

Revision		Printed		LOUISIANA UNIFORM CRASH REPORT								
CRASH INFORMATION				Rev. 2024-1		Case #		Page		of		
<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		
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 <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		100 Mainline		100 Public property		100 Trafficway, on road		1 Not an intersection		X Not applicable (not a divided highway)		
101 US highway		200 On-ramp		200 Private property		101 Trafficway, not on road		2 Two		N North		
102 State highway		201 Off-ramp				200 Non-trafficway		3 Three		W West		
103 Parish road		300 Frontage/service						4 Four		E East		
104 City street		970 Not applicable						5 Five or more		S South		
200 Off road/private property												
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 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				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 a collision between two motor vehicles in transport 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				
Collision with Non-Fixed Object				Relation to Junction				Contributing Factor				
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				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				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				
Collision with Fixed Object				Intersection Geometry				School Bus Relation				
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 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable				000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved				
				Intersection Traffic Control								
				000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable								
CRASH REPORT - CRASH SUMMARY												

CRASH CONDITIONS			
Roadway Surface Condition 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	Light Condition 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	Weather Conditions 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	Environmental Conditions 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 000 No 100 Yes 999 Unknown	Work Zone Location 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	Work Zone Type 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	Work Zone Circumstances 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	Worker(s) Present 000 No 100 Yes 970 Not applicable 999 Unknown	Law Enforcement Present 000 No 100 Yes 970 Not applicable 999 Unknown

REVIEWING OFFICER				
Rank	First Name	Middle Name	Last Name	Suffix

WITNESS #		WITNESS #			
Name	Name				
<i>First</i> <i>Middle</i> <i>Last</i> <i>Suffix</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

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				
<i>Street</i> <i>City</i> <i>State</i> <i>Postal Code</i>				

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				
<i>Street</i> <i>City</i> <i>State</i> <i>Postal Code</i>				

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				
<i>Street</i> <i>City</i> <i>State</i> <i>Postal Code</i>				

PROPERTY DAMAGE CODES				
Property Type 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
Damage Severity 100 Light (less than \$500) 101 Moderate (between \$500 and \$10,000) 102 Severe (over \$10,000)				

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VEHICLE INFORMATION

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DESCRIPTION AND INFORMATION

<input type="checkbox"/> Check if this vehicle had no driver	Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene	Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <u>Other</u> 980 Other
VIN <input type="checkbox"/> Unknown			103 Pickup 104 Cargo van
Model Year <input type="checkbox"/> Unknown	Make	Model	Color
License Plate <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring State <input type="checkbox"/> Unknown Number <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown			505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 999 Unknown
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown			
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown			
Street City State Postal Code			
Insurance <input type="checkbox"/> Uninsured at time of crash			
Company <input type="checkbox"/> Unknown			
Phone # <input type="checkbox"/> Unknown			
NAIC # <input type="checkbox"/> Unknown			
Policy # <input type="checkbox"/> Unknown			
Expiration Date <input type="checkbox"/> Unknown			

DAMAGE

TOWING

Damage Extent 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	Initial Point of Contact <table><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">➔</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown	7	8	9	10	11	6	➔			12	5	4	3	2	1	Damaged Areas <table><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">➔</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage	7	8	9	10	11	6	➔			12	5	4	3	2	1	Tow Status 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage <input type="checkbox"/> Unknown Tow Authority 100 Owner 101 Law enforcement 970 Not applicable 980 Other
7	8	9	10	11																													
6	➔			12																													
5	4	3	2	1																													
7	8	9	10	11																													
6	➔			12																													
5	4	3	2	1																													

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)	Vehicle Maneuver 100 Going straight 101 Backing 102 Merging 103 Making U-turn 104 Negotiating a curve 106 Turning left 107 Turning right 108 Traveling wrong way 200 Leaving a parking position 300 Entering a parking position 400 Slowing 500 Parked 501 Stopped 980 Other 999 Unknown	Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown	Emergency Vehicle Usage 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown	Direction of Travel Before Crash 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown
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MOTOR VEHICLE CIRCUMSTANCES

Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown		Contributing Defects	
Front Left <input type="text"/>	Front Right <input type="text"/>	<input type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown	Vehicle Lighting 000 Headlights off 100 Headlights on 101 Daytime running lights 999 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	
Rear Left <input type="text"/>	Rear Right <input type="text"/>					
Traffic Control Device Types and Statuses						
Traffic Control Device Types			Devices Present	Devices Inoperative or Missing		
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 302 Flashing traffic control signal 303 Lane use control signal 304 Ramp meter signal 305 Traffic control signal 398 Other signal	2 <input type="text"/>	2 <input type="text"/>			
200 Bicycle crossing sign 201 Curve Ahead warning sign 202 Intersection Ahead warning sign	400 Bicycle crossing 401 Pedestrian crossing 402 Railroad crossing 403 School zone 404 Yellow no passing line 405 White or yellow dash line 406 Solid white lane line 498 Other pavement marking (excluding edgelines, centerlines, or lane lines)	3 <input type="text"/>	3 <input type="text"/>			
203 Pedestrian crossing sign 204 Railroad crossing sign 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign		4 <input type="text"/>	4 <input type="text"/>			
980 Other	999 Unknown	Traffic Signal Status				
		100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		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		
Trafficway Division			Barrier Type		Automation System Level Engaged	
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown	000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other				000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level 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 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)			000 Not on trafficway 100 Straight 101 Curve left 102 Curve right	000 Not on trafficway 100 One-way 200 Two-way Speed Limit <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators	000 No 100 Yes

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	
		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	
Non-Collision Events	Collision with Person / Vehicle / Non-Fixed Object		
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

Vehicle Configuration			Hazardous Materials Placard
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown	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
	302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding
	303 Truck tractor (bobtail)		200 Carried hazardous materials without placard 999 Unknown
200 Bus/large van (seats 9-15 occupants, including driver)	304 Truck tractor/semi-trailer		Hazardous Material ID
201 Bus (seats more than 15 occupants, including driver)	305 Truck tractor/double		Hazardous Material Class
	306 Truck tractor/triple		1 Explosives 970 Not applicable
	307 Truck more than 10,000 lbs., cannot classify		2 Gas 999 Unknown

Cargo Body Type			Special Sizing	Hazardous Materials Released from Vehicle Cargo Compartment
000 No cargo body			<input type="checkbox"/> 000 No special sizing	
100 Bus	105 Flatbed	109 Log	<input type="checkbox"/> 100 Over-height	
101 Auto transporter	106 Garbage / refuse	110 Pole trailer	<input type="checkbox"/> 101 Over-length	
102 Cargo tank	107 Grain / chips / gravel	111 Van / enclosed box	<input type="checkbox"/> 102 Over-weight	
103 Concrete mixer	108 Intermodal container chassis	112 Vehicle towing another vehicle	<input type="checkbox"/> 103 Over-width	3 Flammable liquids
104 Dump			<input type="checkbox"/> 999 Unknown	4 Other flammable substances
970 Not applicable	980 Other	999 Unknown		5 Oxidizing substances and organic peroxides
				6 Toxic (poisonous) and infectious substances
				7 Radioactive material
				8 Corrosives
				9 Miscellaneous dangerous goods

Load Permitted	Number of Axles	Motor Carrier Type	Motor Carrier Identification	Hazardous Materials Released from Vehicle Cargo Compartment
000 Non-permitted load	<input type="checkbox"/> Unknown	000 Personal vehicle	100 US DOT number	000 No, hazardous materials not released
100 Permitted load		001 Not in commerce: government	101 State number	100 Yes, hazardous materials released
		002 Not in commerce: personal rental truck or bus	970 Not applicable	970 Not applicable
970 Not applicable (not a qualifying vehicle)		098 Not in commerce: other	999 Unknown/unable to determine	Motor Carrier Name <input type="checkbox"/> Unknown
999 Unknown		100 Interstate carrier	State _____	Motor Carrier ID Number
		101 Intrastate carrier		

Motor Carrier Address <input type="checkbox"/> Unknown	Motor Carrier Phone Number <input type="checkbox"/> Unknown
Street _____	City _____ State _____ Postal Code _____

