

Revision		Printed		LOUISIANA UNIFORM CRASH REPORT						2									
CRASH INFORMATION								1											
4		105		5		6		Rev. 2024-1		Case #		3		Page		of			
Secondary Crash		Photos Taken		Videos Taken		Number of Motorists		Number of Non-Motorists		Non-Fatally Injured Persons		Fatalities		Total Injuries and Fatalities		Vehicles Involved		Troop	
7		8		9		10		11		12		13							
Investigating Agency				Division		Parish		City		Latitude		Longitude							
14				15		16		17		18		19							
CRASH TIME INFORMATION																			
Crash Date/Time		Police Notified Date/Time		Police Arrived Date/Time		Roadway Cleared Date/Time		On Scene Investigation Completed Date/Time											
20		21		22		23		24		25		26		27		28		29	
ROAD INFORMATION																			
Highway				Road															
31				32															
Distance/Direction From Intersection				Intersecting Road															
35				36		37		38		39		40		41		42		43	
LOCATION INFORMATION																			
Road Classification		Road Subtype		Property Ownership		Trafficway Characteristics		Number of Intersection Approaches		Traffic Flow Direction									
41		42		43		44		45		46									
100 Interstate		100 Mainline		100 Public property		100 Trafficway, on road		1 Not an intersection		X Not applicable									
101 US highway		200 On-ramp		200 Private property		101 Trafficway, not on road		2 Two		(not a divided highway)									
102 State highway		201 Off-ramp				200 Non-trafficway		3 Three		N North									
103 Parish road		300 Frontage/service						4 Four		W West									
104 City street		970 Not applicable						5 Five or more		S South									
200 Off road/private property																			
INVESTIGATING OFFICER																			
Rank		First Name		Middle Name		Last Name		Suffix											
47		48		49		50		51											
Badge #		Printed Name		Signature															
52		53		54															
CRASH CIRCUMSTANCES AND CONDITIONS																			
First Harmful Event		Location of First Harmful Event		Manner of Crash															
55		56		57															
Non-Collision		Collision		Collision with Non-Fixed Object		Collision with Fixed Object													
100 Cargo/equipment loss or shift		100 Gore		000 Not a collision between two motor vehicles in transport		200 Front to front - head on													
101 Fell/jumped from motor vehicle		101 In parking lane or zone		101 Angle - left overtake		300 Front to rear - rear end													
102 Fire/explosion		102 Median		101 Angle - left opposite direction		400 Backing - rear to front													
103 Immersion, full or partial		103 Off roadway, location unknown		102 Angle - left into flow		401 Backing - rear to rear													
104 Jackknife		104 On roadway		103 Angle - right into flow		402 Backing - rear to side													
105 Overturn/rollover		105 On shoulder, left side		104 Angle - right overtake		502 Sideswipe - opposite direction													
106 Thrown or falling object		106 On shoulder, right side		105 Angle - perpendicular/other angle		505 Sideswipe - same direction													
198 Other non-collision harmful event		107 Outside road/right-of-way		500 Angle - left across flow															
		108 Roadside		501 Angle - right across flow															
		109 Separator/traffic island																	
		999 Unknown																	
				Relation to Junction		Contributing Factor													
				58		59													
				000 Not an interchange area		100 Violations													
				100 Acceleration or deceleration lane		101 Movement prior to crash													
				101 Crossover related		102 Vision obstructions													
				102 Driveway access or related		103 Driver condition													
				103 Entrance/exit ramp or related		104 Vehicle condition													
				104 Intersection or related		105 Road surface													
				106 Railway grade crossing		106 Roadway condition													
				107 Shared-use path or trail		107 Lighting condition													
				108 Through roadway		108 Weather condition													
				980 Other location within an interchange area (median, shoulder, and roadside)		109 Traffic control													
				999 Unknown		110 Non-motorist condition													
						111 Non-motorist action													
						970 Not applicable													
				Intersection Geometry		School Bus Relation													
				61		62													
				100 Angled / skewed		000 No													
				101 Roundabout / traffic circle		100 Yes, school bus directly involved													
				102 Perpendicular		101 Yes, school bus indirectly involved													
				970 Not applicable															
				Intersection Traffic Control															
				63															
				000 No controls															
				100 Signalized															
				101 Stop -all way															
				102 Stop -partial															
				103 Yield															
				970 Not applicable															
CRASH REPORT - CRASH SUMMARY																			

