

Revision

Printed

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

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Secondary Crash

Photos Taken

Videos Taken

Number of Motorists

Number of Non-Motorists

Non-Fatally Injured Persons

Fatalities

Total Injuries and Fatalities

Vehicles Involved

Troop

Investigating Agency

Division

Parish

City

Latitude

Longitude

CRASH TIME INFORMATION

Crash Date/Time

Police Notified Date/Time

Police Arrived Date/Time

Roadway Cleared Date/Time

On Scene Investigation Completed Date/Time

ROAD INFORMATION

Highway

Road

Distance/Direction From Intersection

Intersecting Road

LOCATION INFORMATION

Road Classification

Road Subtype

Property Ownership

Trafficway Characteristics

Number of Intersection Approaches

Traffic Flow Direction

INVESTIGATING OFFICER

Rank

First Name

Middle Name

Last Name

Suffix

Badge #

Printed Name

Signature

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event

Location of First Harmful Event

Manner of Crash

Non-Collision

Collision with Non-Fixed Object

Collision with Fixed Object

Relation to Junction

Contributing Factor

Intersection Geometry

Intersection Traffic Control

School Bus Relation

CRASH REPORT - CRASH SUMMARY

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CRASH CONDITIONS

Roadway Surface Condition	64	Light Condition	65	Weather Conditions	66	Environmental Conditions	68
000 Dry		100 Daylight		000 Clear	67	000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	69
101 Mud, dirt, gravel		300 Dark - continuous street lights		101 Blowing snow		101 Debris	
102 Oil		301 Dark - street lights at intersection only		102 Cloudy		102 Glare	
103 Sand		302 Dark - not lighted		103 Fog, smog, smoke		103 Non-highway work	
104 Slush		399 Dark - unknown lighting		104 Freezing rain or freezing drizzle		104 Obstructed crosswalks	
105 Snow		980 Other		105 Rain		105 Obstruction in roadway	
106 Water (standing,moving)		999 Unknown		106 Severe crosswinds		106 Overhead clearance limited	
107 Wet				107 Sleet or hail		107 Prior crash	
980 Other				108 Snow		108 Prior non-recurring incident	
999 Unknown				980 Other		109 Regular congestion	
				999 Unknown		110 Related to a bus stop	
						111 Road surface condition (wet, icy, snow, slush, etc.)	

WORK ZONE CRASH INFORMATION

Work Zone Relation	70	Work Zone Location	71	Work Zone Type	72	Work Zone Circumstances	73	Worker(s) Present	74	Law Enforcement Present	75
000 No		100 Before the first work zone warning sign		100 Lane closure		100 Back of queue		000 No		000 No	
100 Yes		101 Advance warning area		101 Lane shift / crossover		101 Congestion (dense & slow traffic), typical		100 Yes		100 Yes	
999 Unknown		102 Transition area		102 Work on shoulder or median		102 Heavy (dense & fast traffic)		970 Not applicable		970 Not applicable	
		103 Activity area		103 Intermittent or moving work		103 Congestion (dense & slow traffic), not typical		999 Unknown		999 Unknown	
		104 Termination area		970 Not applicable		104 Traffic control device malfunction					
		970 Not applicable		980 Other type of work zone		105 Free flow (light & fast traffic)					
		999 Unknown		999 Unknown		980 Other					
						970 Not applicable					
						999 Unknown					

REVIEWING OFFICER

Rank	76	First Name	77	Middle Name	78	Last Name	79	Suffix	80
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WITNESS # **81**

WITNESS #

Name	82	83	84	85	Name	86	87	88	89	90	91	92	93
First		Middle		Suffix	First		Middle		Last		Suffix		
Address	86	87	88	89	Address	90	91	92	93	94	95	96	97
City		State		Postal Code	City		State		Postal Code	City		State	
Phone Number		Age		Sex	Phone Number		Age		Sex	Phone Number		Age	

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY # **93**

Property Type	94	Damage Severity	95	Owner Name	96	<input type="checkbox"/> Unknown	Owner Phone Number	<input type="checkbox"/> Not Collected	98
Owner Address	100	<input type="checkbox"/> Unknown	101	102	103	104	105	106	107
Street		City		State		Postal Code			

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	94	Damage Severity	95	Owner Name	96	<input type="checkbox"/> Unknown	Owner Phone Number	<input type="checkbox"/> Not Collected	98
Owner Address	100	<input type="checkbox"/> Unknown	101	102	103	104	105	106	107
Street		City		State		Postal Code			

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	94	Damage Severity	95	Owner Name	96	<input type="checkbox"/> Unknown	Owner Phone Number	<input type="checkbox"/> Not Collected	98
Owner Address	100	<input type="checkbox"/> Unknown	101	102	103	104	105	106	107
Street		City		State		Postal Code			

PROPERTY DAMAGE CODES

Property Type	94	Damage Severity	95	Owner Name	96	<input type="checkbox"/> Unknown	Owner Phone Number	<input type="checkbox"/> Not Collected	98
100 Private property		300 Cable barrier		303 Guardrail face		400 Traffic sign support		598 Other state property	
200 Bridge overhead structure		301 Concrete traffic barrier		304 Impact attenuator/crash cushion		401 Traffic signal support		980 Other	
201 Bridge pier or support		302 Guardrail end terminal		398 Other traffic barrier		402 Utility pole/light support			
202 Bridge rail									

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

CRASH DATA

MAPPIN

G #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Crash.SecondaryCrash
5	Crash.PhotosTaken
6	Crash.VideosTaken
7	Computed from Crash Report Data
8	Computed from Crash Report Data
9	Computed from Crash Report Data
10	Computed from Crash Report Data
11	Computed from Crash Report Data
12	Computed from Crash Report Data
13	Crash.TroopRegion
14	Crash.AgencyName
15	Crash.AgencyDivision
16	Crash.Parish
17	Crash.City
18	Crash.Latitude
19	Crash.Longitude
20	Crash.CrashDate
21	Crash.CrashTime
22	Crash.PoliceNotificationDate
23	Crash.PoliceNotificationTime
24	Crash.PoliceArrivalDate
25	Crash.PoliceArrivalTime
26	Crash.RoadwayClearanceDate
27	Crash.RoadwayClearanceTime
28	Crash.OnSceneInvestigationCompletionDate
29	Crash.OnSceneInvestigationCompletionTime
31	Crash.Highway
32	Crash.RoadNumber Crash.RoadName Crash.RoadType
35	Crash.DistanceFromIntersection
36	Crash.DistanceFromIntersectionUnit
37	Crash.IsDistanceFromIntersectionNotApplicable
38	Crash.DirectionFromIntersection
39	Crash.IsIntersection
40	Crash.IntersectingRoadName
41	Crash.RoadClassification
42	Crash.RoadSubtype
43	Crash.PropertyOwnership
44	Crash.TrafficwayCharacteristics

45 Crash.IntersectionApproach
46 Crash.TrafficFlowDirection
47 Crash.InvestigatingOfficerRank
48 Crash.InvestigatingOfficerFirstName
49 Crash.InvestigatingOfficerMiddleName
50 Crash.InvestigatingOfficerLastName
51 Crash.InvestigatingOfficerNameSuffix
52 Crash.InvestigatingOfficerId
53 Document.CreatorSignature
54 Document.CreatorSignature
55 Crash.FirstHarmfulEvent
56 Crash.FirstHarmfulEventLocation
57 Crash.CrashManner
58 Crash.JunctionLocation
59 Crash.PrimaryContributingFactor
60 Crash.SecondaryContributingFactor
61 Crash.IntersectionGeometry
62 Crash.SchoolBusRelation
63 Crash.IntersectionTrafficControl
64 Crash.RoadwaySurfaceCondition
65 Crash.LightCondition
66 CrashWeatherConditions.WeatherCondition
67 CrashWeatherConditions.WeatherCondition
CrashRoadwayEnvironmentalContributingCircumstances.RoadwayEnvironmentalContributi
68 ngCircumstance
CrashRoadwayEnvironmentalContributingCircumstances.RoadwayEnvironmentalContributi
69 ngCircumstance
70 Crash.WorkZoneRelation
71 Crash.WorkZoneLocation
72 Crash.WorkZoneType
73 Crash.WorkZoneCircumstance
74 Crash.WorkerPresence
75 Crash.LawEnforcementPresence
76 Document.ReviewerRank
77 Document.ReviewerFirstName
78 Document.ReviewerMiddleName
79 Document.ReviewerLastName
80 Document.ReviewerNameSuffix
81 Witness.Index
82 Witness.FirstName
83 Witness.MiddleName
84 Witness.LastName
85 Witness.NameSuffix
86 Witness.AddressStreet
87 Witness.AddressCity

