

## Rev. 2023-1

☐ Secondary Crash    ☐ Photos Taken    ☐ Videos Taken

Case #

Page

of

| Number of Motorists  | Number of Non-Motorists | Non-Fatally Injured Persons | Fatalities | Total Injuries and Fatalities | Vehicles Involved | Troop     |
|----------------------|-------------------------|-----------------------------|------------|-------------------------------|-------------------|-----------|
| Investigating Agency |                         | Division                    | Parish     | City                          | Latitude          | Longitude |

| Crash Date/Time | Police Notified Date/Time | Police Arrived Date/Time | Roadway Cleared Date/Time | On Scene Investigation Completed Date/Time |
|-----------------|---------------------------|--------------------------|---------------------------|--|
|-----------------|---------------------------|--------------------------|---------------------------|--|

|   |      |
|---|------|
| Highway <input type="checkbox"/> Not applicable | Road |
|---|------|

|   |  |
|---|--|
| <b>Distance/Direction From Intersection</b> <input type="checkbox"/> Not applicable | <b>Intersecting Road</b> <input type="checkbox"/> Crash was at an intersection |
|---|--|

| Road Classification           | Road Subtype         | Property Ownership   | Trafficway Characteristics  | Number of Intersection Approaches | Traffic Flow Direction                      |
|-------------------------------|----------------------|----------------------|-----------------------------|-----------------------------------|---|
| 100 Interstate                | 100 Mainline         | 100 Public property  | 100 Trafficway, on road     | 1 Not an intersection             | X Not applicable<br>(not a divided highway) |
| 101 US highway                | 200 On-ramp          | 200 Private property | 101 Trafficway, not on road | 2 Two                             | N North                                     |
| 102 State highway             | 201 Off-ramp         |                      |                             | 3 Three                           | W West                                      |
| 103 Parish road               | 300 Frontage/service |                      | 200 Non-trafficway          | 4 Four                            | E East                                      |
| 104 City street               | 970 Not applicable   |                      |                             | 5 Five or more                    | S South                                     |
| 200 Off road/private property |                      |                      |                             |                                   |   |

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

| Badge # | Printed Name | Signature |
|---------|--------------|-----------|
|---------|--------------|-----------|

| First Harmful Event | Location of First | Manner of Crash |
|---------------------|-------------------|-----------------|
|---------------------|-------------------|-----------------|

|                                 |   |   |  |   |
|---------------------------------|---|---|--|---|
| Non-Collision                   | 100 Cargo/equipment loss or shift<br>101 Fell/jumped from motor vehicle<br>102 Fire/explosion<br>103 Immersion, full or partial<br>104 Jackknife<br>105 Overturn/rollover<br>106 Thrown or falling object<br>198 Other non-collision harmful event  | Harmful Event<br>100 Gore<br>101 In parking lane or zone<br>102 Median<br>103 Off roadway, location unknown<br>104 On roadway<br>105 On shoulder, left side<br>106 On shoulder, right side<br>107 Outside road/right-of-way<br>108 Roadside<br>109 Separator/traffic island<br>999 Unknown  | 000 Not a collision between two motor vehicles in transport<br><br>100 Angle - left overtake<br>101 Angle - left opposite direction<br>102 Angle - left into flow<br>103 Angle - right into flow<br>104 Angle - right overtake<br>105 Angle - perpendicular/other angle<br>500 Angle - left across flow<br>501 Angle - right across flow               | 200 Front to front - head on<br>300 Front to rear - rear end<br>400 Backing - rear to front<br>401 Backing - rear to rear<br>402 Backing - rear to side<br>502 Sideswipe - opposite direction<br>505 Sideswipe - same direction<br><br>980 Other<br>999 Unknown |
|                                 |   |   |  |   |
| Collision with Non-Fixed Object | 200 Collision with animal (live)<br>201 Collision with motor vehicle in transport<br>202 Collision with parked motor vehicle<br>203 Collision with pedalcycle (including bicycles)<br>204 Collision with pedestrian<br>205 Collision with railway vehicle (train, engine)<br>206 Collision with object at rest from MV in transport<br>207 Collision with falling/shifting cargo or anything set in motion by MV<br>208 Collision with work zone/maintenance equipment<br>209 Collision with farm equipment<br>297 Collision with other non-motorist<br>298 Collision with other non-fixed object   | Relation to Junction<br>000 Not an interchange area<br>100 Acceleration or deceleration lane<br>101 Crossover related<br>102 Driveway access or related<br>103 Entrance/exit ramp or related<br>104 Intersection or related<br>106 Railway grade crossing<br>107 Shared-use path or trail<br>108 Through roadway<br>980 Other location within an interchange area (median, shoulder, and roadside)<br>999 Unknown | Contributing Factor<br>100 Violations<br>101 Movement prior to crash<br>102 Vision obstructions<br>103 Driver condition<br>104 Vehicle condition<br>105 Road surface<br>106 Roadway condition<br>107 Lighting condition<br>108 Weather condition<br>109 Traffic control<br>110 Non-motorist condition<br>111 Non-motorist action<br>970 Not applicable | Primary<br><br>Secondary  |
|                                 |   |   |  |   |
| Collision with Fixed Object     | 300 Collision with bridge overhead structure<br>301 Collision with bridge pier or support<br>302 Collision with bridge rail<br>303 Collision with cable barrier<br>304 Collision with concrete traffic barrier<br>305 Collision with culvert<br>306 Collision with curb<br>307 Collision with ditch<br>308 Collision with embankment<br>309 Collision with fence<br>310 Collision with guardrail end terminal<br>311 Collision with guardrail face<br>312 Collision with impact attenuator/crash cushion<br>313 Collision with mailbox<br>314 Collision with traffic sign support<br>315 Collision with traffic signal support<br>316 Collision with tree (standing)<br>317 Collision with utility pole/light support<br>396 Collision with other post, pole, or support<br>397 Collision with other traffic barrier<br>398 Collision with other fixed object (wall, building, tunnel, etc.)<br>399 Collision with unknown fixed object | Intersection Geometry<br>100 Angled / skewed<br>101 Roundabout / traffic circle<br>102 Perpendicular<br>970 Not applicable<br><br>Intersection Traffic Control<br>000 No controls<br>100 Signalized<br>101 Stop -all way<br>102 Stop -partial<br>103 Yield<br>970 Not applicable  | School Bus Relation<br>000 No<br>100 Yes, school bus directly involved<br>101 Yes, school bus indirectly involved  |   |
|                                 |   |   |  |   |

