Revision
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### LOUISIANA UNIFORM CRASH REPORT CRASH INFORMATION

	Secondary Crash	Photos Taken	Uideos Take	en	Rev. 2	2023-2		C	ase #			Page		of
	mber of torists	Number of Non-Motorists	Non-Fatally	l Persons			otal Injuri		Vehicles Involved		Troo	р		
	estigating Agenc		Division		Parish		a	nd Fatalit City	les	Involved	Latitude		Longi	itude
													•	
				CRA	SH TIME I	NFORMA		N						
Cra	ash Date/Time	Police Notified D	ate/Time Polic		l Date/Time				/Time	On Scene Inves	stigation Co	mplet	ed Da	te/Time
				R		ORMATIO	DN							
Hig	Jhway 🔲 Not applic	cable	Road	l										
Dis	tance/Direction F	rom Intersection	lot applicable	Interse	cting Road	Crash v	was a	t an intersed	tion					
						FORMAT		J						
Ro	ad Classification	Road Subtype	Proper	ty Owner		Trafficway			Numb	er of	Traffic Flo	w		
	Interstate	100 Mainline		ic property	-	Characteri				ection	Direction	- 6.1		
	US highway State highway	200 On-ramp 201 Off-ramp	200 Priva	te property		100 Trafficwa 101 Trafficwa				aches n intersection	X Not application (not a divid		iwav)	
	Parish road	300 Frontage/service	e			200 Non-traffi			2 Two	TILLEISECLIOIT	(	N No	• •	
	City street	970 Not applicable							3 Three		W West			E East
200	Off road/private proper	rty							4 Four 5 Five o			S So	uth	
				INV	ESTIGATI	NG OFFI	CEF	2	13 TIVE C	i more				
Ra	nk	First Name			Middle Nam	ie		La	ast Nam	10		Su	ffix	
Ba	dge #	Printed Nan	ne					Sigi	nature					
			CRAS	H CIRC	UMSTAN	CES AND	CC	NDITIO	NS					
Fire	st Harmful Event				n of First			Manner o	of Crash	า				
Non	100 Cargo/equipment			Harmful	Event			000 Not a c			200 Front to fr			
-C o	101 Fell/jumped from 102 Fire/explosion	motor vehicle		100 Gore 101 In par	king lane or zoi	ne		two mo	tor vehicl	es in transport	300 Front to re 400 Backing -			
Non-Collision	103 Immersion, full or	r partial		102 Media				100 Angle -	left overt	ake	400 Backing - 401 Backing -			
ă	104 Jackknife				adway, locatior	unknown		101 Angle -	left oppo	site direction	402 Backing -	rear to	side	
	105 Overturn/rollover			104 On ro	adway Ioulder, left side	2		102 Angle -			502 Sideswipe			
	106 Thrown or falling 198 Other non-collisio				oulder, right sid			103 Angle - 104 Angle -			505 Sideswipe	- same	unecu	JI
ç	200 Collision with ani	mal (live)			de road/right-of-	-way				cular/other angle	980 Other			
Collision		tor vehicle in transport		108 Roads 109 Separ	side rator/traffic islar	nd		500 Angle - 501 Angle -			999 Unknown			
	202 Collision with par 203 Collision with per	alcycle (including bicycles)		999 Unkno				JUT Aligie -	nynt acit	555 HOW				
with Non-Fixed Object	204 Collision with peo	destrian		Polation	n to Junctio			Contribu	tina Ea	otor			Prim	201
Non-		way vehicle (train, engine)			in interchange	L		100 Violatio	•				FIIII	
Fixe	206 Collision with obj	ect at rest from MV in transpo ing/shifting cargo or anything	set in motion by MV		leration or dece			101 Movem		to crash		S	econd	lary
d Of	208 Collision with wor	rk zone/maintenance equipm	ent		sover related			102 Vision		ns				
oject	209 Collision with farr 297 Collision with oth				way access or ance/exit ramp of			103 Driver of 104 Vehicle		1				
	298 Collision with oth			104 Inters	section or relate	ed		105 Road s	urface					
		dge overhead structure			vay grade cross ed-use path or			106 Roadw 107 Lighting	ay conditi	on				
Coll	301 Collision with brid				ugh roadway	uaii		107 Lighting						
isior	302 Collision with brid 303 Collision with cab			980 Othe	r location withir			109 Traffic	control					
ו wit	304 Collision with cor			area 999 Unkr	(median, shoul	der, and roads	side)	110 Non-m 111 Non-m						
Collision with Fixed	305 Collision with cul			555 UIKI	IOWIT			970 Not ap		1011				
(ed (	306 Collision with cur 307 Collision with dite			Intersec	tion Geome	trv		School B		ation				
Object	308 Collision with em				d / skewed			000 No						
유	309 Collision with fen			101 Roun	dabout / traffic o	circle				directly involved				
	310 Collision with gua 311 Collision with gua	ardrail end terminal ardrail face		102 Perpe				101 Yes, so	hool bus	indirectly involved				
	312 Collision with imp	pact attenuator/crash cushion		970 Not a										
	313 Collision with ma			Intersec Control	tion Traffic	L								
	314 Collision with traf 315 Collision with traf			000 No co										
	316 Collision with tree	e (standing)		100 No co										
	317 Collision with utili			101 Stop -	all way									
	396 Collision with oth 397 Collision with oth	er post, pole, or support er traffic barrier		102 Stop - 103 Yield	partial									
	398 Collision with oth	er fixed object (wall, building,	tunnel, etc.)	970 Not a	pplicable									
	399 Collision with unk	known tixed object									CRASH RE	PORT -	CRASH	SUMMARY

					CR	RAS	H INF	ORMA	TION									
							Rev.	2023-2		Case	#				Page		of	
						CR/	ASH CO		NS									
Roadway Surface		Light Cond	ition		Weather				Environme	ntal Co	nditions							
Condition 000 Dry 100 Ice/Frost 101 Mud, dirt, gravel 102 Oil 103 Sand 104 Slush 105 Snow 106 Water (standing,m 107 Wet 980 Other 999 Unknown		100 Daylight 200 Dawn/dusl 300 Dark - con 301 Dark - stre 01y 302 Dark - not 399 Dark - unk 980 Other 999 Unknown	( tinuous s et lights a ( lighted	at intersection	000 Clear 100 Blowin 101 Blowin 102 Cloud 103 Fog, s 104 Freezi 105 Rain 106 Severu 107 Sleet o 108 Snow 980 Other	ng san ng sno y mog, s ng rain e cros or hail	d, soil, dirt w smoke n or freezin swinds		000 None 100 Animal(s) 101 Debris 102 Glare 103 Non-highw 104 Obstructer 105 Obstructor 106 Overhead 107 Prior crash 108 Prior non-1 109 Regular co	vay work d crossw on in road clearanc h recurring ongestior	11 11 11 11 11 11 11 12 12 12 12 12 12 1	13 Sho 14 Toll 15 Tra 16 Tra 17 Visi 18 We 19 Wo 20 Wo 30 Oth	is, holes, bui pulders (non l booth/plaza ffic control d ffic incident ual obstructi ather conditi rk zone (cor rn, travel-po ier known	e, low, a relate levice on(s) ions nstructi	ed ion/mainten	ance/u	utility)	
555 OIKIOWI					999 Unkno	WII			110 Related to 111 Road surfa			snow,	slush, etc.)					
					WORK	701			RMATION		( , ,,	,	. ,					
Work Zone	Work 7	one Locatio	2	Work Zone				one Circum			Worker(s) F	Proco	nt	1 21	v Enforc	omor	+	
Relation 000 No 100 Yes 999 Unknown	100 Before warni 101 Advar 102 Trans 103 Activit	e the first work zo ing sign nce warning area ition area ty area nation area oplicable	one	100 Lane closu 101 Lane shift / 102 Work on sh 103 Intermitten 970 Not applica 980 Other type 999 Unknown	re / crossover houlder or med t or moving wo able of work zone	lian ork	100 Back o 101 Conge: 102 Heavy 103 Conge: 104 Traffic 105 Free flo 980 Other 970 Not apj 999 Unknow	f queue stion (dense & (dense & fast stion (dense & control device ow (light & fast plicable wn	slow traffic), typ traffic) slow traffic), not malfunction traffic)	bical	000 No 100 Yes 970 Not applica 999 Unknown			Pre 000 100 970	esent No			
								G OFFIC	ER									
Rank	Firs	st Name				Mi	ddle Nan	ne		Last N	lame				Suffi	x		
					WITH	NESS	6 #								WITN	ESS	#	
Name								Name										
First		Middle		Last		S	Suffix	First			Middle		Last			Su	ıffix	
Address								Address										
City			;	State	Postal C	ode		City					State		Postal C	ode		
Phone Number			4	Age	Sex			Phone Nu	ımber				Age		Sex			
Property Type	Damage	e Severity	Owner	<sup>.</sup> Name			JLAR P	ROPERT	Y DAMAC	GE		Owr	ner Phone	e Nun	PROPE			əd
Owner Address	[	Unknown																
Street				Ν	NON-VEH	IICL			TY DAMAG	GE		S	tate		Postal Code PROPE		#	
Property Type	Damag	e Severity	Owner	<sup>.</sup> Name	Unknor	wn						Owr	ner Phone	e Nun	nber 🗌	Not C	ollecte	∋d
Owner Address	ſ	Unknown																
Street					NON-VEH	IICL				GE		S	tate		Postal Code PROPE		#	
Property Type	Damag	e Severity	Owner	Name	Unknor							Owr	ner Phone	e Nun				əd
Owner Address	[	Unknown										<u> </u>						
Street							C	ity				s	tate		Postal Code			
					PRC	PE		MAGE	CODES									
Property Type 100 Private property 200 Bridge overhead str	ucture 3	300 Cable barrier 301 Concrete traf 302 Guardrail end	fic barrier	304 Imp	ardrail face act attenuator/ er traffic barrie		cushion 40	00 Traffic sign 01 Traffic sign 02 Utility pole/l	al support	598 Ot 980 Ot	her state proper her	ty	Damage 100 Light (le 101 Modera 102 Severe	ess tha ate (bei	in \$500) tween \$500	and \$1	0,000)	)
201 Bridge pier or suppo 202 Bridge rail	ort												c	RASH	REPORT - S	SUMM	NRY BA	ACK

