

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

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Secondary Crash		Photos Taken		Videos Taken											
Number of Motorists		Number of Non-Motorists		Non-Fatally Injured Persons		Fatalities		Total Injuries and Fatalities		Vehicles Involved		Troop			
7		8		9		10		11		12		13			
Investigating Agency				Division		Parish		City		Latitude		Longitude			
14				15		16		17		18		19			
CRASH TIME INFORMATION															
Crash Date/Time		Police Notified Date/Time		Police Arrived Date/Time		Roadway Cleared Date/Time		On Scene Investigation Completed Date/Time							
20		21		22		23		24		25		26		27	
ROAD INFORMATION															
Highway				Road											
31				32											
Distance/Direction From Intersection				Intersecting Road											
35				39											
36				38											
37				40											
LOCATION INFORMATION															
Road Classification		Road Subtype		Property Ownership		Trafficway Characteristics		Number of Intersection Approaches		Traffic Flow Direction					
41		42		43		44		45		46					
100 Interstate		100 Mainline		100 Public property		100 Trafficway, on road		1 Not an intersection		X Not applicable					
101 US highway		200 On-ramp		200 Private property		101 Trafficway, not on road		2 Two		(not a divided highway)					
102 State highway		201 Off-ramp				200 Non-trafficway		3 Three		N North					
103 Parish road		300 Frontage/service						4 Four		W West		E East			
104 City street		970 Not applicable						5 Five or more		S South					
200 Off road/private property															
INVESTIGATING OFFICER															
Rank		First Name				Middle Name				Last Name				Suffix	
47		48				49				50				51	
Badge #		Printed Name				Signature									
52		53				54									
CRASH CIRCUMSTANCES AND CONDITIONS															
First Harmful Event				Location of First Harmful Event				Manner of Crash							
55				56				57							
Non-collision				Collision with Non-Fixed Object				Collision with Fixed Object							
100 Cargo/equipment loss or shift				100 Gore				000 Not a collision between				300 Front to rear - rear end			
101 Fell/jumped from motor vehicle				101 In parking lane or zone				two motor vehicles in transport				400 Backing - rear to front			
102 Fire/explosion				102 Median				100 Angle - left overtake				401 Backing - rear to rear			
103 Immersion, full or partial				103 Off roadway, location unknown				101 Angle - left across flow				402 Backing - rear to side			
104 Jackknife				104 On roadway				102 Angle - left into flow				500 Sideswipe - left against flow			
105 Overturn/rollover				105 On shoulder, left side				103 Angle - right into flow				501 Sideswipe - right against flow			
106 Thrown or falling object				106 On shoulder, right side				104 Angle - right overtake				502 Sideswipe - against flow			
198 Other non-collision harmful event				107 Outside road/right-of-way				105 Angle - perpendicular/other angle				503 Sideswipe - left overtake			
				108 Roadside				200 Front to front - head on				504 Sideswipe - right overtake			
				109 Separator/traffic island				201 Front to front - left against flow				505 Sideswipe - with flow			
				999 Unknown				202 Front to front - right against flow				980 Other			
												999 Unknown			
				Relation to Junction				Contributing Factor				Primary			
				58								59			
				000 Not an interchange area				100 Violations				Secondary			
				100 Acceleration or deceleration lane				101 Movement prior to crash				60			
				101 Crossover related				102 Vision obstructions							
				102 Driveway access or related				103 Driver condition							
				103 Entrance/exit ramp or related				104 Vehicle condition							
				104 Intersection or related				105 Road surface							
				106 Railway grade crossing				106 Roadway condition							
				107 Shared-use path or trail				107 Lighting condition							
				108 Through roadway				108 Weather condition							
				980 Other location within an interchange area (median, shoulder, and roadside)				109 Traffic control							
				999 Unknown				110 Non-motorist condition							
								111 Non-motorist action							
								970 Not applicable							
				Intersection Geometry				School Bus Relation				62			
				61											
				100 Angled / skewed				000 No							
				101 Roundabout / traffic circle				100 Yes, school bus directly involved							
				102 Perpendicular				101 Yes, school bus indirectly involved							
				970 Not applicable											
				Intersection Traffic Control											
				63											
				000 No controls											
				100 Signalized											
				101 Stop -all way											
				102 Stop -partial											
				103 Yield											
				970 Not applicable											

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CRASH CONDITIONS

Roadway Surface Condition	64	Light Condition	65	Weather Conditions	66	Environmental Conditions	68
000 Dry		100 Daylight		000 Clear	67	000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	69
101 Mud, dirt, gravel		300 Dark - continuous street lights		101 Blowing snow		101 Debris	
102 Oil		301 Dark - street lights at intersection only		102 Cloudy		102 Glare	
103 Sand		302 Dark - not lighted		103 Fog, smog, smoke		103 Non-highway work	
104 Slush		399 Dark - unknown lighting		104 Freezing rain or freezing drizzle		104 Obstructed crosswalks	
105 Snow		980 Other		105 Rain		105 Obstruction in roadway	
106 Water (standing,moving)		999 Unknown		106 Severe crosswinds		106 Overhead clearance limited	
107 Wet				107 Sleet or hail		107 Prior crash	
980 Other				108 Snow		108 Prior non-recurring incident	
999 Unknown				980 Other		109 Regular congestion	
				999 Unknown		110 Related to a bus stop	
						111 Road surface condition (wet, icy, snow, slush, etc.)	

WORK ZONE CRASH INFORMATION

Work Zone Relation	70	Work Zone Location	71	Work Zone Type	72	Work Zone Circumstances	73	Worker(s) Present	74	Law Enforcement Present	75
000 No		100 Before the first work zone warning sign		100 Lane closure		100 Back of queue		000 No		000 No	
100 Yes		101 Advance warning area		101 Lane shift / crossover		101 Congestion (dense & slow traffic), typical		100 Yes		100 Yes	
999 Unknown		102 Transition area		102 Work on shoulder or median		102 Heavy (dense & fast traffic)		970 Not applicable		970 Not applicable	
		103 Activity area		103 Intermittent or moving work		103 Congestion (dense & slow traffic), not typical		999 Unknown		999 Unknown	
		104 Termination area		970 Not applicable		104 Traffic control device malfunction					
		970 Not applicable		980 Other type of work zone		105 Free flow (light & fast traffic)					
		999 Unknown		999 Unknown		980 Other					
						970 Not applicable					
						999 Unknown					

REVIEWING OFFICER

Rank	76	First Name	77	Middle Name	78	Last Name	79	Suffix	80
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WITNESS # **81**

WITNESS #

Name	82	83	84	85	Name	86	87	88	89	90	91	92	93
First		Middle		Suffix	First		Middle		Last		Suffix		
Address	86	87	88	89	Address	90	91	92	93	94	95	96	97
City		State		Postal Code	City		State		Postal Code	City		State	
Phone Number		Age		Sex	Phone Number		Age		Sex	Phone Number		Age	

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY # **93**

Property Type	94	Damage Severity	95	Owner Name	96	<input type="checkbox"/> Unknown	Owner Phone Number	99	<input type="checkbox"/> Not Collected	98
Owner Address	100	<input type="checkbox"/> Unknown	101	102	103	104	105	106	107	108
Street		City		State		Postal Code				

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	94	Damage Severity	95	Owner Name	96	<input type="checkbox"/> Unknown	Owner Phone Number	99	<input type="checkbox"/> Not Collected	98
Owner Address	100	<input type="checkbox"/> Unknown	101	102	103	104	105	106	107	108
Street		City		State		Postal Code				

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	94	Damage Severity	95	Owner Name	96	<input type="checkbox"/> Unknown	Owner Phone Number	99	<input type="checkbox"/> Not Collected	98
Owner Address	100	<input type="checkbox"/> Unknown	101	102	103	104	105	106	107	108
Street		City		State		Postal Code				

PROPERTY DAMAGE CODES

Property Type	94	Damage Severity	95	Owner Name	96	<input type="checkbox"/> Unknown	Owner Phone Number	99	<input type="checkbox"/> Not Collected	98
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										