LOUISIANA UNIFORM CRASH REPORT  
CRASH INFORMATION

Rev. 2023-1

Case #

Page

of

## CRASH CONDITIONS

| Roadway Surface Condition   | Light Condition  | Weather Conditions   | Environmental Conditions   |
|---|--|--|--|
| 000 Dry<br>100 Ice/Frost<br>101 Mud, dirt, gravel<br>102 Oil<br>103 Sand<br>104 Slush<br>105 Snow<br>106 Water (standing,moving)<br>107 Wet<br>980 Other<br>999 Unknown | 100 Daylight<br>200 Dawn/dusk<br>300 Dark - continuous street lights<br>301 Dark - street lights at intersection only<br>302 Dark - not lighted<br>399 Dark - unknown lighting<br>980 Other<br>999 Unknown | 000 Clear<br>100 Blowing sand, soil, dirt<br>101 Blowing snow<br>102 Cloudy<br>103 Fog, smog, smoke<br>104 Freezing rain or freezing drizzle<br>105 Rain<br>106 Severe crosswinds<br>107 Sleet or hail<br>108 Snow<br>980 Other<br>999 Unknown | 000 None<br>100 Animal(s)<br>101 Debris<br>102 Glare<br>103 Non-highway work<br>104 Obstructed crosswalks<br>105 Obstruction in roadway<br>106 Overhead clearance limited<br>107 Prior crash<br>108 Prior non-recurring incident<br>109 Regular congestion<br>110 Related to a bus stop<br>111 Road surface condition (wet, icy, snow, slush, etc.)<br>112 Ruts, holes, bumps<br>113 Shoulders (none, low, soft, high)<br>114 Toll booth/plaza related<br>115 Traffic control device<br>116 Traffic incident<br>117 Visual obstruction(s)<br>118 Weather conditions<br>119 Work zone (construction/maintenance/utility)<br>120 Worn, travel-polished surface<br>980 Other<br>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<br>100 Yes<br>999 Unknown | 100 Before the first work zone warning sign<br>101 Advance warning area<br>102 Transition area<br>103 Activity area<br>104 Termination area<br>970 Not applicable<br>999 Unknown | 100 Lane closure<br>101 Lane shift / crossover<br>102 Work on shoulder or median<br>103 Intermittent or moving work<br>970 Not applicable<br>980 Other type of work zone<br>999 Unknown | 100 Back of queue<br>101 Congestion (dense & slow traffic), typical<br>102 Heavy (dense & fast traffic)<br>103 Congestion (dense & slow traffic), not typical<br>104 Traffic control device malfunction<br>105 Free flow (light & fast traffic)<br>980 Other<br>970 Not applicable<br>999 Unknown | 000 No<br>100 Yes<br>970 Not applicable<br>999 Unknown | 000 No<br>100 Yes<br>970 Not applicable<br>999 Unknown |

## REVIEWING OFFICER

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

WITNESS #

WITNESS #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

Rev. 2023-1

Case #

Page

of

Motor Vehicle #

## DESCRIPTION AND INFORMATION

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

## DAMAGE

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

## TOWING

## MOTOR VEHICLE CIRCUMSTANCES

|   |   |   |  |  |
|---|---|---|--|--|
| <b>Vehicle Usage</b><br>000 No special function<br>100 Bus - school (public or private)<br>101 Bus - childcare / daycare<br>102 Bus - transit / commuter<br>103 Bus - charter / tour<br>104 Bus - intercity<br>105 Bus - shuttle<br>198 Bus - other<br>200 Farm vehicle<br>201 Fire truck<br>202 Highway / maintenance<br>203 Mail carrier<br>204 Military<br>205 Ambulance<br>206 Police<br>207 Public utility<br>208 Non-transport emergency services vehicle<br>209 Safety service patrols - incident response<br>210 Other incident response<br>211 Rental truck (over 10,000 lbs)<br>212 Towing - incident response<br>213 Truck acting as crash attenuator<br>214 Taxi<br>215 Vehicle used for electronic ride-hailing (transportation network company) | <b>Vehicle Maneuver</b><br>100 Movements essentially straight ahead<br>101 Backing<br>102 Changing lanes<br>103 Making U-turn<br>104 Negotiating a curve<br>105 Overtaking / passing<br>106 Turning left<br>107 Turning right<br>108 Traveling wrong way<br><b>Vehicle Maneuver Reason</b><br>000 Normal movement<br>100 To avoid other vehicle<br>101 To avoid non-motorist<br>102 To avoid animal<br>198 To avoid other object<br>200 Passing<br><b>Emergency Vehicle Usage</b><br>000 Non-emergency, non-transport<br>100 Non-emergency transport<br>200 Emergency operation, emergency warning equipment not in use<br>201 Emergency operation, emergency warning equipment in use<br>970 Not applicable<br>999 Unknown | 109 Crossed median into opposing lane<br>110 Crossed center line into opposing lane<br>111 Ran off road (not while making turn at intersection)<br>200 Entering traffic lane from shoulder<br>201 Entering traffic lane from median<br>202 Entering traffic lane from parking lane<br>203 Entering traffic lane from private lane or driveway<br>204 Entering freeway from on-ramp<br>300 Leaving traffic lane<br>201 Vehicle out of control, not passing<br>202 Vehicle out of control, passing<br>203 For traffic control<br>204 Due to congestion<br>205 Due to prior crash (collision)<br>206 Due to driver condition | 400 Slowing to make left turn<br>401 Slowing to make right turn<br>402 Slowing to stop<br>498 Slowing for other reason<br>500 Parked<br>501 Stopped, preparing to turn left<br>502 Stopped, preparing to turn right<br>503 Stopped in traffic<br>980 Other<br>999 Unknown<br>207 Due to driver violation<br>208 Due to vehicle condition (failure)<br>209 Due to pavement condition<br>210 High wind<br>980 Other<br>999 Unknown | <b>Direction of Travel Before Crash</b><br>000 Not on roadway<br>001 In roadway but not in motion<br>100 Northbound<br>300 Eastbound<br>500 Southbound<br>700 Westbound<br>999 Unknown |
|---|---|---|--|--|

