

Revision		Printed		LOUISIANA UNIFORM CRASH REPORT						2																																																																																																																																																																																																																																																																																																																																																													
4		105		5		6		CRASH INFORMATION						1																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		3		Page		of																																																																																																																																																																																																																																																																																																																																																									
Number of Motorists		7		Number of Non-Motorists		8		Non-Fatally Injured Persons		9		Fatalities		10		Total Injuries and Fatalities		11		Vehicles Involved		12		Troop		13																																																																																																																																																																																																																																																																																																																																													
Investigating Agency						14		Division		15		Parish		16		City		17		Latitude		18		Longitude		19																																																																																																																																																																																																																																																																																																																																													
CRASH TIME INFORMATION																																																																																																																																																																																																																																																																																																																																																																							
Crash Date/Time				20				21				Police Notified Date/Time				22				23				Police Arrived Date/Time				24				25				Roadway Cleared Date/Time				26				27				On Scene Investigation Completed Date/Time				28				29																																																																																																																																																																																																																																																																																																															
ROAD INFORMATION																																																																																																																																																																																																																																																																																																																																																																							
Highway <input type="checkbox"/> Not applicable												Road																																																																																																																																																																																																																																																																																																																																																											
31												32																																																																																																																																																																																																																																																																																																																																																											
Distance/Direction From Intersection <input type="checkbox"/> Not applicable												Intersecting Road <input type="checkbox"/> Crash was at an intersection																																																																																																																																																																																																																																																																																																																																																											
35												36																37																38																39																40																																																																																																																																																																																																																																																																																											
LOCATION INFORMATION																																																																																																																																																																																																																																																																																																																																																																							
Road Classification				41				Road Subtype				42				Property Ownership				43				Trafficway Characteristics				44				Number of Intersection Approaches				45				Traffic Flow Direction				46																																																																																																																																																																																																																																																																																																																											
100 Interstate				101 US highway				102 State highway				103 Parish road				104 City street				200 Off road/private property				100 Mainline				200 On-ramp				201 Off-ramp				300 Frontage/service				970 Not applicable				100 Public property				200 Private property				100 Trafficway, on road				101 Trafficway, not on road				200 Non-trafficway				1 Not an intersection				2 Two				3 Three				4 Four				5 Five or more				X Not applicable (not a divided highway)				N North				W West				S South				E East																																																																																																																																																																																																																																																																			
INVESTIGATING OFFICER																																																																																																																																																																																																																																																																																																																																																																							
Rank				47				First Name								48								Middle Name								49								Last Name								50								Suffix								51																																																																																																																																																																																																																																																																																																							
Badge #				52				Printed Name																53																Signature																54																																																																																																																																																																																																																																																																																																															
CRASH CIRCUMSTANCES AND CONDITIONS																																																																																																																																																																																																																																																																																																																																																																							
First Harmful Event												55												Location of First Harmful Event												56												Manner of Crash												57																																																																																																																																																																																																																																																																																																											
Non-collision												100 Cargo/equipment loss or shift												101 Fell/jumped from motor vehicle												102 Fire/explosion												103 Immersion, full or partial												104 Jackknife												105 Overturn/rollover												106 Thrown or falling object												198 Other non-collision harmful event												100 Gore												101 In parking lane or zone												102 Median												103 Off roadway, location unknown												104 On roadway												105 On shoulder, left side												106 On shoulder, right side												107 Outside road/right-of-way												108 Roadside												109 Separator/traffic island												999 Unknown												000 Not a collision between two motor vehicles in transport												200 Front to front - head on												300 Front to rear - rear end												400 Backing - rear to front												401 Backing - rear to rear												402 Backing - rear to side												502 Sideswipe - opposite direction												505 Sideswipe - same direction												980 Other												999 Unknown											
Collision with Non-Fixed Object												200 Collision with animal (live)												201 Collision with motor vehicle in transport												202 Collision with parked motor vehicle												203 Collision with pedalcycle (including bicycles)												204 Collision with pedestrian												205 Collision with railway vehicle (train, engine)												206 Collision with object at rest from MV in transport												207 Collision with falling/shifting cargo or anything set in motion by MV												208 Collision with work zone/maintenance equipment												209 Collision with farm equipment												297 Collision with other non-motorist												298 Collision with other non-fixed object												Relation to Junction												58												Contributing Factor												Primary												59																																																																																																																																																											
Collision with Fixed Object												300 Collision with bridge overhead structure												301 Collision with bridge pier or support												302 Collision with bridge rail												303 Collision with cable barrier												304 Collision with concrete traffic barrier												305 Collision with culvert												306 Collision with curb												307 Collision with ditch												308 Collision with embankment												309 Collision with fence												310 Collision with guardrail end terminal												311 Collision with guardrail face												312 Collision with impact attenuator/crash cushion												313 Collision with mailbox												314 Collision with traffic sign support												315 Collision with traffic signal support												316 Collision with tree (standing)												317 Collision with utility pole/light support												396 Collision with other post, pole, or support												397 Collision with other traffic barrier												398 Collision with other fixed object (wall, building, tunnel, etc.)												399 Collision with unknown fixed object												Intersection Geometry												61												School Bus Relation												62																																															
												100 Angled / skewed												101 Roundabout / traffic circle												102 Perpendicular												970 Not applicable												Intersection Traffic Control												63												000 No												100 Yes, school bus directly involved												101 Yes, school bus indirectly involved												Secondary												60																																																																																																																																																																																																																																			
CRASH REPORT - CRASH SUMMARY																																																																																																																																																																																																																																																																																																																																																																							

