

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			
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	
ROAD INFORMATION															
Highway				Road											
31				32											
Distance/Direction From Intersection				Intersecting Road											
35				39											
36				38											
37				40											
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 Gore		1 Not an intersection		X Not applicable (not a divided highway)					
101 US highway		200 On-ramp		200 Private property		101 Trafficway, on road		2 Two		N North					
102 State highway		201 Off-ramp				101 Trafficway, not on road		3 Three		W West					
103 Parish road		300 Frontage/service				200 Non-trafficway		4 Four		S South					
104 City street		970 Not applicable						5 Five or more		E East					
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 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				300 Front to rear - rear end			
101 Fell/jumped from motor vehicle				101 In parking lane or zone				100 Angle - left overtake				400 Backing - rear to front			
102 Fire/explosion				102 Median				101 Angle - left across flow				401 Backing - rear to rear			
103 Immersion, full or partial				103 Off roadway, location unknown				102 Angle - left into flow				402 Backing - rear to side			
104 Jackknife				104 On roadway				103 Angle - right into flow				500 Sideswipe - left against flow			
105 Overturn/rollover				105 On shoulder, left side				104 Angle - right overtake				501 Sideswipe - right against flow			
106 Thrown or falling object				106 On shoulder, right side				105 Angle - perpendicular/other angle				502 Sideswipe - against flow			
198 Other non-collision harmful event				107 Outside road/right-of-way				200 Front to front - head on				503 Sideswipe - left overtake			
				108 Roadside				201 Front to front - left against flow				504 Sideswipe - right overtake			
				109 Separator/traffic island				202 Front to front - right against flow				505 Sideswipe - with flow			
				999 Unknown								980 Other			
												999 Unknown			
				Relation to Junction				Contributing Factor				Primary			
				58								59			
				000 Not an interchange area				100 Violations				Secondary			
				100 Acceleration or deceleration lane				101 Movement prior to crash				60			
				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				62			
				61											
				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											

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## CRASH CONDITIONS

<b>Roadway Surface Condition</b> <b>64</b>	<b>Light Condition</b> <b>65</b>	<b>Weather Conditions</b> <b>66</b>	<b>Environmental Conditions</b> <b>68</b>
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

<b>Work Zone Relation</b> <b>70</b>	<b>Work Zone Location</b> <b>71</b>	<b>Work Zone Type</b> <b>72</b>	<b>Work Zone Circumstances</b> <b>73</b>	<b>Worker(s) Present</b> <b>74</b>	<b>Law Enforcement Present</b> <b>75</b>
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

<b>Rank</b> <b>76</b>	<b>First Name</b> <b>77</b>	<b>Middle Name</b> <b>78</b>	<b>Last Name</b> <b>79</b>	<b>Suffix</b> <b>80</b>
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WITNESS # **81**

WITNESS #

<b>Name</b> <b>82</b>	<b>83</b>	<b>84</b>	<b>85</b>	<b>Name</b>
First	Middle	Last	Suffix	First Middle Last Suffix
<b>Address</b> <b>86</b>	<b>Address</b>			
<b>City</b> <b>87</b>	<b>State</b> <b>88</b>	<b>Postal Code</b> <b>89</b>	<b>City</b>	<b>State</b> <b>Postal Code</b>
<b>Phone Number</b> <b>90</b>	<b>Age</b> <b>91</b>	<b>Sex</b> <b>92</b>	<b>Phone Number</b>	<b>Age</b> <b>Sex</b>

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY # **93**

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## PROPERTY DAMAGE CODES

<b>Property Type</b>	<b>Damage Severity</b>
100 Private property	300 Cable barrier
200 Bridge overhead structure	301 Concrete traffic barrier
201 Bridge pier or support	302 Guardrail end terminal
202 Bridge rail	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)

