



STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



5647564

PAGE # 01

TOTAL NUMBER OF VEHICLES INVOLVED

LAT.

LONG.

TIME (0000)

DISTRICT/ZONE

TROOP

DATE OF CRASH 1 0 1 2 2 0 0 3

1 3 3 9

5 1 2 3 5 1

1

IN PARISH OF

A r k a d i a

PARISH CODE

0 2

ON PRIMARY ROADWAY

N M a c A r t h u r D r

MILEPOST

4 3 4 3

CITY OR TOWN

A l e x a n d r i a

DISTANCE

0 0 9 3 3

MILES FEET

NE SW

STREET/HIGHWAY

N M a c A r t h u r D r

AT INTERSECTION

NOT AT INTERSECTION

DISTANCE

0 0 0 4 4

MILES FEET

NE SW

STREET/HIGHWAY

J a c k s o n S t r e e t E x t

AT INTERSECTION

NOT AT INTERSECTION

VEHICLE #01

- A. PASSENGER CAR B. LT. TRUCK (P.U., 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

2 0 0 3

MAKE

F o r d

MODEL

R a n g e r

DOORS

2

AXLES

0 2

TIRES

0 4

V.I.N.

3 8 5 3 7 2 5 7 6 3 2 5 - 3 9 2 3

VEHICLE TOWED

A

- A. YES B. NO C. LEFT AT SCENE

REMOVED BY

Mike towing

LICENSE PLATE

2 0 0 3

STATE

L A

NUMBER

3 9 5 3 8 n e g o

TYPE

R a n g e r

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

A

TRAILER DESCRIPTION

YEAR

MAKE

TYPE

YEAR

STATE

NUMBER

LICENSE PLATE

YEAR

MAKE

TYPE

YEAR

STATE

NUMBER

DRIVER'S NAME (LAST, FIRST, MI)

A l l i s o n C h e r r y

DATE OF BIRTH

1 1 1 3 1 9 5 6

STREET ADDRESS 21 Main Street

293

TELEPHONE # 593 583 3958

CITY Alexandria

STATE

NE

ZIP

4 5 6 3 4

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER

L A

4

4 6 3

5 0 8 5 9 3 9 8 4

INSTRUCTED TO EXCHANGE INFORMATION?

YES NO

TRANSPORTED TO MEDICAL FACILITY

- A. YES B. NO C. UNKNOWN D. REFUSED AID

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

STREET ADDRESS

CITY

STATE

ZIP

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)

M i c h e l l e H i l l

STREET ADDRESS

TRANSPORTED TO MEDICAL FACILITY

- A. YES B. NO C. UNKNOWN D. REFUSED AID

CITY

STATE

ZIP

POSITION

EJECTION

TRAP/EXTRICATED

AIR BAG

OCC PROT SYS

SEX

RACE

AGE

INJURY

B D C E C F I UNK A

INVESTIGATING AGENCY NAME OF AGENCY

6484384849

TIME OF NOTIFICATION

1 2 0 0

TIME OF ARRIVAL

1 2 1 0

TIME ALL LANES OPENED

2 2 0 0

INVESTIGATION COMPLETE

YES NO

INVESTIGATING POLICE AGENCY

- A. STATE B. CITY C. PARISH D. OTHER

REPORT COMPLETED

1 2 1 2 1 2 3 4

Mike Kennedy INVESTIGATING OFFICER'S NAME (PRINT)

Mike Kennedy SIGNATURE

6 8 4 5 1 3 / RT BADGE #

SUPERVISOR'S INITIALS

VEHICLE #02

- A. PASSENGER CAR
- B. LT. TRUCK (P.U., 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

PAGE #

02

YEAR: 2 0 0 1 MAKE: F o r d MODEL: C o n t o u r # DOORS: 4 # AXLES: 0 2 # TIRES: 0 4