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

Rev. 2023-1

Case #

Page

of

Motor Vehicle #

## MOTOR VEHICLE CIRCUMSTANCES

|  |  |   |                                       |                                  |   |
|--|--|---|---------------------------------------|----------------------------------|---|
| <b>Skidmark Data (Feet)</b>  |  | <b>Distance Traveled After Impact (Feet)</b> <input type="checkbox"/> Unknown   |                                       | <b>Contributing Defects</b>      |   |
| Front Left <input type="text"/>                                      | Front Right <input type="text"/> <input type="checkbox"/> Not applicable or measured<br><input type="checkbox"/> Unknown | <b>Vehicle Lighting</b><br>000 Headlights off<br>100 Headlights on<br>101 Daytime running lights<br>999 Unknown                       |                                       | 000 None                         |   |
| Rear Left <input type="text"/>                                       | Rear Right <input type="text"/>  |   |                                       | 100 Brakes                       |   |
| <b>Traffic Control Device Types and Statuses</b>                     |  |   |                                       | 101 Exhaust system               |   |
| <b>Traffic Control Device Types</b>                                  |  | <b>Devices Present</b>  | <b>Devices Inoperative or Missing</b> | 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  | <b>Traffic Signal Status</b><br>100 Red signal on<br>200 Yellow signal on<br>300 Green signal on<br>970 Not applicable<br>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  | <b>Automation System Level Present</b>  |                                       |                                  |   |
| <b>Trafficway Division</b>   |  | <b>Barrier Type</b>   |                                       | 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     |   |
| <b>Roadway Grade</b>   | <b>Number of Through Lanes</b>   | <b>Number of Auxiliary Lanes</b>  | <b>Roadway Alignment</b>              | <b>Permitted Travel</b>          | <b>HOV Lane Presence</b>  |
| 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                       | <b>Speed Limit</b>               | 101 Not separated, painted pavement markings, post-mounted delineators            |
| 103 Downhill   |  |   |                                       | <input type="checkbox"/> Unknown |   |
| 104 Sag (bottom)   |  |   |                                       | <input type="checkbox"/> N/A     |   |
|  |  |   |                                       |                                  | <b>HOV Lane Relation</b>  |
|  |  |   |                                       |                                  | 000 No  |
|  |  |   |                                       |                                  | 100 Yes   |

## MOTOR VEHICLE EVENTS

|   |   |   |  |  |
|---|---|---|--|--|
| <b>Sequence of Events</b> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> |   |   |  | <b>Most Harmful Event</b> <input type="text"/> |
| <b>Non-Harmful Events</b>   |   | <b>Collision with Fixed Object</b>                        |  |  |
| 000 Cross centerline  | 005 Ran off roadway left  | 300 Collision with bridge overhead structure              | 396 Collision with other post,pole,or support                        |  |
| 001 Cross median  | 006 Ran off roadway right   | 301 Collision with bridge pier or support                 | 397 Collision with other traffic barrier                             |  |
| 002 End departure (T-intersection, dead-end, etc.)  | 007 Reentering roadway  | 302 Collision with bridge rail                            | 398 Collision with other fixed object (wall, building, tunnel, etc.) |  |
| 003 Downhill runaway  | 008 Separation of units   | 303 Collision with cable barrier                          | 399 Collision with unknown fixed object                              |  |
| 004 Equipment failure (blown tire, brake failure, etc.)   | 098 Other non-harmful event   | 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             |  |  |
| <b>Non-Collision Events</b>   |   | <b>Collision with Person / Vehicle / Non-Fixed Object</b> |  |  |
| 100 Cargo/equipment loss or shift   | 200 Collision with animal (live)  |   |  |  |
| 101 Fell/jumped from motor vehicle  | 201 Collision with motor vehicle in transport                               |   |  |  |
| 102 Fire/explosion  | 202 Collision with parked motor vehicle                                     |   |  |  |
| 103 Immersion, full or partial  | 203 Collision with pedalcycle (including bicycles)                          |   |  |  |
| 104 Jackknife   | 204 Collision with pedestrian   |   |  |  |
| 105 Overturn/rollover   | 205 Collision with railway vehicle (train, engine)                          |   |  |  |
| 106 Thrown or falling object  | 206 Collision with object at rest from MV in transport                      |   |  |  |
| 198 Other non-collision harmful event   | 207 Collision with falling, shifting cargo, or anything set in motion by MV |   |  |  |
|   | 208 Collision with work zone/maintenance equipment                          |   |  |  |
|   | 209 Collision with farm equipment   |   |  |  |
|   | 297 Collision with other non-motorist                                       |   |  |  |
|   | 298 Collision with other non-fixed object                                   |   |  |  |

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

Rev. 2023-1

Case #      Page      of

COMMERCIAL MOTOR VEHICLE INFORMATION

|  |   |             |  |
|--|---|-------------|--|
| <b>Vehicle Configuration</b>   |   |             | <b>Hazardous Materials Placard</b>                               |
| 000 Vehicles 10,000 lbs or less                                      | 300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) | 999 Unknown | 000 Had no placard and not carrying hazardous materials          |
| 100 Vehicles 10,000 lbs or less<br>placarded for hazardous materials | 301 Single-unit truck (3 or more axles)               |             | 001 Had a placard, not carrying hazardous materials              |
|  | 302 Truck pulling trailer(s)                          |             | 100 Carried hazardous material that required placarding          |
|  | 303 Truck tractor (bobtail)                           |             | 200 Carried hazardous materials without placard      999 Unknown |
| 200 Bus/large van<br>(seats 9-15 occupants, including driver)        | 304 Truck tractor/semi-trailer                        |             | <b>Hazardous Material ID</b>                                     |
| 201 Bus<br>(seats more than 15 occupants, including driver)          | 305 Truck tractor/double                              |             | <b>Hazardous Material Class</b>                                  |
|  | 306 Truck tractor/triple                              |             | 1 Explosives      970 Not applicable                             |
|  | 307 Truck more than 10,000 lbs., cannot classify      |             | 2 Gas      999 Unknown   |