88 Witness.AddressState
89 Witness.AddressPostalCode
90 Witness.PhoneNumber
91 Witness.Age
92 Witness.Sex
93 DamagedNonVehicularProperty.Index
94 DamagedNonVehicularProperty.PropertyType
95 DamagedNonVehicularProperty.DamageSeverity
96 DamagedNonVehicularProperty.IsOwnerNameUnknown
97 DamagedNonVehicularProperty.OwnerName
98 DamagedNonVehicularProperty.IsOwnerPhoneNumberUnknown
99 DamagedNonVehicularProperty.OwnerPhoneNumber
100 DamagedNonVehicularProperty.IsOwnerAddressUnknown
101 DamagedNonVehicularProperty.OwnerAddressStreet
102 DamagedNonVehicularProperty.OwnerAddressCity
103 DamagedNonVehicularProperty.OwnerAddressState
104 DamagedNonVehicularProperty.OwnerAddressPostalCode

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Motor Vehicle #
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DESCRIPTION AND INFORMATION

Check if this vehicle had no driver 5 <input type="checkbox"/>	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 Passenger Vehicles 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle Construction / Farm Equipment 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) Cycle / Off Road / Recreation 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 Trucks 400 Single unit truck 401 Truck tractor 498 Other truck Large Passenger Vehicle 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus Other 980 Other				
VIN 9	Model Year 11	Make 12	Model 14	Color 15	103 Pickup 104 Cargo van 222 Non-expiring 2300 2-wheeled motorcycle 2301 3-wheeled motorcycle 2302 Moped or motorized bicycle 2303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 2304 Golf Cart 2305 Snowmobile 2306 Low Speed Vehicle 2307 Recreational off-highway vehicles (ROV) 2308 Autocycle 23400 Single unit truck 23401 Truck tractor 23498 Other truck 23500 Motor home 23501 Passenger van (9-15 seats) 23502 Passenger van (16+ seats) 23503 Large limo 23504 Mini-bus 23980 Other 23999 Unknown		
License Plate 16 <input type="checkbox"/> Missing State 17 <input type="checkbox"/> Unknown 18 Number 19 <input type="checkbox"/> Unknown 20 Year 21 <input type="checkbox"/> Unknown 23	Owner Name 26	<input type="checkbox"/> Same as driver 24	<input type="checkbox"/> Unknown 25	Owner Address 29	<input type="checkbox"/> Same as driver 27	<input type="checkbox"/> Unknown 28	Insurance 33 <input type="checkbox"/> Uninsured at time of crash Company 34 Phone # 36 NAIC # 38 Policy # 40 Expiration Date 42
DAMAGE				TOWING			
Damage Extent 44 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage 45 <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown	Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage 46	Tow Status 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By <input type="checkbox"/> Unknown 49 50	Tow Authority 48 100 Owner 101 Law enforcement 970 Not applicable 980 Other			
MOTOR VEHICLE CIRCUMSTANCES							
Vehicle Usage 51 000 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 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 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 Emergency Vehicle Usage 54 000 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 55 000 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	Front Right	63		62	
<input type="checkbox"/> Not applicable or measured	<input type="checkbox"/> Unknown	Vehicle Lighting		64	
58	59	000 Headlights off		000 None	
Rear Left	Rear Right	100 Headlights on		100 Brakes	
60	61	101 Daytime running lights		101 Exhaust system	
		999 Unknown		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	
Traffic Control Device Types and Statuses				Automation System Level Present	
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing	66	
000 None	300 Flashing railroad crossing (may include gates)	1	1	000 No automation	
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2	2	100 Driver assistance	
200 Bicycle crossing sign	302 Flashing traffic control signal	3	3	101 Partial automation	
201 Curve Ahead warning sign	303 Lane use control signal	4	4	102 Conditional automation	
202 Intersection Ahead warning sign	304 Ramp meter signal	Traffic Signal Status		103 High automation	
203 Pedestrian crossing sign	305 Traffic control signal	100 Red signal on		104 Full automation	
204 Railroad crossing sign	398 Other signal	200 Yellow signal on		199 Automation level unknown	
205 Reduce Speed Ahead warning sign	400 Bicycle crossing	300 Green signal on		999 Unknown	
206 School zone sign	401 Pedestrian crossing	970 Not applicable		Automation System Level Engaged	
207 Stop sign	402 Railroad crossing	999 Unknown		67	
208 Yield sign	403 School zone			000 No automation	
298 Other warning sign	404 Yellow no passing line			100 Driver assistance	
	405 White or yellow dash line			101 Partial automation	
	406 Solid white lane line			102 Conditional automation	
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)			103 High automation	
				104 Full automation	
				199 Automation level unknown	
				999 Unknown	
980 Other	999 Unknown				
Trafficway Division		Barrier Type		HOV Lane Presence	
000 Not divided	100 Divided, flush median (greater than 4 ft wide)	000 None 100 Cable barrier		68	
001 Not divided, with a continuous left turn lane	101 Divided, raised median (curbed)	101 Concrete barrier (e.g. Jersey barrier)		HOV Lane Relation	
	102 Divided, depressed median	102 Earth embankment		69	
	999 Unknown	103 Guardrail		000 No 100 Yes	
		980 Other			
Roadway Grade	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	Permitted Travel	Speed Limit
76			79	80	81
000 Not on trafficway			000 Not on trafficway	000 Not on trafficway	<input type="checkbox"/> Unknown
100 Level			100 Straight	100 One-way	<input type="checkbox"/> N/A
101 Uphill	77	78	101 Curve left	200 Two-way	82
102 Hillcrest			102 Curve right		
103 Downhill					
104 Sag (bottom)					

MOTOR VEHICLE EVENTS

Sequence of Events 1 2 3 4				Most Harmful Event	
84				85	
Non-Harmful Events			Collision with Fixed Object		
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)			005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event		
Non-Collision Events			Collision with Person / Vehicle / Non-Fixed Object		
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event			200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedacycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object		
			300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support		
			396 Collision with other post,pole,or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object		

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

000 Vehicles 10,000 lbs or less
100 Vehicles 10,000 lbs or less
placarded for hazardous materials
200 Bus/large van
(seats 9-15 occupants, including driver)
201 Bus
(seats more than 15 occupants, including driver)

300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)
301 Single-unit truck (3 or more axles)
302 Truck pulling trailer(s)
303 Truck tractor (bobtail)
304 Truck tractor/semi-trailer
305 Truck tractor/double
306 Truck tractor/triple
307 Truck more than 10,000 lbs., cannot classify

999 Unknown

Hazardous Materials Placard

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

Hazardous Material ID

88

Hazardous Material Class

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

Hazardous Materials Released
from Vehicle Cargo Compartment

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

Cargo Body Type

000 No cargo body
100 Bus
101 Auto transporter
102 Cargo tank
103 Concrete mixer
104 Dump
105 Flatbed
106 Garbage / refuse
107 Grain / chips / gravel
108 Intermodal container chassis
109 Log
110 Pole trailer
111 Van / enclosed box
112 Vehicle towing another vehicle
970 Not applicable
980 Other
999 Unknown

Special Sizing

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

Load Permitted

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

Number
of Axles

☐ Unknown
93

Motor Carrier Type

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

Motor Carrier Identification

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

State

97

Motor Carrier Name

☐ Unknown 98

99

Motor Carrier ID Number

100

Motor Carrier Address

☐ Unknown 103

104

105

106

107

Motor Carrier Phone Number

☐ Unknown

102

101

GVWR/GCWR

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

Commodity Hauled

109

TRAILER INFORMATION

TRAILER #

110

VIN ☐ Unknown 111

112

Number of Axles ☐ Unknown 113

114

Year ☐ Unknown 115

116

Make ☐ Unknown 117

118

Model ☐ Unknown 119

120

License Plate ☐ Missing 121☐ Non-expiring 128

State 122

☐ Unknown 123 Number

124

☐ Unknown 125

Year 126

☐ Unknown 127

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ UnknownLicense Plate ☐ Missing☐ Non-expiring

