

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1		Case #		Test Case Tracking - 7		Page 1 of 14	
Number of Motorists 1		Number of Non-Motorists 0		Non-Fatally Injured Persons 2		Fatalities 4		Total Injuries and Fatalities 6		Vehicles Involved 1		Troop A	
Investigating Agency CARTS LSU				Division		Parish East Baton Rouge		City Baton Rouge		Latitude 30.390916° N		Longitude 91.150674° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/09/2021 0202		Police Notified Date/Time 08/09/2021 0203		Police Arrived Date/Time 08/09/2021 0204		Roadway Cleared Date/Time 08/09/2021 0205		On Scene Investigation Completed Date/Time 08/09/2021 0206					
ROAD INFORMATION													
Highway <input checked="" type="checkbox"/> Not applicable				Road MENLO DR									
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 40.0 ft East				Intersecting Road <input type="checkbox"/> Crash was at an intersection SUNSET BLVD									
LOCATION INFORMATION													
Road Classification 104		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 2		Traffic Flow Direction W			
100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property		100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable		100 Public property 200 Private property		100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway		1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more		X Not applicable (not a divided highway) N North W West S South E East			
INVESTIGATING OFFICER													
Rank Trooper		First Name Matt				Middle Name		Last Name Trahan				Suffix	
Badge # 1234		Printed Name Matt Trahan				Signature <i>Matt Trahan</i>							
CRASH CIRCUMSTANCES AND CONDITIONS													
First Harmful Event 205				Location of First Harmful Event 104		Manner of Crash 000							
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 104		Contributing Factor Primary 101 Secondary 970							
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 100		School Bus Relation 000							
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 101		000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable											

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CRASH CONDITIONS

Roadway Surface Condition 107	Light Condition 200	Weather Conditions 102	Environmental Conditions 102
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 000	Work Zone Location 970	Work Zone Type 970	Work Zone Circumstances 970	Worker(s) Present 970	Law Enforcement Present 970
000 No	100 Before the first work zone warning sign	100 Lane closure	100 Back of queue	000 No	000 No
100 Yes	101 Advance warning area	101 Lane shift / crossover	101 Congestion (dense & slow traffic), typical	100 Yes	100 Yes
999 Unknown	102 Transition area	102 Work on shoulder or median	102 Heavy (dense & fast traffic)	970 Not applicable	970 Not applicable
	103 Activity area	103 Intermittent or moving work	103 Congestion (dense & slow traffic), not typical	999 Unknown	999 Unknown
	104 Termination area	970 Not applicable	104 Traffic control device malfunction		
	970 Not applicable	980 Other type of work zone	105 Free flow (light & fast traffic)		
	999 Unknown	999 Unknown	980 Other		
			970 Not applicable		
			999 Unknown		

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
IT	Eric		Newman	

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 <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	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	

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000015

Motor Vehicle #		Rev. 2023-1		Case #	Test Case Tracking - 7	Page	3	of	14																														
DESCRIPTION AND INFORMATION																																							
<input type="checkbox"/> Check if this vehicle had no driver		Hit and Run 101 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		Vehicle Type 100 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		Vehicle Body Type 401 <u>Passenger Vehicles</u> 100 Passenger car 103 Pickup 101 Passenger van / Minivan (less than 9 seats) 104 Cargo van 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 505 School bus 501 Passenger van (9-15 seats) 506 Transit bus 502 Passenger van (16+ seats) 507 Motorcoach 503 Large limo 598 Other bus / large passenger vehicle 504 Mini-bus <u>Other</u> 980 Other 999 Unknown																																	
VIN 123654ASQWR123456 <input type="checkbox"/> Unknown																																							
Model Year <input type="checkbox"/> Unknown 2020		Make Volvo		Model Medium/heavy truck - unknown engine location		Color White																																	
License Plate <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring		State LA <input type="checkbox"/> Unknown Number 4H123 <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown																																					
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Bubby McGee																																							
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 123 Pine Rd Baton Rouge LA 70111 <small>Street City State Postal Code</small>																																							
Insurance <input type="checkbox"/> Uninsured at time of crash Company <input checked="" type="checkbox"/> Unknown Phone # <input checked="" type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # <input checked="" type="checkbox"/> Unknown Expiration Date <input checked="" type="checkbox"/> Unknown																																							
DAMAGE																																							
Damage Extent 102 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		Initial Point of Contact <table border="1"><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">→</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	Damaged Areas <table border="1"><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">→</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	Tow Status 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage <input type="checkbox"/> Towed By <input type="checkbox"/> Unknown Big Ron's Tow Time		Tow Authority 101 100 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																																							
Vehicle Usage 999 000 No special function 980 Other 100 Bus - school (public or private) 999 Unknown 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		Vehicle Maneuver 999 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing Emergency Vehicle Usage 999 000 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		109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane 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 400 Slowing to make left turn 401 Slowing to make right turn 402 Slowing to stop 498 Slowing for other reason 500 Parked 501 Stopped, preparing to turn left 502 Stopped, preparing to turn right 503 Stopped in traffic 980 Other 999 Unknown		Direction of Travel Before Crash 999 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown																																	

