

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

| | | | | | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|---|--|--|--|-----------|--|--------|--|
| <input type="checkbox"/> Secondary Crash | | <input type="checkbox"/> Photos Taken | | <input type="checkbox"/> Videos Taken | | Rev. 2022-1 | | Case # | | Page | | of | | | |
| Number of Motorists | | Number of Non-Motorists | | Non-Fatally Injured Persons | | Fatalities | | Total Injuries and Fatalities | | Vehicles Involved | | Troop | | | |
| Investigating Agency | | | | Division | | Parish | | City | | Latitude | | Longitude | | | |
| CRASH TIME INFORMATION | | | | | | | | | | | | | | | |
| Crash Date/Time | | Police Notified Date/Time | | Police Arrived Date/Time | | Roadway Cleared Date/Time | | On Scene Investigation Completed Date/Time | | | | | | | |
| ROAD INFORMATION | | | | | | | | | | | | | | | |
| Highway <input type="checkbox"/> Not applicable | | | | Road | | | | | | | | | | | |
| Distance/Direction From Intersection <input type="checkbox"/> Not applicable | | | | Intersecting Road <input type="checkbox"/> Crash was at an intersection | | | | | | | | | | | |
| LOCATION INFORMATION | | | | | | | | | | | | | | | |
| Road Classification | | Road Subtype | | Property Ownership | | Trafficway Characteristics | | Number of Intersection Approaches | | Traffic Flow Direction | | | | | |
| 100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property | | 100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable | | 100 Public property 200 Private property | | 100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway | | 1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more | | X Not applicable (not a divided highway) N North W West S South E East | | | | | |
| INVESTIGATING OFFICER | | | | | | | | | | | | | | | |
| Rank | | First Name | | | | Middle Name | | | | Last Name | | | | Suffix | |
| Badge # | | Printed Name | | | | | | Signature | | | | | | | |
| CRASH CIRCUMSTANCES AND CONDITIONS | | | | | | | | | | | | | | | |
| First Harmful Event | | | | Location of First Harmful Event | | | | Manner of Crash | | | | | | | |
| Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event | | | | 100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown | | | | 000 Not a collision between two motor vehicles in transport 100 Angle - left overtake 101 Angle - left across flow 102 Angle - left into flow 103 Angle - right into flow 104 Angle - right overtake 105 Angle - perpendicular/other angle 200 Front to front - head on 201 Front to front - left against flow 202 Front to front - right against flow 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 500 Sideswipe - left against flow 501 Sideswipe - right against flow 502 Sideswipe - against flow 503 Sideswipe - left overtake 504 Sideswipe - right overtake 505 Sideswipe - with flow 980 Other 999 Unknown | | | | | | | |
| Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object | | | | Relation to Junction 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown | | | | Contributing Factor 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable | | | | | | | |
| Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object | | | | Intersection Geometry 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable | | | | School Bus Relation 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved | | | | | | | |
| Intersection Traffic Control 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable | | | | | | | | | | | | | | | |

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CRASH CONDITIONS

| Roadway Surface Condition | Light Condition | Weather Conditions | Environmental Conditions |
|---|--|--|--|
| 000 Dry 100 Ice/Frost 101 Mud, dirt, gravel 102 Oil 103 Sand 104 Slush 105 Snow 106 Water (standing,moving) 107 Wet 980 Other 999 Unknown | 100 Daylight 200 Dawn/dusk 300 Dark - continuous street lights 301 Dark - street lights at intersection only 302 Dark - not lighted 399 Dark - unknown lighting 980 Other 999 Unknown | 000 Clear 100 Blowing sand, soil, dirt 101 Blowing snow 102 Cloudy 103 Fog, smog, smoke 104 Freezing rain or freezing drizzle 105 Rain 106 Severe crosswinds 107 Sleet or hail 108 Snow 980 Other 999 Unknown | 000 None 100 Animal(s) 101 Debris 102 Glare 103 Non-highway work 104 Obstructed crosswalks 105 Obstruction in roadway 106 Overhead clearance limited 107 Prior crash 108 Prior non-recurring incident 109 Regular congestion 110 Related to a bus stop 111 Road surface condition (wet, icy, snow, slush, etc.) 112 Ruts, holes, bumps 113 Shoulders (none, low, soft, high) 114 Toll booth/plaza related 115 Traffic control device 116 Traffic incident 117 Visual obstruction(s) 118 Weather conditions 119 Work zone (construction/maintenance/utility) 120 Worn, travel-polished surface 980 Other 999 Unknown |

