

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

Rev. 2024-1

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<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	Troop			
Investigating Agency			Division	Parish	City		Latitude	Longitude	

CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
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ROAD INFORMATION

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

LOCATION INFORMATION

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

INVESTIGATING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
Badge #	Printed Name		Signature	

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event 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 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 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	Location of First 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 Relation to Junction 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown Intersection Geometry 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable Intersection Traffic Control 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable	Manner of Crash 000 Not a collision between two motor vehicles in transport 100 Angle - left overtake 101 Angle - left opposite direction 102 Angle - left into flow 103 Angle - right into flow 104 Angle - right overtake 105 Angle - perpendicular/other angle 500 Angle - left across flow 501 Angle - right across flow 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 Contributing Factor 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable School Bus Relation 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/>

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CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
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WITNESS #

WITNESS #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

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PROPERTY #

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

PROPERTY DAMAGE CODES

Property Type	Damage Severity
100 Private property	100 Light (less than \$500)
200 Bridge overhead structure	101 Moderate (between \$500 and \$10,000)
201 Bridge pier or support	102 Severe (over \$10,000)
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	

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VEHICLE INFORMATION

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Motor Vehicle #

DESCRIPTION AND INFORMATION

Form containing vehicle details: Hit and Run, Vehicle Type, Vehicle Body Type, VIN, Model Year, Make, Model, Color, License Plate, Owner Name, Owner Address, Insurance, and various vehicle categories like Trucks and Large Passenger Vehicle.

DAMAGE TOWING

Form for damage and towing details: Damage Extent, Initial Point of Contact, Damaged Areas, Tow Status, Tow Authority, and Towed By.

MOTOR VEHICLE CIRCUMSTANCES

Form for motor vehicle circumstances: Vehicle Usage, Vehicle Maneuver, Vehicle Maneuver Reason, Emergency Vehicle Usage, and Direction of Travel Before Crash.

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MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Vehicle Lighting, Traffic Control Device Types and Statuses, Trafficway Division, Barrier Type, Roadway Grade, Number of Through Lanes, Number of Auxiliary Lanes, Roadway Alignment, Permitted Travel, Speed Limit, HOV Lane Presence, and HOV Lane Relation.

MOTOR VEHICLE EVENTS

Form containing sections: Sequence of Events, Non-Harmful Events, Collision with Fixed Object, Non-Collision Events, and Collision with Person / Vehicle / Non-Fixed Object.

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

000 Vehicles 10,000 lbs or less
100 Vehicles 10,000 lbs or less placarded for hazardous materials
200 Bus/large van (seats 9-15 occupants, including driver)
201 Bus (seats more than 15 occupants, including driver)
300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)
301 Single-unit truck (3 or more axles)
302 Truck pulling trailer(s)
303 Truck tractor (bobtail)
304 Truck tractor/semi-trailer
305 Truck tractor/double
306 Truck tractor/triple
307 Truck more than 10,000 lbs., cannot classify
999 Unknown

Hazardous Materials Placard

000 Had no placard and not carrying hazardous materials
001 Had a placard, not carrying hazardous materials
100 Carried hazardous material that required placarding
200 Carried hazardous materials without placard 999 Unknown

Hazardous Material ID

Hazardous Material Class

1 Explosives 970 Not applicable
2 Gas 999 Unknown
3 Flammable liquids
4 Other flammable substances
5 Oxidizing substances and organic peroxides
6 Toxic (poisonous) and infectious substances
7 Radioactive material
8 Corrosives
9 Miscellaneous dangerous goods

Hazardous Materials Released from Vehicle Cargo Compartment

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

Motor Carrier Name Unknown

Motor Carrier ID Number

Cargo Body Type

000 No cargo body
100 Bus
101 Auto transporter
102 Cargo tank
103 Concrete mixer
104 Dump
105 Flatbed
106 Garbage / refuse
107 Grain / chips / gravel
108 Intermodal container chassis
980 Other
999 Unknown
109 Log
110 Pole trailer
111 Van / enclosed box
112 Vehicle towing another vehicle

Special Sizing

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

Load Permitted

000 Non-permitted load
100 Permitted load
970 Not applicable (not a qualifying vehicle)
999 Unknown

Number of Axles

Unknown

Motor Carrier Type

000 Personal vehicle
001 Not in commerce: government
002 Not in commerce: personal rental truck or bus
098 Not in commerce: other
100 Interstate carrier
101 Intrastate carrier

