

TOTAL NUMBER OF VEHICLES INVOLVED

STATE OF LOUISIANA UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



* 1 3 4 1 4 5 2 *

LAT.

LONG.

TIME (0000)

DISTRICT/ZONE

TROOP

PAGE #

DATE OF CRASH

IN PARISH OF

PARISH CODE

ON PRIMARY ROADWAY

MILEPOST CITY OR TOWN

DISTANCE MILES FEET NE SW

STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

DISTANCE MILES FEET NE SW

STREET/HIGHWAY AT INTERSECTION NOT AT INTERSECTION

CONSTR./MAINT. ZONE HIT & RUN DOTD PROPERTY DAMAGE PHOTOS MADE RR TRAIN INVOLVED FATALITY

CRASH OCCURRED ON A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. PRIVATE PROPERTY G. TOLL ROAD H. OTHER

VEHICLE #01 A. PASSENGER CAR B. LT. TRUCK (PU., ETC.) C. VAN D. A, B, OR C WITH TRAILER E. MOTORCYCLE F. PEDALCYCLE G. OFF-ROAD VEHICLE H. EMERGENCY VEHICLE I. SCHOOL BUS J. OTHER BUS K. MOTOR HOME L. SINGLE UNIT TRUCK M. TRUCK WITH TRAILER(S) N. FARM EQUIPMENT O. OTHER

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

TRAILER DESCRIPTION YEAR MAKE TYPE YEAR STATE NUMBER LICENSE PLATE

DRIVER'S NAME (LAST, FIRST, MI) DATE OF BIRTH

STREET ADDRESS TELEPHONE # CITY STATE ZIP CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO EXCHANGE INFORMATION? NAME OF FACILITY

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) SAME AS DRIVER? SR-10 FURNISHED? PROOF OF INSURANCE? NOTICE OF VIOLATION ISSUED?

OCCUPANT'S NAME (LAST, FIRST, MI) STREET ADDRESS CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY NAME OF FACILITY

INVESTIGATING AGENCY NAME OF AGENCY TIME OF NOTIFICATION TIME OF ARRIVAL TIME ALL LANES OPENED INVESTIGATION COMPLETE INVESTIGATING POLICE AGENCY REPORT COMPLETED

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

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 PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

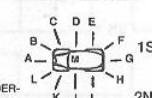
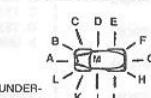
REFER TO EACH BY VEHICLE NUMBER

Empty lines for the Officer's Narrative.

NON-COLLISION WITH MOTOR VEHICLE A	REAR END B	HEAD-ON C	RIGHT ANGLE D	LEFT TURN E	LEFT TURN F	LEFT TURN G	RIGHT TURN H	RIGHT TURN I	SIDESWIPE SAME J	SIDESWIPE OPPOSITE K	OTHER L	MANNER OF COLLISION <input type="checkbox"/>
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Large grid area for drawing the crash scene. Includes a circle with 'NORTH' written below it.

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

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

CITATION NO	VEH. 1	VEH. 2	R.S. OR ORD. NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

COMPUTER NUMBER

PAGE #

VEHICLE

PEDESTRIAN

VEHICLE #

- | | | | |
|----------------------------|----------------------|----------------------|--------------------------|
| A. PASSENGER CAR | E. MOTORCYCLE | I. SCHOOL BUS | M. TRUCK WITH TRAILER(S) |
| B. LT. TRUCK (P.U., ETC.) | F. PEDALCYCLE | J. OTHER BUS | N. FARM EQUIPMENT |
| C. VAN | G. OFF-ROAD VEHICLE | K. MOTOR HOME | O. OTHER |
| D. A, B, OR C WITH TRAILER | H. EMERGENCY VEHICLE | L. SINGLE UNIT TRUCK | |

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

TRAILER DESCRIPTION YEAR MAKE TYPE LICENSE PLATE YEAR STATE NUMBER

DRIVER'S NAME (LAST, FIRST, MI) DATE OF BIRTH

STREET ADDRESS TELEPHONE # CITY STATE ZIP INJURY

POSITION	EJECTION	TRAP/EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
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STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO EXCHANGE INFORMATION? YES NO NAME OF FACILITY