GVWR/GCWR	Commodity Hauled
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	

TRAILER INFORMATION			TRAILER #
VIN <input type="checkbox"/> Unknown		Number of Axles <input type="checkbox"/> Unknown	
Year <input type="checkbox"/> Unknown	Make <input type="checkbox"/> Unknown	Model <input type="checkbox"/> Unknown	
License Plate <input type="checkbox"/> Missing		<input type="checkbox"/> Non-expiring	
State _____	<input type="checkbox"/> Unknown	Number _____	<input type="checkbox"/> Unknown
Year _____		<input type="checkbox"/> Unknown	

TRAILER INFORMATION			TRAILER #
VIN <input type="checkbox"/> Unknown		Number of Axles <input type="checkbox"/> Unknown	
Year <input type="checkbox"/> Unknown	Make <input type="checkbox"/> Unknown	Model <input type="checkbox"/> Unknown	
License Plate <input type="checkbox"/> Missing		<input type="checkbox"/> Non-expiring	
State _____	<input type="checkbox"/> Unknown	Number _____	<input type="checkbox"/> Unknown
Year _____		<input type="checkbox"/> Unknown	

TRAILER INFORMATION			TRAILER #
VIN <input type="checkbox"/> Unknown		Number of Axles <input type="checkbox"/> Unknown	
Year <input type="checkbox"/> Unknown	Make <input type="checkbox"/> Unknown	Model <input type="checkbox"/> Unknown	
License Plate <input type="checkbox"/> Missing		<input type="checkbox"/> Non-expiring	
State _____	<input type="checkbox"/> Unknown	Number _____	<input type="checkbox"/> Unknown
Year _____		<input type="checkbox"/> Unknown	

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DRIVER INFORMATION

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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 Middle Last Suffix</i>						
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected		
<i>Street City State Postal Code</i>						
Incident Responder 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.)				Date of Birth <input type="checkbox"/> Unknown		Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown

DRIVER LICENSE INFORMATION

License Status 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		License Class 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	Driver License Type 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	Commercial Driver License Status 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
License Number	License State			
Endorsements 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		Endorsement Compliance 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	Restrictions on License	
		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 <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	Other Seating Positions 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		Any indication of improper use? 000 No 100 Yes 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																																									
Oth	500	501	502	599																																									
Unk	600	601	602	699																																									
Air Bags Deployed <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.)		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																																										

Motor Vehicle #

MEDICAL INFORMATION

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
100 EMS air
101 EMS ground
200 Law enforcement
980 Other
999 Unknown

EMS Response Agency

EMS Response Run # ☐ Unknown

Medical Unique Identifier

☐ Not applicable ☐ Unknown

Facility Receiving Patient

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash

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

Distraction Action

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

Distraction Source

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

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
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

Speeding Relation

000 No
100 Exceeded speed limit
101 Racing
102 Too fast for conditions
999 Unknown

Suspected Alcohol Usage

000 No
100 Yes
999 Unknown

Test Status

000 Test not given
001 Test refused
100 Test given
999 Unknown if tested

Alcohol Kit Number

☐ Unknown

Alcohol Test Type

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

Alcohol Test Results

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

BAC

Suspected Drug Usage

000 No
100 Yes
999 Unknown

Test Status

000 Test not given
001 Test refused
100 Test given
999 Unknown if tested

Drug Kit Number

☐ Unknown

Drug Test Type

100 Blood
101 Urine
102 Both blood and urine
103 Saliva
198 Other
970 Not applicable
999 Unknown

Drug Test Results

DRIVER ACTIONS

Driver Actions at Time of Crash

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

Avoidance Maneuver

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

Pre-Collision Stability

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

Rev. 2024-1

Case # Page of

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><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>	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	Seating Position 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																																									
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown			Restraint Systems 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																																									

Non-Motorist

NON-MOTORIST INFORMATION

Name						<input type="checkbox"/> Unknown	Age		<input type="checkbox"/> Unknown	Sex		<input type="checkbox"/>	Race		<input type="checkbox"/>															
										100 Female 101 Male 999 Unknown			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														<input type="checkbox"/>		Date of Birth							<input type="checkbox"/> Unknown		Ethnicity				<input type="checkbox"/>	
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										