CRASH CONDITIONS			
Roadway Surface Condition 64	Light Condition 65	Weather Conditions 66	Environmental Conditions 68
000 Dry	100 Daylight	000 Clear	000 None
100 Ice/Frost	200 Dawn/dusk	100 Blowing sand, soil, dirt	100 Animal(s)
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	105 Free flow (light & fast traffic)	105 Free flow (light & fast traffic)		
	999 Unknown	980 Other type of work zone	980 Other		
		999 Unknown	970 Not applicable		
			999 Unknown		

REVIEWING OFFICER				
Rank 76	First Name 77	Middle Name 78	Last Name 79	Suffix 80

WITNESS # 81				WITNESS #			
Name 82				Name			
First Middle Last Suffix				First Middle Last Suffix			
Address 86				Address			
City 87		State 88	Postal Code 89	City		State	Postal Code
Phone Number 90		Age 91	Sex 92	Phone Number		Age	Sex

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		
		97	99	98	
Owner Address 100 <input type="checkbox"/> Unknown					
101 Street		102 City	103 State	104 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					Damage Severity
Property Type	300 Cable barrier	303 Guardrail face	400 Traffic sign support	598 Other state property	100 Light (less than \$500)
100 Private property	301 Concrete traffic barrier	304 Impact attenuator/crash cushion	401 Traffic signal support	980 Other	101 Moderate (between \$500 and \$10,000)
200 Bridge overhead structure	302 Guardrail end terminal	398 Other traffic barrier	402 Utility pole/light support		102 Severe (over \$10,000)
201 Bridge pier or support					
202 Bridge rail					

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
105 DocumentSearch.ReadableId

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 4		Rev. 2024-1		Case # 3	Page of
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	
VIN 9		10 <input type="checkbox"/> Unknown		Vehicle Body Type 8	
Model Year 11 <input type="checkbox"/> Unknown		Make 12		Model 14	
Color 15		License Plate 16 <input type="checkbox"/> Missing		22 <input type="checkbox"/> Non-expiring	
State 17 <input type="checkbox"/> Unknown		Number 18		Year 21 <input type="checkbox"/> Unknown	
Owner Name 26 <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown		24		25	
Owner Address 29 <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown		27		28	
Street		City		State	
Insurance 33 <input type="checkbox"/> Uninsured at time of crash		30		31	
Company 34		35 <input type="checkbox"/> Unknown		32	
Phone # 36		37 <input type="checkbox"/> Unknown		33	
NAIC # 38		39 <input type="checkbox"/> Unknown		34	
Policy # 40		41 <input type="checkbox"/> Unknown		35	
Expiration Date 42		43 <input type="checkbox"/> Unknown		36	
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LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

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Motor Vehicle # 4		Rev. 2024-1		Case # 3	Page 3	of 1
MOTOR VEHICLE CIRCUMSTANCES						
Skidmark Data (Feet) Front Left Front Right 58 59 Rear Left Rear Right 60 61		Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown 63 62		Contributing Defects 000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown		
Traffic Control Device Types and Statuses						
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing	Automation System Level Present		
000 None 100 Person (including flagger, law enforcement, crossing guard, etc) 200 Bicycle crossing sign 201 Curve Ahead warning sign 202 Intersection Ahead warning sign 203 Pedestrian crossing sign 204 Railroad crossing sign 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign 980 Other		300 Flashing railroad crossing (may include gates) 301 Flashing school zone signal 302 Flashing traffic control signal 303 Lane use control signal 304 Ramp meter signal 305 Traffic control signal 398 Other signal 400 Bicycle crossing 401 Pedestrian crossing 402 Railroad crossing 403 School zone 404 Yellow no passing line 405 White or yellow dash line 406 Solid white lane line 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 999 Unknown	1 2 3 4	1 2 3 4	000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown	
Traffic Signal Status		Barrier Type		Automation System Level Engaged		
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown		000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other		000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown		
Roadway Grade	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	Permitted Travel	HOV Lane Presence	HOV Lane Relation
000 Not on trafficway 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)	76 77	78	79 000 Not on trafficway 100 Straight 101 Curve left 102 Curve right	80 000 Not on trafficway 100 One-way 200 Two-way Speed Limit 83 81 82	68 000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators	69 000 No 100 Yes
MOTOR VEHICLE EVENTS						
Sequence of Events 84 1 2 3 4				Most Harmful Event 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			
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS						