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) SAME AS DRIVER? YES NO SR-10 FURNISHED? YES NO PROOF OF INSURANCE? YES NO NOTICE OF VIOLATION ISSUED? YES NO

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

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

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

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

CONTRIBUTING FACTORS AND CONDITIONS

WRITE APPROPRIATE LETTER IN BLOCK

<p>VISION OBSCUREMENTS <input type="checkbox"/></p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. UNKNOWN O. NO OBSCUREMENTS P. OTHER</p>	<p>D <input type="checkbox"/></p> <p>P <input type="checkbox"/></p>	<p>CONDITION OF DRIVER AND PEDESTRIANS <input type="checkbox"/></p> <p>A. NORMAL B. INATTENTIVE OR DISTRACTED C. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. HAD BEEN DRINKING - IMPAIRED H. HAD BEEN DRINKING - IMPAIRED - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. UNKNOWN L. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH <input type="checkbox"/></p> <p>A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANUEVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>	<p>VEHICLE CONDITION <input type="checkbox"/></p> <p>A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED L. UNKNOWN DEFECTS M. OTHER</p>	<p>TRAFFIC CONTROL CONDITIONS <input type="checkbox"/></p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS F. CONDITION UNKNOWN</p>
<p>VIOLATION <input type="checkbox"/></p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. UNKNOWN VIOLATIONS U. NO VIOLATIONS V. OTHER</p>	<p>REASON FOR MOVEMENT <input type="checkbox"/></p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING FOR TRAFFIC CONTROL H. DUE TO CONGESTION I. DUE TO PRIOR CRASH (COLLISION) J. DUE TO DRIVER CONDITION K. DUE TO DRIVER CONDITION L. DUE TO VEHICLE CONDITION (FAILURE) M. DUE TO PAVEMENT CONDITION N. HIGH WIND O. NORMAL MOVEMENT P. REASON UNKNOWN R. OTHER</p>	<p style="text-align: center;">ALCOHOL/DRUG INVOLVEMENT</p> <p style="text-align: center;">VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/></p> <p>ALCOHOL/DRUGS PRESENT</p> <p>A. NEITHER ALCOHOL OR DRUGS PRESENT B. YES (ALCOHOL PRESENT) C. YES (DRUGS PRESENT) D. YES (ALCOHOL AND DRUGS PRESENT) E. NOT REPORTED F. UNKNOWN</p> <p>ALCOHOL</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC g% = <input type="text"/> g% E. UNKNOWN</p> <p>DRUGS</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. DRUGS REPORTED (SPECIFY) D. UNKNOWN</p> <p>SUSPECTED DRUGS</p>			

<p>TRAFFIC CONTROL <input type="checkbox"/></p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, WATCHMAN 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 W. UNKNOWN X. OTHER</p>	<p>HARMFUL EVENTS <input type="checkbox"/></p> <p>A. OVERTURNED B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. OTHER NONCOLLISION F. PEDESTRIAN G. PEDALCYCLE H. RAILWAY TRAIN I. ANIMAL J. MOTOR VEHICLE IN TRANSPORT K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY L. PARKED MOTOR VEHICLE M. OTHER OBJECT (NOT FIXED) N. IMPACT ATTENUATOR O. BRIDGE-PIER OR ABUTMENT P. BRIDGE-PARAPET END Q. BRIDGE-RAIL R. GUARDRAIL FACE S. GUARDRAIL END T. MEDIAN BARRIER U. HIGHWAY TRAFFIC SIGN POST V. OVERHEAD SIGN SUPPORT W. LUMINAIRE/LIGHT SUPPORT X. UTILITY POLE Y. OTHER POLE Z. CULVERT AA. CURB BB. EMBANKMENT CC. MAIL BOX DD. DITCH EE. FENCE FF. TREE GG. UNKNOWN HH. OTHER FIXED OBJECT</p>
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<p>PEDESTRIAN ACTIONS <input type="checkbox"/></p> <p>A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY OR UNKNOWN L. NOT APPLICABLE M. OTHER IN ROADWAY</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CITATION NO.</th> <th style="width: 10%;">VEH.</th> <th style="width: 10%;">PED.</th> <th style="width: 10%;">R.S. OR</th> <th style="width: 10%;">ORD. NO.</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	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"/>	_____	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____																						