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

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

REVIEWING OFFICER				
<b>Rank</b> 76	<b>First Name</b> 77	<b>Middle Name</b> 78	<b>Last Name</b> 79	<b>Suffix</b> 80

WITNESS # 81				WITNESS #			
<b>Name</b> 82 First 83 Middle 84 Last 85 Suffix				<b>Name</b> First Middle Last Suffix			
<b>Address</b> 86				<b>Address</b>			
<b>City</b> 87		<b>State</b> 88	<b>Postal Code</b> 89	<b>City</b>		<b>State</b>	<b>Postal Code</b>
<b>Phone Number</b> 90		<b>Age</b> 91	<b>Sex</b> 92	<b>Phone Number</b>		<b>Age</b>	<b>Sex</b>

NON-VEHICULAR PROPERTY DAMAGE				PROPERTY # 93	
<b>Property Type</b> 94	<b>Damage Severity</b> 95	<b>Owner Name</b> 96 <input type="checkbox"/> Unknown	<b>Owner Phone Number</b> 99 <input type="checkbox"/> Not Collected		

<b>Owner Address</b> 100 <input type="checkbox"/> Unknown			
101 Street	102 City	103 State	104 Postal Code

NON-VEHICULAR PROPERTY DAMAGE				PROPERTY #	
<b>Property Type</b>	<b>Damage Severity</b>	<b>Owner Name</b> <input type="checkbox"/> Unknown	<b>Owner Phone Number</b> <input type="checkbox"/> Not Collected		

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

NON-VEHICULAR PROPERTY DAMAGE				PROPERTY #	
<b>Property Type</b>	<b>Damage Severity</b>	<b>Owner Name</b> <input type="checkbox"/> Unknown	<b>Owner Phone Number</b> <input type="checkbox"/> Not Collected		

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

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

## CRASH DATA

### MAPPIN

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

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

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

Motor Vehicle #  
4

Rev. 2024-1

Case #  
3

Page

of

DESCRIPTION AND INFORMATION

<div>Check if this vehicle had no driver 5 <input type="checkbox"/></div>	<div>Hit and Run 6 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene</div>	<div>Vehicle Type 7 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment</div>	<div>Vehicle Body Type 8 <b>Passenger Vehicles</b> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle 103 Pickup 104 Cargo van <b>Construction / Farm Equipment</b> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <b>Cycle / Off Road / Recreation</b> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <b>Trucks</b> 400 Single unit truck 401 Truck tractor 498 Other truck <b>Large Passenger Vehicle</b> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle <b>Other</b> 980 Other 999 Unknown</div>
VIN 9		10 <input type="checkbox"/> Unknown	
Model Year 11 <input type="checkbox"/> Unknown	Make 12	Model 13	Color 14
License Plate 16 <input type="checkbox"/> Missing		22 <input type="checkbox"/> Non-expiring	
State 17 <input type="checkbox"/> Unknown	Number 18	<input type="checkbox"/> Unknown	Year 20
Owner Name 26 <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown		24 25	
Owner Address 29 <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown		27 28 30 31 32	
Insurance 33 <input type="checkbox"/> Uninsured at time of crash			
Company 34		35 <input type="checkbox"/> Unknown	
Phone # 36		37 <input type="checkbox"/> Unknown	
NAIC # 38		39 <input type="checkbox"/> Unknown	
Policy # 40		41 <input type="checkbox"/> Unknown	
Expiration Date 42		43 <input type="checkbox"/> Unknown	

DAMAGE

TOWING

<div>Damage Extent 44 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene</div>	<div>Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 000 Non-collision 001 Vehicle not at scene 100 Top 113 Undercarriage 114 Cargo Loss 999 Unknown</div>	<div>Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 001 Vehicle not at scene 002 No damage 100 Top 113 Undercarriage</div>	<div>Tow Status 47 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By <input type="checkbox"/> Unknown 49 50</div>	<div>Tow Authority 48 100 Owner 101 Law enforcement 970 Not applicable 980 Other</div>
---	--	--	--	--

MOTOR VEHICLE CIRCUMSTANCES

<div>Vehicle Usage 51 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)</div>	<div>Vehicle Maneuver 100 Going straight 101 Backing 102 Merging 103 Making U-turn 104 Negotiating a curve 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown</div>	<div>Emergency Vehicle Usage 54 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown</div>	<div>Direction of Travel Before Crash 55 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown</div>
--	--	---	--