CRASH DATA

MAPPIN

G #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Crash.SecondaryCrash
5	Crash.PhotosTaken
6	Crash.VideosTaken
7	Computed from Crash Report Data
8	Computed from Crash Report Data
9	Computed from Crash Report Data
10	Computed from Crash Report Data
11	Computed from Crash Report Data
12	Computed from Crash Report Data
13	Crash.TroopRegion
14	Crash.AgencyName
15	Crash.AgencyDivision
16	Crash.Parish
17	Crash.City
18	Crash.Latitude
19	Crash.Longitude
20	Crash.CrashDate
21	Crash.CrashTime
22	Crash.PoliceNotificationDate
23	Crash.PoliceNotificationTime
24	Crash.PoliceArrivalDate
25	Crash.PoliceArrivalTime
26	Crash.RoadwayClearanceDate
27	Crash.RoadwayClearanceTime
28	Crash.OnSceneInvestigationCompletionDate
29	Crash.OnSceneInvestigationCompletionTime
31	Crash.Highway
32	Crash.RoadNumber Crash.RoadName Crash.RoadType
35	Crash.DistanceFromIntersection
36	Crash.DistanceFromIntersectionUnit
37	Crash.IsDistanceFromIntersectionNotApplicable
38	Crash.DirectionFromIntersection
39	Crash.IsIntersection
40	Crash.IntersectingRoadName
41	Crash.RoadClassification
42	Crash.RoadSubtype
43	Crash.PropertyOwnership
44	Crash.TrafficwayCharacteristics

45 Crash.IntersectionApproach
46 Crash.TrafficFlowDirection
47 Crash.InvestigatingOfficerRank
48 Crash.InvestigatingOfficerFirstName
49 Crash.InvestigatingOfficerMiddleName
50 Crash.InvestigatingOfficerLastName
51 Crash.InvestigatingOfficerNameSuffix
52 Crash.InvestigatingOfficerId
53 Document.CreatorSignature
54 Document.CreatorSignature
55 Crash.FirstHarmfulEvent
56 Crash.FirstHarmfulEventLocation
57 Crash.CrashManner
58 Crash.JunctionLocation
59 Crash.PrimaryContributingFactor
60 Crash.SecondaryContributingFactor
61 Crash.IntersectionGeometry
62 Crash.SchoolBusRelation
63 Crash.IntersectionTrafficControl
64 Crash.RoadwaySurfaceCondition
65 Crash.LightCondition
66 CrashWeatherConditions.WeatherCondition
67 CrashWeatherConditions.WeatherCondition
CrashRoadwayEnvironmentalContributingCircumstances.RoadwayEnvironmentalContributi
68 ngCircumstance
CrashRoadwayEnvironmentalContributingCircumstances.RoadwayEnvironmentalContributi
69 ngCircumstance
70 Crash.WorkZoneRelation
71 Crash.WorkZoneLocation
72 Crash.WorkZoneType
73 Crash.WorkZoneCircumstance
74 Crash.WorkerPresence
75 Crash.LawEnforcementPresence
76 Document.ReviewerRank
77 Document.ReviewerFirstName
78 Document.ReviewerMiddleName
79 Document.ReviewerLastName
80 Document.ReviewerNameSuffix
81 Witness.Index
82 Witness.FirstName
83 Witness.MiddleName
84 Witness.LastName
85 Witness.NameSuffix
86 Witness.AddressStreet
87 Witness.AddressCity

88 Witness.AddressState
89 Witness.AddressPostalCode
90 Witness.PhoneNumber
91 Witness.Age
92 Witness.Sex
93 DamagedNonVehicularProperty.Index
94 DamagedNonVehicularProperty.PropertyType
95 DamagedNonVehicularProperty.DamageSeverity
96 DamagedNonVehicularProperty.IsOwnerNameUnknown
97 DamagedNonVehicularProperty.OwnerName
98 DamagedNonVehicularProperty.IsOwnerPhoneNumberUnknown
99 DamagedNonVehicularProperty.OwnerPhoneNumber
100 DamagedNonVehicularProperty.IsOwnerAddressUnknown
101 DamagedNonVehicularProperty.OwnerAddressStreet
102 DamagedNonVehicularProperty.OwnerAddressCity
103 DamagedNonVehicularProperty.OwnerAddressState
104 DamagedNonVehicularProperty.OwnerAddressPostalCode

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VEHICLE INFORMATION

Motor Vehicle #		Case #		Page		of	
4		3					
DESCRIPTION AND INFORMATION							
<input type="checkbox"/> Check if this vehicle had no driver		Hit and Run		Vehicle Type		Vehicle Body Type	
5 <input type="checkbox"/>		6 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		7 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		8 Passenger Vehicles 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 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 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus Other 980 Other	
VIN		9		10 <input type="checkbox"/> Unknown			
Model Year		11		12		13	
Make		14		15		16	
License Plate		17		18		19	
State		20		21		22	
Owner Name		23		24		25	
Owner Address		26		27		28	
Street		City		State		Postal Code	
Insurance		33		34		35	
Company		36		37		38	
Phone #		39		40		41	
NAIC #		42		43		44	
Policy #		45		46		47	
Expiration Date		48		49		50	
Damage Extent		51		52		53	
Initial Point of Contact		54		55		56	
Damaged Areas		57		58		59	
Tow Status		60		61		62	
Tow Authority		63		64		65	
Towed By		66		67		68	
Direction of Travel Before Crash		69		70		71	
Vehicle Usage		72		73		74	
Vehicle Maneuver		75		76		77	
Vehicle Maneuver Reason		78		79		80	
Emergency Vehicle Usage		81		82		83	
Direction of Travel Before Crash		84		85		86	

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Motor Vehicle #
4

MOTOR VEHICLE CIRCUMSTANCES

Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown		Contributing Defects	
Front Left	Front Right	63		62	
<input type="checkbox"/> Not applicable or measured	<input type="checkbox"/> Unknown	Vehicle Lighting		64	
58	59	000 Headlights off		000 None	
Rear Left	Rear Right	100 Headlights on		100 Brakes	
60	61	101 Daytime running lights		101 Exhaust system	
		999 Unknown		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	
Traffic Control Device Types and Statuses				Automation System Level Present	
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing	66	
000 None	300 Flashing railroad crossing (may include gates)	1	1	000 No automation	
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2	2	100 Driver assistance	
200 Bicycle crossing sign	302 Flashing traffic control signal	3	3	101 Partial automation	
201 Curve Ahead warning sign	303 Lane use control signal	4	4	102 Conditional automation	
202 Intersection Ahead warning sign	304 Ramp meter signal			103 High automation	
203 Pedestrian crossing sign	305 Traffic control signal			104 Full automation	
204 Railroad crossing sign	398 Other signal			199 Automation level unknown	
205 Reduce Speed Ahead warning sign	400 Bicycle crossing			999 Unknown	
206 School zone sign	401 Pedestrian crossing			Automation System Level Engaged	
207 Stop sign	402 Railroad crossing			67	
208 Yield sign	403 School zone			000 No automation	
298 Other warning sign	404 Yellow no passing line			100 Driver assistance	
980 Other	405 White or yellow dash line			101 Partial automation	
999 Unknown	406 Solid white lane line			102 Conditional automation	
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)			103 High automation	
				104 Full automation	
				199 Automation level unknown	
				999 Unknown	
Trafficway Division		Barrier Type			
000 Not divided	74	000 None			
001 Not divided, with a continuous left turn lane		100 Cable barrier			
100 Divided, flush median (greater than 4 ft wide)		101 Concrete barrier (e.g. Jersey barrier)			
101 Divided, raised median (curbed)		102 Earth embankment			
102 Divided, depressed median		103 Guardrail			
999 Unknown		980 Other			
Roadway Grade	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	Permitted Travel	HOV Lane Presence
100 Level	76	78	79	80	68
101 Uphill	77		100 One-way	81	69
102 Hillcrest			200 Two-way	82	
103 Downhill			Speed Limit		
104 Sag (bottom)			83		
			<input type="checkbox"/> Unknown		
			<input type="checkbox"/> N/A		

