

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

Rev. 2024-1

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<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken					
Number of Motorists	Number of Non-Motorists	Non-Fatally Injured Persons	Fatalities	Total Injuries and Fatalities	Vehicles Involved	Troop			
Investigating Agency			Division	Parish	City		Latitude	Longitude	

CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
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ROAD INFORMATION

Highway <input type="checkbox"/> Not applicable	Road
Distance/Direction From Intersection <input type="checkbox"/> Not applicable	Intersecting Road <input type="checkbox"/> Crash was at an intersection

LOCATION INFORMATION

Road Classification	Road Subtype	Property Ownership	Trafficway Characteristics	Number of Intersection Approaches	Traffic Flow Direction
100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property	100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable	100 Public property 200 Private property	100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway	1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more	X Not applicable (not a divided highway) N North W West E East S South

INVESTIGATING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
Badge #	Printed Name		Signature	

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object	Location of First Harmful Event 100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown Relation to Junction 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown Intersection Geometry 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable Intersection Traffic Control 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable	Manner of Crash 000 Not a collision between two motor vehicles in transport 100 Angle - left overtake 101 Angle - left opposite direction 102 Angle - left into flow 103 Angle - right into flow 104 Angle - right overtake 105 Angle - perpendicular/other angle 500 Angle - left across flow 501 Angle - right across flow 200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown Contributing Factor 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable School Bus Relation 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/>

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CRASH CONDITIONS

Table with 4 columns: Roadway Surface Condition, Light Condition, Weather Conditions, Environmental Conditions. Lists various codes and descriptions for crash conditions.

WORK ZONE CRASH INFORMATION

Table with 6 columns: Work Zone Relation, Work Zone Location, Work Zone Type, Work Zone Circumstances, Worker(s) Present, Law Enforcement Present. Lists codes and descriptions for work zone related information.

REVIEWING OFFICER

Table with 5 columns: Rank, First Name, Middle Name, Last Name, Suffix. Fields for officer information.

WITNESS #

WITNESS #

Table for witness information with columns for Name (First, Middle, Last, Suffix), Address, City, State, Postal Code, Phone Number, Age, Sex.

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Table for non-vehicular property damage with columns: Property Type, Damage Severity, Owner Name, Owner Phone Number, Owner Address, Street, City, State, Postal Code.

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Table for non-vehicular property damage with columns: Property Type, Damage Severity, Owner Name, Owner Phone Number, Owner Address, Street, City, State, Postal Code.

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Table for non-vehicular property damage with columns: Property Type, Damage Severity, Owner Name, Owner Phone Number, Owner Address, Street, City, State, Postal Code.

PROPERTY DAMAGE CODES

Table with 2 columns: Property Type, Damage Severity. Lists codes and descriptions for property damage.

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DESCRIPTION AND INFORMATION

Form containing vehicle details: Hit and Run, Vehicle Type, Vehicle Body Type, VIN, Model Year, Make, Model, Color, License Plate, Owner Name, Owner Address, Insurance, Company, Phone #, NAIC #, Policy #, Expiration Date, Cycle / Off Road / Recreation, Trucks, Large Passenger Vehicle, Other.

DAMAGE TOWING

Form containing damage and towing details: Damage Extent, Initial Point of Contact, Damaged Areas, Tow Status, Tow Authority, Towed By.

MOTOR VEHICLE CIRCUMSTANCES

Form containing motor vehicle circumstances: Vehicle Usage, Vehicle Maneuver, Vehicle Maneuver Reason, Emergency Vehicle Usage, Direction of Travel Before Crash.