|                        |                                  |                                    |  |  |   |
|------------------------|----------------------------------|------------------------------------|--|--|---|
| <b>Cargo Body Type</b> |                                  |                                    | <b>Special Sizing</b>                          | <b>Hazardous Materials Released from Vehicle Cargo Compartment</b> |   |
| 000 No cargo body      |                                  |                                    | <input type="checkbox"/> 000 No special sizing |  |   |
| 100 Bus                | 105 Flatbed                      | 109 Log                            | <input type="checkbox"/> 100 Over-height       |  |   |
| 101 Auto transporter   | 106 Garbage / refuse             | 110 Pole trailer                   | <input type="checkbox"/> 101 Over-length       |  |   |
| 102 Cargo tank         | 107 Grain / chips / gravel       | 111 Van / enclosed box             | <input type="checkbox"/> 102 Over-weight       | 3 Flammable liquids  |   |
| 103 Concrete mixer     | 108 Intermodal container chassis | 112 Vehicle towing another vehicle | <input type="checkbox"/> 103 Over-width        |  | 4 Other flammable substances                  |
| 104 Dump               |                                  |                                    | <input type="checkbox"/> 999 Unknown           |  | 5 Oxidizing substances and organic peroxides  |
|                        |                                  |                                    |  |  | 6 Toxic (poisonous) and infectious substances |
| 970 Not applicable     | 980 Other                        | 999 Unknown                        |  | 7 Radioactive material   |   |
|                        |                                  |                                    |  | 8 Corrosives   |   |
|                        |                                  |                                    |  | 9 Miscellaneous dangerous goods                                    |   |

|  |                                  |  |                                     |  |
|--|----------------------------------|--|-------------------------------------|--|
| <b>Load Permitted</b>                            | <b>Number of Axles</b>           | <b>Motor Carrier Type</b>                            | <b>Motor Carrier Identification</b> | <b>Hazardous Materials Released from Vehicle Cargo Compartment</b> |
| 000 Non-permitted load                           | <input type="checkbox"/> Unknown | 000 Personal vehicle                                 | 100 US DOT number                   | 000 No, hazardous materials not released                           |
| 100 Permitted load                               |                                  | 001 Not in commerce: government                      | 101 State number                    | 100 Yes, hazardous materials released                              |
|  |                                  | 002 Not in commerce:<br>personal rental truck or bus | 970 Not applicable                  | 970 Not applicable   |
| 970 Not applicable<br>(not a qualifying vehicle) |                                  | 098 Not in commerce: other                           | 999 Unknown/unable to determine     | <b>Motor Carrier Name</b> <input type="checkbox"/> Unknown         |
| 999 Unknown                                      |                                  | 100 Interstate carrier                               | <b>State</b> _____                  | <b>Motor Carrier ID Number</b>                                     |
|  |                                  | 101 Intrastate carrier                               |                                     |  |

|   |  |
|---|--|
| <b>Motor Carrier Address</b> <input type="checkbox"/> Unknown | <b>Motor Carrier Phone Number</b> <input type="checkbox"/> Unknown |
| Street _____  | City _____ State _____ Postal Code _____                           |

|   |                         |
|---|-------------------------|
| <b>GVWR/GCWR</b>                              | <b>Commodity Hauled</b> |
| 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                                   |                         |

|  |                                       |  |                                  |
|--|---------------------------------------|--|----------------------------------|
| <b>TRAILER INFORMATION</b>                     |                                       |  | <b>TRAILER #</b>                 |
| VIN <input type="checkbox"/> Unknown           |                                       | Number of Axles <input type="checkbox"/> Unknown |                                  |
| Year <input type="checkbox"/> Unknown          | Make <input type="checkbox"/> Unknown | Model <input type="checkbox"/> Unknown           |                                  |
| License Plate <input type="checkbox"/> Missing |                                       | <input type="checkbox"/> Non-expiring            |                                  |
| State _____                                    | <input type="checkbox"/> Unknown      | Number _____                                     | <input type="checkbox"/> Unknown |
| Year _____                                     |                                       | <input type="checkbox"/> Unknown                 |                                  |

|  |                                       |  |                                  |
|--|---------------------------------------|--|----------------------------------|
| <b>TRAILER INFORMATION</b>                     |                                       |  | <b>TRAILER #</b>                 |
| VIN <input type="checkbox"/> Unknown           |                                       | Number of Axles <input type="checkbox"/> Unknown |                                  |
| Year <input type="checkbox"/> Unknown          | Make <input type="checkbox"/> Unknown | Model <input type="checkbox"/> Unknown           |                                  |
| License Plate <input type="checkbox"/> Missing |                                       | <input type="checkbox"/> Non-expiring            |                                  |
| State _____                                    | <input type="checkbox"/> Unknown      | Number _____                                     | <input type="checkbox"/> Unknown |
| Year _____                                     |                                       | <input type="checkbox"/> Unknown                 |                                  |

|  |                                       |  |                                  |
|--|---------------------------------------|--|----------------------------------|
| <b>TRAILER INFORMATION</b>                     |                                       |  | <b>TRAILER #</b>                 |
| VIN <input type="checkbox"/> Unknown           |                                       | Number of Axles <input type="checkbox"/> Unknown |                                  |
| Year <input type="checkbox"/> Unknown          | Make <input type="checkbox"/> Unknown | Model <input type="checkbox"/> Unknown           |                                  |
| License Plate <input type="checkbox"/> Missing |                                       | <input type="checkbox"/> Non-expiring            |                                  |
| State _____                                    | <input type="checkbox"/> Unknown      | Number _____                                     | <input type="checkbox"/> Unknown |
| Year _____                                     |                                       | <input type="checkbox"/> Unknown                 |                                  |

