

Revision

Printed

LOUISIANA UNIFORM CRASH REPORT  
CRASH INFORMATION

Rev. 2023-1

Case #

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of

☐ Secondary Crash

☐ Photos Taken

☐ 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

ROAD INFORMATION

Highway ☐ Not applicable

Road

Distance/Direction From Intersection ☐ Not applicable

Intersecting Road ☐ 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

S South

E East

INVESTIGATING OFFICER

Rank

First Name

Middle Name

Last Name

Suffix

Badge #

Printed Name

Signature

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event

Location of First Harmful Event

Manner of Crash

Non-Collision

Collision with Non-Fixed Object

Collision with Fixed Object

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

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

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

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

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

000 No

100 Angled / skewed

101 Roundabout / traffic circle

102 Perpendicular

970 Not applicable

000 No controls

100 Signalized

101 Stop -all way

102 Stop -partial

103 Yield

970 Not applicable

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 - against flow

505 Sideswipe - with flow

980 Other

999 Unknown

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

000 No

100 Yes, school bus directly involved

101 Yes, school bus indirectly involved

CRASH REPORT - CRASH SUMMARY

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## CRASH CONDITIONS

Roadway Surface Condition	Light Condition	Weather Conditions	Environmental Conditions
000 Dry 100 Ice/Frost 101 Mud, dirt, gravel 102 Oil 103 Sand 104 Slush 105 Snow 106 Water (standing,moving) 107 Wet 980 Other 999 Unknown	100 Daylight 200 Dawn/dusk 300 Dark - continuous street lights 301 Dark - street lights at intersection only 302 Dark - not lighted 399 Dark - unknown lighting 980 Other 999 Unknown	000 Clear 100 Blowing sand, soil, dirt 101 Blowing snow 102 Cloudy 103 Fog, smog, smoke 104 Freezing rain or freezing drizzle 105 Rain 106 Severe crosswinds 107 Sleet or hail 108 Snow 980 Other 999 Unknown	000 None 100 Animal(s) 101 Debris 102 Glare 103 Non-highway work 104 Obstructed crosswalks 105 Obstruction in roadway 106 Overhead clearance limited 107 Prior crash 108 Prior non-recurring incident 109 Regular congestion 110 Related to a bus stop 111 Road surface condition (wet, icy, snow, slush, etc.) 112 Ruts, holes, bumps 113 Shoulders (none, low, soft, high) 114 Toll booth/plaza related 115 Traffic control device 116 Traffic incident 117 Visual obstruction(s) 118 Weather conditions 119 Work zone (construction/maintenance/utility) 120 Worn, travel-polished surface 980 Other 999 Unknown

## WORK ZONE CRASH INFORMATION

Work Zone Relation	Work Zone Location	Work Zone Type	Work Zone Circumstances	Worker(s) Present	Law Enforcement Present
000 No 100 Yes 999 Unknown	100 Before the first work zone warning sign 101 Advance warning area 102 Transition area 103 Activity area 104 Termination area 970 Not applicable 999 Unknown	100 Lane closure 101 Lane shift / crossover 102 Work on shoulder or median 103 Intermittent or moving work 970 Not applicable 980 Other type of work zone 999 Unknown	100 Back of queue 101 Congestion (dense & slow traffic), typical 102 Heavy (dense & fast traffic) 103 Congestion (dense & slow traffic), not typical 104 Traffic control device malfunction 105 Free flow (light & fast traffic) 980 Other 970 Not applicable 999 Unknown	000 No 100 Yes 970 Not applicable 999 Unknown	000 No 100 Yes 970 Not applicable 999 Unknown

## REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
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WITNESS #

WITNESS #

Name	Name
First Middle Last Suffix	First Middle Last Suffix
Address	Address
City State Postal Code	City State Postal Code
Phone Number Age Sex	Phone Number Age Sex

