

Revision		Printed		LOUISIANA UNIFORM CRASH REPORT								
CRASH INFORMATION				Rev. 2024-1		Case #		Page		of		
<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken								
Number of Motorists		Number of Non-Motorists		Non-Fatally Injured Persons		Fatalities		Total Injuries and Fatalities		Vehicles Involved		
Investigating Agency				Division		Parish		City		Latitude		
										Longitude		
CRASH TIME INFORMATION												
Crash Date/Time		Police Notified Date/Time		Police Arrived Date/Time		Roadway Cleared Date/Time		On Scene Investigation Completed Date/Time				
ROAD INFORMATION												
Highway <input type="checkbox"/> Not applicable				Road								
Distance/Direction From Intersection <input type="checkbox"/> Not applicable				Intersecting Road <input type="checkbox"/> Crash was at an intersection								
LOCATION INFORMATION												
Road Classification		Road Subtype		Property Ownership		Trafficway Characteristics		Number of Intersection Approaches		Traffic Flow Direction		
100 Interstate		100 Mainline		100 Public property		100 Trafficway, on road		1 Not an intersection		X Not applicable (not a divided highway)		
101 US highway		200 On-ramp		200 Private property		101 Trafficway, not on road		2 Two		N North		
102 State highway		201 Off-ramp				200 Non-trafficway		3 Three		W West		
103 Parish road		300 Frontage/service						4 Four		E East		
104 City street		970 Not applicable						5 Five or more		S South		
200 Off road/private property												
INVESTIGATING OFFICER												
Rank		First Name			Middle Name			Last Name			Suffix	
Badge #		Printed Name					Signature					
CRASH CIRCUMSTANCES AND CONDITIONS												
First Harmful Event				Location of First Harmful Event				Manner of Crash				
Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event				100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown				000 Not a collision between two motor vehicles in transport 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				Relation to Junction				Contributing Factor				
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				000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown				100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable				
Collision with Fixed Object				Intersection Geometry				School Bus Relation				
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				100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable				000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved				
				Intersection Traffic Control								
				000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable								
CRASH REPORT - CRASH SUMMARY												

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	<b>Worker(s) Present</b> 000 No 100 Yes 970 Not applicable 999 Unknown	<b>Law Enforcement Present</b> 000 No 100 Yes 970 Not applicable 999 Unknown

REVIEWING OFFICER				
<b>Rank</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>

WITNESS #		WITNESS #			
<b>Name</b>  <div>FirstMiddleLastSuffix</div>		<b>Name</b>  <div>FirstMiddleLastSuffix</div>			
<b>Address</b>		<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Postal Code</b>	<b>City</b>	<b>State</b>	<b>Postal Code</b>
<b>Phone Number</b>	<b>Age</b>	<b>Sex</b>	<b>Phone Number</b>	<b>Age</b>	<b>Sex</b>

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				
<div>StreetCityStatePostal Code</div>				

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				
<div>StreetCityStatePostal Code</div>				

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				
<div>StreetCityStatePostal Code</div>				

PROPERTY DAMAGE CODES				
<b>Property Type</b> 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
<b>Damage Severity</b> 100 Light (less than \$500) 101 Moderate (between \$500 and \$10,000) 102 Severe (over \$10,000)				

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Motor Vehicle #

DESCRIPTION AND INFORMATION

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

DAMAGE

TOWING

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

MOTOR VEHICLE CIRCUMSTANCES

<b>Vehicle Usage</b> 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)	<b>Vehicle Maneuver</b> 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 200 Leaving a parking position 300 Entering a parking position 400 Slowing 500 Parked 501 Stopped <b>Vehicle Maneuver Reason</b> 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
<b>Emergency Vehicle Usage</b> 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	<b>Direction of Travel Before Crash</b> 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