V.I.N. 3 2 0 5 2 3 4 9 6 2 6 5 - 2 3 6 8 VEHICLE TOWED: A REMOVED BY: The Towing Specialists

LICENSE PLATE: 2 0 0 3 STATE: L A NUMBER: 3 8 5 2 9 3 5 8 3 TYPE: REASON TOWED: A

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

DRIVER'S NAME (LAST, FIRST, MI): D o n M o o r e DATE OF BIRTH: 0 5 0 6 1 9 8 3

STREET ADDRESS: #258 South Main Street TELEPHONE #: 395-293-4858 CITY: Alexandria STATE: LA ZIP: 2 3 5 8 9

STATE: A R CLASS: 2 ENDORSEMENTS: 1 2 3 DRIVER'S LICENSE NUMBER: 3 5 0 3 8 5 7 2 3 0 5 8 2 3 7 5 INSTRUCTED TO EXCHANGE INFORMATION? YES X

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

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

CODES						
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY	
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	A- NOT EJECTED	A- NOT TRAPPED	A- DEPLOYED	A- NONE USED-VEHICLE OCCUPANT	A- FATAL	
B - FRONT SEAT-MIDDLE	B- TOTALLY EJECTED	B- TRAPPED / EXTRICATED	B- NOT DEPLOYED	B- SHOULDER BELT ONLY USED	B- INCAPACITATING/ SEVERE	
C - FRONT SEAT-RIGHT SIDE	C- PARTIALLY EJECTED	C- TRAPPED / NOT EXTRICATED	C- NOT DEPLOYED- /SWITCH OFF	C- LAP BELT ONLY USED	C- NON- INCAPACITATING / MODERATE	
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	D- UNKNOWN	D- UNKNOWN	D- NOT APPLICABLE	D- SHOULDER AND LAP BELT USED	D- POSSIBLE/ COMPLAINT	
E - SECOND SEAT-MIDDLE			E- UNKNOWN	E- CHILD SAFETY SEAT IMPROPERLY USED	E- NO INJURY	
F - SECOND SEAT-RIGHT SIDE				F- CHILD SAFETY SEAT USED		
G- THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)				G- HELMETS USED		
H - THIRD ROW-MIDDLE				H- RESTRAINT USE UNKNOWN		
I - THIRD ROW-RIGHT SIDE						

INSURANCE VEHICLE # 1		INSURANCE VEHICLE # 2	
INSURANCE CO, NAME (NOT AGENCY NAME) Brother&Brother Insurance	EFFECTIVE DATE 10/29/2002	INSURANCE CO, NAME (NOT AGENCY NAME) Lincolns Insurance Co.	EFFECTIVE DATE 5/23/03
POLICY NUMBER 35837503.2	EXPIRATION DATE 10/29/2003	POLICY NUMBER 35850-3	EXPIRATION DATE 5/22/04
AGENT'S NAME Clark McKent	PHONE # (168) 584-8468	AGENT'S NAME Doug King	PHONE # (324) 549-8688
AGENT'S ADDRESS #5383 North Mainstreet		AGENT'S ADDRESS #123 Yale	

EMERGENCY SERVICES: AMBULANCE TIME CALLED: ARRIVED SCENE: DEPARTED SCENE: ARRIVED HOSPITAL: RESCUE UNIT: TIME CALLED: ARRIVED SCENE: 1 2 3

AMBULANCE SERVICE: FIRE DEPARTMENT:

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
CONTRIBUTING FACTORS AND CONDITIONS

