LOUISIANA UNIFORM CRASH REPORT CRASH INFORMATION

	Secondary Crash	☐ Video	Videos Taken Rev. 2 Ion-Fatally Fatalit		2023-2		Case #			Page		of				
	mber of torists	Numb	oer of Motorists		atally d Persor	16	Fatalit		Fotal Inj and Fata		Vehicles Involved		Troo	р		
-	estigating Agenc		WIOLOFISIS		ivision	15	Parish		City		Jillvolved	Latitude		Long	itude	
						CRA	SH TIME I	NFORMATI	ON							
Cra	ash Date/Time		Police Notified Da	te/Time	Police	Arrive	d Date/Time	Roadway Cle	eared D	ate/Time	On Scene Inve	stigation Co	mplet	ed Da	te/Time	
							ROAD INFO	ORMATION								
Hiç	ghway 🔲 Not applic	cable			Road											
Dis	stance/Direction F	rom Ir	ntersection	ot applicable	Э	Inters	ecting Road	☐ Crash was	at an inte	rsection						
						LO	CATION IN	IFORMATIO	N							
	ad Classification		Road Subtype		Property			Trafficway		-	ber of	Traffic Flo	w			
	Interstate		100 Mainline			olic property Ate property Characte 100 Traffice					section roaches	l l				
	US highway State highway		200 On-ramp 201 Off-ramp	4	200 Private	101 Trafficway					an intersection	(not a divid		nway)		
103	03 Parish road 300 Frontage/service				200 Non-trafficway			У	2 Two)		N No	rth			
	04 City street 970 Not applicable 00 Off road/private property								3 Thre		N North W West E Easi					
200	200 Off road/private property							4 Four 5 Five or more			S South					
						INVESTIGATING OFFIC						O Oddiii				
Ra	nk	First	Name			Middle Name				Last Na	me	Suffix				
Ва	dge #		Printed Nam	9					S	Signature	•					
					SDACI	LCIDO	NIMOTANI	CEC AND C	ONDIT	IONE						
Eir	st Harmful Event						on of First	CES AND C		er of Cra	sh					
	100 Cargo/equipmen	t loss or	shift				il Event		_	a collision		200 Front to front - head on				
٦ ک	101 Fell/jumped from					100 Gore					icles in transport	200 Front to front - head on 300 Front to rear - rear end				
Non-Collision	102 Fire/explosion						rking lane or zo	ne				400 Backing - rear to front				
ö	103 Immersion, full o 104 Jackknife	r partial				102 Medi 103 Off n	an oadway, locatior	unknown		le - left ove	ertake oosite direction	401 Backing - rear to rear 402 Backing - rear to side				
	105 Overturn/rollover					104 On r	oadway			ile - left into	502 Sideswipe - opposite direction					
	106 Thrown or falling	object					houlder, left side		103 Ang	, jle - right in	505 Sideswipe					
	198 Other non-collision						houlder, right side road/right-of			le - right o	vertake ndicular/other angle	980 Other				
င္ပ	200 Collision with ani 201 Collision with mo					108 Road	•	,	500 And	jle - þerþer jle - left aci	oss flow	999 Unknown				
Collision	202 Collision with par						arator/traffic islar	nd	501 Ang	le - right a	cross flow					
า with	203 Collision with per		(including bicycles)			999 Unkr	iown									
No	204 Collision with per 205 Collision with rail		nicle (train, engine)				n to Junctio		_	buting F	actor			Prin	nary	
Non-Fixed	206 Collision with obj						an interchange an interchange and an interchange and an intercention or dece		100 Vio	lations vement prid	or to orach		s	econo	larv	
(ed C	207 Collision with fall	ing/shitti rk zone/	ing cargo or anything s maintenance equipme	et in motion nt	I DY IVI V		eieration of dece ssover related	sieration lane		on obstruc			Ū		-u. y	
Object	209 Collision with far						eway access or			er conditio						
2	297 Collision with oth						ance/exit ramp or relate		-	nicle condit ad surface	on					
	298 Collision with oth					106 Rail	way grade cross	sing	106 Roa	adway cond						
င္ပ	300 Collision with brid 301 Collision with brid						red-use path or	trail		nting condi						
Collision	302 Collision with brid	dge rail					ough roadway er location withir	an interchange		ather cond ffic control	tion					
ĭ ¥	303 Collision with cat 304 Collision with cor							der, and roadside)		n-motorist o	condition					
Ϊ÷	305 Collision with cul		anic pamer		!	999 Unk	nown			n-motorist a						
with Fixed Object	306 Collision with cur									applicable						
ઠ	307 Collision with dito 308 Collision with em		ent				ction Geome ed / skewed	etry	000 No	l Bus Re	elation					
앉	309 Collision with fen						ed / skewed ndabout / traffic (circle		s. school bu	is directly involved					
	310 Collision with gua					102 Perp	endicular	-			is indirectly involved					
	311 Collision with gua 312 Collision with imp	arurali ta pact atte	nuator/crash cushion		!	970 Not a	applicable									
	313 Collision with ma	ilbox					ction Traffic									
	314 Collision with trai					Contro										
	315 Collision with trai 316 Collision with tree					000 No c										
	317 Collision with util					100 Sign 101 Stop										
	396 Collision with oth					102 Stop	-partial									
	397 Collision with oth 398 Collision with oth		barrier object (wall, building, t	unnel. etc \		103 Yield	l applicable									
	399 Collision with unl				,	JI V INUL	4Philognic									
												CRASH RE	PORT -	CRASH	SUMMARY	

Printed

LOUISIANA UNIFORM CRASH REPORT CRASH INFORMATION

CRASH CONDITIONS Condition Weather Conditions Environmental Conditions University Condition University	maintenance/utility)
Roadway SurfaceLight ConditionWeather ConditionsEnvironmental ConditionsCondition100 Daylight000 Clear000 None112 Ruts, holes, bumps000 Dry200 Dawn/dusk100 Blowing sand, soil, dirt100 Animal(s)113 Shoulders (none, low, sof100 Mud, dirt, gravel300 Dark - continuous street lights101 Blowing snow101 Debris114 Toll booth/plaza related101 Mud, dirt, gravel301 Dark - street lights at intersection only102 Cloudy102 Glare115 Traffic control device102 Oil103 Fog, smog, smoke103 Non-highway work116 Traffic incident103 Sand302 Dark - not lighted104 Freezing rain or freezing drizzle104 Obstructed crosswalks117 Visual obstruction(s)104 Slush399 Dark - unknown lighting105 Rain105 Obstruction in roadway118 Weather conditions	maintenance/utility)
106 Water (standing,moving) 107 Wet 980 Other 999 Unknown 108 Prior non-recurring incident 980 Other 999 Unknown 1099 Unknown 100 Regular congestion 999 Unknown 110 Related to a bus stop 111 Road surface condition (wet, icy, snow, slush, etc.) WORK ZONE CRASH INFORMATION	
Relation 000 No 100 Before the first work zone warning sign 100 Lane closure 100 Back of queue 101 Congestion (dense & slow traffic), typical 102 Heavy (dense & fast traffic) 102 Heavy (dense & fast traffic) 103 Box of queue 104 Congestion (dense & slow traffic), typical 105 Yes 106 Yes 107 Not applicable 108 Yes 109 No 109 Yes 109 Not applicable 109 Yes	s applicable
REVIEWING OFFICER	
Rank First Name Middle Name Last Name	Suffix
Name Name	WITNESS#
First Middle Last Suffix First Middle Last	Suffix
Address Address	
	stal Code
Phone Number Age Sex Phone Number Age Sex	
Property Type Damage Severity Owner Name Unknown Owner Phone Number	PROPERTY # er Not Collected
Owner Address Unknown	
	ROPERTY#
Property Type Damage Severity Owner Name Unknown Owner Phone Number	
Owner Address Unknown	
	ital Code
Property Type Damage Severity Owner Name Unknown Owner Phone Number	PROPERTY # er □ Not Collected
Owner Address	
	ital Code
Property Type 100 Private property 300 Cable barrier 301 Concrete traffic barrier 302 Guardrail end terminal 308 Other traffic barrier 309 Bridge pier or support 200 Bridge pier or support 201 Bridge pier all Property Type 300 Cable barrier 301 Concrete traffic barrier 302 Guardrail end terminal 303 Guardrail face 304 Impact attenuator/crash cushion 305 Utility pole/light support 406 Traffic signal support 407 Traffic signal support 408 Utility pole/light support 409 Utility pole/light support 409 Utility pole/light support 409 Utility pole/light support 400 Traffic signal support 400 Utility pole/light support 400 Traffic signal support 400 Utility pole/light support 400	500) en \$500 and \$10,000)