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 86			Hazardous Materials Placard 87
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown	000 Had no placard and not carrying hazardous materials
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)		001 Had a placard, not carrying hazardous materials
	302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding
	303 Truck tractor (bobtail)		200 Carried hazardous materials without placard 999 Unknown
200 Bus/large van (seats 9-15 occupants, including driver)	304 Truck tractor/semi-trailer		Hazardous Material ID 88
201 Bus (seats more than 15 occupants, including driver)	305 Truck tractor/double		Hazardous Material Class 89
	306 Truck tractor/triple		1 Explosives 970 Not applicable
	307 Truck more than 10,000 lbs., cannot classify		2 Gas 999 Unknown

Cargo Body Type 90	Special Sizing 92	Hazardous Materials Released from Vehicle Cargo Compartment 91
000 No cargo body	<input type="checkbox"/> 000 No special sizing	000 No, hazardous materials not released
100 Bus	<input type="checkbox"/> 100 Over-height	100 Yes, hazardous materials released
101 Auto transporter	<input type="checkbox"/> 101 Over-length	970 Not applicable
102 Cargo tank	<input type="checkbox"/> 102 Over-weight	
103 Concrete mixer	<input type="checkbox"/> 103 Over-width	
104 Dump	<input type="checkbox"/> 999 Unknown	
970 Not applicable		
980 Other		
999 Unknown		

Load Permitted 129	Number of Axles 93	Motor Carrier Type 95	Motor Carrier Identification 96	Motor Carrier Name 98
000 Non-permitted load	<input type="checkbox"/> Unknown	000 Personal vehicle	100 US DOT number	<input type="checkbox"/> Unknown
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	94	100 Interstate carrier	State 97	Motor Carrier ID Number 100
		101 Intrastate carrier		

Motor Carrier Address 103	Motor Carrier Phone Number 101
104	102
Street	City State Postal Code

GVWR/GCWR 108	Commodity Hauled 109
100 Light (less than 10,000 lbs.GVWR/GCWR)	
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)	
102 Heavy (greater than 26,000 lbs GVWR/GCWR)	
970 Not applicable (not a qualifying vehicle)	
999 Unknown	

TRAILER INFORMATION TRAILER # 110

VIN 111	Number of Axles 113
112	114
Year 115	Make 117
116	118
Model 119	
120	
License Plate 121	<input type="checkbox"/> Non-expiring 128
State 122	<input type="checkbox"/> Unknown 123
Number 124	<input type="checkbox"/> Unknown 125
Year 126	<input type="checkbox"/> Unknown 127

TRAILER INFORMATION TRAILER #

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

TRAILER INFORMATION TRAILER #

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

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DRIVER INFORMATION

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DRIVER INFORMATION					
Name <input type="checkbox"/> Unknown 6 7 8 9 First Middle Last Suffix			Age <input type="checkbox"/> Unknown 10 11	Sex <input type="checkbox"/> Unknown 12 100 Female 101 Male 999 Unknown	Race 13 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
Address <input type="checkbox"/> Unknown 15 16 17 18 19 Street City State Postal Code			Phone Number <input type="checkbox"/> Not Collected 21 20		
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			Date of Birth <input type="checkbox"/> Unknown 22 23 24		Ethnicity 14 100 Hispanic 101 Other than Hispanic 999 Unknown

DRIVER LICENSE INFORMATION				
License Status 25 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		License Class 28 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable	Driver License Type 29 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable	Commercial Driver License Status 30 100 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 26	License State 27			
Endorsements on License 31 <input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		Endorsement Compliance 32 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	Restrictions on License 33	
		Alcohol Interlock Presence 34 000 No 970 Not applicable 100 Yes 999 Unknown		

DRIVER SEATING AND SAFETY INFORMATION			
Seating Position 35		Restraint Systems Used 36	
Standard Vehicle Seats Other Seating Positions 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 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	
Air Bags Deployed 40 <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)		Ejection 39 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 38 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown

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DRIVER INFORMATION

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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 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	43 EMS Response Run # <input type="checkbox"/> Unknown 44 45
Medical Unique Identifier 46 <input type="checkbox"/> Not applicable 47 <input type="checkbox"/> Unknown 48		Facility Receiving Patient 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 or distraction details unknown 999 Unknown if distracted	100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device Vision Obscurement 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown 105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown		
Suspected Alcohol Usage 56	Test Status 57	Alcohol Kit Number 58	Alcohol Test Type 60	Alcohol Test Results 61	BAC 62
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	
Suspected Drug Usage 63	Test Status 64	Drug Kit Number 65	Drug Test Type 67	Drug Test Results 68	
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			