State

☐ Unknown Number☐ Unknown

Year

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ UnknownLicense Plate ☐ Missing☐ Non-expiring

State

☐ Unknown Number☐ Unknown

Year

☐ Unknown

VEHICLE DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Vehicle.Index
5	Driver Record is Null
6	Vehicle.HitAndRun
7	Vehicle.Type
8	Vehicle.BodyType
9	Vehicle.Vin
10	Vehicle.IsVinUnknown
11	Vehicle.ModelYear
12	Vehicle.IsModelYearUnknown
13	Vehicle.Make
14	Vehicle.Model
15	Vehicle.Color
16	Vehicle.IsTagMissing
17	Vehicle.TagState
18	Vehicle.IsTagStateUnknown
19	Vehicle.TagNumber
20	Vehicle.IsTagNumberUnknown
21	Vehicle.TagYear
22	Vehicle.IsTagYearUnknown
23	Vehicle.IsTagNonExpiring
24	Vehicle.IsOwnerNameSameAsDriver
25	Vehicle.IsOwnerNameUnknown
26	Vehicle.OwnerName
27	Vehicle.IsOwnerAddressSameAsDriver
28	Vehicle.IsOwnerAddressUnknown
29	Vehicle.OwnerAddressStreet
30	Vehicle.OwnerAddressCity
31	Vehicle.OwnerAddressState
32	Vehicle.OwnerAddressPostalCode
33	Vehicle.IsUninsured
34	Vehicle.LiabilityInsuranceCompany
35	Vehicle.IsLiabilityInsuranceCompanyUnknown
36	Vehicle.LiabilityInsuranceCompanyPhoneNumber
37	Vehicle.IsLiabilityInsuranceCompanyPhoneNumberUnknown
38	Vehicle.LiabilityInsuranceNaicNumber
39	Vehicle.IsLiabilityInsuranceNaicNumberUnknown
40	Vehicle.LiabilityInsurancePolicyNumber
41	Vehicle.IsLiabilityInsurancePolicyNumberUnknown
42	Vehicle.LiabilityInsurancePolicyExpirationDate

43 Vehicle.IsLiabilityInsurancePolicyExpirationDateUnknown
44 Vehicle.DamageExtent
45 Vehicle.InitialPointOfContact
46 Vehicle.DamagedAreas.VehicleDamagedArea
47 Vehicle.TowStatus
48 Vehicle.TowAuthority
49 Vehicle.IsTowServiceUnknown
50 Vehicle.TowService
51 Vehicle.VehicleUsage
52 Vehicle.Maneuver
53 Vehicle.ManeuverReason
54 Vehicle.EmergencyVehicleUsage
55 Vehicle.TravelDirection
56 Vehicle.IsSkidmarkLengthNotApplicable
57 Vehicle.IsSkidmarkLengthUnknown
58 Vehicle.SkidmarkLengthFrontLeft
59 Vehicle.SkidmarkLengthFrontRight
60 Vehicle.SkidmarkLengthRearLeft
61 Vehicle.SkidmarkLengthRearRight
62 Vehicle.IsDistanceTraveledAfterImpactUnknown
63 Vehicle.DistanceTraveledAfterImpact
64 Vehicle.Lighting
65 Vehicle.ContributingCircumstance
66 Vehicle.AutomationSystemLevelPresent
67 Vehicle.AutomationSystemLevelEngaged
68 Vehicle.TrafficwayHovLanePresence
69 Vehicle.TrafficwayHovLaneRelation
70 Reference Data for 71 and 72

71 VehicleTrafficControlDevicesPresent.TrafficControlDevicePresent
VehicleTrafficControlDevicesInoperativeOrMissing.TrafficControlDeviceInoperativeOr
72 Missing
73 Vehicle.TrafficSignalStatus
74 Vehicle.TrafficwayDivision
75 Vehicle.TrafficwayBarrierType
76 Vehicle.RoadwayGrade
77 Vehicle.TotalThroughLanes
78 Vehicle.TotalAuxiliaryLanes
79 Vehicle.RoadwayAlignment
80 Vehicle.TrafficwayTravelDirection
81 Vehicle.IsSpeedLimitUnknown
82 Vehicle.IsSpeedLimitNotApplicable
83 Vehicle.SpeedLimit
84 Vehicle.SequenceOfEvents.Event
85 Vehicle.SequenceOfEvents.IsMostHarmfulEvent

86 Vehicle.VehicleConfiguration
87 Vehicle.HazardousMaterialsPlacardStatus
88 Vehicle.HazardousMaterialsId
89 Vehicle.HazardousMaterialClass
90 Vehicle.CargoBodyType
91 Vehicle.HazardousMaterialRelease
92 VehicleSpecialSizings.VehicleSpecialSizing
93 Vehicle.IsNumberOfAxlesUnknown
94 Vehicle.NumberOfAxles
95 Vehicle.MotorCarrierType
96 Vehicle.MotorCarrierIdentificationType
97 Vehicle.MotorCarrierIdentificationState
98 Vehicle.IsMotorCarrierNameUnknown
99 Vehicle.MotorCarrierName
100 Vehicle.MotorCarrierIdentificationNumber
101 Vehicle.IsMotorCarrierPhoneNumberUnknown
102 Vehicle.MotorCarrierPhoneNumber
103 Vehicle.IsMotorCarrierAddressUnknown
104 Vehicle.MotorCarrierAddressStreet
105 Vehicle.MotorCarrierAddressCity
106 Vehicle.MotorCarrierAddressState
107 Vehicle.MotorCarrierAddressPostalCode
108 Vehicle.WeightRating
109 Vehicle.CommodityHauled
110 VehicleTrailer.VehicleIndex
111 VehicleTrailer.IsVinUnknown
112 VehicleTrailer.Vin
113 VehicleTrailer.IsNumberOfAxlesUnknown
114 VehicleTrailer.NumberOfAxles
115 VehicleTrailer.IsModelYearUnknown
116 VehicleTrailer.ModelYear
117 VehicleTrailer.IsMakeUnknown
118 VehicleTrailer.Make
119 VehicleTrailer.IsModelUnknown
120 VehicleTrailer.Model
121 VehicleTrailer.IsTagMissing
122 VehicleTrailer.TagState
123 VehicleTrailer.IsTagStateUnknown
124 VehicleTrailer.TagNumber
125 VehicleTrailer.IsTagNumberUnknown
126 VehicleTrailer.TagYear
127 VehicleTrailer.IsTagYearUnknown
128 VehicleTrailer.IsTagNonExpiring
129 Vehicle.VehicleLoadPermit

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

Rev. 2023-2

Case #

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1

Motor Vehicle #

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DRIVER INFORMATION

Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> 12	Race <input type="checkbox"/> 13
6 7 8 9				10 11	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
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected		
16 17 18 19				21 20		
Street City State Postal Code						
Incident Responder				Date of Birth <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> 14	
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.)				22 23 24	100 Hispanic 101 Other than Hispanic 999 Unknown	

DRIVER LICENSE INFORMATION

License Status <input type="checkbox"/> 25		License Class <input type="checkbox"/> 28	Driver License Type <input type="checkbox"/> 29	Commercial Driver License Status <input type="checkbox"/> 30
100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		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	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	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 <input type="checkbox"/> 26	License State <input type="checkbox"/> 27			
Endorsements on License <input type="checkbox"/> 31		Endorsement Compliance <input type="checkbox"/> 32	Restrictions on License <input type="checkbox"/> 33	
<input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required		
		Alcohol Interlock Presence <input type="checkbox"/> 34		
		000 No 970 Not applicable 100 Yes 999 Unknown		

DRIVER SEATING AND SAFETY INFORMATION

Seating Position <input type="checkbox"/> 35		Restraint Systems Used <input type="checkbox"/> 36																																				
Standard Vehicle Seats		Other Seating Positions																																				
<table><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>		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	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	
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																																		
		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 100 Booster seat 200 DOT-compliant motorcycle helmet 980 Other 101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet 999 Unknown 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																																				
		Any indication of improper use? <input type="checkbox"/> 37																																				
		000 No 100 Yes 999 Unknown																																				
Air Bags Deployed <input type="checkbox"/> 40		Ejection <input type="checkbox"/> 39	Extrication <input type="checkbox"/> 38																																			
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)		000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																			
<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown																																						