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Motor Vehicle #                     

MOTOR VEHICLE CIRCUMSTANCES

<b>Skidmark Data (Feet)</b>			<b>Distance Traveled After Impact (Feet)</b> <input type="checkbox"/> Unknown		<b>Contributing Defects</b>	
Front Left	Front Right	<input type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown	<b>Vehicle Lighting</b> 000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown		000 None	
<input type="text"/>	<input type="text"/>				100 Brakes	
Rear Left	Rear Right				101 Exhaust system	
<input type="text"/>	<input type="text"/>				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>		000 No automation	
000 None	300 Flashing railroad crossing (may include gates)	1 <input type="text"/>	1 <input type="text"/>		100 Driver assistance	
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2 <input type="text"/>	2 <input type="text"/>		101 Partial automation	
	302 Flashing traffic control signal				102 Conditional automation	
	303 Lane use control signal	3 <input type="text"/>	3 <input type="text"/>		103 High automation	
200 Bicycle crossing sign	304 Ramp meter signal				104 Full automation	
201 Curve Ahead warning sign	305 Traffic control signal	4 <input type="text"/>	4 <input type="text"/>		199 Automation level unknown	
202 Intersection Ahead warning sign	398 Other signal				999 Unknown	
203 Pedestrian crossing sign	400 Bicycle crossing	<b>Traffic Signal Status</b>		<b>Automation System Level Engaged</b>		
204 Railroad crossing sign	401 Pedestrian crossing	100 Red signal on		000 No automation		
205 Reduce Speed Ahead warning sign	402 Railroad crossing	200 Yellow signal on		100 Driver assistance		
206 School zone sign	403 School zone	300 Green signal on		101 Partial automation		
207 Stop sign	404 Yellow no passing line	970 Not applicable		102 Conditional automation		
208 Yield sign	405 White or yellow dash line	999 Unknown		103 High automation		
298 Other warning sign	406 Solid white lane line			104 Full automation		
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)			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		101 Partial automation		
001 Not divided, with a continuous left turn lane	101 Divided, raised median (curbed)	101 Concrete barrier (e.g. Jersey barrier)		102 Conditional automation		
	102 Divided, depressed median	102 Earth embankment		103 High automation		
	999 Unknown	103 Guardrail		104 Full automation		
		980 Other		199 Automation level unknown		
				999 Unknown		
<b>Roadway Grade</b>	<b>Number of Through Lanes</b>	<b>Number of Auxiliary Lanes</b>	<b>Roadway Alignment</b>	<b>Permitted Travel</b>	<b>HOV Lane Presence</b>	<b>HOV Lane Relation</b>
000 Not on trafficway			000 Not on trafficway	000 Not on trafficway	000 None present	000 No
100 Level			100 Straight	100 One-way	100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median	100 Yes
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> <input type="checkbox"/> Unknown <input type="checkbox"/> N/A		
103 Downhill						
104 Sag (bottom)						

MOTOR VEHICLE EVENTS

<b>Sequence of Events</b> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>				<b>Most Harmful Event</b> <input type="text"/>
<b>Non-Harmful Events</b>		<b>Collision with Fixed Object</b>		
000 Cross centerline		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 pedalcycle (including bicycles)		
104 Jackknife		204 Collision with pedestrian		
105 Overturn/rollover		205 Collision with railway vehicle (train, engine)		
106 Thrown or falling object		206 Collision with object at rest from MV in transport		
198 Other non-collision harmful event		207 Collision with falling, shifting cargo, or anything set in motion by MV		
		208 Collision with work zone/maintenance equipment		
		209 Collision with farm equipment		
		297 Collision with other non-motorist		
		298 Collision with other non-fixed object		

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COMMERCIAL MOTOR VEHICLE INFORMATION

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

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

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

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

<b>GVWR/GCWR</b>	<b>Commodity Hauled</b>
100 Light (less than 10,000 lbs.GVWR/GCWR)	
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)	
102 Heavy (greater than 26,000 lbs GVWR/GCWR)	
970 Not applicable (not a qualifying vehicle)	
999 Unknown	

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

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

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

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

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

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

LOUISIANA UNIFORM CRASH REPORT  
DRIVER INFORMATION

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Motor Vehicle #

MEDICAL INFORMATION		
<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>Type of Medical Transportation</b> 000 Not transported      980 Other 100 EMS air      999 Unknown 101 EMS ground 200 Law enforcement	<b>EMS Response Agency</b>  <b>EMS Response Run #</b> <input type="checkbox"/> Unknown
<b>Medical Unique Identifier</b> <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		<b>Facility Receiving Patient</b>

DRIVER CONDITION AND CIRCUMSTANCES					
<b>Conditions at Time of Crash</b> 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	<b>Distraction Action</b> 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	<b>Distraction Source</b> 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device  <b>Vision Obscurement</b> 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown 105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown	<b>Speeding Relation</b> 000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown	<b>Suspected Alcohol Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested
<b>Alcohol Kit Number</b> <input type="checkbox"/> Unknown		<b>Alcohol Test Type</b> 100 Blood 101 Blood clot 102 Blood plasma/serum  200 Breath 201 Preliminary breath test (PBT)	<b>Alcohol Test Results</b> 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	<b>BAC</b>	
<b>Suspected Drug Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<b>Drug Kit Number</b> <input type="checkbox"/> Unknown	<b>Drug Test Type</b> 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	<b>Drug Test Results</b>	