## 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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DESCRIPTION AND INFORMATION							
<input type="checkbox"/> Check if this vehicle had no driver		<b>Hit and Run</b>		<b>Vehicle Type</b>		<b>Vehicle Body Type</b>	
5 <input type="checkbox"/>		6 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		7 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		8 <b>Passenger Vehicles</b> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <b>Construction / Farm Equipment</b> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <b>Cycle / Off Road / Recreation</b> 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 <b>Trucks</b> 400 Single unit truck 401 Truck tractor 498 Other truck <b>Large Passenger Vehicle</b> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <b>Other</b> 980 Other	
VIN		10 <input type="checkbox"/> Unknown					
Model Year		Make		Model		Color	
11 <input type="checkbox"/> Unknown		12		13		14	
15							
License Plate		16 <input type="checkbox"/> Missing		22 <input type="checkbox"/> Non-expiring			
State		17 <input type="checkbox"/> Unknown		Number		19 <input type="checkbox"/> Unknown	
20		Year		21 <input type="checkbox"/> Unknown		23	
Owner Name		<input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown					
26		24		25			
Owner Address		<input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown					
29		27		28		30	
Street		City		State		Postal Code	
Insurance		33 <input type="checkbox"/> Uninsured at time of crash					
Company		34		35 <input type="checkbox"/> Unknown			
Phone #		36		37 <input type="checkbox"/> Unknown			
NAIC #		38		39 <input type="checkbox"/> Unknown			
Policy #		40		41 <input type="checkbox"/> Unknown			
Expiration Date		42		43 <input type="checkbox"/> Unknown			
						999 Unknown	
DAMAGE							
Damage Extent		Initial Point of Contact		Damaged Areas		TOWING	
44 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		6 7 8 9 10 11 5 4 3 2 1		6 7 8 9 10 11 5 4 3 2 1		47 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage Towed By <input type="checkbox"/> Unknown 49 50	
		<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		48 100 Owner 101 Law enforcement 970 Not applicable 980 Other	
MOTOR VEHICLE CIRCUMSTANCES							
Vehicle Usage		Vehicle Maneuver		Vehicle Maneuver Reason		Direction of Travel Before Crash	
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)		980 Other 999 Unknown 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way		109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition		400 Slowing to make left turn 401 Slowing to make right turn 402 Slowing to stop 498 Slowing for other reason 500 Parked 501 Stopped, preparing to turn left 502 Stopped, preparing to turn right 503 Stopped in traffic 980 Other 999 Unknown 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown	
		Emergency Vehicle Usage		54		55	
		000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown				000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown	

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## MOTOR VEHICLE CIRCUMSTANCES