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## PROPERTY DAMAGE CODES

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

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Motor Vehicle #			
DESCRIPTION AND INFORMATION			
<div>Check if this vehicle had no driver</div> <div><input type="checkbox"/></div>	<div>Hit and Run</div> <div>000 No, did not leave scene</div> <div>100 Yes, driver and vehicle left scene</div> <div>101 Yes, only driver left scene</div>	<div>Vehicle Type</div> <div>100 Motor vehicle in transport</div> <div>101 Parked motor vehicle</div> <div>102 Working vehicle / equipment</div>	<div>Vehicle Body Type</div> <div>Passenger Vehicles</div> <div>100 Passenger car</div> <div>101 Passenger van / Minivan (less than 9 seats)</div> <div>102 (Sport) utility vehicle</div> <div>103 Pickup</div> <div>104 Cargo van</div>
VIN		<input type="checkbox"/> Unknown	
<div>Model Year</div> <div><input type="checkbox"/> Unknown</div>	<div>Make</div>	<div>Model</div>	<div>Color</div>
<div>License Plate</div> <div><input type="checkbox"/> Missing</div>	<div>State</div> <div><input type="checkbox"/> Unknown</div>		<div>Number</div> <div><input type="checkbox"/> Unknown</div>
<div>Owner Name</div> <div><input type="checkbox"/> Same as driver</div> <div><input type="checkbox"/> Unknown</div>		<div>Year</div> <div><input type="checkbox"/> Unknown</div>	
<div>Owner Address</div> <div><input type="checkbox"/> Same as driver</div> <div><input type="checkbox"/> Unknown</div>		<div>Cycle / Off Road / Recreation</div> <div>200 Construction equipment (backhoe, bulldozer, etc.)</div> <div>201 Farm equipment (tractor, combine, harvester, etc.)</div> <div>300 2-wheeled motorcycle</div> <div>301 3-wheeled motorcycle</div> <div>302 Moped or motorized bicycle</div> <div>303 All-terrain vehicle / all-terrain cycle (ATV / ATC)</div> <div>304 Golf Cart</div> <div>305 Snowmobile</div> <div>306 Low Speed Vehicle</div> <div>307 Recreational off-highway vehicles (ROV)</div> <div>308 Autocycle</div>	
<div>Insurance</div> <div><input type="checkbox"/> Uninsured at time of crash</div>		<div>Trucks</div> <div>400 Single unit truck</div> <div>401 Truck tractor</div> <div>498 Other truck</div>	
<div>Company</div>		<div>Large Passenger Vehicle</div> <div>500 Motor home</div> <div>501 Passenger van (9-15 seats)</div> <div>502 Passenger van (16+ seats)</div> <div>503 Large limo</div> <div>504 Mini-bus</div> <div>505 School bus</div> <div>506 Transit bus</div> <div>507 Motorcoach</div> <div>598 Other bus / large passenger vehicle</div> <div>999 Unknown</div>	
<div>Phone #</div>		<div>Other</div> <div>980 Other</div>	
<div>NAIC #</div>			
<div>Policy #</div>			
<div>Expiration Date</div>			
DAMAGE			
<div>Damage Extent</div> <div>000 None</div> <div>100 Minor damage</div> <div>101 Functional damage</div> <div>102 Disabling damage</div> <div>990 Vehicle not at scene</div>	<div>Initial Point of Contact</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>5</div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div><input type="checkbox"/> 000 Non-collision</div> <div><input type="checkbox"/> 001 Vehicle not at scene</div> <div><input type="checkbox"/> 100 Top</div> <div><input type="checkbox"/> 113 Undercarriage</div> <div><input type="checkbox"/> 114 Cargo Loss</div> <div><input type="checkbox"/> 999 Unknown</div>	<div>Damaged Areas</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>5</div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div><input type="checkbox"/> 001 Vehicle not at scene</div> <div><input type="checkbox"/> 002 No damage</div> <div><input type="checkbox"/> 100 Top</div> <div><input type="checkbox"/> 113 Undercarriage</div>	<div>Tow Status</div> <div>000 Not towed</div> <div>100 Towed, but not due to disabling damage</div> <div>101 Towed (or will be towed) due to disabling damage</div> <div>Towed By</div> <div><input type="checkbox"/> Unknown</div>
TOWING			
		<div>Tow Authority</div> <div>100 Owner</div> <div>101 Law enforcement</div> <div>970 Not applicable</div> <div>980 Other</div>	
MOTOR VEHICLE CIRCUMSTANCES			
<div>Vehicle Usage</div> <div>000 No special function</div> <div>100 Bus - school (public or private)</div> <div>101 Bus - childcare / daycare</div> <div>102 Bus - transit / commuter</div> <div>103 Bus - charter / tour</div> <div>104 Bus - intercity</div> <div>105 Bus - shuttle</div> <div>198 Bus - other</div> <div>200 Farm vehicle</div> <div>201 Fire truck</div> <div>202 Highway / maintenance</div> <div>203 Mail carrier</div> <div>204 Military</div> <div>205 Ambulance</div> <div>206 Police</div> <div>207 Public utility</div> <div>208 Non-transport emergency services vehicle</div> <div>209 Safety service patrols - incident response</div> <div>210 Other incident response</div> <div>211 Rental truck (over 10,000 lbs)</div> <div>212 Towing - incident response</div> <div>213 Truck acting as crash attenuator</div> <div>214 Taxi</div> <div>215 Vehicle used for electronic ride-hailing (transportation network company)</div>	<div>Vehicle Maneuver</div> <div>100 Movements essentially straight ahead</div> <div>101 Backing</div> <div>102 Changing lanes</div> <div>103 Making U-turn</div> <div>104 Negotiating a curve</div> <div>105 Overtaking / passing</div> <div>106 Turning left</div> <div>107 Turning right</div> <div>108 Traveling wrong way</div> <div>Vehicle Maneuver Reason</div> <div>000 Normal movement</div> <div>100 To avoid other vehicle</div> <div>101 To avoid non-motorist</div> <div>102 To avoid animal</div> <div>198 To avoid other object</div> <div>200 Passing</div> <div>201 Vehicle out of control, not passing</div> <div>202 Vehicle out of control, passing</div> <div>203 For traffic control</div> <div>204 Due to congestion</div> <div>205 Due to prior crash (collision)</div> <div>206 Due to driver condition</div>	<div>109 Crossed median into opposing lane</div> <div>110 Crossed center line into opposing lane</div> <div>111 Ran off road (not while making turn at intersection)</div> <div>200 Entering traffic lane from shoulder</div> <div>201 Entering traffic lane from median</div> <div>202 Entering traffic lane from parking lane</div> <div>203 Entering traffic lane from private lane or driveway</div> <div>204 Entering freeway from on-ramp</div> <div>300 Leaving traffic lane</div> <div>400 Slowing to make left turn</div> <div>401 Slowing to make right turn</div> <div>402 Slowing to stop</div> <div>498 Slowing for other reason</div> <div>500 Parked</div> <div>501 Stopped, preparing to turn left</div> <div>502 Stopped, preparing to turn right</div> <div>503 Stopped in traffic</div> <div>980 Other</div> <div>999 Unknown</div>	<div>Direction of Travel Before Crash</div> <div>000 Not on roadway</div> <div>001 In roadway but not in motion</div> <div>100 Northbound</div> <div>300 Eastbound</div> <div>500 Southbound</div> <div>700 Westbound</div> <div>999 Unknown</div>