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

| Rank | First Name | Middle Name | Last Name | Suffix |
|------|------------|-------------|-----------|--------|
|------|------------|-------------|-----------|--------|

WITNESS #

WITNESS #

| Name | Name |
|--------------------------|--------------------------|
| First Middle Last Suffix | First Middle Last Suffix |
| Address | Address |
| City State Postal Code | City State Postal Code |
| Phone Number Age Sex | Phone Number Age Sex |

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

PROPERTY DAMAGE CODES

| Property Type | Damage Severity |
|--|--|
| 100 Private property 200 Bridge overhead structure 201 Bridge pier or support 202 Bridge rail 300 Cable barrier 301 Concrete traffic barrier 302 Guardrail end terminal 303 Guardrail face 304 Impact attenuator/crash cushion 398 Other traffic barrier 400 Traffic sign support 401 Traffic signal support 402 Utility pole/light support 598 Other state property 980 Other | 100 Light (less than \$500) 101 Moderate (between \$500 and \$10,000) 102 Severe (over \$10,000) |

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Motor Vehicle #

DESCRIPTION AND INFORMATION

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

DAMAGE

TOWING

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

MOTOR VEHICLE CIRCUMSTANCES

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

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MOTOR VEHICLE CIRCUMSTANCES

| | | | | | |
|--|--|---|---------------------------------------|----------------------------------|---|
| Skidmark Data (Feet) | | Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown | | Contributing Defects | |
| Front Left <input type="text"/> | Front Right <input type="text"/> <input type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown | Vehicle Lighting 000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown | | 000 None | |
| Rear Left <input type="text"/> | Rear Right <input type="text"/> | | | 100 Brakes | |
| Traffic Control Device Types and Statuses | | | | 101 Exhaust system | |
| Traffic Control Device Types | | Devices Present | Devices Inoperative or Missing | 102 Body, doors | |
| 000 None | 300 Flashing railroad crossing (may include gates) | 1 <input type="text"/> | 1 <input type="text"/> | 103 Steering | |
| 100 Person (including flagger, law enforcement, crossing guard, etc) | 301 Flashing school zone signal | 2 <input type="text"/> | 2 <input type="text"/> | 104 Power train | |
| 200 Bicycle crossing sign | 302 Flashing traffic control signal | 3 <input type="text"/> | 3 <input type="text"/> | 105 Suspension | |
| 201 Curve Ahead warning sign | 303 Lane use control signal | 4 <input type="text"/> | 4 <input type="text"/> | 106 Tires | |
| 202 Intersection Ahead warning sign | 304 Ramp meter signal | Traffic Signal Status 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown | | 107 Wheels | |
| 203 Pedestrian crossing sign | 305 Traffic control signal | | | 108 Headlights | |
| 204 Railroad crossing sign | 398 Other signal | 109 Tail lights | | | |
| 205 Reduce Speed Ahead warning sign | 400 Bicycle crossing | 110 Signal lights | | | |
| 206 School zone sign | 401 Pedestrian crossing | 111 All lights | | | |
| 207 Stop sign | 402 Railroad crossing | 112 Window / windshield | | | |
| 208 Yield sign | 403 School zone | 113 Mirrors | | | |
| 298 Other warning sign | 404 Yellow no passing line | 114 Wipers | | | |
| | 405 White or yellow dash line | 115 Truck coupling / trailer hitch / safety chains | | | |
| | 406 Solid white lane line | 980 Other | | | |
| | 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) | 999 Unknown | | | |
| 980 Other | 999 Unknown | Automation System Level Present | | | |
| Trafficway Division | | Barrier Type | | 000 No automation | |
| 000 Not divided | | 000 None | | 100 Driver assistance | |
| 001 Not divided, with a continuous left turn lane | | 100 Cable barrier | | 101 Partial automation | |
| 100 Divided, flush median (greater than 4 ft wide) | | 101 Concrete barrier (e.g. Jersey barrier) | | 102 Conditional automation | |
| 101 Divided, raised median (curbed) | | 102 Earth embankment | | 103 High automation | |
| 102 Divided, depressed median | | 103 Guardrail | | 104 Full automation | |
| 999 Unknown | | 980 Other | | 199 Automation level unknown | |
| Roadway Grade | Number of Through Lanes | Number of Auxiliary Lanes | Roadway Alignment | Permitted Travel | HOV Lane Presence |
| 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 | | | 102 Curve right | Speed Limit | 101 Not separated, painted pavement markings, post-mounted delineators |
| 103 Downhill | | | | <input type="checkbox"/> Unknown | |
| 104 Sag (bottom) | | | | <input type="checkbox"/> N/A | |
| | | | | | HOV Lane Relation |
| | | | | | 000 No |
| | | | | | 100 Yes |

