

Revision		Printed		LOUISIANA UNIFORM CRASH REPORT								
CRASH INFORMATION				Rev. 2023-2		Case #		Page		of		
<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken								
Number of Motorists		Number of Non-Motorists		Non-Fatally Injured Persons		Fatalities		Total Injuries and Fatalities		Vehicles Involved		
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		100 Mainline		100 Public property		100 Trafficway, on road		1 Not an intersection		X Not applicable (not a divided highway)		
101 US highway		200 On-ramp		200 Private property		101 Trafficway, not on road		2 Two		N North		
102 State highway		201 Off-ramp				200 Non-trafficway		3 Three		W West		
103 Parish road		300 Frontage/service						4 Four		E East		
104 City street		970 Not applicable						5 Five or more		S South		
200 Off road/private property												
INVESTIGATING OFFICER												
Rank		First Name			Middle Name			Last Name			Suffix	
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				200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				000 Not a collision between two motor vehicles in transport 200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown				
Collision with Non-Fixed Object				Relation to Junction				Contributing Factor				
Collision with Fixed Object				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				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				
				Intersection Geometry				School Bus Relation				
				100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable				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								
CRASH REPORT - CRASH SUMMARY												

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## CRASH CONDITIONS

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

## WORK ZONE CRASH INFORMATION

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

## REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
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WITNESS #

WITNESS #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## PROPERTY DAMAGE CODES

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

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## DESCRIPTION AND INFORMATION

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

## DAMAGE

## TOWING

<b>Damage Extent</b> 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	<b>Initial Point of Contact</b> <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	<b>Damaged Areas</b> <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	<b>Tow Status</b> 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage <input type="checkbox"/> Unknown <b>Tow Authority</b> 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

<b>Vehicle Usage</b> 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)	<b>Vehicle Maneuver</b> 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 <b>Vehicle Maneuver Reason</b> 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing <b>Emergency Vehicle Usage</b> 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	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 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	<b>Direction of Travel Before Crash</b> 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown
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## MOTOR VEHICLE CIRCUMSTANCES

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

## MOTOR VEHICLE EVENTS

Sequence of Events	1		2		3		4		Most Harmful Event	
<b>Non-Harmful Events</b>									<b>Collision with Fixed Object</b>	
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)				005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				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	
<b>Non-Collision Events</b>		<b>Collision with Person / Vehicle / Non-Fixed Object</b>								
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event				200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object						

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COMMERCIAL MOTOR VEHICLE INFORMATION