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Motor Vehicle #

## MOTOR VEHICLE CIRCUMSTANCES

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

## MOTOR VEHICLE EVENTS

<b>Sequence of Events</b> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>				<b>Most Harmful Event</b> <input type="text"/>	
<b>Non-Harmful Events</b>			<b>Collision with Fixed Object</b>		
000 Cross centerline			300 Collision with bridge overhead structure		
001 Cross median			301 Collision with bridge pier or support		
002 End departure (T-intersection, dead-end, etc.)			302 Collision with bridge rail		
003 Downhill runaway			303 Collision with cable barrier		
004 Equipment failure (blown tire, brake failure, etc.)			304 Collision with concrete traffic barrier		
005 Ran off roadway left			305 Collision with culvert		
006 Ran off roadway right			306 Collision with curb		
007 Reentering roadway			307 Collision with ditch		
008 Separation of units			308 Collision with embankment		
098 Other non-harmful event			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		
<b>Non-Collision Events</b>			<b>Collision with Person / Vehicle / Non-Fixed Object</b>		
100 Cargo/equipment loss or shift			200 Collision with animal (live)		
101 Fell/jumped from motor vehicle			201 Collision with motor vehicle in transport		
102 Fire/explosion			202 Collision with parked motor vehicle		
103 Immersion, full or partial			203 Collision with pedalcycle (including bicycles)		
104 Jackknife			204 Collision with pedestrian		
105 Overturn/rollover			205 Collision with railway vehicle (train, engine)		
106 Thrown or falling object			206 Collision with object at rest from MV in transport		
198 Other non-collision harmful event			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		

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COMMERCIAL MOTOR VEHICLE INFORMATION

