** **1020** **1021** **1022** **1023** **1024** **1025** **1026** **1027** **1028** **1029** **1030** **1031** **1032** **1033** **1034** **1035** **1036** **1037** **1038** **1039** **1040** **1041** **1042** **1043** **1044** **1045** **1046** **1047** **1048** **1049** **1050** **1051** **1052** **1053** **1054** **1055** **1056** **1057** **1058** **1059** **1060** **1061** **1062** **1063** **1064** **1065** **1066** **1067** **1068** **106**

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 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 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 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:

- Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood
- 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.

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.

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT VEHICLE/PEDESTRIAN												COMPUTER NUMBER		PAGE #					
<input type="checkbox"/> OR <input type="checkbox"/> PEDESTRIAN		CARGO BODY TYPE <small>see page 1 for definitions</small>		YEAR	MAKE	MODEL	A PER B NO C LEFT AT SCENE		REASON TOWED: <small>A-VEHICLE IN DETAINED B-DETAINED C- OTHER D- OTHER VIOLATION</small>										
TRAILER MANUFACTURER YEAR		TRAILER MANUFACTURER YEAR		STATE	NUMBER	TYPE	YEAR	STATE	TRAILER MANUFACTURER YEAR										
VEHICLE MANUFACTURER		CARRIER/BUSINESS VEHICLE		GOVERNMENT VEHICLE		PERSONAL VEHICLE													
OR TRAILER MANUFACTURER YEAR												CARRIER/BUSINESS VEHICLE		GOVERNMENT VEHICLE		PERSONAL VEHICLE			
INTERSTATE CARRIER <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/>												CITY		STATE		ZIP		US DOT #	
CARRIER NAME STREET ADDRESS												INTERSTATE (FCC) #							
INTERSTATE CARRIER <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/>												CITY		STATE		ZIP		FLAGGED DISPLAYED <input type="checkbox"/> HAZMAT RELEASED <input type="checkbox"/>	
DRIVER'S LAST, FIRST, MI OR COMPANY NAME		PASSENGER		PASSENGER		PASSENGER		PASSENGER		PASSENGER		PASSENGER							
DATE OF BIRTH																			
DIRECT ADDRESS		TELEPHONE #		STATE		ZIP		TRANSPORTED TO MEDICAL FACILITY		NAME OF FACILITY									
STATE		LICENSE REQUIREMENTS		DRIVER LICENSE NUMBER															
PASSENGER ONLY		UPPER BODY CLOTHING	LIGHT	DARK	LOWER BODY CLOTHING	LIGHT	DARK	SEX	RACE	AGE	INJURY CODE								
DRIVER'S NAME (LAST, FIRST, MI OR COMPANY NAME)												TELEPHONE #							
Name as Driver STREET ADDRESS												STATE		ZIP					
INSURANCE CO. NAME (NOT AGENCY NAME)												POLICY NUMBER		EXPIRATION DATE					
AGENT'S NAME/ADDRESS												PHONE #							
OCCUPANT'S NAME (LAST, FIRST, MI)												NAME OF FACILITY		PHONE #					
STREET ADDRESS												TRANSPORTED TO MEDICAL FACILITY		NAME OF FACILITY					
CITY		STATE		ZIP		A. YES C. REFUSED AID		B. NO Y. UNKNOWN		NAME OF FACILITY									
OCCUPANT'S NAME (LAST, FIRST, MI)												NAME OF FACILITY		PHONE #					
STREET ADDRESS												TRANSPORTED TO MEDICAL FACILITY		NAME OF FACILITY					
CITY		STATE		ZIP		A. YES C. REFUSED AID		B. NO Y. UNKNOWN		NAME OF FACILITY									
CODES																			
SEATING POSITION		EJECTION		TRAPPED OR EXTRICATED		AIRBAG		OCCUPANT PROTECTION SYSTEM USED		INJURY									
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER) B - FRONT SEAT-MIDDLE C - FRONT SEAT-RIGHT SIDE D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER) E - SECOND SEAT-MIDDLE F - SECOND SEAT-RIGHT SIDE G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER) H - THIRD ROW-MIDDLE I - THIRD ROW-RIGHT SIDE		J - SLEEPER SECTION OF CAB (TRUCK) K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) M - PASSENGER ON TRAIN OR STREETCAR N - TRAILING UNIT O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) Y - UNKNOWN		A- NOT EJECTED B- TOTALLY EJECTED C- PARTIALLY EJECTED Y- UNKNOWN		A- NOT TRAPPED B- TRAPPED/EXTRICATED C- TRAPPED/NOT EXTRICATED Y- UNKNOWN		A- DEPLOYED B- NON-DEPLOYED C- DEPLOYED D- NOT APPLICABLE Y- UNKNOWN		A- NONE USED-VEHICLE OCCUPANT B- SHOULDER BELT ONLY USED C- LAP BELT ONLY USED D- SHOULDER AND LAP BELT USED E- CHILD SAFETY SEAT IMPROPERLY USED F- CHILD SAFETY SEAT USED G- HELMET USED Y- RESTRAINT USE UNKNOWN									
DPSSP 3106 (REV. MAR. 2005)																			