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

Rev. 2024-1

Case #

3

Page

of

2  
1

Motor Vehicle #

4

## 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	Front Right	63		62	
<input type="checkbox"/> Not applicable or measured	<input type="checkbox"/> Unknown	Vehicle Lighting		64	
58	59	000 Headlights off		000 None	
Rear Left	Rear Right	100 Headlights on		100 Brakes	
60	61	101 Daytime running lights		101 Exhaust system	
		999 Unknown		102 Body, doors	
				103 Steering	
				104 Power train	
				105 Suspension	
				106 Tires	
				107 Wheels	
				108 Headlights	
				109 Tail lights	
				110 Signal lights	
				111 All lights	
				112 Window / windshield	
				113 Mirrors	
				114 Wipers	
				115 Truck coupling / trailer hitch / safety chains	
				980 Other	
				999 Unknown	
<b>Traffic Control Device Types and Statuses</b>				<b>Automation System Level Present</b>	
<b>Traffic Control Device Types</b>		<b>Devices Present</b>	<b>Devices Inoperative or Missing</b>	66	
000 None	300 Flashing railroad crossing (may include gates)	1	1	000 No automation	
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2	2	100 Driver assistance	
200 Bicycle crossing sign	302 Flashing traffic control signal	3	3	101 Partial automation	
201 Curve Ahead warning sign	303 Lane use control signal	4	4	102 Conditional automation	
202 Intersection Ahead warning sign	304 Ramp meter signal			103 High automation	
203 Pedestrian crossing sign	305 Traffic control signal			104 Full automation	
204 Railroad crossing sign	398 Other signal			199 Automation level unknown	
205 Reduce Speed Ahead warning sign	400 Bicycle crossing			999 Unknown	
206 School zone sign	401 Pedestrian crossing			<b>Automation System Level Engaged</b>	
207 Stop sign	402 Railroad crossing			67	
208 Yield sign	403 School zone			000 No automation	
298 Other warning sign	404 Yellow no passing line			100 Driver assistance	
	405 White or yellow dash line			101 Partial automation	
	406 Solid white lane line			102 Conditional automation	
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)			103 High automation	
				104 Full automation	
				199 Automation level unknown	
				999 Unknown	
980 Other	999 Unknown				
<b>Trafficway Division</b>		<b>Barrier Type</b>			
000 Not divided	100 Divided, flush median (greater than 4 ft wide)	000 None 100 Cable barrier			
001 Not divided, with a continuous left turn lane	101 Divided, raised median (curbed)	101 Concrete barrier (e.g. Jersey barrier)			
	102 Divided, depressed median	102 Earth embankment			
	999 Unknown	103 Guardrail			
		980 Other			
<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>
000 Not on trafficway			000 Not on trafficway	000 Not on trafficway	000 None present
100 Level			100 Straight	100 One-way	100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median
101 Uphill			101 Curve left	200 Two-way	101 Not separated, painted pavement markings, post-mounted delineators
102 Hillcrest			102 Curve right	<b>Speed Limit</b>	
103 Downhill				<input type="checkbox"/> Unknown	
104 Sag (bottom)				<input type="checkbox"/> N/A	

## MOTOR VEHICLE EVENTS

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

Motor Vehicle # 4		Rev. 2024-1		Case # 3	Page of	
COMMERCIAL MOTOR VEHICLE INFORMATION						
Vehicle Configuration				86	Hazardous Materials Placard	87
000 Vehicles 10,000 lbs or less 100 Vehicles 10,000 lbs or less placarded for hazardous materials 200 Bus/large van (seats 9-15 occupants, including driver) 201 Bus (seats more than 15 occupants, including driver)				300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) 301 Single-unit truck (3 or more axles) 302 Truck pulling trailer(s) 303 Truck tractor (bobtail) 304 Truck tractor/semi-trailer 305 Truck tractor/double 306 Truck tractor/triple 307 Truck more than 10,000 lbs., cannot classify	999 Unknown	000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown
Cargo Body Type				90	Special Sizing	
000 No cargo body 100 Bus 101 Auto transporter 102 Cargo tank 103 Concrete mixer 104 Dump 105 Flatbed 106 Garbage / refuse 107 Grain / chips / gravel 108 Intermodal container chassis 109 Log 110 Pole trailer 111 Van / enclosed box 112 Vehicle towing another vehicle 970 Not applicable 980 Other 999 Unknown				<input type="checkbox"/> 000 No special sizing <input type="checkbox"/> 100 Over-height <input type="checkbox"/> 101 Over-length <input type="checkbox"/> 102 Over-weight <input type="checkbox"/> 103 Over-width <input type="checkbox"/> 999 Unknown		92
Load Permitted		129	Number of Axles		Motor Carrier Type	95
000 Non-permitted load 100 Permitted load 970 Not applicable (not a qualifying vehicle) 999 Unknown		<input type="checkbox"/> Unknown 93 94	000 Personal vehicle 001 Not in commerce: government 002 Not in commerce: personal rental truck or bus 098 Not in commerce: other 100 Interstate carrier 101 Intrastate carrier		Motor Carrier Identification	96
					100 US DOT number 101 State number 970 Not applicable 999 Unknown/unable to determine State 97	Motor Carrier Name <input type="checkbox"/> Unknown 98 99 Motor Carrier ID Number 100
Motor Carrier Address <input type="checkbox"/> Unknown 103				Motor Carrier Phone Number <input type="checkbox"/> Unknown		
104				105 106 107 102 101		
Street				City State Postal Code		
GVWR/GCWR		108	Commodity Hauled			
100 Light (less than 10,000 lbs.GVWR/GCWR) 101 Medium (10,001 - 26,000 lbs GVWR/GCWR) 102 Heavy (greater than 26,000 lbs GVWR/GCWR) 970 Not applicable (not a qualifying vehicle) 999 Unknown		109				
TRAILER INFORMATION						
VIN <input type="checkbox"/> Unknown 111				Number of Axles <input type="checkbox"/> Unknown 113		
112				114		
Year <input type="checkbox"/> Unknown 115	Make <input type="checkbox"/> Unknown 117	Model	119			
116	118	120				
License Plate <input type="checkbox"/> Missing 121						
<input type="checkbox"/> Non-expiring 128						
State 122	<input type="checkbox"/> Unknown 123	Number 124	<input type="checkbox"/> Unknown 125	Year 126	<input type="checkbox"/> Unknown 127	
TRAILER INFORMATION						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown	Make <input type="checkbox"/> Unknown	Model	<input type="checkbox"/> Unknown			
License Plate <input type="checkbox"/> Missing						
<input type="checkbox"/> Non-expiring						
State	<input type="checkbox"/> Unknown	Number	<input type="checkbox"/> Unknown	Year	<input type="checkbox"/> Unknown	
TRAILER INFORMATION						
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	