LOUISIANA UNIFORM CRASH REPORT

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#### LOUISIANA UNIFORM CRASH REPORT VEHICI E INFORMATION

Motor Vehicle #				2023-2		Casa #	Page of
						Case #	Page of
			DESCRIPTION AN	ND INFORM	ATION		
had no driver	lit and Run		Vehicle Type			Vehicle Body Type	
	00 No, did not leave scene 00 Yes, driver and vehicle left sc	ene	100 Motor vehicle in transport 101 Parked motor vehicle			Passenger Vehicles 100 Passenger car	103 Pickup
	01 Yes, only driver left scene	0110	102 Working vehicle / equipment			100 Passenger van / Miniva	
VIN	-				Unknown	102 (Sport) utility vehicle	
Madal Veen 🗖 Usin	Maka	Mode	J			Construction / Farm Equip	oment
Model Year 🔲 Unkn	nown wake	wode	<u>}</u>	Color		200 Construction equipment	
						201 Farm equipment (tracto	,
License Plate	Missing				Non-expiring		ion
State 🛛	Unknown Number		Unknown Year	r 🛛	Unknown	300 2-wheeled motorcycle 301 3-wheeled motorcycle	
Owner Name	Same as driver 🔲 Unknow	vn				302 Moped or motorized bic	
						303 All-terrain vehicle / all-te	errain cycle (ATV / ATC)
						304 Golf Cart 305 Snowmobile	
Owner Address	Same as driver Unknow	n				306 Low Speed Vehicle	
0		01	01-1-	<b>D</b> (-	10.1	307 Recreational off-highwa 308 Autocycle	ay vehicles (ROV)
Street	insured at time of crash	City	State	Posta	l Code	Trucks	
						400 Sinale unit truck	
Company					Unknown		
					Unknown	498 Other truck	
					Unknown	Large Passenger Vehicle	
						500 Motor home	505 School bus
Policy #					Unknown	502 Passenger van (16+ se	
Expiration Date					Unknown	503 Large limo	598 Other bus / large passenger
						504 Mini-bus	vehicle
						Other	000.000
	DAMAG					TOWING	
Damage Extent	Initial Point of Co	ntact	Damaged Areas	Tow Status			Authority
000 None 100 Minor damage	7 8 9 10	11	7 8 9 10 11	000 Not towed 100 Towed, but	t not due to dis	sabling damage 100 O	wner aw enforcement
101 Functional damage				101 Towed (or		due to disabling 970 N	ot applicable
102 Disabling damage	6	12	6 12	damage		980 O	ther
990 Vehicle not at scene				Towed By		'n	
	5 4 3 2	1	5 4 3 2 1				
	000 Non-collision		001 Vehicle not at scene				
	001 Vehicle not at so	ene	002 No damage				
	🔲 100 Тор		🔲 100 Тор				
	113 Undercarriage		113 Undercarriage				
	114 Cargo Loss						
	🔲 999 Unknown						
				CIRCUMS	IANCES		
Vehicle Usage			Maneuver	(00.0			
000 No special function 100 Bus - school (public o	980 Other or private) 999 Unknown	100 Move 101 Back	ements essentially straight ahead	109 Crossed me 110 Crossed ce			400 Slowing to make left turn 401 Slowing to make right turn
101 Bus - childcare / dayo			nging lanes	111 Ran off roa	d (not while n	naking turn at intersection)	402 Slowing to stop
102 Bus - transit / commu			ng U-turn	200 Entering tra			498 Slowing for other reason
103 Bus - charter / tour 104 Bus - intercity			otiating a curve taking / passing	201 Entering tra 202 Entering tra			500 Parked 501 Stopped, preparing to turn left
105 Bus - shuttle		105 Over 106 Turni				private lane or driveway	502 Stopped, preparing to turn right
198 Bus - other		107 Turn		204 Entering fre		n-ramp	503 Stopped in traffic
200 Farm vehicle 201 Fire truck			eling wrong way Maneuver Reason	300 Leaving tra	ffic lane		980 Other 999 Unknown
202 Highway / maintenan			nal movement	201 Vehicle out	of control no	nt nassing	207 Due to driver violation
203 Mail carrier			void other vehicle	202 Vehicle out			208 Due to vehicle condition (failure)
204 Military 205 Ambulance			void non-motorist	203 For traffic c	ontrol	-	209 Due to pavement condition
205 Ambulance 206 Police			void animal void other object	204 Due to cong 205 Due to prior		ion)	210 High wind 980 Other
207 Public utility		200 Pass		205 Due to prior			999 Unknown
208 Non-transport emerge	anav aaniigaa yahiola		ency Vehicle Usage			Direction of Travel Befo	
LUU UAIELY SELVICE PALIOIS	s - incident response					000 Nist an as shown	100 Northbound
210 Other incident respon	s - incident response		emergency, non-transport			000 Not on roadway	
211 Rental truck (over 10	s - incident response nse ),000 lbs)	100 Non-	emergency transport	a oquinmont not		001 In roadway but not in moti	on 300 Eastbound
211 Rental truck (over 10 212 Towing - incident resp	s - incident response nse 0,000 lbs) ponse	100 Non- 200 Eme			in use		on 300 Eastbound 500 Southbound
211 Rental truck (over 10 212 Towing - incident resp 213 Truck acting as crash	s - incident response nse ,000 lbs) ;ponse n attenuator	100 Non- 200 Eme 201 Eme 970 Not a	emergency transport rgency operation, emergency warnin rgency operation, emergency warnin applicable		in use	001 In roadway but not in moti	on 300 Eastbound
211 Rental truck (over 10 212 Towing - incident resp	s - incident response nse 0,000 lbs) ponse n attenuator ctronic ride-hailing	100 Non- 200 Eme 201 Eme	emergency transport rgency operation, emergency warnin rgency operation, emergency warnin applicable		in use	001 In roadway but not in moti	on 300 Eastbound 500 Southbound 700 Westbound

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Motor Vehicle #											
				Case #	Page of						
		MOTOR VEHICL	E CIRCUMSTANCE	ES							
Skidmark	Data (Feet)	<b>Distance Traveled After Im</b>	pact (Feet) 🔲 Unknown	Contributing Defects							
				000 None							
Front Left Front Right				100 Brakes							
		Vehicle Lighting		101 Exhaust system 102 Body, doors							
Poor Loft Poor Pight		000 Headlights off		103 Steering							
Rear Left Rear Right		100 Headlights on 101 Daytime running lights		104 Power train							
		999 Unknown		105 Suspension							
				106 Tires							
	Traffic Control Devic	e Types and Statuses		107 Wheels 108 Headlights							
Traffic Cor	ntrol Device Types	Devices Present	Devices Inoperative or Missing	109 Tail lights							
000 None	300 Flashing railroad crossin		1	110 Signal lights 111 All lights							
100 Person (including flagger,	(may include gates) 301 Flashing school zone sig			112 Window / windshield							
law enforcement, crossing			2	113 Mirrors							
guard, etc)	303 Lane use control signal			114 Wipers							
<b>č</b>	304 Ramp meter signal	3	3	115 Truck coupling / trailer hitch / safet 980 Other	ty chains						
200 Bicycle crossing sign	305 Traffic control signal		3	999 Unknown							
201 Curve Ahead warning sign	a 398 Other signal										
202 Intersection Ahead warning sign	400 Bicycle crossing	4	4	Automation System Level Pre	esent						
203 Pedestrian crossing sign	400 Bicycle crossing 401 Pedestrian crossing	Troffic Signal Status	1	000 No automation							
204 Railroad crossing sign	402 Railroad crossing	Traffic Signal Status		100 Driver assistance							
205 Reduce Speed Ahead	403 School zone	100 Red signal on 200 Yellow signal on		101 Partial automation 102 Conditional automation							
warning sign	404 Yellow no passing line	300 Groop signal on		103 High automation							
206 School zone sign	405 White or yellow dash line	970 Not applicable		104 Full automation							
207 Stop sign 208 Yield sign	406 Solid white lane line	999 Linknown		199 Automation level unknown							
298 Other warning sign	498 Other pavement marking (excluding edgelines,			999 Unknown							
	centerlines, or lane lines			Automation System Level Eng	gaged						
				000 No automation							
980 Other	999 Unknown			100 Driver assistance							
Trafficway Division		Barrier Type		101 Partial automation							
000 Not divided 100 I	Divided,	000 None 100 Cable ba	rrier	102 Conditional automation 103 High automation							
001 Not divided, f	flush median (greater than 4 ft wid	e) 101 Concrete	barrier (e.g. Jersey barrier)	.g. Jersey barrier) 104 Full automation							
	Divided, raised median (curbed)	102 Earth em		199 Automation level unknown							
	Divided, depressed median	103 Guardrail		999 Unknown							
	Unknown	980 Other		Travel HOV Lane Presence HOV Lane Polatic							
	umber of Number of hrough Lanes Auxiliary I		Permitted Travel	HOV Lane Presence HOV Lane Relation							
ooo not on tranoway	hrough Lanes Auxiliary I		000 Not on trafficway	000 None present	000 No						
100 Level 101 Uphill			100 One-way 200 Two-way	100 Separated barrier, flush (greater th							
102 Hillcrest			,	4 ft wide), raised or depressed me							
103 Downhill		102 Curve right	Speed Limit Unknown	101 Not separated, painted pavement							
104 Sag (bottom)		io_ ourio iigin	□ N/A	markings, post-mounted delineato	513						
		MOTOR VE									
Sequence of Events	1 2	3 4			Most Harmful Event						
Non-Harmful Events			200.0-11-1	Collision with Fixed (	,						
000 Cross centerline 001 Cross median		005 Ran off roadway left 006 Ran off roadway right		bridge overhead structure 396 bridge pier or support	Collision with other post,pole,or support						
002 End departure (T-intersect	tion dead-end etc.)	007 Reentering roadway	302 Collision with		Collision with other traffic barrier						
003 Downhill runaway	,,,	008 Separation of units	303 Collision with		Collision with other fixed object						
004 Equipment failure (blown ti	ire, brake failure, etc.)	098 Other non-harmful event		concrete traffic barrier	(wall, building, tunnel, etc.)						
			305 Collision with		Collision with unknown fixed object						
Non-Collision Events	Collision with Po	son / Vehicle / Non-Fixed C	306 Collision with 307 Collision with								
100 Cargo/equipment loss or s			308 Collision with								
101 Fell/jumped from motor ve			309 Collision with								
102 Fire/explosion	202 Collision with par	ked motor vehicle		guardrail end terminal							
103 Immersion, full or partial	203 Collision with peo	alcycle (including bicycles)	311 Collision with								
104 Jackknife	204 Collision with peo	estrian		with impact attenuator/crash cushion							
105 Overturn/rollover		vay vehicle (train, engine)	313 Collision with	ith mailbox ith traffic sign support							
106 Thrown or falling object		ect at rest from MV in transport		traffic signal support							
198 Other non-collision harmfu	I event 207 Collision with falli anything set in m		316 Collision with								
		k zone/maintenance equipment		utility pole/light support							
	209 Collision with farr	n equipment									
	297 Collision with othe	er non-motorist									
	298 Collision with othe	er non-fixed object									
				CRASH REPORT - MOTOR VE	HICLE CIRCUMSTANCES AND EVENTS						