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MEDICAL INFORMATION

Injury Status 41	Type of Medical Transportation 42	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 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown	43
		EMS Response Run # <input type="checkbox"/> Unknown 44
		45
Medical Unique Identifier 46 <input type="checkbox"/> Not applicable 47 <input type="checkbox"/> Unknown		Facility Receiving Patient
48		49

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 50	Distraction Action 52	Distraction Source 53	Speeding Relation 54		
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown	000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 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	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown		
		Vision Obscurement 55			
		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			
Suspected Alcohol Usage 56	Test Status 57	Alcohol Kit Number 58	Alcohol Test Type 60	Alcohol Test Results 61	BAC
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	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	62
Suspected Drug Usage 63	Test Status 64	Drug Kit Number 65	Drug Test Type 67	Drug Test Results	
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		68	

DRIVER ACTIONS

Driver Actions at Time of Crash	Avoidance Maneuver 70	Pre-Collision Stability 69
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	000 No avoidance maneuver 100 Accelerating 101 Accelerating and steering left 102 Accelerating and steering right 103 Braking and steering left 104 Braking and steering right 105 Braking (lockup) 106 Braking (no lockup) 107 Braking (lockup unknown) 108 Releasing brakes 109 Steering left 110 Steering right 980 Other 999 Unknown	000 Tracking 100 Skidding longitudinally - rotation less than 30 degrees 200 Skidding laterally - clockwise rotation 201 Skidding laterally - counter-clockwise rotation 299 Skidding laterally - rotation direction unknown 980 Other vehicle loss of control 999 Unknown

CITATIONS

72

VEHICLE DRIVER DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Driver.Index
5	Driver.IsNameUnknown
6	Driver.FirstName
7	Driver.MiddleName
8	Driver.LastName
9	Driver.NameSuffix
10	Driver.IsAgeUnknown
11	Driver.Age
12	Driver.Sex
13	Driver.Race
14	Driver.Ethnicity
15	Driver.IsAddressUnknown
16	Driver.AddressStreet
17	Driver.AddressCity
18	Driver.AddressState
19	Driver.AddressPostalCode
20	Driver.IsPhoneNumberUnknown
21	Driver.PhoneNumber
22	Driver.IncidentResponder
23	Driver.IsDateOfBirthUnknown
24	Driver.DateOfBirth
25	Driver.DriverLicenseStatus
26	Driver.DriverLicenseNumber
27	Driver.DriverLicenseState
28	Driver.DriverLicenseClass
29	Driver.DriverLicenseType
30	Driver.CommercialDriverLicenseStatus.DriverLicenseEndorsement
31	DriverDriverLicenseEndorsements.DriverLicenseEndorsement
32	Driver.EndorsementCompliance
33	DriverDriverLicenseRestrictions.DriverLicenseRestriction
34	Driver.AlcoholInterlockPresence
35	Driver.SeatingPosition
36	Driver.RestraintSystemType
37	Driver.ImproperRestraintSystemUsage
38	Driver.Extrication
39	Driver.Ejection
40	DriverAirBagDeployments.AirBagDeployment
41	Driver.InjuryStatus
42	Driver.MedicalTransportationType

43 Driver.EmsResponseAgency
44 Driver.IsEmsResponseRunNumberUnknown
45 Driver.EmsResponseRunNumber
46 Driver.IsMedicalUniqueIdentifierNotApplicable
47 Driver.IsMedicalUniqueIdentifierUnknown
48 Driver.MedicalUniqueIdentifier
49 Driver.MedicalFacilityReceivingPatient
50 DriverConditions.Condition
51 DriverConditions.Condition
52 Driver.DistractedAction
53 Driver.DistractedSource
54 Driver.SpeedingRelation
55 Driver.VisionObscurement
56 Driver.AlcoholUseSuspicion
57 Driver.AlcoholTestStatus
58 Driver.IsAlcoholKitNumberUnknown
59 Driver.AlcoholKitNumber
60 Driver.AlcoholTestType
61 Driver.AlcoholTestResult
62 Driver.BloodAlcoholContent
63 Driver.DrugUseSuspicion
64 Driver.DrugTestStatus
65 Driver.IsDrugKitNumberUnknown
66 Driver.DrugKitNumber
67 Driver.DrugTestType
68 DriverDrugTestResults.DrugTestResult
69 Driver.PreCollisionStability
70 Driver.AvoidanceManeuver
71 DriverDriverActions.DriverAction
72 Citation.TicketNumber/Citation.ViolationCode

PASSENGER INFORMATION									
MOTOR VEHICLE # 5		PASSENGER # 6							
Name 7 <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: small;"> 8 First 9 Middle 10 Last 11 Suffix </div>				Date of Birth 12		Age 13		Sex 14 100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown 16 <div style="display: flex; justify-content: space-between; font-size: small;"> 17 Street 18 City 19 State 20 Postal Code </div>						Phone Number <input type="checkbox"/> Not Collected 39		Ethnicity 22	
Air Bags Deployed 27 <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 28 <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		Incident Responder 29		Restraint System 30		Any indication of improper use? 31 000 No 100 Yes 999 Unknown	
Type of Medical Transportation 32 <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		Medical Unique Identifier 35 <input type="checkbox"/> Not applicable 33 <input type="checkbox"/> Unknown 34		EMS Response Agency 36 EMS Response Run # <input type="checkbox"/> Unknown 37 38		Seating Position 23		Ejection 24	
						Extrication 25			
Facility Receiving Patient 26									
MOTOR VEHICLE # 		PASSENGER # 							
Name <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last Suffix </div>				Date of Birth		Age		Sex 100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Postal Code </div>						Phone Number <input type="checkbox"/> Not Collected		Ethnicity	
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		Used Improperly? 000 No 100 Yes 999 Unknown	
Type of Medical Transportation <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Agency EMS Response Run # <input type="checkbox"/> Unknown		Seating Position		Ejection	
						Extrication			
Facility Receiving Patient									
MOTOR VEHICLE # 		PASSENGER # 							
Name <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last Suffix </div>				Date of Birth		Age		Sex 100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Postal Code </div>						Phone Number <input type="checkbox"/> Not Collected		Ethnicity	
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		Used Improperly? 000 No 100 Yes 999 Unknown	
Type of Medical Transportation <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Agency EMS Response Run # <input type="checkbox"/> Unknown		Seating Position		Ejection	
						Extrication			
Facility Receiving Patient									

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 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	Seating Position <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <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>Other</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> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Other	500	501	502	599																																								
Unk	600	601	602	699																																								

VEHICLE PASSENGER DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Computed from Crash Report Data
5	Passenger.VehicleIndex
6	Passenger.Index
7	Passenger.IsNameUnknown
8	Passenger.FirstName
9	Passenger.MiddleName
10	Passenger.LastName
11	Passenger.NameSuffix
12	Passenger.DateOfBirth
13	Passenger.Age
14	Passenger.Sex
15	Passenger.Race
16	Passenger.IsAddressUnknown
17	Passenger.AddressStreet
18	Passenger.AddressCity
19	Passenger.AddressState
20	Passenger.AddressPostalCode
21	Passenger.PhoneNumber
22	Passenger.Ethnicity
23	Passenger.SeatingPosition
24	Passenger.Ejection
25	Passenger.Extrication
26	Passenger.MedicalFacilityReceivingPatient
27	PassengerAirBagDeployments.AirBagDeployment
28	Passenger.InjuryStatus
29	Passenger.IncidentResponder
30	Passenger.RestraintSystemType
31	Passenger.ImproperRestraintSystemUsage
32	Passenger.MedicalTransportationType
33	Passenger.IsMedicalUniqueIdentifierNotApplicable
34	Passenger.IsMedicalUniqueIdentifierUnknown
35	Passenger.MedicalUniqueIdentifier
36	Passenger.EmsResponseAgency
37	Passenger.IsEmsResponseRunNumberUnknown
38	Passenger.EmsResponseRunNumber
39	Passenger.IsPhoneNumberUnknown