MOTOR VEHICLE EVENTS

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

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

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

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

999 Unknown

Hazardous Materials Placard

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

Hazardous Material ID

Hazardous Material Class

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

Hazardous Materials Released
from Vehicle Cargo Compartment

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

Motor Carrier Name ☐ Unknown

Motor Carrier ID Number

Cargo Body Type

000 No cargo body

100 Bus 105 Flatbed 109 Log
101 Auto transporter 106 Garbage / refuse 110 Pole trailer
102 Cargo tank 107 Grain / chips / gravel 111 Van / enclosed box
103 Concrete mixer 108 Intermodal container chassis 112 Vehicle towing another vehicle
104 Dump

970 Not applicable 980 Other 999 Unknown

Special Sizing

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

Load Permitted

000 Non-permitted load
100 Permitted load

970 Not applicable
(not a qualifying vehicle)
999 Unknown

Number
of Axles☐ Unknown

Motor Carrier Type

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

Motor Carrier Identification

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

State

Motor Carrier Address ☐ UnknownMotor Carrier Phone Number ☐ Unknown

Street

City

State

Postal Code

GVWR/GCWR

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

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ UnknownLicense Plate ☐ Missing☐ Non-expiringState ☐ Unknown Number ☐ Unknown Year ☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ UnknownLicense Plate ☐ Missing☐ Non-expiringState ☐ Unknown Number ☐ Unknown Year ☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ UnknownLicense Plate ☐ Missing☐ Non-expiringState ☐ Unknown Number ☐ Unknown Year ☐ Unknown

DRIVER INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|----------------------------------|------------|----------------------------------|----------------------------------|---------------------------------------|--|--------------------------|---|--|--------------------------|--------------------------|--|----------------------|--|-------------------------|--|----------------------------------|--|--|--|--|--|--------------------------|--|--|--|
| Name | | | | | | <input type="checkbox"/> Unknown | Age | | <input type="checkbox"/> Unknown | Sex | | <input type="checkbox"/> | Race | | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 100 Female 101 Male 999 Unknown | | | 100 American Indian or Alaska Native 101 Asian or Pacific Islander | | | | | | | | | | | | | | | | | | |
| <i>First</i> | | | | | | <i>Middle</i> | | | | | | <i>Last</i> | | | | | | <i>Suffix</i> | | | | | | | | | | | | | |
| Address | | | | | | | | <input type="checkbox"/> Unknown | | | | | | | | Phone Number | | | | | | | | <input type="checkbox"/> Not Collected | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Street</i> | | | | | | | | <i>City</i> | | | | | | | | <i>State</i> | | | | | | | | <i>Postal Code</i> | | | | | | | |
| Incident Responder | | | | | | | | | | | | | | | | <input type="checkbox"/> | | Date of Birth | | | | <input type="checkbox"/> Unknown | | Ethnicity | | | | <input type="checkbox"/> | | | |
| 000 No | | | | 102 Police | | | | | | | | 980 Other | | | | | | | | 100 Hispanic | | | | | | | | | | | |
| 100 EMS | | | | 103 Tow operator | | | | | | | | 999 Unknown | | | | | | | | 101 Other than Hispanic | | | | | | | | | | | |
| 101 Fire | | | | 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | | | | | | | | | | | | | | | | 999 Unknown | | | | | | | | | | | |

