

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

Rev. 2022-2

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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
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
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ROAD INFORMATION

Highway <input type="checkbox"/> Not applicable	Road
Distance/Direction From Intersection <input type="checkbox"/> Not applicable	Intersecting Road <input type="checkbox"/> 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 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event	100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown	000 Not a collision between two motor vehicles in transport 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 500 Sideswipe - left against flow 501 Sideswipe - right against flow 502 Sideswipe - against flow 503 Sideswipe - left overtake 504 Sideswipe - right overtake 505 Sideswipe - with flow 980 Other 999 Unknown
Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object	Relation to Junction 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	Contributing Factor 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
Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object	Intersection Geometry 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable Intersection Traffic Control 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable	School Bus Relation 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved

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CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
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WITNESS #

WITNESS #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name	Owner Phone Number
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Collected
Owner Address	<input type="checkbox"/> Unknown		
Street	City	State	Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name	Owner Phone Number
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Collected
Owner Address	<input type="checkbox"/> Unknown		
Street	City	State	Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type	Damage Severity	Owner Name	Owner Phone Number
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Collected
Owner Address	<input type="checkbox"/> Unknown		
Street	City	State	Postal Code

PROPERTY DAMAGE CODES

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

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Motor Vehicle #

DESCRIPTION AND INFORMATION

<input type="checkbox"/> Check if this vehicle had no driver	Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene	Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle 103 Pickup 104 Cargo van <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle <u>Other</u> 980 Other 999 Unknown
VIN <input type="checkbox"/> Unknown			
Model Year <input type="checkbox"/> Unknown	Make	Model	Color
License Plate <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring State <input type="checkbox"/> Unknown Number <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown			
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown			
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown			
Insurance <input type="checkbox"/> Uninsured at time of crash Company <input type="checkbox"/> Unknown Phone # <input type="checkbox"/> Unknown NAIC # <input type="checkbox"/> Unknown Policy # <input type="checkbox"/> Unknown Expiration Date <input type="checkbox"/> Unknown			

DAMAGE

TOWING

Damage Extent 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown	Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage	Tow Status 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage <input type="checkbox"/> Unknown Towed By <input type="checkbox"/> Unknown	Tow Authority 100 Owner 101 Law enforcement 970 Not applicable 980 Other
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MOTOR VEHICLE CIRCUMSTANCES

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

Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown		Contributing Defects	
Front Left <input type="text"/>	Front Right <input type="text"/> <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	
Rear Left <input type="text"/>	Rear Right <input type="text"/>			100 Brakes	
Traffic Control Device Types and Statuses				101 Exhaust system	
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing	102 Body, doors	
000 None	300 Flashing railroad crossing (may include gates)	1 <input type="text"/>	1 <input type="text"/>	103 Steering	
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2 <input type="text"/>	2 <input type="text"/>	104 Power train	
200 Bicycle crossing sign	302 Flashing traffic control signal	3 <input type="text"/>	3 <input type="text"/>	105 Suspension	
201 Curve Ahead warning sign	303 Lane use control signal	4 <input type="text"/>	4 <input type="text"/>	106 Tires	
202 Intersection Ahead warning sign	304 Ramp meter signal	Traffic Signal Status 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		107 Wheels	
203 Pedestrian crossing sign	305 Traffic control signal			108 Headlights	
204 Railroad crossing sign	398 Other signal	109 Tail lights			
205 Reduce Speed Ahead warning sign	400 Bicycle crossing	110 Signal lights			
206 School zone sign	401 Pedestrian crossing	111 All lights			
207 Stop sign	402 Railroad crossing	112 Window / windshield			
208 Yield sign	403 School zone	113 Mirrors			
298 Other warning sign	404 Yellow no passing line	114 Wipers			
	405 White or yellow dash line	115 Truck coupling / trailer hitch / safety chains			
	406 Solid white lane line	980 Other			
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)	999 Unknown			
980 Other	999 Unknown	Automation System Level Present			
Trafficway Division		Barrier Type		000 No automation	
000 Not divided		000 None		100 Driver assistance	
001 Not divided, with a continuous left turn lane		100 Cable barrier		101 Partial automation	
100 Divided, flush median (greater than 4 ft wide)		101 Concrete barrier (e.g. Jersey barrier)		102 Conditional automation	
101 Divided, raised median (curbed)		102 Earth embankment		103 High automation	
102 Divided, depressed median		103 Guardrail		104 Full automation	
999 Unknown		980 Other		199 Automation level unknown	
Roadway Grade	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	Permitted Travel	HOV Lane Presence
100 Level			100 Straight	100 One-way	000 None present
101 Uphill			101 Curve left	200 Two-way	100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median
102 Hillcrest			102 Curve right	Speed Limit	101 Not separated, painted pavement markings, post-mounted delineators
103 Downhill				<input type="checkbox"/> Unknown	
104 Sag (bottom)				<input type="checkbox"/> N/A	
				HOV Lane Relation	
				000 No 100 Yes	