Motor Carrier Identification

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

Motor Carrier Address Unknown

Motor Carrier Phone Number Unknown

GVWR/GCWR

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

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown

Make Unknown

Model Unknown

License Plate Missing

Non-expiring

State Unknown

Number Unknown

Year Unknown

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown

Make Unknown

Model Unknown

License Plate Missing

Non-expiring

State Unknown

Number Unknown

Year Unknown

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown

Make Unknown

Model Unknown

License Plate Missing

Non-expiring

State Unknown

Number Unknown

Year Unknown

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

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DRIVER INFORMATION

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

DRIVER LICENSE INFORMATION

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

DRIVER SEATING AND SAFETY INFORMATION

Seating Position					Restraint Systems Used				
Standard Vehicle Seats					Other Seating Positions				
Front					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				
Row	Left	Middle	Right	Unk	001 None used – motor vehicle occupant	002 No helmet	200 DOT-compliant motorcycle helmet	201 Not DOT-compliant motorcycle helmet	299 Unknown if DOT-compliant motorcycle helmet
1	100	101	102	199	100 Booster seat				
2	200	201	202	299	101 Child restraint system – forward facing				
3	300	301	302	399	102 Child restraint system – rear facing				
4	400	401	402	499	103 Child restraint system – type unknown				
Oth	500	501	502	599	104 Lap belt only used				
Unk	600	601	602	699	105 Shoulder and lap belt used				
					106 Shoulder belt only used				
					107 Stretcher				
					108 Wheelchair				
					199 Restraint used – type unknown				
					Any indication of improper use?				
					000 No 100 Yes 999 Unknown				
Air Bags Deployed					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 (knee, air belt, etc.)					<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown			000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	
								000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	

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MEDICAL INFORMATION

Medical information form including Injury Status, Type of Medical Transportation, EMS Response Agency, EMS Response Run #, and Facility Receiving Patient.

DRIVER CONDITION AND CIRCUMSTANCES

Driver condition and circumstances form including Conditions at Time of Crash, Distraction Action, Distraction Source, Speeding Relation, Suspected Alcohol Usage, Alcohol Test Type, Alcohol Test Results, BAC, Suspected Drug Usage, Drug Test Type, and Drug Test Results.

DRIVER ACTIONS

Driver actions form including Driver Actions at Time of Crash, Avoidance Maneuver, and Pre-Collision Stability.

CITATIONS

LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

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Total # of Passengers

PASSENGER INFORMATION

MOTOR VEHICLE # **PASSENGER #**

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

PASSENGER CODES

Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	Restraint Systems 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown 002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown	Seating Position <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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 border="1" style="width: 100%; border-collapse: collapse; text-align: center; margin-top: 5px;"> <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																																								
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Other	500	501	502	599																																								
Unk	600	601	602	699																																								
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	Incident Responder 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown																																										
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

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NON-MOTORIST INFORMATION

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Non-Motorist #

NON-MOTORIST INFORMATION

Name, Age, Sex, Race, Address, Phone Number, Incident Responder, Date of Birth, Ethnicity

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type, Initial Contact Point, Location, Origin/Destination, Safety Equipment, Struck by Vehicle #

Action Prior to Crash, Actions or Circumstances At Time of Crash, Clothing Brightness

NON-MOTORIST MEDICAL INFORMATION

Injury Status, Type of Medical Transportation, EMS Response Agency, EMS Response Run #

NON-MOTORIST CONDITION

Conditions at the Time of the Crash, Distraction Action, Distraction Source

Suspected Alcohol Usage, Test Status, Alcohol Kit Number, Alcohol Test Type, Alcohol Test Results, BAC

Suspected Drug Usage, Test Status, Drug Kit Number, Drug Test Type, Drug Test Results

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NON-VEHICULAR PROPERTY DAMAGE PROPERTY # _____

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

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			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

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			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

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			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

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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<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

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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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			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

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			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

PROPERTY DAMAGE CODES

Property Type	Damage Severity
100 Private property	100 Light (less than \$500)
200 Bridge overhead structure	101 Moderate (between \$500 and \$10,000)
201 Bridge pier or support	102 Severe (over \$10,000)
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	

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Train #

TRAIN INFORMATION
Train Type, ID #, Lead Engine #, Serial #, Present Equipment, Make, Type, # of Engines, # of Cars, Data Recorder Speed

TRACK INFORMATION, WARNING DEVICES
DOT Crossing #, Crossing Surface Material, Present Warning Devices, Advance Warning Devices, Active Warning Devices, Sets of Tracks, Speed Limit, Crossing Type

COLLISION INFORMATION
Train in Motion, Crossing Vehicle Interaction, Struck Car #, Struck Car Type, Collision Type, Struck Car Position, Distance Traveled After Impact, Estimated Speed Before Braking

Hazardous Materials Placard, Hazardous Material Class, Hazardous Materials Released from Train Cargo Compartment, Hazardous Material ID

TRAIN OPERATOR
Name, Address

TRACK OWNER
Name, Address

TRAIN ENGINEER
Name, Certification Number, Race, Address, Phone Number

Incident Responder
000 No, 102 Police, 980 Other, 999 Unknown, 100 EMS, 103 Tow operator, 101 Fire, 104 Transportation