<b>Motor Vehicle #</b>			<b>Vehicle Configuration</b>			<b>Hazardous Materials Placard</b>		
000 Vehicles 10,000 lbs or less			300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)			000 Had no placard and not carrying hazardous materials		
100 Vehicles 10,000 lbs or less placarded for hazardous materials			301 Single-unit truck (3 or more axles)			001 Had a placard, not carrying hazardous materials		
200 Bus/large van (seats 9-15 occupants, including driver)			302 Truck pulling trailer(s)			100 Carried hazardous material that required placarding		
201 Bus (seats more than 15 occupants, including driver)			303 Truck tractor (bobtail)			200 Carried hazardous materials without placard 999 Unknown		
			304 Truck tractor/semi-trailer			<b>Hazardous Material ID</b>		
			305 Truck tractor/double			<b>Hazardous Material Class</b>		
			306 Truck tractor/triple			1 Explosives 970 Not applicable		
			307 Truck more than 10,000 lbs., cannot classify			2 Gas 999 Unknown		
<b>Cargo Body Type</b>			<b>Special Sizing</b>			3 Flammable liquids		
000 No cargo body			<input type="checkbox"/> 000 No special sizing			4 Other flammable substances		
100 Bus			<input type="checkbox"/> 100 Over-height			5 Oxidizing substances and organic peroxides		
101 Auto transporter			<input type="checkbox"/> 101 Over-length			6 Toxic (poisonous) and infectious substances		
102 Cargo tank			<input type="checkbox"/> 102 Over-weight			7 Radioactive material		
103 Concrete mixer			<input type="checkbox"/> 103 Over-width			8 Corrosives		
104 Dump			<input type="checkbox"/> 999 Unknown			9 Miscellaneous dangerous goods		
970 Not applicable						<b>Hazardous Materials Released from Vehicle Cargo Compartment</b>		
980 Other						000 No, hazardous materials not released		
999 Unknown						100 Yes, hazardous materials released		
<b>Load Permitted</b>			<b>Motor Carrier Type</b>			<b>Motor Carrier Identification</b>		
000 Non-permitted load			000 Personal vehicle			100 US DOT number		
100 Permitted load			001 Not in commerce: government			101 State number		
			002 Not in commerce: personal rental truck or bus			970 Not applicable		
970 Not applicable (not a qualifying vehicle)			098 Not in commerce: other			999 Unknown/unable to determine		
999 Unknown			100 Interstate carrier			<b>Motor Carrier Name</b> <input type="checkbox"/> Unknown		
			101 Intrastate carrier			<b>Motor Carrier ID Number</b>		
			<b>State</b>					
<b>Motor Carrier Address</b> <input type="checkbox"/> Unknown						<b>Motor Carrier Phone Number</b> <input type="checkbox"/> Unknown		
Street						City State Postal Code		
<b>GVWR/GCWR</b>			<b>Commodity Hauled</b>					
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								
<b>TRAILER INFORMATION</b> <b>TRAILER #</b>								
<b>VIN</b> <input type="checkbox"/> Unknown						<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown		<b>Make</b> <input type="checkbox"/> Unknown		<b>Model</b> <input type="checkbox"/> Unknown				
<b>License Plate</b> <input type="checkbox"/> Missing						<input type="checkbox"/> Non-expiring		
<b>State</b> <input type="checkbox"/> Unknown		<b>Number</b> <input type="checkbox"/> Unknown		<b>Year</b> <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		
<b>TRAILER INFORMATION</b> <b>TRAILER #</b>								
<b>VIN</b> <input type="checkbox"/> Unknown						<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown		<b>Make</b> <input type="checkbox"/> Unknown		<b>Model</b> <input type="checkbox"/> Unknown				
<b>License Plate</b> <input type="checkbox"/> Missing						<input type="checkbox"/> Non-expiring		
<b>State</b> <input type="checkbox"/> Unknown		<b>Number</b> <input type="checkbox"/> Unknown		<b>Year</b> <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		
<b>TRAILER INFORMATION</b> <b>TRAILER #</b>								
<b>VIN</b> <input type="checkbox"/> Unknown						<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown		<b>Make</b> <input type="checkbox"/> Unknown		<b>Model</b> <input type="checkbox"/> Unknown				
<b>License Plate</b> <input type="checkbox"/> Missing						<input type="checkbox"/> Non-expiring		
<b>State</b> <input type="checkbox"/> Unknown		<b>Number</b> <input type="checkbox"/> Unknown		<b>Year</b> <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		

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DRIVER INFORMATION

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Motor Vehicle #

DRIVER INFORMATION

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

DRIVER LICENSE INFORMATION

<b>License Status</b> 100 Valid license      004 Suspended 000 Not licensed      999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		<b>License Class</b> 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable	<b>Driver License Type</b> 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable	<b>Commercial Driver License Status</b> 100 Valid      000 Canceled or denied 101 Learner's permit      001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown	
<b>License Number</b>	<b>License State</b>				
<b>Endorsements on License</b> <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		<b>Endorsement Compliance</b> 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	<b>Restrictions on License</b>		
		<b>Alcohol Interlock Presence</b> 000 No      970 Not applicable 100 Yes      999 Unknown			