Entries 95 to 114 are shown on page 83.

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 and passengers involved in the crash. The Injury codes are also used for any pedestrians involved in the crash.

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

PAGE #

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WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

VISION OBSCUREMENTS		CONDITION OF DRIVER/PED	SEQUENCE OF EVENTS/HARMFUL EVENTS	
A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. LIGHT SIGNALS I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER		A. NORMAL B. DEFECTIVE C. DISTORTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER	NON-COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. COLLUMPFED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAULITE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF UNITS J. TRAIN DERAILMENT K. RAN OFF ROAD RIGHT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION COLLISION WITH FIXED OBJECT X. IMPACT ATTACHMENT/CRASH CUSHION Y. BRIDGE/PIER/HEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT A. BRIDGE RAIL B. CULVERT C. CURB D. DITCH E. EMBANKMENT F. GUARDRAIL FACE G. GUARDRAIL END H. CONCRETE TRAFFIC BARRIER I. OTHER TRAFFIC BARRIER J. TREE (STANDING) K. UTILITY POLE/LIGHT SUPPORT	
VIOLATION		DRIVER DISTRACTION	Movement Prior To Crash	
A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. DRIVING IN ANOTHER PASSING LANE G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. TURNED FROM WRONG TURNING LANE L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE IN CONDITION R. PERSON IN CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER		A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED	MOVEMENT PRIOR TO CRASH A. STOPPED B. DRIVING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. CROSSED CENTER LINE INTO OPPOSING LANE H. DRIVING ON CONGESTED ROAD I. DUE TO CONGESTION J. DUE TO CRASH (COLLISION) K. DUE TO DRIVEN CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HAIL/WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER	
TRAFFIC CONTROL		REASON FOR MOVEMENT	ALCOHOL/DRUG INVOLVEMENT	
A. ROAD SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW FLASHING LINE R. RED DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER		A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO CRASH (COLLISION) K. DUE TO DRIVEN CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HAIL/WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER	VEHICLE CONDITION A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE TURN SIGNAL G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED Y. UNKNOWN Z. OTHER	
PEDESTRIAN ACTIONS		VEHICLE LIGHTING	ALCOHOL	
A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STRANDING IN ROADWAY G. SITTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER		A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN	ALCOHOL/DRUGS SUSPECTED A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN	
DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	SPEED	
HEADED 126 N E S W	ON HIGHWAY, STREET OR DRIVE 130	131	EST. 132	POSTED 133
DAMAGE TO VEHICLE		EXTENT OF DEFORMITY	SKIDMARK DATA (FEET)	
136 TOTAL P- Q- Y- UNKNOWN	AREA DAMAGED 1ST 2ND 3RD	A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN	VEH. PED. 138	FR FL RR RL
CITATION NO.				
AFFIX BLOOD ALCOHOL KIT LABEL HERE				
(OR ENTER BLOOD ALCOHOL KIT NUMBER)				

DPSSP 3106 (REV. JAN. 2005)

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 Obscurments

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 facia* 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.

For example, if a driver fails to take any 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 an 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 affected. The driver has 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 affected. He/she has performed well on a SFST.