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist #		Rev. 2023-2		Case #		Page		of	
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown		Sex		Race	
<div>6 First</div> <div>7 Middle</div> <div>8 Last</div> <div>9 Suffix</div>				<div>10</div> <div>11</div>		<div>12</div> <div>100 Female</div> <div>101 Male</div> <div>999 Unknown</div>		<div>13</div> <div>100 American Indian or Alaska Native</div> <div>101 Asian or Pacific Islander</div> <div>102 Black</div> <div>103 White</div> <div>980 Other</div> <div>999 Unknown</div>	
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected		Date of Birth <input type="checkbox"/> Unknown			
<div>15 Street</div> <div>16 City</div> <div>17 State</div> <div>18 Postal Code</div>				<div>19</div> <div>20</div>		<div>21</div> <div>22</div> <div>23</div>			
Incident Responder				Date of Birth		Ethnicity			
<div>000 No</div> <div>100 EMS</div> <div>101 Fire</div> <div>102 Police</div> <div>103 Tow operator</div> <div>104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)</div> <div>980 Other</div> <div>999 Unknown</div>				<div>21</div> <div>22</div> <div>23</div>		<div>24</div> <div>100 Hispanic</div> <div>101 Other than Hispanic</div> <div>999 Unknown</div>			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type		Initial		Location		Contact Point			
<div>100 Bicyclist</div> <div>198 Other cyclist</div> <div>200 Pedestrian</div> <div>298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.)</div> <div>300 Occupant of a non-motor vehicle transportation device</div> <div>999 Unknown</div>		<div>25</div> <div>26</div> <div>100 Front (12 o'clock)</div> <div>101 Right (3 o'clock)</div> <div>102 Rear (6 o'clock)</div> <div>103 Left (9 o'clock)</div> <div>999 Unknown</div>		<div>27</div> <div>100 Intersection - marked crosswalk</div> <div>101 Intersection - unmarked crosswalk</div> <div>102 Intersection - other</div> <div>103 Median/crossing island</div> <div>104 Midblock - marked crosswalk</div> <div>105 Shoulder/roadside</div> <div>106 Travel lane - other location</div>		<div>28</div> <div>29</div> <div>30</div> <div>200 Signed route (no pavement marking)</div> <div>201 Shared lane markings</div> <div>202 On-street bike lanes</div> <div>203 On-street buffered bike lanes</div> <div>204 Separated bike lanes</div> <div>205 Off-street trails/sidepaths</div> <div>300 Driveway access</div> <div>301 Non-trafficway area</div> <div>302 Shared-use path or trail</div> <div>303 Sidewalk</div> <div>980 Other</div> <div>999 Unknown</div>			
Struck by Vehicle #		Origin/Destination		Safety Equipment		Clothing Brightness			
<div>28</div>		<div>29</div> <div>100 Going to or from school (K-12)</div> <div>101 Going to or from transit</div> <div>970 Not applicable</div> <div>999 Unknown</div>		<div>30</div> <div>000 None</div> <div>100 Helmet</div> <div>101 Protective pads used (elbows, knees, shins, etc.)</div> <div>102 Reflective wear (backpack, triangles, etc.)</div>		<div>31</div> <div>32</div> <div>33</div> <div>100 Light</div> <div>101 Dark</div> <div>970 Not applicable</div> <div>999 Unknown</div>			
Action Prior to Crash		Actions or Circumstances At Time of Crash		Clothing Brightness		Upper			
<div>000 None</div> <div>100 Adjacent to roadway (e.g., shoulder, median)</div> <div>101 Crossing roadway</div> <div>102 Waiting to cross roadway</div> <div>103 Walking/cycling along roadway against traffic (in or adjacent to travel lane)</div> <div>104 Walking/cycling along roadway with traffic (in or adjacent to travel lane)</div> <div>105 Walking/cycling on sidewalk</div> <div>106 Working in trafficway (incident response)</div> <div>198 In roadway -other</div> <div>980 Other</div> <div>999 Unknown</div>		<div>31</div> <div>000 None (no improper action)</div> <div>100 Dart / dash</div> <div>101 Disabled vehicle related (working on, pushing, leaving/approaching)</div> <div>102 Entering/exiting parked/standing vehicle</div> <div>103 Failure to obey traffic signs, signals, or officer</div> <div>104 Failure to yield right-of-way</div> <div>105 Improper passing</div> <div>106 Improper turn/merge</div> <div>107 Inattentive (talking, eating, etc.)</div> <div>108 In roadway improperly (standing, lying, working, playing)</div>		<div>32</div> <div>33</div> <div>100 Light</div> <div>101 Dark</div> <div>970 Not applicable</div> <div>999 Unknown</div>		<div>34</div> <div>35</div>			
NON-MOTORIST MEDICAL INFORMATION									
Injury Status		Type of Medical Transportation		EMS Response Agency		EMS Response Run #			
<div>000 (K) Fatal Injury</div> <div>101 (A) Suspected Serious Injury</div> <div>102 (B) Suspected Minor Injury</div> <div>103 (C) Possible Injury</div> <div>104 (O) No Apparent Injury</div>		<div>36</div> <div>37</div> <div>000 Not transported</div> <div>100 EMS air</div> <div>101 EMS ground</div> <div>200 Law enforcement</div> <div>980 Other</div> <div>999 Unknown</div>		<div>38</div> <div>39</div> <div>40</div> <div>41</div> <div>42</div> <div>43</div> <div>44</div>		<div>45</div> <div>46</div> <div>47</div> <div>48</div>			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash		Distraction Action		Distraction Source		Suspected Alcohol Usage			
<div>000 Apparently normal</div> <div>100 Asleep/blacked out</div> <div>101 Fatigued</div> <div>102 Emotional (depressed, angry, disturbed, etc.)</div> <div>103 Ill (sick), fainted</div> <div>104 Physically impaired</div> <div>105 Under the influence of medications/ drugs/alcohol</div> <div>106 Inattentive/distracted</div>		<div>45</div> <div>46</div> <div>000 Not distracted</div> <div>100 Talking / listening</div> <div>101 Manually operating a device (texting, typing, dialing, playing game, etc.)</div> <div>200 Inattentive</div> <div>980 Other distraction</div> <div>999 Unknown distraction</div>		<div>47</div> <div>48</div> <div>100 Hands-free mobile phone</div> <div>101 Hand-held mobile phone</div> <div>102 Vehicle-integrated device</div> <div>198 Other electronic device</div> <div>200 Passenger or other non-motorist</div> <div>201 External to vehicle/non-motorist area</div> <div>298 Other</div> <div>970 Not applicable</div> <div>999 Unknown</div>		<div>49</div> <div>50</div> <div>51</div> <div>52</div> <div>53</div> <div>54</div> <div>55</div>			
Suspected Alcohol Usage		Alcohol Test Type		Alcohol Test Results		BAC			
<div>000 No</div> <div>100 Yes</div> <div>999 Unknown</div>		<div>51</div> <div>52</div> <div>100 Blood</div> <div>101 Blood clot</div> <div>102 Blood plasma/serum</div> <div>200 Breath</div> <div>201 Preliminary breath test (PBT)</div> <div>300 Urine</div> <div>301 Vitreous</div> <div>302 Liver</div> <div>970 Not applicable</div> <div>980 Other</div>		<div>53</div> <div>54</div> <div>55</div> <div>000 Results pending</div> <div>001 Negative results with no actual value</div> <div>100 Results received</div> <div>101 Positive results with no actual value</div> <div>970 Not applicable</div> <div>999 Unknown</div>		<div>56</div> <div>57</div> <div>58</div> <div>59</div> <div>60</div> <div>61</div>			
Suspected Drug Usage		Drug Test Type		Drug Test Results		BAC			
<div>000 No</div> <div>100 Yes</div> <div>999 Unknown</div>		<div>60</div> <div>61</div> <div>100 Blood</div> <div>101 Urine</div> <div>102 Both blood and urine</div> <div>103 Saliva</div> <div>198 Other</div> <div>970 Not applicable</div> <div>999 Unknown</div>		<div>62</div> <div>63</div> <div>64</div> <div>000 Results pending</div> <div>001 Negative results with no actual value</div> <div>100 Results received</div> <div>101 Positive results with no actual value</div> <div>970 Not applicable</div> <div>999 Unknown</div>		<div>65</div> <div>66</div> <div>67</div> <div>68</div> <div>69</div> <div>70</div>			