Motor Vehicle # 1		Rev. 2023-1		Case #		Test Case Tracking - 7		Page 4 of 14					
MOTOR VEHICLE CIRCUMSTANCES													
Skidmark Data (Feet)				Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown		Contributing Defects							
Front Left		Front Right		50		000 None							
<input type="text"/>		<input type="text"/>				100 Brakes							
						101 Exhaust system							
Rear Left		Rear Right		Vehicle Lighting		102 Body, doors							
<input type="text"/>		<input type="text"/>		000 Headlights off		103 Steering							
				100 Headlights on		104 Power train							
				101 Daytime running lights		105 Suspension							
				999 Unknown		106 Tires							
Traffic Control Device Types and Statuses						107 Wheels							
Traffic Control Device Types			Devices Present		Devices Inoperative or Missing		108 Headlights						
000 None			1 300		1 303		109 Tail lights						
100 Person (including flagger, law enforcement, crossing guard, etc)			2 301		2 304		110 Signal lights						
200 Bicycle crossing sign			3 302		3 305		111 All lights						
201 Curve Ahead warning sign			4 298		4 398		112 Window / windshield						
202 Intersection Ahead warning sign							113 Mirrors						
203 Pedestrian crossing sign							114 Wipers						
204 Railroad crossing sign							115 Truck coupling / trailer hitch / safety chains						
205 Reduce Speed Ahead warning sign							980 Other						
206 School zone sign							999 Unknown						
207 Stop sign							Automation System Level Present						
208 Yield sign							000 No automation						
298 Other warning sign							100 Driver assistance						
980 Other							101 Partial automation						
999 Unknown							102 Conditional automation						
Trafficway Division			000		Barrier Type		000		103 High automation				
000 Not divided					000 None				104 Full automation				
001 Not divided, with a continuous left turn lane					100 Cable barrier				199 Automation level unknown				
100 Divided, flush median (greater than 4 ft wide)					101 Concrete barrier (e.g. Jersey barrier)				999 Unknown				
101 Divided, raised median (curbed)					102 Earth embankment								
102 Divided, depressed median					103 Guardrail								
999 Unknown					980 Other								
Roadway Grade		Number of Through Lanes		Number of Auxiliary Lanes		Roadway Alignment		Permitted Travel		HOV Lane Presence		HOV Lane Relation	
100 Level		4		0		100 Straight		100 One-way		000 None present		000 No	
101 Uphill						101 Curve left		200 Two-way		100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median		100 Yes	
102 Hillcrest						102 Curve right		Speed Limit		101 Not separated, painted pavement markings, post-mounted delineators			
103 Downhill								40 <input type="checkbox"/> Unknown					
104 Sag (bottom)								<input type="checkbox"/> N/A					
MOTOR VEHICLE EVENTS													
Sequence of Events				1 205 2 3 4				Most Harmful Event 205					
Non-Harmful Events							Collision with Fixed Object						
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						
Non-Collision Events							Collision with Person / Vehicle / Non-Fixed Object						
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						
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS													