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MOTOR VEHICLE CIRCUMSTANCES

Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown		Contributing Defects		
Front Left	Front Right	<input type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown		000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown		
<input type="text"/>	<input type="text"/>					
Rear Left	Rear Right	Vehicle Lighting 000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown		101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown		
<input type="text"/>	<input type="text"/>					
Traffic Control Device Types and Statuses						
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing	Automation System Level Present 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown		
000 None	300 Flashing railroad crossing (may include gates)	1 <input type="text"/>	1 <input type="text"/>			
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2 <input type="text"/>	2 <input type="text"/>			
200 Bicycle crossing sign	302 Flashing traffic control signal	3 <input type="text"/>	3 <input type="text"/>			
201 Curve Ahead warning sign	303 Lane use control signal	4 <input type="text"/>	4 <input type="text"/>			
202 Intersection Ahead warning sign	304 Ramp meter signal	Traffic Signal Status 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		Automation System Level Engaged 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown		
203 Pedestrian crossing sign	305 Traffic control signal					
204 Railroad crossing sign	398 Other signal					
205 Reduce Speed Ahead warning sign	400 Bicycle crossing					
206 School zone sign	401 Pedestrian crossing					
207 Stop sign	402 Railroad crossing	Barrier Type 000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other		101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown		
208 Yield sign	403 School zone					
298 Other warning sign	404 Yellow no passing line					
	405 White or yellow dash line					
	406 Solid white lane line					
980 Other	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)	Trafficway Division 000 Not divided 100 Divided, flush median (greater than 4 ft wide) 001 Not divided, with a continuous left turn lane 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown		199 Automation level unknown 999 Unknown		
	999 Unknown					
Roadway Grade	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	Permitted Travel	HOV Lane Presence	HOV Lane Relation
000 Not on trafficway			000 Not on trafficway	000 Not on trafficway	000 None present	000 No
100 Level			100 Straight	100 One-way	100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median	100 Yes
101 Uphill			101 Curve left	200 Two-way	101 Not separated, painted pavement markings, post-mounted delineators	
102 Hillcrest			102 Curve right	Speed Limit		
103 Downhill				<input type="checkbox"/> Unknown		
104 Sag (bottom)				<input type="checkbox"/> N/A		

MOTOR VEHICLE EVENTS

Sequence of Events 1 2 3 4 Most Harmful Event

Non-Harmful Events		Collision with Fixed Object	
000 Cross centerline	005 Ran off roadway left	300 Collision with bridge overhead structure	396 Collision with other post,pole,or support
001 Cross median	006 Ran off roadway right	301 Collision with bridge pier or support	397 Collision with other traffic barrier
002 End departure (T-intersection, dead-end, etc.)	007 Reentering roadway	302 Collision with bridge rail	398 Collision with other fixed object (wall, building, tunnel, etc.)
003 Downhill runaway	008 Separation of units	303 Collision with cable barrier	399 Collision with unknown fixed object
004 Equipment failure (blown tire, brake failure, etc.)	098 Other non-harmful event	304 Collision with concrete traffic barrier	
Non-Collision Events		Collision with Person / Vehicle / Non-Fixed Object	
100 Cargo/equipment loss or shift	200 Collision with animal (live)	305 Collision with culvert	
101 Fell/jumped from motor vehicle	201 Collision with motor vehicle in transport	306 Collision with curb	
102 Fire/explosion	202 Collision with parked motor vehicle	307 Collision with ditch	
103 Immersion, full or partial	203 Collision with pedalcycle (including bicycles)	308 Collision with embankment	
104 Jackknife	204 Collision with pedestrian	309 Collision with fence	
105 Overturn/rollover	205 Collision with railway vehicle (train, engine)	310 Collision with guardrail end terminal	
106 Thrown or falling object	206 Collision with object at rest from MV in transport	311 Collision with guardrail face	
198 Other non-collision harmful event	207 Collision with falling, shifting cargo, or anything set in motion by MV	312 Collision with impact attenuator/crash cushion	
	208 Collision with work zone/maintenance equipment	313 Collision with mailbox	
	209 Collision with farm equipment	314 Collision with traffic sign support	
	297 Collision with other non-motorist	315 Collision with traffic signal support	
	298 Collision with other non-fixed object	316 Collision with tree (standing)	
		317 Collision with utility pole/light support	

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

000 Vehicles 10,000 lbs or less
100 Vehicles 10,000 lbs or less placarded for hazardous materials
200 Bus/large van (seats 9-15 occupants, including driver)
201 Bus (seats more than 15 occupants, including driver)
300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)
301 Single-unit truck (3 or more axles)
302 Truck pulling trailer(s)
303 Truck tractor (bobtail)
304 Truck tractor/semi-trailer
305 Truck tractor/double
306 Truck tractor/triple
307 Truck more than 10,000 lbs., cannot classify
999 Unknown

Hazardous Materials Placard

000 Had no placard and not carrying hazardous materials
001 Had a placard, not carrying hazardous materials
100 Carried hazardous material that required placarding
200 Carried hazardous materials without placard 999 Unknown

Hazardous Material ID

Hazardous Material Class

1 Explosives 970 Not applicable
2 Gas 999 Unknown
3 Flammable liquids
4 Other flammable substances
5 Oxidizing substances and organic peroxides
6 Toxic (poisonous) and infectious substances
7 Radioactive material
8 Corrosives
9 Miscellaneous dangerous goods