<b>Motor Vehicle #</b>			<b>Vehicle Configuration</b>			<b>Hazardous Materials Placard</b>		
000 Vehicles 10,000 lbs or less			300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)			000 Had no placard and not carrying hazardous materials		
100 Vehicles 10,000 lbs or less placarded for hazardous materials			301 Single-unit truck (3 or more axles)			001 Had a placard, not carrying hazardous materials		
200 Bus/large van (seats 9-15 occupants, including driver)			302 Truck pulling trailer(s)			100 Carried hazardous material that required placarding		
201 Bus (seats more than 15 occupants, including driver)			303 Truck tractor (bobtail)			200 Carried hazardous materials without placard      999 Unknown		
			304 Truck tractor/semi-trailer			<b>Hazardous Material ID</b>		
			305 Truck tractor/double			<b>Hazardous Material Class</b>		
			306 Truck tractor/triple			1 Explosives      970 Not applicable		
			307 Truck more than 10,000 lbs., cannot classify			2 Gas      999 Unknown		
<b>Cargo Body Type</b>			<b>Special Sizing</b>			3 Flammable liquids		
000 No cargo body			<input type="checkbox"/> 000 No special sizing			4 Other flammable substances		
100 Bus			<input type="checkbox"/> 100 Over-height			5 Oxidizing substances and organic peroxides		
101 Auto transporter			<input type="checkbox"/> 101 Over-length			6 Toxic (poisonous) and infectious substances		
102 Cargo tank			<input type="checkbox"/> 102 Over-weight			7 Radioactive material		
103 Concrete mixer			<input type="checkbox"/> 103 Over-width			8 Corrosives		
104 Dump			<input type="checkbox"/> 999 Unknown			9 Miscellaneous dangerous goods		
970 Not applicable						<b>Hazardous Materials Released from Vehicle Cargo Compartment</b>		
980 Other						000 No, hazardous materials not released		
999 Unknown						100 Yes, hazardous materials released		
<b>Load Permitted</b>			<b>Motor Carrier Type</b>			<b>Motor Carrier Identification</b>		
000 Non-permitted load			000 Personal vehicle			100 US DOT number		
100 Permitted load			001 Not in commerce: government			101 State number		
			002 Not in commerce: personal rental truck or bus			970 Not applicable		
970 Not applicable (not a qualifying vehicle)			098 Not in commerce: other			999 Unknown/unable to determine		
999 Unknown			100 Interstate carrier			<b>Motor Carrier Name</b> <input type="checkbox"/> Unknown		
			101 Intrastate carrier			<b>Motor Carrier ID Number</b>		
			<b>State</b> _____					
<b>Motor Carrier Address</b> <input type="checkbox"/> Unknown						<b>Motor Carrier Phone Number</b> <input type="checkbox"/> Unknown		
Street _____						City _____ State _____ Postal Code _____		
<b>GVWR/GCWR</b>			<b>Commodity Hauled</b>					
100 Light (less than 10,000 lbs.GVWR/GCWR)								
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)								
102 Heavy (greater than 26,000 lbs GVWR/GCWR)								
970 Not applicable (not a qualifying vehicle)								
999 Unknown								
<b>TRAILER INFORMATION</b> <span>TRAILER #</span>								
<b>VIN</b> <input type="checkbox"/> Unknown						<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown		<b>Make</b> <input type="checkbox"/> Unknown			<b>Model</b> <input type="checkbox"/> Unknown			
<b>License Plate</b> <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring								
<b>State</b> _____ <input type="checkbox"/> Unknown		<b>Number</b> _____ <input type="checkbox"/> Unknown			<b>Year</b> _____ <input type="checkbox"/> Unknown			
<b>TRAILER INFORMATION</b> <span>TRAILER #</span>								
<b>VIN</b> <input type="checkbox"/> Unknown						<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown		<b>Make</b> <input type="checkbox"/> Unknown			<b>Model</b> <input type="checkbox"/> Unknown			
<b>License Plate</b> <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring								
<b>State</b> _____ <input type="checkbox"/> Unknown		<b>Number</b> _____ <input type="checkbox"/> Unknown			<b>Year</b> _____ <input type="checkbox"/> Unknown			
<b>TRAILER INFORMATION</b> <span>TRAILER #</span>								
<b>VIN</b> <input type="checkbox"/> Unknown						<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown		<b>Make</b> <input type="checkbox"/> Unknown			<b>Model</b> <input type="checkbox"/> Unknown			
<b>License Plate</b> <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring								
<b>State</b> _____ <input type="checkbox"/> Unknown		<b>Number</b> _____ <input type="checkbox"/> Unknown			<b>Year</b> _____ <input type="checkbox"/> Unknown			



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## MEDICAL INFORMATION

<b>Injury Status</b>	<b>Type of Medical Transportation</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 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	<b>EMS Response Run #</b> <input type="checkbox"/> Unknown
<b>Medical Unique Identifier</b>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	<b>Facility Receiving Patient</b>