I) Physical impairment (EYES, EARS, etc.): The driver's physical impairment, such as eye sight 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

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

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

DAMAGE TO VEHICLE	
136 AREA DAMAGED 	EXTENT OF DEFORMITY 1ST 2ND 3RD
A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN	

CITATION NO.	VEH. OR PED.
138	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>

NOTICE OF INSURANCE VIOLATION 139

INVESTIGATING OFFICER'S INITIALS

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

A) Overturn/Rollover

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



B) Fire/Explosion

Fire or explosion 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.

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.



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.

C) 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.

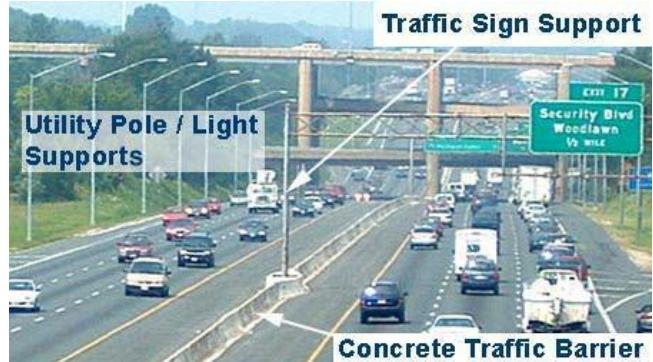
NN) Other Post, Pole or Support

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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59

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

VISION OBSCUREMENTS		CONDITION OF DRIVER/PED	SEQUENCE OF EVENTS/HARMFUL EVENTS		
A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER		A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER	S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT		
VIOLATION		DRIVER DISTRACTION	COLLISION WITH FIXED OBJECT		
A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION H. DRIVER CONDITION S. CARELESS OPERATION T. OVERDRIVE BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER		A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN	X. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC BARRIER II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT		
		REASON FOR MOVEMENT	MOVEMENT PRIOR TO CRASH		
A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER		A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER	A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN	K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER	
TRAFFIC CONTROL		VEHICLE CONDITION	ALCOHOL/DRUG INVOLVEMENT		
A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER		PEDESTRIAN ACTIONS	VEHICLE LIGHTING	ALCOHOL	
		A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER	A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN	A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC 9%	
		TRAFFIC CONTROL CONDITIONS	DRUGS		
		A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKINGS UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN	A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)		
<p align="center">AFFIX BLOOD ALCOHOL KIT LABEL HERE</p> <p align="right">(OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>					
DIRECTION BEFORE CRASH		FINAL LOCATION	DISTANCE TRAVELED	SPEED	SKIDMARK DATA (FEET)

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

DAMAGE TO VEHICLE		
136	AREA DAMAGED	EXTENT OF DEFORMITY
		<input type="checkbox"/> A- NONE <input type="checkbox"/> B- VERY MINOR <input type="checkbox"/> C- MINOR <input type="checkbox"/> D- MINOR/MODERATE <input type="checkbox"/> E- MODERATE <input type="checkbox"/> F- MODERATE/SEVERE <input type="checkbox"/> G- SEVERE <input type="checkbox"/> H- VERY SEVERE <input type="checkbox"/> Y- UNKNOWN
N- UNDER CARriage	1ST	<input type="checkbox"/>
O- TOTAL	2ND	<input type="checkbox"/>
P- OTHER	3RD	<input type="checkbox"/>
Q- NONE		
Y- UNKNOWN		

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

NOTICE OF INSURANCE VIOLATION 139

DPSSP 3106 (REV. JAN. 2005)

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

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

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.

This page intentionally left blank.