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Motor Vehicle # VEHICLE INFORMAT					1				,
			-			se #		Page	of
Vahiala Canfinunati		COMMERCIAL N	MOTOR	VEHICLE INFOR			laterials Placard		
Vehicle Configuratio		200 Single unit truck (2 avle and		0.000 lbs.) 999 Unkr			ard and not carrying hazardo	us materials	
000 Vehicles 10,000 lbs o 100 Vehicles 10,000 lbs o placarded for hazard	r less	300 Single-unit truck (2-axle and 301 Single-unit truck (3 or more a 302 Truck pulling trailer(s) 303 Truck tractor (bobtail)		U,UUU IDS.) 999 UNKN	0	01 Had a placa 00 Carried haza	rd, not carrying hazardous m ardous material that required ardous materials without plac	aterials placarding	9 Unknown
	ous materiais	304 Truck tractor/semi-trailer				lazardous N			
200 Bus/large van (seats 9-15 occupants 201 Bus		305 Truck tractor/double 306 Truck tractor/triple 307 Truck more than 10,000 lbs.,	, cannot cla	Issify	1	Explosives	laterial Class	970 Not ap	
(seats more than 15 c Cargo Body Type	occupants, including drive	<u>"")</u>		Special Sizing		Gas Flammable liqu	uids	999 Unkno	own
000 No cargo body				000 No special sizing		Other flammab	le substances tances and organic peroxide	-	
100 Bus 101 Auto transporter 102 Cargo tank 103 Concrete mixer 104 Dump	105 Flatbed 106 Garbage / refuse 107 Grain / chips / grave 108 Intermodal containe		ier vehicle	<ul> <li>100 Over-height</li> <li>101 Over-length</li> <li>102 Over-weight</li> <li>103 Over-width</li> <li>999 Unknown</li> </ul>	6 7 8 9	Toxic (poisono Radioactive ma Corrosives Miscellaneous	us) and infectious substance		
970 Not applicable	980 Other	999 Unknown					Cargo Compartment		L
Load Permitted	Number	Motor Carrier Type	Motor C	arrier Identification	1	00 Yes, hazard	ous materials released		
000 Non-permitted load	of Axles	000 Personal vehicle	100 US D	OT number	9	70 Not applicat			
100 Permitted load 970 Not applicable	Unknown	002 Not in commerce: personal rental truck or bus	101 State 970 Not a 999 Unkne			Iotor Carrie			
(not a qualifying vehic 999 Unknown	sle)	098 Not in commerce: other 100 Interstate carrier 101 Intrastate carrier	State _		N	lotor Carrie	r ID Number		
Motor Carrier Addre	ss 🔲 Unknown						Motor Carrier Phone	Number 🔲	Unknown
Street GVWR/GCWR 100 Light (less than 10,00 101 Medium (10,001 - 26, 102 Heavy (greater than 2 970 Not applicable (not a 999 Unknown	000 lbs GVWR/GCŴR) 26,000 lbs GVWR/GCWR	City Commodity Hauled		State	Posta	l Code			
		TRA	ILER II	NFORMATION				TRAILE	R#
VIN 🔲 Unknown					N	lumber of A	xles 🔲 Unknown		
Year 🔲 Unknown	Make 🔲 Unknown			Model	Unk	nown			
License Plate	lissing					Non-expirin	g		
State 🔲 U	Inknown Number		Unkno	own Year		Unknown			
		TRA		NFORMATION				TRAILE	R#
VIN 🔲 Unknown					N	lumber of A	xles 🔲 Unknown		
Year 🔲 Unknown	Make 🔲 Unknown			Model	Unk	nown			
License Plate	lissing					Non-expiri	ing		
State 🛛 U	Inknown Number		Unkno			Unknown	-		
		TRA	ILER I	NFORMATION				TRAILE	ER #
VIN 🔲 Unknown					N	lumber of A	xles 🔲 Unknown		
Year 🔲 Unknown	Make 🔲 Unknown			Model	Unk	nown			
License Plate	l 1issina								
_	Inknown Number		Unkno	wn Year		Non-expirit	uy.		

CRASH REPORT - COMMERCIAL MOTOR VEHICLE DESCRIPTION AND IDENTIFICATION

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Motor Ve	abiclo #					D	RIVER IN	FO	RMATIO	ON								
		. 1						. 202			Case #	:				Page	of	
							DRIVER IN	EO								5	-	
Nome								гU	RIMATION				Cov		Dee			
	🔲 Unkr	nown								ŕ	Age 🔲 Unł	nown	Sex 100 Female 101 Male 999 Unknown			e American Inc Alaska Nativ Asian or Pac	Э	der
First Address	🗖 Unkr	2014/0		Midd	le	La	st		Suffix		Phone Num	hor	Not Co			Black	110 15101	uei
Address		IOWI										Del		Dilected	103 980	White Other Unknown		
Street					City		State P	Postal	Code						-			
Incident Res 000 No 100 EMS	102 Poli 103 Tow	ce	ator						980 Other 999 Unknowr		Date of Birt	n	🗖 Unk	nown	100 I	<b>nicity</b> Hispanic Other than Hi	spanic	
101 Fire				.e. mainten	ance work	kers, safety service patro	ol operators, etc.)									Jnknown		
						DRI	VER LICEN	SE	INFORMA		N							
License Stat	tus					License Class			Driver Lice				Commerc	ial Driv	ver L	icense Sta	tus	
100 Valid licens 000 Not license 001 Canceled o 002 Expired 003 Revoked License Nur	d or denied		9 Unkr	bended hown	State	000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/o 300 Motorcycle only	hauffeur (LA class	D)	(learner's graduate	L restri s perm ed driv cial dr	icted driver lice hit, temporary/l ver license, etc iver license (C	imited, .)	100 Valid 101 Learner'	s permit	00 00 00 00	0 Canceled c 1 Disqualified 2 Expired 3 Revoked 4 Suspended 8 Other (not	I	1
License Nur	nber			License	Slale	400 Regular driver lice 970 Not applicable	nse (LA class E)								97	0 Not applica	,	CDL)
Endorseme	nts on I	icen	se		Endors	ement Compliance	,		Restriction	s on	License		1		99	9 Unknown		
_	azardous r ink vehicle issenger ihool puble/triple ombinatior dous mate	materia e e traile n of tar	rs	icle and	000 No e 100 Endo 101 Endo 199 Endo	ndorsements required for rsements required, com rsements required, not rsements required, com own if endorsements re	r the vehicle plied with complied with pliance unknown											
200 M - M	otorcyle							ŀ	Alcohol Int	erloc	k Presence	•						
298 Other		mercia	I licens	se					000 No		970 N	ot applica	able					
	sements								100 Yes		999 U	nknown						
999 Unkno	own																	
						DRIVER SE	EATING AND	) S/	AFETY IN	FOF	RMATION							
Seating Pos	ition						Restraint Syst	tems	s Used									
Standard V	abiala (	Saata		Other	Contina	Desitions	001 None used – I	moto	vehicle occup	ant	002 No hel	net				970 1	lot appl	icable
Standard V	enicle	Seals	•			Positions										980 (		
	Front				nclosed c	argo area or vehicle exterior	100 Booster seat 101 Child restraint	evet	om forward fr	ooina			motorcycle hel liant motorcycle			999 l	Jnknow	ו
	Middle R		Unk		n-trailing u		102 Child restraint						T-compliant mo			et		
<b>1</b> 100	101 <sup>·</sup>	102	199	800 Trail		, , , , , , , , , , , , , , , , , , , ,	103 Child restraint		em – type unkr	nown								
<b>2</b> 200	201 2	202	299			n of cab (truck) d cargo area	104 Lap belt only 105 Shoulder and		elt used									
<b>3</b> 300	301 3	302	399	970 Not	applicable		106 Shoulder belt							Γ.	Any	indication	of	
<b>4</b> 400	401 4	402	499	999 Unk	nown		107 Stretcher 108 Wheelchair									oper use?		
<b>Oth</b> 500	501 5	502	599	-			199 Restraint used	d – ty	pe unknown						000 N 100 Y			
				-												nknown		
<b>Unk</b> 600	601 6	602	699															
Air Bags De	ployed											Ejectio				cation		
000 Not o				_	970 Not ap	•						000 Not 100 Ejec	ejected cted, partially		000 N 100 Tı	o apped and e:	ktricated	
001 Not of		- switc	n off		999 Deplo	yment unknown						101 Ejec	cted, totally		101 Tı	apped but no		
<ul> <li>100 Fron</li> <li>101 Side</li> <li>102 Curta</li> </ul>	ain											970 Not 999 Unk	applicable nown	!	999 U	nknown		
103 Othe	er (knee, a	air belt,	, etc.)															