DRIVER LICENSE INFORMATION

| | | | | | | | |
|--|----------------------|---|---|--|-----------------------------|---|--|
| License Status | | License Class | | Driver License Type | | Commercial Driver License Status | |
| 100 Valid license | 004 Suspended | 000 None | 100 Non-CDL driver license | 100 Valid | 000 Canceled or denied | | |
| 000 Not licensed | 999 Unknown | 100 Class A | 101 Non-CDL restricted driver license | 101 Learner's permit | 001 Disqualified | | |
| 001 Canceled or denied | | 101 Class B | (learner's permit, temporary/limited, graduated driver license, etc.) | | 002 Expired | | |
| 002 Expired | | 102 Class C | 200 Commercial driver license (CDL) | | 003 Revoked | | |
| 003 Revoked | | 200 Light commercial/chauffeur (LA class D) | 970 Not applicable | | 004 Suspended | | |
| License Number | License State | 300 Motorcycle only | | | 098 Other (not valid) | | |
| | | 400 Regular driver license (LA class E) | | | 970 Not applicable (no CDL) | | |
| | | 970 Not applicable | | | 999 Unknown | | |
| Endorsements on License | | Endorsement Compliance | | Restrictions on License | | | |
| <input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown | | 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required | | Alcohol Interlock Presence 000 No 100 Yes | | | |
| | | | | 970 Not applicable 999 Unknown | | | |

DRIVER SEATING AND SAFETY INFORMATION

| Seating Position | | | | | Restraint Systems Used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------|--------|-------|-----|---|--|---|--|--|-----|------|--------|-------|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|--|--|--|
| Standard Vehicle Seats <table border="1"> <thead> <tr> <th colspan="5">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table> | | | | | Front | | | | | Row | Left | Middle | Right | Unk | 1 | 100 | 101 | 102 | 199 | 2 | 200 | 201 | 202 | 299 | 3 | 300 | 301 | 302 | 399 | 4 | 400 | 401 | 402 | 499 | Oth | 500 | 501 | 502 | 599 | Unk | 600 | 601 | 602 | 699 | Other Seating Positions 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown | | 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown 002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown | | Any indication of improper use? 000 No 100 Yes 999 Unknown | |
| Front | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Row | Left | Middle | Right | Unk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 100 | 101 | 102 | 199 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 200 | 201 | 202 | 299 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 300 | 301 | 302 | 399 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 400 | 401 | 402 | 499 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oth | 500 | 501 | 502 | 599 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unk | 600 | 601 | 602 | 699 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 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 (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

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Motor Vehicle #

MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

| | | | | | |
|--|--|--|---|---|------------|
| Conditions at Time of Crash 000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 970 Not applicable 980 Other 999 Unknown | Distraction Action 000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 980 Other 999 Unknown | Distraction Source 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown | Speeding Relation 000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown | | |
| Suspected Alcohol Usage 000 No 100 Yes 999 Unknown | Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested | Alcohol Kit Number <input type="checkbox"/> Unknown | Alcohol Test Type 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) 300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other | Alcohol Test Results 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown | BAC |
| Suspected Drug Usage 000 No 100 Yes 999 Unknown | Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested | Drug Kit Number <input type="checkbox"/> Unknown | Drug Test Type 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown | Drug Test Results | |

DRIVER ACTIONS

| | | |
|--|--|--|
| Driver Actions at Time of Crash 000 No contributing action 100 Disregarded other road markings 101 Disregarded other traffic signs 102 Failed to keep in proper lane 103 Failed to yield right-of-way 104 Followed too closely 105 Improper backing 106 Improper passing 107 Improper turn 108 Operated motor vehicle in inattentive, careless, negligent, or erratic manner 109 Operated motor vehicle in reckless or aggressive manner 110 Over-correcting or over-steering 111 Ran off roadway 112 Ran red light 113 Ran stop sign 114 Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc. 115 Wrong side or wrong way 980 Other contributing action 999 Unknown | Avoidance Maneuver 000 No avoidance maneuver 100 Accelerating 101 Accelerating and steering left 102 Accelerating and steering right 103 Braking and steering left 104 Braking and steering right 105 Braking (lockup) 106 Braking (no lockup) 107 Braking (lockup unknown) 108 Releasing brakes 109 Steering left 110 Steering right 980 Other 999 Unknown | Pre-Collision Stability 000 Tracking 100 Skidding longitudinally - rotation less than 30 degrees 200 Skidding laterally - clockwise rotation 201 Skidding laterally - counter-clockwise rotation 299 Skidding laterally - rotation direction unknown 980 Other vehicle loss of control 999 Unknown |
|--|--|--|