DRIVER ACTIONS

Driver Actions at Time of Crash 71	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

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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
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

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

Total # of Passengers 4	Case # 3	Page of
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PASSENGER INFORMATION											
MOTOR VEHICLE # 5 PASSENGER # 6											
Name 7 <input type="checkbox"/> Unknown 8 9 10 11 First Middle Last Suffix						Date of Birth 12	Age 13	Sex 100 Female 101 Male 999 Unknown		14 Race	
Address <input type="checkbox"/> Unknown 16 17 18 19 20 Street City State Postal Code						Phone Number <input type="checkbox"/> Not 39 Collected		21 Ethnicity 22			
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 28	Incident Responder 29	Restraint System 30	Any indication of improper use? 000 No 100 Yes 999 Unknown	31 Seating Position 23	Ejection 24	Extrication 25			
Type of Medical Transportation 32		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		Facility Receiving Patient 26	
MOTOR VEHICLE # PASSENGER #											
Name <input type="checkbox"/> Unknown First Middle Last Suffix						Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown		Race	
Address <input type="checkbox"/> Unknown Street City State Postal Code						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	Incident Responder	Restraint System	Used Improperly? 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		EMS Response Run # <input type="checkbox"/> Unknown		Facility Receiving Patient			
MOTOR VEHICLE # PASSENGER #											
Name <input type="checkbox"/> Unknown First Middle Last Suffix						Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown		Race	
Address <input type="checkbox"/> Unknown Street City State Postal Code						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	Incident Responder	Restraint System	Used Improperly? 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		EMS Response Run # <input type="checkbox"/> Unknown		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			Seating Position 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown				
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown		Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	Incident Responder 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown	002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown			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				
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown											
CRASH REPORT - PASSENGER INFORMATION											

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 # 4		Rev. 2024-1		Case # 3		Page of	
NON-MOTORIST INFORMATION							
Name 5 <input type="checkbox"/> Unknown 6 First 7 Middle 8 Last 9 Suffix				Age 10 <input type="checkbox"/> Unknown 11		Sex 12 100 Female 101 Male 999 Unknown	
Address 14 <input type="checkbox"/> Unknown 15 Street 16 City 17 State 18 Postal Code				Phone Number 19 <input type="checkbox"/> Not Collected 20		Race 13 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth 21 <input type="checkbox"/> Unknown 22 23		Ethnicity 24 100 Hispanic 101 Other than Hispanic 999 Unknown	
NON-MOTORIST CIRCUMSTANCES							
Non-Motorist Type 25		Initial Contact Point 26		Location 27			
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian on personal conveyance 300 Occupant of a non-motor vehicle transportation device 500 Person in or on a building 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			
Struck by Vehicle # 28		Origin/Destination 29 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment 30 <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			
Action Prior to Crash 31 000 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		Actions or Circumstances At Time of Crash 32 000 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				Clothing Brightness 33 100 Light 101 Dark 970 Not applicable 999 Unknown Upper 34 Lower 35	
NON-MOTORIST MEDICAL INFORMATION							
Injury Status 36 100 (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 37 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Agency 38		EMS Response Run # 39 <input type="checkbox"/> Unknown	
				Medical Unique Identifier 41 <input type="checkbox"/> Not applicable 42 <input type="checkbox"/> Unknown		Facility Receiving Patient 44	
NON-MOTORIST CONDITION							
Conditions at the Time of the Crash 45 000 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		Distraction Action 46 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		Distraction Source 47 100 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			
Suspected Alcohol Usage 49 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Test Status 50 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number 51 52		Alcohol Test Type 53 100 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 54 000 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 55					
Suspected Drug Usage 56 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Test Status 57 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number 58 59		Drug Test Type 60 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	
Drug Test Results 61							

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.IsMedicalUniquelIdentifierNotApplicable
42	NonMotorist.IsMedicalUniquelIdentifierUnknown

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. 2024-1

Case #

3

 Page of

NON-VEHICULAR PROPERTY DAMAGE PROPERTY # 4

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

PROPERTY DAMAGE CODES

Property Type	Damage Severity			
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				
				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.Index
5	DamagedNonVehicularProperty.PropertyType
6	DamagedNonVehicularProperty.DamageSeverity
7	DamagedNonVehicularProperty.IsOwnerNameUnknown
8	DamagedNonVehicularProperty.OwnerName
9	DamagedNonVehicularProperty.OwnerPhoneNumber
10	DamagedNonVehicularProperty.IsOwnerPhoneNumberUnknown
11	DamagedNonVehicularProperty.IsOwnerAddressUnknown
12	DamagedNonVehicularProperty.OwnerAddressStreet
13	DamagedNonVehicularProperty.OwnerAddressCity
14	DamagedNonVehicularProperty.OwnerAddressState
15	DamagedNonVehicularProperty.OwnerAddressPostalCode