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

VISION OBSCUREMENTS (115)		CONDITION OF DRIVER/PED (116)	SEQUENCE OF EVENTS/HARMFUL EVENTS		
<p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILL/REST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER</p>		<p>A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER</p>	<p>S. MOTOR VEHICLE IN TRANSPORT U. PARKED MOTOR VEHICLE J. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT</p> <p>LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN</p> <p>1st <input type="checkbox"/> <input type="checkbox"/> 2nd <input type="checkbox"/> <input type="checkbox"/> 3rd <input type="checkbox"/> <input type="checkbox"/> 4th <input type="checkbox"/> <input type="checkbox"/></p> <p>MOST HARMFUL EVENT <input type="checkbox"/> <input type="checkbox"/></p>		
VIOLATION (118)		DRIVER DISTRACTION (119)	MOVEMENT PRIOR TO CRASH (121)		
<p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER BRAKING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER</p>		<p>A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN</p>	<p>A. STOPPED B. PROCEEDED STRAIGHT AHEAD C. TRAVELED WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN</p> <p>K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER</p>		
TRAFFIC CONTROL (122)		REASON FOR MOVEMENT (120)	ALCOHOL/DRUG INVOLVEMENT (127)		
<p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER</p>		<p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. PAVEMENT CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER</p>	<p>ALCOHOL/DRUGS SUSPECTED..... A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL..... A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC <input type="checkbox"/> <input type="checkbox"/> 8%</p> <p>DRUGS..... A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p>		
		PEDESTRIAN ACTIONS (123)	AFFIX BLOOD ALCOHOL KIT LABEL HERE (128)		
		<p>A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER</p>	<p>(OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>		
HEADED	DIRECTION BEFORE CRASH ON HIGHWAY, STREET OR DRIVE	FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED	SKIDMARK DATA (FEET)
(129) N E S W	(130)	(131)	(132)	EST. <input type="checkbox"/> <input type="checkbox"/> (133) POSTED <input type="checkbox"/> <input type="checkbox"/> (134)	FR <input type="checkbox"/> (135) FL <input type="checkbox"/> RR <input type="checkbox"/> RL <input type="checkbox"/>

DAMAGE TO VEHICLE	
AREA DAMAGED (136)	EXTENT OF DEFORMITY (137)
	<p>A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H- VERY SEVERE Y- UNKNOWN</p>

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

NOTICE OF INSURANCE VIOLATION (139)

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

138. Citation Number

For each driver involved in the crash, record the citation number for any charges filed as a result of the crash including the revised statute or ordinance. Space is provided for give 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 this 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)									
<input type="text" value="141"/>	<input type="text" value="95"/>									
STREET ADDRESS <input type="text" value="96"/>										
TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO D. UNKNOWN										
CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/>										
<input type="checkbox"/> NAME OF FACILITY <input type="text" value="105"/> <input type="checkbox"/> NAME OF FACILITY <input type="text" value="106"/>										
POSITION	EJECTION	TRAV/EXTRACATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY		
<input type="text" value="99"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
REPEAT AS ABOVE										
STREET ADDRESS <input type="text"/>										
TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO D. UNKNOWN										
CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/>										
<input type="checkbox"/> NAME OF FACILITY <input type="text"/>										
POSITION	EJECTION	TRAV/EXTRACATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
STREET ADDRESS <input type="text"/>										
TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO D. UNKNOWN										
CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/>										
<input type="checkbox"/> NAME OF FACILITY <input type="text"/>										
POSITION	EJECTION	TRAV/EXTRACATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
STREET ADDRESS <input type="text"/>										
TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO D. UNKNOWN										
CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/>										
<input type="checkbox"/> NAME OF FACILITY <input type="text"/>										
POSITION	EJECTION	TRAV/EXTRACATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
STREET ADDRESS <input type="text"/>										
TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO D. UNKNOWN										
CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/>										
<input type="checkbox"/> NAME OF FACILITY <input type="text"/>										
POSITION	EJECTION	TRAV/EXTRACATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
STREET ADDRESS <input type="text"/>										
TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO D. UNKNOWN										
CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/>										
<input type="checkbox"/> NAME OF FACILITY <input type="text"/>										

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 PAGE #

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

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

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

2. Describe the crash

EX: 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

EX: 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.

DPSSP 3110 (SIDE #2) – ALTERNATIVE GRID

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
ALTERNATIVE GRID

COMPUTER NUMBER
58 59
60

PAGE #

(56)
NORTH

(57)

INVESTIGATING OFFICER'S INITIALS

(140)

Entries above are shown on page 103.