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

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Total # of Passengers

PASSENGER INFORMATION

MOTOR VEHICLE # PASSENGER #

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

MOTOR VEHICLE # PASSENGER #

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

MOTOR VEHICLE # PASSENGER #

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

PASSENGER CODES

| Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury | Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown | Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown | Restraint Systems 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown 002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown | Seating Position <table><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> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown | Front | | | | | Row | Left | Middle | Right | Unk | 1 | 100 | 101 | 102 | 199 | 2 | 200 | 201 | 202 | 299 | 3 | 300 | 301 | 302 | 399 | 4 | 400 | 401 | 402 | 499 | Other | 500 | 501 | 502 | 599 | Unk | 600 | 601 | 602 | 699 |
|---|---|---|--|---|-------|--|--|--|--|-----|------|--------|-------|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Front | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Row | Left | Middle | Right | Unk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 100 | 101 | 102 | 199 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 200 | 201 | 202 | 299 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 300 | 301 | 302 | 399 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 400 | 401 | 402 | 499 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 500 | 501 | 502 | 599 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unk | 600 | 601 | 602 | 699 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

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| NON-MOTORIST INFORMATION | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|------------|
| Name <input type="checkbox"/> Unknown <small>First Middle Last Suffix</small> | | | | | Age <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown | | Sex <input type="checkbox"/> Unknown 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown | | | |
| Address <input type="checkbox"/> Unknown <small>Street City State Postal Code</small> | | | | | Phone Number <input type="checkbox"/> Not Collected | | | | | |
| Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | | | | | Date of Birth <input type="checkbox"/> Unknown | | Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown | | | |
| NON-MOTORIST CIRCUMSTANCES | | | | | | | | | | |
| Non-Motorist Type | | Initial Contact Point | | Location | | | | | | |
| 100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown | | 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown | | 100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown | | | | | | |
| | | Origin/Destination | | Safety Equipment | | | | | | |
| | | 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown | | <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown | | | | | | |
| Struck by Vehicle # | | | | | | | | | | |
| Action Prior to Crash | | | Actions or Circumstances At Time of Crash | | | | Clothing Brightness Upper | | | |
| 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown | | | 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown | | | | 100 Light 101 Dark 970 Not applicable 999 Unknown | | | |
| | | | | | | | Lower | | | |
| 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 | | 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown | | | | | | | | |
| | | | | Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown | | | Facility Receiving Patient | | | |
| 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 970 Not applicable 980 Other 999 Unknown | | | | 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, 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 | | | | |
| Suspected Alcohol Usage | | Test Status | | Alcohol Kit Number <input type="checkbox"/> Unknown | | Alcohol Test Type | | Alcohol Test Results | | BAC |
| 000 No 100 Yes 999 Unknown | | 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested | | | | 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) 300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other | | 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown | | |
| Suspected Drug Usage | | Test Status | | Drug Kit Number <input type="checkbox"/> Unknown | | Drug Test Type | | Drug Test Results | | |
| 000 No 100 Yes 999 Unknown | | 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested | | | | 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown | | | | |

LOUISIANA UNIFORM CRASH REPORT
NON-VEHICULAR PROPERTY DAMAGE

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| NON-VEHICULAR PROPERTY DAMAGE | | | | | PROPERTY # |
|--|------------------------------|-------------------------------------|----------------------------------|--------------------------|---|
| Property Type | Damage Severity | Owner Name | <input type="checkbox"/> Unknown | Owner Phone Number | <input type="checkbox"/> Not Collected |
| Owner Address <input type="checkbox"/> Unknown | | | | | |
| Street | | City | | State | Postal Code |
| NON-VEHICULAR PROPERTY DAMAGE | | | | | PROPERTY # |
| Property Type | Damage Severity | Owner Name | <input type="checkbox"/> Unknown | Owner Phone Number | <input type="checkbox"/> Not Collected |
| Owner Address <input type="checkbox"/> Unknown | | | | | |
| Street | | City | | State | Postal Code |
| NON-VEHICULAR PROPERTY DAMAGE | | | | | PROPERTY # |
| Property Type | Damage Severity | Owner Name | <input type="checkbox"/> Unknown | Owner Phone Number | <input type="checkbox"/> Not Collected |
| Owner Address <input type="checkbox"/> Unknown | | | | | |
| Street | | City | | State | Postal Code |
| NON-VEHICULAR PROPERTY DAMAGE | | | | | PROPERTY # |
| Property Type | Damage Severity | Owner Name | <input type="checkbox"/> Unknown | Owner Phone Number | <input type="checkbox"/> Not Collected |
| Owner Address <input type="checkbox"/> Unknown | | | | | |
| Street | | City | | State | Postal Code |
| NON-VEHICULAR PROPERTY DAMAGE | | | | | PROPERTY # |
| Property Type | Damage Severity | Owner Name | <input type="checkbox"/> Unknown | Owner Phone Number | <input type="checkbox"/> Not Collected |
| Owner Address <input type="checkbox"/> Unknown | | | | | |
| Street | | City | | State | Postal Code |
| NON-VEHICULAR PROPERTY DAMAGE | | | | | PROPERTY # |
| Property Type | Damage Severity | Owner Name | <input type="checkbox"/> Unknown | Owner Phone Number | <input type="checkbox"/> Not Collected |
| 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 | 100 Light (less than \$500) |
| 200 Bridge overhead structure | 301 Concrete traffic barrier | 304 Impact attenuator/crash cushion | 401 Traffic signal support | 980 Other | 101 Moderate (between \$500 and \$10,000) |
| 201 Bridge pier or support | 302 Guardrail end terminal | 398 Other traffic barrier | 402 Utility pole/light support | | 102 Severe (over \$10,000) |
| 202 Bridge rail | | | | | |

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TRAIN SUPPLEMENT

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| Train # | |
|---|---|
| Train Type 100 Railroad train 101 Streetcar | |
| ID # | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown |
| Lead Engine # | <input type="checkbox"/> Unknown |
| Serial # | <input type="checkbox"/> Unknown |
| Present Equipment | <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Headlight functional <input type="checkbox"/> 101 Ditch lights functional <input type="checkbox"/> 102 Horn functional <input type="checkbox"/> 103 Bell functional <input type="checkbox"/> 104 Event data recorder equipped |
| Make <input type="checkbox"/> Unknown | Type <input type="checkbox"/> Unknown |
| # of Engines <input type="checkbox"/> Unknown | # of Cars <input type="checkbox"/> Unknown |
| Data Recorder Speed | <input type="checkbox"/> Pending |
| TRACK INFORMATION | |
| DOT Crossing # | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown |
| Crossing Surface Material | 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel |
| Present Warning Devices | <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other |
| Advance Warning Devices | <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other |
| Active Warning Devices | <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other |
| Sets of Tracks | Speed Limit |
| Crossing Type | 100 Public 101 Private |
| COLLISION INFORMATION | |
| Train in Motion | Crossing Vehicle Interaction |
| 000 No 100 Yes | 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing |
| Collision Type | Struck Car # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown |
| 100 Frontal 101 Side/backing | Struck Car Position <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown |
| Distance Traveled After Impact | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown |
| <input type="checkbox"/> feet <input type="checkbox"/> miles | Estimated Speed Before Braking |
| Hazardous Materials Placard | Hazardous Material Class |
| 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 970 Not applicable 2 Gas 999 Unknown 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods |
| Hazardous Material ID | Hazardous Materials Released from Train Cargo Compartment |
| | 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable |
| TRAIN OPERATOR | |
| Name <input type="checkbox"/> Unknown | Address <input type="checkbox"/> Unknown |
| Street | City State Postal Code |
| TRACK OWNER | |
| Name <input type="checkbox"/> Unknown | Address <input type="checkbox"/> Unknown |
| Street | City State Postal Code |
| TRAIN ENGINEER | |
| Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no engineer | Certification Number <input type="checkbox"/> Unknown |
| First Middle Last Suffix | Race |
| Address <input type="checkbox"/> Unknown | Phone Number <input type="checkbox"/> Not Collected |
| Street City State Postal Code | 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown |
| Incident Responder | Sex |
| 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 |
| Age <input type="checkbox"/> Unknown | Date of Birth <input type="checkbox"/> Unknown |
| Ethnicity | 100 Hispanic 101 Other than Hispanic 999 Unknown |
| Injury Status | Type of Medical Transportation |
| 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury | 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement |
| EMS Response Agency | EMS Response Run # <input type="checkbox"/> Unknown |
| Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown | Facility Receiving Patient |

