

Revision

Printed

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

☐ Secondary Crash

☐ Photos Taken

☐ Videos Taken

Rev. 2023-2

Case #

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of

Number of Motorists

Number of Non-Motorists

Non-Fatally Injured Persons

Fatalities

Total Injuries and Fatalities

Vehicles Involved

Troop

Investigating Agency

Division

Parish

City

Latitude

Longitude

CRASH TIME INFORMATION

Crash Date/Time

Police Notified Date/Time

Police Arrived Date/Time

Roadway Cleared Date/Time

On Scene Investigation Completed Date/Time

ROAD INFORMATION

Highway

☐ Not applicable

Road

Distance/Direction From Intersection

☐ Not applicable

Intersecting Road

☐ Crash was at an intersection

LOCATION INFORMATION

Road Classification

Road Subtype

Property Ownership

Trafficway Characteristics

Number of Intersection Approaches

Traffic Flow Direction

100 Interstate

101 US highway

102 State highway

103 Parish road

104 City street

200 Off road/private property

100 Mainline

200 On-ramp

201 Off-ramp

300 Frontage/service

970 Not applicable

100 Public property

200 Private property

100 Trafficway, on road

101 Trafficway, not on road

200 Non-trafficway

1 Not an intersection

2 Two

3 Three

4 Four

5 Five or more

X Not applicable
(not a divided highway)

N North

W West

S South

E East

INVESTIGATING OFFICER

Rank

First Name

Middle Name

Last Name

Suffix

Badge #

Printed Name

Signature

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event

Location of First Harmful Event

Manner of Crash

Non-Collision

Collision with Non-Fixed Object

Collision with Fixed Object

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

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

100 Cargo/equipment loss or shift

101 Fell/jumped from motor vehicle

102 Fire/explosion

103 Immersion, full or partial

104 Jackknife

105 Overturn/rollover

106 Thrown or falling object

198 Other non-collision harmful event

100 Gore

101 In parking lane or zone

102 Median

103 Off roadway, location unknown

104 On roadway

105 On shoulder, left side

106 On shoulder, right side

107 Outside road/right-of-way

108 Roadside

109 Separator/traffic island

999 Unknown

000 Not a collision between two motor vehicles in transport

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

Relation to Junction

Contributing Factor

Primary

Secondary

Intersection Geometry

School Bus Relation

Intersection Traffic Control

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

000 No

100 Yes, school bus directly involved

101 Yes, school bus indirectly involved

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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VEHICLE INFORMATION

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Motor Vehicle #

DESCRIPTION AND INFORMATION

<input type="checkbox"/> Check if this vehicle had no driver	Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene	Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <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> 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 999 Unknown
VIN <input type="checkbox"/> Unknown			
Model Year <input type="checkbox"/> Unknown	Make	Model	Color
License Plate <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring State <input type="checkbox"/> Unknown Number <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown			
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown			
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown			
Street City State Postal Code			
Insurance <input type="checkbox"/> Uninsured at time of crash			
Company <input type="checkbox"/> Unknown Phone # <input type="checkbox"/> Unknown NAIC # <input type="checkbox"/> Unknown Policy # <input type="checkbox"/> Unknown Expiration Date <input type="checkbox"/> Unknown			

DAMAGE

Damage Extent 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 <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	Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage
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TOWING

Tow Status 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage <input type="checkbox"/> Towed By <input type="checkbox"/> Unknown	Tow Authority 100 Owner 101 Law enforcement 970 Not applicable 980 Other
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MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)	Vehicle Maneuver 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown	Emergency Vehicle Usage 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown	Direction of Travel Before Crash 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown
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Motor Vehicle #

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	Vehicle Lighting 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					
Traffic Control Device Types and Statuses						
Traffic Control Device Types			Devices Present	Devices Inoperative or Missing		
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"/>	Automation System Level Present 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown
Trafficway Division			Barrier Type		Automation System Level Engaged 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			
Roadway Grade	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	Permitted Travel	HOV Lane Presence	HOV Lane Relation
000 Not on trafficway 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)			000 Not on trafficway 100 Straight 101 Curve left 102 Curve right	000 Not on trafficway 100 One-way 200 Two-way Speed Limit <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
Non-Harmful Events					Collision with Fixed Object
000 Cross centerline		005 Ran off roadway left		300 Collision with bridge overhead structure	396 Collision with other post,pole,or support
001 Cross median		006 Ran off roadway right		301 Collision with bridge pier or support	
002 End departure (T-intersection, dead-end, etc.)		007 Reentering roadway		302 Collision with bridge rail	397 Collision with other traffic barrier
003 Downhill runaway		008 Separation of units		303 Collision with cable barrier	398 Collision with other fixed object (wall, building, tunnel, etc.)
004 Equipment failure (blown tire, brake failure, etc.)		098 Other non-harmful event		304 Collision with concrete traffic barrier	399 Collision with unknown fixed object
				305 Collision with culvert	
				306 Collision with curb	
				307 Collision with ditch	
				308 Collision with embankment	
				309 Collision with fence	
				310 Collision with guardrail end terminal	
				311 Collision with guardrail face	
				312 Collision with impact attenuator/crash cushion	
				313 Collision with mailbox	
				314 Collision with traffic sign support	
				315 Collision with traffic signal support	
				316 Collision with tree (standing)	
				317 Collision with utility pole/light support	
Non-Collision Events	Collision with Person / Vehicle / Non-Fixed Object				
100 Cargo/equipment loss or shift	200 Collision with animal (live)				
101 Fell/jumped from motor vehicle	201 Collision with motor vehicle in transport				
102 Fire/explosion	202 Collision with parked motor vehicle				
103 Immersion, full or partial	203 Collision with pedalcycle (including bicycles)				
104 Jackknife	204 Collision with pedestrian				
105 Overturn/rollover	205 Collision with railway vehicle (train, engine)				
106 Thrown or falling object	206 Collision with object at rest from MV in transport				
198 Other non-collision harmful event	207 Collision with falling, shifting cargo, or anything set in motion by MV				
	208 Collision with work zone/maintenance equipment				
	209 Collision with farm equipment				
	297 Collision with other non-motorist				
	298 Collision with other non-fixed object				