Revision Printed LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION Motor Vehicle # Case # Page ٥f **DESCRIPTION AND INFORMATION** Vehicle Body Type Check if this vehicle Hit and Run Vehicle Type had no driver 000 No, did not leave scene 100 Motor vehicle in transport Passenger Vehicles 100 Yes, driver and vehicle left scene 101 Parked motor vehicle 100 Passenger car 103 Pickup 101 Yes, only driver left scene 102 Working vehicle / equipment 101 Passenger van / Minivan (less than 9 seats) 104 Cargo van VIN 102 (Sport) utility vehicle Unknown Construction / Farm Equipment Model Year Unknown Make Model Color 200 Construction equipment (backhoe, bulldozer,etc.) 201 Farm equipment (tractor, combine, harvester, etc.) ■ Non-expiring Cycle / Off Road / Recreation 300 2-wheeled motorcycle ☐ Unknown Unknown ■ Unknown Year State Number 301 3-wheeled motorcycle 302 Moped or motorized bicycle Owner Name ■ Same as driver ■ Unknown 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 08 Autocycle City Postal Code ■ Uninsured at time of crash Insurance rucks 00 Single unit truck Unknown 01 Truck tractor Company 98 Other truck Unknown Phone # arge Passenger Vehicle NAIC# ■ Unknown 00 Motor home 505 School bus ■ Unknown 01 Passenger van (9-15 seats) 506 Transit bus Policy # 02 Passenger van (16+ seats) 507 Motorcoach **Expiration Date** Unknown 03 Large limo 598 Other bus / large passenger 04 Mini-bus vehicle Other 80 Other 999 Unknown **DAMAGE TOWING** Initial Point of Contact Tow Authority Damage Extent **Damaged Areas** Tow Status 000 None 000 Not towed 100 Owner 8 9 10 11 8 9 10 11 100 Towed, but not due to disabling damage 101 Law enforcement 100 Minor damage 101 Functional damage 101 Towed (or will be towed) due to disabling 970 Not applicable damage 980 Other 102 Disabling damage 6 6 12 12 Towed By 990 Vehicle not at scene Unknown 5 | 4 | 3 | 2 5 4 3 2 ☐ 000 Non-collision ■ 001 Vehicle not at scene ■ 002 No damage ■ 001 Vehicle not at scene ■ 100 Top **□** 100 Top ■ 113 Undercarriage ■ 113 Undercarriage ■ 114 Cargo Loss ■ 999 Unknown **MOTOR VEHICLE CIRCUMSTANCES** Vehicle Usage Vehicle Maneuver 000 No special function 980 Other 100 Movements essentially straight ahead 109 Crossed median into opposing lane 400 Slowing to make left turn 101 Backing 110 Crossed center line into opposing lane 401 Slowing to make right turn 100 Bus - school (public or private) 999 Unknown 101 Bus - childcare / daycare 102 Changing lanes 111 Ran off road (not while making turn at intersection) 402 Slowing to stop 103 Making U-turn 200 Entering traffic lane from shoulder 498 Slowing for other reason 102 Bus - transit / commuter 104 Negotiating a curve 103 Bus - charter / tour 201 Entering traffic lane from median 500 Parked 104 Bus - intercity 105 Overtaking / passing 202 Entering traffic lane from parking lane 501 Stopped, preparing to turn left 105 Bus - shuttle 106 Turning left 203 Entering traffic lane from private lane or driveway 502 Stopped, preparing to turn right 204 Entering freeway from on-ramp 503 Stopped in traffic 198 Bus - other 107 Turning right 300 Leaving traffic lane 999 Unknown 200 Farm vehicle 108 Traveling wrong way 980 Other 201 Fire truck Vehicle Maneuver Reason 202 Highway / maintenance 000 Normal movement 201 Vehicle out of control, not passing 207 Due to driver violation 203 Mail carrier 202 Vehicle out of control, passing 100 To avoid other vehicle 208 Due to vehicle condition (failure) 204 Military 101 To avoid non-motorist 203 For traffic control 209 Due to pavement condition 205 Ambulance 102 To avoid animal 204 Due to congestion 210 High wind 206 Police 205 Due to prior crash (collision) 198 To avoid other object 980 Other 207 Public utility 200 Passing 206 Due to driver condition 999 Unknown 208 Non-transport emergency services vehicle **Direction of Travel Before Crash Emergency Vehicle Usage** 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)

000 Non-emergency, non-transport

999 Unknown

100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable

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

CRASH REPORT - MOTOR VEHICLE DESCRIPTION AND IDENTIFICATION

Printed Revision

Motor Vehicle #	7		VEHICLE I	NFOF ev. 2023-2	RMATIO	N	Case #					Г	
	MOTOR VEHICLE CIRCUM									Page		of	
		Dista						n an Defende					
	k Data (Feet)		nce Traveled After Im	іраст (ге	et) 🔲 Unkr		000 None	ng Defects				L	
Front Left Front Righ	t Not applicab Unknown		L. I. Lee				100 Brakes						
			cle Lighting eadlights off		L		101 Exhaust : 102 Body, do	•					
Rear Left Rear Righ	t	100 He	adlights on				103 Steering						
		101 Da 999 Un	ytime running lights				104 Power tra 105 Suspensi						
	Traffic Co	entrol Device Type					106 Tires 107 Wheels						
		<u> </u>		Device	es Inoperat	tive	108 Headligh						
	ontrol Device Ty	<u> </u>	Devices Present		r Missing		109 Tail lights 110 Signal lig						
000 None		ailroad crossing ude gates)	1	1			111 All lights						
100 Person (including flagger, 301 Flashing school zone signal							112 Window / 113 Mirrors	windshield					
law enforcement, crossing 302 Flashing traffic control signal guard, etc) 303 Lane use control signal 2 2							114 Wipers	P 77 7 19 19	, , , , .				
304 Ramp meter signal							115 Truck cou 980 Other	upling / trailer hitch /	satety chair	1S			
200 Bicycle crossing sign 305 Traffic control signal 3 201 Curve Ahead warning sign 398 Other signal 5 201 Curve Ahead warning sign 398 Other signal							999 Unknown	1					
202 Intersection Ahead 4 4							Automatio	n System Leve	l Present				
warning sign 203 Pedestrian crossing sign			Traffic Signal Status				000 No auton 100 Driver as						
204 Railroad crossing sign	402 Railroad o		100 Red signal on		L		100 Driver as						
205 Reduce Speed Ahead warning sign	403 School zo 404 Yellow no		200 Yellow signal on 300 Green signal on				102 Condition 103 High auto	nal automation					
206 School zone sign 207 Stop sign	405 White or y 406 Solid whit	vellow dash line	970 Not applicable				103 Flight autor						
208 Yield sign	498 Other pav	ement marking	999 Unknown				199 Automati 999 Unknown	on level unknown					
298 Other warning sign	(excluding	g edgelines, s, or lane lines)						n System Leve	I Engaged	d			
		s, or latte littes)					000 No auton					_	
980 Other	999 Unknown	1	D				100 Driver as 101 Partial au						
Trafficway Division 000 Not divided 100) Divided.		Barrier Type 000 None 100 Cable ba	rrier	L		102 Condition	nal automation					
001 Not divided,	flush median (grea		101 Concrete	barrier (e.	g. Jersey barri		103 High auto 104 Full autor						
	Divided, raised me Divided, depressed		102 Earth em 103 Guardrail				199 Automati	on level unknown					
999	9 Unknown		980 Other										
	Number of Through Lanes	Number of Auxiliary Lanes			d Travel		HOV Lane	Presence		HOV Lane	Relati	on	
000 Not on trafficway 100 Level	i iii Ougii Lailes	Auxiliary Lanes	•	000 Not on 100 One-w			000 None pre	esent ed barrier, flush (grea		000 No 100 Yes			
101 Uphill 102 Hillcrest			100 Straight	200 Two-w	<u>, </u>			, raised or depresse		100 165			
103 Downhill			101 Curve left 102 Curve right	Speed Li	i mit 🔲 Unkr	nown		rated, painted paver s, post-mounted deli					
104 Sag (bottom)					☐ N/A		markings	s, post-mounted den	ricators				
			MOTOR VE	HICLE	EVENTS	5							
Sequence of Events	1 2	3	4						Most	Harmful Ev	ent		
Non-Harmful Events 000 Cross centerline		005 Ra	ın off roadway left		300 Collision	with h		ollision with Fix		t on with other p	nost noli	or	
001 Cross median		006 Ra	in off roadway right		301 Collision	with b	ridge pier or s		suppo	rt .	•		
002 End departure (T-intersection 003 Downhill runaway	ction, dead-end, etc.		entering roadway paration of units		302 Collision					on with other tr on with other fi			
004 Equipment failure (blown	tire, brake failure, e		her non-harmful event		304 Collision	with c	oncrete traffic		(wall, b	ouilding, tunne	I, etc.)		
					305 Collision				399 Collisio	on with unknov	vn fixed	lobje	:ct
Non-Collision Events			Vehicle / Non-Fixed (•	307 Collision	with d	itch						
100 Cargo/equipment loss or		ollision with animal (live			308 Collision 309 Collision								
102 Fire/explosion 202 Collision with parked motor vehicle							uardrail end to	erminal					
103 Immersion, full or partial 203 Collision with pedalcycle (including bicycles)							uardrail face npact attenua	tor/crash cushion					
105 Overturn/rollover 205 Collision with railway vehicle (train, engine)					313 Collision			nort					
106 Thrown or falling object 198 Other non-collision harm	st from MV in transport ing cargo, or		314 Collision 315 Collision		• .	•							
anything set in motion by MV					316 Collision 317 Collision	with tr	ee (standing)						
208 Collision with work zone/maintenance equipment 317 Col 209 Collision with farm equipment					OTT COMBION	will U	unty pole/light	. σαμμυτί					
297 Collision with other non-motorist 298 Collision with other non-fixed object													
	298 Cc	Diision with other non-fi	xed object										
							CRA	SH REPORT - MOTO	R VEHICLE	CIRCUMSTANC	ES ANI	D EVE	ENTS