<b>Skidmark Data (Feet)</b>		<b>Distance Traveled After Impact (Feet)</b> <input type="checkbox"/> Unknown		<b>Contributing Defects</b>	
Front Left	Front Right	63		62	
58	59	<input type="checkbox"/> Not applicable or measured		000 None	
		<input type="checkbox"/> Unknown 57		100 Brakes	
Rear Left	Rear Right	<b>Vehicle Lighting</b>		101 Exhaust system	
60	61	000 Headlights off		102 Body, doors	
		100 Headlights on		103 Steering	
		101 Daytime running lights		104 Power train	
		999 Unknown		105 Suspension	
<b>Traffic Control Device Types and Statuses</b>				106 Tires	
<b>Traffic Control Device Types</b>		<b>Devices Present</b>	<b>Devices Inoperative or Missing</b>	107 Wheels	
000 None	300 Flashing railroad crossing (may include gates)	1	1	108 Headlights	
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2	2	109 Tail lights	
200 Bicycle crossing sign	302 Flashing traffic control signal	3	3	110 Signal lights	
201 Curve Ahead warning sign	303 Lane use control signal	4	4	111 All lights	
202 Intersection Ahead warning sign	304 Ramp meter signal			112 Window / windshield	
203 Pedestrian crossing sign	305 Traffic control signal			113 Mirrors	
204 Railroad crossing sign	398 Other signal			114 Wipers	
205 Reduce Speed Ahead warning sign	400 Bicycle crossing			115 Truck coupling / trailer hitch / safety chains	
206 School zone sign	401 Pedestrian crossing			980 Other	
207 Stop sign	402 Railroad crossing			999 Unknown	
208 Yield sign	403 School zone	<b>Traffic Signal Status</b>		<b>Automation System Level Present</b>	
298 Other warning sign	404 Yellow no passing line	100 Red signal on		000 No automation	
	405 White or yellow dash line	200 Yellow signal on		100 Driver assistance	
	406 Solid white lane line	300 Green signal on		101 Partial automation	
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)	970 Not applicable		102 Conditional automation	
		999 Unknown		103 High automation	
980 Other	999 Unknown			104 Full automation	
				199 Automation level unknown	
				999 Unknown	
				<b>Automation System Level Engaged</b>	
				000 No automation	
				100 Driver assistance	
				101 Partial automation	
				102 Conditional automation	
				103 High automation	
				104 Full automation	
				199 Automation level unknown	
				999 Unknown	
				<b>Trafficway Division</b>	
				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	
				<b>Barrier Type</b>	
				000 None	
				100 Cable barrier	
				101 Concrete barrier (e.g. Jersey barrier)	
				102 Earth embankment	
				103 Guardrail	
				980 Other	
<b>Roadway Grade</b>	<b>Number of Through Lanes</b>	<b>Number of Auxiliary Lanes</b>	<b>Roadway Alignment</b>	<b>Permitted Travel</b>	<b>HOV Lane Presence</b>
100 Level			100 Straight	100 One-way	000 None present
101 Uphill			101 Curve left	200 Two-way	100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median
102 Hillcrest	77	78	102 Curve right	<b>Speed Limit</b>	101 Not separated, painted pavement markings, post-mounted delineators
103 Downhill				83	
104 Sag (bottom)				<input type="checkbox"/> Unknown 81	
				<input type="checkbox"/> N/A 82	

## MOTOR VEHICLE EVENTS

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

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<b>COMMERCIAL MOTOR VEHICLE INFORMATION</b>							
<b>Vehicle Configuration</b> 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				<b>Hazardous Materials Placard</b> 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown <b>Hazardous Material ID</b> 88 <b>Hazardous Material Class</b> 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			
<b>Cargo Body Type</b> 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				<b>Special Sizing</b> <input type="checkbox"/> 000 No special sizing <input type="checkbox"/> 100 Over-height <input type="checkbox"/> 101 Over-length <input type="checkbox"/> 102 Over-weight <input type="checkbox"/> 103 Over-width <input type="checkbox"/> 999 Unknown			
<b>Load Permitted</b> 000 Non-permitted load 100 Permitted load 970 Not applicable (not a qualifying vehicle) 999 Unknown		<b>Number of Axles</b> <input type="checkbox"/> Unknown 93 94		<b>Motor Carrier Type</b> 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 95		<b>Motor Carrier Identification</b> 100 US DOT number 101 State number 970 Not applicable 999 Unknown/unable to determine State 97	
<b>Motor Carrier Address</b> 104 Street City State Postal Code				<b>Motor Carrier Phone Number</b> 102 101			
<b>GVWR/GCWR</b> 100 Light (less than 10,000 lbs.GVWR/GCWR) 101 Medium (10,001 - 26,000 lbs GVWR/GCWR) 102 Heavy (greater than 26,000 lbs GVWR/GCWR) 970 Not applicable (not a qualifying vehicle) 999 Unknown		<b>Commodity Hauled</b> 109					
<b>TRAILER INFORMATION</b>							
<b>VIN</b> 112 111				<b>Number of Axles</b> 114 113			
<b>Year</b> 116 115		<b>Make</b> 118 117		<b>Model</b> 120 119			
<b>License Plate</b> 121 State 122 Unknown 123 Number 124 Unknown 125 Year 126 Unknown 127				<b>Non-expiring</b> 128 Unknown 127			
<b>TRAILER INFORMATION</b>							
<b>VIN</b> Unknown				<b>Number of Axles</b> Unknown			
<b>Year</b> Unknown		<b>Make</b> Unknown		<b>Model</b> Unknown			
<b>License Plate</b> Missing State Unknown Number Unknown Year Unknown				<b>Non-expiring</b> Unknown			
<b>TRAILER INFORMATION</b>							
<b>VIN</b> Unknown				<b>Number of Axles</b> Unknown			
<b>Year</b> Unknown		<b>Make</b> Unknown		<b>Model</b> Unknown			
<b>License Plate</b> Missing State Unknown Number Unknown Year Unknown				<b>Non-expiring</b> 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