Revision	Printed			LOUI	-	-	-		<b>CRASH</b>	-	Г				
Motor Vehicl	e #				DF	RIVER	Rev. 20	-			. —			_	
										Case	¥		Pag	e	of
Injury Status	- I I	vne of l	Modical T	ransportatio		EMS R									
100 (K) Fatal Injury		00 Not tra		980 Other	"		spons	6 4	gency						
101 (A) Suspected Se 102 (B) Suspected M 103 (C) Possible Injur 104 (O) No Apparent	inor Injury 1 ry 2	01 EMS g		999 Unknow	'n	EMS Re	espons	e R	Run # 🔲 Unk	nown					
Medical Unique	Identifier	[	Not applie	cable 🔲 U	nknown	Facility	Receiv	ving	g Patient						
				DRI	ER CO	ONDITI	ON AI	ND	CIRCUMS	TANCES					
Conditions at Ti	me of Crash	۱ 🗌		on Action			Distra	ctic	on Source				Speeding	Rela	tion
000 Apparently norma 100 Asleep/blacked of			000 Not dis 100 Talking						free mobile phone eld mobile phone				000 No 100 Exceede	d sne	ed limit
101 Fatigued			101 Manua	Ily operating a c			102 Veh	nicle	-integrated device	298 Other			101 Racing		
102 Emotional (depre angry, disturbed,			(e.g., to 200 Inatten	exting, dialing, p tive	laying gan	ne, etc.)	198 Oth	er e	lectronic device	970 Not ap 999 Unkno			102 Too fast 999 Unknow		nditions
103 III (sick), fainted	,		980 Other of	distraction			Vision	Ob	bscurement					-	
104 Physically impair 105 Under the influen			999 Unkno	wn distraction			000 Non				Emban		nded by sun g		
of medications/dr 106 Inattentive/distration									now, etc. on winds ield otherwise obs		Sign bo Hillcres		tracted by ne field of view	on ligh	its
	970 Not ap								obscured by load			vehicles			
	980 Other 999 Unkno						103 Hee 104 Buil		bushes, etc. ]		•	vehicles 980 Oth by headlights 999 Uni			
Suspected Alcohol	Test Status		Alcohol Kit	Unknown		l Test Ty	/pe					Alcohol Test Resul	lts		BAC
Usage	000 Test not g 001 Test refus		Number		100 Blood 101 Blood				300 Urine 301 Vitreous	970 Not app 980 Other	licable	000 Results pending 001 Negative results with	n no actual va	lue	
000 No 100 Yes	100 Test giver 999 Unknown				102 Blood	d plasma/s	erum		302 Liver			100 Results received 101 Positive results with	no octual val		
999 Unknown	999 UNKNOWN	II lesleu			200 Breat							970 Not applicable	no actual val	ue	
Suspected	Test Status	2	Drug	Unknown		ninary brea est Type	,	PBT	,	Drug Test F	Result	999 Unknown			
Drug	000 Test not g		Kit		100 Blood	•••		970	Not applicable	Drug restri	tesun				
Usage 000 No	001 Test refus 100 Test giver		Number		101 Urine	e blood and		999	Unknown						
100 Yes	999 Unknown				103 Saliva	а	unno								
999 Unknown					198 Other										
Driver Actions a	t Time of Cr	ash				DRI	VER A	\C	TIONS Avoidance M	anouvor	5	Pre-Collision Stabilit	v		
000 No contributing a		a311							000 No avoidance			00 Tracking	y		
100 Disregarded othe	ar road marking	e							100 Accelerating			00 Skidding longitudinally 00 Skidding laterally - cloc			30 degrees
101 Disregarded othe	er traffic signs	3							101 Accelerating	and steering le	eft 2	01 Skidding laterally - cou	nter-clockwis	e rotat	ion
102 Failed to keep in 103 Failed to yield rig							L		102 Accelerating 103 Braking and			99 Skidding laterally - rota 80 Other vehicle loss of co		unkno	own
104 Followed too close	sely								104 Braking and	steering right	g	99 Unknown			
105 Improper backing 106 Improper passing									105 Braking (loc 106 Braking (no	lockup)					
107 Improper turn 108 Operated motor	vehicle in inatte	ntive care	eless nealia	ent or erratic m	anner				107 Braking (loc 108 Releasing b						
109 Operated motor	vehicle in reckle	ess or agg							109 Steering left						
110 Over-correcting c 111 Ran off roadway									110 Steering righ	nt					
112 Ran red light 113 Ran stop sign									980 Other 999 Unknown						
114 Swerved or avoid		l,slippery s	surface,moto	r vehicle,object,	non-motori	ist in roadv	vay,etc.		355 OTKHOWN						
115 Wrong side or wr	rong way														
980 Other contributing 999 Unknown	g action														
							CITAT	10	NS						