Hazardous Materials Released from Vehicle Cargo Compartment

000 No, hazardous materials not released
100 Yes, hazardous materials released
970 Not applicable

Motor Carrier Name Unknown

Motor Carrier ID Number

Cargo Body Type

000 No cargo body
100 Bus
101 Auto transporter
102 Cargo tank
103 Concrete mixer
104 Dump
105 Flatbed
106 Garbage / refuse
107 Grain / chips / gravel
108 Intermodal container chassis
980 Other
999 Unknown
109 Log
110 Pole trailer
111 Van / enclosed box
112 Vehicle towing another vehicle

Special Sizing

000 No special sizing
100 Over-height
101 Over-length
102 Over-weight
103 Over-width
999 Unknown

Load Permitted

000 Non-permitted load
100 Permitted load
970 Not applicable (not a qualifying vehicle)
999 Unknown

Number of Axles

Unknown

Motor Carrier Type

000 Personal vehicle
001 Not in commerce: government
002 Not in commerce: personal rental truck or bus
098 Not in commerce: other
100 Interstate carrier
101 Intrastate carrier

Motor Carrier Identification

100 US DOT number
101 State number
970 Not applicable
999 Unknown/unable to determine
State

Motor Carrier Address Unknown

Motor Carrier Phone Number Unknown

GVWR/GCWR

100 Light (less than 10,000 lbs.GVWR/GCWR)
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)
102 Heavy (greater than 26,000 lbs GVWR/GCWR)
970 Not applicable (not a qualifying vehicle)
999 Unknown

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown

Make Unknown

Model Unknown

License Plate Missing

Non-expiring

State Unknown

Number Unknown

Year Unknown

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown

Make Unknown

Model Unknown

License Plate Missing

Non-expiring

State Unknown

Number Unknown

Year Unknown

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown

Make Unknown

Model Unknown

License Plate Missing

Non-expiring

State Unknown

Number Unknown

Year Unknown

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DRIVER INFORMATION

Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex 100 Female 101 Male 999 Unknown	Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>	Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected
<i>Street</i>				<i>City</i>	<i>State</i>	<i>Postal Code</i>		
Incident Responder				Date of Birth <input type="checkbox"/> Unknown		Ethnicity		
000 No	102 Police			980 Other	100 Hispanic			
100 EMS	103 Tow operator			999 Unknown	101 Other than Hispanic			
101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			999 Unknown				

DRIVER LICENSE INFORMATION

License Status		License Class	Driver License Type	Commercial Driver License Status	
100 Valid license	004 Suspended	000 None	100 Non-CDL driver license	100 Valid	000 Canceled or denied
000 Not licensed	999 Unknown	100 Class A	101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.)	101 Learner's permit	001 Disqualified
001 Canceled or denied		101 Class B	200 Commercial driver license (CDL)		002 Expired
002 Expired		102 Class C	970 Not applicable		003 Revoked
003 Revoked		200 Light commercial/chauffeur (LA class D)			004 Suspended
License Number	License State	300 Motorcycle only			098 Other (not valid)
		400 Regular driver license (LA class E)			970 Not applicable (no CDL)
		970 Not applicable			999 Unknown
Endorsements on License		Endorsement Compliance		Restrictions on License	
<input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required			
				Alcohol Interlock Presence	
				000 No	970 Not applicable
				100 Yes	999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position					Restraint Systems Used				
Standard Vehicle Seats					Other Seating Positions				
Front					700 Unenclosed cargo area				
Row	Left	Middle	Right	Unk	701 Riding on motor vehicle exterior (non-trailing unit)				
1	100	101	102	199	800 Trailing unit				
2	200	201	202	299	801 Sleeper section of cab (truck)				
3	300	301	302	399	898 Other enclosed cargo area				
4	400	401	402	499	970 Not applicable				
Oth	500	501	502	599	999 Unknown				
Unk	600	601	602	699					
					001 None used – motor vehicle occupant				
					002 No helmet				
					100 Booster seat				
					101 Child restraint system – forward facing				
					102 Child restraint system – rear facing				
					103 Child restraint system – type unknown				
					104 Lap belt only used				
					105 Shoulder and lap belt used				
					106 Shoulder belt only used				
					107 Stretcher				
					108 Wheelchair				
					199 Restraint used – type unknown				
					200 DOT-compliant motorcycle helmet				
					201 Not DOT-compliant motorcycle helmet				
					299 Unknown if DOT-compliant motorcycle helmet				
					Any indication of improper use?				
					000 No				
					100 Yes				
					999 Unknown				
Air Bags Deployed					Ejection				
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)					<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown				
					000 Not ejected				
					100 Ejected, partially				
					101 Ejected, totally				
					970 Not applicable				
					999 Unknown				
					Extrication				
					000 No				
					100 Trapped and extricated				
					101 Trapped but not extricated				
					999 Unknown				