<b>Name</b> <input type="checkbox"/> Unknown				<b>Age</b> <input type="checkbox"/> Unknown	<b>Sex</b> <input type="checkbox"/> 12	<b>Race</b> <input type="checkbox"/> 13
6	7	8	9	10	100 Female 101 Male 999 Unknown	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
<b>Address</b> <input type="checkbox"/> Unknown				<b>Phone Number</b> <input type="checkbox"/> Not Collected		
16	17	18	19	21	20	
<b>Incident Responder</b>				<b>Date of Birth</b> <input type="checkbox"/> Unknown	<b>Ethnicity</b> <input type="checkbox"/> 14	
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	22	24	23	100 Hispanic 101 Other than Hispanic 999 Unknown

## DRIVER LICENSE INFORMATION

<b>License Status</b> <input type="checkbox"/> 25		<b>License Class</b> <input type="checkbox"/> 28	<b>Driver License Type</b> <input type="checkbox"/> 29	<b>Commercial Driver License Status</b> <input type="checkbox"/> 30
100 Valid license 000 Not licensed 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 101 Learner's permit 000 Canceled or denied 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown
<b>License Number</b> <input type="checkbox"/> 26	<b>License State</b> <input type="checkbox"/> 27			
<b>Endorsements on License</b> <input type="checkbox"/> 31		<b>Endorsement Compliance</b> <input type="checkbox"/> 32	<b>Restrictions on License</b> <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		
		<b>Alcohol Interlock Presence</b> <input type="checkbox"/> 34		
		000 No 100 Yes		970 Not applicable 999 Unknown

## DRIVER SEATING AND SAFETY INFORMATION

<b>Seating Position</b> <input type="checkbox"/> 35		<b>Restraint Systems Used</b> <input type="checkbox"/> 36																																				
<b>Standard Vehicle Seats</b>		<b>Other Seating Positions</b>																																				
<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 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																																				
		<b>Any indication of improper use?</b> <input type="checkbox"/> 37																																				
		000 No 100 Yes 999 Unknown																																				
<b>Air Bags Deployed</b> <input type="checkbox"/> 40		<b>Ejection</b> <input type="checkbox"/> 39	<b>Extrication</b> <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

<b>Injury Status</b> <b>41</b>	<b>Type of Medical Transportation</b> <b>42</b>	<b>EMS Response Agency</b>
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown	<b>43</b>
		<b>EMS Response Run #</b> <input type="checkbox"/> Unknown <b>44</b>
		<b>45</b>
<b>Medical Unique Identifier</b> <b>46</b> <input type="checkbox"/> Not applicable <b>47</b> <input type="checkbox"/> Unknown		<b>Facility Receiving Patient</b>
<b>48</b>		<b>49</b>

## DRIVER CONDITION AND CIRCUMSTANCES

<b>Conditions at Time of Crash</b> <b>50</b>	<b>Distraction Action</b> <b>52</b>	<b>Distraction Source</b> <b>53</b>	<b>Speeding Relation</b> <b>54</b>		
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 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.) 980 Other 999 Unknown	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		
		<b>Vision Obscurement</b> <b>55</b>			
		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			
<b>Suspected Alcohol Usage</b> <b>56</b>	<b>Test Status</b> <b>57</b>	<b>Alcohol Kit Number</b> <b>58</b>	<b>Alcohol Test Type</b> <b>60</b>	<b>Alcohol Test Results</b> <b>61</b>	<b>BAC</b>
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	<b>62</b>
<b>Suspected Drug Usage</b> <b>63</b>	<b>Test Status</b> <b>64</b>	<b>Drug Kit Number</b> <b>65</b>	<b>Drug Test Type</b> <b>67</b>	<b>Drug Test Results</b>	
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other	970 Not applicable 999 Unknown	<b>68</b>	