## VEHICLE DATA

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

43 Vehicle.IsLiabilityInsurancePolicyExpirationDateUnknown  
44 Vehicle.DamageExtent  
45 Vehicle.InitialPointOfContact  
46 Vehicle.DamagedAreas.VehicleDamagedArea  
47 Vehicle.TowStatus  
48 Vehicle.TowAuthority  
49 Vehicle.IsTowServiceUnknown  
50 Vehicle.TowService  
51 Vehicle.VehicleUsage  
52 Vehicle.Maneuver  
53 Vehicle.ManeuverReason  
54 Vehicle.EmergencyVehicleUsage  
55 Vehicle.TravelDirection  
56 Vehicle.IsSkidmarkLengthNotApplicable  
57 Vehicle.IsSkidmarkLengthUnknown  
58 Vehicle.SkidmarkLengthFrontLeft  
59 Vehicle.SkidmarkLengthFrontRight  
60 Vehicle.SkidmarkLengthRearLeft  
61 Vehicle.SkidmarkLengthRearRight  
62 Vehicle.IsDistanceTraveledAfterImpactUnknown  
63 Vehicle.DistanceTraveledAfterImpact  
64 Vehicle.Lighting  
65 Vehicle.ContributingCircumstance  
66 Vehicle.AutomationSystemLevelPresent  
67 Vehicle.AutomationSystemLevelEngaged  
68 Vehicle.TrafficwayHovLanePresence  
69 Vehicle.TrafficwayHovLaneRelation  
70 Reference Data for 71 and 72  
  
71 VehicleTrafficControlDevicesPresent.TrafficControlDevicePresent  
VehicleTrafficControlDevicesInoperativeOrMissing.TrafficControlDeviceInoperativeOr  
72 Missing  
73 Vehicle.TrafficSignalStatus  
74 Vehicle.TrafficwayDivision  
75 Vehicle.TrafficwayBarrierType  
76 Vehicle.RoadwayGrade  
77 Vehicle.TotalThroughLanes  
78 Vehicle.TotalAuxiliaryLanes  
79 Vehicle.RoadwayAlignment  
80 Vehicle.TrafficwayTravelDirection  
81 Vehicle.IsSpeedLimitUnknown  
82 Vehicle.IsSpeedLimitNotApplicable  
83 Vehicle.SpeedLimit  
84 Vehicle.SequenceOfEvents.Event  
85 Vehicle.SequenceOfEvents.IsMostHarmfulEvent

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

LOUISIANA UNIFORM CRASH REPORT  
DRIVER INFORMATION

Rev. 2024-1

Case #      Page      of

Motor Vehicle #  
4

DRIVER INFORMATION				
Name <input type="checkbox"/> Unknown 6 First Middle Last Suffix		Age <input type="checkbox"/> Unknown 10 11	Sex <input type="checkbox"/> Unknown 12 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> Unknown 13 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
Address <input type="checkbox"/> Unknown 15 16 Street City State Postal Code		Phone Number <input type="checkbox"/> Not Collected 21 20		
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		Date of Birth <input type="checkbox"/> Unknown 23 24		Ethnicity <input type="checkbox"/> Unknown 14 100 Hispanic 101 Other than Hispanic 999 Unknown

DRIVER LICENSE INFORMATION				
License Status <input type="checkbox"/> Unknown 25 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		License Class <input type="checkbox"/> Unknown 28 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable	Driver License Type <input type="checkbox"/> Unknown 29 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable	Commercial Driver License Status <input type="checkbox"/> Unknown 30 100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown
License Number 26	License State 27			
Endorsements on License <input type="checkbox"/> Unknown 31 <input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		Endorsement Compliance <input type="checkbox"/> Unknown 32 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	Restrictions on License 33	
		Alcohol Interlock Presence <input type="checkbox"/> Unknown 34 000 No 970 Not applicable 100 Yes 999 Unknown		

DRIVER SEATING AND SAFETY INFORMATION			
Seating Position <input type="checkbox"/> Unknown 35		Restraint Systems Used <input type="checkbox"/> Unknown 36	
Standard Vehicle Seats Front Row Left Middle Right Unk 1 100 101 102 199 2 200 201 202 299 3 300 301 302 399 4 400 401 402 499 Oth 500 501 502 599 Unk 600 601 602 699		Other Seating Positions 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	
Air Bags Deployed <input type="checkbox"/> Unknown 40 <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown		Any indication of improper use? <input type="checkbox"/> Unknown 37 000 No 100 Yes 999 Unknown	
Ejection <input type="checkbox"/> Unknown 39 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown		Extrication <input type="checkbox"/> Unknown 38 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	

MEDICAL INFORMATION

Injury Status41

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

Type of Medical Transportation42

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

EMS Response Agency

43

EMS Response Run #

☐ Unknown44

45

Medical Unique Identifier48

46☐ Not applicable47☐ Unknown

Facility Receiving Patient49

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash50

000 Apparently normal  
100 Asleep/blacked out  
101 Fatigued  
102 Emotional (depressed, angry, disturbed, etc.)  
103 Ill (sick), fainted  
104 Physically impaired  
105 Under the influence of medications/drugs/alcohol  
106 Inattentive/distracted  
970 Not applicable  
980 Other  
999 Unknown