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MEDICAL INFORMATION

Injury Status	Type of Medical Transportation	EMS Response Agency
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	EMS Response Run # <input type="checkbox"/> Unknown
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	Distraction Action	Distraction Source	Speeding Relation			
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown	000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted	100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device Vision Obscurement 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown 105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown			
Suspected Alcohol Usage	Test Status	Alcohol Kit Number	Alcohol Test Type	Alcohol Test Results	BAC	
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<input type="checkbox"/> Unknown	100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)	300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	
Suspected Drug Usage	Test Status	Drug Kit Number	Drug Test Type	Drug Test Results		
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<input type="checkbox"/> Unknown	100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown			

DRIVER ACTIONS

Driver Actions at Time of Crash	Avoidance Maneuver	Pre-Collision Stability
000 No contributing action 100 Disregarded other road markings 101 Disregarded other traffic signs 102 Failed to keep in proper lane 103 Failed to yield right-of-way 104 Followed too closely 105 Improper backing 106 Improper passing 107 Improper turn 108 Careless driving, inattentive operation, improper driving, or driving without due care 109 Operating the vehicle in an erratic, reckless, or negligent manner 110 Over-correcting or over-steering 980 Other contributing action 999 Unknown	000 No avoidance maneuver 100 Accelerating 101 Accelerating and steering left 102 Accelerating and steering right 103 Braking and steering left 104 Braking and steering right 105 Braking (lockup) 106 Braking (no lockup) 107 Braking (lockup unknown) 108 Releasing brakes 109 Steering left 110 Steering right 980 Other 999 Unknown	000 Tracking 100 Skidding longitudinally - rotation less than 30 degrees 200 Skidding laterally - clockwise rotation 201 Skidding laterally - counter-clockwise rotation 299 Skidding laterally - rotation direction unknown 980 Other vehicle loss of control 999 Unknown
	111 Ran off roadway 112 Ran red light 113 Ran stop sign 114 Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc. 115 Wrong side or wrong way 116 Aggressive driving 117 Road rage	

CITATIONS

LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

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Total # of Passengers

PASSENGER INFORMATION

MOTOR VEHICLE # **PASSENGER #**

Name <input type="checkbox"/> Unknown				Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	Race
<i>First Middle Last Suffix</i>							
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected	Ethnicity
<i>Street City State Postal Code</i>							
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	Injury Status <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Incident Responder	Restraint System	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position	Ejection	Extrication
Type of Medical Transportation		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency		Facility Receiving Patient		
		EMS Response Run # <input type="checkbox"/> Unknown					

MOTOR VEHICLE # **PASSENGER #**

Name <input type="checkbox"/> Unknown				Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	Race
<i>First Middle Last Suffix</i>							
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected	Ethnicity
<i>Street City State Postal Code</i>							
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	Injury Status <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Incident Responder	Restraint System	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position	Ejection	Extrication
Type of Medical Transportation		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency		Facility Receiving Patient		
		EMS Response Run # <input type="checkbox"/> Unknown					

MOTOR VEHICLE # **PASSENGER #**

Name <input type="checkbox"/> Unknown				Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	Race
<i>First Middle Last Suffix</i>							
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected	Ethnicity
<i>Street City State Postal Code</i>							
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	Injury Status <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Incident Responder	Restraint System	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position	Ejection	Extrication
Type of Medical Transportation		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency		Facility Receiving Patient		
		EMS Response Run # <input type="checkbox"/> Unknown					

PASSENGER CODES

Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	Restraint Systems 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown	Seating Position <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr> <tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr> <tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr> <tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr> <tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr> <tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center; margin-top: 5px;"> <tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr> </table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Other	500	501	502	599																																								
Unk	600	601	602	699																																								
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	Incident Responder 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown	002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown																																									
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

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Non-Motorist #

NON-MOTORIST INFORMATION

Name, Age, Sex, Race, Address, Phone Number, Incident Responder, Date of Birth, Ethnicity

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type, Initial Contact Point, Location, Origin/Destination, Safety Equipment, Struck by Vehicle #