Revision Printed LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION Motor Vehicle # Case # Page **COMMERCIAL MOTOR VEHICLE INFORMATION Vehicle Configuration Hazardous Materials Placard** 000 Had no placard and not carrying hazardous materials 000 Vehicles 10,000 lbs or less 999 Unknown 300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) 001 Had a placard, not carrying hazardous materials 301 Single-unit truck (3 or more axles) 100 Carried hazardous material that required placarding 100 Vehicles 10,000 lbs or less 302 Truck pulling trailer(s) 999 Unknown 200 Carried hazardous materials without placard 303 Truck tractor (bobtail) placarded for hazardous materials **Hazardous Material ID** 304 Truck tractor/semi-trailer 305 Truck tractor/double 200 Bus/large van **Hazardous Material Class** (seats 9-15 occupants, including driver) 306 Truck tractor/triple 307 Truck more than 10,000 lbs., cannot classify 201 Bus 1 Explosives 970 Not applicable (seats more than 15 occupants, including driver) 2 Gas 999 Unknown Cargo Body Type Special Sizing 3 Flammable liquids 4 Other flammable substances ■ 000 No special sizing 000 No cargo body 5 Oxidizing substances and organic peroxides ■ 100 Over-height 6 Toxic (poisonous) and infectious substances 100 Bus 105 Flatbed 109 Log ■ 101 Over-length 7 Radioactive material 101 Auto transporter 106 Garbage / refuse 110 Pole trailer 8 Corrosives ■ 102 Over-weight 102 Cargo tank 107 Grain / chips / gravel 111 Van / enclosed box 9 Miscellaneous dangerous goods 103 Concrete mixer 108 Intermodal container chassis 112 Vehicle towing another vehicle ■ 103 Over-width 104 Dump ☐ 999 Unknown **Hazardous Materials Released** from Vehicle Cargo Compartment 970 Not applicable 980 Other 999 Unknown 000 No, hazardous materials not released 100 Yes, hazardous materials released Load Permitted Number **Motor Carrier Type** Motor Carrier Identification 970 Not applicable of Axles 000 Personal vehicle 100 US DOT number 000 Non-permitted load ☐ Unknown Motor Carrier Name Unknown 101 State number 001 Not in commerce: government 100 Permitted load 002 Not in commerce: 970 Not applicable personal rental truck or bus 999 Unknown/unable to determine 970 Not applicable 098 Not in commerce: other Motor Carrier ID Number (not a qualifying vehicle) 100 Interstate carrier 999 Unknown State 101 Intrastate carrier Motor Carrier Address ☐ Unknown Motor Carrier Phone Number Unknown 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 Unknown Number of Axles Unknown Year Unknown Make Unknown Model ■ Unknown Non-expiring Unknown Number ■ Unknown Unknown State Year TRAILER INFORMATION **TRAILER#** VIN Unknown Number of Axles Unknown Year Unknown Make Model Unknown ■ Unknown ■ Non-expiring ■ Unknown ■ Unknown Number Unknown Year State **TRAILER#** TRAILER INFORMATION VIN Unknown Number of Axles Unknown Year Unknown Make ☐ Unknown Model Unknown License Plate ☐ Missing ■ Non-expiring

Unknown

Year

■ Unknown

CRASH REPORT - COMMERCIAL MOTOR VEHICLE DESCRIPTION AND IDENTIFICATION

State

■ Unknown

Number

Motor Vehicle #		DRIVER IN	NFORMATION	<u> </u>		<u></u>
		Re	ev. 2023-2	Case #		Page of
		DRIVER II	NFORMATION			
Name Unknown				Age Unknown	Sex	Race
	A A included in	1	C. III.		100 Female 101 Male 999 Unknown	100 American Indian or Alaska Native 101 Asian or Pacific Islander
Address Unknown	Middle	Last	Suffix	Phone Number	Not Collected	102 Black
					- Not concotou	103 White 980 Other 999 Unknown
Street	City	State	Postal Code	D. C. CD: C	—	
Incident Responder	. maintenance workers, safety s	ervice patrol operators, etc.)	980 Other 999 Unknown	Date of Birth	☐ Unknown	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown
		DRIVER LICEN	SE INFORMATION	ON		
License Status	License		Driver Licens		Commercial Driv	ver License Status
100 Valid license 004 Susper 000 Not licensed 999 Unknot 001 Canceled or denied 002 Expired 003 Revoked	nded 000 None wn 100 Class A 101 Class B 102 Class C 200 Light cc 300 Motorcc 400 Regula	ommercial/chauffeur (LA clas ycle only r driver license (LA class E)	100 Non-CDL driv 101 Non-CDL res (learner's per graduated d	ver license stricted driver license rmit, temporary/limited, river license, etc.) driver license (CDL)	100 Valid 101 Learner's permit	000 Canceled or denied
	970 Not app	olicable				999 Unknown
Endorsements on License	Endorsement Co	mpliance	Restrictions o	n License	•	
□ 000 None/not applicable □ 100 H - Hazardous materials □ 101 N - Tank vehicle □ 102 P - Passenger □ 103 S - School	100 Endorsements real	quired, not complied with quired, compliance unknown				
☐ 104 T - Double/triple trailers						
☐ 105 X - Combination of tank vehicle hazardous materials	e and					
200 M - Motorcyle			Alcohol Interio	ock Presence		
298 Other non-commercial license			000 No	970 Not appli	cable	
endorsements			100 Yes	999 Unknown		
☐ 999 Unknown						
	DRI	VER SEATING AN	D SAFETY INFO	RMATION		
Seating Position		Restraint Sys	stems Used			
Standard Vehicle Seats	Other Seating Positions	001 None used -	- motor vehicle occupant	002 No helmet		970 Not applicable
				000 DOT #		980 Other
	700 Unenclosed cargo area 701 Riding on motor vehicle ex	100 Booster sea terior 101 Child restrai	t nt system – forward facing		t motorcycle helmet pliant motorcycle helmet	999 Unknown
1 100 101 100 100	(non-trailing unit)	102 Child restrai	nt system – rear facing	299 Unknown if DC	OT-compliant motorcycle	helmet
	800 Trailing unit 801 Sleeper section of cab (true		nt system – type unknowr v used	1		
2 200 201 202 299	898 Other enclosed cargo area	105 Shoulder an	d lap belt used		_	
	970 Not applicable 999 Unknown	106 Shoulder be 107 Stretcher	It only used			Any indication of
4 400 401 402 499	ooo omalown	108 Wheelchair				improper use? 000 No
Oth 500 501 502 599		199 Restraint us	ed – type unknown			100 Yes
Unk 600 601 602 699					1	999 Unknown
Air Bags Deployed		<u> </u>		Ejecti	ion	Extrication
□ 000 Not deployed	☐ 970 Not applicable			1 -		000 No
001 Not deployed - switch off	999 Deployment unkno	wn		,		100 Trapped and extricated 101 Trapped but not extricated
□ 100 Front	,			970 No	t applicable	999 Unknown
101 Side 102 Curtain 103 Other (knee, air belt, etc.)				999 Un		
,						

Mark Make			LOOI	_	_		RMATION	_				
Motor Vehicl	e#			5.4.05		2023-2		Case #		Paç	je	of
				MEDI	CALIN	NFO	RMATION					
Injury Status		Type of	Medical Transportatio		Respor							
100 (K) Fatal Injury		000 Not tra	•									
101 (A) Suspected Se 102 (B) Suspected M		100 EMS a			Respor	neo P	un# 🔲 Unk	(nown				
103 (C) Possible Inju			nforcement	LIVIS	ixespoi	136 1		MIOWII				
104 (O) No Apparent												
Medical Unique	Identifier		■ Not applicable ■ U	nknown Faci	lity Rece	eiving	Patient					
			DRIV	/ER COND	ITION	ΔND	CIRCUMS	TANCES				
Conditions at Ti	me of Cra	ısh	Distraction Action		_		n Source	o_o		Speeding	Relat	tion
000 Apparently norma	al		000 Not distracted		100 F	lands-f	ree mobile phone	e 200 Passenge	r or other non-moto	· ~		
100 Asleep/blacked o	out		100 Talking / listening				eld mobile phone		vehicle/non-moto		ed spee	d limit
101 Fatigued 102 Emotional (depre	hassa		101 Manually operating a c (e.g., texting, dialing, p				integrated device ectronic device	e 298 Other 970 Not applic	ahle	101 Racing 102 Too fas	for cor	nditions
angry, disturbed,			200 Inattentive	iaying gamo, oto	, 130 0	70101 01	cottorno devido	999 Unknown	abic	999 Unknow		Iditions
103 III (sick), fainted	,		980 Other distraction		Visio	on Ob	scurement			l .		
104 Physically impair 105 Under the influen			999 Unknown distraction		000 N				bankment	111 Blinded by sun		
of medications/dr							ow, etc. on winds		n boards	112 Distracted by no	on light	ts
106 Inattentive/distraction	cted	t applicable					eld otherwise obs bscured by load		crest ked vehicles	in field of view		
	980 Oth				103 T	rees, b	ushes, etc.	109 Mo	ving vehicles	980 Other		
Suspected	999 Un Test Stat		Alcohol Unknown	Alcohol Test		uilding		110 Blin	ded by headlights Alcohol Te	999 Unknown		BAC
l '	000 Test no		Kit	100 Blood	гуре		300 Urine	970 Not applica				BAC
Usage	000 Test no		Number	101 Blood clot			301 Vitreous			results with no actual v	alue	
000 No	100 Test gi			102 Blood plasn	na/serum		302 Liver		100 Results re			
100 Yes 1999 Unknown	999 Unknov	wn if tested		200 Breath					101 Positive r 970 Not applic	esults with no actual va	lue	
333 OTKIOWIT				201 Preliminary	breath tes	t (PBT)			999 Unknown			
Suspected	Test Stat	tus	Drug Unknown	Drug Test Ty	/pe			Drug Test Res	ults			
Drug Usage	000 Test no		Kit Number	100 Blood			Not applicable					
000 No	001 Test re 100 Test gi		Number	101 Urine 102 Both blood	and urine	999	Jnknown					
100 Yes	999 Unknov			103 Saliva	una anno							
999 Unknown				198 Other								
				D	RIVER	ACT						
Driver Actions a		Crash					Avoidance M		Pre-Collision	Stability		
000 No contributing a	ection						000 No avoidand	ce maneuver	000 Tracking	igitudinally - rotation les	e than '	30 degrees
100 Disregarded other	er road mark	ings					100 Accelerating	1	200 Skidding late	erally - clockwise rotation	o man c	Ju deglees
101 Disregarded other							101 Accelerating	and steering left	201 Skidding late	erally - counter-clockwi	se rotati	on
102 Failed to keep in 103 Failed to yield rig							102 Accelerating 103 Braking and	and steering right	299 Skidding late 980 Other vehicl	erally - rotation direction	unkno	wn
104 Followed too clos							104 Braking and		999 Unknown	C 1033 01 CONT.		
105 Improper backing							105 Braking (loc					
106 Improper passing 107 Improper turn	9						106 Braking (no 107 Braking (loc					
108 Operated motor v			eless, negligent, or erratic ma	anner			108 Releasing b	rakes				
109 Operated motor			ressive manner				109 Steering left					
110 Over-correcting of 111 Ran off roadway	or over-steer	ing					110 Steering righ	nt				
112 Ran red light							980 Other					
113 Ran stop sign	dad dua ta w	ind aliananı	ourface mater vahiale ahiest	aan matariat in re	adway at		999 Unknown					
115 Wrong side or wr		ina,siippery	surface,motor vehicle,object,	non-motorist in re	adway,ett	;.						
	•											
980 Other contributing 999 Unknown	g action											
333 OHKHOWH					OITA	TIO	10					
					CITA	IIOI	NS					<u> </u>
									CRASH REPORT -	DRIVER CONDITION AN	D CIRC	UMSTANCES

LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

Total # of Passengers PASSENGER INFORMATION											
	Rev. 2023-2 Case #									Page	of
				PASSENGE	R INFORMATIC	N					
MOTOR VEHICLE #	PASSENGER	#		AGGENGE							
Name Unknow		"				Date of Bir	th Age		Sex		Race
									100 Fema	le	
First	Middle			Last	Suffix				101 Male 999 Unkn	own	
Address Unknow						· ·		Pho	ne Number [Ethnicity
										Collected	
Street			City		State	Postal Code					
Air Bags Deployed		Injury Statu	ıs İnciden	t Responder	Restraint System	Any indication		Seat	ing Position	Ejection	Extrication
■ 000 Not deployed	■ 970 Not applicable					of improper 00 use?	0 No 0 Yes				
☐ 001 Not deployed	☐ 999 Unknown						9 Unknown				
- switch off	Type of		Not	EMS Respon	nse Agency			Faci	lity Receiving	g Patient	
☐ 100 Front	Side Transportation Identifier Unknown										
☐ 101 Side	Total Side										
103 Other											
MOTOR VEHICLE # PASSENGER #											
Name Unknown Date of Birth							th Age		Sex 100 Fema		Race
									100 Fema 101 Male	ile	
First	Middle		ı	Last	Suffix				999 Unkn		
Address Unkno	wn							Pho	ne Number [Ethnicity
										Collected	
Street		l	City		State					I=	
Air Bags Deployed	— 070 N. () 11	Injury Statu	is Inciden	t Responder	Restraint System	Any indication of improper 00	0 No	Seat	ing Position	Ejection	Extrication
000 Not deployed	970 Not applicable					use? 10	0 Yes				
001 Not deployed - switch off	999 Unknown	Madiaal I	T Net	EMO December		99	9 Unknown		lite - De e e le de e	D-414	
□ 100 Front	Type of Medical	Medical [Unique	☐ Not applicable	EMS Respon	ise Agency			raci	lity Receiving	g Patient	
100 Front	Transportation		Unknown								
101 Side				EMS Respon	nse Run # 🔲 Unkr	iown					
102 Curtain											
100 00161											
MOTOR VEHICLE	DAGGENGER	,									
MOTOR VEHICLE #	PASSENGER	R#				Date of Bir	th Ago		Cov		Page
MOTOR VEHICLE # Name Unknow		. #				Date of Bir	th Age		Sex 100 Fema	le	Race
Name Unkno	wn	2 #			0.5	Date of Bir	th Age		100 Fema 101 Male		Race
Name Unkno	wn <i>Middle</i>	#	ı	Last	Suffix	Date of Bir	th Age	Pho	100 Fema 101 Male 999 Unkn	own	
Name Unkno	wn <i>Middle</i>	#	ı	Last	Suffix	Date of Bir	th Age	Pho	100 Fema 101 Male	own	Race Ethnicity
Name Unknow First Address Unknow	wn <i>Middle</i>	#		Last			th Age	Phor	100 Fema 101 Male 999 Unkn	own Not	
Name Unkno	wn <i>Middle</i>		City		Suffix State Restraint System	Postal Code Any indication			100 Fema 101 Male 999 Unkn	Not Collected	Ethnicity
Name Unknow First Address Unknow Street	wn <i>Middle</i> wn		City		State	Postal Code Any indication of improper	0 No		100 Fema 101 Male 999 Unkni ne Number	Not Collected	Ethnicity
Name ☐ Unknot First Address ☐ Unknot Street Air Bags Deployed ☐ 000 Not deployed	wn <i>Middle</i>		City		State	Postal Code Any indication of improper 00	0 No 0 Yes	Seat	100 Fema 101 Male 999 Unkni ne Number	Not Collected	Ethnicity
Name ☐ Unknot First Address ☐ Unknot Street Air Bags Deployed	wn Middle wn 970 Not applicable 999 Unknown Type of	Injury Statu	City Is Inciden		State Restraint System	Postal Code Any indication of improper 00	0 No	Seat	100 Fema 101 Male 999 Unkni ne Number	Not Collected	Ethnicity
Name ☐ Unknown First Address ☐ Unknown Street Air Bags Deployed ☐ 000 Not deployed ☐ 001 Not deployed _ switch off ☐ 100 Front	wn Middle wn 970 Not applicable 999 Unknown Type of Medical	Injury Statu Medical [Unique	City Inciden Not applicable	t Responder	State Restraint System	Postal Code Any indication of improper 00	0 No 0 Yes	Seat	100 Fema 101 Male 999 Unknine Number	Not Collected	Ethnicity
Name ☐ Unknot First Address ☐ Unknot Street Air Bags Deployed ☐ 000 Not deployed ☐ 001 Not deployed ☐ switch off ☐ 100 Front ☐ 101 Side	wn Middle wn 970 Not applicable 999 Unknown Type of	Injury Statu Medical [Unique	City Is Inciden	t Responder	State Restraint System nse Agency	Postal Code Any indication of improper 00 use? 10 99	0 No 0 Yes	Seat	100 Fema 101 Male 999 Unknine Number	Not Collected	Ethnicity
Name ☐ Unknot First Address ☐ Unknot Street Air Bags Deployed ☐ 000 Not deployed ☐ 001 Not deployed ☐ switch off ☐ 100 Front ☐ 101 Side ☐ 102 Curtain	wn Middle wn 970 Not applicable 999 Unknown Type of Medical	Injury Statu Medical [Unique	City Inciden Not applicable	t Responder	State Restraint System	Postal Code Any indication of improper 00 use? 10 99	0 No 0 Yes	Seat	100 Fema 101 Male 999 Unknine Number	Not Collected	Ethnicity
Name ☐ Unknot First Address ☐ Unknot Street Air Bags Deployed ☐ 000 Not deployed ☐ 001 Not deployed ☐ switch off ☐ 100 Front ☐ 101 Side	wn Middle wn 970 Not applicable 999 Unknown Type of Medical	Injury Statu Medical [Unique	City Inciden Not applicable	t Responder	State Restraint System nse Agency	Postal Code Any indication of improper 00 use? 10 99	0 No 0 Yes	Seat	100 Fema 101 Male 999 Unknine Number	Not Collected	Ethnicity
Name ☐ Unknot First Address ☐ Unknot Street Air Bags Deployed ☐ 000 Not deployed ☐ 001 Not deployed ☐ switch off ☐ 100 Front ☐ 101 Side ☐ 102 Curtain	wn Middle wn 970 Not applicable 999 Unknown Type of Medical	Injury Statu Medical [Unique	City Inciden Not applicable	t Responder EMS Respon	State Restraint System nse Agency nse Run # □ Unkr	Postal Code Any indication of improper 00 use? 10 99	0 No 0 Yes	Seat	100 Fema 101 Male 999 Unknine Number	Not Collected	Ethnicity
Name ☐ Unknot First Address ☐ Unknot Street Air Bags Deployed ☐ 000 Not deployed ☐ 001 Not deployed ☐ switch off ☐ 100 Front ☐ 101 Side ☐ 102 Curtain ☐ 103 Other	wn Middle wn 970 Not applicable 999 Unknown Type of Medical	Injury Statu Medical [Unique Identifier [City IS Inciden Not applicable Unknown	EMS Respon	Restraint System nse Agency nse Run #	Postal Code Any indication of improper 00 use? 10 gg	0 No 0 Yes	Seat	100 Fema 101 Male 999 Unknine Number C	Not Collected	Ethnicity
Name ☐ Unknot First Address ☐ Unknot Street Air Bags Deployed ☐ 000 Not deployed ☐ 001 Not deployed ☐ switch off ☐ 100 Front ☐ 101 Side ☐ 102 Curtain ☐ 103 Other Injury Status	wn Middle wn 970 Not applicable 999 Unknown Type of Medical	Injury Statu Medical [Unique Identifier [City IS Inciden Not applicable Unknown	EMS Respon	Restraint System nse Agency nse Run # Unkr	Postal Code Any indication of improper 00 use? 10 gg	0 No 0 Yes	Seat	100 Fema 101 Male 999 Unknine Number	Not Collected Ejection	Ethnicity
Name ☐ Unknorm First Address ☐ Unknorm Street Air Bags Deployed ☐ 000 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	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation	Injury Statu Medical [Unique Identifier [Ejection 000 Not ejected 100 Ejected, pa	City Inciden Not applicable Unknown Extric 000 No 100 Trally	EMS Respon	Restraint System ISE Agency ISE Run # Unkr IGER CODES Restraint System Output Restraint Sy	Postal Code Any indication of improper 00 use? 10 nown	0 No 0 Yes	Seat	100 Fema 101 Male 999 Unknine Number Cing Position	Not Collected Ejection Patient Front	Extrication
Name ☐ Unknorm First Address ☐ Unknorm Street Air Bags Deployed ☐ 000 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 i 102 (B) Suspected minor inj	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation	Injury Statu Medical [Unique Identifier [Ejection 000 Not ejected 100 Ejected, pa 101 Ejected, tot	City Is Inciden Not applicable Unknown Extric 000 No ntially 100 Tra 101 Tra	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System The Agency	Any indication of improper 00 use? 10 sown	0 No 0 Yes 9 Unknown	Seat	100 Fema 101 Male 999 Unknine Number Cing Position	Not Collected Ejection	Ethnicity Extrication
Name ☐ Unknorm First Address ☐ Unknorm Street Air Bags Deployed ☐ 000 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	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation	Injury Statu Medical [Unique Identifier [Ejection 000 Not ejected 100 Ejected, pa	City Is Inciden Not applicable Unknown Extric 000 No ntially 100 Tra 101 Tra	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System The Agency	Postal Code Any indication of improper 00 use? 10 nown	0 No 0 Yes 9 Unknown	Seat	100 Fema 101 Male 999 Unknine Number Cing Position	Not Collected Ejection Patient Front Middle Righ	Ethnicity Extrication
Name ☐ Unknorm First Address ☐ Unknorm Street Air Bags Deployed ☐ 000 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 inj 103 (C) Possible injury	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation	Injury Statu Medical [Unique Identifier [Ejection 000 Not ejected 100 Ejected, pa 101 Ejected, tot 970 Not applica	City Is Inciden Not applicable Unknown Extric 000 No ntially 100 Tra 101 Tra	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System The Agency The Run # Unkr The Agency The Run # Unkr The Agency The	Postal Code Any indication of improper 00 use? 10 source and 10 source s	0 No 0 Yes 9 Unknown	Seat	100 Fema 101 Male 999 Unknine Number Cing Position lity Receiving Position Row Left 1 100	Not Collected Ejection Patient Front Middle Righ 101 102	Extrication t Unk 199
Name ☐ Unknor First Address ☐ Unknor Street Air Bags Deployed ☐ 000 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 inj 103 (C) Possible injury 104 (O) No apparent injury Race 100 American Indian or Alas	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury	Injury Statu Medical [Unique Identifier] Ejection 000 Not ejected 100 Ejected, tot 970 Not applica 999 Unknown Ethnicity 100 Hispanic	City IS Inciden Not applicable Unknown Extric 000 No 100 Tra 101 Tra ble 999 Un	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System The Agency The Restraint System The Agency Th	Postal Code Any indication of improper 00 use? 10 sown from 10 sown fr	0 No 0 Yes 9 Unknown	Seat	100 Fema 101 Male 999 Unknine Number Cing Position lity Receiving Position Row Left 1 100 2 200	Not Collected Ejection Patient Front Middle Righ 101 102 201 202	Extrication t Unk 199 299