## DRIVER ACTIONS

<b>Driver Actions at Time of Crash</b>	<b>Avoidance Maneuver</b> <b>70</b>	<b>Pre-Collision Stability</b> <b>69</b>
000 No contributing action  100 Disregarded other road markings 101 Disregarded other traffic signs 102 Failed to keep in proper lane 103 Failed to yield right-of-way 104 Followed too closely 105 Improper backing 106 Improper passing 107 Improper turn 108 Operated motor vehicle in inattentive, careless, negligent, or erratic manner 109 Operated motor vehicle in reckless or aggressive manner 110 Over-correcting or over-steering 111 Ran off roadway 112 Ran red light 113 Ran stop sign 114 Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc. 115 Wrong side or wrong way  980 Other contributing action 999 Unknown	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

<b>MAPPING #</b>	<b>DATABASE MAPPING</b>
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

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Total # of Passengers  
4

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PASSENGER INFORMATION

MOTOR VEHICLE # 5      PASSENGER # 6

Name 7 <input type="checkbox"/> Unknown					Date of Birth	Age	Sex 14	Race
8 9 10 11					12	13	100 Female 101 Male 999 Unknown	15
First Middle Last Suffix								
Address <input type="checkbox"/> Unknown 16					Phone Number <input type="checkbox"/> Not 39 Collected		Ethnicity	
17 18 19 20					21		22	
Street City State Postal Code								
Air Bags Deployed 27		Injury Status	Incident Responder	Restraint System	Any indication of improper use? 31	Seating Position	Ejection	Extrication
<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		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	28 29	30	000 No 100 Yes 999 Unknown	23	24	25
Type of Medical Transportation 32		Medical Unique Identifier 33 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency 36			Facility Receiving Patient		
		35 34	EMS Response Run # <input type="checkbox"/> Unknown 37			26		
			38					

MOTOR VEHICLE #      PASSENGER #

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	Race
							100 Female 101 Male 999 Unknown	
First Middle Last Suffix								
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected		Ethnicity	
Street City State Postal Code								
Air Bags Deployed		Injury Status	Incident Responder	Restraint System	Used Improperly?	Seating Position	Ejection	Extrication
<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		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown			
Type of Medical Transportation		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency			Facility Receiving Patient		
			EMS Response Run # <input type="checkbox"/> Unknown					

MOTOR VEHICLE #      PASSENGER #

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	Race
							100 Female 101 Male 999 Unknown	
First Middle Last Suffix								
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected		Ethnicity	
Street City State Postal Code								
Air Bags Deployed		Injury Status	Incident Responder	Restraint System	Used Improperly?	Seating Position	Ejection	Extrication
<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		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown			
Type of Medical Transportation		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency			Facility Receiving Patient		
			EMS Response Run # <input type="checkbox"/> Unknown					

PASSENGER CODES

<b>Injury Status</b> 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	<b>Ejection</b> 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	<b>Extrication</b> 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	<b>Restraint Systems</b> 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown	<b>Seating Position</b> <table><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table>	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	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																																								
<b>Race</b> 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	<b>Ethnicity</b> 100 Hispanic 101 Other than Hispanic 999 Unknown	<b>Incident Responder</b> 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown	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	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																																								
<b>Type of Medical Transportation</b> 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												