Distraction Action52

000 Not distracted  
100 Talking / listening  
101 Manually operating a device (e.g., texting, dialing, playing game, etc.)  
200 Inattentive  
980 Other distraction or distraction details unknown  
999 Unknown if distracted

Distraction Source53

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

Speeding Relation54

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

55

Suspected Alcohol Usage56

000 No  
100 Yes  
999 Unknown

Test Status57

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

Alcohol Kit Number58

☐ Unknown  
59

Alcohol Test Type60

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

Alcohol Test Results61

000 Results pending  
001 Negative results with no actual value  
100 Results received  
101 Positive results with no actual value  
970 Not applicable  
999 Unknown

BAC62

Suspected Drug Usage63

000 No  
100 Yes  
999 Unknown

Test Status64

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

Drug Kit Number65

☐ Unknown  
66

Drug Test Type67

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

Drug Test Results68

DRIVER ACTIONS

Driver Actions at Time of Crash71

000 No contributing action  
100 Disregarded other road markings  
101 Disregarded other traffic signs  
102 Failed to keep in proper lane  
103 Failed to yield right-of-way  
104 Followed too closely  
105 Improper backing  
106 Improper passing  
107 Improper turn  
108 Operated motor vehicle in inattentive, careless, negligent, or erratic manner  
109 Operated motor vehicle in reckless or aggressive manner  
110 Over-correcting or over-steering  
111 Ran off roadway  
112 Ran red light  
113 Ran stop sign  
114 Swerved or avoided due to wind,slippery surface,motor vehicle,object,non-motorist in roadway,etc.  
115 Wrong side or wrong way  
980 Other contributing action  
999 Unknown

Avoidance Maneuver70

000 No avoidance maneuver  
100 Accelerating  
101 Accelerating and steering left  
102 Accelerating and steering right  
103 Braking and steering left  
104 Braking and steering right  
105 Braking (lockup)  
106 Braking (no lockup)  
107 Braking (lockup unknown)  
108 Releasing brakes  
109 Steering left  
110 Steering right  
980 Other  
999 Unknown

Pre-Collision Stability69

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

CITATIONS

72

CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES

## VEHICLE DRIVER DATA

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

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

LOUISIANA UNIFORM CRASH REPORT  
PASSENGER INFORMATION

Total # of Passengers  
4

Rev. 2024-1

Case # 3      Page      of

PASSENGER INFORMATION

MOTOR VEHICLE # 5      PASSENGER # 6

Name 7 <input type="checkbox"/> Unknown					Date of Birth	Age	Sex 14	Race
8 9 10 11					12	13	100 Female 101 Male 999 Unknown	15
First Middle Last Suffix								
Address <input type="checkbox"/> Unknown 16					Phone Number <input type="checkbox"/> Not 39 Collected		Ethnicity	
17 18 19 20					21		22	
Street City State Postal Code								
Air Bags Deployed 27		Injury Status	Incident Responder	Restraint System	Any indication of improper use? 31	Seating Position	Ejection	Extrication
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	28 29	30	000 No 100 Yes 999 Unknown	23	24	25
Type of Medical Transportation 32		Medical Unique Identifier 33 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency 36			Facility Receiving Patient		
		35 34	EMS Response Run # <input type="checkbox"/> Unknown 37			26		
			38					

MOTOR VEHICLE #      PASSENGER #

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

MOTOR VEHICLE #      PASSENGER #

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

PASSENGER CODES

<b>Injury Status</b> 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	<b>Ejection</b> 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	<b>Extrication</b> 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	<b>Restraint Systems</b> 001 None used – motor vehicle occupant  100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown  002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet  970 Not applicable 980 Other 999 Unknown	<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></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Other	500	501	502	599																																								
Unk	600	601	602	699																																								
<b>Race</b> 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	<b>Ethnicity</b> 100 Hispanic 101 Other than Hispanic 999 Unknown	<b>Incident Responder</b> 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown																																										
<b>Type of Medical Transportation</b> 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												



## VEHICLE PASSENGER DATA

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

LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Non-Motorist # 4		Rev. 2024-1		Case # 3		Page of					
NON-MOTORIST INFORMATION											
Name 5 <input type="checkbox"/> Unknown 6 First 7 Middle 8 Last 9 Suffix				Age 10 <input type="checkbox"/> Unknown 11		Sex 12 100 Female 101 Male 999 Unknown		Race 13 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address 14 <input type="checkbox"/> Unknown 15 Street 16 City 17 State 18 Postal Code				Phone Number 19 <input type="checkbox"/> Not Collected 20		Date of Birth 21 <input type="checkbox"/> Unknown 22			Ethnicity 24 100 Hispanic 101 Other than Hispanic 999 Unknown		
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				21		23			24		
NON-MOTORIST CIRCUMSTANCES											
Non-Motorist Type 25		Initial 26		Location 27							
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian on personal conveyance 300 Occupant of a non-motor vehicle transportation device 500 Person in or on a building 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown							
Struck by Vehicle # 28		Origin/Destination 29		Safety Equipment 30							
		100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		<input type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown							
Action Prior to Crash 31		Actions or Circumstances At Time of Crash 32				Clothing Brightness 33		Upper 34			
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown				100 Light 101 Dark 970 Not applicable 999 Unknown		Lower 35			
NON-MOTORIST MEDICAL INFORMATION											
Injury Status 36		Type of Medical Transportation 37		EMS Response Agency 38		EMS Response Run # 39		<input type="checkbox"/> Unknown			
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Medical Unique Identifier 41 <input type="checkbox"/> Not applicable 42 <input type="checkbox"/> Unknown		Facility Receiving Patient 44					
NON-MOTORIST CONDITION											
Conditions at the Time of the Crash 45		Distraction Action 46		Distraction Source 47		48					
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown					
Suspected Alcohol Usage 49		Test Status 50		Alcohol Kit Number 51		Alcohol Test Type 52		Alcohol Test Results 53		BAC 54	
000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				52		100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)		300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other		000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	
Suspected Drug Usage 56		Test Status 57		Drug Kit Number 58		Drug Test Type 59		Drug Test Results 60		61	
000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				59		100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other		970 Not applicable 999 Unknown			