Name ☐ Unknor First Address ☐ Unknor Street Air Bags Deployed ☐ 000 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	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury	Injury Statu Medical [Unique Identifier [Ejection 000 Not ejected 101 Ejected tot 970 Not applica 999 Unknown Ethnicity 100 Hispanic 101 Other than	City IS Inciden Not applicable Unknown Extric 000 No 100 Tra 101 Tra ble 999 Un	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System The Agency The Run # Unkr The CODES Restraint System The Code of the Agency The	Postal Code Any indication of improper 00 use? 10 sown from 10 sown fr	0 No 0 Yes 9 Unknown	Seat	ing Position Row Left 1 100 2 200 3 300	Not Collected Ejection Patient Front Middle Righ 101 102 201 202 301 302	Extrication t Unk 199 299 399
Name ☐ Unknorm First Address ☐ Unknorm Street Air Bags Deployed ☐ 000 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 inj 103 (C) Possible injury 104 (O) No apparent injury Race 100 American Indian or Alas	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury	Injury Statu Medical [Unique Identifier] Ejection 000 Not ejected 100 Ejected, pa 101 Ejected, tot 970 Not applica 999 Unknown Ethnicity 100 Hispanic 101 Other than 999 Unknown	City IS Inciden Not applicable Unknown Extric 000 No 100 Tra ally 101 Tra 999 Un Hispanic	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System ISE Agency ISE Run # Unkr IGER CODES Restraint Syste 001 None used – model ated 100 Booster seat 101 Child restraint si 102 Child restraint si 103 Child restraint si 104 Lap belt only us 105 Shoulder and la 106 Shoulder belt or 107 Stretcher	Postal Code Any indication of improper 00 use? 10 sown from 10 sown fr	0 No 0 Yes 9 Unknown	Seat	100 Fema 101 Male 999 Unknine Number Cing Position lity Receiving Row Left 1 100 2 200 3 300 4 400 Other 500	Not Collected Ejection	Extrication t Unk 199 299 399 499 599
Name ☐ Unknor First Address ☐ Unknor Street Air Bags Deployed ☐ 000 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 in 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	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury	Injury Statu Medical [Unique Identifier] Ejection 000 Not ejected, pa 101 Ejected, po 101 Ejected, tot 970 Not applica 999 Unknown Ethnicity 100 Hispanic 101 Other than 999 Unknown Incident Re	City IS Inciden Not applicable Unknown Extric 000 No 100 Tra ally 101 Tra 999 Un Hispanic	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System ISE Agency ISE Run # Unkr IGER CODES Restraint Syste 001 None used – mc 100 Booster seat 101 Child restraint s 102 Child restraint s 103 Child restraint s 104 Lap belt only us 105 Shoulder and la 106 Shoulder belt or 107 Stretcher 108 Wheelchair	Postal Code Any indication of improper 00 use? 10 sown from the companies of the companies	0 No 0 Yes 9 Unknown	Faci	100 Fema 101 Male 999 Unknine Number Cing Position lity Receiving Position Row Left 1 100 2 200 3 300 4 400 Other 500 Unk 600	Not Collected	Extrication t Unk 199 299 399 499 599
Name ☐ Unknown First Address ☐ Unknown Street Air Bags Deployed ☐ 000 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 inj 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	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native	Injury Statu Medical [Unique Identifier] Ejection 000 Not ejected 100 Ejected, tot 970 Not applica 999 Unknown Ethnicity 100 Hispanic 101 Other than 999 Unknown Incident Re 000 No	City IS Inciden Not applicable Unknown Extric 000 No 100 Tra ally 101 Tra 999 Un Hispanic	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System The Agency The Run # Unknown Unknow	Postal Code Any indication of improper 00 use? 10 sown from the companies of the companies	0 No 0 Yes 9 Unknown	Faci Seat	100 Fema 101 Male 999 Unknine Number Cing Position lity Receiving Position Row Left 1 100 2 200 3 300 4 400 Other 500 Unk 600 menclosed cargo and some second so	Not Collected Ejection	Extrication t Unk 199 299 399 499 599
Name ☐ Unknow First Address ☐ Unknow Street Air Bags Deployed ☐ 000 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 inj 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 Trai	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native	Injury Statu Medical [Unique Identifier] Ejection 000 Not ejected 100 Ejected, pa 101 Ejected, tot 970 Not applica 999 Unknown Ethnicity 100 Hispanic 101 Other than 999 Unknown Incident Re 000 No 100 EMS 101 Fire	City IS Inciden Not applicable Unknown Extric 000 No 100 Tra ally 101 Tra 999 Un Hispanic	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System ISE Agency ISE Run # Unkr IGER CODES Restraint Syste 001 None used – model ated 100 Booster seat 101 Child restraint si 102 Child restraint si 103 Child restraint si 104 Lap belt only us 105 Shoulder and la 106 Shoulder and la 106 Shoulder belt or 107 Stretcher 108 Wheelchair 199 Restraint used - 002 No helmet	Postal Code Any indication of improper 00 use? 10 sown Down 0 No 0 Yes 9 Unknown	Faci Faci Seat	100 Fema 101 Male 999 Unknine Number Cing Position lity Receiving Position Row Left 1 100 2 200 3 300 4 400 Other 500 Unk 600 Inenclosed cargo aiding on motor vel	Not Collected Ejection	Extrication t Unk 199 299 399 499 599	
Name ☐ Unknown First Address ☐ Unknown Street Air Bags Deployed ☐ 000 Not deployed ☐ 001 Not deployed ☐ switch off ☐ 100 Front ☐ 101 Side ☐ 102 Curtain ☐ 103 Other Injury Status 100 (K) Fatal injury 101 (A) Suspected minor inj 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 Train 000 Not transported	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native	Injury Statu Medical Unique Identifier (Ejection 000 Not ejected 100 Ejected, pa 101 Ejected, tot 970 Not applica 999 Unknown Ethnicity 100 Hispanic 101 Other than 999 Unknown Incident Re 000 No 100 EMS 101 Fire 102 Police	City Is Inciden Not applicable Unknown Extric 000 No 100 Trially 101 Tre 999 Un Hispanic	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System The Agency The Run # Unkr The Run # Unkr The Run # Unkr The Restraint System The Run # Unkr The Restraint System The Restraint Sy	Postal Code Any indication of improper 00 use? 10 gg nown postal Code Any indication 10 gg nown postal Code 10 gg nown nown postal Code 10 gg nown postal Code 10 gg nown nown nown postal Code 10 gg nown	0 No 0 Yes 9 Unknown	Faci Seat 700 U 701 R (800 Ti	ing Position Row Left 1 100 2 200 3 300 4 400 Other 500 Unk 600 nenclosed cargo a diding on motor vedicing unit	Not Collected	Extrication t Unk 199 299 399 499 599
Name ☐ Unknor First Address ☐ Unknor Street Air Bags Deployed ☐ 000 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 i 102 (B) Suspected minor inj 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 Trail 000 Not transported 100 EMS air 101 EMS ground	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native	Injury Statu Medical [Unique Identifier] Ejection 000 Not ejected 100 Ejected, pa 101 Ejected, tot 970 Not applica 999 Unknown Ethnicity 100 Hispanic 101 Other than 999 Unknown Incident Re 000 No 100 EMS 101 Fire	City IS Inciden Not applicable Unknown Extric 0000 No 100 Trially ble 999 Un Hispanic	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System The Agency The Run # Unkr The Run # Unkr The Run # Unkr The Restraint System The Run # Unkr The Restraint System The Restraint Sy	Postal Code Any indication of improper 00 use? 10 nown 0 No 0 Yes 9 Unknown	Faci Faci Seat	ing Position Row Left 1 100 2 200 3 300 4 400 Other 500 Unk 600 Unk 600 unenclosed cargo a iding on motor vel (non-trailing unit) railing unit leeper section of contrailing unit	Front Middle Righ 101 102 201 202 301 302 401 402 501 502 area ab (truck)	Extrication t Unk 199 299 399 499 599	
Name ☐ Unknor First Address ☐ Unknor Street Air Bags Deployed ☐ 000 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 inj 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 Train 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native	Injury Statu Medical Unique Identifier (Injugue Injugue Identifier (Injugue Identifie	City Is Inciden Not applicable Unknown Extric 000 No 100 Tra ally ally 101 Tra 999 Un Hispanic Esponder	EMS Responder EMS Responder EMS Responder PASSENT Cation Supper and extricate ped but not extricate ped bu	Restraint System ISE Agency ISE Run # Unkr IGER CODES Restraint Syste 001 None used – model 100 Booster seat 101 Child restraint syste 102 Child restraint syste 103 Child restraint syste 104 Lap belt only us 105 Shoulder and la 106 Shoulder belt or 107 Stretcher 108 Wheelchair 199 Restraint used - 002 No helmet 200 DOT-compliant 201 Not DOT-compli 299 Unknown if DOT	Postal Code Any indication of improper 00 use? 10 gg nown postal Code Any indication 10 gg nown postal Code 10 gg nown nown postal Code 10 gg nown postal Code 10 gg nown nown nown postal Code 10 gg nown	0 No 0 Yes 9 Unknown	Faci Faci 700 U 701 R 801 T 801 T 801 S 898 O	100 Fema 101 Male 999 Unknine Number ing Position lity Receiving receiving lity Receiving	Front Middle Righ 101 102 201 202 301 302 401 402 501 502 area ab (truck)	Extrication t Unk 199 299 399 499 599
Name ☐ Unknor First Address ☐ Unknor Street Air Bags Deployed ☐ 000 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 i 102 (B) Suspected minor inj 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 Trail 100 EMS air 101 EMS ground	Middle wn 970 Not applicable 999 Unknown Type of Medical Transportation njury ury ska Native	Injury Statu Medical Unique Identifier (Inique Ide	City Is Inciden Not applicable Unknown Extric 000 No 100 Tra ally ally 101 Tra 999 Un Hispanic Esponder	EMS Respon EMS Respon EMS Respon Cation Apped and extricate piped but not extricate piped with the extricate piped but not	Restraint System The Agency The Run # Unknown Inse Run # Unknown Inse Run # Unknown Inse Run # In	Postal Code Any indication of improper 00 use? 10 gg nown postal Code Any indication 10 gg nown postal Code 10 gg nown nown postal Code 10 gg nown postal Code 10 gg nown nown nown postal Code 10 gg nown	0 No 0 Yes 9 Unknown	Faci Faci 700 U 701 R (800 Ti 800 Ti 898 O 970 N	ing Position Row Left 1 100 2 200 3 300 4 400 Other 500 Unk 600 Unk 600 unenclosed cargo a iding on motor vel (non-trailing unit) railing unit leeper section of contrailing unit	Front Middle Righ 101 102 201 202 301 302 401 402 501 502 area ab (truck)	Extrication t Unk 199 299 399 499 599