|                           |  |  |  |  |  |                                  |                                  |  |                                  |                                       |  |                          |   |                          |                          |                      |  |               |  |                                  |  |                  |  |  |  |                          |  |
|---------------------------|--|--|--|--|--|----------------------------------|----------------------------------|--|----------------------------------|---------------------------------------|--|--------------------------|---|--------------------------|--------------------------|----------------------|--|---------------|--|----------------------------------|--|------------------|--|--|--|--------------------------|--|
| <b>Name</b>               |  |  |  |  |  | <input type="checkbox"/> Unknown | <b>Age</b>                       |  | <input type="checkbox"/> Unknown | <b>Sex</b>                            |  | <input type="checkbox"/> | <b>Race</b>   |                          | <input type="checkbox"/> |                      |  |               |  |                                  |  |                  |  |  |  |                          |  |
|                           |  |  |  |  |  |                                  |                                  |  |                                  | 100 Female<br>101 Male<br>999 Unknown |  |                          | 100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>999 Unknown |                          |                          |                      |  |               |  |                                  |  |                  |  |  |  |                          |  |
| <i>First</i>              |  |  |  |  |  | <i>Middle</i>                    |                                  |  |                                  |                                       |  | <i>Last</i>              |   |                          |                          |                      |  | <i>Suffix</i> |  |                                  |  |                  |  |  |  |                          |  |
| <b>Address</b>            |  |  |  |  |  |                                  | <input type="checkbox"/> Unknown |  |                                  |                                       |  |                          |   | <b>Phone Number</b>      |                          |                      |  |               |  |                                  | <input type="checkbox"/> Not Collected |                  |  |  |  |                          |  |
|                           |  |  |  |  |  |                                  |                                  |  |                                  |                                       |  |                          |   |                          |                          |                      |  |               |  |                                  |  |                  |  |  |  |                          |  |
| <i>Street</i>             |  |  |  |  |  |                                  | <i>City</i>                      |  |                                  |                                       |  |                          |   | <i>State</i>             |                          |                      |  |               |  |                                  | <i>Postal Code</i>                     |                  |  |  |  |                          |  |
| <b>Incident Responder</b> |  |  |  |  |  |                                  |                                  |  |                                  |                                       |  |                          |   | <input type="checkbox"/> |                          | <b>Date of Birth</b> |  |               |  | <input type="checkbox"/> Unknown |  | <b>Ethnicity</b> |  |  |  | <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                      |  |                  |  |  |  |                          |  |

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

| Seating Position   |      |        |       |     | Restraint Systems Used |  | Ejection  |  | Extrication   |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |   |  |   |  |  |  |
|--|------|--------|-------|-----|------------------------|--|---|--|---|-----|------|--------|-------|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|---|--|---|--|--|--|
| <b>Standard Vehicle Seats</b><br><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 | <b>Other Seating Positions</b><br>700 Unenclosed cargo area<br>701 Riding on motor vehicle exterior (non-trailing unit)<br>800 Trailing unit<br>801 Sleeper section of cab (truck)<br>898 Other enclosed cargo area<br>970 Not applicable<br>999 Unknown |  | 001 None used – motor vehicle occupant<br>100 Booster seat<br>101 Child restraint system – forward facing<br>102 Child restraint system – rear facing<br>103 Child restraint system – type unknown<br>104 Lap belt only used<br>105 Shoulder and lap belt used<br>106 Shoulder belt only used<br>107 Stretcher<br>108 Wheelchair<br>199 Restraint used – type unknown |  | 002 No helmet<br>200 DOT-compliant motorcycle helmet<br>201 Not DOT-compliant motorcycle helmet<br>299 Unknown if DOT-compliant motorcycle helmet |  | 970 Not applicable<br>980 Other<br>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 |                        |  |   |  |   |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |   |  |   |  |  |  |
| <b>Air Bags Deployed</b><br><div> <input type="checkbox"/> 000 Not deployed             <input type="checkbox"/> 970 Not applicable           </div> <div> <input type="checkbox"/> 001 Not deployed - switch off             <input type="checkbox"/> 999 Deployment unknown           </div> <div> <input type="checkbox"/> 100 Front             <input type="checkbox"/> 101 Side             <input type="checkbox"/> 102 Curtain             <input type="checkbox"/> 103 Other (knee, air belt, etc.)           </div>  |      |        |       |     |                        |  | <b>Ejection</b><br>000 Not ejected<br>100 Ejected, partially<br>101 Ejected, totally<br>970 Not applicable<br>999 Unknown |  | <b>Extrication</b><br>000 No<br>100 Trapped and extricated<br>101 Trapped but not extricated<br>999 Unknown |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |   |  |   |  |  |  |

LOUISIANA UNIFORM CRASH REPORT  
DRIVER INFORMATION

Rev. 2023-1

Case #

Page

of

Motor Vehicle #

## MEDICAL INFORMATION

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

## DRIVER CONDITION AND CIRCUMSTANCES

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

## DRIVER ACTIONS

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

## CITATIONS

LOUISIANA UNIFORM CRASH REPORT  
PASSENGER INFORMATION

Rev. 2023-1

Case #      Page      of

Total # of Passengers

PASSENGER INFORMATION

MOTOR VEHICLE #      PASSENGER #

|   |  |                     |   |   |                            |   |             |
|---|--|---------------------|---|---|----------------------------|---|-------------|
| Name <input type="checkbox"/> Unknown   |  |                     |   | Date of Birth   | Age                        | Sex<br>100 Female<br>101 Male<br>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<br><input type="checkbox"/> 000 Not deployed<br><input type="checkbox"/> 001 Not deployed - switch off<br><input type="checkbox"/> 100 Front<br><input type="checkbox"/> 101 Side<br><input type="checkbox"/> 102 Curtain<br><input type="checkbox"/> 103 Other | Injury Status<br><input type="checkbox"/> 970 Not applicable<br><input type="checkbox"/> 999 Unknown     | Incident Responder  | Restraint System                                    | Any indication of improper use?<br>000 No<br>100 Yes<br>999 Unknown | Seating Position           | Ejection  | Extrication |
| Type of Medical Transportation  | Medical Unique Identifier<br><input type="checkbox"/> Not applicable<br><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<br>100 Female<br>101 Male<br>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<br><input type="checkbox"/> 000 Not deployed<br><input type="checkbox"/> 001 Not deployed - switch off<br><input type="checkbox"/> 100 Front<br><input type="checkbox"/> 101 Side<br><input type="checkbox"/> 102 Curtain<br><input type="checkbox"/> 103 Other | Injury Status<br><input type="checkbox"/> 970 Not applicable<br><input type="checkbox"/> 999 Unknown     | Incident Responder  | Restraint System                                    | Any indication of improper use?<br>000 No<br>100 Yes<br>999 Unknown | Seating Position           | Ejection  | Extrication |
| Type of Medical Transportation  | Medical Unique Identifier<br><input type="checkbox"/> Not applicable<br><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<br>100 Female<br>101 Male<br>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<br><input type="checkbox"/> 000 Not deployed<br><input type="checkbox"/> 001 Not deployed - switch off<br><input type="checkbox"/> 100 Front<br><input type="checkbox"/> 101 Side<br><input type="checkbox"/> 102 Curtain<br><input type="checkbox"/> 103 Other | Injury Status<br><input type="checkbox"/> 970 Not applicable<br><input type="checkbox"/> 999 Unknown     | Incident Responder  | Restraint System                                    | Any indication of improper use?<br>000 No<br>100 Yes<br>999 Unknown | Seating Position           | Ejection  | Extrication |
| Type of Medical Transportation  | Medical Unique Identifier<br><input type="checkbox"/> Not applicable<br><input type="checkbox"/> Unknown | EMS Response Agency |   |   | Facility Receiving Patient |   |             |
|   |  |                     | EMS Response Run # <input type="checkbox"/> Unknown |   |                            |   |             |