Printed

Total # of Passenge	rs		PAS	SSENGEI	R INFORMAT	ION					
Total # OF Passenge	15			R	ev. 2023-2	Case #				Page	of
						N				U	
MOTOR VEHICLE #	PASSENGER	-#		ASSENCE							
Name Unkno		#				Date of Bi	rth Age		Sex		Race
									100 Femal	le L	
First	Middle			ast	Suffix				101 Male 999 Unkno	wn	
Address Unkno					Cullix			Pho	ne Number		Ethnicity
										Collected	-
Street		Cit	y		State	Postal Cod	e				
Air Bags Deployed		Injury Status	Incident	Responder	Restraint System	Any indication	n No No	Seat	ting Position	Ejection	Extrication
000 Not deployed	970 Not applicable					of improper 0 use?	00 No 00 Yes				
001 Not deployed	999 Unknown						99 Unknown				
- switch off	Type of	Medical		EMS Respon	nse Agency			Faci	lity Receiving	) Patient	
100 Front	Medical Transportation	Unique Identifier	applicable								
101 Side	Transportation		UTIKITUWIT	EMS Respon	nse Run # 🔲 Unkn	0\\\\D					
102 Curtain						Own					
103 Other											
MOTOR VEHICLE #	PASSENGER	#									
Name 🔲 Unkno	wn					Date of Bi	rth Age		Sex 100 Femal		Race
									100 Femal 101 Male	le	
First	Middle		L	ast	Suffix			1	999 Unkno		
Address 🔲 Unkno	wn							Pho	ne Number 🗌		Ethnicity
										Collected	
Street	_	Cit		Desardan	State	Postal Cod		0	la a De eltitere	<b>F</b> ie etiene	Estais ation
Air Bags Deployed		Injury Status	Incident	Responder	Restraint System	Any indication of improper	n 00 No	Seat	ting Position	Ejection	Extrication
000 Not deployed	970 Not applicable					use? 1	00 Yes				
001 Not deployed - switch off	999 Unknown Type of	Medical 🔲	Not	EMS Respor		9	99 Unknown		lity Receiving	Detient	
□ 100 Front	Medical		applicable	EWIS Respon	ise Agency			гасі	inty Receiving	Fallent	
100 Holl	Transportation		Unknown								
102 Curtain				EMS Respon	nse Run # 🔲 Unkn	own					
102 Other											
MOTOR VEHICLE #		<b>R#</b>				Data of Bi	inth Ago		Sov		Rese
MOTOR VEHICLE # Name  Unkno		2#				Date of Bi	rth Age		Sex 100 Femal	le	Race
Name 🔲 Unkno	wn	2 #			0.5	Date of Bi	rth Age		100 Femal 101 Male		Race
Name Unkno	Middle	#	L	ast	Suffix	Date of Bi	rth Age	Pho	100 Femal 101 Male 999 Unkno	own	
Name 🔲 Unkno	Middle	#	L	ast	Suffix	Date of Bi	rth Age	Pho	100 Femal 101 Male	own	Race Ethnicity
Name Unkno	Middle			ast				Pho	100 Femal 101 Male 999 Unkno	wn Not	
Name Unkno	Middle	Cit	<u>y</u>		Suffix State Restraint System	Postal Cod	e n		100 Femal 101 Male 999 Unkno	wn Not Collected	Ethnicity
Name Unkno First Address Unkno Street	Middle	Cit	<u>y</u>		State	Postal Cod Any indication of improper	ie n 00 No		100 Femal 101 Male 999 Unkno ne Number	wn Not Collected	Ethnicity
Name Unkno First Address Unkno Street Air Bags Deployed	wn <i>Middle</i> wn	Cit	<u>y</u>		State	Postal Cod Any indication of improper 0 use? 1	e n 00 No 00 Yes	Seat	100 Femal 101 Male 999 Unkno ne Number	wn Not Collected	Ethnicity
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Name Unkno First Address Unkno Street Air Bags Deployed 000 Not deployed 001 Not deployed - switch off 100 Front	Middle Mi	<i>Cit</i> Injury Status Medical □ Unique	v Incident Not applicable	Responder	State Restraint System	Postal Cod Any indication of improper 0 use? 1	e n 00 No 00 Yes	Seat	100 Femal 101 Male 999 Unknc ne Number	Not Collected	Ethnicity
Name Unkno First Address Unkno Street Air Bags Deployed 000 Not deployed 001 Not deployed - switch off 100 Front 101 Side	Middle Mi	<i>Cit</i> Injury Status Medical □	v Incident Not applicable	EMS Responder	State Restraint System nse Agency	Postal Cod Any indication of improper 0 use? 1 9	e n 00 No 00 Yes	Seat	100 Femal 101 Male 999 Unknc ne Number	Not Collected	Ethnicity
Name Unkno	Middle Mi	<i>Cit</i> Injury Status Medical □ Unique	v Incident Not applicable	EMS Responder	State Restraint System	Postal Cod Any indication of improper 0 use? 1 9	e n 00 No 00 Yes	Seat	100 Femal 101 Male 999 Unknc ne Number	Not Collected	Ethnicity
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Name Unkno First Address Unkno Street Air Bags Deployed 000 Not deployed 001 Not deployed - switch off 100 Front 101 Side 102 Curtain	Middle Mi	<i>Cit</i> Injury Status Medical □ Unique	v Incident Not applicable	EMS Responder	State Restraint System Inse Agency	Postal Cod Any indication of improper 0 use? 1 9	e n 00 No 00 Yes	Seat	100 Femal 101 Male 999 Unknc ne Number	Not Collected	Ethnicity
Name Unkno	Middle Mi	<i>Cit</i> Injury Status Medical ☐ Unique Identifier ☐	v Incident Not applicable	EMS Responder EMS Respon EMS Respon	State Restraint System Inse Agency Inse Run # Unkn	Postal Cod Any indication of improper 0 use? 1 9	e n 00 No 00 Yes	Seat	100 Femal 101 Male 999 Unkno ne Number ting Position	Not Collected	Ethnicity
Name Unkno First Address Unkno Street Air Bags Deployed 000 Not deployed 001 Not deployed - switch off 100 Front 101 Side 102 Curtain	Middle Mi	<i>Cit</i> Injury Status Medical □ Unique	Not Unknown	EMS Responder EMS Respon EMS Respon	State Restraint System Inse Agency	Postal Cod Any indication of improper 0 use? 1 9 own	e n 00 No 00 Yes 99 Unknown	Seat	100 Femal 101 Male 999 Unkno ne Number ting Position	Not Collected	Ethnicity
Name Unkno	Middle Middle Middle Middle 970 Not applicable 999 Unknown Type of Medical Transportation	Cit Injury Status Medical □ Unique Identifier □ Ejection 000 Not ejected 100 Ejected, partial	Not applicable Unknown Extric. 000 No 100 Trap	EMS Responder EMS Respon EMS Respon PASSEN ation	State Restraint System Inse Agency Inse Run # Unkn NGER CODES Restraint Syste 001 None used – mo	Postal Cod Any indication of improper 0 use? 1 9 own	e n 00 No 00 Yes 99 Unknown	Seat	100 Femal 101 Male 999 Unkno ne Number ting Position	WYN Not Collected Ejection Patient Front	Ethnicity
Name Unkno	Middle Middle Middle Middle 970 Not applicable 999 Unknown Type of Medical Transportation	Cit Injury Status Medical Unique Identifier 000 Not ejected 100 Ejected, partial 101 Ejected, totally	Not applicable Unknown	EMS Responder EMS Respon EMS Respon PASSEN ation	State Restraint System Inse Agency Inse Run # Unkn IGER CODES Restraint Syste 001 None used – mo d ated 100 Booster seat	Postal Cod Any indication of improper use? 1 9 own own	e n 00 No 00 Yes 99 Unknown	Seat	100 Femal 101 Male 999 Unkno ne Number ting Position	Biger Stranger Strang	Ethnicity Extrication
Name Unkno	Middle Middle Middle Middle 970 Not applicable 999 Unknown Type of Medical Transportation	Cit Injury Status Medical □ Unique Identifier □ Ejection 000 Not ejected 100 Ejected, partial	Not applicable Unknown Extric. 000 No 100 Trap	EMS Responder EMS Respon EMS Respon PASSEN ation	State Restraint System Inse Agency Inse Run # Unkn NGER CODES Restraint Syste 001 None used – mo	Postal Cod Any indication of improper 0 use? 1 9 own own ems tor vehicle occupant rstem – forward facin	e n 00 No 00 Yes 99 Unknown	Seat	100 Femal 101 Male 999 Unkno ne Number ting Position lity Receiving	Front Middle Right	Ethnicity Extrication
Name Unkno	Middle Middle Middle Middle 970 Not applicable 999 Unknown Type of Medical Transportation	Cit         Injury Status         Medical         Unique         Identifier         Identifier         000 Not ejected         100 Ejected, partial         101 Ejected, totally         970 Not applicable	Not applicable Unknown	EMS Responder EMS Respon EMS Respon PASSEN ation	State Restraint System Inse Agency Inse Run # ☐ Unkn NGER CODES Restraint Syste 001 None used – mo 001 None used – mo 100 Booster seat 101 Child restraint sy 102 Child restraint sy 103 Child restraint sy	Postal Cod Any indication of improper 0 use? 1 g own own ems tor vehicle occupant rstem – forward facin rstem – rear facing rstem – type unknow	e n 00 No 00 Yes 99 Unknown	Seat	100 Femal 101 Male 999 Unkno ne Number ting Position lity Receiving	Front Middle 102 Middle 101 102	Ethnicity Extrication
Name       Unkno         First       Address       Unkno         Street       Unkno         Air Bags Deployed       000 Not deployed         000 Not deployed       001 Not deployed         100 Front       100 Front         101 Side       102 Curtain         103 Other       103 Other         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         100 American Indian or Alast       100 American Indian or Alast	wn Middle Wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native	Cit         Injury Status         Medical       □         Unique       □         Identifier       □         Identifier       □         000 Not ejected       100 Ejected, partial         101 Ejected, totally       970 Not applicable         999 Unknown       Ethnicity         100 Hispanic       □	Not applicable Unknown <b>Extric</b> 000 No 100 Trap 999 Unk	EMS Responder EMS Respon EMS Respon PASSEN ation	State         Restraint System         Inse Agency         Inse Agency         NGER CODES         Restraint Syste         001 None used – mo         d         d Io0 Booster seat         101 Child restraint sy         103 Child restraint sy         103 Child restraint sy         103 Child restraint sy         103 Child restraint sy         104 Lap belt only use	Postal Cod Any indication of improper 0 use? 1 9 own own ems tor vehicle occupant rstem – forward facin rstem – rear facing rstem – type unknow	e n 00 No 00 Yes 99 Unknown	Seat	100 Femal 101 Male 999 Unkno ne Number ting Position lity Receiving Row Left M 1 100 2 200	Front Middle Righ 101 102 201 202	Ethnicity Extrication
Name Unkno	wn Middle Wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native	Cit         Injury Status         Medical       □         Unique       □         Identifier       □         000 Not ejected       100 Ejected, partial         101 Ejected, partial       101 Ejected, totally         970 Not applicable       999 Unknown         Ethnicity       100 Hispanic         101 Other than Hisp       101 Other than Hisp	Not applicable Unknown <b>Extric</b> 000 No 100 Trap 999 Unk	EMS Responder EMS Respon EMS Respon PASSEN ation	State         Restraint System         Inse Agency         Inse Agency         Inse Run # □ Unkn         Unkn         Inse Run # □ Unkn         IOER CODES         Restraint Syste         001 None used – mod         dated         100 Booster seat         101 Child restraint sy         102 Child restraint sy         103 Child restraint sy         105 Shoulder and lag         106 Shoulder belt on	Postal Cod Any indication of improper use? 1 9 own own own ems tor vehicle occupant rstem – forward facin rstem – rear facing rstem – type unknow od	e n 00 No 00 Yes 99 Unknown	Seat	ting Position	Swn           Not Collected           Ejection           g Patient           Middle         Righ 101           101         102 201           201         202 301	Ethnicity Extrication t Unk 199 299 399 499
Name       Unkno         First       Address       Unkno         Street       Unkno         Air Bags Deployed       000 Not deployed         000 Not deployed       001 Not deployed         100 Front       100 Front         101 Side       102 Curtain         103 Other       103 Other         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         100 American Indian or Alast       100 American Indian or Alast	wn Middle Wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native	Cit         Injury Status         Medical       □         Unique       □         Identifier       □         Identifier       □         000 Not ejected       100 Ejected, partial         101 Ejected, totally       970 Not applicable         999 Unknown       Ethnicity         100 Hispanic       101 Other than Hisp         999 Unknown       101 Other than Hisp	Not applicable Unknown <b>Extric</b> 000 No 101 Trap 999 Unk	EMS Responder EMS Respon EMS Respon PASSEN ation	State         Restraint System         Inse Agency         Inse Run # □ Unkn         Unkn         Inse Run # □ Unkn         Inse CODES       Restraint System         Inse CODES       Restraint System         Inse CODES       Restraint System         Inse Code Code Code Code Code Code Code Cod	Postal Cod Any indication of improper use? 1 9 own own own ems tor vehicle occupant rstem – forward facin rstem – rear facing rstem – type unknow od	e n 00 No 00 Yes 99 Unknown	Seat	ting Position Iity Receiving Row Left I 1 100 2 200 3 300 4 400 Other 500	Win           Not Collected           Ejection           g Patient           Joint           Joint           Joint           101           102           201           201           301           302           401           501	Ethnicity Extrication t Unk 199 299 399 499 599
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Name Unkno	wn Middle Wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native r	Cit         Injury Status         Medical       □         Unique       □         Identifier       □         Identifier       □         000 Not ejected       100 Ejected, partial         101 Ejected, totally       970 Not applicable         999 Unknown       Ethnicity         100 Hispanic       101 Other than Hisp         999 Unknown       101 Other than Hisp	Not applicable Unknown <b>Extric</b> 000 No 101 Trap 999 Unk	EMS Responder EMS Respon EMS Respon PASSEN ation	State         Restraint System         Inse Agency         Inse Agency         Inse Run # □ Unkn	Postal Cod Any indication of improper 0 use? 1 g own own ems tor vehicle occupant rstem – forward facin rstem – rear facing rstem – type unknow ed b belt used ly used	e n 00 No 00 Yes 99 Unknown	Seat	ting Position Ility Receiving Row Left M 1 100 2 200 3 300 4 400 Other 500 Unk 600 Inenclosed cargo a	Win           Not Collected           Ejection           g Patient           Middle         Righ           101         102           201         202           301         302           401         402           501         502           601         602	Ethnicity Extrication t Unk 199 299 399 499 599
Name Unkno	wn Middle Wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native r	Cit         Injury Status         Medical       □         Unique       □         Identifier       □         000 Not ejected       □         100 Ejected, partial       □         101 Ejected, partial       □         101 Ejected, totally       □         999 Unknown       Ethnicity         100 Hispanic       □         101 Other than Hisp       □         999 Unknown       Incident Resp         000 No       □         100 EMS       □         101 Fire       □	Not applicable Unknown <b>Extric</b> 000 No 101 Trap 999 Unk	EMS Responder EMS Respon EMS Respon PASSEN ation	State         Restraint System         Inse Agency         Inse Run # □ Unkn         NGER CODES         Restraint Syste         001 None used – mod         dated         100 Booster seat         101 Child restraint sy         102 Child restraint sy         103 Child restraint sy         104 Lap belt only use         105 Shoulder belt on         107 Stretcher         108 Wheelchair	Postal Cod Any indication of improper 0 use? 1 9 own ems tor vehicle occupant rstem – forward facin rstem – rear facing rstem – type unknow obelt used by used type unknown	e n 00 No 00 Yes 99 Unknown	Faci Seat	ting Position Iity Receiving Row Left II 1 100 2 200 3 300 4 400 Other 500 Unk 600 Inenclosed cargo a iding on motor veh	Win           Not Collected           Ejection           g Patient           Middle         Righ           101         102           201         202           301         302           401         402           501         502           601         602	Ethnicity Extrication t Unk 199 299 399 499 599
Name       Unkno         First       Address       Unkno         Address       Unkno         Street       000 Not deployed         000 Not deployed       001 Not deployed         100 Front       100 Front         101 Side       102 Curtain         103 Other       103 Other         Injury Status       100 (K) Fatal injury         101 (A) Suspected serious in       102 (B) Suspected minor inj         103 (C) Possible injury       104 (O) No apparent injury         Race       100 American Indian or Alast         101 Asian or Pacific Islande       102 Black         103 White       980 Other         999 Unknown       Type of Medical Tra         000 Not transported       100 EMS air	wn Middle Wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native r	Cit         Injury Status         Medical       □         Unique       □         Identifier       □         000 Not ejected       100 Ejected, partial         101 Ejected, totally       970 Not applicable         999 Unknown       Ethnicity         100 Hispanic       101 Other than Hisp         101 Other than Signed       100 No         100 EMS       100 EMS         101 Fire       102 Police	Not applicable Unknown <b>Extric</b> 000 No 101 Trap 999 Unk	EMS Responder EMS Respon EMS Respon PASSEN ation	State         Restraint System         Inse Agency         Inse Agency         NGER CODES         Restraint Syste         001 None used – mod         d         ated       100 Booster seat         101 Child restraint sy       103 Child restraint sy         102 Child restraint sy       103 Child restraint sy         103 Shoulder belt on       107 Stretcher         108 Wheelchair       199 Restraint used –         002 No helmet       200 DOT-compliant r         201 Not DOT-compliant r       201 Not DOT-compliant r	Postal Cod Any indication of improper 0 use? 1 9 own own ems tor vehicle occupant rstem – forward facin rstem – forward facin rstem – type unknow d b belt used ly used type unknown notorcycle helmet ant motorcycle helmet	e n 00 No 00 Yes <u>99 Unknown</u> 19 n	Seat Faci Seat	ting Position Reversion ting Position ting Position ting Position ting Position Reversion Reversion Reversion Content	Wn           Not Collected           Ejection           g Patient           Middle         Righ           101         102           201         202           301         302           401         402           501         502           601         602           rea         iicle exterior	Ethnicity Extrication t Unk 199 299 399 499 599
Name       Unknow         First       Address       Unknow         Address       Unknow         Street       Unknow         Air Bags Deployed       000 Not deployed         000 Not deployed       001 Not deployed         100 Front       101 Side       102 Curtain         103 Other       Injury Status         100 (K) Fatal injury       101 (A) Suspected serious in         102 (B) Suspected minor inj       103 (C) Possible injury         104 (O) No apparent injury       Race         100 American Indian or Alaat       101 Asian or Pacific Islande         102 Black       103 White         980 Other       999 Unknown         Type of Medical Tra       000 Not transported         000 Not transported       100 EMS air         101 EMS ground       Status	wn Middle Wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native r	Cit         Injury Status         Medical       □         Unique       □         Identifier       □         000 Not ejected       □         100 Ejected, partial       □         101 Ejected, partial       □         101 Ejected, totally       970 Not applicable         999 Unknown       Ethnicity         100 Hispanic       □         101 Other than Hisp       999 Unknown         Incident Resp       000 No         100 EMS       □01 Fire         103 Tow operator       □         104 Transportation       □	Not applicable Unknown	EMS Responder EMS Respon EMS Respon PASSEN ation opped and extricate opped but not extricate poped but not extricate	State         Restraint System         Inse Agency         Inse Run # □ Unkn         NGER CODES         Restraint Syste         001 None used – mo         dated       100 Booster seat         101 Child restraint sy       103 Child restraint sy         103 Child restraint sy       103 Child restraint sy         104 Lap belt only use       105 Shoulder belt on         107 Stretcher       108 Wheelchair         199 Restraint used –       002 No helmet         200 DOT-compliant r       201 Not DOT-compliant r         299 Unknown if DOT       299 Unknown if DOT	Postal Cod Any indication of improper 0 use? 1 9 own own ems tor vehicle occupant rstem – forward facin rstem – forward facin rstem – type unknow d b belt used ly used type unknown notorcycle helmet ant motorcycle helmet	e n 00 No 00 Yes <u>99 Unknown</u> 19 n	Seat Faci Seat	ting Position Ility Receiving Row Left M 1 100 2 200 3 300 4 400 Other 500 Unk 600 Inenclosed cargo a iding on motor veh (non-trailing unit leeper section of c	Swn           Not Collected           Ejection           g Patient           Middle         Righ           101         102           201         202           301         302           401         402           501         502           601         602           irea         icle exterior           ab (truck)         Exterior	Ethnicity Extrication t Unk 199 299 399 499 599
Name       Unkno         First       Address       Unkno         Address       Unkno         Street       Unkno         Air Bags Deployed       000 Not deployed         000 Not deployed       001 Not deployed         001 Not deployed       switch off         100 Front       101 Side         102 Curtain       103 Other         Injury Status       100 (K) Fatal injury         101 (A) Suspected serious in 102 (B) Suspected minor ing 103 (C) Possible injury         102 (B) Suspected minor ing 103 (C) Possible injury         104 (O) No apparent injury         Race         100 American Indian or Alas         101 Asian or Pacific Islande         102 Black         103 White         980 Other         999 Unknown         Type of Medical Tra         000 Not transported         100 EMS air         101 EMS ground         200 Law enforcement	wn Middle Wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native r	Cit         Injury Status         Medical       □         Unique       □         Identifier       □         Identifier       □         000 Not ejected       100 Ejected, partial         101 Ejected, partial       101 Ejected, totally         970 Not applicable       999 Unknown         Ethnicity       100 Hispanic         101 Other than Hisp       999 Unknown         Incident Resp       000 No         100 EMS       101 Fire         102 Police       103 Tow operator         104 Transportation       104 Transportation	Not applicable Unknown	EMS Responder EMS Respon EMS Respon PASSEN ation opped and extricate opped but not extricate poped but not extricate	State         Restraint System         Inse Agency         Inse Agency         Inse Run # □ Unkn         URESTRAINT System         Inse Run # □ Unkn         IO1 None used - model       100 Booster seat         101 Child restraint sy       103 Child restraint sy         103 Child restraint sy       104 Lap belt only use         105 Shoulder belt on       107 Stretcher         108 Wheelchair       199 Restraint used -         002 No helmet       200 DOT-compliant r         201 Not DOT-compliant r       299 Unknown if DOT         299 Unknown if DOT       970 Not applicable	Postal Cod Any indication of improper 0 use? 1 9 own own ems tor vehicle occupant rstem – forward facin rstem – forward facin rstem – type unknow d b belt used ly used type unknown notorcycle helmet ant motorcycle helmet	e n 00 No 00 Yes <u>99 Unknown</u> 19 n	<b>Seat</b> <b>Faci</b> <b>Seat</b> 700 U 700 U 700 U 700 U 700 U 700 U 700 U	ting Position Reversion ting Position ting Position ting Position ting Position Reversion Reversion Reversion Content	Swn           Not Collected           Ejection           g Patient           Middle         Righ           101         102           201         202           301         302           401         402           501         502           601         602           irea         icle exterior           ab (truck)         Exterior	Ethnicity Extrication t Unk 199 299 399 499 599
Name       Unknow         First       Address       Unknow         Address       Unknow         Street       000 Not deployed         000 Not deployed       001 Not deployed         100 Front       100 Front         101 Side       102 Curtain         103 Other       103 Other         101 (K) Fatal injury       101 (A) Suspected serious i         102 (B) Suspected minor inj       103 (C) Possible injury         104 (O) No apparent injury       Race         100 American Indian or Alaat       101 Asian or Pacific Islande         103 White       980 Other         999 Unknown       Type of Medical Tra         000 Not transported       100 EMS air         101 EMS ground       EMS ground	wn Middle Wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native r	Cit         Injury Status         Medical       □         Unique       □         Identifier       □         000 Not ejected       □         100 Ejected, partial       □         101 Ejected, partial       □         101 Ejected, totally       970 Not applicable         999 Unknown       Ethnicity         100 Hispanic       □         101 Other than Hisp       999 Unknown         Incident Resp       000 No         100 EMS       □01 Fire         103 Tow operator       □         104 Transportation       □	Not applicable Unknown	EMS Responder EMS Respon EMS Respon PASSEN ation opped and extricate opped but not extricate poped but not extricate	State         Restraint System         Inse Agency         Inse Run # □ Unkn         Inse Cooperation symptotic restraint used - 100 Stretcher         Inse Kraint used - 100 Not BOT-compliant restraint used - 1002 No helmet         Inse Kraint used - 1002 Not DOT-compliant restraint symptotic restraint symptot restraint symptot restraint symptot restraint symptot	Postal Cod Any indication of improper 0 use? 1 9 own own ems tor vehicle occupant rstem – forward facin rstem – forward facin rstem – type unknow d b belt used ly used type unknown notorcycle helmet ant motorcycle helmet	e n 00 No 00 Yes <u>99 Unknown</u> 19 n	Seat           Faci           Seat           800 T           800 T           800 T           800 T           800 T	ting Position Ility Receiving Row Left M 1 100 2 200 3 300 4 400 Other 500 Unk 600 Inenclosed cargo a iding on motor veh (non-trailing unit) railing unit Beper section of c ther enclosed cargo	Swn           Not Collected           Ejection           g Patient           Middle         Righ           101         102           201         202           301         302           401         402           501         502           601         602           irea         icle exterior           ab (truck)         Exterior	Ethnicity Extrication t Unk 199 299 399 499 599