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

**DPSSP 3111 – DRIVER/WITNESS
VOLUNTARY STATEMENT**

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT DRIVER/WITNESS VOLUNTARY STATEMENT	COMPUTER NUMBER <div style="border: 1px solid black; padding: 2px; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; width: 150px; height: 20px; margin-bottom: 5px;"></div> PAGE # <div style="border: 1px solid black; padding: 2px; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; width: 150px; height: 20px; margin-bottom: 5px;"></div>
---	--

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

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

<p>(152) RAILROAD TRAIN (153) STREET CAR DOT CROSSING NUMBER (154) _____ TRAIN ID NUMBER/CONSIST NUMBER (155) _____ SETS OF TRACKS (156) TRAIN IN MOTION? TRACK SPEED LIMIT (157) Y/N (158) (159) TYPE CROSSING <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE SURFACE A. RUBBER MAT B. ASPHALT C. WOOD D. CONCRETE E. GRAVEL Z. OTHER (160) MPH. (161)</p>	<p>STATE OF LOUISIANA UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT</p>	<p>COMPUTER NUMBER (58) _____ - (59) _____ PAGE # (60) _____</p>
<p>(162) COMPANY OPERATING RR TRAIN OR STREET CAR STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____</p>		
<p>(163) COMPANY OWNING TRACKS STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____</p>		
<p>(164) ENGINEER'S NAME (LAST, FIRST, MI) STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ ENGINEER'S CERTIFICATION NO (165) _____ NAME OF FACILITY _____</p>		
<p>(166) CONDUCTOR'S NAME (LAST, FIRST, MI) STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ TRANSPORTED TO MEDICAL FACILITY A. YES <input type="checkbox"/> C. REFUSED AID <input type="checkbox"/> B. NO <input type="checkbox"/> Y. UNKNOWN <input type="checkbox"/> NAME OF FACILITY _____</p>		
<p>(167) MARK ALL APPLICABLE BOXES HIGHWAY USER..... (168) A. STALLED ON CROSSING B. STOPPED ON CROSSING C. MOVING OVER CROSSING D. TRAPPED ON CROSSING</p>		
<p>(169) TRAIN MAKE _____ TYPE _____ LEAD ENGINE # _____ SERIAL NUMBER _____ NO. OF ENGINES _____ NO. OF CARS _____ DISTANCE TRAVELED AFTER IMPACT (170) _____ MILES <input type="checkbox"/> FEET <input type="checkbox"/> HEADLIGHT FUNCTIONAL? Y/N (171) DITCH LIGHTS FUNCTIONAL? Y/N <input type="checkbox"/> HORN FUNCTIONAL? Y/N <input type="checkbox"/> BELL FUNCTIONAL? Y/N <input type="checkbox"/> EVENT DATA RECORDER EQUIPPED? Y/N <input type="checkbox"/> DATA RECORDER SPEED (172) SPEED RESULTS PENDING? Y/N <input type="checkbox"/> SIDE IMPACT Y/N (173) NO. OF CARS FROM LEAD ENGINE (174) TYPE RAILCAR STRUCK RAILCAR NUMBER HAZARDOUS MATERIALS Y/N (175) DOT PLACARD # _____ CAR LOADED? Y/N <input type="checkbox"/> LEAKING? Y/N <input type="checkbox"/> INVESTIGATING OFFICER'S INITIALS (140)</p>		

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.

This page intentionally left blank.