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2023-1		Case #	Test Case Tracking - 7	Page	5	of	14
COMMERCIAL MOTOR VEHICLE INFORMATION									
Vehicle Configuration				303	Hazardous Materials Placard		000		
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			
200 Bus/large van (seats 9-15 occupants, including driver)				302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding			
201 Bus (seats more than 15 occupants, including driver)				303 Truck tractor (bobtail)		200 Carried hazardous materials without placard 999 Unknown			
				304 Truck tractor/semi-trailer		Hazardous Material ID N/A			
				305 Truck tractor/double		Hazardous Material Class 970			
				306 Truck tractor/triple		1 Explosives 970 Not applicable			
				307 Truck more than 10,000 lbs., cannot classify		2 Gas 999 Unknown			
Cargo Body Type				000	Special Sizing				
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			
103 Concrete mixer				108 Intermodal container chassis	112 Vehicle towing another vehicle	<input type="checkbox"/> 103 Over-width			
104 Dump						<input checked="" type="checkbox"/> 999 Unknown			
970 Not applicable				980 Other	999 Unknown	Hazardous Materials Released from Vehicle Cargo Compartment 970			
Load Permitted		999	Number of Axles	Motor Carrier Type	100	Motor Carrier Identification	100		
000 Non-permitted load			<input checked="" type="checkbox"/> Unknown	000 Personal vehicle		100 US DOT number		Motor Carrier Name <input type="checkbox"/> Unknown	
100 Permitted load				001 Not in commerce: government		101 State number		Bubby McGee	
970 Not applicable (not a qualifying vehicle)				002 Not in commerce: personal rental truck or bus		970 Not applicable		Motor Carrier ID Number	
999 Unknown				098 Not in commerce: other		999 Unknown/unable to determine		12345	
				100 Interstate carrier	State				
				101 Intrastate carrier					
Motor Carrier Address <input type="checkbox"/> Unknown						Motor Carrier Phone Number <input checked="" type="checkbox"/> Unknown			
123 Pine Rd						Baton Rouge LA 70111			
Street						City State Postal Code			
GVWR/GCWR		101	Commodity Hauled						
100 Light (less than 10,000 lbs.GVWR/GCWR)			Unknown						
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									
TRAILER INFORMATION									
VIN <input type="checkbox"/> Unknown						Number of Axles <input type="checkbox"/> Unknown			
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown					
License Plate <input type="checkbox"/> Missing						<input type="checkbox"/> Non-expiring			
State <input type="checkbox"/> Unknown Number <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown									
TRAILER INFORMATION									
VIN <input type="checkbox"/> Unknown						Number of Axles <input type="checkbox"/> Unknown			
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown					
License Plate <input type="checkbox"/> Missing						<input type="checkbox"/> Non-expiring			
State <input type="checkbox"/> Unknown Number <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown									
TRAILER INFORMATION									
VIN <input type="checkbox"/> Unknown						Number of Axles <input type="checkbox"/> Unknown			
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown					
License Plate <input type="checkbox"/> Missing						<input type="checkbox"/> Non-expiring			
State <input type="checkbox"/> Unknown Number <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown									

Motor Vehicle # 1		DRIVER INFORMATION		Rev. 2023-1	Case #	Test Case Tracking - 7	Page 6 of 14
DRIVER INFORMATION							
Name <input checked="" type="checkbox"/> Unknown				Age <input checked="" type="checkbox"/> Unknown	Sex <input type="checkbox"/> 999 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> 999 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected			
First Middle Last Suffix				Street City State Postal Code			
Incident Responder <input type="checkbox"/> 999 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> 999 100 Hispanic 101 Other than Hispanic 999 Unknown	
DRIVER LICENSE INFORMATION							
License Status <input type="checkbox"/> 999 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		License Class <input type="checkbox"/> 970 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable		Driver License Type <input type="checkbox"/> 970 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable		Commercial Driver License Status <input type="checkbox"/> 970 100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown	
License Number		License State					
Endorsements 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 checked="" type="checkbox"/> 999 Unknown		Endorsement Compliance <input type="checkbox"/> 199 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required		Restrictions on License 999 - Unknown			
				Alcohol Interlock Presence <input type="checkbox"/> 970 000 No 970 Not applicable 100 Yes 999 Unknown			
DRIVER SEATING AND SAFETY INFORMATION							
Seating Position <input type="checkbox"/> 100		Restraint Systems Used <input type="checkbox"/> 999					
Standard Vehicle Seats		Other Seating Positions		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 999 Unknown			
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		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			
Row Left Middle Right Unk				200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet			
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							
				Any indication of improper use? <input type="checkbox"/> 999 000 No 100 Yes 999 Unknown			
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 103 Other (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input checked="" type="checkbox"/> 999 Deployment unknown				Ejection <input type="checkbox"/> 999 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown		Extrication <input type="checkbox"/> 000 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