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Non-Motoris	st#					Rev. 2023-2		Case i	# [			Pa		of
						N-MOTORIST INI			T			ľα		
Name 🔲 U	Inknown				NC			Age 🔲 Un	known	Sex		Race		
	IIKIIOWII								KIIOWII	100 Fem	nale		an Indian o	, L
										101 Mal	е		Native	
First		М	liddle		Lá	ast	Suffix			999 Unk			or Pacific Isl	ander
Address 🔲 U	Inknown							Phone Nun	nber		Not Collected	102 Black 103 White		
												980 Other		
												999 Unkno	wn	
Street Incident Respon	nder		City			State Postal Co		Date of Bir	th	Г	Unknown	Ethnicity		
000 No 102 P						980 (				-		100 Hispan		
100 EMS 103 T	Fow operator					999 L	Jnknown					101 Other t	han Hispanio	с
101 Fire 104 T	Fransportation	(i.e. mainte	enance wo	rkers, safety se		operators, etc.)						999 Unknov	vn	
					NON	-MOTORIST CIRC	CUMSTAN	CES						
Non-Motorist Ty	rpe	Init			Locatio	n								
100 Bicyclist		-	ntact Po			ection - marked crosswalk		ed route (no pa		narking)	300 Drivew			
198 Other cyclist 200 Pedestrian			Front (12 Right (3 o			ection - unmarked crosswa ection - other		red lane markir street bike lane			301 Non-tra	afficway area d-use path o	a stroil	
200 Pedestrian 298 Other pedestrian	n (wheelchair		Rear (6 o'	,		an/crossing island		street buffered		:	302 Shared 303 Sidewa		uan	
person in a build		103	Left (9 o'c	lock)		ock - marked crosswalk		arated bike lan						
personal convey			Unknown			lder/roadside	205 Off-9	street trails/side	epaths		980 Other			
300 Occupant of a n transportation de						el lane - other location					999 Unkno	wn		
999 Unknown	CVICC		gin/Dest			fety Equipment					<b>—</b>			
Struck by Vehic	le #			or from school ( or from transit	<sup>K-12)</sup>   L	000 None 100 H					103 Lig		980 Oth	-
<b>,</b> ,			Not applic				Protective pads u			. ,	🔲 104 Re	eflectors	🔲 999 Unk	known
			Unknown				Reflective wear (I	раскраск, trian	gies, etc.)					
Action Prior to C	Crash					nces At Time of Cras	sh				Clothing B	Brightness	s Upp	er
000 None 100 Adjacent to road	dway (a a sha	uldor modi		00 None (no ir	nproper act	ion)					100 Light 101 Dark		Low	rer
101 Crossing roadwa				00 Dart/dash			109 Not visible	(dark clothing.)	no liahtina	. etc.)	970 Not appli	cable		
102 Waiting to cross	s roadway		1	01 Disabled ve		d	110 Wrong-way			,,,	999 Unknown			
103 Walking/cycling		iy against tr				eaving/approaching)								
(in or adjacent to 104 Walking/cycling		v with traffi				J	980 Other 999 Unknown							
(in or adjacent to		y mar a din		04 Failure to y			or officient							
105 Walking/cycling				05 Improper p										
106 Working in traffic 198 In roadway -othe		t response)		06 Improper tu 07 Inattentive		ing ata)								
980 Other	CI			08 In roadway		ing, etc.)								
999 Unknown				(standing, l		g, playing)								
				Ν	ION-MO	DTORIST MEDICA	AL INFORM	IATION						
Injury Status		Type of	f Medica	I Transport		EMS Response Age					EMS Resp	onse Run	<b>#</b> □ ∪	nknown
100 (K) Fatal Injury	L		ransported	•										
101 (A) Suspected S		100 EMS	air											
102 (B) Suspected M 103 (C) Possible Inju		101 EMS	ground enforceme	nt		Medical Unique Ide	ntifier [	Not applicat	ble Facil	lity Rec	eiving Pati	ent		
104 (O) No Apparen		980 Othe		11			[	Unknown						
		999 Unkn												
					Ν	ON-MOTORIST C	ONDITION							
Conditions at th	e Time of t	he Crash	ı		Dist	raction Action			Distrac	ction S	ource			
000 Apparently norma	al		970 No	ot applicable	=_000 I	Not distracted			100 Han	ds-free n	nobile phone			
100 Asleep/blacked c	out		980 Ot			Falking / listening					obile phone			
101 Fatigued 102 Emotional (depre	warne base	disturbad e		nknown		Manually operating a device dialing, playing game, etc.)	e (texting, typing	3			rated device nic device			
103 III (sick), fainted	esseu, angry,	uistuibeu, e	510.)			nattentive					r other non-mo	otorist		
104 Physically impair						Other distraction					ehicle/non-mot	orist area		
105 Under the influer	nce of medica	tions/			999 (	Jnknown distraction			298 Othe		_			
drugs/alcohol	drugs/alcohol 970 Not applicable 06 Inattentive/distracted 999 Unknown													
Suspected	Test Statu	IS	Alcoho			ol Test Type		Alcol	nol Test		ts	I	BAC	
Alcohol	000 Test not		Kit		100 Bid	••	300 Urine		esults per				270	
Usage	001 Test refu		Numbe	r		ood clot	301 Vitreous				h no actual val	ue		
000 No	100 Test giv					ood plasma/serum	302 Liver		esults rec					
100 Yes	999 Unknow	n if tested			200 Br	eath eliminary breath test (PBT)	970 Not applie 980 Other				no actual valu	e		
999 Unknown					201 PR	mininary preatinitest (PBT)	SOU OUIEI		ot applica nknown	NIC				
Suspected	Test Statu	IS	Drug	Unknov	n Drug	Test Type			Test Re	sults				
Drug	000 Test not		Kit	_	100 Blo	970 N	lot applicable							
Usage	001 Test refu	used	Numbe	r	101 Uri	ne 999 (	Jnknown							
000 No	100 Test giv 999 Unknow				102 Bo 103 Sa	th blood and urine								
100 Yes 999 Unknown	333 UNKNOW	n ii lesteu			103 Sa 198 Ot									
										С	RASH REPORT	- NON-MOT	ORIST INFOR	RMATION