Injury Status, Type of Medical Transportation, EMS Response Agency, EMS Response Run #, Universally Unique Identifier, Facility Receiving Patient

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Train #

TRAIN CONDUCTOR

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

PASSENGER INFORMATION

PASSENGER # 			
Name <input type="checkbox"/> Unknown		Race	
<small>First Middle Last Suffix</small>		100 American Indian or Alaska Native 101 Asian or Pacific Islander	102 Black 103 White 980 Other 999 Unknown
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
<small>Street City State Postal Code</small>			
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	
Universally Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient	

PASSENGER # 			
Name <input type="checkbox"/> Unknown		Race	
<small>First Middle Last Suffix</small>		100 American Indian or Alaska Native 101 Asian or Pacific Islander	102 Black 103 White 980 Other 999 Unknown
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
<small>Street City State Postal Code</small>			
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	
Universally 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	
<i>First Middle Last Suffix</i>		100 American Indian or Alaska Native 101 Asian or Pacific Islander	102 Black 103 White 980 Other 999 Unknown

Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
<i>Street City State Postal Code</i>			

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

Universally Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient
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TRAIN # PASSENGER #

Name <input type="checkbox"/> Unknown		Race	
<i>First Middle Last Suffix</i>		100 American Indian or Alaska Native 101 Asian or Pacific Islander	102 Black 103 White 980 Other 999 Unknown

Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
<i>Street City State Postal Code</i>			

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

Universally Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient
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TRAIN # PASSENGER #

Name <input type="checkbox"/> Unknown		Race	
<i>First Middle Last Suffix</i>		100 American Indian or Alaska Native 101 Asian or Pacific Islander	102 Black 103 White 980 Other 999 Unknown

Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
<i>Street City State Postal Code</i>			

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

Universally Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient
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WITNESSES

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Total # of Witnesses

WITNESSES															
WITNESS #						WITNESS #									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>	
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS #						WITNESS #									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>	
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS #						WITNESS #									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>	
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS #						WITNESS #									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>	
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS #						WITNESS #									
Name						Name									
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>		<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>	
Address						Address									
City				State		Postal Code		City				State		Postal Code	
Phone Number				Age		Sex		Phone Number				Age		Sex	
WITNESS #						WITNESS #									