STATE OF LOUISIANA
UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT

(152)	RAILROAD TRAIN		COMPUTER NUMBER	PAGE #
(153)	STREET CAR		(58) _____	(59) _____
DOT CROSSING NUMBER				
(154)			(60)	
TRAIN ID NUMBER/CONSIST NUMBER				
(155)				
SETS OF TRACKS	(156)	TRAIN IN MOTION?		
TRACK SPEED LIMIT	(157)	Y/N (158)		
(159) TYPE CROSSING	<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PRIVATE		
SURFACE	A. RUBBER MAT B. ASPHALT C. WOOD D. CONCRETE E. GRAVEL Z. OTHER	ESTIMATED SPEED OF TRAIN BEFORE BRAKING		
(160)	(161)	MPH.		
(162) COMPANY OPERATING RR TRAIN OR STREET CAR				
STREET ADDRESS _____				
CITY _____ STATE _____ ZIP _____				
(163) COMPANY OWNING TRACKS				
STREET ADDRESS _____				
CITY _____ STATE _____ ZIP _____				
(164) ENGINEER'S NAME (LAST, FIRST, MI)				
STREET ADDRESS _____				
CITY _____ STATE _____ ZIP _____				
ENGINEER'S CERTIFICATION NO _____				
(165)				
NAME OF FACILITY _____				
(166) CONDUCTOR'S NAME (LAST, FIRST, MI)				
STREET ADDRESS _____				
CITY _____ STATE _____ ZIP _____				
NAME OF FACILITY _____				
(167) MARK ALL APPLICABLE BOXES				
WARNING DEVICES	<input type="checkbox"/> CROSSBUCK	<input type="checkbox"/> FLASHING LIGHTS/BELL	<input type="checkbox"/> FLASHING LIGHTS/BELL/GATE	OTHER _____
ADVANCE WARNING DEVICE	<input type="checkbox"/> SIGN	<input type="checkbox"/> PAVEMENT MARKINGS	<input type="checkbox"/> ACTIVE ADVANCED WARNING	OTHER _____
ACTIVE WARNING DEVICES FUNCTIONAL	<input type="checkbox"/> LIGHTS FLASHING	<input type="checkbox"/> BELL RINGING	<input type="checkbox"/> GATES DOWN	OTHER _____
HIGHWAY USER..... (168)				
A. STALLED ON CROSSING				
B. STOPPED ON CROSSING				
C. MOVING OVER CROSSING				
D. TRAPPED ON CROSSING				
(169) TRAIN				
MAKE	TYPE		LEAD ENGINE #	
SERIAL NUMBER	NO. OF ENGINES	NO. OF CARS	DISTANCE TRAVELED AFTER IMPACT	(170) _____ MILES <input type="checkbox"/> FEET <input type="checkbox"/>
HEADLIGHT FUNCTIONAL? Y/N (171)	DITCH LIGHTS FUNCTIONAL? Y/N <input type="checkbox"/>	HORN FUNCTIONAL? Y/N <input type="checkbox"/>	BELL FUNCTIONAL? Y/N <input type="checkbox"/>	
EVENT DATA RECORDER EQUIPPED? Y/N <input type="checkbox"/>	DATA RECORDER SPEED (172) <input type="checkbox"/>	SPEED RESULTS PENDING? Y/N <input type="checkbox"/>		
SIDE IMPACT				
Y/N (173)	NO. OF CARS FROM LEAD ENGINE	(174) TYPE RAILCAR STRUCK	RAILCAR NUMBER _____	
HAZARDOUS MATERIALS Y/N (175)	DOT PLACARD # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CAR LOADED? Y/N <input type="checkbox"/>	LEAKING? Y/N <input type="checkbox"/>	INVESTIGATING OFFICER'S INITIALS (140)

DPSSP 3112 (REV. MAR. 2005)

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 this number in the appropriate data block.

Note: **DO NOT** enter the motor vehicle driver's license number of the engineer.

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

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

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

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

Mark an "X" in the data blocks provided to indicate which warning devices were in place at the crossing and their operating condition. 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

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

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 Development

Appendix B

Parish Codes

01	Acadia	33	Madison
02	Allen	34	Morehouse
03	Ascension	35	Natchitoches
04	Assumption	36	Orleans
05	Avoyelles	37	Ouachita
06	Beauregard	38	Plaquemines
07	Bienville	39	Pointe Coupee
08	Bossier	40	Rapides
09	Caddo	41	Red River
10	Calcasieu	42	Richland
11	Caldwell	43	Sabine
12	Cameron	44	St. Bernard
13	Catahoula	45	St. Charles
14	Claiborne	46	St. Helena
15	Concordia	47	St. James
16	Desoto	48	St. John
17	East Baton Rouge	49	St. Landry
18	East Carroll	50	St. Martin
19	East Feliciana	51	St. Mary
20	Evangeline	52	St. Tammany
21	Franklin	53	Tangipahoa
22	Grant	54	Tensas
23	Iberia	55	Terrebonne
24	Iberville	56	Union
25	Jackson	57	Vermillion
26	Jefferson	58	Vernon
27	Jefferson Davis	59	Washington
28	Lafayette	60	Webster
29	Lafourche	61	West Baton Rouge
30	LaSalle	62	West Carroll
31	Lincoln	63	West Feliciana
32	Livingston	64	Winn