COMPUTER NUMBER

PAGE #

5	6	4	7	5	6	4	-	0	3

WRITE APPROPRIATE LETTER IN BLOCK

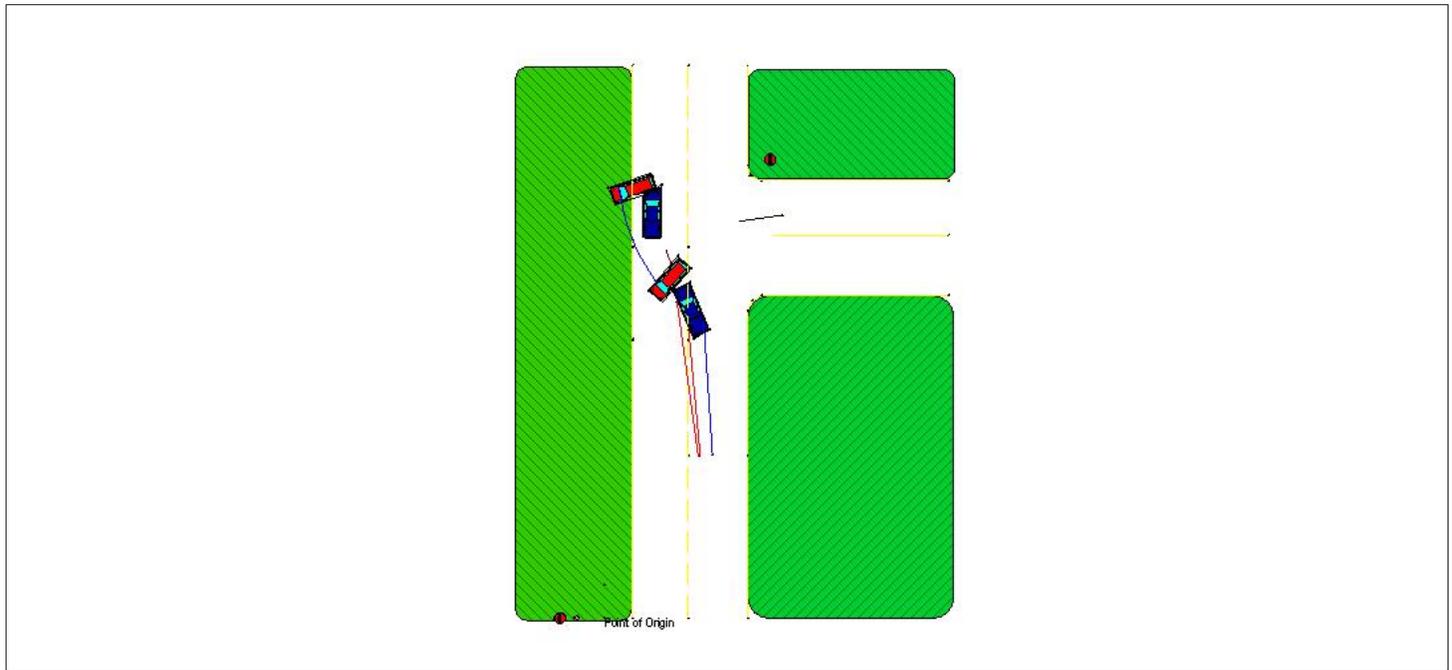
<p style="text-align: center;">ROAD SURFACE (ONE PER COLUMN)</p> <p style="text-align: center;">D D</p> <p>A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT (SAND MUD, DIRT, OIL, ECT.) F. UNKNOWN G. OTHER</p> <p>A. CONCRETE B. BLACK TOP C. BRICK D. GRAVEL E. DIRT F. UNKNOWN G. OTHER</p>	<p style="text-align: center;">ROADWAY CONDITIONS</p> <p style="text-align: center;">L</p> <p>A. NO DEFECTS B. DEFECTIVE SHOULDERS 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. FLOODING L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY N. OTHER DEFECTS</p>	<p style="text-align: center;">LIGHTING</p> <p style="text-align: center;">C</p> <p>A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN G. UNKNOWN</p>	<p style="text-align: center;">KIND OF LOCATION</p> <p style="text-align: center;">G</p> <p>A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY H. OTHER</p>	<p style="text-align: center;">PRIMARY FACTOR</p> <p style="text-align: center;">F</p> <p style="text-align: center;">SECONDARY FACTOR</p> <p style="text-align: center;">M</p> <p>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</p>																																																																																																																																							
<p style="text-align: center;">TYPE OF ROADWAY</p> <p style="text-align: center;">C</p> <p>A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER E. UNKNOWN F. OTHER</p>	<p style="text-align: center;">WEATHER</p> <p style="text-align: center;">H</p> <p>A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW I. UNKNOWN J. OTHER</p>	<p style="text-align: center;">VIOLATION</p> <p style="text-align: center;">1 2 U G</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 style="text-align: center;">REASON FOR MOVEMENT</p> <p style="text-align: center;">1 2 J F</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER</p>	<p style="text-align: center;">ACCESS CONTROL</p> <p style="text-align: center;">A</p> <p>A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) D. UNKNOWN E. OTHER</p>																																																																																																																																							
<p style="text-align: center;">VISION OBSCUREMENTS</p> <p style="text-align: center;">1 2 L E</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 style="text-align: center;">CONDITION OF DRIVER</p> <p style="text-align: center;">1 2 B K</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 - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. UNKNOWN L. OTHER</p>	<p style="text-align: center;">HARMFUL EVENTS</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;">VEH 1</th> <th style="width: 10%;"></th> <th style="width: 10%;">VEH 2</th> </tr> </thead> <tbody> <tr> <td>A. OVERTURNED</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B. FIRE/EXPLOSION</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C. IMMERSION</td> <td></td> <td>FIRST HARMFUL EVENT</td> <td>F</td> <td>F</td> </tr> <tr> <td>D. JACKKNIFE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E. OTHER