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 4		Rev. 2024-1		Case # 3		Page of	
TRAIN INFORMATION							
Train Type 100 Railroad train 101 Streetcar		ID # 6 8		Lead Engine # 9 10		Serial # 11 12	
Make 15		Type 17		# of Engines 19		# of Cars 21	
Data Recorder Speed 23		Present Equipment 13		100 None 100 Headlight functional 101 Ditch lights functional 102 Horn functional 103 Bell functional 104 Event data recorder equipped		22 Pending	
TRACK INFORMATION							
DOT Crossing # 25 27		Crossing Surface Material 100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel		Present Warning Devices 28		Advance Warning Devices 29	
Sets of Tracks 31		Speed Limit 32		Crossing Type 33		Active Warning Devices 30	
100 Public 101 Private		100 None 100 Sign 101 Pavement markings 102 Active advance warning 103 Crossbuck 980 Other		100 None 100 Flashing lights 101 Bell 102 Gate 103 Crossbuck 980 Other		100 Lights flashing 101 Bell ringing 102 Gates down 980 Other	
COLLISION INFORMATION							
Train in Motion 34		Crossing Vehicle Interaction 35		Struck Car # 37		Struck Car Type 40	
000 No 100 Yes		100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing		38 39		41 42	
Collision Type 36		Struck Car Position 45		Distance Traveled After Impact 46		Estimated Speed Before Braking 50	
100 Frontal 101 Side/backing		43 44		47 48		49	
Hazardous Materials Placard 51		Hazardous Material Class 53		Hazardous Materials Released from Train Cargo Compartment 54		52	
000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown		1 Explosives 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		970 Not applicable 999 Unknown		000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable	
TRAIN OPERATOR							
Name 55		Address 57		City 59		State 60	
56		58		61		62	
TRACK OWNER							
Name 62		Address 64		City 66		State 67	
63		65		68		69	
TRAIN ENGINEER							
Name 69		Certification Number 74		Race 76		70	
71		72		73		74	
75		76		77		78	
79		80		81		82	
83		84		85		86	
87		88		89		90	
91		92		93		94	
95		96		97		98	
99		100		101		102	
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567		568		569		570	
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627		628		629		630	
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911		912		913		914	
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919		920		921		922	
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935		936		937		938	
939		940		941		942	
943		944		945		946	
947		948		949		950	
951		952		953		954	
955		956		957		958	
959		960		961		962	
963		964		965		966	
967		968					

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 4		Rev. 2024-1		Case #	3	Page		of	
TRAIN CONDUCTOR									
Name 100 <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor				Race 105					
101 First 102 Middle 103 Last 104 Suffix				100 American Indian or Alaska Native 102 Black 103 White 999 Unknown 101 Asian or Pacific Islander 980 Other					
Address <input type="checkbox"/> Unknown 106						Phone Number <input type="checkbox"/> Not Collected			
107 Street 108 City 109 State 110 Postal Code						112 111			
Incident Responder				113	Sex 114	Age <input type="checkbox"/> Unknown 115	Date of Birth <input type="checkbox"/> Unknown 117	Ethnicity 119	
000 No 102 Police 980 Other 999 Unknown				100 Female 101 Male 999 Unknown		116		118	
100 EMS 103 Tow operator				101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Hispanic 101 Other than Hispanic 999 Unknown			
Injury Status 120		Type of Medical Transportation 121		EMS Response Agency					
100 (K) Fatal Injury		000 Not transported 980 Other		122					
101 (A) Suspected Serious Injury		100 EMS air 999 Unknown		EMS Response Run # <input type="checkbox"/> Unknown 123					
102 (B) Suspected Minor Injury		101 EMS ground		124					
103 (C) Possible Injury		200 Law enforcement							
104 (O) No Apparent Injury									
Medical Unique Identifier 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				Race 135					
131 First 132 Middle 133 Last 134 Suffix				100 American Indian or Alaska Native 102 Black 103 White 999 Unknown 101 Asian or Pacific Islander 980 Other					
Address <input type="checkbox"/> Unknown 136						Phone Number <input type="checkbox"/> Not Collected			
137 Street 138 City 139 State 140 Postal Code						142 141			
Incident Responder				143	Sex 144	Age <input type="checkbox"/> Unknown 145	Date of Birth <input type="checkbox"/> Unknown 147	Ethnicity 149	
000 No 102 Police 980 Other 999 Unknown				100 Female 101 Male 999 Unknown		146		148	
100 EMS 103 Tow operator				101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Hispanic 101 Other than Hispanic 999 Unknown			
Injury Status 150		Type of Medical Transportation 151		EMS Response Agency					
100 (K) Fatal Injury		000 Not transported 980 Other		152					
101 (A) Suspected Serious Injury		100 EMS air 999 Unknown		EMS Response Run # <input type="checkbox"/> Unknown 153					
102 (B) Suspected Minor Injury		101 EMS ground		154					
103 (C) Possible Injury		200 Law enforcement							
104 (O) No Apparent Injury									
Medical Unique Identifier 155 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 156				Facility Receiving Patient 158					