Appendix C

Incorporated Municipalities

PARISH NO.	PARISH	CITY	CITY CODE
01	Acadia	Church Point	01
		Crowley	02
		Esterwood	03
		Iota	04
		MermenTau	05
		Morse	06
		Rayne	07
02	Allen	Eunice	16*
		Elizabeth	01
		Kinder	02
		Oakdale	03
		Oberlin	04
03	Ascension	Reeves	05
		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
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PARISH NO.	PARISH	CITY	CITY CODE
07	Bienville	Arcadia	01
		Bienville	02
		Bryceland	03
		Castor	04
		Gibsland	05
		Jamestown	06
		Lucky	07
		Mount Lebanon	08
		Ringgold	09
		Saline	10
08	Bossier	Benton	01
		Bossier City	02
		Haughton	03
		Plain Dealing	04
		Shreveport	18*
09	Caddo	Belcher	01
		Blanchard	02
		Gilliam	03
		Greenwood	04
		Hosston	05
		Ida	06
		Mooringsport	07
		Oil City	08
		Rodessa	09
		Vivian	10
10	Calcasieu	Shreveport	18*
		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
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30	LaSalle	Jena	01
		Olla	02
		Tullos	03
		Urания	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

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	MITS
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

United States		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	Canada	
IL	Illinois	AB	Alberta
IN	Indiana	BC	British Columbia
IA	Iowa	LB	Labrador
KS	Kansas	MB	Manitoba
KY	Kentucky	NB	New Brunswick
LA	Louisiana	NF	Newfoundland
ME	Maine	NT	Northwest Territory
MD	Maryland	NS	Nova Scotia
MA	Massachusetts	NU	Nunavut
MI	Michigan	ON	Ontario
MN	Minnesota	PE	Prince Edward Island
MS	Mississippi	QU	Quebec
MO	Missouri	SK	Saskatchewan
MT	Montana	YT	Yukon Territory
MX	Mexico	Mexico (Selected States)	
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
NY	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 one is struck by vehicle two which disobeyed a traffic control device. The driver of vehicle one lost control and that vehicle struck vehicle three, which was legally parked. The contact between vehicles one and two resulted in disabling damage to vehicle two. The contact between vehicles one and three resulted in functional damage to both vehicles. The FIRST EVENT in the SEQUENCE OF EVENTS and the MOST HARMFUL EVENT would be the collision between vehicles 1 and 2 – it came first and it resulted in the most severe damage. The SECOND EVENT in the SEQUENCE OF EVENTS would be the contact between vehicles one and three.

Damage to Vehicles

The diagram in this data area divides the vehicle into a number of sections. Enter areas damaged in the three data blocks given for the vehicle. Use one, two or all three of the blocks. If there are more than three areas on the vehicle with contact damage, use either of the following criteria to determine which three areas should be used for each vehicle involved in the crash:

- Record the first three damaged areas, or
- Record the three major damaged areas.

Remember that it is mandatory that the 1st damage area block be used to describe the point of first contact, keeping the first event in the SEQUENCE OF EVENTS in mind during the decision-making process. If the first damaged area is not the area with the greatest damage, it is recommended that the area(s) with the greatest damage be listed next.

If a vehicle ran into a pole striking it centered on the front of the vehicle, only code A would be used. If a vehicle struck another head-on, with no overlap, codes **A**, **B** and **L** would be used.

Extent of Deformity

For each damaged area listed in the previous section, indicate the extent of that damage in this set of boxes. The extent of damage described here refers ONLY to the damaged area indicated in the adjacent box. These codes are designed for you to record the degree of damage

Damage assessments can be thought of in terms of how that damage affects the function of that area of the vehicle. VERY MINOR and MINOR damage can be thought of as cosmetic damage only. Damage is visible, but the function of the area is not affected. The degrees of MODERATE damage indicate that the affected area has lost some of its function. Lights might be missing, door completely jammed or a bumper ripped off. The functional use of that part of the vehicle is clearly diminished. (While a cracked or broken light lens can affect function, in terms of law, in most instances this would be minor damage. If an entire light assembly were damaged, that would be functional damage.) The SEVERE damage categories imply vehicle disablement. Not only has that area of the vehicle lost its functionality, but the entire vehicle is disabled because of that damage

Appendix G

Speed Estimation

Determining the pre-collision speed of a vehicle can be a challenge for even the most skilled investigator or reconstructionist. Fortunately, for most crashes, speed is not a significant factor in the crash and the estimates of the involved drivers are usually satisfactory. If there is a concern about the accuracy of their estimated speeds, other sources for speed determination should be sought. Witnesses can often be a source of speed estimates. However, always keep in mind that most people overestimate the approaching speed of small vehicles and underestimate the speed of larger vehicles.