DRIVER ACTIONS		
<b>Driver Actions at Time of Crash</b> 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 Careless driving, inattentive operation, improper driving, or driving without due care 109 Operating the vehicle in an erratic, reckless, or negligent manner 110 Over-correcting or over-steering  980 Other contributing action 999 Unknown	<b>Avoidance Maneuver</b> 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	<b>Pre-Collision Stability</b> 000 Tracking 100 Skidding longitudinally - rotation less than 30 degrees 200 Skidding laterally - clockwise rotation 201 Skidding laterally - counter-clockwise rotation 299 Skidding laterally - rotation direction unknown 980 Other vehicle loss of control 999 Unknown

CITATIONS	

CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES

LOUISIANA UNIFORM CRASH REPORT  
PASSENGER INFORMATION

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Total # of Passengers

PASSENGER INFORMATION

MOTOR VEHICLE #      PASSENGER #

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

MOTOR VEHICLE #      PASSENGER #

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

MOTOR VEHICLE #      PASSENGER #

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	Race
<i>First Middle Last Suffix</i>								
Address <input type="checkbox"/> Unknown							Phone Number <input type="checkbox"/> Not Collected	Ethnicity
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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
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<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																																												



## Non-Motorist #

## NON-MOTORIST INFORMATION

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

## NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type	Initial Contact Point	Location			
100 Bicyclist	100 Front (12 o'clock)	100 Intersection - marked crosswalk	200 Signed route (no pavement marking)	300 Driveway access	
198 Other cyclist	101 Right (3 o'clock)	101 Intersection - unmarked crosswalk	201 Shared lane markings	301 Non-trafficway area	
200 Pedestrian	102 Rear (6 o'clock)	102 Intersection - other	202 On-street bike lanes	302 Shared-use path or trail	
298 Other pedestrian on personal conveyance	103 Left (9 o'clock)	103 Median/crossing island	203 On-street buffered bike lanes	303 Sidewalk	
300 Occupant of a non-motor vehicle transportation device	999 Unknown	104 Midblock - marked crosswalk	204 Separated bike lanes		
500 Person in or on a building		105 Shoulder/roadside	205 Off-street trails/sidepaths	980 Other	
999 Unknown		106 Travel lane - other location		999 Unknown	
Struck by Vehicle #	Origin/Destination	Safety Equipment			
	100 Going to or from school (K-12)	<input type="checkbox"/> 000 None	<input type="checkbox"/> 100 Helmet	<input type="checkbox"/> 103 Lighting	<input type="checkbox"/> 980 Other
	101 Going to or from transit		<input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.)	<input type="checkbox"/> 104 Reflectors	<input type="checkbox"/> 999 Unknown
	970 Not applicable		<input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		
	999 Unknown				

Action Prior to Crash	Actions or Circumstances At Time of Crash	Clothing Brightness	Upper
000 None	000 None (no improper action)	100 Light	Lower
100 Adjacent to roadway (e.g., shoulder, median)		101 Dark	
101 Crossing roadway	100 Dart / dash	970 Not applicable	
102 Waiting to cross roadway	101 Disabled vehicle related (working on, pushing, leaving/approaching)	999 Unknown	
103 Walking/cycling along roadway against traffic (in or adjacent to travel lane)	102 Entering/exiting parked/standing vehicle		
104 Walking/cycling along roadway with traffic (in or adjacent to travel lane)	103 Failure to obey traffic signs, signals, or officer		
105 Walking/cycling on sidewalk	104 Failure to yield right-of-way		
106 Working in trafficway (incident response)	105 Improper passing		
198 In roadway -other	106 Improper turn/merge		
980 Other	107 Inattentive (talking, eating, etc.)		
999 Unknown	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		

### NON-MOTORIST MEDICAL INFORMATION

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

## NON-MOTORIST CONDITION

Conditions at the Time of the Crash		Distraction Action	Distraction Source
000 Apparently normal	970 Not applicable	000 Not distracted	100 Hands-free mobile phone
100 Asleep/blacked out	980 Other	100 Talking / listening	101 Hand-held mobile phone
101 Fatigued	999 Unknown	101 Manually operating a device (texting, typing, dialing, playing game, etc.)	102 Vehicle-integrated device
102 Emotional (depressed, angry, disturbed, etc.)		200 Inattentive	198 Other electronic device
103 Ill (sick), fainted		980 Other distraction or distraction details unknown	200 Passenger or other non-motorist
104 Physically impaired		999 Unknown if distracted	201 External to vehicle/non-motorist area
105 Under the influence of medications/ drugs/alcohol			298 Other
106 Inattentive/distracted			970 Not applicable
			999 Unknown