MOTOR VEHICLE EVENTS

Sequence of Events				Most Harmful Event	
1	2	3	4	85	
84					
Non-Harmful Events			Collision with Fixed Object		
000 Cross centerline			300 Collision with bridge overhead structure		
001 Cross median			301 Collision with bridge pier or support		
002 End departure (T-intersection, dead-end, etc.)			302 Collision with bridge rail		
003 Downhill runaway			303 Collision with cable barrier		
004 Equipment failure (blown tire, brake failure, etc.)			304 Collision with concrete traffic barrier		
005 Ran off roadway left			305 Collision with culvert		
006 Ran off roadway right			306 Collision with curb		
007 Reentering roadway			307 Collision with ditch		
008 Separation of units			308 Collision with embankment		
009 Other non-harmful event			309 Collision with fence		
			310 Collision with guardrail end terminal		
			311 Collision with guardrail face		
			312 Collision with impact attenuator/crash cushion		
			313 Collision with mailbox		
			314 Collision with traffic sign support		
			315 Collision with traffic signal support		
			316 Collision with tree (standing)		
			317 Collision with utility pole/light support		
			396 Collision with other post, pole, or support		
			397 Collision with other traffic barrier		
			398 Collision with other fixed object (wall, building, tunnel, etc.)		
			399 Collision with unknown fixed object		
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		
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

Vehicle Configuration

000 Vehicles 10,000 lbs or less

100 Vehicles 10,000 lbs or less

placarded for hazardous materials

200 Bus/large van

(seats 9-15 occupants, including driver)

201 Bus

(seats more than 15 occupants, including driver)

300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)

301 Single-unit truck (3 or more axles)

302 Truck pulling trailer(s)

303 Truck tractor (bobtail)

304 Truck tractor/semi-trailer

305 Truck tractor/double

306 Truck tractor/triple

307 Truck more than 10,000 lbs., cannot classify

999 Unknown

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 ID

88

Hazardous Material Class

1 Explosives

2 Gas

3 Flammable liquids

4 Other flammable substances

5 Oxidizing substances and organic peroxides

6 Toxic (poisonous) and infectious substances

7 Radioactive material

8 Corrosives

9 Miscellaneous dangerous goods

970 Not applicable

999 Unknown

Hazardous Materials Released
from Vehicle Cargo Compartment

000 No, hazardous materials not released

100 Yes, hazardous materials released

970 Not applicable

Motor Carrier Name

☐ Unknown

98

Motor Carrier ID Number

100

Cargo Body Type

000 No cargo body

100 Bus

101 Auto transporter

102 Cargo tank

103 Concrete mixer

104 Dump

105 Flatbed

106 Garbage / refuse

107 Grain / chips / gravel

108 Intermodal container chassis

109 Log

110 Pole trailer

111 Van / enclosed box

112 Vehicle towing another vehicle

970 Not applicable

980 Other

999 Unknown

Special Sizing

☐ 000 No special sizing☐ 100 Over-height☐ 101 Over-length☐ 102 Over-weight☐ 103 Over-width☐ 999 Unknown

92

Load Permitted

000 Non-permitted load

100 Permitted load

970 Not applicable

(not a qualifying vehicle)

999 Unknown

Number
of Axles☐ Unknown

93

94

Motor Carrier Type

000 Personal vehicle

001 Not in commerce: government

002 Not in commerce:

personal rental truck or bus

098 Not in commerce: other

100 Interstate carrier

101 Intrastate carrier

95

Motor Carrier Identification

100 US DOT number

101 State number

970 Not applicable

999 Unknown/unable to determine

State

97

Motor Carrier Address

☐ Unknown

103

104

Street

105

City

106

State

107

Postal Code

Motor Carrier Phone Number

☐ Unknown

102

101

GVWR/GCWR

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

108

Commodity Hauled

109

TRAILER INFORMATION

TRAILER #

110

VIN ☐ Unknown

111

112

Number of Axles ☐ Unknown

113

114

Year ☐ Unknown

115

Make ☐ Unknown

117

116

118

Model ☐ Unknown

119

120

License Plate

☐ Missing

121

☐ Non-expiring

128

State 122

☐ Unknown

123

Number

124

☐ Unknown

125

Year

126

☐ Unknown

127

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ Unknown

License Plate

☐ Missing☐ Non-expiring

State

☐ Unknown

Number

Unknown

Year

Unknown

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ Unknown

License Plate

☐ Missing☐ Non-expiring

State

☐ Unknown

Number

Unknown

Year

Unknown

☐ Unknown

VEHICLE DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Vehicle.Index
5	Driver Record is Null
6	Vehicle.HitAndRun
7	Vehicle.Type
8	Vehicle.BodyType
9	Vehicle.Vin
10	Vehicle.IsVinUnknown
11	Vehicle.ModelYear
12	Vehicle.IsModelYearUnknown
13	Vehicle.Make
14	Vehicle.Model
15	Vehicle.Color
16	Vehicle.IsTagMissing
17	Vehicle.TagState
18	Vehicle.IsTagStateUnknown
19	Vehicle.TagNumber
20	Vehicle.IsTagNumberUnknown
21	Vehicle.TagYear
22	Vehicle.IsTagYearUnknown
23	Vehicle.IsTagNonExpiring
24	Vehicle.IsOwnerNameSameAsDriver
25	Vehicle.IsOwnerNameUnknown
26	Vehicle.OwnerName
27	Vehicle.IsOwnerAddressSameAsDriver
28	Vehicle.IsOwnerAddressUnknown
29	Vehicle.OwnerAddressStreet
30	Vehicle.OwnerAddressCity
31	Vehicle.OwnerAddressState
32	Vehicle.OwnerAddressPostalCode
33	Vehicle.IsUninsured
34	Vehicle.LiabilityInsuranceCompany
35	Vehicle.IsLiabilityInsuranceCompanyUnknown
36	Vehicle.LiabilityInsuranceCompanyPhoneNumber
37	Vehicle.IsLiabilityInsuranceCompanyPhoneNumberUnknown
38	Vehicle.LiabilityInsuranceNaicNumber
39	Vehicle.IsLiabilityInsuranceNaicNumberUnknown
40	Vehicle.LiabilityInsurancePolicyNumber
41	Vehicle.IsLiabilityInsurancePolicyNumberUnknown
42	Vehicle.LiabilityInsurancePolicyExpirationDate

43 Vehicle.IsLiabilityInsurancePolicyExpirationDateUnknown
44 Vehicle.DamageExtent
45 Vehicle.InitialPointOfContact
46 Vehicle.DamagedAreas.VehicleDamagedArea
47 Vehicle.TowStatus
48 Vehicle.TowAuthority
49 Vehicle.IsTowServiceUnknown
50 Vehicle.TowService
51 Vehicle.VehicleUsage
52 Vehicle.Maneuver
53 Vehicle.ManeuverReason
54 Vehicle.EmergencyVehicleUsage
55 Vehicle.TravelDirection
56 Vehicle.IsSkidmarkLengthNotApplicable
57 Vehicle.IsSkidmarkLengthUnknown
58 Vehicle.SkidmarkLengthFrontLeft
59 Vehicle.SkidmarkLengthFrontRight
60 Vehicle.SkidmarkLengthRearLeft
61 Vehicle.SkidmarkLengthRearRight
62 Vehicle.IsDistanceTraveledAfterImpactUnknown
63 Vehicle.DistanceTraveledAfterImpact
64 Vehicle.Lighting
65 Vehicle.ContributingCircumstance
66 Vehicle.AutomationSystemLevelPresent
67 Vehicle.AutomationSystemLevelEngaged
68 Vehicle.TrafficwayHovLanePresence
69 Vehicle.TrafficwayHovLaneRelation
70 Reference Data for 71 and 72