NON-MOTORIST DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	NonMotorist.Index
5	NonMotorist.IsNameUnknown
6	NonMotorist.FirstName
7	NonMotorist.MiddleName
8	NonMotorist.LastName
9	NonMotorist.NameSuffix
10	NonMotorist.IsAgeUnknown
11	NonMotorist.Age
12	NonMotorist.Sex
13	NonMotorist.Race
14	NonMotorist.IsAddressUnknown
15	NonMotorist.AddressStreet
16	NonMotorist.AddressCity
17	NonMotorist.AddressState
18	NonMotorist.AddressPostalCode
19	NonMotorist.IsPhoneNumberUnknown
20	NonMotorist.PhoneNumber
21	NonMotorist.IncidentResponder
22	NonMotorist.IsDateOfBirthUnknown
23	NonMotorist.DateOfBirth
24	NonMotorist.Ethnicity
25	NonMotorist.Type
26	NonMotorist.InitialContactPoint
27	NonMotorist.Location
28	NonMotorist.StrikingVehicleId
29	NonMotorist.OriginOrDestination
30	NonMotoristSafetyEquipment.SafetyEquipment
31	NonMotorist.ActionPriorToCrash
32	NonMotoristNonMotoristContributingCircumstances.NonMotoristContributingCircumstance
33	NonMotoristNonMotoristContributingCircumstances.NonMotoristContributingCircumstance
34	NonMotorist.UpperClothingBrightness
35	NonMotorist.LowerClothingBrightness
36	NonMotorist.InjuryStatus
37	NonMotorist.MedicalTransportationType
38	NonMotorist.EmsResponseAgencyDescription
39	NonMotorist.IsEmsResponseRunNumberUnknown
40	NonMotorist.EmsResponseRunNumber
41	NonMotorist.IsMedicalUniqueIdentifierNotApplicable
42	NonMotorist.IsMedicalUniqueIdentifierUnknown

43 NonMotorist.MedicalUniquelIdentifier
44 NonMotorist.MedicalFacilityReceivingPatientDescription
45 NonMotorist.ConditionsDescription
46 NonMotorist.ConditionsDescription
47 NonMotorist.DistractioAction
48 NonMotorist.DistractioSource
49 NonMotorist.AlcoholUseSuspicion
50 NonMotorist.AlcoholTestStatus
51 NonMotorist.IsAlcoholKitNumberUnknown
52 NonMotorist.AlcoholKitNumber
53 NonMotorist.AlcoholTestType
54 NonMotorist.AlcoholTestResult
55 NonMotorist.BloodAlcoholContent
56 NonMotorist.DrugUseSuspicion
57 NonMotorist.DrugTestStatus
58 NonMotorist.IsDrugKitNumberUnknown
59 NonMotorist.DrugKitNumber
60 NonMotorist.DrugTestType
61 NonMotorist.DrugTestResultsDescription

LOUISIANA UNIFORM CRASH REPORT
NON-VEHICULAR PROPERTY DAMAGE

Rev. 2023-2

Case # 3 Page of

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY # 4

Property Type 5	Damage Severity 6	Owner Name 7 <input type="checkbox"/> Unknown 8	Owner Phone Number 10 <input type="checkbox"/> Not Collected 9
Owner Address 11 <input type="checkbox"/> Unknown 12 <small>Street</small> 13 <small>City</small> 14 <small>State</small> 15 <small>Postal Code</small>			

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

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

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

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

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

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

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

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)

NON-VEHICULAR PROPERTY DAMAGE DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	DamagedNonVehicularProperty.PropertyType
5	DamagedNonVehicularProperty.DamageSeverity
6	DamagedNonVehicularProperty.OwnerName
7	DamagedNonVehicularProperty.IsOwnerNameUnknown
8	DamagedNonVehicularProperty.OwnerPhoneNumber
9	DamagedNonVehicularProperty.IsOwnerPhoneNumberUnknown
10	DamagedNonVehicularProperty.IsOwnerAddressUnknown
11	DamagedNonVehicularProperty.OwnerAddressStreet
12	DamagedNonVehicularProperty.OwnerAddressCity
13	DamagedNonVehicularProperty.OwnerAddressState
14	DamagedNonVehicularProperty.OwnerAddressPostalCode
15	DamagedNonVehicularProperty.Index

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 4		Rev. 2023-2		Case # 3	Page of
TRAIN INFORMATION					
Train Type 100 Railroad train 101 Streetcar	ID # 6 8	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 7	Lead Engine # 9 10	<input type="checkbox"/> Unknown Serial # 11 12	Present Equipment 13 <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 15	Type <input type="checkbox"/> Unknown 16 17	# of Engines <input type="checkbox"/> Unknown 19	# of Cars <input type="checkbox"/> Unknown 21	Data Recorder Speed 23 <input type="checkbox"/> Pending 22	
TRACK INFORMATION					
DOT Crossing # 25 26 27	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Crossing Surface 24 Material 100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel	Present Warning Devices 28 <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 29 <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 30 <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 31	Speed Limit 32	Crossing Type 33 100 Public 101 Private			
COLLISION INFORMATION					
Train in Motion 34 000 No 100 Yes	Crossing Vehicle Interaction 35 100 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 37 38 39	Struck Car Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 40 41 42	Distance Traveled After Impact 46 49 47 feet 48 miles	Estimated Speed Before Braking 50
Collision Type 36 100 Frontal 101 Side/backing		Struck Car Position 43 44 45	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		
Hazardous Materials Placard 51 000 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 53 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 54 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable		
Hazardous Material ID 52					
TRAIN OPERATOR					
Name 55 56 <input type="checkbox"/> Unknown	Address <input type="checkbox"/> Unknown 57 58 59 60 61 Street City State Postal Code				
TRACK OWNER					
Name 62 63 <input type="checkbox"/> Unknown	Address <input type="checkbox"/> Unknown 64 65 66 67 68 Street City State Postal Code				
TRAIN ENGINEER					
Name 69 70 First	<input type="checkbox"/> Unknown 71 Middle	<input type="checkbox"/> This train had no engineer 72 Last	<input type="checkbox"/> Unknown 73 Suffix	Certification Number 74 75	Race 76 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
Address <input type="checkbox"/> Unknown 77 78 79 80 81 Street City State Postal Code				Phone Number <input type="checkbox"/> Not Collected 83 82	
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	Age <input type="checkbox"/> Unknown 87 86	Date of Birth <input type="checkbox"/> Unknown 89 88
Sex 85 100 Female 101 Male 999 Unknown		Ethnicity 90 100 Hispanic 101 Other than Hispanic 999 Unknown			
Injury Status 91 100 (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 92 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement	EMS Response Agency 93 EMS Response Run # <input type="checkbox"/> Unknown 94 95			
Medical Unique Identifier 96 98 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient 97 99				

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 4		Rev. 2023-2		Case # 3	Page of
TRAIN CONDUCTOR					
Name 100 <input type="checkbox"/> Unknown		<input type="checkbox"/> This train had no conductor		Race 105	
101	102	103	104	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 106				Phone Number <input type="checkbox"/> Not Collected	
107	108	109	110	111	
Street	City	State	Postal Code		
Incident Responder		113	Sex 114	Age <input type="checkbox"/> Unknown 115	Date of Birth <input type="checkbox"/> Unknown 117
000 No 100 EMS 101 Fire		102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)	100 Female 101 Male 999 Unknown	116	118
Injury Status 120		Type of Medical Transportation 121		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 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		122	
				EMS Response Run # <input type="checkbox"/> Unknown 123	
				124	
Medical Unique Identifier 127		125 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 126		Facility Receiving Patient 128	

PASSENGER INFORMATION					
PASSENGER # 129					
Name 130 <input type="checkbox"/> Unknown		<input type="checkbox"/> This train had no conductor		Race 135	
131	132	133	134	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 136				Phone Number <input type="checkbox"/> Not Collected	
137	138	139	140	141	
Street	City	State	Postal Code		
Incident Responder		143	Sex 144	Age <input type="checkbox"/> Unknown 145	Date of Birth <input type="checkbox"/> Unknown 147
000 No 100 EMS 101 Fire		102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)	100 Female 101 Male 999 Unknown	146	148
Injury Status 150		Type of Medical Transportation 151		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 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		152	
				EMS Response Run # <input type="checkbox"/> Unknown 153	
				154	
Medical Unique Identifier 157		155 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 156		Facility Receiving Patient 158	