PASSENGER CODES

| <b>Injury Status</b><br>100 (K) Fatal injury<br>101 (A) Suspected serious injury<br>102 (B) Suspected minor injury<br>103 (C) Possible injury<br>104 (O) No apparent injury | <b>Ejection</b><br>000 Not ejected<br>100 Ejected, partially<br>101 Ejected, totally<br>970 Not applicable<br>999 Unknown | <b>Extrication</b><br>000 No<br>100 Trapped and extricated<br>101 Trapped but not extricated<br>999 Unknown   | <b>Restraint Systems</b><br>001 None used – motor vehicle occupant<br>100 Booster seat<br>101 Child restraint system – forward facing<br>102 Child restraint system – rear facing<br>103 Child restraint system – type unknown<br>104 Lap belt only used<br>105 Shoulder and lap belt used<br>106 Shoulder belt only used<br>107 Stretcher<br>108 Wheelchair<br>199 Restraint used – type unknown<br>002 No helmet<br>200 DOT-compliant motorcycle helmet<br>201 Not DOT-compliant motorcycle helmet<br>299 Unknown if DOT-compliant motorcycle helmet<br>970 Not applicable<br>980 Other<br>999 Unknown | <b>Seating Position</b> <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>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table><br>700 Unenclosed cargo area<br>701 Riding on motor vehicle exterior (non-trailing unit)<br>800 Trailing unit<br>801 Sleeper section of cab (truck)<br>898 Other enclosed cargo area<br>970 Not applicable<br>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   |       |  |  |  |  |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |       |     |     |     |     |     |     |     |     |     |
| <b>Race</b><br>100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>999 Unknown                                  | <b>Ethnicity</b><br>100 Hispanic<br>101 Other than Hispanic<br>999 Unknown  | <b>Incident Responder</b><br>000 No<br>100 EMS<br>101 Fire<br>102 Police<br>103 Tow operator<br>104 Transportation<br>(i.e. maintenance workers, safety service patrol operators, etc.)<br>980 Other<br>999 Unknown |  |   |       |  |  |  |  |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |       |     |     |     |     |     |     |     |     |     |
| <b>Type of Medical Transportation</b><br>000 Not transported<br>100 EMS air<br>101 EMS ground<br>200 Law enforcement<br>980 Other<br>999 Unknown                            |   |   |  |   |       |  |  |  |  |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |       |     |     |     |     |     |     |     |     |     |



LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Rev. 2023-1

Case #

Page

of

| NON-MOTORIST INFORMATION   |  |  |  |  |  |   |  |  |   |            |  |
|--|--|--|--|--|--|---|--|--|---|------------|--|
| <b>Name</b> <input type="checkbox"/> Unknown   |  |  |  |  | <b>Age</b> <input type="checkbox"/> Unknown                |   | <b>Sex</b>   |  | <b>Race</b>   |            |  |
| <small>First Middle Last Suffix</small>  |  |  |  |  |  |   | 100 Female<br>101 Male<br>999 Unknown                      |  | 100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>999 Unknown |            |  |
| <b>Address</b> <input type="checkbox"/> Unknown  |  |  |  |  | <b>Phone Number</b> <input type="checkbox"/> Not Collected |   |  |  |   |            |  |
| <small>Street City State Postal Code</small>   |  |  |  |  |  |   |  |  |   |            |  |
| <b>Incident Responder</b>  |  |  |  |  | <b>Date of Birth</b> <input type="checkbox"/> Unknown      |   | <b>Ethnicity</b>   |  |   |            |  |
| 000 No 102 Police 980 Other<br>100 EMS 103 Tow operator 999 Unknown<br>101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)   |  |  |  |  |  |   | 100 Hispanic<br>101 Other than Hispanic<br>999 Unknown     |  |   |            |  |
| NON-MOTORIST CIRCUMSTANCES   |  |  |  |  |  |   |  |  |   |            |  |
| <b>Non-Motorist Type</b>   |  | <b>Initial Contact Point</b>   |  | <b>Location</b>  |  |   |  |  |   |            |  |
| 100 Bicyclist<br>198 Other cyclist<br>200 Pedestrian<br>298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.)<br>300 Occupant of a non-motor vehicle transportation device<br>999 Unknown   |  | 100 Front (12 o'clock)<br>101 Right (3 o'clock)<br>102 Rear (6 o'clock)<br>103 Left (9 o'clock)<br>999 Unknown   |  | 100 Intersection - marked crosswalk<br>101 Intersection - unmarked crosswalk<br>102 Intersection - other<br>103 Median/crossing island<br>104 Midblock - marked crosswalk<br>105 Shoulder/roadside<br>106 Travel lane - other location<br>200 Signed route (no pavement marking)<br>201 Shared lane markings<br>202 On-street bike lanes<br>203 On-street buffered bike lanes<br>204 Separated bike lanes<br>205 Off-street trails/sidepaths<br>300 Driveway access<br>301 Non-trafficway area<br>302 Shared-use path or trail<br>303 Sidewalk<br>980 Other<br>999 Unknown |  |   |  |  |   |            |  |
|  |  | <b>Origin/Destination</b>  |  | <b>Safety Equipment</b>  |  |   |  |  |   |            |  |
|  |  | 100 Going to or from school (K-12)<br>101 Going to or from transit<br>970 Not applicable<br>999 Unknown  |  | <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet<br><input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.)<br><input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)<br><input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other<br><input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown  |  |   |  |  |   |            |  |
| <b>Struck by Vehicle #</b>   |  |  |  |  |  |   |  |  |   |            |  |
|  |  |  |  |  |  |   |  |  |   |            |  |
| <b>Action Prior to Crash</b>   |  | <b>Actions or Circumstances At Time of Crash</b>   |  |  |  |   | <b>Clothing Brightness</b> <b>Upper</b>                    |  |   |            |  |
| 000 None<br>100 Adjacent to roadway (e.g., shoulder, median)<br>101 Crossing roadway<br>102 Waiting to cross roadway<br>103 Walking/cycling along roadway against traffic (in or adjacent to travel lane)<br>104 Walking/cycling along roadway with traffic (in or adjacent to travel lane)<br>105 Walking/cycling on sidewalk<br>106 Working in trafficway (incident response)<br>198 In roadway -other<br>980 Other<br>999 Unknown |  | 000 None (no improper action)<br>100 Dart / dash<br>101 Disabled vehicle related (working on, pushing, leaving/approaching)<br>102 Entering/exiting parked/standing vehicle<br>103 Failure to obey traffic signs, signals, or officer<br>104 Failure to yield right-of-way<br>105 Improper passing<br>106 Improper turn/merge<br>107 Inattentive (talking, eating, etc.)<br>108 In roadway improperly (standing, lying, working, playing)<br>109 Not visible (dark clothing, no lighting, etc.)<br>110 Wrong-way riding or walking<br>980 Other<br>999 Unknown |  |  |  |   | 100 Light<br>101 Dark<br>970 Not applicable<br>999 Unknown |  |   |            |  |
|  |  |  |  |  |  |   | <b>Lower</b>   |  |   |            |  |
|  |  |  |  |  |  |   |  |  |   |            |  |
| NON-MOTORIST MEDICAL INFORMATION   |  |  |  |  |  |   |  |  |   |            |  |
| <b>Injury Status</b>   |  | <b>Type of Medical Transportation</b>  |  | <b>EMS Response Agency</b>   |  |   |  | <b>EMS Response Run #</b> <input type="checkbox"/> Unknown   |   |            |  |
| 100 (K) Fatal Injury<br>101 (A) Suspected Serious Injury<br>102 (B) Suspected Minor Injury<br>103 (C) Possible Injury<br>104 (O) No Apparent Injury  |  | 000 Not transported<br>100 EMS air<br>101 EMS ground<br>200 Law enforcement<br>980 Other<br>999 Unknown  |  |  |  |   |  |  |   |            |  |
|  |  |  |  | <b>Medical Unique Identifier</b> <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown  |  |   |  | <b>Facility Receiving Patient</b>  |   |            |  |
|  |  |  |  |  |  |   |  |  |   |            |  |
| NON-MOTORIST CONDITION   |  |  |  |  |  |   |  |  |   |            |  |
| <b>Conditions at the Time of the Crash</b>   |  | <b>Distraction Action</b>  |  | <b>Distraction Source</b>  |  |   |  |  |   |            |  |
| 000 Apparently normal<br>100 Asleep/blacked out<br>101 Fatigued<br>102 Emotional (depressed, angry, disturbed, etc.)<br>103 Ill (sick), fainted<br>104 Physically impaired<br>105 Under the influence of medications/ drugs/alcohol<br>106 Inattentive/distracted  |  | 970 Not applicable<br>980 Other<br>999 Unknown   |  | 000 Not distracted<br>100 Talking / listening<br>101 Manually operating a device (texting, typing, dialing, playing game, etc.)<br>200 Inattentive<br>980 Other distraction<br>999 Unknown distraction<br>100 Hands-free mobile phone<br>101 Hand-held mobile phone<br>102 Vehicle-integrated device<br>198 Other electronic device<br>200 Passenger or other non-motorist<br>201 External to vehicle/non-motorist area<br>298 Other<br>970 Not applicable<br>999 Unknown  |  |   |  |  |   |            |  |
| <b>Suspected Alcohol Usage</b>   |  | <b>Test Status</b>   |  | <b>Alcohol Kit Number</b> <input type="checkbox"/> Unknown   |  | <b>Alcohol Test Type</b>  |  | <b>Alcohol Test Results</b>  |   | <b>BAC</b> |  |
| 000 No<br>100 Yes<br>999 Unknown   |  | 000 Test not given<br>001 Test refused<br>100 Test given<br>999 Unknown if tested  |  |  |  | 100 Blood<br>101 Blood clot<br>102 Blood plasma/serum<br>200 Breath<br>201 Preliminary breath test (PBT)<br>300 Urine<br>301 Vitreous<br>302 Liver<br>970 Not applicable<br>980 Other |  | 000 Results pending<br>001 Negative results with no actual value<br>100 Results received<br>101 Positive results with no actual value<br>970 Not applicable<br>999 Unknown |   |            |  |
| <b>Suspected Drug Usage</b>  |  | <b>Test Status</b>   |  | <b>Drug Kit Number</b> <input type="checkbox"/> Unknown  |  | <b>Drug Test Type</b>   |  | <b>Drug Test Results</b>   |   |            |  |
| 000 No<br>100 Yes<br>999 Unknown   |  | 000 Test not given<br>001 Test refused<br>100 Test given<br>999 Unknown if tested  |  |  |  | 100 Blood<br>101 Urine<br>102 Both blood and urine<br>103 Saliva<br>198 Other<br>970 Not applicable<br>999 Unknown  |  |  |   |            |  |