DRIVER SEATING AND SAFETY INFORMATION

<b>Seating Position</b>		<b>Restraint Systems Used</b>																																											
<b>Standard Vehicle Seats</b> <table><thead><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr></thead><tbody><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>Oth</td><td>500</td><td>501</td><td>502</td><td>599</td></tr><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></tbody></table>		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	Oth	500	501	502	599	Unk	600	601	602	699	<b>Other Seating Positions</b> 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	001 None used – motor vehicle occupant      002 No helmet      970 Not applicable 980 Other 999 Unknown  100 Booster seat      200 DOT-compliant motorcycle helmet 101 Child restraint system – forward facing      201 Not DOT-compliant motorcycle helmet 102 Child restraint system – rear facing      299 Unknown if DOT-compliant motorcycle helmet 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		
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4	400	401	402	499																																									
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Unk	600	601	602	699																																									
		<b>Any indication of improper use?</b> 000 No 100 Yes 999 Unknown																																											
<b>Air Bags Deployed</b> <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown  <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)		<b>Ejection</b> 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	<b>Extrication</b> 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																										

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DRIVER INFORMATION

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Motor Vehicle #

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

DRIVER CONDITION AND CIRCUMSTANCES					
<b>Conditions at Time of Crash</b> 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	<b>Distraction Action</b> 000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction	<b>Distraction Source</b> 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device  <b>Vision Obscurement</b> 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 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown	<b>Speeding Relation</b> 000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown	<b>Suspected Alcohol Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested
<b>Alcohol Kit Number</b>		<b>Alcohol Test Type</b> 100 Blood 101 Blood clot 102 Blood plasma/serum  200 Breath 201 Preliminary breath test (PBT)	<b>Alcohol Test Results</b> 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	<b>BAC</b>	
<b>Suspected Drug Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<b>Drug Kit Number</b>	<b>Drug Test Type</b> 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	<b>Drug Test Results</b>	

DRIVER ACTIONS		
<b>Driver Actions at Time of Crash</b> 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 Operated motor vehicle in inattentive, careless, negligent, or erratic manner 109 Operated motor vehicle in reckless or aggressive manner 110 Over-correcting or over-steering 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  980 Other contributing action 999 Unknown	<b>Avoidance Maneuver</b> 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	<b>Pre-Collision Stability</b> 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

CITATIONS

CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES

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>							
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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>							
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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

<b>Injury Status</b> 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	<b>Ejection</b> 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	<b>Extrication</b> 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	<b>Restraint Systems</b> 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  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	<b>Seating Position</b> <table><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><tr><td colspan="5">Unk 600 601 602 699</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				
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<b>Race</b> 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	<b>Ethnicity</b> 100 Hispanic 101 Other than Hispanic 999 Unknown	<b>Incident Responder</b> 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																																										
<b>Type of Medical Transportation</b> 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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of

Non-Motorist #

## NON-MOTORIST INFORMATION

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

## NON-MOTORIST CIRCUMSTANCES

<b>Non-Motorist Type</b> 100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown	<b>Initial Contact Point</b> 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown	<b>Location</b> 100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown	<b>Origin/Destination</b> 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown	<b>Safety Equipment</b> <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown
<b>Struck by Vehicle #</b>				

<b>Action Prior to Crash</b> 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown	<b>Actions or Circumstances At Time of Crash</b> 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown	<b>Clothing Brightness</b> 100 Light 101 Dark 970 Not applicable 999 Unknown	<b>Upper</b> <b>Lower</b>
--	--	--	------------------------------

## NON-MOTORIST MEDICAL INFORMATION

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

<b>Conditions at the Time of the Crash</b> 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	<b>Distraction Action</b> 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction	<b>Distraction Source</b> 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown			
<b>Suspected Alcohol Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<b>Alcohol Kit Number</b> <input type="checkbox"/> Unknown	<b>Alcohol Test Type</b> 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	<b>Alcohol Test Results</b> 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	<b>BAC</b>
<b>Suspected Drug Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<b>Drug Kit Number</b> <input type="checkbox"/> Unknown	<b>Drug Test Type</b> 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	<b>Drug Test Results</b>	

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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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