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

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Total # of Train Passengers 159		Rev. 2024-1		Case #	3	Page		of	
PASSENGER INFORMATION									
TRAIN # 4		PASSENGER # 129							
Name 130 <input type="checkbox"/> Unknown				Race 135					
131 First				132 Middle		133 Last		134 Suffix	
Address 136 <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected					
137 Street				138 City		139 State		140 Postal Code	
Incident Responder				143 Sex		144 Age <input type="checkbox"/> Unknown		145 Date of Birth <input type="checkbox"/> Unknown	
000 No 102 Police 980 Other 999 Unknown				100 Female		146 145		147 148	
100 EMS 103 Tow operator				101 Male		146 145		147 148	
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				999 Unknown		146 145		147 148	
Injury Status 150		Type of Medical Transportation 151		EMS Response Agency					
100 (K) Fatal Injury		000 Not transported 980 Other		152					
101 (A) Suspected Serious Injury		100 EMS air 999 Unknown		152					
102 (B) Suspected Minor Injury		101 EMS ground		152					
103 (C) Possible Injury		200 Law enforcement		152					
104 (O) No Apparent Injury				152					
Medical Unique Identifier 155 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 156				Facility Receiving Patient 158					
TRAIN #		PASSENGER #							
Name <input type="checkbox"/> Unknown				Race					
100 American Indian or Alaska Native				102 Black		103 White		999 Unknown	
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	
000 No 102 Police 980 Other 999 Unknown				100 Female					
100 EMS 103 Tow operator				101 Male					
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				999 Unknown					
Injury Status		Type of Medical Transportation		EMS Response Agency					
100 (K) Fatal Injury		000 Not transported 980 Other		152					
101 (A) Suspected Serious Injury		100 EMS air 999 Unknown		152					
102 (B) Suspected Minor Injury		101 EMS ground		152					
103 (C) Possible Injury		200 Law enforcement		152					
104 (O) No Apparent Injury				152					
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	
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	
000 No 102 Police 980 Other 999 Unknown				100 Female					
100 EMS 103 Tow operator				101 Male					
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				999 Unknown					
Injury Status		Type of Medical Transportation		EMS Response Agency					
100 (K) Fatal Injury		000 Not transported 980 Other		152					
101 (A) Suspected Serious Injury		100 EMS air 999 Unknown		152					
102 (B) Suspected Minor Injury		101 EMS ground		152					
103 (C) Possible Injury		200 Law enforcement		152					
104 (O) No Apparent Injury				152					
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	
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	
000 No 102 Police 980 Other 999 Unknown				100 Female					
100 EMS 103 Tow operator				101 Male					
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				999 Unknown					
Injury Status		Type of Medical Transportation		EMS Response Agency					
100 (K) Fatal Injury		000 Not transported 980 Other		152					
101 (A) Suspected Serious Injury		100 EMS air 999 Unknown		152					
102 (B) Suspected Minor Injury		101 EMS ground		152					
103 (C) Possible Injury		200 Law enforcement		152					
104 (O) No Apparent Injury				152					
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

LOUISIANA UNIFORM CRASH REPORT
WITNESSES

Total # of Witnesses

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Case #

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

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

LOUISIANA UNIFORM CRASH REPORT

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

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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

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PHOTOS

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PHOTOS

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CRASH PHOTOS DATA

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

LOUISIANA UNIFORM CRASH REPORT

ATTACHMENT

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ATTACHMENT

CRASH ATTACHMENT DATA

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