

Revision

Printed

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

☐ Secondary Crash

☐ Photos Taken

☐ Videos Taken

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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

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

000 Not an interchange area

100 Acceleration or deceleration lane

101 Crossover related

102 Driveway access or related

103 Entrance/exit ramp or related

104 Intersection or related

106 Railway grade crossing

107 Shared-use path or trail

108 Through roadway

980 Other location within an interchange area (median, shoulder, and roadside)

999 Unknown

100 Violations

101 Movement prior to crash

102 Vision obstructions

103 Driver condition

104 Vehicle condition

105 Road surface

106 Roadway condition

107 Lighting condition

108 Weather condition

109 Traffic control

110 Non-motorist condition

111 Non-motorist action

970 Not applicable

Intersection Geometry

School Bus Relation

000 Angled / skewed

101 Roundabout / traffic circle

102 Perpendicular

970 Not applicable

000 No

100 Yes, school bus directly involved

101 Yes, school bus indirectly involved

Intersection Traffic Control

000 No controls

100 Signalized

101 Stop -all way

102 Stop -partial

103 Yield

970 Not applicable

CRASH REPORT - CRASH SUMMARY

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CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

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

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

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

Passenger Vehicles

100 Passenger car 103 Pickup
101 Passenger van / Minivan (less than 9 seats) 104 Cargo van
102 (Sport) utility vehicle

Construction / Farm Equipment

200 Construction equipment (backhoe, bulldozer, etc.)
201 Farm equipment (tractor, combine, harvester, etc.)

Cycle / Off Road / Recreation

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

Trucks

400 Single unit truck
401 Truck tractor
498 Other truck

Large Passenger Vehicle

500 Motor home 505 School bus
501 Passenger van (9-15 seats) 506 Transit bus
502 Passenger van (16+ seats) 507 Motorcoach
503 Large limo 598 Other bus / large passenger
504 Mini-bus vehicle

Other

980 Other 999 Unknown

VIN

☐ Unknown

Model Year

☐ Unknown

Make

Model

Color

License Plate

☐ Missing☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

Owner Name

☐ Same as driver☐ Unknown

Owner Address

☐ Same as driver☐ Unknown

Street

City

State

Postal Code

Insurance

☐ Uninsured at time of crash

Company

☐ Unknown

Phone #

☐ Unknown

NAIC #

☐ Unknown

Policy #

☐ Unknown

Expiration Date

☐ Unknown

DAMAGE

Damage Extent

000 None
100 Minor damage
101 Functional damage
102 Disabling damage
990 Vehicle not at scene

Initial Point of Contact

7	8	9	10	11
6	→			12
5	4	3	2	1

☐ 000 Non-collision
☐ 001 Vehicle not at scene
☐ 100 Top
☐ 113 Undercarriage
☐ 114 Cargo Loss
☐ 999 Unknown

Damaged Areas

7	8	9	10	11
6	→			12
5	4	3	2	1

☐ 001 Vehicle not at scene
☐ 002 No damage
☐ 100 Top
☐ 113 Undercarriage

TOWING

Tow Status

000 Not towed
100 Towed, but not due to disabling damage
101 Towed (or will be towed) due to disabling
damageTowed By ☐ Unknown

Tow Authority

100 Owner
101 Law enforcement
970 Not applicable
980 Other

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage

000 No special function 980 Other
100 Bus - school (public or private) 999 Unknown
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 way109 Crossed median into opposing lane
110 Crossed center line into opposing lane
111 Ran off road (not while making turn at intersection)
200 Entering traffic lane from shoulder
201 Entering traffic lane from median
202 Entering traffic lane from parking lane
203 Entering traffic lane from private lane or driveway
204 Entering freeway from on-ramp
300 Leaving traffic lane400 Slowing to make left turn
401 Slowing to make right turn
402 Slowing to stop
498 Slowing for other reason
500 Parked
501 Stopped, preparing to turn left
502 Stopped, preparing to turn right
503 Stopped in traffic
980 Other 999 Unknown

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 Passing201 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 condition207 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 100 Northbound
001 In roadway but not in motion 300 Eastbound
002 Not on trafficway 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	
<input type="text"/>	<input type="text"/>					
Rear Left	Rear Right					
<input type="text"/>	<input type="text"/>					
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"/>	
			Traffic Signal Status 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown			
Trafficway Division 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			Barrier Type 000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other			
Roadway Grade 000 Not on trafficway 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)			Number of Through Lanes 000 Not on trafficway 100 Straight 101 Curve left 102 Curve right	Number of Auxiliary Lanes 000 Not on trafficway 100 Straight 101 Curve left 102 Curve right	Roadway Alignment 000 Not on trafficway 100 Straight 101 Curve left 102 Curve right	Permitted Travel 000 Not on trafficway 100 One-way 200 Two-way Speed Limit <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
HOV Lane Presence 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			HOV Lane Relation 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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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.)				999 Unknown			
100 Vehicles 10,000 lbs or less placarded for hazardous materials				301 Single-unit truck (3 or more axles)				001 Had no placard and 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							
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							
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							