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Train #

TRAIN CONDUCTOR

| | | | |
|--|--|---|--|
| Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor | | Race | |
| | | 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown | |
| First Middle Last Suffix | | | |
| Address <input type="checkbox"/> Unknown | | Phone Number <input type="checkbox"/> Not Collected | |
| Street City State Postal Code | | | |
| Incident Responder | | Sex | Age <input type="checkbox"/> Unknown |
| 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | | 100 Female 101 Male 999 Unknown | Date of Birth <input type="checkbox"/> Unknown |
| Injury Status | | Ethnicity | |
| 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury | | 100 Hispanic 101 Other than Hispanic 999 Unknown | |
| Type of Medical Transportation | | EMS Response Agency | |
| 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement | | EMS Response Run # <input type="checkbox"/> Unknown | |
| Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown | | Facility Receiving Patient | |

PASSENGER INFORMATION

| | | | |
|--|--|---|--|
| PASSENGER # | | | |
| Name <input type="checkbox"/> Unknown | | Race | |
| | | 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown | |
| First Middle Last Suffix | | | |
| Address <input type="checkbox"/> Unknown | | Phone Number <input type="checkbox"/> Not Collected | |
| Street City State Postal Code | | | |
| Incident Responder | | Sex | Age <input type="checkbox"/> Unknown |
| 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | | 100 Female 101 Male 999 Unknown | Date of Birth <input type="checkbox"/> Unknown |
| Injury Status | | Ethnicity | |
| 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury | | 100 Hispanic 101 Other than Hispanic 999 Unknown | |
| Type of Medical Transportation | | EMS Response Agency | |
| 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement | | EMS Response Run # <input type="checkbox"/> Unknown | |
| Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown | | Facility Receiving Patient | |

| | | | |
|--|--|---|--|
| PASSENGER # | | | |
| Name <input type="checkbox"/> Unknown | | Race | |
| | | 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown | |
| First Middle Last Suffix | | | |
| Address <input type="checkbox"/> Unknown | | Phone Number <input type="checkbox"/> Not Collected | |
| Street City State Postal Code | | | |
| Incident Responder | | Sex | Age <input type="checkbox"/> Unknown |
| 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | | 100 Female 101 Male 999 Unknown | Date of Birth <input type="checkbox"/> Unknown |
| Injury Status | | Ethnicity | |
| 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury | | 100 Hispanic 101 Other than Hispanic 999 Unknown | |
| Type of Medical Transportation | | EMS Response Agency | |
| 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement | | EMS Response Run # <input type="checkbox"/> Unknown | |
| Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown | | Facility Receiving Patient | |

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TRAIN SUPPLEMENT

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Total # of Train Passengers

PASSENGER INFORMATION

TRAIN # PASSENGER #

| | | | |
|--|------------------------------------|---|--|
| Name <input type="checkbox"/> Unknown | | Race | |
| | | 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown | |
| First Middle Last Suffix | | | |
| Address <input type="checkbox"/> Unknown | | Phone Number <input type="checkbox"/> Not Collected | |
| Street City State Postal Code | | | |
| Incident Responder | | Sex | Age <input type="checkbox"/> Unknown |
| 000 No 102 Police 980 Other 999 Unknown | | 100 Female | Date of Birth <input type="checkbox"/> Unknown |
| 100 EMS 103 Tow operator | | 101 Male | Ethnicity |
| 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | | 999 Unknown | 100 Hispanic 101 Other than Hispanic 999 Unknown |
| Injury Status | Type of Medical Transportation | EMS Response Agency | |
| 100 (K) Fatal Injury | 000 Not transported 980 Other | | |
| 101 (A) Suspected Serious Injury | 100 EMS air 999 Unknown | | |
| 102 (B) Suspected Minor Injury | 101 EMS ground | EMS Response Run # <input type="checkbox"/> Unknown | |
| 103 (C) Possible Injury | 200 Law enforcement | | |
| 104 (O) No Apparent Injury | | | |
| Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown | | Facility Receiving Patient | |