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CRASH DIAGRAM

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CRASH NARRATIVE

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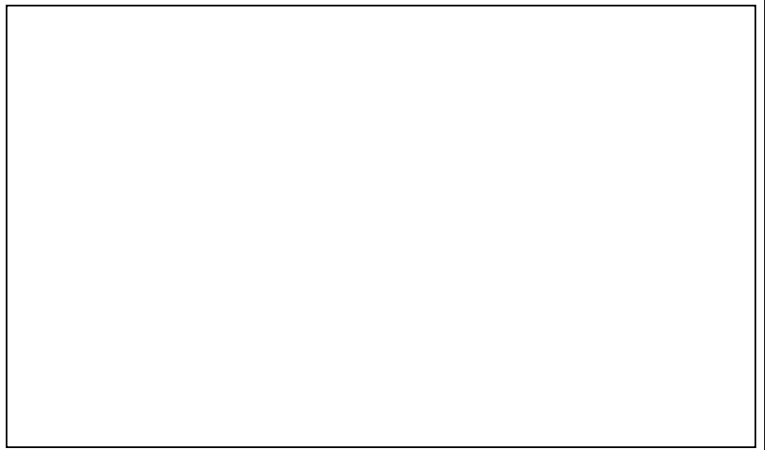
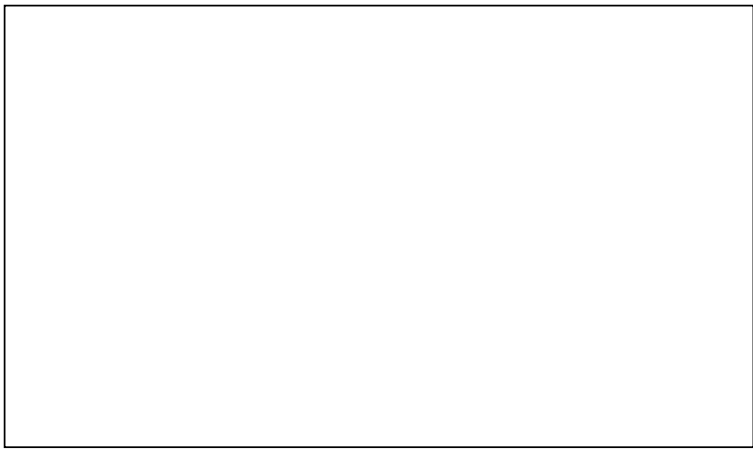
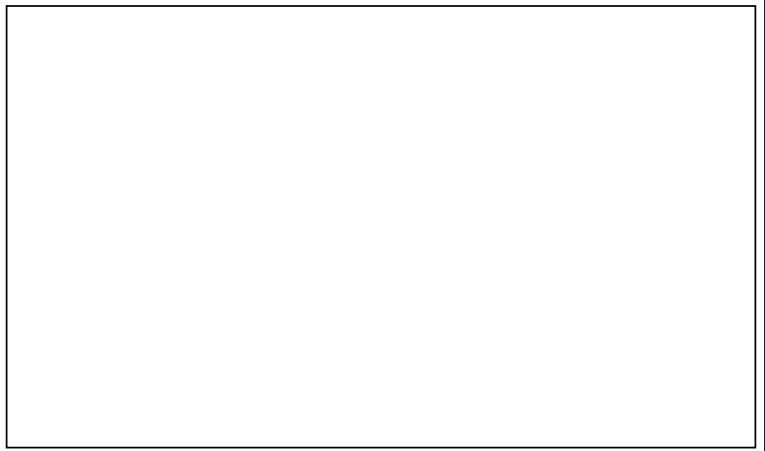
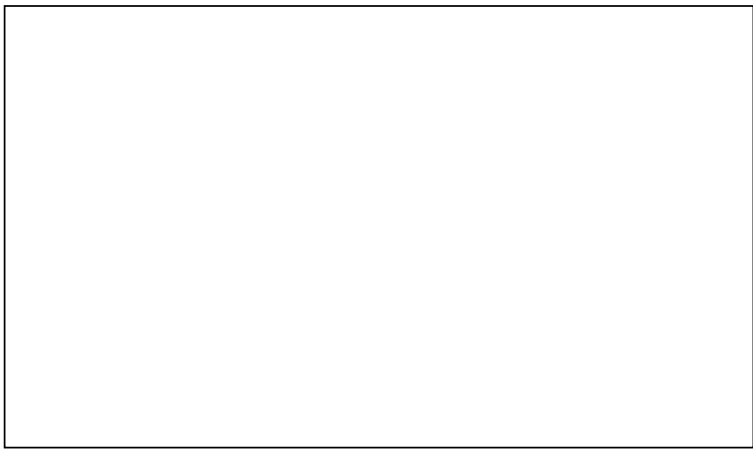
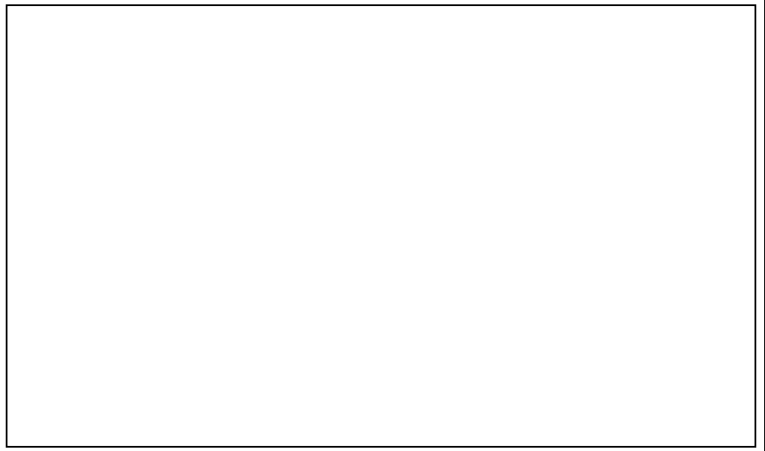
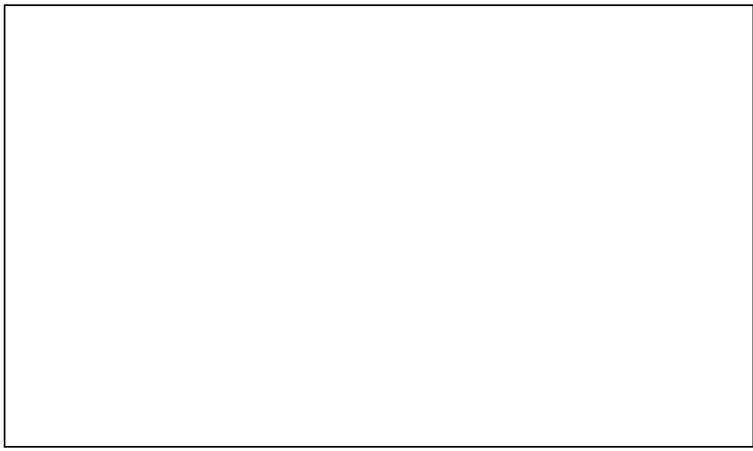
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PHOTOS



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