Name						<input type="checkbox"/> Unknown	Age		<input type="checkbox"/> Unknown	Sex		<input type="checkbox"/>	Race		<input type="checkbox"/>													
										100 Female 101 Male 999 Unknown			100 American Indian or Alaska Native 101 Asian or Pacific Islander 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														<input type="checkbox"/>		Date of Birth							<input type="checkbox"/> Unknown		Ethnicity		<input type="checkbox"/>	
000 No 102 Police 980 Other																									100 Hispanic			
100 EMS 103 Tow operator 999 Unknown																									101 Other than Hispanic			
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)																									999 Unknown			

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

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

Motor Vehicle #

MEDICAL INFORMATION

Injury Status

100 (K) Fatal Injury
101 (A) Suspected Serious Injury
102 (B) Suspected Minor Injury
103 (C) Possible Injury
104 (O) No Apparent Injury

Type of Medical Transportation

000 Not transported
100 EMS air
101 EMS ground
200 Law enforcement
980 Other
999 Unknown

EMS Response Agency

EMS Response Run # ☐ Unknown

Medical Unique Identifier

☐ Not applicable ☐ 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
200 Passenger or other non-motorist
201 External to vehicle/non-motorist area
298 Other
970 Not applicable
999 Unknown

Speeding Relation

000 No
100 Exceeded speed limit
101 Racing
102 Too fast for conditions
999 Unknown

Suspected Alcohol Usage

000 No
100 Yes
999 Unknown

Test Status

000 Test not given
001 Test refused
100 Test given
999 Unknown if tested

Alcohol Kit Number

☐ 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

☐ Unknown

Drug Test Type

100 Blood
101 Urine
102 Both blood and urine
103 Saliva
198 Other
970 Not applicable
999 Unknown

Drug Test Results

DRIVER ACTIONS

Driver Actions at Time of Crash

000 No contributing action

100 Disregarded other road markings
101 Disregarded other traffic signs
102 Failed to keep in proper lane
103 Failed to yield right-of-way
104 Followed too closely
105 Improper backing
106 Improper passing
107 Improper turn
108 Operated motor vehicle in inattentive, careless, negligent, or erratic manner
109 Operated motor vehicle in reckless or aggressive manner
110 Over-correcting or over-steering
111 Ran off roadway
112 Ran red light
113 Ran stop sign
114 Swerved or avoided due to wind,slippery surface,motor vehicle,object,non-motorist in roadway,etc.
115 Wrong side or wrong way

980 Other contributing action
999 Unknown

Avoidance Maneuver

000 No avoidance maneuver

100 Accelerating
101 Accelerating and steering left
102 Accelerating and steering right
103 Braking and steering left
104 Braking and steering right
105 Braking (lockup)
106 Braking (no lockup)
107 Braking (lockup unknown)
108 Releasing brakes
109 Steering left
110 Steering right

980 Other
999 Unknown

Pre-Collision Stability

000 Tracking
100 Skidding longitudinally - rotation less than 30 degrees
200 Skidding laterally - clockwise rotation
201 Skidding laterally - counter-clockwise rotation
299 Skidding laterally - rotation direction unknown
980 Other vehicle loss of control
999 Unknown

CITATIONS

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><tr><td colspan="5">Unk 600 601 602 699</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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of

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 Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Run # <input type="checkbox"/> Unknown Facility Receiving Patient
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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	

LOUISIANA UNIFORM CRASH REPORT
NON-VEHICULAR PROPERTY DAMAGE

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NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
---------------	-----------------	---	---

Owner Address <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
---------------	-----------------	---	---

Owner Address <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
---------------	-----------------	---	---

Owner Address <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
---------------	-----------------	---	---

Owner Address <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
---------------	-----------------	---	---

Owner Address <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
---------------	-----------------	---	---

Owner Address <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
---------------	-----------------	---	---

Owner Address <input type="checkbox"/> Unknown			
Street	City	State	Postal Code

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					

Revision		Printed		LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT				Rev. 2023-2		Case #		Page		of	
Train #															
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															
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											
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient											
CRASH REPORT - TRAIN INFORMATION															

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

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

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

LOUISIANA UNIFORM CRASH REPORT
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 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	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 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	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 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	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	

LOUISIANA UNIFORM CRASH REPORT

WITNESSES

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Total # of Witnesses

WITNESSES															
WITNESS # 						WITNESS # 									
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 # 						WITNESS # 									
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 # 						WITNESS # 									
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 # 						WITNESS # 									
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 # 						WITNESS # 									
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 # 						WITNESS # 									
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 # 						WITNESS # 									
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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