71 VehicleTrafficControlDevicesPresent.TrafficControlDevicePresent
VehicleTrafficControlDevicesInoperativeOrMissing.TrafficControlDeviceInoperativeOr
72 Missing
73 Vehicle.TrafficSignalStatus
74 Vehicle.TrafficwayDivision
75 Vehicle.TrafficwayBarrierType
76 Vehicle.RoadwayGrade
77 Vehicle.TotalThroughLanes
78 Vehicle.TotalAuxiliaryLanes
79 Vehicle.RoadwayAlignment
80 Vehicle.TrafficwayTravelDirection
81 Vehicle.IsSpeedLimitUnknown
82 Vehicle.IsSpeedLimitNotApplicable
83 Vehicle.SpeedLimit
84 Vehicle.SequenceOfEvents.Event
85 Vehicle.SequenceOfEvents.IsMostHarmfulEvent

86 Vehicle.VehicleConfiguration
87 Vehicle.HazardousMaterialsPlacardStatus
88 Vehicle.HazardousMaterialsId
89 Vehicle.HazardousMaterialClass
90 Vehicle.CargoBodyType
91 Vehicle.HazardousMaterialRelease
92 VehicleSpecialSizings.VehicleSpecialSizing
93 Vehicle.IsNumberOfAxlesUnknown
94 Vehicle.NumberOfAxles
95 Vehicle.MotorCarrierType
96 Vehicle.MotorCarrierIdentificationType
97 Vehicle.MotorCarrierIdentificationState
98 Vehicle.IsMotorCarrierNameUnknown
99 Vehicle.MotorCarrierName
100 Vehicle.MotorCarrierIdentificationNumber
101 Vehicle.IsMotorCarrierPhoneNumberUnknown
102 Vehicle.MotorCarrierPhoneNumber
103 Vehicle.IsMotorCarrierAddressUnknown
104 Vehicle.MotorCarrierAddressStreet
105 Vehicle.MotorCarrierAddressCity
106 Vehicle.MotorCarrierAddressState
107 Vehicle.MotorCarrierAddressPostalCode
108 Vehicle.WeightRating
109 Vehicle.CommodityHauled
110 VehicleTrailer.VehicleIndex
111 VehicleTrailer.IsVinUnknown
112 VehicleTrailer.Vin
113 VehicleTrailer.IsNumberOfAxlesUnknown
114 VehicleTrailer.NumberOfAxles
115 VehicleTrailer.IsModelYearUnknown
116 VehicleTrailer.ModelYear
117 VehicleTrailer.IsMakeUnknown
118 VehicleTrailer.Make
119 VehicleTrailer.IsModelUnknown
120 VehicleTrailer.Model
121 VehicleTrailer.IsTagMissing
122 VehicleTrailer.TagState
123 VehicleTrailer.IsTagStateUnknown
124 VehicleTrailer.TagNumber
125 VehicleTrailer.IsTagNumberUnknown
126 VehicleTrailer.TagYear
127 VehicleTrailer.IsTagYearUnknown
128 VehicleTrailer.IsTagNonExpiring
129 Vehicle.VehicleLoadPermit

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

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Motor Vehicle #
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DRIVER INFORMATION

Name 5 <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex 12 100 Female 101 Male 999 Unknown	Race 13 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
6 First	7 Middle	8 Last	9 Suffix	10 11		
Address 15 <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected		
16 Street				21 City		20 State Postal Code
Incident Responder				Date of Birth 23 <input type="checkbox"/> Unknown	Ethnicity 14	
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.)				22 24	100 Hispanic 101 Other than Hispanic 999 Unknown	

DRIVER LICENSE INFORMATION

License Status 25 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		License Class 28 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable	Driver License Type 29 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable	Commercial Driver License Status 30 100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown	
License Number 26	License State 27				
Endorsements on License 31 <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		Endorsement Compliance 32 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 999 Endorsements required, compliance unknown 999 Unknown if endorsements required		Restrictions on License 33	
		Alcohol Interlock Presence 34 000 No 970 Not applicable 100 Yes 999 Unknown			

DRIVER SEATING AND SAFETY INFORMATION

Seating Position 35		Restraint Systems Used 36																																									
Standard Vehicle Seats <table><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	
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																																							
		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 100 Booster seat 200 DOT-compliant motorcycle helmet 980 Other 101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet 999 Unknown 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																																									
Air Bags Deployed 40 <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 (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown		Ejection 39 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown																																									
		Extrication 38 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																									
		Any indication of improper use? 37 000 No 100 Yes 999 Unknown																																									

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DRIVER INFORMATION

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Motor Vehicle #

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MEDICAL INFORMATION

Injury Status

41

Type of Medical Transportation

42

EMS Response Agency

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

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

43

EMS Response Run # ☐ Unknown 44

45

Medical Unique Identifier

46 ☐ Not applicable 47 ☐ Unknown

Facility Receiving Patient

49

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash

50

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
970 Not applicable
980 Other
999 Unknown

51

Distraction Action

52

000 Not distracted
100 Talking / listening
101 Manually operating a device
(e.g., texting, dialing, playing game, etc.)
980 Other
999 Unknown

Distraction Source

53

100 Hands-free mobile phone 200 Passenger or other non-motorist
101 Hand-held mobile phone 201 External to vehicle/non-motorist area
102 Vehicle-integrated device 298 Other
198 Other electronic device 970 Not applicable
999 Unknown

Vision Obscurement

55

000 None 105 Embankment 111 Blinded by sun glare
100 Rain, snow, etc. on windshield 106 Sign boards 112 Distracted by neon lights
101 Windshield otherwise obscured 107 Hillcrest in field of view
102 Vision obscured by load 108 Parked vehicles
103 Trees, bushes, etc. 109 Moving vehicles 980 Other
104 Building 110 Blinded by headlights 999 Unknown

Suspected

Alcohol
Usage

000 No
100 Yes
999 Unknown

Test Status

57

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

Alcohol ☐ UnknownKit
Number

59

Alcohol Test Type

60

100 Blood 300 Urine 970 Not applicable
101 Blood clot 301 Vitreous 980 Other
102 Blood plasma/serum 302 Liver
200 Breath
201 Preliminary breath test (PBT)

Alcohol Test Results

61

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

62

Suspected

Drug
Usage

000 No
100 Yes
999 Unknown

Test Status

64

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

Drug ☐ UnknownKit
Number

66

Drug Test Type

67

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

Drug Test Results

68

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

71

Avoidance Maneuver

70

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

69

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

72

VEHICLE DRIVER DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Driver.Index
5	Driver.IsNameUnknown
6	Driver.FirstName
7	Driver.MiddleName
8	Driver.LastName
9	Driver.NameSuffix
10	Driver.IsAgeUnknown
11	Driver.Age
12	Driver.Sex
13	Driver.Race
14	Driver.Ethnicity
15	Driver.IsAddressUnknown
16	Driver.AddressStreet
17	Driver.AddressCity
18	Driver.AddressState
19	Driver.AddressPostalCode
20	Driver.IsPhoneNumberUnknown
21	Driver.PhoneNumber
22	Driver.IncidentResponder
23	Driver.IsDateOfBirthUnknown
24	Driver.DateOfBirth
25	Driver.DriverLicenseStatus
26	Driver.DriverLicenseNumber
27	Driver.DriverLicenseState
28	Driver.DriverLicenseClass
29	Driver.DriverLicenseType
30	Driver.CommercialDriverLicenseStatus.DriverLicenseEndorsement
31	DriverDriverLicenseEndorsements.DriverLicenseEndorsement
32	Driver.EndorsementCompliance
33	DriverDriverLicenseRestrictions.DriverLicenseRestriction
34	Driver.AlcoholInterlockPresence
35	Driver.SeatingPosition
36	Driver.RestraintSystemType
37	Driver.ImproperRestraintSystemUsage
38	Driver.Extrication
39	Driver.Ejection
40	DriverAirBagDeployments.AirBagDeployment
41	Driver.InjuryStatus
42	Driver.MedicalTransportationType

