

**LOUISIANA STATE POLICE-MOTOR CARRIER SAFETY
REPORT OF SERIOUS SAFETY VIOLATIONS ON CMV AT-FAULT CRASHES
REQUEST FOR COMPLIANCE REVIEW**

**PO BOX 66601, 2ND FLOOR-A21
ATTN: COMPLIANCE REVIEW COORDINATOR
BATON ROUGE, LA 70896-6601
(225)925-3800**

This motor carrier is believed to be engaged in unsafe operations **OR** practices which contributed to a motor vehicle crash.

Carrier Name _____

Address _____

Owners Name _____

Telephone Number _____

US DOT# _____ ICC# _____

OR DUE THE FOLLOWING:

The cause for this belief is based on the following violation(s), which identified the following critical safety violation:

- On duty use of possession of alcohol or any controlled dangerous substance, or failing to be subject to an alcohol and controlled substance test when required.
- Operation of CMV by a driver, who is unqualified, suspended or disqualified.
- Complaint received from the public of:

Name of Investigating Agency/ Office _____ Contact Number _____

Officer's Name _____ Date of Crash _____

Crash Report Number _____ Dept. Item Number _____

For FHWA Use Only
