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☐ Secondary Crash    ☐ Photos Taken    ☐ Videos Taken

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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 Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
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Highway <input type="checkbox"/> Not applicable	Road
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<b>Distance/Direction From Intersection</b> <input type="checkbox"/> Not applicable	<b>Intersecting Road</b> <input type="checkbox"/> Crash was at an intersection
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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			3 Three	W West
103 Parish road	300 Frontage/service		200 Non-trafficway	4 Four	E East
104 City street	970 Not applicable			5 Five or more	S South
200 Off road/private property					

Rank	First Name	Middle Name	Last Name	Suffix
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Badge #	Printed Name	Signature
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First Harmful Event	Location of First	Manner of Crash
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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	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  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
Collision with Non-Fixed Object	200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object	Relation to Junction 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown	Contributing Factor 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable	Primary  Secondary
Collision with Fixed Object	300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object	Intersection Geometry 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable  Intersection Traffic Control 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable	School Bus Relation 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved	

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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 <input type="checkbox"/></div>	<div>Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene</div>	<div>Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment</div>	<div>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 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 999 Unknown</div>
VIN			<input type="checkbox"/> Unknown
Model Year	<input type="checkbox"/> Unknown	Make	Model
License Plate		<input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring
State	<input type="checkbox"/> Unknown	Number	<input type="checkbox"/> 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			
Damage Extent	Initial Point of Contact	Damaged Areas	Tow Status
000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	<div><div><div>7891011</div><div>6<div>→</div>12</div><div>54321</div></div><div><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</div></div> <div><div><div>7891011</div><div>6<div>→</div>12</div><div>54321</div></div><div><input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage</div></div>	Tow Authority	
			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
MOTOR VEHICLE CIRCUMSTANCES			
Vehicle Usage	Vehicle Maneuver	Vehicle Maneuver Reason	
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)	980 Other 999 Unknown 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way	109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane 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	400 Slowing to make left turn 401 Slowing to make right turn 402 Slowing to stop 498 Slowing for other reason 500 Parked 501 Stopped, preparing to turn left 502 Stopped, preparing to turn right 503 Stopped in traffic 980 Other 999 Unknown 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		Direction of Travel Before Crash	
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		000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown	

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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>	
				000 No automation	
				100 Driver assistance	
				101 Partial automation	
				102 Conditional automation	
				103 High automation	
				104 Full automation	
				199 Automation level unknown	
				999 Unknown	
				<b>Automation System Level Engaged</b>	
				000 No automation	
				100 Driver assistance	
				101 Partial automation	
				102 Conditional automation	
				103 High automation	
				104 Full automation	
				199 Automation level unknown	
				999 Unknown	
<b>Trafficway Division</b>		<b>Barrier Type</b>		<b>HOV Lane Presence</b>	
000 Not divided		000 None		000 None present	
001 Not divided, with a continuous left turn lane		100 Cable barrier		100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median	
100 Divided, flush median (greater than 4 ft wide)		101 Concrete barrier (e.g. Jersey barrier)		101 Not separated, painted pavement markings, post-mounted delineators	
101 Divided, raised median (curbed)		102 Earth embankment			
102 Divided, depressed median		103 Guardrail			
999 Unknown		980 Other			
<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 Relation</b>
100 Level			100 Straight	100 One-way	000 No
101 Uphill			101 Curve left	200 Two-way	100 Yes
102 Hillcrest			102 Curve right	<b>Speed Limit</b>	
103 Downhill				<input type="checkbox"/> Unknown	
104 Sag (bottom)				<input type="checkbox"/> N/A	

## 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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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><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>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></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		
Front																																													
Row	Left	Middle	Right	Unk																																									
1	100	101	102	199																																									
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4	400	401	402	499																																									
Oth	500	501	502	599																																									
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																																										

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  
999 Unknown distraction

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

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 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