43 Driver.EmsResponseAgency
44 Driver.IsEmsResponseRunNumberUnknown
45 Driver.EmsResponseRunNumber
46 Driver.IsMedicalUniqueIdentifierNotApplicable
47 Driver.IsMedicalUniqueIdentifierUnknown
48 Driver.MedicalUniqueIdentifier
49 Driver.MedicalFacilityReceivingPatient
50 DriverConditions.Condition
51 DriverConditions.Condition
52 Driver.DistractedAction
53 Driver.DistractedSource
54 Driver.SpeedingRelation
55 Driver.VisionObscurement
56 Driver.AlcoholUseSuspicion
57 Driver.AlcoholTestStatus
58 Driver.IsAlcoholKitNumberUnknown
59 Driver.AlcoholKitNumber
60 Driver.AlcoholTestType
61 Driver.AlcoholTestResult
62 Driver.BloodAlcoholContent
63 Driver.DrugUseSuspicion
64 Driver.DrugTestStatus
65 Driver.IsDrugKitNumberUnknown
66 Driver.DrugKitNumber
67 Driver.DrugTestType
68 DriverDrugTestResults.DrugTestResult
69 Driver.PreCollisionStability
70 Driver.AvoidanceManeuver
71 DriverDriverActions.DriverAction
72 Citation.TicketNumber/Citation.ViolationCode

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

Total # of Passengers
4

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PASSENGER INFORMATION

MOTOR VEHICLE # 5 PASSENGER # 6

Name 7 <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	14	Race
8 9 10 11					12	13	100 Female 101 Male 999 Unknown		15
First Middle Last Suffix									
Address <input type="checkbox"/> Unknown 16					Phone Number <input type="checkbox"/> Not 39 Collected			Ethnicity	
17 18 19 20					21			22	
Street City State Postal Code									
Air Bags Deployed		Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position	Ejection	Extrication	
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	28 29	30	000 No 100 Yes 999 Unknown	23	24	25	
<input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		Type of Medical Transportation	Medical Unique Identifier	EMS Response Agency		Facility Receiving Patient			
		32	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	36		26			
			34	EMS Response Run # <input type="checkbox"/> Unknown 37					
				38					

MOTOR VEHICLE # PASSENGER #

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

MOTOR VEHICLE # PASSENGER #

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

PASSENGER CODES

Injury Status	Ejection	Extrication	Restraint Systems	Seating Position																																								
100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	000 No 100 Trapped and extricated 101 Trapped but not extricated 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	<table><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table>	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	Ethnicity	Incident Responder																																										
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	100 Hispanic 101 Other than Hispanic 999 Unknown	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	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	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																																								
Type of Medical Transportation																																												
000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

VEHICLE PASSENGER DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Computed from Crash Report Data
5	Passenger.VehicleIndex
6	Passenger.Index
7	Passenger.IsNameUnknown
8	Passenger.FirstName
9	Passenger.MiddleName
10	Passenger.LastName
11	Passenger.NameSuffix
12	Passenger.DateOfBirth
13	Passenger.Age
14	Passenger.Sex
15	Passenger.Race
16	Passenger.IsAddressUnknown
17	Passenger.AddressStreet
18	Passenger.AddressCity
19	Passenger.AddressState
20	Passenger.AddressPostalCode
21	Passenger.PhoneNumber
22	Passenger.Ethnicity
23	Passenger.SeatingPosition
24	Passenger.Ejection
25	Passenger.Extrication
26	Passenger.MedicalFacilityReceivingPatient
27	PassengerAirBagDeployments.AirBagDeployment
28	Passenger.InjuryStatus
29	Passenger.IncidentResponder
30	Passenger.RestraintSystemType
31	Passenger.ImproperRestraintSystemUsage
32	Passenger.MedicalTransportationType
33	Passenger.IsMedicalUniqueIdentifierNotApplicable
34	Passenger.IsMedicalUniqueIdentifierUnknown
35	Passenger.MedicalUniqueIdentifier
36	Passenger.EmsResponseAgency
37	Passenger.IsEmsResponseRunNumberUnknown
38	Passenger.EmsResponseRunNumber
39	Passenger.IsPhoneNumberUnknown

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist #		Rev. 2022-1		Case #		Page		of		
NON-MOTORIST INFORMATION										
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown		Sex		Race		
6 First 7 Middle 8 Last 9 Suffix				10 11		12 100 Female 101 Male 999 Unknown		13 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown		
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected		19				
15 Street 16 City 17 State 18 Postal Code				20		21				
Incident Responder				Date of Birth		<input type="checkbox"/> Unknown		Ethnicity		
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.)				22 23		24 100 Hispanic 101 Other than Hispanic 999 Unknown				
NON-MOTORIST CIRCUMSTANCES										
Non-Motorist Type		Initial		Location		27				
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		25 Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		26 100 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						
Struck by Vehicle #		Origin/Destination		Safety Equipment		103 Lighting 980 Other 104 Reflectors 999 Unknown				
28		29 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		30 <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.)						
Action Prior to Crash		Actions or Circumstances At Time of Crash				Clothing Brightness		Upper Lower		
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		31 000 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)				32 100 Light 101 Dark 970 Not applicable 999 Unknown		33 34 35		
NON-MOTORIST MEDICAL INFORMATION										
Injury Status		Type of Medical Transportation		EMS Response Agency		EMS Response Run # <input type="checkbox"/> Unknown				
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		36 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		37 38		39				
				Medical Unique Identifier		Facility Receiving Patient				
				41 <input type="checkbox"/> Not applicable 42 <input type="checkbox"/> Unknown		43 44				
NON-MOTORIST CONDITION										
Conditions at the Time of the Crash		Distraction Action		Distraction Source						
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		45 46 970 Not applicable 980 Other 999 Unknown		47 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 980 Other 999 Unknown		48 100 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		Test Status		Alcohol Kit Number		Alcohol Test Type		Alcohol Test Results		BAC
49 000 No 100 Yes 999 Unknown		50 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		51 52		53 100 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		54 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		55
Suspected Drug Usage		Test Status		Drug Kit Number		Drug Test Type		Drug Test Results		
56 000 No 100 Yes 999 Unknown		57 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		58 59		60 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown		61		

NON-MOTORIST DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	NonMotorist.Index
5	NonMotorist.IsNameUnknown
6	NonMotorist.FirstName
7	NonMotorist.MiddleName
8	NonMotorist.LastName
9	NonMotorist.NameSuffix
10	NonMotorist.IsAgeUnknown
11	NonMotorist.Age
12	NonMotorist.Sex
13	NonMotorist.Race
14	NonMotorist.IsAddressUnknown
15	NonMotorist.AddressStreet
16	NonMotorist.AddressCity
17	NonMotorist.AddressState
18	NonMotorist.AddressPostalCode
19	NonMotorist.IsPhoneNumberUnknown
20	NonMotorist.PhoneNumber
21	NonMotorist.IncidentResponder
22	NonMotorist.IsDateOfBirthUnknown
23	NonMotorist.DateOfBirth
24	NonMotorist.Ethnicity
25	NonMotorist.Type
26	NonMotorist.InitialContactPoint
27	NonMotorist.Location
28	NonMotorist.StrikingVehicleId
29	NonMotorist.OriginOrDestination
30	NonMotoristSafetyEquipment.SafetyEquipment
31	NonMotorist.ActionPriorToCrash
32	NonMotoristNonMotoristContributingCircumstances.NonMotoristContributingCircumstance
33	NonMotoristNonMotoristContributingCircumstances.NonMotoristContributingCircumstance
34	NonMotorist.UpperClothingBrightness
35	NonMotorist.LowerClothingBrightness
36	NonMotorist.InjuryStatus
37	NonMotorist.MedicalTransportationType
38	NonMotorist.EmsResponseAgencyDescription
39	NonMotorist.IsEmsResponseRunNumberUnknown
40	NonMotorist.EmsResponseRunNumber
41	NonMotorist.IsMedicalUniquelIdentifierNotApplicable
42	NonMotorist.IsMedicalUniquelIdentifierUnknown