## 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. 2022-1		Case #		Page		of			
NON-MOTORIST INFORMATION											
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown		Sex		Race			
6 First 7 Middle 8 Last 9 Suffix				10 11		12 100 Female 101 Male 999 Unknown		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				Phone Number <input type="checkbox"/> Not Collected		19					
15 Street 16 City 17 State 18 Postal Code				20		21					
Incident Responder				Date of Birth		<input type="checkbox"/> Unknown		Ethnicity			
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					
NON-MOTORIST CIRCUMSTANCES											
Non-Motorist Type		Initial		Location		27					
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown		25 Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		26 100 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 #		Origin/Destination		Safety Equipment		103 Lighting 980 Other 104 Reflectors 999 Unknown					
28		29 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		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.)							
Action Prior to Crash		Actions or Circumstances At Time of Crash				Clothing Brightness		Upper Lower			
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		31 000 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)				32 100 Light 101 Dark 970 Not applicable 999 Unknown		33 34 35			
NON-MOTORIST MEDICAL INFORMATION											
Injury Status		Type of Medical Transportation		EMS Response Agency		EMS Response Run # <input type="checkbox"/> Unknown					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		36 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		37 38 39		40 41 42 43 44					
NON-MOTORIST CONDITION											
Conditions at the Time of the Crash		Distraction Action		Distraction Source							
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		45 46 970 Not applicable 980 Other 999 Unknown		47 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 980 Other 999 Unknown		48 100 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		Test Status		Alcohol Kit Number		Alcohol Test Type		Alcohol Test Results		BAC	
49 000 No 100 Yes 999 Unknown		50 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		51 52		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		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		55	
Suspected Drug Usage		Test Status		Drug Kit Number		Drug Test Type		Drug Test Results			
56 000 No 100 Yes 999 Unknown		57 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		58 59		60 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown		61			

## NON-MOTORIST DATA

<b>MAPPING #</b>	<b>DATABASE MAPPING</b>
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. 2022-1

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NON-VEHICULAR PROPERTY DAMAGE

PROPERTY # 4

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

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

<b>MAPPING #</b>	<b>DATABASE MAPPING</b>
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. 2022-1		Case # 3	Page of			
TRAIN INFORMATION								
Train Type 100 Railroad train 101 Streetcar	ID # 6	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 7	Lead Engine # 9	<input type="checkbox"/> Unknown	Serial # 11	<input type="checkbox"/> Unknown	Present Equipment 13	
	8		10		12		<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 14	Type <input type="checkbox"/> Unknown 16	# of Engines <input type="checkbox"/> Unknown 18	# of Cars <input type="checkbox"/> Unknown 20	Data Recorder Speed 23	<input type="checkbox"/> Pending 22			
15	17	19	21					
TRACK INFORMATION						WARNING DEVICES		
DOT Crossing # 25	<input type="checkbox"/> Not Applicable 26 <input type="checkbox"/> Unknown	Crossing Surface Material 24	Present Warning Devices 28	Advance Warning Devices 29	Active Warning Devices 30			
	27	100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel	<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	<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	<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	Crossing Vehicle Interaction 35	Struck Car # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 37	Struck Car Type 40					
		39	41					
Collision Type 36		Struck Car Position 43	Distance Traveled After Impact 46	<input type="checkbox"/> Not Applicable 48	Estimated Speed Before Braking 50			
		44	49	47 <input type="checkbox"/> feet 48 <input type="checkbox"/> miles				
Hazardous Materials Placard 51	Hazardous Material Class 53	Hazardous Materials Released from Train Cargo Compartment 54						
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						
Hazardous Material ID 52								
TRAIN OPERATOR								
Name 55	<input type="checkbox"/> Unknown	Address 57						
56		58	59	60	61			
		Street	City	State	Postal Code			
TRACK OWNER								
Name 62	<input type="checkbox"/> Unknown	Address 64						
63		65	66	67	68			
		Street	City	State	Postal Code			
TRAIN ENGINEER								
Name 69	<input type="checkbox"/> Unknown	<input type="checkbox"/> This train had no engineer	Certification Number 74	Race 76				
70	71	72	73	75	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
First	Middle	Last	Suffix					
Address 77	<input type="checkbox"/> Unknown	Phone Number 82						
78	79	80	81	83				
Street	City	State	Postal Code					
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	Sex 85	Age 86	Date of Birth 88	Ethnicity 90		
			100 Female 101 Male 999 Unknown	87	89	100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status 91	Type of Medical Transportation 92	EMS Response Agency 93						
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	EMS Response Run # 94						
		95						
Medical Unique Identifier 96	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 97	Facility Receiving Patient 99						
98								