Printed Revision

Non-Motorist	t #				NON	I-MOTORI	ST INF	ORMA	OIT	V									
Tron motories	`"					R	ev. 2023-2			Case #	:					Page	•	of	
					N	ON-MOTOR	IST INF	ORMATIC	NC										
Name Un	nknown								Age	☐ Unk	nown	Sex			Race				
												100 Fem					n Indian	or	
First		A A : al all i				Last		0.46.				101 Mal 999 Unk				aska N sian or		Islander	
First Address	nknown	Middle				Last		Suffix	Phon	e Num	ber		Not Colle	ected	102 BI	ack			
_												_			103 W 980 O				
															999 U		ı		
Street Incident Respond	der		City			State	Postal Code		Date	of Birtl	h		Unkno	nwn	Ethni	city			\dashv
000 No 102 Pc							980 Otl	her L	Julio	O. D (.	•	_	_ Olikiik	JWII	100 His	-			\dashv
100 EMS 103 To	ow operator						999 Un								101 Otl	ner thai	n Hispa	ınic	
101 Fire 104 Tr	ransportation (i.e. maintenar	ice worke	rs, safety se		rol operators, etc.)									999 Un	known			
No. Market Sat T		1 . 141 . 1				N-MOTORIS	TCIRC	JMSTAN	CES										
Non-Motorist Typ	ре [Initial	ct Point	, L	Locat		بالمسممين	200 0:		ha /ma mau		(ممانامم	200	Daire					\dashv
100 Bicyclist 198 Other cyclist		100 Fro	nt (12 o'cl	ock)		ersection - marked (ersection - unmarke				te (no pav e marking		narking)			ay acce afficway				
200 Pedestrian			nt (3 o'clo ır (6 o'clo:			ersection - other				ike lanes					l-use pa	th or tr	ail		
298 Other pedestrian person in a buildi			17 (6 0 Clock) 19 o'clock)			dian/crossing island block - marked cro				uffered b bike lane:		3	303	Sidewa	alk				
personal conveya	ance, etc.)	999 Unk		,	105 Sh	oulder/roadside				ails/sidep				Other					
300 Occupant of a no transportation de						avel lane - other loca							999	Unknov	wn				Ц
999 Unknown	, v100		/Destin			Safety Equipme		l4					_	100 1	L.C.	_	1 000 -	Λ41 ₋ .	
Struck by Vehicle	e #			om school (k om transit	(-12)		100 He	imet otective pads i	upped (all	howo ka	aaa ahin	o oto)		103 Ligi	hting flectors		980 C	Ither Inknown	
		970 Not	applicabl				_	flective year (,			15, 616.)	ш	IU4 NEI	IIECIOIS	_] 999 C	IIKIIOWII	
Action Prior to C	rach	999 Unk		ions or Ci	roums	tances At Time			ьаопра	ort, triarig	100, 010.)		Cloth	ina P	riahtn		He	per	\dashv
000 None	14511			None (no im			oi Ciasi						100 Lig	_	rigitu	622	-	` =	=
100 Adjacent to roady		ulder,median)		,	ipiopoi (100011)							101 Da	irk			Lo	wer	\dashv
101 Crossing roadwa				Dart / dash Disabled ve	hiolo rol	stad		9 Not visible				j, etc.)	970 No 999 Un						
103 Walking/cycling a		against traffic				ateu g, leaving/approachi		10 Wrong-way	y nuing (or warking	g		999 011	KHOWH					
(in or adjacent to				Entering/exi	ting parl	ed/standing vehicle	98	30 Other											
104 Walking/cycling a (in or adjacent to		with traffic		Failure to obtain Failure to yie		c signs, signals, or of-way	officer 99	99 Unknown											
105 Walking/cycling of	on sidewalk [°]		105	Improper pa	ssing	•													
106 Working in traffic		response)		Improper tui															
198 In roadway -other 980 Other	er.			In attentive (
999 Unknown				(standing, ly	ing, wor	king, playing)													
				N	ON-N	MOTORIST M	IEDICAI	INFORM	/ATIO	NC									
Injury Status		Type of M	edical T	ransporta	tion	EMS Respo	nse Ager	псу					EMS	Respo	onse l	≀un #		Unknow	/n
100 (K) Fatal Injury	aniana lainan	000 Not trans	ported																
101 (A) Suspected Se 102 (B) Suspected M		100 EMS air 101 EMS gro	und			Marka at the	! I.d	4161		P 11	le	lite . De c		. D-4:	4				4
103 (C) Possible Injur	ry	200 Law enfo				Medical Un	ique iden		☐ Unki	applicabl	eracii	iity Kec	eiving	Patie	ent				
104 (O) No Apparent	Injury	980 Other 999 Unknowr	1						LI Oliki	IIOWII									
						NON-MOTO	RIST CO	ONDITION	<u></u> ا										
Conditions at the	Time of the	ne Crash				straction Action					Distrac	ction S	ource						
000 Apparently norma				pplicable		Not distracted						ds-free n							П
100 Asleep/blacked ou	ut		980 Other		100	Talking / listening	 	(havdina huninasi				d-held m							
101 Fatigued 102 Emotional (depres	ssed. angrv. d		999 Unkn	OWN	110	Manually operating dialing, playing ga	ig a device (ame. etc.)	texting, typing	},			icle-integ er electro							
103 III (sick), fainted		,				Inattentive	, ,				200 Pas	senger o	r other n	on-mot					
104 Physically impaire 105 Under the influence		one/				Other distraction Unknown distract	ion				201 Exte 298 Othe	ernal to ve	ehicle/no	on-moto	orist are	а			
drugs/alcohol	oc of modical	0110/				onknown distract						applicabl	e						
106 Inattentive/distract	ted				_						999 Unk								
A	Test Statu	,		☐ Unknow		ohol Test Type				4		Resul	ts			B	AC		
	000 Test not of 001 Test refus		t ımber			Blood Blood clot		300 Urine 301 Vitreous			esults per	nding esults witl	h no act	ual valı	IE.				
	100 Test give					Blood clot Blood plasma/serur	n	302 Liver			esults rec		ii iio acc	aai vaic	10				
100 Yes	00 Yes 999 Unknown if tested 200 Breath 970 Not applicable 101 Positive results with no actual value																		
999 Unknown	99 Unknown 201 Preliminary breath test (PBT) 980 Other 970 Not applicable 999 Unknown																		
	suspected Test Status Drug Unknown Drug Test Type Drug Test Results																		
	100 Floring World 1																		
_	OUT Test refused Name IUT Orine																		
100 Yes	999 Unknown				103	Saliva													
999 Unknown					1198	Other						C	RASH RI	FPORT	- NON-I	ИОТОБ	IST INF	ORMATI	ON