43 NonMotorist.MedicalUniquelIdentifier
44 NonMotorist.MedicalFacilityReceivingPatientDescription
45 NonMotorist.ConditionsDescription
46 NonMotorist.ConditionsDescription
47 NonMotorist.DistractioAction
48 NonMotorist.DistractioSource
49 NonMotorist.AlcoholUseSuspicion
50 NonMotorist.AlcoholTestStatus
51 NonMotorist.IsAlcoholKitNumberUnknown
52 NonMotorist.AlcoholKitNumber
53 NonMotorist.AlcoholTestType
54 NonMotorist.AlcoholTestResult
55 NonMotorist.BloodAlcoholContent
56 NonMotorist.DrugUseSuspicion
57 NonMotorist.DrugTestStatus
58 NonMotorist.IsDrugKitNumberUnknown
59 NonMotorist.DrugKitNumber
60 NonMotorist.DrugTestType
61 NonMotorist.DrugTestResultsDescription

LOUISIANA UNIFORM CRASH REPORT
NON-VEHICULAR PROPERTY DAMAGE

Rev. 2022-1

Case # 3 Page 2 of 2

NON-VEHICULAR PROPERTY DAMAGE PROPERTY # 4

Property Type 5	Damage Severity 6	Owner Name 8 7 <input type="checkbox"/> Unknown	Owner Phone Number 10 <input type="checkbox"/> Not Collected 9
Owner Address 11 <input type="checkbox"/> Unknown			
12 Street		13 City	14 15 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 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)

NON-VEHICULAR PROPERTY DAMAGE DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	DamagedNonVehicularProperty.PropertyType
5	DamagedNonVehicularProperty.DamageSeverity
6	DamagedNonVehicularProperty.OwnerName
7	DamagedNonVehicularProperty.IsOwnerNameUnknown
8	DamagedNonVehicularProperty.OwnerPhoneNumber
9	DamagedNonVehicularProperty.IsOwnerPhoneNumberUnknown
10	DamagedNonVehicularProperty.IsOwnerAddressUnknown
11	DamagedNonVehicularProperty.OwnerAddressStreet
12	DamagedNonVehicularProperty.OwnerAddressCity
13	DamagedNonVehicularProperty.OwnerAddressState
14	DamagedNonVehicularProperty.OwnerAddressPostalCode
15	DamagedNonVehicularProperty.Index

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 4		Rev. 2022-1		Case # 3	Page of			
TRAIN INFORMATION								
Train Type 100 Railroad train 101 Streetcar	ID # 6	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 7	Lead Engine # 9	<input type="checkbox"/> Unknown	Serial # 11	<input type="checkbox"/> Unknown	Present Equipment 13	
	8		10		12		<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 14	Type <input type="checkbox"/> Unknown 16	# of Engines <input type="checkbox"/> Unknown 18	# of Cars <input type="checkbox"/> Unknown 20	Data Recorder Speed 23	<input type="checkbox"/> Pending 22			
15	17	19	21					
TRACK INFORMATION						WARNING DEVICES		
DOT Crossing # 25	<input type="checkbox"/> Not Applicable 26 <input type="checkbox"/> Unknown	Crossing Surface Material 24	Present Warning Devices 28	Advance Warning Devices 29	Active Warning Devices 30			
	27	100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel	<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	<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	<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 31	Speed Limit 32	Crossing Type 33						
		100 Public 101 Private						
COLLISION INFORMATION								
Train in Motion 34	Crossing Vehicle Interaction 35	Struck Car # 37	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 38	Struck Car Type 40	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 41			
	100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	39		42				
Collision Type 36		Struck Car Position 43	<input type="checkbox"/> Not Applicable 44 <input type="checkbox"/> Unknown	Distance Traveled After Impact 46	<input type="checkbox"/> Not Applicable 47 <input type="checkbox"/> feet 48 <input type="checkbox"/> miles	Estimated Speed Before Braking 50		
	100 Frontal 101 Side/backing	45		49				
Hazardous Materials Placard 51		Hazardous Material Class 53		Hazardous Materials Released from Train Cargo Compartment 54				
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		1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods		970 Not applicable 999 Unknown 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable				
Hazardous Material ID 52								
TRAIN OPERATOR								
Name 55	<input type="checkbox"/> Unknown	Address 57	<input type="checkbox"/> Unknown					
56		58		59	60	61		
		Street		City	State	Postal Code		
TRACK OWNER								
Name 62	<input type="checkbox"/> Unknown	Address 64	<input type="checkbox"/> Unknown					
63		65		66	67	68		
		Street		City	State	Postal Code		
TRAIN ENGINEER								
Name 69	<input type="checkbox"/> Unknown	<input type="checkbox"/> This train had no engineer		Certification Number 74	<input type="checkbox"/> Unknown	Race 76		
70	71	72	73	75		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown		
First	Middle	Last	Suffix					
Address 77				Phone Number 82	<input type="checkbox"/> Not Collected			
78	79	80	81	83				
Street	City	State	Postal Code					
Incident Responder				84	Sex 85	Age 86	Date of Birth 88	Ethnicity 90
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.)					100 Female 101 Male 999 Unknown	87	89	100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status 91	Type of Medical Transportation 92	EMS Response Agency 93						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	EMS Response Run # 94						
		95						
Medical Unique Identifier 96	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 97	Facility Receiving Patient 99						
98								

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 4		Rev. 2022-1		Case # 3	Page of
TRAIN CONDUCTOR					
Name 100 <input type="checkbox"/> Unknown		<input type="checkbox"/> This train had no conductor		Race 105	
101	102	103	104	100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown	
First	Middle	Last	Suffix		
Address <input type="checkbox"/> Unknown 106				Phone Number <input type="checkbox"/> Not Collected	
107	108	109	110	111	
Street	City	State	Postal Code		
Incident Responder		113	Sex 114	Age <input type="checkbox"/> Unknown 115	Date of Birth <input type="checkbox"/> Unknown 117
000 No 102 Police 980 Other 999 Unknown		100 Female 101 Male 999 Unknown		118	
100 EMS 101 Fire		104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 120	Type of Medical Transportation 121	EMS Response Agency			
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	122			
		EMS Response Run # <input type="checkbox"/> Unknown 123			
		124			
Medical Unique Identifier 125 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 126		Facility Receiving Patient 128			

PASSENGER INFORMATION					
PASSENGER # 129					
Name 130 <input type="checkbox"/> Unknown		Race 135			
131	132	133	134	100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown	
First	Middle	Last	Suffix		
Address <input type="checkbox"/> Unknown 136				Phone Number <input type="checkbox"/> Not Collected	
137	138	139	140	141	
Street	City	State	Postal Code		
Incident Responder		143	Sex 144	Age <input type="checkbox"/> Unknown 145	Date of Birth <input type="checkbox"/> Unknown 147
000 No 102 Police 980 Other 999 Unknown		100 Female 101 Male 999 Unknown		148	
100 EMS 101 Fire		104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 150	Type of Medical Transportation 151	EMS Response Agency			
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	152			
		EMS Response Run # <input type="checkbox"/> Unknown 153			
		154			
Medical Unique Identifier 155 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 156		Facility Receiving Patient 158			

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

Total # of Train Passengers 159		Rev. 2022-1		Case #	3	Page		of	
PASSENGER INFORMATION									
TRAIN # 4		PASSENGER # 129							
Name 130 <input type="checkbox"/> Unknown					Race 135				
131 First 132 Middle 133 Last 134 Suffix					100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other				
Address 136 <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected				
137 Street 138 City 139 State 140 Postal Code					142 141				
Incident Responder 143					Sex 144		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown
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.)					100 Female 101 Male 999 Unknown		146 145		148 147
Injury Status 150		Type of Medical Transportation 151		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Run # <input type="checkbox"/> Unknown 153					
Medical Unique Identifier 157		155 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 156		Facility Receiving Patient 158					
TRAIN # PASSENGER #									
Name <input type="checkbox"/> Unknown					Race				
First Middle Last Suffix					100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 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
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.)					100 Female 101 Male 999 Unknown				100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status		Type of Medical Transportation		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier		<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient					
TRAIN # PASSENGER #									
Name <input type="checkbox"/> Unknown					Race				
First Middle Last Suffix					100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 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
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.)					100 Female 101 Male 999 Unknown				100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status		Type of Medical Transportation		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier		<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient					
TRAIN # PASSENGER #									
Name <input type="checkbox"/> Unknown					Race				
First Middle Last Suffix					100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 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
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.)					100 Female 101 Male 999 Unknown				100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status		Type of Medical Transportation		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier		<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient					