MOTOR VEHICLE EVENTS

Sequence of Events 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>				Most Harmful Event <input type="text"/>	
Non-Harmful Events			Collision with Fixed Object		
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)			005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event		
Non-Collision Events			Collision with Person / Vehicle / Non-Fixed Object		
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event			200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object		
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			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		

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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

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 Vehicle Cargo Compartment

000 No, hazardous materials not released
100 Yes, hazardous materials released
970 Not applicable

Motor Carrier Name ☐ Unknown

Motor Carrier ID Number

Cargo Body Type

000 No cargo body

100 Bus 105 Flatbed 109 Log
101 Auto transporter 106 Garbage / refuse 110 Pole trailer
102 Cargo tank 107 Grain / chips / gravel 111 Van / enclosed box
103 Concrete mixer 108 Intermodal container chassis 112 Vehicle towing another vehicle
104 Dump

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

Load Permitted

000 Non-permitted load
100 Permitted load

970 Not applicable
(not a qualifying vehicle)
999 Unknown

Number
of Axles☐ Unknown

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

Motor Carrier Identification

100 US DOT number
101 State number
970 Not applicable
999 Unknown/unable to determine

State

Motor Carrier Address ☐ UnknownMotor Carrier Phone Number ☐ Unknown

Street City State Postal Code

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

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ UnknownLicense Plate ☐ Missing☐ Non-expiringState ☐ Unknown Number ☐ Unknown Year ☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ UnknownLicense Plate ☐ Missing☐ Non-expiringState ☐ Unknown Number ☐ Unknown Year ☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN ☐ UnknownNumber of Axles ☐ UnknownYear ☐ UnknownMake ☐ UnknownModel ☐ UnknownLicense Plate ☐ Missing☐ Non-expiringState ☐ Unknown Number ☐ Unknown Year ☐ Unknown

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DRIVER INFORMATION

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									
<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						

DRIVER LICENSE INFORMATION

License Status		License Class		Driver License Type		Commercial Driver License Status	
100 Valid license	004 Suspended	000 None	100 Non-CDL driver license	100 Valid	000 Canceled or denied		
000 Not licensed	999 Unknown	100 Class A	101 Non-CDL restricted driver license	101 Learner's permit	001 Disqualified		
001 Canceled or denied		101 Class B	(learner's permit, temporary/limited, graduated driver license, etc.)		002 Expired		
002 Expired		102 Class C	200 Commercial driver license (CDL)		003 Revoked		
003 Revoked		200 Light commercial/chauffeur (LA class D)	970 Not applicable		004 Suspended		
License Number	License State	300 Motorcycle only			098 Other (not valid)		
		400 Regular driver license (LA class E)			970 Not applicable (no CDL)		
		970 Not applicable			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			

DRIVER SEATING AND SAFETY INFORMATION

Seating Position					Restraint Systems Used																																													
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 <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 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																																											

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MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	Distraction Action	Distraction Source	Speeding Relation		
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	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	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	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown		
Suspected Alcohol Usage	Test Status	Alcohol Kit Number	Alcohol Test Type	Alcohol Test Results	BAC
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<input type="checkbox"/> Unknown	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)	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	
Suspected Drug Usage	Test Status	Drug Kit Number	Drug Test Type	Drug Test Results	
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<input type="checkbox"/> Unknown	100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		

DRIVER ACTIONS

Driver Actions at Time of Crash	Avoidance Maneuver	Pre-Collision Stability
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	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	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