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

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Total # of Passengers

PASSENGER INFORMATION

MOTOR VEHICLE #      PASSENGER #

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

MOTOR VEHICLE #      PASSENGER #

Name <input type="checkbox"/> Unknown				Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	Race	
<i>First Middle Last Suffix</i>								
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected	Ethnicity	
<i>Street City State Postal Code</i>								
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		Injury Status <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Incident Responder	Restraint System	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position	Ejection	Extrication
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			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	
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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></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
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4	400	401	402	499																																								
Other	500	501	502	599																																								
Unk	600	601	602	699																																								
<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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NON-MOTORIST INFORMATION											
<b>Name</b> <input type="checkbox"/> Unknown					<b>Age</b> <input type="checkbox"/> Unknown		<b>Sex</b>		<b>Race</b>		
<i>First Middle Last Suffix</i>							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		
<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>					<b>Date of Birth</b> <input type="checkbox"/> Unknown		<b>Ethnicity</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.)							100 Hispanic 101 Other than Hispanic 999 Unknown				
NON-MOTORIST CIRCUMSTANCES											
<b>Non-Motorist Type</b>		<b>Initial Contact Point</b>		<b>Location</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		100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		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>		<b>Safety Equipment</b>							
		100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		<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>		<b>Actions or Circumstances At Time of Crash</b>					<b>Clothing Brightness</b> <b>Upper</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		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					100 Light 101 Dark 970 Not applicable 999 Unknown				
							<b>Lower</b>				
NON-MOTORIST MEDICAL INFORMATION											
<b>Injury Status</b>		<b>Type of Medical Transportation</b>		<b>EMS Response Agency</b>				<b>EMS Response Run #</b> <input type="checkbox"/> Unknown			
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 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown									
				<b>Medical Unique Identifier</b> <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				<b>Facility Receiving Patient</b>			
NON-MOTORIST CONDITION											
<b>Conditions at the Time of the Crash</b>		<b>Distraction Action</b>		<b>Distraction Source</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		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 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>		<b>Test Status</b>		<b>Alcohol Kit Number</b> <input type="checkbox"/> Unknown		<b>Alcohol Test Type</b>		<b>Alcohol Test Results</b>		<b>BAC</b>	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) 300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other		000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown			
<b>Suspected Drug Usage</b>		<b>Test Status</b>		<b>Drug Kit Number</b> <input type="checkbox"/> Unknown		<b>Drug Test Type</b>		<b>Drug Test Results</b>			
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown					

LOUISIANA UNIFORM CRASH REPORT  
NON-VEHICULAR PROPERTY DAMAGE

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NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

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

Owner Address <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
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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

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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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 #					
TRAIN CONDUCTOR					
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor			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	Date of Birth <input type="checkbox"/> Unknown
000 No      102 Police      980 Other      999 Unknown 100 EMS      103 Tow operator 101 Fire      104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			100 Female 101 Male 999 Unknown		Ethnicity
			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 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	Date of Birth <input type="checkbox"/> Unknown
000 No      102 Police      980 Other      999 Unknown 100 EMS      103 Tow operator 101 Fire      104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			100 Female 101 Male 999 Unknown		Ethnicity
			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 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	Date of Birth <input type="checkbox"/> Unknown
000 No      102 Police      980 Other      999 Unknown 100 EMS      103 Tow operator 101 Fire      104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			100 Female 101 Male 999 Unknown		Ethnicity
			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		

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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 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      Date of Birth <input type="checkbox"/> Unknown      Ethnicity
000 No      102 Police      980 Other      999 Unknown		100 Female	100 Hispanic
100 EMS      103 Tow operator		101 Male	101 Other than Hispanic
101 Fire      104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown	999 Unknown
Injury Status	Type of Medical Transportation	EMS Response Agency	
100 (K) Fatal Injury	000 Not transported      980 Other		
101 (A) Suspected Serious Injury	100 EMS air      999 Unknown		
102 (B) Suspected Minor Injury	101 EMS ground	EMS Response Run # <input type="checkbox"/> Unknown	
103 (C) Possible Injury	200 Law enforcement		
104 (O) No Apparent Injury			
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient	

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      Date of Birth <input type="checkbox"/> Unknown      Ethnicity
000 No      102 Police      980 Other      999 Unknown		100 Female	100 Hispanic
100 EMS      103 Tow operator		101 Male	101 Other than Hispanic
101 Fire      104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown	999 Unknown
Injury Status	Type of Medical Transportation	EMS Response Agency	
100 (K) Fatal Injury	000 Not transported      980 Other		
101 (A) Suspected Serious Injury	100 EMS air      999 Unknown		
102 (B) Suspected Minor Injury	101 EMS ground	EMS Response Run # <input type="checkbox"/> Unknown	
103 (C) Possible Injury	200 Law enforcement		
104 (O) No Apparent Injury			
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient	

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      Date of Birth <input type="checkbox"/> Unknown      Ethnicity
000 No      102 Police      980 Other      999 Unknown		100 Female	100 Hispanic
100 EMS      103 Tow operator		101 Male	101 Other than Hispanic
101 Fire      104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown	999 Unknown
Injury Status	Type of Medical Transportation	EMS Response Agency	
100 (K) Fatal Injury	000 Not transported      980 Other		
101 (A) Suspected Serious Injury	100 EMS air      999 Unknown		
102 (B) Suspected Minor Injury	101 EMS ground	EMS Response Run # <input type="checkbox"/> Unknown	
103 (C) Possible Injury	200 Law enforcement		
104 (O) No Apparent Injury			
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient	

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WITNESSES

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Total # of Witnesses

WITNESSES															
WITNESS # <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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