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

DAMAGE TO THIS VEHICLE

AREA DAMAGED	EXTENT OF DEFORMITY
	<p>A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H-VERY SEVERE I-UNKNOWN</p>
<p>1ST <input type="checkbox"/></p> <p>2ND <input type="checkbox"/></p> <p>3RD <input type="checkbox"/></p>	<p>1ST <input type="checkbox"/></p> <p>2ND <input type="checkbox"/></p> <p>3RD <input type="checkbox"/></p>

INSURANCE THIS VEHICLE

INSURANCE CO. NAME (NOT AGENCY NAME)	EFFECTIVE DATE
POLICY NUMBER	EXPIRATION DATE
AGENT'S NAME	PHONE # ()
AGENT'S ADDRESS	

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
ALTERNATIVE GRID

COMPUTER NUMBER

PAGE #

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NORTH

Sample

INVESTIGATING OFFICER'S INITIALS

STATE OF LOUISIANA

UNIFORM RAILROAD GRADE CROSSING CRASH SUPPLEMENT

COMPUTER NUMBER

PAGE #

RAILROAD TRAIN

STREET CAR

DOT CROSSING NUMBER

TRAIN ID NUMBER/CONSIST NUMBER

SETS OF TRACKS

TRAIN IN MOTION?

TRACK SPEED LIMIT

YES NO

TYPE CROSSING

PUBLIC

PRIVATE

SURFACE

- A. RUBBER MAT
- B. ASPHALT
- C. WOOD
- D. CONCRETE
- E. GRAVEL
- F. OTHER

ESTIMATED SPEED OF TRAIN BEFORE BRAKING

MPH.

COMPANY OPERATING RR TRAIN OR STREET CAR

STREET ADDRESS

CITY

STATE

ZIP

COMPANY OWNING TRACKS

STREET ADDRESS

CITY

STATE

ZIP

ENGINEER'S NAME (LAST, FIRST, MI)

DATE OF BIRTH

STREET ADDRESS

CITY

STATE

ZIP

ENGINEER'S CERTIFICATION NO

POSITION	EJECTION	TRAP/EXTRICATED	SEX	RACE	AGE	INJURY

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

NAME OF FACILITY

CONDUCTOR'S NAME (LAST, FIRST, MI)

DATE OF BIRTH

STREET ADDRESS

CITY

STATE

ZIP

POSITION	EJECTION	TRAP/EXTRICATED	SEX	RACE	AGE	INJURY

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

NAME OF FACILITY

MARK ALL APPLICABLE BOXES

WARNING DEVICES

CROSSBUCK

FLASHING LIGHTS/BELL

FLASHING LIGHTS/BELL/GATE

OTHER

HIGHWAY USER.....

ADVANCE WARNING DEVICE

SIGN

PAVEMENT MARKINGS

ACTIVE ADVANCED WARNING

OTHER

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

ACTIVE WARNING DEVICES FUNCTIONAL

LIGHTS FLASHING

BELL RINGING

GATES DOWN

OTHER

TRAIN

MAKE

TYPE

LEAD ENGINE #

SERIAL NUMBER

NO. OF ENGINES

NO. OF CARS

DISTANCE TRAVELED AFTER IMPACT

MILES
FEET

HEADLIGHT FUNCTIONAL?

YES NO

DITCH LIGHTS FUNCTIONAL?

YES NO

HORN FUNCTIONAL?

YES NO

BELL FUNCTIONAL?

YES NO

EVENT DATA RECORDER EQUIPPED?

YES NO

DATA RECORDER SPEED

SPEED RESULTS PENDING?

YES NO

SIDE IMPACT

YES NO

NO. OF CARS FROM LEAD ENGINE

TYPE RAILCAR STRUCK

RAILCAR NUMBER

HAZARDOUS MATERIALS

YES NO

DOT PLACARD #

CAR LOADED?

YES NO

LEAKING?

YES NO

INVESTIGATING OFFICER'S INITIALS