NON-MOTORIST CIRCUMSTANCES

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

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

NON-MOTORIST MEDICAL INFORMATION

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

NON-MOTORIST CONDITION

Conditions at the Time of the Crash		Distraction Action	Distraction Source
000 Apparently normal	970 Not applicable	000 Not distracted	100 Hands-free mobile phone
100 Asleep/blacked out	980 Other	100 Talking / listening	101 Hand-held mobile phone
101 Fatigued	999 Unknown	101 Manually operating a device (texting, typing, dialing, playing game, etc.)	102 Vehicle-integrated device
102 Emotional (depressed, angry, disturbed, etc.)		200 Inattentive	198 Other electronic device
103 Ill (sick), fainted		980 Other distraction or distraction details unknown	200 Passenger or other non-motorist
104 Physically impaired		999 Unknown if distracted	201 External to vehicle/non-motorist area
105 Under the influence of medications/ drugs/alcohol			298 Other
106 Inattentive/distracted			970 Not applicable
			999 Unknown

Suspected Alcohol Usage 000 No 100 Yes 999 Unknown	Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Alcohol Kit Number <input type="checkbox"/> Unknown	Alcohol Test Type 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	Alcohol Test Results 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	BAC
Suspected Drug Usage 000 No 100 Yes 999 Unknown	Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Drug Kit Number <input type="checkbox"/> Unknown	Drug Test Type 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other	970 Not applicable 999 Unknown	Drug Test Results	

LOUISIANA UNIFORM CRASH REPORT
NON-VEHICULAR PROPERTY DAMAGE

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Case # Page of

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 <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

Property Type 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	Damage Severity 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 #	
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TRAIN INFORMATION									
Train Type 100 Railroad train 101 Streetcar		ID # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Lead Engine # <input type="checkbox"/> Unknown		Serial # <input type="checkbox"/> Unknown		Present Equipment <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	
Make <input type="checkbox"/> Unknown		Type <input type="checkbox"/> Unknown		# of Engines <input type="checkbox"/> Unknown		# of Cars <input type="checkbox"/> Unknown		Data Recorder Speed <input type="checkbox"/> Pending	

TRACK INFORMATION				WARNING DEVICES					
DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Crossing Surface Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel		Present Warning Devices <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		Advance Warning Devices <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		Active Warning Devices <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	
Sets of Tracks	Speed Limit	Crossing Type 100 Public 101 Private							

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

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 Class 1 Explosives 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		Hazardous Materials Released from Train Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable 999 Unknown	
Hazardous Material ID					

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

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

TRAIN ENGINEER					
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no engineer		Certification Number <input type="checkbox"/> Unknown		Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 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.)		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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CRASH REPORT - TRAIN INFORMATION

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

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Case # Page of

Train #												
TRAIN CONDUCTOR												
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					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown		Ethnicity	
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						100 Hispanic 101 Other than Hispanic 999 Unknown	
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							

PASSENGER INFORMATION												
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					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown		Ethnicity	
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						100 Hispanic 101 Other than Hispanic 999 Unknown	
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							
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					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown		Ethnicity	
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						100 Hispanic 101 Other than Hispanic 999 Unknown	
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							
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					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown		Ethnicity	
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						100 Hispanic 101 Other than Hispanic 999 Unknown	
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							

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

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Case # Page of

Total # of Train Passengers

PASSENGER INFORMATION

TRAIN # PASSENGER #

Name <input type="checkbox"/> Unknown		Race	
		100 American Indian or Alaska Native	102 Black 103 White 999 Unknown
First Middle Last Suffix		101 Asian or Pacific Islander 980 Other	
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 999 Unknown	
First Middle Last Suffix	
101 Asian or Pacific Islander 980 Other	
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	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	
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	

TRAIN # PASSENGER #	
Name <input type="checkbox"/> Unknown	
Race	
100 American Indian or Alaska Native	
102 Black 103 White 999 Unknown	
First Middle Last Suffix	
101 Asian or Pacific Islander 980 Other	
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	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	
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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WITNESSES

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Total # of Witnesses

WITNESSES															
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	
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	
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	
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	
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	
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	
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	

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