TRAIN DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Train.Index
5	Train.TrainType
6	Train.IsTrainIdNumberNotApplicable
7	Train.IsTrainIdNumberUnknown
8	Train.TrainIdNumber
9	Train.IsLeadEngineNumberUnknown
10	Train.LeadEngineNumber
11	Train.IsSerialNumberUnknown
12	Train.SerialNumber
13	TrainEquipmentStatuses.EquipmentStatus
14	Train.IsMakeUnknown
15	Train.Make
16	Train.IsTypeUnknown
17	Train.Type
18	Train.IsNumberOfEnginesUnknown
19	Train.NumberOfEngines
20	Train.IsNumberOfCarsUnknown
21	Train.NumberOfCars
22	Train.IsDataRecorderSpeedPending
23	Train.DataRecorderSpeed
24	Train.CrossingSurfaceMaterial
25	Train.IsDotCrossingNumberNotApplicable
26	Train.IsDotCrossingNumberUnknown
27	Train.DotCrossingNumber
28	TrainWarningDevices.WarningDevice
29	TrainAdvanceWarningDevices.AdvanceWarningDevice
30	TrainActiveWarningDeviceStatuses.ActiveWarningDeviceStatus
31	Train.SetsOfTracks
32	Train.TrackSpeedLimit
33	Train.CrossingType
34	Train.Motion
35	Train.CrossingVehicleInteraction
36	Train.CollisionType
37	Train.IsStruckCarNumberNotApplicable
38	Train.IsStruckCarNumberUnknown
39	Train.StruckCarNumber
40	Train.IsStruckCarTypeNotApplicable
41	Train.IsStruckCarTypeUnknown
42	Train.StruckCarType

43 Train.IsStruckCarPositionNotApplicable
44 Train.IsStruckCarPositionUnknown
45 Train.StruckCarPosition
46 Train.IsDistanceTraveledAfterImpactNotApplicable
47 Train.DistanceTraveledAfterImpactUnit
48 Train.DistanceTraveledAfterImpactUnit
49 Train.DistanceTraveledAfterImpact
50 Train.EstimatedSpeedBeforeBraking
51 Train.HazardousMaterialsPlacardStatus
52 Train.HazardousMaterialsId
53 Train.HazardousMaterialClass
54 Train.HazardousMaterialRelease
55 Train.IsOperatorNameUnknown
56 Train.OperatorName
57 Train.IsOperatorAddressUnknown
58 Train.OperatorAddressStreet
59 Train.OperatorAddressCity
60 Train.OperatorAddressState
61 Train.OperatorAddressPostalCode
62 Train.IsTrackOwnerNameUnknown
63 Train.TrackOwnerName
64 Train.IsTrackOwnerAddressUnknown
65 Train.TrackOwnerAddressStreet
66 Train.TrackOwnerAddressCity
67 Train.TrackOwnerAddressState
68 Train.TrackOwnerAddressPostalCode
69 TrainEngineer.IsNameUnknown
70 TrainEngineer.FirstName
71 TrainEngineer.MiddleName
72 TrainEngineer.LastName
73 TrainEngineer.NameSuffix
74 TrainEngineer.IsCertificationNumberUnknown
75 TrainEngineer.CertificationNumber
76 TrainEngineer.Race
77 TrainEngineer.IsAddressUnknown
78 TrainEngineer.AddressStreet
79 TrainEngineer.AddressCity
80 TrainEngineer.AddressState
81 TrainEngineer.AddressPostalCode
82 TrainEngineer.IsPhoneNumberUnknown
83 TrainEngineer.PhoneNumber
84 TrainEngineer.IncidentResponder
85 TrainEngineer.Sex
86 TrainEngineer.IsAgeUnknown
87 TrainEngineer.Age

88 TrainEngineer.IsDateOfBirthUnknown
89 TrainEngineer.DateOfBirth
90 TrainEngineer.Ethnicity
91 TrainEngineer.InjuryStatus
92 TrainEngineer.MedicalTransportationType
93 TrainEngineer.EmsResponseAgency
94 TrainEngineer.IsEmsResponseRunNumberUnknown
95 TrainEngineer.EmsResponseRunNumber
96 TrainEngineer.IsMedicalUniqueIdentifierNotApplicable
97 TrainEngineer.IsMedicalUniqueIdentifierUnknown
98 TrainEngineer.MedicalUniqueIdentifier
99 TrainEngineer.MedicalFacilityReceivingPatient
100 TrainConductor.IsNameUnknown
101 TrainConductor.FirstName
102 TrainConductor.MiddleName
103 TrainConductor.LastName
104 TrainConductor.NameSuffix
105 TrainConductor.Race
106 TrainConductor.IsAddressUnknown
107 TrainConductor.AddressStreet
108 TrainConductor.AddressCity
109 TrainConductor.AddressState
110 TrainConductor.AddressPostalCode
111 TrainConductor.IsPhoneNumberUnknown
112 TrainConductor.PhoneNumber
113 TrainConductor.IncidentResponder
114 TrainConductor.Sex
115 TrainConductor.IsAgeUnknown
116 TrainConductor.Age
117 TrainConductor.IsDateOfBirthUnknown
118 TrainConductor.DateOfBirth
119 TrainConductor.Ethnicity
120 TrainConductor.InjuryStatus
121 TrainConductor.MedicalTransportationType
122 TrainConductor.EmsResponseAgency
123 TrainConductor.IsEmsResponseRunNumberUnknown
124 TrainConductor.EmsResponseRunNumber
125 TrainConductor.IsMedicalUniqueIdentifierNotApplicable
126 TrainConductor.IsMedicalUniqueIdentifierUnknown
127 TrainConductor.MedicalUniqueIdentifier
128 TrainConductor.MedicalFacilityReceivingPatient
129 TrainPassenger.Index
130 TrainPassenger.IsNameUnknown
131 TrainPassenger.FirstName
132 TrainPassenger.MiddleName

133 TrainPassenger.LastName
134 TrainPassenger.NameSuffix
135 TrainPassenger.Race
136 TrainPassenger.IsAddressUnknown
137 TrainPassenger.AddressStreet
138 TrainPassenger.AddressCity
139 TrainPassenger.AddressState
140 TrainPassenger.AddressPostalCode
141 TrainPassenger.IsPhoneNumberUnknown
142 TrainPassenger.PhoneNumber
143 TrainPassenger.IncidentResponder
144 TrainPassenger.Sex
145 TrainPassenger.IsAgeUnknown
146 TrainPassenger.Age
147 TrainPassenger.IsDateOfBirthUnknown
148 TrainPassenger.DateOfBirth
149 TrainPassenger.Ethnicity
150 TrainPassenger.InjuryStatus
151 TrainPassenger.MedicalTransportationType
152 TrainPassenger.EmsResponseAgency
153 TrainPassenger.IsEmsResponseRunNumberUnknown
154 TrainPassenger.EmsResponseRunNumber
155 TrainPassenger.IsMedicalUniqueIdentifierNotApplicable
156 TrainPassenger.IsMedicalUniqueIdentifierUnknown
157 TrainPassenger.MedicalUniqueIdentifier
158 TrainPassenger.MedicalFacilityReceivingPatient
159 Computed from Crash Report Data

WITNESSES

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Total # of Witnesses
4

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WITNESSES											
WITNESS # 5						WITNESS #					
Name 6 First 7 Middle 8 Last 9 Suffix						Name First Middle Last Suffix					
Address 10						Address					
City 11			State 12		Postal Code 13	City			State		Postal Code
Phone Number 14			Age 15		Sex 16	Phone Number			Age		Sex
WITNESS #						WITNESS #					
Name First Middle Last Suffix						Name 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 First Middle Last Suffix						Name 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 First Middle Last Suffix						Name 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 First Middle Last Suffix						Name 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 First Middle Last Suffix						Name 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 First Middle Last Suffix						Name First Middle Last Suffix					
Address						Address					
City			State		Postal Code	City			State		Postal Code
Phone Number			Age		Sex	Phone Number			Age		Sex