## NON-MOTORIST DATA

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

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

LOUISIANA UNIFORM CRASH REPORT  
NON-VEHICULAR PROPERTY DAMAGE

Rev. 2024-1

Case #                      3                      Page                      of                      2

NON-VEHICULAR PROPERTY DAMAGE                      PROPERTY #                      4

Property Type 5	Damage Severity 6	Owner Name 8                      7 <input type="checkbox"/> Unknown	Owner Phone Number 10                      9 <input type="checkbox"/> Not Collected
--------------------	----------------------	---	--

Owner Address 12                      11 <input type="checkbox"/> Unknown	13	14	15
Street	City	State	Postal Code

NON-VEHICULAR PROPERTY DAMAGE                      PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE                      PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE                      PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE                      PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE                      PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE                      PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE                      PROPERTY #

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

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

PROPERTY DAMAGE CODES

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

## NON-VEHICULAR PROPERTY DAMAGE DATA

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

TRAIN INFORMATION									
Train # 4	Train Type 5 100 Railroad train 101 Streetcar	ID # 6 8	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 7	Lead Engine # 9 10	<input type="checkbox"/> Unknown	Serial # 11 12	<input type="checkbox"/> Unknown	Present Equipment 13 <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Headlight functional <input type="checkbox"/> 101 Ditch lights functional <input type="checkbox"/> 102 Horn functional <input type="checkbox"/> 103 Bell functional <input type="checkbox"/> 104 Event data recorder equipped	
Make 14 15	<input type="checkbox"/> Unknown	Type 16 17	<input type="checkbox"/> Unknown	# of Engines 18 19	<input type="checkbox"/> Unknown	# of Cars 20 21	<input type="checkbox"/> Unknown	Data Recorder Speed 22 23	<input type="checkbox"/> Pending

TRACK INFORMATION				WARNING DEVICES			
DOT Crossing # 25 26 27		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Crossing Surface 24 Material 100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel	Present Warning Devices 28 <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other	Advance Warning Devices 29 <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other	Active Warning Devices 30 <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other
Sets of Tracks 31	Speed Limit 32	Crossing Type 33 100 Public 101 Private					

COLLISION INFORMATION					
Train in Motion 34 000 No 100 Yes	Crossing Vehicle Interaction 35 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	Struck Car # 36 37 38 39	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Struck Car Type 40 41 42	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
Collision Type 36 100 Frontal 101 Side/backing		Struck Car Position 43 44 45	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Distance Traveled After Impact 46 47 48 49	<input type="checkbox"/> Not Applicable <input type="checkbox"/> feet <input type="checkbox"/> miles
				Estimated Speed Before Braking 50	

Hazardous Materials Placard 51 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown	Hazardous Material Class 52 1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods	Hazardous Materials Released from Train Cargo Compartment 53 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable 999 Unknown	54
--	--	---	----

TRAIN OPERATOR				
Name 55 56	<input type="checkbox"/> Unknown	Address 57 58 Street	City 59	State 60
			Postal Code 61	

TRACK OWNER				
Name 62 63	<input type="checkbox"/> Unknown	Address 64 65 Street	City 66	State 67
			Postal Code 68	

TRAIN ENGINEER				
Name 69 70 First	<input type="checkbox"/> Unknown	<input type="checkbox"/> This train had no engineer	Certification Number 71 72 73 74 75	Race 76 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
Address 77 78 Street	<input type="checkbox"/> Unknown	City 79	State 80	Postal Code 81
			Phone Number 82 83	<input type="checkbox"/> Not Collected

Incident Responder 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		84 85 Sex 100 Female 101 Male 999 Unknown	Age 86 87	Date of Birth 88 89	Ethnicity 90 100 Hispanic 101 Other than Hispanic 999 Unknown
---	--	--	-----------------	---------------------------	---

Injury Status 91 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	Type of Medical Transportation 92 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement	EMS Response Agency 93	EMS Response Run # 94 95	Medical Unique Identifier 96 97 98	Facility Receiving Patient 99
--	---	---------------------------	--------------------------------	---	----------------------------------

LOUISIANA UNIFORM CRASH REPORT  
TRAIN SUPPLEMENT

Train # 4		Rev. 2024-1		Case #	3	Page		of	
TRAIN CONDUCTOR									
Name 100 <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor				Race 105					
101		102		103		104		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
First		Middle		Last		Suffix			
Address <input type="checkbox"/> Unknown 106						Phone Number <input type="checkbox"/> Not Collected			
107		108		109		110		111	
Street		City		State		Postal Code			
Incident Responder 113				Sex 114	Age <input type="checkbox"/> Unknown 115	Date of Birth <input type="checkbox"/> Unknown 117	Ethnicity 119		
000 No 100 EMS 101 Fire				102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Female 101 Male 999 Unknown		100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 120		Type of Medical Transportation 121		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		122					
				EMS Response Run # <input type="checkbox"/> Unknown 123					
				124					
Medical Unique Identifier 125 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 126				Facility Receiving Patient 128					