PROPERTY DAMAGE CODES

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

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Train #

## TRAIN INFORMATION

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

## TRACK INFORMATION

## WARNING DEVICES

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

## COLLISION INFORMATION

<b>Train in Motion</b> 000 No 100 Yes	<b>Crossing Vehicle Interaction</b> 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	<b>Struck Car #</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	<b>Struck Car Type</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
<b>Collision Type</b> 100 Frontal 101 Side/backing		<b>Struck Car Position</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	<b>Distance Traveled After Impact</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> feet <input type="checkbox"/> miles
			<b>Estimated Speed Before Braking</b>

<b>Hazardous Materials Placard</b> 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	<b>Hazardous Material Class</b> 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	<b>Hazardous Materials Released from Train Cargo Compartment</b> 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable
<b>Hazardous Material ID</b>		

## TRAIN OPERATOR

<b>Name</b> <input type="checkbox"/> Unknown	<b>Address</b> <input type="checkbox"/> Unknown
Street	City State Postal Code

## TRACK OWNER

<b>Name</b> <input type="checkbox"/> Unknown	<b>Address</b> <input type="checkbox"/> Unknown
Street	City State Postal Code

## TRAIN ENGINEER

<b>Name</b> <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no engineer	<b>Certification Number</b> <input type="checkbox"/> Unknown	<b>Race</b> 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
First Middle Last Suffix		
<b>Address</b> <input type="checkbox"/> Unknown	<b>Phone Number</b> <input type="checkbox"/> Not Collected	
Street City State Postal Code		

<b>Incident Responder</b> 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.)	<b>Sex</b> 100 Female 101 Male 999 Unknown	<b>Age</b> <input type="checkbox"/> Unknown	<b>Date of Birth</b> <input type="checkbox"/> Unknown	<b>Ethnicity</b> 100 Hispanic 101 Other than Hispanic 999 Unknown
---	---	---	---	--

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

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TRAIN SUPPLEMENT

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Train #	
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor	
Race	
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
First Middle Last Suffix	
Address <input type="checkbox"/> Unknown	
Phone Number <input type="checkbox"/> 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 <input type="checkbox"/> Unknown	
Date of Birth <input type="checkbox"/> Unknown	
Ethnicity	
100 Hispanic 101 Other than Hispanic 999 Unknown	
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	
Type of Medical Transportation	
000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	
EMS Response Agency	
EMS Response Run # <input type="checkbox"/> Unknown	
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	
Facility Receiving Patient	

PASSENGER #	
Name <input type="checkbox"/> Unknown	
Race	
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
First Middle Last Suffix	
Address <input type="checkbox"/> Unknown	
Phone Number <input type="checkbox"/> 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 <input type="checkbox"/> Unknown	
Date of Birth <input type="checkbox"/> Unknown	
Ethnicity	
100 Hispanic 101 Other than Hispanic 999 Unknown	
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	
Type of Medical Transportation	
000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	
EMS Response Agency	
EMS Response Run # <input type="checkbox"/> Unknown	
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	
Facility Receiving Patient	

PASSENGER #	
Name <input type="checkbox"/> Unknown	
Race	
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
First Middle Last Suffix	
Address <input type="checkbox"/> Unknown	
Phone Number <input type="checkbox"/> 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 <input type="checkbox"/> Unknown	
Date of Birth <input type="checkbox"/> Unknown	
Ethnicity	
100 Hispanic 101 Other than Hispanic 999 Unknown	
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	
Type of Medical Transportation	
000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	
EMS Response Agency	
EMS Response Run # <input type="checkbox"/> Unknown	
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	
Facility Receiving Patient	

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TRAIN SUPPLEMENT

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Total # of Train Passengers

PASSENGER INFORMATION

TRAIN #      PASSENGER #

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

TRAIN #      PASSENGER #	
Name <input type="checkbox"/> Unknown	
Race	
100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown	
First      Middle      Last      Suffix	
Address <input type="checkbox"/> Unknown	
Phone Number <input type="checkbox"/> 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.)	
Injury Status	Type of Medical Transportation
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
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	

TRAIN #      PASSENGER #	
Name <input type="checkbox"/> Unknown	
Race	
100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown	
First      Middle      Last      Suffix	
Address <input type="checkbox"/> Unknown	
Phone Number <input type="checkbox"/> 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.)	
Injury Status	Type of Medical Transportation
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
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 # <span></span>						WITNESS # <span></span>									
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 # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	

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CRASH DIAGRAM

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CRASH NARRATIVE



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