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 Middle Last Suffix</i>							
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected	Ethnicity
<i>Street City State 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 Middle Last Suffix</i>							
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected	Ethnicity
<i>Street City State 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 Middle Last Suffix</i>							
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected	Ethnicity
<i>Street City State 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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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 Facility Receiving Patient	EMS Response Run # <input type="checkbox"/> Unknown
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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	

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NON-VEHICULAR PROPERTY DAMAGE

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NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

Property Type	Damage Severity	Owner Name <input type="checkbox"/> Unknown	Owner Phone Number <input type="checkbox"/> Not Collected
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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 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	Damage Severity 100 Light (less than \$500) 101 Moderate (between \$500 and \$10,000) 102 Severe (over \$10,000)
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LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

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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

WARNING DEVICES

DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Crossing Surface Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel	Present Warning Devices <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other	Advance Warning Devices <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other	Active Warning Devices <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other
Sets of Tracks	Speed Limit	Crossing Type 100 Public 101 Private		

COLLISION INFORMATION

Train in Motion 000 No 100 Yes	Crossing Vehicle Interaction 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	Struck Car # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Struck Car Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
Collision Type 100 Frontal 101 Side/backing		Struck Car Position <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Distance Traveled After Impact <input type="checkbox"/> Not Applicable <input type="checkbox"/> feet <input type="checkbox"/> miles
			Estimated Speed Before Braking

Hazardous Materials Placard 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown	Hazardous Material Class 1 Explosives 970 Not applicable 2 Gas 999 Unknown 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods	Hazardous Materials Released from Train Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable
Hazardous Material ID		

TRAIN OPERATOR

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

TRACK OWNER

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

TRAIN ENGINEER

Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no engineer	Certification Number <input type="checkbox"/> Unknown	Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
First Middle Last Suffix		
Address <input type="checkbox"/> Unknown	Phone Number <input type="checkbox"/> Not Collected	
Street City State Postal Code		

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

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TRAIN SUPPLEMENT

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Train # _____

TRAIN CONDUCTOR

Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor		Race	
		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	
<i>Street</i>		<i>City</i>	
<i>State</i>		<i>Postal Code</i>	
Incident Responder		Sex	Age <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	Date of Birth <input type="checkbox"/> Unknown
Injury Status		Ethnicity	
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		100 Hispanic 101 Other than Hispanic 999 Unknown	
Type of Medical Transportation		EMS Response Agency	
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	

PASSENGER INFORMATION

PASSENGER # _____			
Name <input type="checkbox"/> Unknown		Race	
		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	
<i>Street</i>		<i>City</i>	
<i>State</i>		<i>Postal Code</i>	
Incident Responder		Sex	Age <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	Date of Birth <input type="checkbox"/> Unknown
Injury Status		Ethnicity	
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		100 Hispanic 101 Other than Hispanic 999 Unknown	
Type of Medical Transportation		EMS Response Agency	
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	

PASSENGER # _____			
Name <input type="checkbox"/> Unknown		Race	
		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	
<i>Street</i>		<i>City</i>	
<i>State</i>		<i>Postal Code</i>	
Incident Responder		Sex	Age <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	Date of Birth <input type="checkbox"/> Unknown
Injury Status		Ethnicity	
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		100 Hispanic 101 Other than Hispanic 999 Unknown	
Type of Medical Transportation		EMS Response Agency	
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

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Total # of Train Passengers

PASSENGER INFORMATION

TRAIN # PASSENGER #

Name <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		Sex	Age <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown		100 Female	Date of Birth <input type="checkbox"/> Unknown
100 EMS 103 Tow operator		101 Male	Ethnicity
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown	100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status	Type of Medical Transportation	EMS Response Agency	
100 (K) Fatal Injury	000 Not transported 980 Other		
101 (A) Suspected Serious Injury	100 EMS air 999 Unknown		
102 (B) Suspected Minor Injury	101 EMS ground	EMS Response Run # <input type="checkbox"/> Unknown	
103 (C) Possible Injury	200 Law enforcement		
104 (O) No Apparent Injury			
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient	

TRAIN # PASSENGER #

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

TRAIN # PASSENGER #

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

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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