Motor Vehicle #	Case #	Test Case Tracking - 7	Page	7	of	14
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MEDICAL INFORMATION

Injury Status	103	Type of Medical Transportation	999	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		Unknown
			EMS Response Run #	<input checked="" type="checkbox"/> Unknown
Medical Unique Identifier			Facility Receiving Patient	
<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown			Unknown	

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	999	Distraction Action	999	Distraction Source	999	Speeding Relation	999		
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown		000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown			
				Vision Obscurement			999		
				000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building 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					
Suspected Alcohol Usage	999	Test Status	000	Alcohol Kit Number	Alcohol Test Type	970	Alcohol Test Results	970	BAC
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested			100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)	300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		
Suspected Drug Usage	999	Test Status	000	Drug Kit Number	Drug Test Type	970	Drug Test Results		
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested			100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown		Not applicable		

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train #		Rev. 2023-1		Case #		Test Case Tracking - 7		Page 8 of 14	
TRAIN INFORMATION									
Train Type 100 Railroad train 101 Streetcar		ID # 123		Lead Engine # 789		Serial # 7		Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input checked="" type="checkbox"/> 101 Ditch lights functional <input checked="" type="checkbox"/> 102 Horn functional <input type="checkbox"/> 103 Bell functional <input type="checkbox"/> 104 Event data recorder equipped	
Make Train		Type Choo Choo		# of Engines 1		# of Cars 2		Data Recorder Speed <input type="checkbox"/> Pending	
TRACK INFORMATION									
DOT Crossing # 77		Crossing Surface Material 100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel		Present Warning Devices <input checked="" 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 checked="" 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 checked="" 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 2		Speed Limit 50		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 checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Struck Car Type <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown			
Collision Type 100 Frontal 101 Side/backing				Struck Car Position <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Distance Traveled After Impact <input type="checkbox"/> feet <input type="checkbox"/> miles		Estimated Speed Before Braking 30	
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 N/A		Hazardous Material Class 000 1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods		Hazardous Materials Released from Train Cargo Compartment 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable			
TRAIN OPERATOR									
Name Emmett Brown		Address 8 Eastwood Ravine Rd Hill Valley CA 90210							
		Street City State Postal Code							
TRACK OWNER									
Name Biff Tannen		Address 9 Lyon Estates Hill Valley CA 90210							
		Street City State Postal Code							
TRAIN ENGINEER									
Name Marty		This train had no engineer McFly		Certification Number 123456		Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown		103	
Address 9303 Roslyndale Avenue		Hill Valley CA 90210		Phone Number 888-222-4444					
		Street City State Postal Code							
Incident Responder									
000 No 100 EMS 101 Fire		102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		000 Sex 101 Female 101 Male 999 Unknown		Age 53		Date of Birth 6/12/1968	
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 100 EMS air 101 EMS ground 200 Law enforcement		EMS Response Agency Not applicable					
				EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier									
<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable							

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

2021000015

Train # 1		Rev. 2023-1		Case #	Test Case Tracking - 7	Page	9	of	14	
TRAIN CONDUCTOR										
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor		Race 103								
George		McFly		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				
9303 Roslyndale Avenue						Hill Valley		CA 90210		
Street						City		State Postal Code		
Incident Responder				000	Sex	101	Age	<input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity 101
000 No 102 Police 980 Other 999 Unknown				100 Female 101 Male 999 Unknown		83		1/1/1938		100 Hispanic 101 Other than Hispanic 999 Unknown
100 EMS 101 Fire				104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)						
Injury Status 103		Type of Medical Transportation 999		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		Unknown						
				EMS Response Run # <input checked="" type="checkbox"/> Unknown						
Medical Unique Identifier <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown				Facility Receiving Patient						
				Unknown						