PASSENGER INFORMATION									
PASSENGER # 129									
Name 130 <input type="checkbox"/> Unknown				Race 135					
131		132		133		134		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
First		Middle		Last		Suffix			
Address <input type="checkbox"/> Unknown 136						Phone Number <input type="checkbox"/> Not Collected			
137		138		139		140		141	
Street		City		State		Postal Code			
Incident Responder 143				Sex 144	Age <input type="checkbox"/> Unknown 145	Date of Birth <input type="checkbox"/> Unknown 147	Ethnicity 149		
000 No 100 EMS 101 Fire				102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Female 101 Male 999 Unknown		100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 150		Type of Medical Transportation 151		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		152					
				EMS Response Run # <input type="checkbox"/> Unknown 153					
				154					
Medical Unique Identifier 155 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 156				Facility Receiving Patient 158					

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



LOUISIANA UNIFORM CRASH REPORT  
TRAIN SUPPLEMENT

Total # of Train Passengers 159		Rev. 2024-1		Case #	3	Page		of		
PASSENGER INFORMATION										
TRAIN # 4		PASSENGER # 129								
Name 130 <input type="checkbox"/> Unknown					Race 135					
131 132 133 134					100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other					
First Middle Last Suffix										
Address 136 <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected					
137 138 139 140					142 141					
Street City State Postal Code										
Incident Responder 143					Sex 144		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown	Ethnicity 149
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown		146 145		148 147	100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status 150		Type of Medical Transportation 151		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		152						
				EMS Response Run # <input type="checkbox"/> Unknown 153						
				154						
Medical Unique Identifier 155 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 156					Facility Receiving Patient					
157					158					
TRAIN # PASSENGER #										
Name <input type="checkbox"/> Unknown					Race					
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other										
First Middle Last Suffix										
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected					
Street City State Postal Code										
Incident Responder					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown	Ethnicity
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown					100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status		Type of Medical Transportation		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement								
				EMS Response Run # <input type="checkbox"/> Unknown						
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown					Facility Receiving Patient					
TRAIN # PASSENGER #										
Name <input type="checkbox"/> Unknown					Race					
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other										
First Middle Last Suffix										
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected					
Street City State Postal Code										
Incident Responder					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown	Ethnicity
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown					100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status		Type of Medical Transportation		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement								
				EMS Response Run # <input type="checkbox"/> Unknown						
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown					Facility Receiving Patient					
TRAIN # PASSENGER #										
Name <input type="checkbox"/> Unknown					Race					
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other										
First Middle Last Suffix										
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected					
Street City State Postal Code										
Incident Responder					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown	Ethnicity
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown					100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status		Type of Medical Transportation		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement								
				EMS Response Run # <input type="checkbox"/> Unknown						
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown					Facility Receiving Patient					