Printed

to violon	rimed		OUISIANA UNIFO			
		•		ev. 2023-2	Case #	Page of
			NON-VEHICULAR	PROPERTY DAMA	GE	PROPERTY#
Property Type	Damage Severity	Owner Name	Unknown			ner Phone Number Not Collected
Owner Address	Unknown	<u> </u>				
Street				City		State Postal Code
			NON-VEHICULAR	PROPERTY DAMA	GE	PROPERTY #
Property Type	Damage Severity	Owner Name	☐ Unknown		Ow	rner Phone Number
Owner Address	☐ Unknown					
Street			NON VEHICLE AR	City		State Postal Code
Property Type	Damage Severity	Owner Name	Unknown	PROPERTY DAMA		PROPERTY # oner Phone Number Not Collected
Owner Address	☐ Unknown					
Street				City		State Postal Code
			NON-VEHICULAR	PROPERTY DAMA	GE	PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown		Ow	ner Phone Number Not Collected
Owner Address	☐ Unknown				·	
Street			NON VEHICLE AD	City		State Postal Code
manager Turns	Damaga Savarity	Owner Neme		PROPERTY DAMA		PROPERTY#
Property Type	Damage Severity	Owner Name	Unknown		Ow	ner Phone Number
Owner Address	☐ Unknown					
Street			NON-VEHICIII AR	City PROPERTY DAMA		State Postal Code PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown	THOI ENTI DAMA		ner Phone Number Not Collected
Owner Address	Unknown	<u> </u>				
Street				City		State Postal Code
				PROPERTY DAMA		PROPERTY #
Property Type	Damage Severity	Owner Name	☐ Unknown		Ow	ner Phone Number Not Collected
Owner Address	Unknown					
Street			NON-VEHICIII AR	City PROPERTY DAMA		State Postal Code PROPERTY #
Property Type	Damage Severity	Owner Name	Unknown	PROPERTI BANKA		ner Phone Number Not Collected
Owner Address	☐ Unknown				I	
Street				City		State Postal Code
Proporty Trees			PROPERTY	DAMAGE CODES		Damago Soverity
Property Type 00 Private property	300 Cable barrie	er 30	03 Guardrail face	400 Traffic sign support	598 Other state property	Damage Severity 100 Light (less than \$500)
00 Bridge overhead st 01 Bridge pier or supp 02 Bridge rail	301 Concrete tra ructure 302 Guardrail er	affic barrier 30	14 Impact attenuator/crash cushion 18 Other traffic barrier		980 Other	101 Moderate (between \$500 and \$10,000) 102 Severe (over \$10,000)

CRASH REPORT - NON-VEHICULAR PROPERTY DAMAGE

Revision Printed LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT Train # Case # Page οf TRAIN INFORMATION Train Type ID# ■ Not Applicable ■ Unknown Lead Engine # Serial # ☐ Unknown Present Equipment Unknown 100 Railroad train ■ 000 None 101 Streetcar ■ 100 Headlight functional 101 Ditch lights functional Make Unknown # of Engines Unknown # of Cars ☐ Unknown Data Recorder Speed Type ■ Unknown ■ 102 Horn functional ■ 103 Bell functional □ Pending ■ 104 Event data recorder equipped TRACK INFORMATION **WARNING DEVICES** DOT Crossing # **Present Warning Devices Advance Warning Devices Active Warning Devices** ■ Not Applicable Crossing Surface Material ■ Unknown ■ 000 None ■ 000 None 000 None 100 Rubber mat 980 Other ☐ 100 Flashing lights ☐ 100 Sign ■ 100 Lights flashing 101 Asphalt ■ 101 Pavement markings 102 Wood ☐ 101 Bell ■ 101 Bell ringing Sets of Tracks Speed Limit Crossing Type 103 Concrete ■ 102 Gate ■ 102 Active advance warning ■ 102 Gates down 100 Public 104 Gravel ☐ 980 Other ☐ 980 Other ■ 103 Crossbuck 101 Private ☐ 980 Other COLLISION INFORMATION Train in Crossing Vehicle Struck Car # Not Applicable Unknown Struck Car ■ Not Applicable ■ Unknown Motion Interaction Type 000 No 100 Stalled on crossing 101 Stopped on crossing 100 Yes 102 Moving over crossing Struck ■ Not Applicable **Distance Traveled** ■ Not Applicable **Estimated Speed** Collision 103 Trapped on crossing **Car Position** After Impact Before Braking ■ Unknown Type 100 Frontal feet 101 Side/backing miles Hazardous Materials Placard Hazardous Material Class Hazardous Materials Released from Train Cargo Compartment 000 Had no placard and not carrying hazardous materials 1 Explosives 970 Not applicable 001 Had a placard, not carrying hazardous materials 000 No, hazardous materials not released 2 Gas 999 Unknown 100 Carried hazardous material that required placarding 100 Yes, hazardous materials released 3 Flammable liquids 200 Carried hazardous materials without placard 970 Not applicable 4 Other flammable substances 999 Unknown 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances **Hazardous Material ID** 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods TRAIN OPERATOR Name Unknown Address Unknown Postal Code **TRACK OWNER** Name ■ Unknown Address Unknown Postal Code TRAIN ENGINEER Name ■ Unknown ■ This train had no engineer Certification Number ■ Unknown Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander Suffix 102 Black Address ■ Unknown **Phone Number** ■ Not Collected 103 White 980 Other 999 Unknown Street City State Postal Code Age Unknown Date of Birth Unknown Incident Responder **Ethnicity** Sex 000 No 102 Police 980 Other 999 Unknown 100 Female 100 Hispanic 100 EMS 101 Other than Hispanic 103 Tow operator 101 Male 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 ☐ Unknown EMS Response Run # 103 (C) Possible Injury 200 Law enforcement 104 (O) No Apparent Injury Medical Unique Identifier ■ Not applicable **Facility Receiving Patient** ■ Unknown