PASSENGER INFORMATION										
PASSENGER # 1										
Name <input type="checkbox"/> Unknown		Race 103								
Mark		Hamill		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 checked="" type="checkbox"/> Unknown						Phone Number <input checked="" type="checkbox"/> Not Collected				
Street						City		State Postal Code		
Incident Responder				000	Sex	101	Age	<input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 999
000 No 102 Police 980 Other 999 Unknown				100 Female 101 Male 999 Unknown		56		100 Hispanic 101 Other than Hispanic 999 Unknown		
100 EMS 101 Fire				104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)						
Injury Status 100		Type of Medical Transportation 000		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		Not applicable						
				EMS Response Run # <input type="checkbox"/> Unknown						
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient						
				Not applicable						
PASSENGER # 2										
Name <input type="checkbox"/> Unknown		Race 101								
Carrie		Fisher		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 checked="" type="checkbox"/> Not Collected				
77 Star's Way						Denham Springs		LA 72222		
Street						City		State Postal Code		
Incident Responder				100	Sex	100	Age	<input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity 100
000 No 102 Police 980 Other 999 Unknown				100 Female 101 Male 999 Unknown		64		10/21/1956		100 Hispanic 101 Other than Hispanic 999 Unknown
100 EMS 101 Fire				104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)						
Injury Status 100		Type of Medical Transportation 200		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		Not applicable						
				EMS Response Run # <input type="checkbox"/> Unknown						
Medical Unique Identifier <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown				Facility Receiving Patient						
				Baton Rouge General Medical Center Bluebonnet						

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 2		Rev. 2023-1		Case #	Test Case Tracking - 7	Page	10	of	14
TRAIN INFORMATION									
Train Type 100 Railroad train 101 Streetcar	ID # <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Lead Engine # <input checked="" type="checkbox"/> Unknown	Serial # <input checked="" type="checkbox"/> Unknown	Present Equipment <input checked="" 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 checked="" type="checkbox"/> Unknown	Type <input checked="" type="checkbox"/> Unknown	# of Engines <input checked="" type="checkbox"/> Unknown	# of Cars <input checked="" type="checkbox"/> Unknown	Data Recorder Speed <input type="checkbox"/> Pending					
TRACK INFORMATION									
DOT Crossing # <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Crossing Surface Material 100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel	103	Present Warning Devices <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Flashing lights <input checked="" type="checkbox"/> 101 Bell <input checked="" type="checkbox"/> 102 Gate <input checked="" type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other	Advance Warning Devices <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Sign <input checked="" 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 checked="" type="checkbox"/> 100 Lights flashing <input checked="" type="checkbox"/> 101 Bell ringing <input checked="" type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other				
Sets of Tracks 1	Speed Limit 30	Crossing Type 100 Public 101 Private	101						
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 checked="" type="checkbox"/> Unknown	Struck Car Type <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown						
Collision Type 100 Frontal 101 Side/backing	101	Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Distance Traveled After Impact <input type="checkbox"/> feet <input type="checkbox"/> miles	<input checked="" type="checkbox"/> Not Applicable		Estimated Speed Before Braking 88			
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		000	Hazardous Material Class 1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods	970	Hazardous Materials Released from Train Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable				
Hazardous Material ID N/A									
TRAIN OPERATOR									
Name <input type="checkbox"/> Unknown Main Man	Address <input checked="" type="checkbox"/> Unknown Street City State Postal Code								
TRACK OWNER									
Name <input checked="" type="checkbox"/> Unknown	Address <input checked="" type="checkbox"/> Unknown Street City State Postal Code								
TRAIN ENGINEER									
Name <input checked="" type="checkbox"/> Unknown First Middle Last Suffix	<input type="checkbox"/> This train had no engineer			Certification Number <input checked="" type="checkbox"/> Unknown	Race 999 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown				
Address <input checked="" type="checkbox"/> Unknown Street City State Postal Code				Phone Number <input checked="" type="checkbox"/> Not Collected					
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.)				999	Sex 100 Female 101 Male 999 Unknown	Age <input checked="" type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 999 100 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	100	Type of Medical Transportation 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	101	EMS Response Agency Unknown					
Medical Unique Identifier 321 <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				EMS Response Run # <input checked="" type="checkbox"/> Unknown					
Facility Receiving Patient Willis Knighton Bossier Health Center									