## DRIVER CONDITION AND CIRCUMSTANCES

<b>Conditions at Time of Crash</b>	<b>Distraction Action</b>	<b>Distraction Source</b>	<b>Speeding Relation</b>		
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown	000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction	100 Hands-free mobile phone 200 Passenger or other non-motorist 101 Hand-held mobile phone 201 External to vehicle/non-motorist area 102 Vehicle-integrated device 298 Other 198 Other electronic device 970 Not applicable 999 Unknown	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown		
		<b>Vision Obscurement</b>			
		000 None 105 Embankment 111 Blinded by sun glare 100 Rain, snow, etc. on windshield 106 Sign boards 112 Distracted by neon lights in field of view 101 Windshield otherwise obscured 107 Hillcrest 102 Vision obscured by load 108 Parked vehicles 103 Trees, bushes, etc. 109 Moving vehicles 980 Other 104 Building 110 Blinded by headlights 999 Unknown			
<b>Suspected Alcohol Usage</b>	<b>Test Status</b>	<b>Alcohol Kit Number</b>	<b>Alcohol Test Type</b>	<b>Alcohol Test Results</b>	<b>BAC</b>
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		100 Blood 300 Urine 970 Not applicable 101 Blood clot 301 Vitreous 980 Other 102 Blood plasma/serum 302 Liver  200 Breath 201 Preliminary breath test (PBT)	000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	
<b>Suspected Drug Usage</b>	<b>Test Status</b>	<b>Drug Kit Number</b>	<b>Drug Test Type</b>	<b>Drug Test Results</b>	
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		

## DRIVER ACTIONS

<b>Driver Actions at Time of Crash</b>	<b>Avoidance Maneuver</b>	<b>Pre-Collision Stability</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

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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

<b>Injury Status</b> 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	<b>Ejection</b> 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	<b>Extrication</b> 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	<b>Restraint Systems</b> 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown  002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet  970 Not applicable 980 Other 999 Unknown	<b>Seating Position</b> <table><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
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																																										
<b>Type of Medical Transportation</b> 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												



LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

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Non-Motorist #

## NON-MOTORIST INFORMATION

<b>Name</b> <input type="checkbox"/> Unknown		<b>Age</b> <input type="checkbox"/> Unknown	<b>Sex</b> 100 Female 101 Male 999 Unknown	<b>Race</b> 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
<b>Address</b> <input type="checkbox"/> Unknown		<b>Phone Number</b> <input type="checkbox"/> Not Collected		
<b>Incident Responder</b> 000 No 100 EMS 02 Police 03 Tow operator 04 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown		<b>Date of Birth</b> <input type="checkbox"/> Unknown		<b>Ethnicity</b> 100 Hispanic 101 Other than Hispanic 999 Unknown

## NON-MOTORIST CIRCUMSTANCES

<b>Non-Motorist Type</b> 100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown	<b>Initial Contact Point</b> 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown	<b>Location</b> 100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown	<b>Origin/Destination</b> 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown	<b>Safety Equipment</b> <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown
<b>Action Prior to Crash</b> 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		<b>Actions or Circumstances At Time of Crash</b> 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		<b>Clothing Brightness</b> 100 Light 101 Dark 970 Not applicable 999 Unknown
<b>Struck by Vehicle #</b>		<b>Upper</b> <b>Lower</b>		

## NON-MOTORIST MEDICAL INFORMATION

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

## NON-MOTORIST CONDITION

<b>Conditions at the Time of the Crash</b> 000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown		<b>Distraction Action</b> 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction	<b>Distraction Source</b> 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown		
<b>Suspected Alcohol Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<b>Alcohol Kit Number</b> <input type="checkbox"/> Unknown	<b>Alcohol Test Type</b> 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	<b>Alcohol Test Results</b> 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>BAC</b>
<b>Suspected Drug Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<b>Drug Kit Number</b> <input type="checkbox"/> Unknown	<b>Drug Test Type</b> 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	<b>Drug Test Results</b>	

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

LOUISIANA UNIFORM CRASH REPORT  
TRAIN SUPPLEMENT

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Train #	
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TRAIN INFORMATION									
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				WARNING DEVICES					
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 000 No 100 Yes		Crossing Vehicle Interaction 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing		Struck Car # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Struck Car Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown			
Collision Type 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"/> feet <input type="checkbox"/> miles		Estimated Speed Before Braking	

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 Class 1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods		Hazardous Materials Released from Train Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable 999 Unknown	
Hazardous Material ID					