Action Prior to Crash, Actions or Circumstances At Time of Crash, Clothing Brightness

NON-MOTORIST MEDICAL INFORMATION

Injury Status, Type of Medical Transportation, EMS Response Agency, Medical Unique Identifier, Facility Receiving Patient

NON-MOTORIST CONDITION

Conditions at the Time of the Crash, Distraction Action, Distraction Source

Suspected Alcohol Usage, Test Status, Alcohol Kit Number, Alcohol Test Type, Alcohol Test Results, BAC

Suspected Drug Usage, Test Status, Drug Kit Number, Drug Test Type, Drug Test Results

LOUISIANA UNIFORM CRASH REPORT NON-VEHICULAR PROPERTY DAMAGE

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NON-VEHICULAR PROPERTY DAMAGE **PROPERTY #**

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
----------------------	------------------------	--	--

Owner Address Unknown

Street City State Postal Code

NON-VEHICULAR PROPERTY DAMAGE **PROPERTY #**

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
----------------------	------------------------	--	--

Owner Address Unknown

Street City State Postal Code

NON-VEHICULAR PROPERTY DAMAGE **PROPERTY #**

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
----------------------	------------------------	--	--

Owner Address Unknown

Street City State Postal Code

NON-VEHICULAR PROPERTY DAMAGE **PROPERTY #**

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
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Owner Address Unknown

Street City State Postal Code

NON-VEHICULAR PROPERTY DAMAGE **PROPERTY #**

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
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Owner Address Unknown

Street City State Postal Code

NON-VEHICULAR PROPERTY DAMAGE **PROPERTY #**

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
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Owner Address Unknown

Street City State Postal Code

NON-VEHICULAR PROPERTY DAMAGE **PROPERTY #**

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
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Owner Address Unknown

Street City State Postal Code

NON-VEHICULAR PROPERTY DAMAGE **PROPERTY #**

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
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Owner Address Unknown

Street City State Postal Code

PROPERTY DAMAGE CODES					Damage Severity
100 Private property	300 Cable barrier	303 Guardrail face	400 Traffic sign support	598 Other state property	100 Light (less than \$500)
	301 Concrete traffic barrier	304 Impact attenuator/crash cushion	401 Traffic signal support	980 Other	101 Moderate (between \$500 and \$10,000)
200 Bridge overhead structure	302 Guardrail end terminal	398 Other traffic barrier	402 Utility pole/light support		102 Severe (over \$10,000)
201 Bridge pier or support					
202 Bridge rail					

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TRAIN SUPPLEMENT

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Train #

TRAIN INFORMATION

Train Type ID # Not Applicable Unknown Lead Engine # Unknown Serial # Unknown Present Equipment 100 Railroad train 101 Streetcar Make Unknown Type Unknown # of Engines Unknown # of Cars Unknown Data Recorder Speed Pending 000 None 100 Headlight functional 101 Ditch lights functional 102 Horn functional 103 Bell functional 104 Event data recorder equipped

TRACK INFORMATION

WARNING DEVICES

DOT Crossing # Not Applicable Unknown Crossing Surface Material Present Warning Devices Advance Warning Devices Active Warning Devices 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel 000 None 100 Flashing lights 101 Bell 102 Gate 103 Crossbuck 980 Other 000 None 100 Sign 101 Pavement markings 102 Active advance warning 980 Other 000 None 100 Lights flashing 101 Bell ringing 102 Gates down 980 Other Sets of Tracks Speed Limit Crossing Type 100 Public 101 Private

COLLISION INFORMATION

Train in Motion Crossing Vehicle Interaction Struck Car # Not Applicable Unknown Struck Car Type Not Applicable Unknown Collision Type 100 Frontal 101 Side/backing Struck Car Position Not Applicable Unknown Distance Traveled After Impact Not Applicable Estimated Speed Before Braking feet miles 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing

Hazardous Materials Placard Hazardous Material Class Hazardous Materials Released from Train Cargo Compartment 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown 1 Explosives 970 Not applicable 999 Unknown 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable

TRAIN OPERATOR

Name Unknown Address Unknown Street City State Postal Code

TRACK OWNER

Name Unknown Address Unknown Street City State Postal Code

TRAIN ENGINEER

Name Unknown This train had no engineer Certification Number Unknown Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown Address Unknown Phone Number Not Collected Street City State Postal Code

Incident Responder 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) Sex 100 Female 101 Male 999 Unknown Age Unknown Date of Birth Unknown Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown

Injury Status Type of Medical Transportation EMS Response Agency 100 (K) Fatal Injury 000 Not transported 980 Other 101 (A) Suspected Serious Injury 100 EMS air 999 Unknown 102 (B) Suspected Minor Injury 101 EMS ground EMS Response Run # Unknown 103 (C) Possible Injury 200 Law enforcement 104 (O) No Apparent Injury

Medical Unique Identifier Not applicable Unknown Facility Receiving Patient

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

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Train #

TRAIN CONDUCTOR

Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor		Race		
<i>First</i> <input type="text"/> <i>Middle</i> <input type="text"/> <i>Last</i> <input type="text"/> <i>Suffix</i> <input type="text"/>		100 American Indian or Alaska Native	102 Black	999 Unknown
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected		
<i>Street</i> <input type="text"/> <i>City</i> <input type="text"/> <i>State</i> <input type="text"/> <i>Postal Code</i> <input type="text"/>				
Incident Responder		Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Female 101 Male 999 Unknown		
Injury Status		Type of Medical Transportation		
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Agency		
		EMS Response Run # <input type="checkbox"/> Unknown		
		Facility Receiving Patient		

PASSENGER INFORMATION

PASSENGER # <input type="text"/>				
Name <input type="checkbox"/> Unknown		Race		
<i>First</i> <input type="text"/> <i>Middle</i> <input type="text"/> <i>Last</i> <input type="text"/> <i>Suffix</i> <input type="text"/>		100 American Indian or Alaska Native	102 Black	999 Unknown
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected		
<i>Street</i> <input type="text"/> <i>City</i> <input type="text"/> <i>State</i> <input type="text"/> <i>Postal Code</i> <input type="text"/>				
Incident Responder		Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Female 101 Male 999 Unknown		
Injury Status		Type of Medical Transportation		
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Agency		
		EMS Response Run # <input type="checkbox"/> Unknown		
		Facility Receiving Patient		

PASSENGER # <input type="text"/>				
Name <input type="checkbox"/> Unknown		Race		
<i>First</i> <input type="text"/> <i>Middle</i> <input type="text"/> <i>Last</i> <input type="text"/> <i>Suffix</i> <input type="text"/>		100 American Indian or Alaska Native	102 Black	999 Unknown
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected		
<i>Street</i> <input type="text"/> <i>City</i> <input type="text"/> <i>State</i> <input type="text"/> <i>Postal Code</i> <input type="text"/>				
Incident Responder		Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Female 101 Male 999 Unknown		
Injury Status		Type of Medical Transportation		
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Agency		
		EMS Response Run # <input type="checkbox"/> Unknown		
		Facility Receiving Patient		

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

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Total # of Train Passengers []

PASSENGER INFORMATION

TRAIN # [] PASSENGER # []

Name <input type="checkbox"/> Unknown		Race	
<i>First Middle Last Suffix</i>		100 American Indian or Alaska Native	102 Black 103 White 980 Other
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
<i>Street City State Postal Code</i>			

Incident Responder		Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity
000 No	102 Police	980 Other	999 Unknown	100 Female	100 Hispanic
100 EMS	103 Tow operator			101 Male	101 Other than Hispanic
101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			999 Unknown	999 Unknown

Injury Status	Type of Medical Transportation	EMS Response Agency	
100 (K) Fatal Injury	000 Not transported	980 Other	
101 (A) Suspected Serious Injury	100 EMS air	999 Unknown	
102 (B) Suspected Minor Injury	101 EMS ground	EMS Response Run # <input type="checkbox"/> Unknown	
103 (C) Possible Injury	200 Law enforcement		
104 (O) No Apparent Injury			

Medical Unique Identifier	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient
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TRAIN # [] PASSENGER # []

Name <input type="checkbox"/> Unknown		Race	
<i>First Middle Last Suffix</i>		100 American Indian or Alaska Native	102 Black 103 White 980 Other
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
<i>Street City State Postal Code</i>			

Incident Responder		Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity
000 No	102 Police	980 Other	999 Unknown	100 Female	100 Hispanic
100 EMS	103 Tow operator			101 Male	101 Other than Hispanic
101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			999 Unknown	999 Unknown

Injury Status	Type of Medical Transportation	EMS Response Agency	
100 (K) Fatal Injury	000 Not transported	980 Other	
101 (A) Suspected Serious Injury	100 EMS air	999 Unknown	
102 (B) Suspected Minor Injury	101 EMS ground	EMS Response Run # <input type="checkbox"/> Unknown	
103 (C) Possible Injury	200 Law enforcement		
104 (O) No Apparent Injury			