WITNESS DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Computed from Crash Report Data
5	Witness.Index
6	Witness.FirstName
7	Witness.MiddleName
8	Witness.LastName
9	Witness.NameSuffix
10	Witness.AddressStreet
11	Witness.AddressCity
12	Witness.AddressState
13	Witness.AddressPostalCode
14	Witness.PhoneNumber
15	Witness.Age
16	Witness.Sex

Scene #

4

DIAGRAM

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Case #

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of

CRASH DIAGRAM

5

DIAGRAM DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Attachment.Index
5	AttachmentData.Data

LOUISIANA UNIFORM CRASH REPORT
NARRATIVE

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Case #

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CRASH NARRATIVE

4

CRASH NARRATIVE DATA

MAPPING #	DATABASE MAPPING
	Report Reference
1	Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Crash.Narrative

PHOTOS

Rev. 2022-1

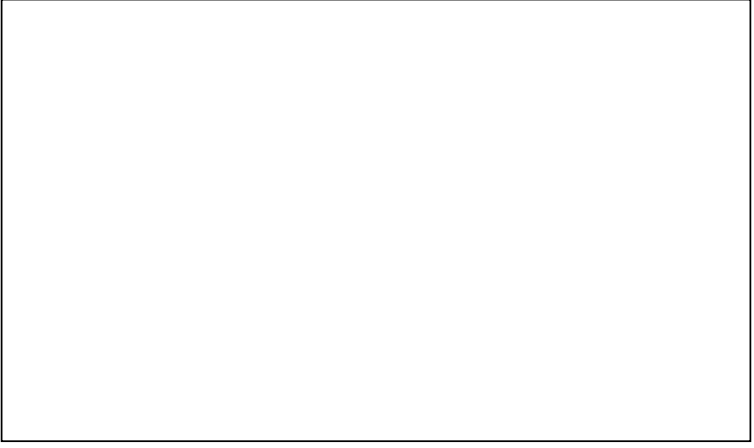
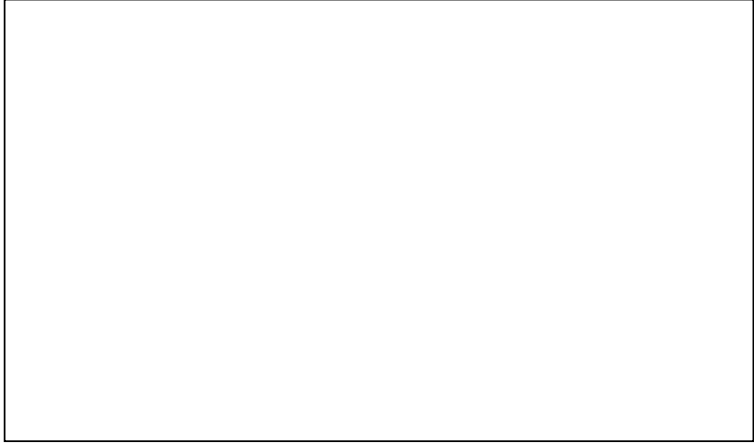
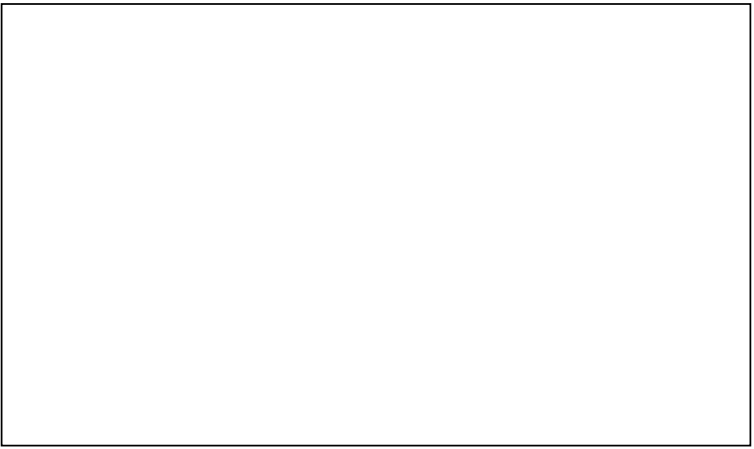
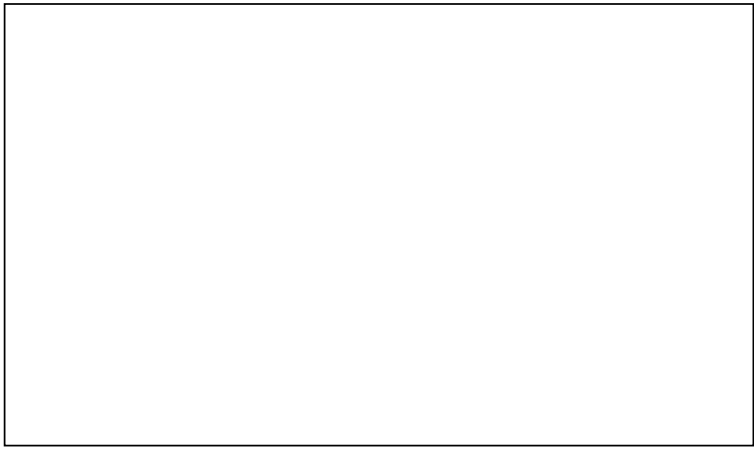
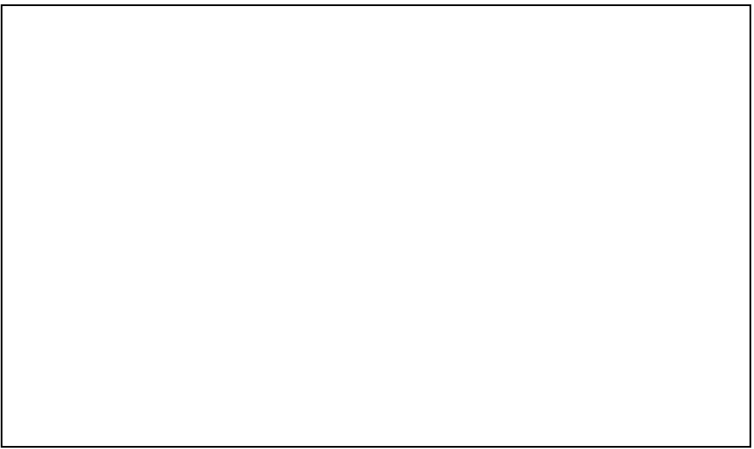
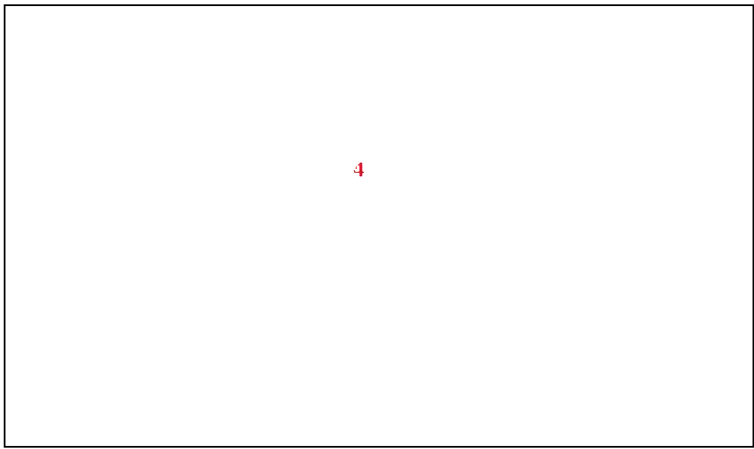
Case #

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PHOTOS



CRASH PHOTOS DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	AttachmentData.Data

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CRASH ATTACHMENT DATA

MAPPING #	DATABASE MAPPING
1	Report Reference Number
2	Crash.StateCaseNumber
3	Crash.LocalCaseNumber
4	Attachment.Index
5	AttachmentData.Data