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VEHICLE INFORMATION

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COMMERCIAL MOTOR VEHICLE INFORMATION

Motor Vehicle #			Vehicle Configuration			Hazardous Materials Placard		
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			Hazardous Material ID		
			305 Truck tractor/double			Hazardous Material Class		
			306 Truck tractor/triple			1 Explosives 970 Not applicable		
			307 Truck more than 10,000 lbs., cannot classify			2 Gas 999 Unknown		
Cargo Body Type			Special Sizing			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						Hazardous Materials Released from Vehicle Cargo Compartment		
980 Other						000 No, hazardous materials not released		
999 Unknown						100 Yes, hazardous materials released		
Load Permitted			Motor Carrier Type			Motor Carrier Identification		
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			Motor Carrier Name <input type="checkbox"/> Unknown		
			101 Intrastate carrier			Motor Carrier ID Number		
Motor Carrier Address <input type="checkbox"/> Unknown			Motor Carrier Phone Number <input type="checkbox"/> Unknown					
Street			City			State Postal Code		
GVWR/GCWR			Commodity Hauled					
100 Light (less than 10,000 lbs.GVWR/GCWR)								
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)								
102 Heavy (greater than 26,000 lbs GVWR/GCWR)								
970 Not applicable (not a qualifying vehicle)								
999 Unknown								
TRAILER INFORMATION						TRAILER #		
VIN <input type="checkbox"/> Unknown						Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown				
License Plate <input type="checkbox"/> Missing						<input type="checkbox"/> Non-expiring		
State <input type="checkbox"/> Unknown		Number <input type="checkbox"/> Unknown		Year <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		
TRAILER INFORMATION						TRAILER #		
VIN <input type="checkbox"/> Unknown						Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown				
License Plate <input type="checkbox"/> Missing						<input type="checkbox"/> Non-expiring		
State <input type="checkbox"/> Unknown		Number <input type="checkbox"/> Unknown		Year <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		
TRAILER INFORMATION						TRAILER #		
VIN <input type="checkbox"/> Unknown						Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown				
License Plate <input type="checkbox"/> Missing						<input type="checkbox"/> Non-expiring		
State <input type="checkbox"/> Unknown		Number <input type="checkbox"/> Unknown		Year <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		

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DRIVER INFORMATION

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Motor Vehicle #

MEDICAL INFORMATION		
Injury Status 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	Type of Medical Transportation 000 Not transported 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

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

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

CITATIONS

CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

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Total # of Passengers

PASSENGER INFORMATION

MOTOR VEHICLE # PASSENGER #

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

PASSENGER CODES

Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	Restraint Systems 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown 002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown	Seating Position <table><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr></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																																								
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	Incident Responder 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown																																										
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

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Non-Motorist #

NON-MOTORIST INFORMATION

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

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type 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	Initial Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown	Location 100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown	Origin/Destination 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown	Safety Equipment <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown
Struck by Vehicle #				

Action Prior to Crash 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown	Actions or Circumstances At Time of Crash 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown	Clothing Brightness 100 Light 101 Dark 970 Not applicable 999 Unknown	Upper Lower
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NON-MOTORIST MEDICAL INFORMATION

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

NON-MOTORIST CONDITION

Conditions at the Time of the Crash 000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown		Distraction Action 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	Distraction Source 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown		
Suspected Alcohol Usage 000 No 100 Yes 999 Unknown	Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Alcohol Kit Number <input type="checkbox"/> Unknown	Alcohol Test Type 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) 300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	Alcohol Test Results 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	BAC
Suspected Drug Usage 000 No 100 Yes 999 Unknown	Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Drug Kit Number <input type="checkbox"/> Unknown	Drug Test Type 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	Drug Test Results	

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

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 970 Not applicable 2 Gas 999 Unknown 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods			Hazardous Materials Released from Train Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable		
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		Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown		
First Middle Last Suffix									
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected				
Street City State Postal Code									

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

PASSENGER INFORMATION													
PASSENGER #													
Name <input type="checkbox"/> Unknown						Race							
First		Middle		Last		Suffix		100 American Indian or Alaska Native		102 Black		999 Unknown	
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected											
Street		City		State		Postal Code							
Incident Responder				Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown		Ethnicity			
000 No 102 Police 980 Other 999 Unknown				100 Female						100 Hispanic			
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			
Injury Status		Type of Medical Transportation		EMS Response Agency									
100 (K) Fatal Injury		000 Not transported 980 Other											
101 (A) Suspected Serious Injury		100 EMS air 999 Unknown											
102 (B) Suspected Minor Injury		101 EMS ground											
103 (C) Possible Injury		200 Law enforcement		EMS Response Run # <input type="checkbox"/> Unknown									
104 (O) No Apparent Injury													
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient									

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

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TRAIN SUPPLEMENT

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Total # of Train Passengers

PASSENGER INFORMATION

TRAIN # PASSENGER #

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

TRAIN # PASSENGER #

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

TRAIN # PASSENGER #

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

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WITNESSES

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Total # of Witnesses

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

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DIAGRAM

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Scene #

CRASH DIAGRAM

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NARRATIVE

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CRASH NARRATIVE

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PHOTOS

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PHOTOS

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ATTACHMENT

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