| | |
|---|------------------------------------|
| TRAIN # PASSENGER # | |
| Name <input type="checkbox"/> Unknown | |
| Race | |
| 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown | |
| First Middle Last Suffix | |
| Address <input type="checkbox"/> Unknown | |
| Phone Number <input type="checkbox"/> Not Collected | |
| Street City State Postal Code | |
| Incident Responder | |
| 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.) | |
| Injury Status | Type of Medical Transportation |
| 100 (K) Fatal Injury | 000 Not transported 980 Other |
| 101 (A) Suspected Serious Injury | 100 EMS air 999 Unknown |
| 102 (B) Suspected Minor Injury | 101 EMS ground |
| 103 (C) Possible Injury | 200 Law enforcement |
| 104 (O) No Apparent Injury | |
| 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 980 Other 999 Unknown | |
| First Middle Last Suffix | |
| Address <input type="checkbox"/> Unknown | |
| Phone Number <input type="checkbox"/> Not Collected | |
| Street City State Postal Code | |
| Incident Responder | |
| 000 No 102 Police 980 Other 999 Unknown | |
| 100 EMS 103 Tow operator | |
| 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | |
| Injury Status | Type of Medical Transportation |
| 100 (K) Fatal Injury | 000 Not transported 980 Other |
| 101 (A) Suspected Serious Injury | 100 EMS air 999 Unknown |
| 102 (B) Suspected Minor Injury | 101 EMS ground |
| 103 (C) Possible Injury | 200 Law enforcement |
| 104 (O) No Apparent Injury | |
| Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown | |
| Facility Receiving Patient | |

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WITNESSES

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Total # of Witnesses

| WITNESSES | | | | | | | | | | | | | | | |
|--------------------------------|--|---------------|--|-------------|--|--------------------------------|--|---------------|--|-------------|--|---------------|--|-------------|--|
| WITNESS # <input type="text"/> | | | | | | WITNESS # <input type="text"/> | | | | | | | | | |
| Name | | | | | | Name | | | | | | | | | |
| <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | | | | |
| Address | | | | | | Address | | | | | | | | | |
| City | | | | State | | Postal Code | | City | | | | State | | Postal Code | |
| Phone Number | | | | Age | | Sex | | Phone Number | | | | Age | | Sex | |
| WITNESS # <input type="text"/> | | | | | | WITNESS # <input type="text"/> | | | | | | | | | |
| Name | | | | | | Name | | | | | | | | | |
| <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>Suffix</i> | | | |
| Address | | | | | | Address | | | | | | | | | |
| City | | | | State | | Postal Code | | City | | | | State | | Postal Code | |
| Phone Number | | | | Age | | Sex | | Phone Number | | | | Age | | Sex | |
| WITNESS # <input type="text"/> | | | | | | WITNESS # <input type="text"/> | | | | | | | | | |
| Name | | | | | | Name | | | | | | | | | |
| <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>Suffix</i> | | | |
| Address | | | | | | Address | | | | | | | | | |
| City | | | | State | | Postal Code | | City | | | | State | | Postal Code | |
| Phone Number | | | | Age | | Sex | | Phone Number | | | | Age | | Sex | |
| WITNESS # <input type="text"/> | | | | | | WITNESS # <input type="text"/> | | | | | | | | | |
| Name | | | | | | Name | | | | | | | | | |
| <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>Suffix</i> | | | |
| Address | | | | | | Address | | | | | | | | | |
| City | | | | State | | Postal Code | | City | | | | State | | Postal Code | |
| Phone Number | | | | Age | | Sex | | Phone Number | | | | Age | | Sex | |
| WITNESS # <input type="text"/> | | | | | | WITNESS # <input type="text"/> | | | | | | | | | |
| Name | | | | | | Name | | | | | | | | | |
| <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>Suffix</i> | | | |
| Address | | | | | | Address | | | | | | | | | |
| City | | | | State | | Postal Code | | City | | | | State | | Postal Code | |
| Phone Number | | | | Age | | Sex | | Phone Number | | | | Age | | Sex | |
| WITNESS # <input type="text"/> | | | | | | WITNESS # <input type="text"/> | | | | | | | | | |
| Name | | | | | | Name | | | | | | | | | |
| <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>First</i> | | <i>Middle</i> | | <i>Last</i> | | <i>Suffix</i> | | | |
| Address | | | | | | Address | | | | | | | | | |
| City | | | | State | | Postal Code | | City | | | | State | | Postal Code | |
| Phone Number | | | | Age | | Sex | | Phone Number | | | | Age | | Sex | |

DIAGRAM

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CRASH DIAGRAM

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NARRATIVE

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CRASH NARRATIVE

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ATTACHMENT