<b>Suspected Alcohol Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<b>Alcohol Kit Number</b> <input type="checkbox"/> Unknown	<b>Alcohol Test Type</b> 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	<b>Alcohol Test Results</b> 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	<b>BAC</b>
<b>Suspected Drug Usage</b> 000 No 100 Yes 999 Unknown	<b>Test Status</b> 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	<b>Drug Kit Number</b> <input type="checkbox"/> Unknown	<b>Drug Test Type</b> 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other	970 Not applicable 999 Unknown	<b>Drug Test Results</b>	

LOUISIANA UNIFORM CRASH REPORT  
NON-VEHICULAR PROPERTY DAMAGE

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NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

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

PROPERTY DAMAGE CODES

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

Revision		Printed		LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT				Rev. 2024-1		Case #		Page		of	
Train #															
TRAIN INFORMATION															
Train Type 100 Railroad train 101 Streetcar		ID # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Lead Engine # <input type="checkbox"/> Unknown		Serial # <input type="checkbox"/> Unknown		Present Equipment <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Headlight functional <input type="checkbox"/> 101 Ditch lights functional <input type="checkbox"/> 102 Horn functional <input type="checkbox"/> 103 Bell functional <input type="checkbox"/> 104 Event data recorder equipped							
Make <input type="checkbox"/> Unknown		Type <input type="checkbox"/> Unknown		# of Engines <input type="checkbox"/> Unknown		# of Cars <input type="checkbox"/> Unknown		Data Recorder Speed <input type="checkbox"/> Pending							
TRACK INFORMATION															
DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown				Crossing Surface Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel		Present Warning Devices <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other		Advance Warning Devices <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other		Active Warning Devices <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other					
Sets of Tracks		Speed Limit		Crossing Type 100 Public 101 Private											
COLLISION INFORMATION															
Train in Motion 000 No 100 Yes		Crossing Vehicle Interaction 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing		Struck Car # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown				Struck Car Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown							
Collision Type 100 Frontal 101 Side/backing				Struck Car Position <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown				Distance Traveled After Impact <input type="checkbox"/> Not Applicable <input type="checkbox"/> feet <input type="checkbox"/> miles				Estimated Speed Before Braking			
Hazardous Materials Placard 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown				Hazardous Material Class 1 Explosives 970 Not applicable 2 Gas 999 Unknown 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods				Hazardous Materials Released from Train Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable							
Hazardous Material ID															
TRAIN OPERATOR															
Name <input type="checkbox"/> Unknown				Address <input type="checkbox"/> Unknown											
				Street City State Postal Code											
TRACK OWNER															
Name <input type="checkbox"/> Unknown				Address <input type="checkbox"/> Unknown											
				Street City State Postal Code											
TRAIN ENGINEER															
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no engineer								Certification Number <input type="checkbox"/> Unknown				Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
First Middle Last Suffix															
Address <input type="checkbox"/> Unknown								Phone Number <input type="checkbox"/> Not Collected							
Street City State Postal Code															
Incident Responder 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)								Sex 100 Female 101 Male 999 Unknown		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown		Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Agency EMS Response Run # <input type="checkbox"/> Unknown											
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient											
CRASH REPORT - TRAIN INFORMATION															

LOUISIANA UNIFORM CRASH REPORT  
TRAIN SUPPLEMENT

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Train #					
TRAIN CONDUCTOR					
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor			Race		
			100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown		
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
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		Ethnicity
					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		

PASSENGER INFORMATION					
PASSENGER #					
Name <input type="checkbox"/> Unknown			Race		
			100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown		
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
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		Ethnicity
					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		

PASSENGER #					
Name <input type="checkbox"/> Unknown			Race		
			100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown		
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
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		Ethnicity
					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		

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TRAIN SUPPLEMENT

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Total # of Train Passengers

PASSENGER INFORMATION

TRAIN #      PASSENGER #

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

TRAIN #      PASSENGER #

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

TRAIN #      PASSENGER #

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

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WITNESSES

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Total # of Witnesses

WITNESSES															
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	

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