Collision damage can also provide general guidance for speed estimation. If a vehicle shows little evidence of pre-collision braking and still did little damage, its pre-collision speed was likely slow. The reverse is obviously also true. There are computer programs and books available that estimate collision speed based on damage. These techniques range from relatively simple to very sophisticated, with ultimate accuracy usually increasing with increasing complexity of the program and variables that it can take into account.

These approaches still only show speed at impact. If there is braking or other pre-collision maneuvers, then the speed lost there must be combined with impact speed to determine speed before the crash sequence began. These speeds ARE NOT additive. For example, if skid evidence shows a vehicle lost 20 mph in skidding, and damage analysis shows an impact speed of 40 mph, the pre-crash speed of the vehicle was not 60 mph. Rather, a mathematical formula must be used to do such combined speeds.

Skidmark evidence only shows speed lost while skidding. In a special case, such as a vehicle skidding and striking a pedestrian and then skidding to a halt without a break in the skid, then the skid mark evidence can show the speed of the vehicle prior to the crash sequence. Such situations are uncommon. Usually, a vehicle skids for some distance and then strikes another vehicle, fixed object, etc. The skid mark can only show speed lost while skidding and usually this is just a portion of the pre-crash speed.

Determine speed lost from skidding uses a simple formula: $S = \sqrt{30df}$, where

S = speed in mph

30 = a constant which adjusts the equation to the units of measurement used
 d = the length of the skid mark in feet

f = the coefficient of friction (drag factor) of the road surface

\sqrt = take the square root of the product of the three factors

The coefficient of friction can be found from making test skids or by checking reference books. Speed from skidmarks can also be determined through use of a nomograph such as the one on the following page. The nomograph does the mathematics of determining speed if the "d" and "f" factors are known. Running a straight edge from the skid distance to the coefficient of friction will show the speed on the middle scale.

It is also possible to determine speed from marks other than skidmarks. Yawmarks made while a vehicle is in a sideways, loss-of-control skid (without brake application) are one example of this. Marks made by a vehicle involved in a flip or vault can also be used to determine speed.

For more information on determining pre-collision speed, the investigator should consult an agency- designated investigator or a reference such as the Northwestern University Center for Public Safety's *Traffic Collision Investigation Manual*.

Appendix H

Hazardous Materials Classification System

Class 1 Explosives

- 1.1 - Explosives with a mass explosion hazard
- 1.2 - Explosives with a projection hazard
- 1.3 - Explosives with predominantly a fire hazard
- 1.4 - Explosives with no significant blast hazard
- 1.5 - Very insensitive explosives; blasting agents
- 1.6 - Extremely insensitive detonating articles

Class 2 Gases

- 2.1 – Flammable gases
- 2.2 – Non-flammable, non-toxic* compressed gases
- 2.3 – Gases toxic* by inhalation
- 2.4 – Corrosive gases (Canada)

Class 3 Flammable liquids (and Combustible liquids [U.S.])

Class 4 Flammable solids; spontaneously combustible materials; and dangerous when wet materials

- 4.1 – Flammable solids
- 4.2 – Spontaneously combustible materials
- 4.3 – Dangerous when wet materials

Class 5 Oxidizers and Organic peroxides

- 5.1 – Oxidizers
- 5.2 – Organic peroxides

Class 6 Toxic* materials and Infectious substances

- 6.1 – Toxic* materials
- 6.2 – Infectious substances

Class 7 Radioactive materials

Class 8 Corrosive materials

Class 9 Miscellaneous dangerous goods

- 9.1 – Miscellaneous dangerous goods (Canada)
- 9.2 – Environmentally hazardous substances (Canada)
- 9.3 – Dangerous wastes (Canada)

*The words “poison” or “poisonous” are synonymous with “toxic.”

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