NONCOLLISION</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F. PEDESTRIAN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>G. PEDALCYCLE</td> <td></td> <td>MOST HARMFUL EVENT</td> <td>A</td> <td>V</td> </tr> <tr> <td>H. RAILWAY TRAIN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>I. ANIMAL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>J. MOTOR VEHICLE IN TRANSPORT</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>K. MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>L. PARKED MOTOR VEHICLE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>M. OTHER OBJECT (NOT FIXED)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>N. IMPACT ATTENUATOR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>O. BRIDGE-PIER OR ABUTMENT</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>P. BRIDGE-PARAPET END</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Q. BRIDGE-RAIL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>R. GUARDRAIL FACE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>S. GUARDRAIL END</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>T. MEDIAN BARRIER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>U. HIGHWAY TRAFFIC SIGN POST</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>V. OVERHEAD SIGN SUPPORT</td> <td></td> <td>Z. CULVERT</td> <td></td> <td>EE. FENCE</td> </tr> <tr> <td>W. LUMINAIRE/LIGHT SUPPORT</td> <td></td> <td>AA. CURB</td> <td></td> <td>FF. TREE</td> </tr> <tr> <td>X. UTILITY POLE</td> <td></td> <td>BB. EMBANKMENT</td> <td></td> <td>GG. UNKNOWN</td> </tr> <tr> <td>Y. OTHER POLE</td> <td></td> <td>CC. MAIL BOX</td> <td></td> <td>HH. OTHER FIXED OBJECT</td> </tr> <tr> <td></td> <td></td> <td>DD. DITCH</td> <td></td> <td></td> </tr> </tbody> </table>					VEH 1		VEH 2	A. OVERTURNED					B. FIRE/EXPLOSION					C. IMMERSION		FIRST HARMFUL EVENT	F	F	D. JACKKNIFE					E. OTHER NONCOLLISION					F. PEDESTRIAN					G. PEDALCYCLE		MOST HARMFUL EVENT	A	V	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		Z. CULVERT		EE. FENCE	W. LUMINAIRE/LIGHT SUPPORT		AA. CURB		FF. TREE	X. UTILITY POLE		BB. EMBANKMENT		GG. UNKNOWN	Y. OTHER POLE		CC. MAIL BOX		HH. OTHER FIXED OBJECT			DD. DITCH		
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<p style="text-align: center;">RELATION TO ROADWAY</p> <p style="text-align: center;">B</p> <p>A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. OFF ROADWAY G. GORE H. UNKNOWN I. OTHER</p>	<p style="text-align: center;">ALIGNMENT</p> <p style="text-align: center;">G</p> <p>A. STRAIGHT-LEVEL B. STRAIGHT LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE I. DIP, HUMP-STRAIGHT J. DIP, HUMP-CURVE K. UNKNOWN L. OTHER</p>	<p style="text-align: center;">MOVEMENT PRIOR TO CRASH</p> <p style="text-align: center;">1 2 N P</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</p>	<p style="text-align: center;">VEHICLE CONDITION</p> <p style="text-align: center;">1 2 C H</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 style="text-align: center;">TRAFFIC CONTROL CONDITIONS</p> <p style="text-align: center;">1 2 B B</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>																																																																																																																																							
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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