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## LOUISIANA UNIFORM CRASH REPORT

		N		Rev. 2023-2		Page of
			NON-VEHICULA	R PROPERTY DAMA		PROPERTY #
Property Type	Damage Severity	Owner Name				wner Phone Number D Not Collected
Owner Address	Unknown					
Street				City		State Postal Code
				R PROPERTY DAMA		PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown		0	wner Phone Number 🔲 Not Collected
Owner Address	Unknown					
Street				City		State Postal Code
				R PROPERTY DAMA		PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown		0	wner Phone Number 🔲 Not Collected
Owner Address	Unknown	•				
Street				City	<b>0</b> -	State Postal Code
<b>D</b>	D 0 1			R PROPERTY DAMA		PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown		0	wner Phone Number 🔲 Not Collected
Owner Address	Unknown	•				
Street				City		State Postal Code
				R PROPERTY DAMA	GE	PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown		0	wner Phone Number 🔲 Not Collected
Owner Address	Unknown	•				
Street				City		State Postal Code
				R PROPERTY DAMA		PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown		0	wner Phone Number 🔲 Not Collected
Owner Address	Unknown				·	
Street				City		State Postal Code
			NON-VEHICULA	R PROPERTY DAMA	GE	PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown		0	wner Phone Number 🔲 Not Collected
Owner Address	Unknown					
Street				City		State Postal Code
			NON-VEHICULA	R PROPERTY DAMA		PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown		0	wner Phone Number 🔲 Not Collected
Owner Address	Unknown	1			I	
Street				City		State Postal Code
			PROPERTY	DAMAGE CODES		
Property Type						Damage Severity
100 Private property	300 Cable barrie		Guardrail face	400 Traffic sign support	598 Other state property	100 Light (less than \$500)
200 Bridge overhead st 201 Bridge pier or supp 202 Bridge rail			Impact attenuator/crash cushion Other traffic barrier	n 401 Traffic signal support 402 Utility pole/light support	980 Other	101 Moderate (between \$500 and \$10,000) 102 Severe (over \$10,000)

CRASH REPORT - NON-VEHICULAR PROPERTY DAMAGE

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Train #	#				1		SUP1 Rev. 202			_	Г					- []
								-		Cas	e#				Page	of
								RMATION								
Train Type     100 Railroad train     101 Streetcar		) #	L Not A	pplicable	Unknown	Lead Engi	ine #	L] Ur	nknown	Serial	#	L] Un		000 None 100 Headli	ght functional ghts functional	
Make 🗖 Unkno	own		Туре	Unknown	# of Eng	gines 🔲	Unknow	n # of Cars	U	Inknown	Data I	Recorder Sp	nding	102 Horn fu 103 Bell fui	unctional nctional	
		T		IFORMATI	ON						W/A	RNING DE		104 Event	data recorder e	quipped
DOT Crossing	#		ot Applicable		Crossing Sur	face	Prese	ent Warning	Devic	es A		e Warning [		Active \	Narning De	vices
		_	hknown		Material 100 Rubber mat 101 Asphalt	980 Other		) None ) Flashing lights			] 000 N ] 100 Si	one ign		□ 000 N □ 100 L	one ghts flashing	
Sets of Tracks	Spee	ed Limit	Crossi	ng Type	102 Wood 103 Concrete						-	avement markii ctive advance v	0	□ 101 B	ell ringing ates down	
			100 Publ 101 Priva		104 Gravel		_	3 Crossbuck			980 O		varning	☐ 102 G		
					C	OLLISIO	N INF	ORMATIO	ON							
Train in Motion	In	rossing Iteractio		Struck C	ar # 🔲 Not Appl	licable 🔲 U	Jnknown			Struc Type	ck Car	Not Ap	plicable	Unknow	ı	
100 Yes	10	1 Stopped	on crossing							Dista					<b>F</b> atimated	0
Collision Type			on crossing		tion			Not App Unknow			Impa	raveled ct	Not A	ppiicable	Estimated Before Br	
100 Frontal 101 Side/backing													☐ feet ☐ miles			
Hazardous Ma 000 Had no placar					Hazardo	us Materia	l Class	•				Hazardous from Train				
001 Had a placard 100 Carried hazard 200 Carried hazard 999 Unknown Hazardous Ma	, not ca dous m dous m	arrying hazi aterial that aterials wit	ardous mate required pla	rials acarding	5 Oxidizing 6 Toxic (po 7 Radioacti 8 Corrosive	le liquids mmable subst substances a isonous) and ive material	and organ infectiou	s substances		ot applica nknown		000 No, hazar 100 Yes, haza 970 Not applic	rdous mater			
								RATOR								
Name 🔲	Unkno	own		Address	Unknown											
				Street						City			:	State	Postal Cod	е
						TRA	CK O	WNER								
Name 🔲	Unkno	own		Address	Unknown											
				Street		трли		GINEER		City				State	Postal Cod	e
Name	Unkr	nown						l no enginee	r Ce	ertificat	tion N	umber 🔲	Unknown	Race		
				<i>u</i> .				0.5				_		Ala	erican Indian o ska Native an or Pacific Is	
Address	Unkr	nown	Mido	11e	Las	t		Suffix	Ph	none N	umber	r 🗖 Not	Collected	102 Bla 103 Wh 980 Oth 999 Un	ck ite ier	
Street	ondo			City		State	_	Code Sex		Unk	nown	Date of Birt	h 🗖 Unio		thnicity	
000 No 10 100 EMS 10	02 Polie 03 Tow	ce operator	980 Other (i.e. mainter	999 Unknow nance workers, s	n afety service patrol	operators, et	· · · · · ·	100 Female 101 Male 999 Unknown			IIII	Date of Diff		10 10	00 Hispanic 01 Other than H 09 Unknown	lispanic
Injury Status 100 (K) Fatal Injury			000 Not tra		980 Other	EMS Res	ponse	Agency								
101 (A) Suspected 102 (B) Suspected 103 (C) Possible Ir 104 (O) No Appare	l Minor njury ent Inju	Injury ry	100 EMS a 101 EMS ( 200 Law e		999 Unknown	EMS Res	-		Unknov	wn						
Medical Uniqu	ie Idei	ntifier		Not applicable	Unknown	Facility F	Receivi	ng Patient								
													CRAS	SH REPOR	T - TRAIN INFO	RMATION