Medical Unique Identifier	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient
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TRAIN # [] PASSENGER # []

Name <input type="checkbox"/> Unknown		Race	
<i>First Middle Last Suffix</i>		100 American Indian or Alaska Native	102 Black 103 White 980 Other
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
<i>Street City State Postal Code</i>			

Incident Responder		Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity
000 No	102 Police	980 Other	999 Unknown	100 Female	100 Hispanic
100 EMS	103 Tow operator			101 Male	101 Other than Hispanic
101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			999 Unknown	999 Unknown

Injury Status	Type of Medical Transportation	EMS Response Agency	
100 (K) Fatal Injury	000 Not transported	980 Other	
101 (A) Suspected Serious Injury	100 EMS air	999 Unknown	
102 (B) Suspected Minor Injury	101 EMS ground	EMS Response Run # <input type="checkbox"/> Unknown	
103 (C) Possible Injury	200 Law enforcement		
104 (O) No Apparent Injury			

Medical Unique Identifier	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient
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WITNESSES

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Total # of Witnesses

WITNESSES

WITNESS # <input type="text"/>			WITNESS # <input type="text"/>		
Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS # <input type="text"/>			WITNESS # <input type="text"/>		
Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS # <input type="text"/>			WITNESS # <input type="text"/>		
Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS # <input type="text"/>			WITNESS # <input type="text"/>		
Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS # <input type="text"/>			WITNESS # <input type="text"/>		
Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS # <input type="text"/>			WITNESS # <input type="text"/>		
Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