## TRAIN DATA

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

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

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

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

WITNESSES

Rev. 2024-1

Total # of Witnesses

4

Case #

3

Page

of

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

## WITNESS DATA

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

Scene #

4

DIAGRAM

Rev. 2024-1

Case #

3

Page

of

CRASH DIAGRAM

5



## DIAGRAM DATA

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

LOUISIANA UNIFORM CRASH REPORT  
NARRATIVE

Rev. 2024-1

Case #	3	Page		of	
--------	---	------	--	----	--

CRASH NARRATIVE

4

## CRASH NARRATIVE DATA

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

PHOTOS

Rev. 2024-1

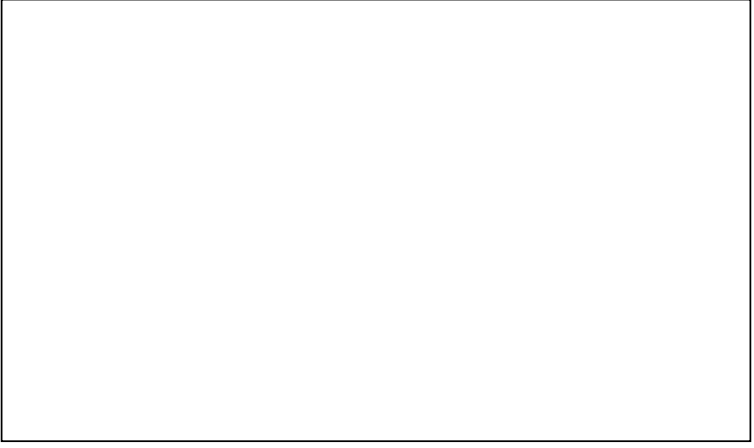
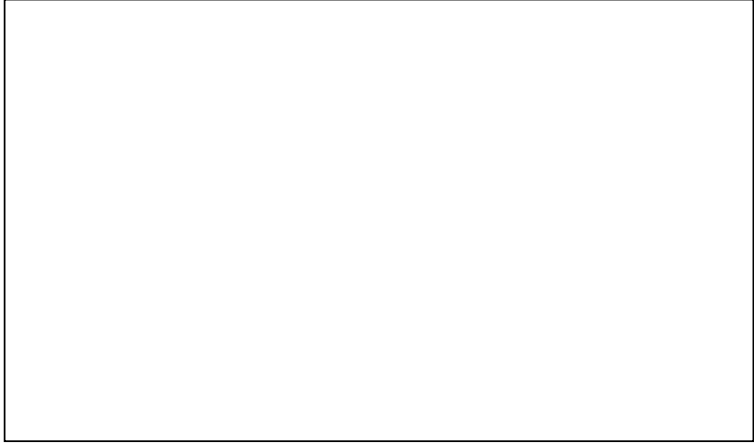
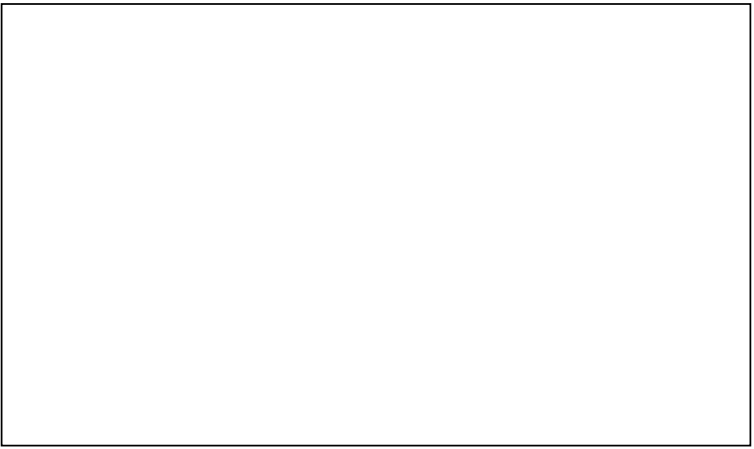
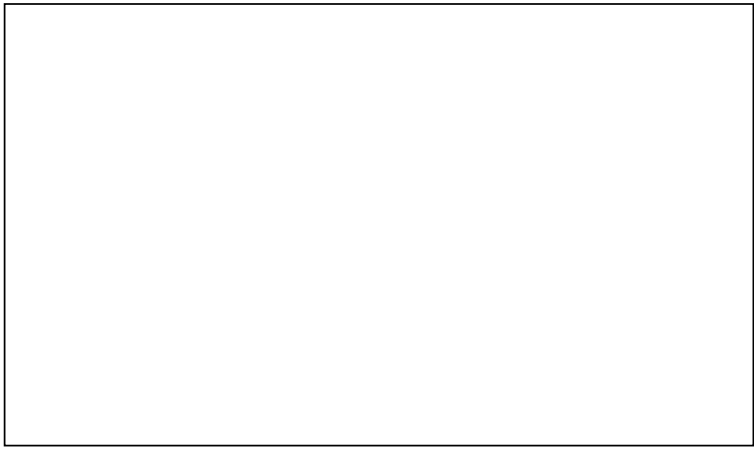
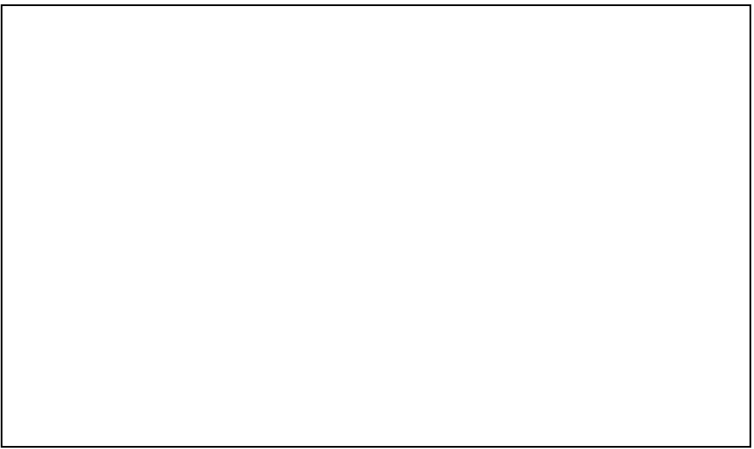
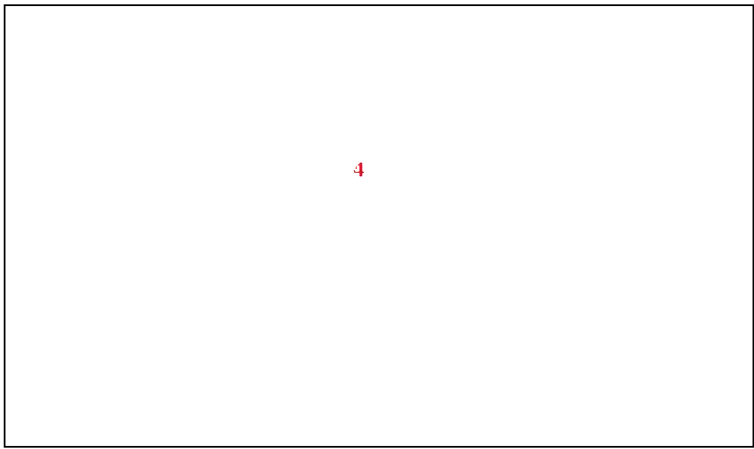
Case #

3

Page

of

PHOTOS



## CRASH PHOTOS DATA

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

ATTACHMENT

Rev. 2024-1

Case #

3

Page

of

Attachment #

4

ATTACHMENT

5

## CRASH ATTACHMENT DATA

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