LOUISIANA UNIFORM CRASH REPORT  
NON-VEHICULAR PROPERTY DAMAGE

Rev. 2023-1

Case #  Page  of

NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE PROPERTY #

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

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

PROPERTY DAMAGE CODES

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

|  |  |   |  |   |  |  |  |  |  |   |  |   |  |    |  |
|--|--|---|--|---|--|--|--|--|--|---|--|---|--|----|--|
| Revision   |  | Printed   |  | LOUISIANA UNIFORM CRASH REPORT<br>TRAIN SUPPLEMENT  |  |  |  | Rev. 2023-1  |  | Case #  |  | Page  |  | of |  |
| Train #  |  |   |  |   |  |  |  |  |  |   |  |   |  |    |  |
| TRAIN INFORMATION  |  |   |  |   |  |  |  |  |  |   |  |   |  |    |  |
| Train Type<br>100 Railroad train<br>101 Streetcar  |  | ID #<br><input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown  |  | Lead Engine #<br><input type="checkbox"/> Unknown   |  | Serial #<br><input type="checkbox"/> Unknown   |  | Present Equipment<br><input type="checkbox"/> 000 None<br><input type="checkbox"/> 100 Headlight functional<br><input type="checkbox"/> 101 Ditch lights functional<br><input type="checkbox"/> 102 Horn functional<br><input type="checkbox"/> 103 Bell functional<br><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<br><input type="checkbox"/> Pending  |  |   |  |   |  |    |  |
| TRACK INFORMATION  |  |   |  |   |  |  |  |  |  |   |  |   |  |    |  |
| DOT Crossing #<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Unknown  |  |   |  | Crossing Surface<br>Material<br>100 Rubber mat 980 Other<br>101 Asphalt<br>102 Wood<br>103 Concrete<br>104 Gravel   |  | Present Warning Devices<br><input type="checkbox"/> 000 None<br><input type="checkbox"/> 100 Flashing lights<br><input type="checkbox"/> 101 Bell<br><input type="checkbox"/> 102 Gate<br><input type="checkbox"/> 103 Crossbuck<br><input type="checkbox"/> 980 Other |  | Advance Warning Devices<br><input type="checkbox"/> 000 None<br><input type="checkbox"/> 100 Sign<br><input type="checkbox"/> 101 Pavement markings<br><input type="checkbox"/> 102 Active advance warning<br><input type="checkbox"/> 980 Other   |  | Active Warning Devices<br><input type="checkbox"/> 000 None<br><input type="checkbox"/> 100 Lights flashing<br><input type="checkbox"/> 101 Bell ringing<br><input type="checkbox"/> 102 Gates down<br><input type="checkbox"/> 980 Other |  |   |  |    |  |
| Sets of Tracks   |  | Speed Limit   |  | Crossing Type<br>100 Public<br>101 Private  |  |  |  |  |  |   |  |   |  |    |  |
| COLLISION INFORMATION  |  |   |  |   |  |  |  |  |  |   |  |   |  |    |  |
| Train in Motion<br>000 No<br>100 Yes   |  | Crossing Vehicle Interaction<br>100 Stalled on crossing<br>101 Stopped on crossing<br>102 Moving over crossing<br>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<br>100 Frontal<br>101 Side/backing  |  |   |  | Struck Car Position<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Unknown  |  |  |  | Distance Traveled After Impact<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> feet<br><input type="checkbox"/> miles   |  |   |  | Estimated Speed Before Braking  |  |    |  |
| Hazardous Materials Placard<br>000 Had no placard and not carrying hazardous materials<br>001 Had a placard, not carrying hazardous materials<br>100 Carried hazardous material that required placarding<br>200 Carried hazardous materials without placard<br>999 Unknown |  |   |  | Hazardous Material Class<br>1 Explosives 970 Not applicable<br>2 Gas 999 Unknown<br>3 Flammable liquids<br>4 Other flammable substances<br>5 Oxidizing substances and organic peroxides<br>6 Toxic (poisonous) and infectious substances<br>7 Radioactive material<br>8 Corrosives<br>9 Miscellaneous dangerous goods |  |  |  | Hazardous Materials Released from Train Cargo Compartment<br>000 No, hazardous materials not released<br>100 Yes, hazardous materials released<br>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<br>100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>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  |  |   |  | Sex<br>100 Female<br>101 Male<br>999 Unknown  |  | Age <input type="checkbox"/> Unknown   |  | Date of Birth <input type="checkbox"/> Unknown   |  | Ethnicity<br>100 Hispanic<br>101 Other than Hispanic<br>999 Unknown   |  |   |  |    |  |
| 100 EMS 103 Tow operator   |  |   |  |   |  |  |  |  |  |   |  |   |  |    |  |
| 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<br>101 (A) Suspected Serious Injury<br>102 (B) Suspected Minor Injury<br>103 (C) Possible Injury<br>104 (O) No Apparent Injury  |  | 000 Not transported 980 Other<br>100 EMS air 999 Unknown<br>101 EMS ground<br>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  |  |  |  |  |  |   |  |   |  |    |  |
| CRASH REPORT - TRAIN INFORMATION   |  |   |  |   |  |  |  |  |  |   |  |   |  |    |  |

LOUISIANA UNIFORM CRASH REPORT  
TRAIN SUPPLEMENT

Rev. 2023-1

Case #      Page      of

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

Rev. 2023-1

Case #      Page      of

Total # of Train Passengers

PASSENGER INFORMATION

TRAIN #      PASSENGER #

|  |                                    |   |  |
|--|------------------------------------|---|--|
| Name <input type="checkbox"/> Unknown  |                                    | Race  |  |
|  |                                    | 100 American Indian or Alaska Native<br>102 Black<br>103 White<br>101 Asian or Pacific Islander<br>980 Other<br>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<br>101 Other than Hispanic<br>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<br>102 Black<br>103 White<br>101 Asian or Pacific Islander<br>980 Other<br>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<br>101 Other than Hispanic<br>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<br>102 Black<br>103 White<br>101 Asian or Pacific Islander<br>980 Other<br>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<br>101 Other than Hispanic<br>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

Rev. 2023-1

Case #  Page  of

Total # of Witnesses

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

LOUISIANA UNIFORM CRASH REPORT

DIAGRAM

Rev. 2023-1

Case #

Page

of

Scene #

CRASH DIAGRAM

LOUISIANA UNIFORM CRASH REPORT  
NARRATIVE

Rev. 2023-1

Case #

Page

of

CRASH NARRATIVE



LOUISIANA UNIFORM CRASH REPORT  
PHOTOS

Rev. 2023-1

Case #

Page

of

PHOTOS

|  |  |
|--|--|
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LOUISIANA UNIFORM CRASH REPORT

ATTACHMENT

Rev. 2023-1

Case #

Page

of

Attachment #

ATTACHMENT