LOUISIANA UNIFORM CRASH REPORT  
TRAIN SUPPLEMENT

Train # 4		Rev. 2022-1		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		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		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		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. 2022-1		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					100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other				
Address 136 <input type="checkbox"/> Unknown					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		Date of Birth <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown		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 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other									
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected				
100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other									
Incident Responder					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown				
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		100 Hispanic 101 Other than Hispanic 999 Unknown					
				EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown					Facility Receiving Patient				
TRAIN #		PASSENGER #							
Name <input type="checkbox"/> Unknown					Race				
100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other									
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected				
100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other									
Incident Responder					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown				
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		100 Hispanic 101 Other than Hispanic 999 Unknown					
				EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown					Facility Receiving Patient				
TRAIN #		PASSENGER #							
Name <input type="checkbox"/> Unknown					Race				
100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other									
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected				
100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other									
Incident Responder					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown				
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		100 Hispanic 101 Other than Hispanic 999 Unknown					
				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

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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

<b>MAPPING #</b>	<b>DATABASE MAPPING</b>
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

<b>MAPPING #</b>	<b>DATABASE MAPPING</b>
	Report Reference
1	Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Crash.Narrative

PHOTOS

Rev. 2022-1

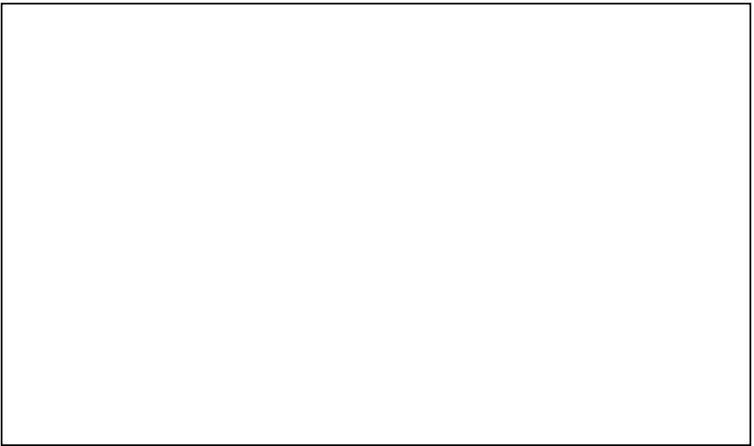
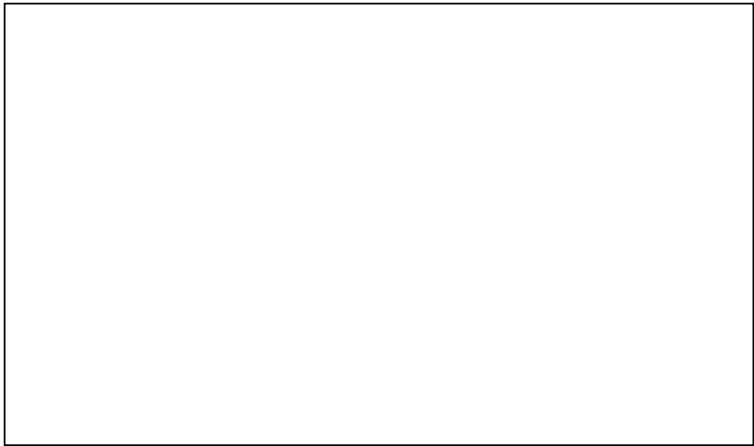
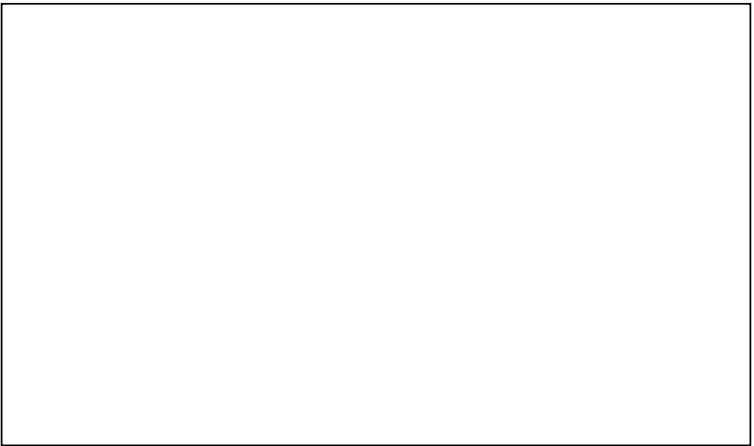
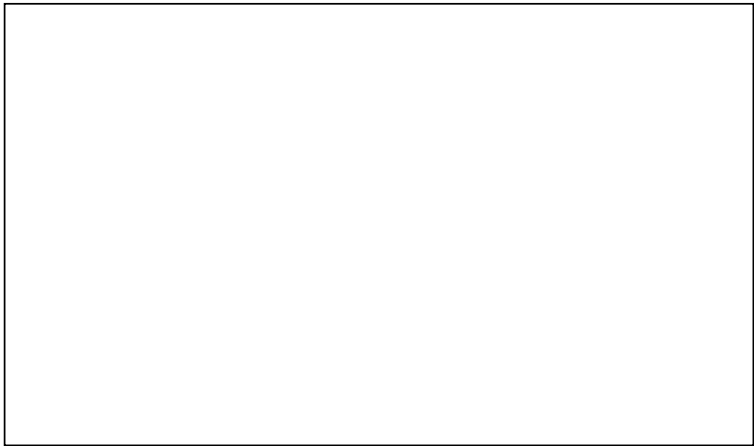
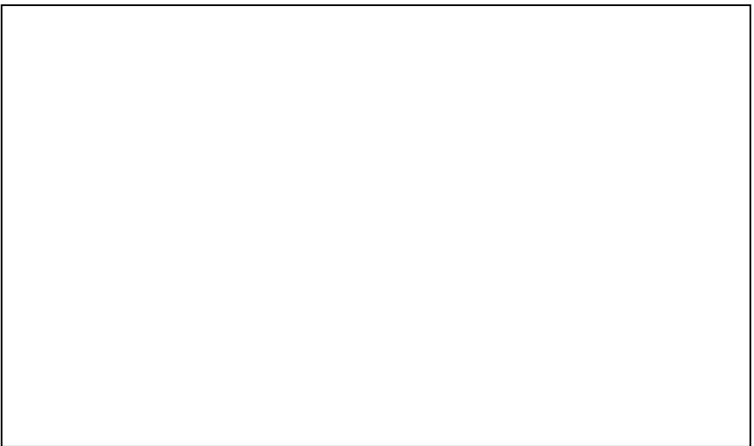
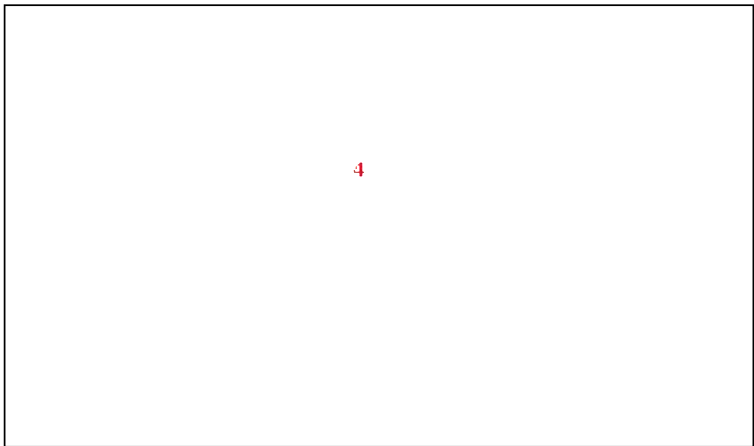
Case #

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PHOTOS



## CRASH PHOTOS DATA

<b>MAPPING #</b>	<b>DATABASE MAPPING</b>
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

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