CRASH REPORT - TRAIN INFORMATION

Revision		nted	LOUISIA			RM CRAS		ORT					
Tra	ain#			ш	Rev. 2			Case#			Page	of	F
				TD	AIN CO	NDUCTOR		suse "			ruge	01	
Name	Unknow	'n				d no conducto	r	Race					4
Name	☐ Unknow	n		□ '''	is train na	a no conducto	ır		rican Indian or	102 Black	c	99 Unk	nown
									a Native	103 White	`	JJ OIII	owii
First			Middle	Last			Suffix	101 Asiar	or Pacific Isla	•			
Address	☐ Unknow	'n								Phone Number	☐ No	t Collec	cted
Street			City				State	Postal (Code				
Incident Re	esponder					Sex	Age 🗆			rth 🔲 Unknown	Ethnicity		
000 No	102 Police		980 Other 999 Unknown			100 Female					100 Hispan		
100 EMS 101 Fire	103 Tow ope		(i.e. maintenance workers, safety service pa	atrol operato	ors etc.)	101 Male 999 Unknown					101 Other t		panic
Injury Statu		1	Type of Medical Transportation			se Agency					1000 0111110		
100 (K) Fatal I			000 Not transported 980 Other			,							
	ected Serious In		100 EMS air 999 Unknown										
102 (B) Suspe 103 (C) Possil	ected Minor Injui	ry	101 EMS ground 200 Law enforcement	EMS	Respons	se Run# □	Unknown						
103 (C) 1 033ii			200 Law emorcement										
	ique Identif	ier	☐ Not applicable ☐ Unknow	vn Faci	lity Recei	ving Patient							
					-								
				DASSE	NGERI	NFORMATI	ON						
PASSENGI	CD #			PASSE	NGERI	NFORMATI	ON						
Name	Unknow	'n						Race					
Italile	_ OHRHOW	11							rican Indian or	102 Black	ç	99 Unk	nown
									ka Native	103 White			
First			Middle	Last			Suffix	101 Asiar	or Pacific Isla	•			
Address	☐ Unknow	'n								Phone Number	☐ No	t Collec	cted
Street			City				State	Postal (Code				
Incident Re	esponder		Oity			Sex	Age 🔲			rth 🔲 Unknown	Ethnicity	,	
000 No	102 Police		980 Other 999 Unknown			100 Female					100 Hispan		
100 EMS 101 Fire	103 Tow ope		(i.e. maintananae warkere eafaty earvise n	atral anarata	ora atal	101 Male 999 Unknown					101 Other t		panic
Injury State	· ·	Tallon	(i.e. maintenance workers, safety service partype of Medical Transportation			se Agency					1999 OHKHO	WII	
100 (K) Fatal I			000 Not transported 980 Other		Kespons	se Agency							
101 (A) Suspe	ected Serious In	jury	100 EMS air 999 Unknown										
	ected Minor Injui	ry	101 EMS ground	EMS	Respons	se Run #	Unknown						
103 (C) Possil 104 (O) No Ap			200 Law enforcement										
	ique Identif	ier	☐ Not applicable ☐ Unknow	vn Faci	lity Recei	ving Patient							
					,	ing i amoni							
PASSENG													
Name	Unknow	'n						Race	riaan Indian ar	102 Black		99 Unk	(004/0
								1	rican Indian or ka Native	102 Black 103 White	•	199 Ulik	IIOWII
First			Middle	Last			Suffix		or Pacific Isla				
Address	Unknow	'n						•		Phone Number	☐ No	t Collec	cted
			0,1				5						
Incident Re	esponder		City		$\overline{}$	Sex	Age	Postal o Unknown		rth 🔲 Unknown	Ethnicity	,	T
000 No	102 Police	9	980 Other 999 Unknown		L	100 Female					100 Hispan		
100 EMS	103 Tow ope		,			101 Male					101 Other t	han His	panic
101 Fire		rtation	(i.e. maintenance workers, safety service pa			999 Unknown					999 Unkno	wn	
Injury Statu			Type of Medical Transportation	— EMS	Kespons	se Agency							
100 (K) Fatal I	Injury ected Serious In	iurv	000 Not transported 980 Other 100 EMS air 999 Unknown										
102 (B) Suspe	ected Minor Injui		101 EMS ground	EMS	Respons	se Run #	Unknown						
103 (C) Possil			200 Law enforcement										
104 (O) No Ap	pparent Injury nique Identifi	ior	Not applicable ☐ Unknow	un Essi	lity Doos!	ving Patient							
ivieuicai Un	nque luentif	iei	☐ Not applicable ☐ Unknow	wii Faci	ity Kecel	ving Fallent							

Total # of Train Passengers	·	RAIN SUP			Г			1 —	
		Rev. 20	023-2	C	Case #			Page	f
	PA	SSENGER II	NFORMATIO	ON					
TRAIN # PASSENGE									
Name Unknown					Race				
						ican Indian or	102 Black	999 Unl	known
					1	a Native	103 White	000 0	
First	Middle	Last		Suffix	101 Asian	or Pacific Isla	ander 980 Other		
Address Unknown	maac	2001		- Cum			Phone Number	☐ Not Colle	ected
_								_	
Street	City			State	Postal C	Code			
Incident Responder	=::,		Sex	Age 🔲			rth Unknown	Ethnicity	
000 No 102 Police	980 Other 999 Unknown		100 Female	1 -				100 Hispanic	
100 EMS 103 Tow operator			101 Male					101 Other than His	spanic
101 Fire 104 Transportation	(i.e. maintenance workers, safety service patrol	operators, etc.)	999 Unknown					999 Unknown	
Injury Status	Type of Medical Transportation	EMS Respons	e 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 Respons	e Run #	Unknown					
103 (C) Possible Injury 104 (O) No Apparent Injury	200 Law enforcement								
, , , , ,	Net englischte Dittelmenne	Facility Dagei	dan Detient						
Medical Unique Identifier	☐ Not applicable ☐ Unknown	Facility Receiv	ing Patient						
TRAIN# PASSENGE	=D #								
Name Unknown	-IX #				Race				
Marile						ican Indian or	100 Block	000 LInl	known
					1	a Native	102 Black 103 White	999 Unl	Known
E	Madella	1		0.4		or Pacific Isla			
First ☐ Unknown	Middle	Last		Suffix	1.01710101	01 1 001110 1010	Phone Number	☐ Not Colle	nted
Address							I none Number	1401 00110	otou
Street	City			State	Postal C	Codo			
Incident Responder	City		Sex	Age 🔲			rth 🔲 Unknown	Ethnicity	
•	980 Other 999 Unknown		100 Female		O I II I I I I I I I I I I I I I I I I		on anomi	100 Hispanic	
100 EMS 103 Tow operator	ood outer ood outeren.		101 Male					101 Other than His	spanic
101 Fire 104 Transportation	(i.e. maintenance workers, safety service patrol	operators, etc.)	999 Unknown					999 Unknown	•
Injury Status	Type of Medical Transportation	EMS Respons	e Agency		· ·			•	
100 (K) Fatal Injury	000 Not transported 980 Other	1							
101 (A) Suspected Serious Injury	100 EMS air 999 Unknown								
102 (B) Suspected Minor Injury	101 EMS ground	EMS Respons	e Run #	Unknown					
103 (C) Possible Injury	200 Law enforcement								
104 (O) No Apparent Injury									
Medical Unique Identifier	■ Not applicable ■ Unknown	Facility Receiv	ring Patient						
TOAIN#	-D.#								
TRAIN # PASSENGE	-R#				Desir				
Name Unknown					Race	. ,	100 =: :		. L
					1	ican Indian or	102 Black	999 Unl	known
						a Native or Pacific Isla	103 White ander 980 Other		
First	Middle	Last		Suffix	101 Asian	OI FACILIC ISIA		□ N-t O-ll-	-41
Address							Phone Number	☐ Not Colle	ectea
Street	City		Sex	State	Postal C		rth 🗖 Halmanna	Ethnicity	1
Incident Responder	000 Other 000 Halanana		4 · · · · · · · · · · · · · · · · · · ·	Age 🔲	OTIKNOWN	Date Of Bil	rth 🔲 Unknown	Ethnicity	
000 No 102 Police 100 EMS 103 Tow operator	980 Other 999 Unknown		100 Female 101 Male					100 Hispanic 101 Other than His	cnonio
•	(i.e. maintenance workers, safety service patrol	operators, etc.)	999 Unknown					999 Unknown	ομαιτισ
Injury Status	Type of Medical Transportation	EMS Respons	l	1				1-00 01111101111	
100 (K) Fatal Injury	000 Not transported 980 Other	Lino izespoils	o Agency						
100 (K) Fatal injury 101 (A) Suspected Serious Injury	100 EMS air 999 Unknown								
102 (B) Suspected Minor Injury	101 EMS ground	EMS Respons	e Run# □	Unknown					
103 (C) Possible Injury	200 Law enforcement								
104 (O) No Apparent Injury									
Medical Unique Identifier	☐ Not applicable ☐ Unknown	Facility Receiv	ring Patient						
-	·· -								

Total # of Witnesses				NESSES v. 2023-2			- m.m
					Case #		Page of
				NESSES			_
			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 Address	Middle	Last	Suffix	First Address	Middle	Last	Suffix
Address				Address			
O:t-		04-4-	Dantal Oada	Oit.		04-4-	Dantal Carlo
City		State	Postal Code	City		State	Postal Code
Phone Number		Age	Sex	Phone Number		Age	Sex
N			WITNESS #	N			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			
			0 57				0 55
First Address	Middle	Last	Suffix	First Address	Middle	Last	Suffix
7.44.000				7.44			
City		State	Postal Code	City		State	Postal Code
City		State	r ostai code	Oity		State	rostal code
Dhana Numbar		1	Cav	Dhana Number		1	Pau.
Phone Number		Age	Sex	Phone Number		Age	Sex
Name			WITNESS #	Name			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			
Eirot	A #:11	14	0.4	Eirot	8. A! - J - J I	11	0
First Address	Middle	Last	Suffix	First Address	Middle	Last	Suffix
City		State	Postal Code	City		State	Postal Code
City		Clate	. Ostar Code	City		Otate	. Jotal Joue
Phono Number		Ago	Sov	Phone Number		Age	Sov
Phone Number		Age	Sex	Phone Number		Age	Sex
							RASH REPORT - WITNESSES
						C	NAOR REPURI - WIINESSES

Revision	Printed	LOUISIANA UNIFORM CRASH REPORT DIAGRAM		
Scene #		Rev. 2023-2 Case #	Page	ı
		CRASH DIAGRAM		

CRASH REPORT - DIAGRAM

Printed

LOUISIANA UNIFORM CRASH REPORT NARRATIVE

NARRATIVE		
Rev. 2023-2	Case #	Page of

CRASH NARRATIVE	Fage OI
CNASTINANNATIVE	
	CRASH REPORT - NARRATIVE

Printed

LOUISIANA UNIFORM CRASH REPORT PHOTOS

	Case # Page of	
PHO	OTOS	
	CRASH REPORT - PI	

Povicion	Drintod
Revision	Printed

Attachment #	ATTACHMENT Rev. 2023-2 Case # [
7 1110	Rev. 2023-2 Case #	Page of
	ATTACHMENT	
		CRASH REPORT - ATTACHMENT