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 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	
Street      City      State      Postal Code			

Incident Responder 000 No 100 EMS 101 Fire		102 Police      980 Other      999 Unknown 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		Sex 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 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      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	

CRASH REPORT - TRAIN INFORMATION

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TRAIN SUPPLEMENT

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Train #	
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor	
Race	
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
First Middle Last Suffix	
Address <input type="checkbox"/> Unknown	
Phone Number <input type="checkbox"/> Not Collected	
Street City State Postal Code	
Incident Responder	
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.)	
Sex	
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	
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 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	

PASSENGER #	
Name <input type="checkbox"/> Unknown	
Race	
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
First Middle Last Suffix	
Address <input type="checkbox"/> Unknown	
Phone Number <input type="checkbox"/> Not Collected	
Street City State Postal Code	
Incident Responder	
00 No 102 Police 980 Other 999 Unknown 00 EMS 103 Tow operator 01 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)	
Sex	
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	
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 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	

PASSENGER #	
Name <input type="checkbox"/> Unknown	
Race	
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
First Middle Last Suffix	
Address <input type="checkbox"/> Unknown	
Phone Number <input type="checkbox"/> Not Collected	
Street City State Postal Code	
Incident Responder	
000 No 10 Police 980 Other 999 Unknown 100 EMS 10 Tow operator 101 Fire 10 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)	
Sex	
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	
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 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 SUPPLEMENT

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Total # of Train Passengers

## PASSENGER INFORMATION

TRAIN # PASSENGER #

Name ☐ Unknown

Race

100 American Indian or

102 Black

999 Unknown

Alaska Native

103 White

101 Asian or Pacific Islander

980 Other

First

Middle

Last

Suffix

Address ☐ Unknown

Phone Number

☐ 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.)

Sex

100 Female

101 Male

999 Unknown

Age

☐ Unknown

Date of Birth

☐ Unknown

Ethnicity

100 Hispanic

101 Other than Hispanic

999 Unknown

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

980 Other

100 EMS air

999 Unknown

101 EMS ground

200 Law enforcement

EMS Response Agency

EMS Response Run # ☐ Unknown

Medical Unique Identifier

☐ Not applicable☐ Unknown

Facility Receiving Patient

TRAIN # PASSENGER #

Name ☐ Unknown

Race

100 American Indian or

102 Black

999 Unknown

Alaska Native

103 White

101 Asian or Pacific Islander

980 Other

First

Middle

Last

Suffix

Address ☐ Unknown

Phone Number

☐ 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.)

Sex

100 Female

101 Male

999 Unknown

Age

☐ Unknown

Date of Birth

☐ Unknown

Ethnicity

100 Hispanic

101 Other than Hispanic

999 Unknown

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

980 Other

100 EMS air

999 Unknown

101 EMS ground

200 Law enforcement

EMS Response Agency

EMS Response Run # ☐ Unknown

Medical Unique Identifier

☐ Not applicable☐ Unknown

Facility Receiving Patient

TRAIN # PASSENGER #

Name ☐ Unknown

Race

100 American Indian or

102 Black

999 Unknown

Alaska Native

103 White

101 Asian or Pacific Islander

980 Other

First

Middle

Last

Suffix

Address ☐ Unknown

Phone Number

☐ 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.)

Sex

100 Female

101 Male

999 Unknown

Age

☐ Unknown

Date of Birth

☐ Unknown

Ethnicity

100 Hispanic

101 Other than Hispanic

999 Unknown

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

980 Other

100 EMS air

999 Unknown

101 EMS ground

200 Law enforcement

EMS Response Agency

EMS Response Run # ☐ Unknown

Medical Unique Identifier

☐ Not applicable☐ Unknown

Facility Receiving Patient

LOUISIANA UNIFORM CRASH REPORT

WITNESSES

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Total # of Witnesses

WITNESSES															
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>					
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS # <span></span>						WITNESS # <span></span>									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>			
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	

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DIAGRAM

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Scene #

CRASH DIAGRAM

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