PASSENGER #					
Name <input type="checkbox"/> Unknown		<input type="checkbox"/> This train had no conductor		Race	
First	Middle	Last	Suffix	100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown	
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 100 EMS 101 Fire		102 Police 103 Tow operator 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 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		152	
				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

Total # of Train Passengers 159	Rev. 2023-2	Case # 3	Page	of
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PASSENGER INFORMATION

TRAIN # 4		PASSENGER # 129	
Name 130 <input type="checkbox"/> Unknown		Race 135	
131 132 133 134		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
First Middle Last Suffix			
Address 136 <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
137 138 139 140		142 141	
Street City State Postal Code			
Incident Responder 143		Sex 144	Age <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	Date of Birth <input type="checkbox"/> Unknown
		146 145	148 147
Injury Status 150		Type of Medical Transportation 151	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	152
		EMS Response Run # <input type="checkbox"/> Unknown 153	
		154	
Medical Unique Identifier 155 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 156		Facility Receiving Patient	
157		158	

TRAIN #		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
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	Date of Birth <input type="checkbox"/> 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	

TRAIN #		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
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	Date of Birth <input type="checkbox"/> 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	

TRAIN DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Train.Index
5	Train.TrainType
6	Train.IsTrainIdNumberNotApplicable
7	Train.IsTrainIdNumberUnknown
8	Train.TrainIdNumber
9	Train.IsLeadEngineNumberUnknown
10	Train.LeadEngineNumber
11	Train.IsSerialNumberUnknown
12	Train.SerialNumber
13	TrainEquipmentStatuses.EquipmentStatus
14	Train.IsMakeUnknown
15	Train.Make
16	Train.IsTypeUnknown
17	Train.Type
18	Train.IsNumberOfEnginesUnknown
19	Train.NumberOfEngines
20	Train.IsNumberOfCarsUnknown
21	Train.NumberOfCars
22	Train.IsDataRecorderSpeedPending
23	Train.DataRecorderSpeed
24	Train.CrossingSurfaceMaterial
25	Train.IsDotCrossingNumberNotApplicable
26	Train.IsDotCrossingNumberUnknown
27	Train.DotCrossingNumber
28	TrainWarningDevices.WarningDevice
29	TrainAdvanceWarningDevices.AdvanceWarningDevice
30	TrainActiveWarningDeviceStatuses.ActiveWarningDeviceStatus
31	Train.SetsOfTracks
32	Train.TrackSpeedLimit
33	Train.CrossingType
34	Train.Motion
35	Train.CrossingVehicleInteraction
36	Train.CollisionType
37	Train.IsStruckCarNumberNotApplicable
38	Train.IsStruckCarNumberUnknown
39	Train.StruckCarNumber
40	Train.IsStruckCarTypeNotApplicable
41	Train.IsStruckCarTypeUnknown
42	Train.StruckCarType

43 Train.IsStruckCarPositionNotApplicable
44 Train.IsStruckCarPositionUnknown
45 Train.StruckCarPosition
46 Train.IsDistanceTraveledAfterImpactNotApplicable
47 Train.DistanceTraveledAfterImpactUnit
48 Train.DistanceTraveledAfterImpactUnit
49 Train.DistanceTraveledAfterImpact
50 Train.EstimatedSpeedBeforeBraking
51 Train.HazardousMaterialsPlacardStatus
52 Train.HazardousMaterialsId
53 Train.HazardousMaterialClass
54 Train.HazardousMaterialRelease
55 Train.IsOperatorNameUnknown
56 Train.OperatorName
57 Train.IsOperatorAddressUnknown
58 Train.OperatorAddressStreet
59 Train.OperatorAddressCity
60 Train.OperatorAddressState
61 Train.OperatorAddressPostalCode
62 Train.IsTrackOwnerNameUnknown
63 Train.TrackOwnerName
64 Train.IsTrackOwnerAddressUnknown
65 Train.TrackOwnerAddressStreet
66 Train.TrackOwnerAddressCity
67 Train.TrackOwnerAddressState
68 Train.TrackOwnerAddressPostalCode
69 TrainEngineer.IsNameUnknown
70 TrainEngineer.FirstName
71 TrainEngineer.MiddleName
72 TrainEngineer.LastName
73 TrainEngineer.NameSuffix
74 TrainEngineer.IsCertificationNumberUnknown
75 TrainEngineer.CertificationNumber
76 TrainEngineer.Race
77 TrainEngineer.IsAddressUnknown
78 TrainEngineer.AddressStreet
79 TrainEngineer.AddressCity
80 TrainEngineer.AddressState
81 TrainEngineer.AddressPostalCode
82 TrainEngineer.IsPhoneNumberUnknown
83 TrainEngineer.PhoneNumber
84 TrainEngineer.IncidentResponder
85 TrainEngineer.Sex
86 TrainEngineer.IsAgeUnknown
87 TrainEngineer.Age

88 TrainEngineer.IsDateOfBirthUnknown
89 TrainEngineer.DateOfBirth
90 TrainEngineer.Ethnicity
91 TrainEngineer.InjuryStatus
92 TrainEngineer.MedicalTransportationType
93 TrainEngineer.EmsResponseAgency
94 TrainEngineer.IsEmsResponseRunNumberUnknown
95 TrainEngineer.EmsResponseRunNumber
96 TrainEngineer.IsMedicalUniqueIdentifierNotApplicable
97 TrainEngineer.IsMedicalUniqueIdentifierUnknown
98 TrainEngineer.MedicalUniqueIdentifier
99 TrainEngineer.MedicalFacilityReceivingPatient
100 TrainConductor.IsNameUnknown
101 TrainConductor.FirstName
102 TrainConductor.MiddleName
103 TrainConductor.LastName
104 TrainConductor.NameSuffix
105 TrainConductor.Race
106 TrainConductor.IsAddressUnknown
107 TrainConductor.AddressStreet
108 TrainConductor.AddressCity
109 TrainConductor.AddressState
110 TrainConductor.AddressPostalCode
111 TrainConductor.IsPhoneNumberUnknown
112 TrainConductor.PhoneNumber
113 TrainConductor.IncidentResponder
114 TrainConductor.Sex
115 TrainConductor.IsAgeUnknown
116 TrainConductor.Age
117 TrainConductor.IsDateOfBirthUnknown
118 TrainConductor.DateOfBirth
119 TrainConductor.Ethnicity
120 TrainConductor.InjuryStatus
121 TrainConductor.MedicalTransportationType
122 TrainConductor.EmsResponseAgency
123 TrainConductor.IsEmsResponseRunNumberUnknown
124 TrainConductor.EmsResponseRunNumber
125 TrainConductor.IsMedicalUniqueIdentifierNotApplicable
126 TrainConductor.IsMedicalUniqueIdentifierUnknown
127 TrainConductor.MedicalUniqueIdentifier
128 TrainConductor.MedicalFacilityReceivingPatient
129 TrainPassenger.Index
130 TrainPassenger.IsNameUnknown
131 TrainPassenger.FirstName
132 TrainPassenger.MiddleName

133 TrainPassenger.LastName
134 TrainPassenger.NameSuffix
135 TrainPassenger.Race
136 TrainPassenger.IsAddressUnknown
137 TrainPassenger.AddressStreet
138 TrainPassenger.AddressCity
139 TrainPassenger.AddressState
140 TrainPassenger.AddressPostalCode
141 TrainPassenger.IsPhoneNumberUnknown
142 TrainPassenger.PhoneNumber
143 TrainPassenger.IncidentResponder
144 TrainPassenger.Sex
145 TrainPassenger.IsAgeUnknown
146 TrainPassenger.Age
147 TrainPassenger.IsDateOfBirthUnknown
148 TrainPassenger.DateOfBirth
149 TrainPassenger.Ethnicity
150 TrainPassenger.InjuryStatus
151 TrainPassenger.MedicalTransportationType
152 TrainPassenger.EmsResponseAgency
153 TrainPassenger.IsEmsResponseRunNumberUnknown
154 TrainPassenger.EmsResponseRunNumber
155 TrainPassenger.IsMedicalUniqueIdentifierNotApplicable
156 TrainPassenger.IsMedicalUniqueIdentifierUnknown
157 TrainPassenger.MedicalUniqueIdentifier
158 TrainPassenger.MedicalFacilityReceivingPatient
159 Computed from Crash Report Data