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 2		Rev. 2023-1		Case #	Test Case Tracking - 7	Page 11 of 14
TRAIN CONDUCTOR						
Name <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor		Race 980 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown				
First Middle Last Suffix		Address <input checked="" type="checkbox"/> Unknown Phone Number <input checked="" type="checkbox"/> Not Collected				
Street City State Postal Code						
Incident Responder 980		Sex 999	Age <input checked="" type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 999	
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 100	Type of Medical Transportation 100	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	Unknown				
		EMS Response Run # <input checked="" type="checkbox"/> Unknown				
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient LSU-Walter Olin Moss Regional Medical Center				

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	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	Unknown				
		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	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	Unknown				
		EMS Response Run # <input type="checkbox"/> Unknown				
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient				

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

2021000015

Total # of Train Passengers

2

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Case #

Test Case Tracking - 7

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PASSENGER INFORMATION

TRAIN # 1 PASSENGER # 3

Name <input type="checkbox"/> Unknown		Race		100
Harrison		Ford		
First Middle Last Suffix		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 999 Unknown 980 Other
Address <input checked="" type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected		
Street City State Postal Code		555-555-6666		
Incident Responder		000	Sex 101	Age <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown		100 Female	79	Date of Birth <input type="checkbox"/> Unknown
100 EMS 103 Tow operator		101 Male		Ethnicity 101
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown		100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status 104	Type of Medical Transportation 000	EMS Response Agency		
100 (K) Fatal Injury	000 Not transported 980 Other	Not applicable		
101 (A) Suspected Serious Injury	100 EMS air 999 Unknown			
102 (B) Suspected Minor Injury	101 EMS ground	EMS Response Run # <input type="checkbox"/> Unknown		
103 (C) Possible Injury	200 Law enforcement			
104 (O) No Apparent Injury				
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient		
		Not applicable		