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Tr	ain #				RAIN S	UP	PLEM	ΕN		_				_		_	
					F	Rev. 20	023-2		(	Case #				Page		of	
					TRAIN	00	NDUCTO	R									
Name	🔲 Unknown				This train	n hao	d no condi	ictor		Race							
First		Mic	Idle		Last				Suffix	Alasl	rican Indian or ka Native n or Pacific Isla		102 Black 103 White 980 Other		999 l	Jnkno	wn
Address	Unknown											Phor	ne Number		Not Co	llecte	:d
Street				City			_		State	Postal	Code						
Incident R	esponder						Sex		Age 🗖	Unknown	Date of Bi	rth 🗌	Unknown	Ethnic	ity		
000 No 100 EMS 101 Fire	102 Police 103 Tow opera 104 Transporta		999 Unknov ance workers,	vn safety service patrol	operators, etc.	.)	100 Femal 101 Male 999 Unkno							100 His 101 Oth 999 Uni	er than	Hispa	inic
Injury Stat	us	Type of N	ledical Tra	nsportation	EMS Resp	ons	e Agency										
100 (K) Fatal 101 (A) Susp	Injury ected Serious Inju	000 Not tran 100 EMS air		980 Other 999 Unknown													
102 (B) Susp 103 (C) Poss	ected Minor Injury				EMS Resp	ons	e Run #		Unknown								
Medical U	nique Identifie	r 🔲	Not applicable	Unknown	Facility Re	eceiv	ving Patie	nt									

				PA	SSENGER	INFORMATI	ON					
PASSENG	ER #											
Name	🗖 Unk	nown						Race				
									ican Indian or	102 Black	999 Unk	known
									a Native	103 White		
First			Middle		Last		Suffix	101 Asian	or Pacific Isla			
Address	🗖 Unk	nown								Phone Number	r 🔲 Not Colle	cted
Street	acnondo			City		Sex	State	Postal C		rth 🔲 Unknown	Ethnicity	
	•		000 Others 000 Ulabaran				Age 🗖	Unknown	Date of Di		1 -	
000 No 100 EMS	102 Pol	v operator	980 Other 999 Unknown			100 Female 101 Male					100 Hispanic 101 Other than His	enanie
100 EM3 101 Fire			(i.e. maintenance workers, sa	fety service patrol (	operators etc.)	999 Unknown					999 Unknown	spanic
Injury Stat			Type of Medical Trans	, ,	EMS Respon							
100 (K) Fatal				980 Other	Eino Respon	ise Agency						
100 (R) Fatal 101 (A) Suspe		us Iniurv		999 Unknown								
102 (B) Suspe			101 EMS ground		EMS Respon	nse Run # 🔲	Unknown					
103 (C) Possi		J. J	200 Law enforcement									
104 (O) No A	pparent Inju	ury										
Medical Ur	nique Ide	entifier	Not applicable	Unknown	Facility Rece	eiving Patient						
PASSENG												
Name	🗖 Unk	nown						Race				
									ican Indian or	102 Black	999 Unk	(nown
									a Native	103 White		
First			Middle		Last		Suffix	101 Asian	or Pacific Isla	i		
Address	🗖 Unk	nown								Phone Number	r 🔲 Not Colle	cted
Street Incident R	acnondo			City		Sex	State	Postal C		rth 🗖 Unknown	Ethnicity	
	•		000 Others 000 Ulabaran					Unknown	Date of Di			
000 No 100 EMS	102 Pol	v operator	980 Other 999 Unknown			100 Female 101 Male					100 Hispanic 101 Other than His	ononio
100 EIVIS 101 Fire			(i.e. maintenance workers, sa	fety service patrol (	operators etc.)	999 Unknown					999 Unknown	spanic
Injury Stat			Type of Medical Trans		EMS Respon							
				980 Other		ise Agency						
100 (K) Fatal 101 (A) Suspe		ue Iniury		999 Unknown								
101 (A) Suspe			101 EMS ground	55 OTKIOWI	EMS Respon	se Run # 🗖	Unknown					
103 (C) Possi		i ingan y	200 Law enforcement				OTIKITOWIT					
104 (O) No A		ury										
Medical Ur	nique Ide	entifier	Not applicable		Facility Rece	eiving Patient						
	4											

## LOUISIANA UNIFORM CRASH REPORT

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#### TRAIN SUPPLEMENT Total # of Train Passengers Rev. 2023-2 Page Case # of PASSENGER INFORMATION PASSENGER # TRAIN # Name Unknown Race 102 Black 100 American Indian or 999 Unknown 103 White Alaska Native 101 Asian or Pacific Islander 980 Other First Middle Suffi Unknown Phone Number Not Collected Address Street State Postal Code City Incident Responder Date of Birth 🔲 Unknown Ethnicity Sex Age 🔲 Unknown 100 Female 000 No 102 Police 980 Other 999 Unknown 100 Hispanic 100 EMS 103 Tow operator 101 Male 101 Other than Hispanic 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 999 Unknown 101 Fire 999 Unknown Type of Medical Transportation Injury Status EMS Response Agency 980 Other 100 (K) Fatal Injury 000 Not transported 101 (A) Suspected Serious Injury 100 EMS air 999 Unknown 101 EMS ground 102 (B) Suspected Minor Injury EMS Response Run # Unknown 103 (C) Possible Injury 200 Law enforcement 104 (O) No Apparent Injury Medical Unique Identifier Not applicable Unknown Facility Receiving Patient PASSENGER # TRAIN # Unknown Race Name 100 American Indian or 102 Black 999 Unknown 103 White Alaska Native 101 Asian or Pacific Islander 980 Other First Middle Last Phone Number Not Collected Address Unknown Street State Postal Code City Sex Incident Responder Date of Birth 🔲 Unknown Ethnicity Age 🔲 Unknown 000 No 100 Female 102 Police 980 Other 999 Unknown 100 Hispanic 100 EMS 103 Tow operator 101 Male 101 Other than Hispanic 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 101 Fire 999 Unknown 999 Unknown EMS Response Agency **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 around EMS Response Run # Unknown 103 (C) Possible Injury 200 Law enforcement 104 (O) No Apparent Injury Medical Unique Identifier Not applicable **Facility Receiving Patient** Unknown TRAIN # PASSENGER # Name Unknown Race 102 Black 999 Unknown 100 American Indian or Alaska Native 103 White 101 Asian or Pacific Islander 980 Other Suffi First Middle Last Address Unknown Phone Number Not Collected Street Citv State Postal Cod Incident Responder Sex Age 🔲 Unknown Date of Birth 🔲 Unknown Ethnicity 000 No 100 Female 100 Hispanic 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Male 101 Other than Hispanic 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 999 Unknown 999 Unknown Type of Medical Transportation **Injury Status 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 # Unknown 103 (C) Possible Injury 200 Law enforcement 104 (O) No Apparent Injury Medical Unique Identifier **Facility Receiving Patient** Not applicable Unknown

Phone Number

Age

Sex

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## I OUISIANA UNIFORM CRASH REPORT

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Total # of Witnesses				2023-2	Case #		Page of
			WITN	IESSES			
			WITNESS #				WITNESS #
Name				Name			
First	Middle	Last	Suffix	First	Middle	Last	Suffix
Address				Address			
			1				
City		State	Postal Code	City		State	Postal Code
Phone Number			Sex	Phone Number		A	Sex
Phone Number		Age	Sex	Phone Number		Age	Sex
			WITNESS #				WITNESS #
Name				Name			
First	Middle	Last	Suffix	First	Middle	Last	Suffix
Address				Address			
City		State	Postal Code	City		State	Postal Code

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

Phone Number

Sex

Age

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	LOUISIANA UNIFORM CRASH REPORT DIAGRAM								
Scene #	DIAGRAM Rev. 2023-2	Case #	Page of						
	CRASH DIAGRAM								

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#### LOUISIANA UNIFORM CRASH REPORT

NARRATIVE

NARRATIVE		
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#### LOUISIANA UNIFORM CRASH REPORT

PHOTOS

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PHC	otos			
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			CRASH REPOR	

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Attachment #	Rev. 2023-2	Case #	Page of				
	ATTACHMENT						