Vehicle 1 was heading north. Vehicle two was heading west, commencing a left turn.

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 H
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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	NE SW	5th Street	Ditch	23.6 F	1 2 3	8 0	2	1	1	3
2	NE SW	Rotingham Drive	Road	25.3F	0 9 9	8 0	3	5	2	4

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

CITATION NO	VEH. 1	VEH. 2	R.S. OR ORD. NO
41234123	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1234
1234123	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2134	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

CONTRIBUTING FACTORS AND CONDITIONS

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WRITE APPROPRIATE LETTER IN BLOCK

<p>VISION OBSCUREMENTS B</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>CONDITION OF DRIVER AND PEDESTRIANS D C D</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 F</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. SLOWLY TO STOP R. PROPERLY PARKED S. PARKING MANEUVER T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>	<p>VEHICLE CONDITION H</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>
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TRAFFIC CONTROL CONDITIONS A

A. CONTROLS FUNCTIONING
 B. CONTROLS NOT FUNCTIONING
 C. CONTROLS OBSCURED
 D. LANE MARKING UNCLEAR OR DEFECTIVE
 E. NO CONTROLS
 F. CONDITION UNKNOWN

<p>VIOLATION S</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>VEHICLE LIGHTING A</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS D. UNKNOWN</p>	<p>REASON FOR MOVEMENT A</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Q. REASON UNKNOWN R. OTHER</p>	<p>ALCOHOL/DRUG INVOLVEMENT</p> <p style="text-align: center;">VEHICLE C PEDESTRIAN D</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% 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>
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<p>TRAFFIC CONTROL A</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</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 A</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>	<p style="text-align: center;">VEHICLE</p> <p style="text-align: center;">FIRST HARMFUL EVENT A</p> <p style="text-align: center;">MOST HARMFUL EVENT A</p>
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DIRECTION BEFORE CRASH	FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
ON STREET OR HIGHWAY OR DRIVE			EST.	POSTED	FR	FL	RR	RL
N E S W			[] [] []	[] [] []				

DAMAGE TO THIS VEHICLE

AREA DAMAGED	EXTEND 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 []</p> <p>2ND []</p> <p>3RD []</p>	<p>1ST []</p> <p>2ND []</p> <p>3RD []</p>

N- UNDER-CARRIAGE
 O- TOTAL
 P- OTHER
 Q- NONE
 R- UNKNOWN

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
ADDITIONAL OCCUPANT SUPPLEMENT



COMPUTER NUMBER

PAGE #

5 6 4 7 5 6 4 - 0 7

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

0 2 C a m e r o n M a s o n

POSITION	EJECTION	TRAP/EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
J	A	B	A	B	M	O	4 5	E

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

CITY _____ STATE _____ ZIP _____ NAME OF FACILITY _____

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

0 1 T a m m y M o n e y

POSITION	EJECTION	TRAP/EXTRICATED	AIR BAG	OCC PROT SYS	SEX	RACE	AGE	INJURY
K	B	C	A	C	F	W	6 4	E

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