TRAIN # 1 PASSENGER # 4

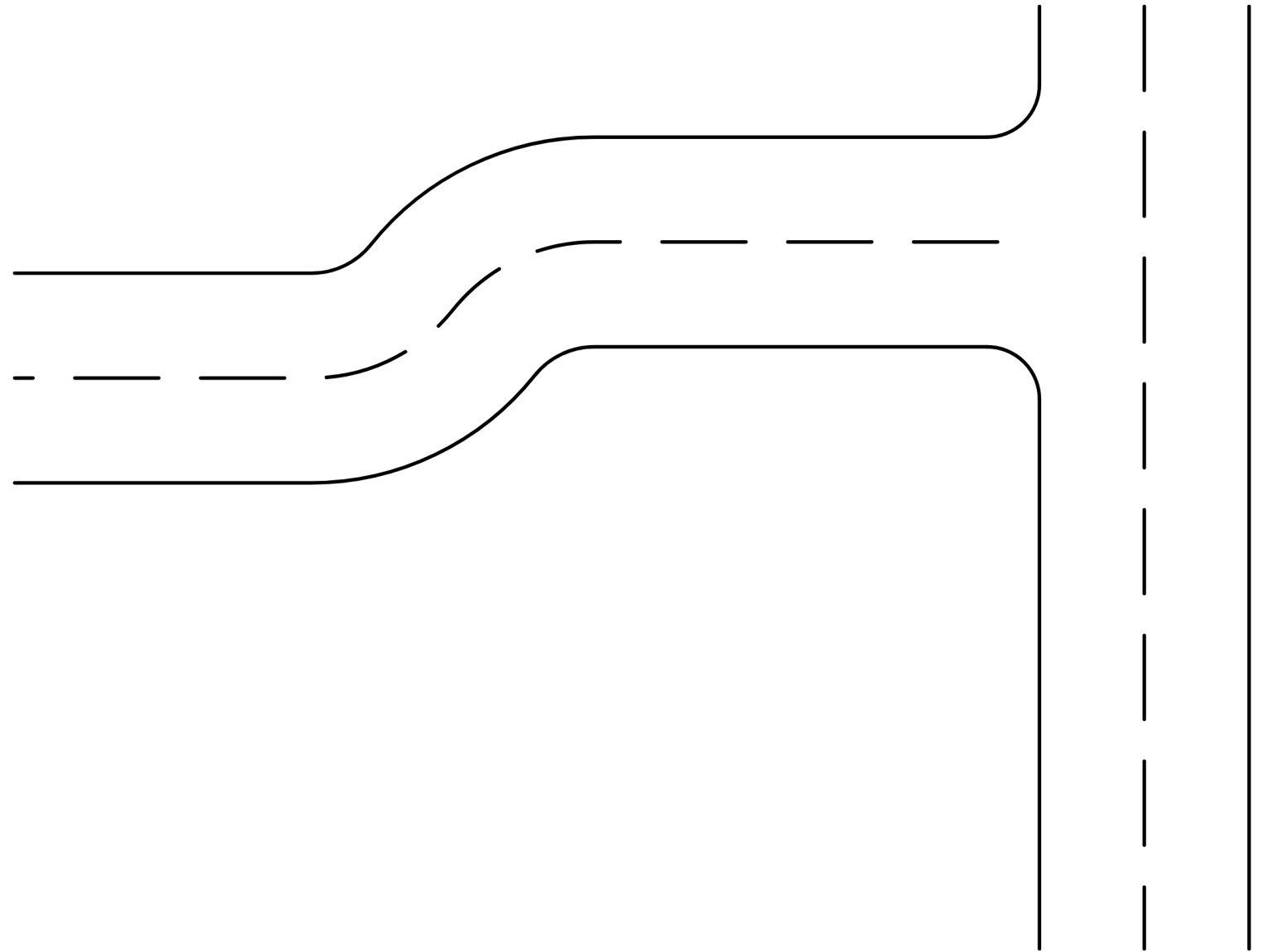
Name <input type="checkbox"/> Unknown		Race		102
Billy		Williams		
First Middle Last Suffix		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 999 Unknown 980 Other
Address <input checked="" type="checkbox"/> Unknown		Phone Number <input checked="" type="checkbox"/> Not Collected		
Street City State Postal Code				
Incident Responder		000	Sex 101	Age <input type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown		100 Female	84	Date of Birth <input type="checkbox"/> Unknown
100 EMS 103 Tow operator		101 Male		Ethnicity 999
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown		100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status 104	Type of Medical Transportation 000	EMS Response Agency		
100 (K) Fatal Injury	000 Not transported 980 Other	Not applicable		
101 (A) Suspected Serious Injury	100 EMS air 999 Unknown			
102 (B) Suspected Minor Injury	101 EMS ground	EMS Response Run # <input type="checkbox"/> Unknown		
103 (C) Possible Injury	200 Law enforcement			
104 (O) No Apparent Injury				
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient		
		Not applicable		

TRAIN # PASSENGER #

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

Scene # 1	Rev. 2023-1	Case #	Test Case Tracking - 7	Page	13	of	14
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CRASH DIAGRAM



NARRATIVE

Rev. 2023-1

CRASH NARRATIVE

The LACRASH software system is used by law enforcement agencies throughout the state of Louisiana to electronically capture motor vehicle accident reporting information.

LACRASH was developed to enhance the paper uniform motor vehicle traffic crash report form in the state of Louisiana. By electronically reproducing the crash report form, the LACRASH software allows officers to enter accident reporting information using a laptop in their patrol car or a desktop computer in their office. The electronic submission of the data helps to collect traffic crash reporting information in a timelier manner. With the added benefits of software edits, GPS devices, and card swipes, information collected using LACRASH is more accurate and complete.

Designed by the Center for Analytics & Research in Transportation Safety (CARTS) at Louisiana State University, the LACRASH system was initially released in December 2004 with a hand full of agencies going online January 1, 2005. As of October 2019, roughly 250 Louisiana law enforcement agencies were using LACRASH (~249 using version 2.0 SP1) with new and old agencies continually being added\upgraded as needed.

CARTS also analyzes the motor vehicle accident data and produces Louisiana Crash Data and Statistical Reports using data collected from the LACRASH application.

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Disclaimer: All information below this line is auto-generated from report data.

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Vehicle 1 Traffic Control Devices Present: Warning Will Rogers

Vehicle 1 Traffic Control Devices Inoperative or Missing: Flashy

Train 2 Conductor Race: Other

Train 2 Conductor Incident Responder: Other

This report was reassigned to Eric Newman.