WITNESSES

Rev. 2023-2

Total # of Witnesses
4

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WITNESSES											
WITNESS # 5						WITNESS #					
Name 6 First 7 Middle 8 Last 9 Suffix						Name First Middle Last Suffix					
Address 10						Address					
City 11				State 12		Postal Code 13		City State Postal Code			
Phone Number 14				Age 15		Sex 16		Phone Number Age Sex			
WITNESS #						WITNESS #					
Name First Middle Last Suffix						Name 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 First Middle Last Suffix						Name 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 First Middle Last Suffix						Name 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 First Middle Last Suffix						Name 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 First Middle Last Suffix						Name 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 First Middle Last Suffix						Name First Middle Last Suffix					
Address						Address					
City				State		Postal Code		City State Postal Code			
Phone Number				Age		Sex		Phone Number Age Sex			

WITNESS DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Computed from Crash Report Data
5	Witness.Index
6	Witness.FirstName
7	Witness.MiddleName
8	Witness.LastName
9	Witness.NameSuffix
10	Witness.AddressStreet
11	Witness.AddressCity
12	Witness.AddressState
13	Witness.AddressPostalCode
14	Witness.PhoneNumber
15	Witness.Age
16	Witness.Sex

Scene #

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DIAGRAM

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CRASH DIAGRAM

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DIAGRAM DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Attachment.Index
5	AttachmentData.Data

LOUISIANA UNIFORM CRASH REPORT
NARRATIVE

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CRASH NARRATIVE

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CRASH NARRATIVE DATA

MAPPING #	DATABASE MAPPING
	Report Reference
1	Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Crash.Narrative

PHOTOS

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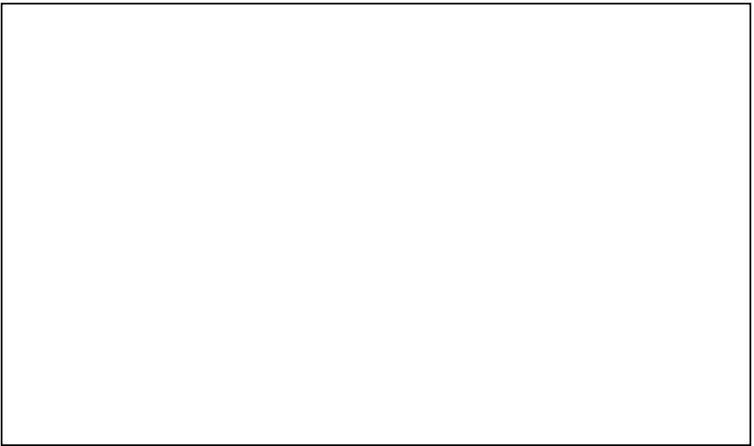
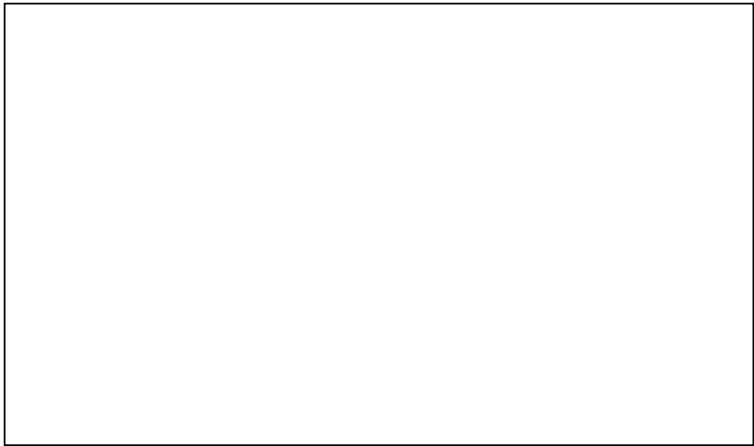
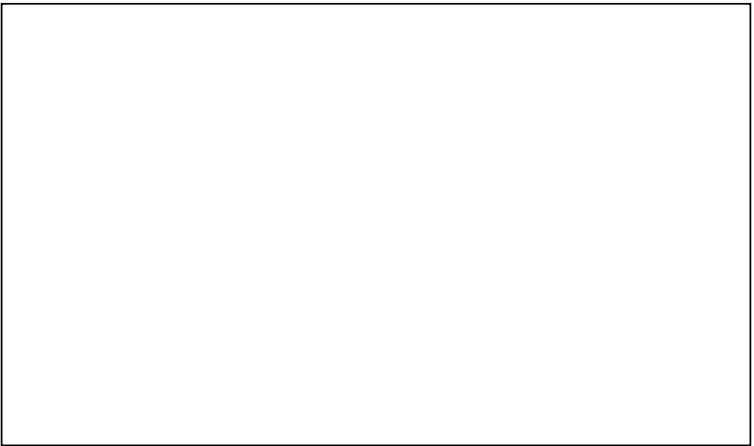
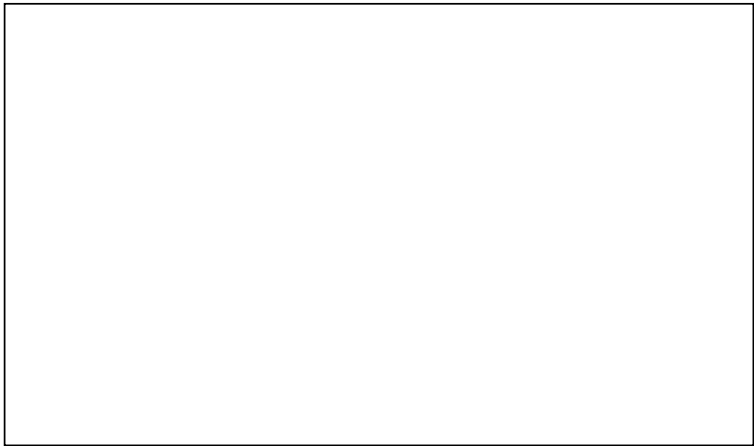
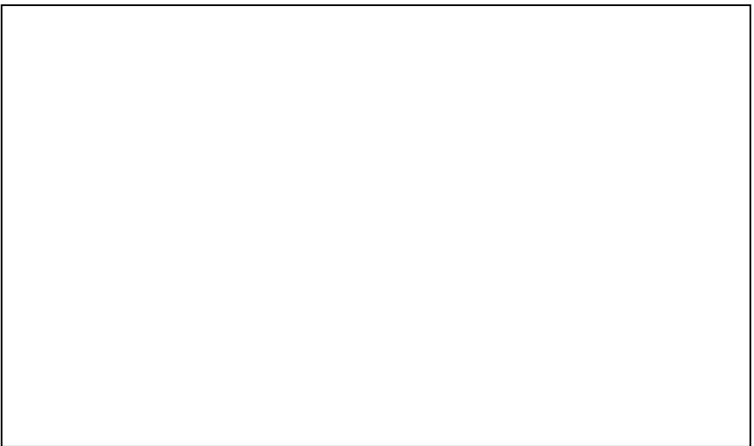
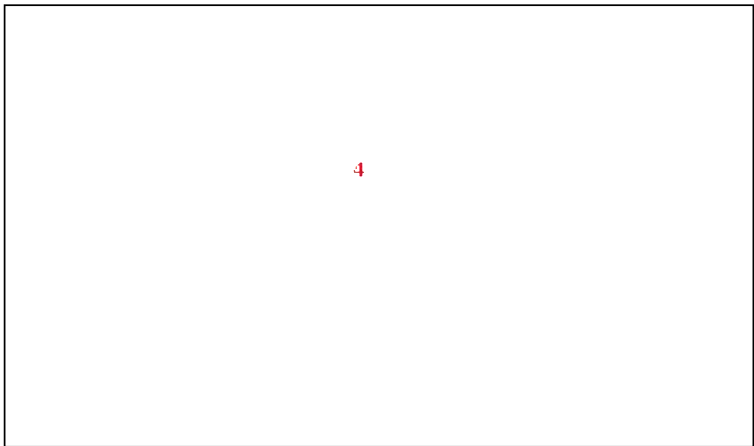
Case #

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PHOTOS



CRASH PHOTOS DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	AttachmentData.Data

ATTACHMENT

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ATTACHMENT

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CRASH ATTACHMENT DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Attachment.Index
5	AttachmentData.Data