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DIAGRAM

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CRASH DIAGRAM

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CRASH NARRATIVE

LOUISIANA UNIFORM CRASH REPORT PHOTOS

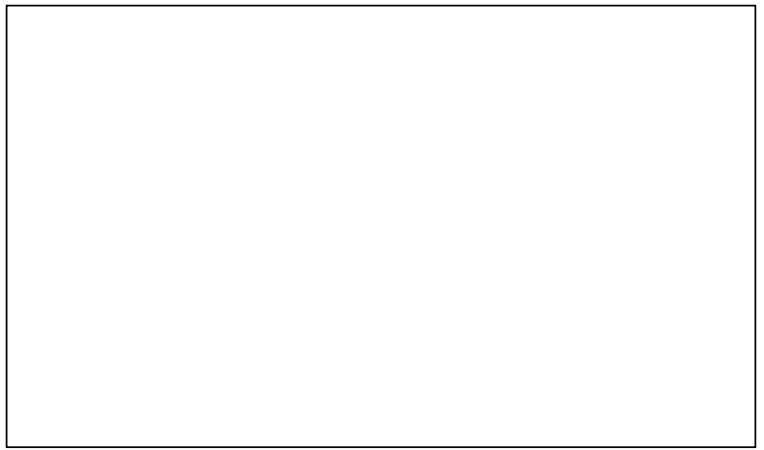
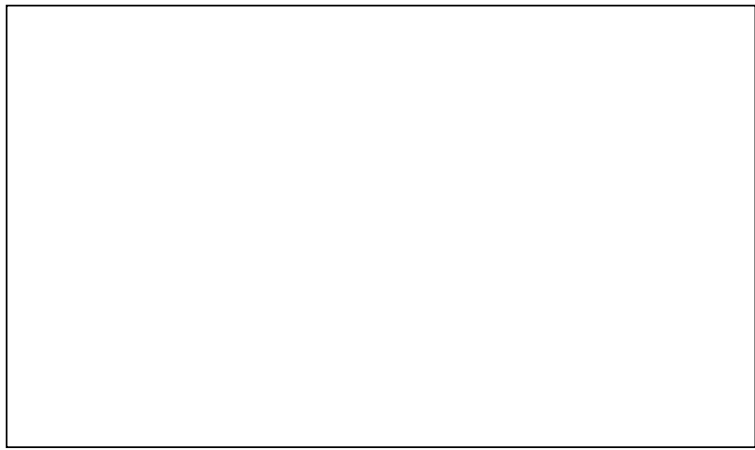
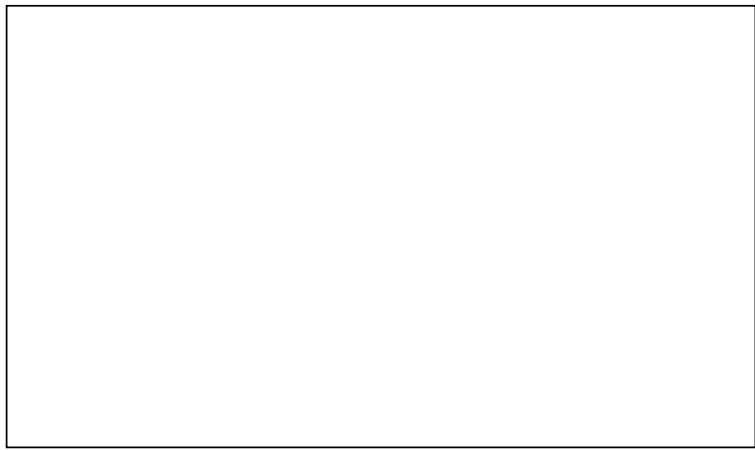
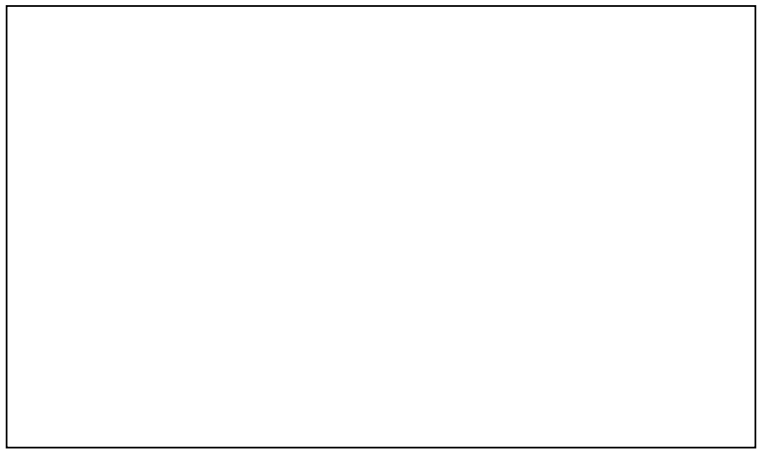
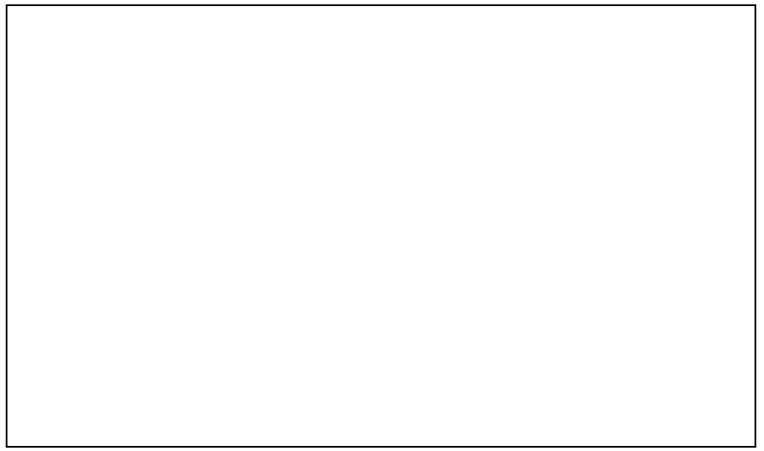
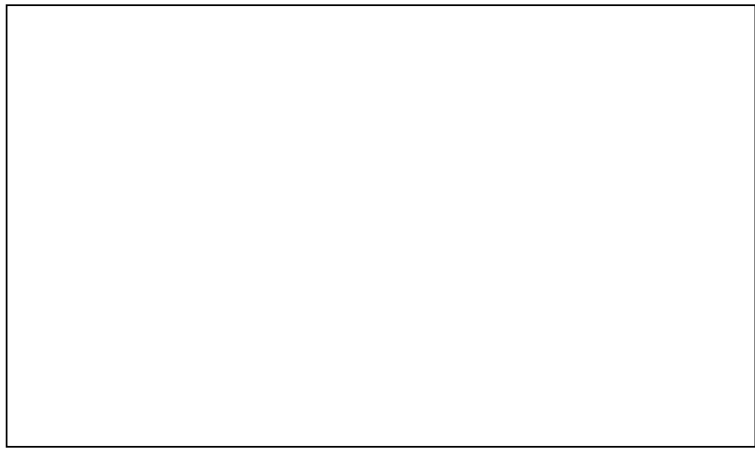
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PHOTOS



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ATTACHMENT

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