

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2021-1	Case #	Test Case Tracking - 3	Page 1 of 16				
Number of Motorists	2	Number of Non-Motorists	2	Non-Fatally Injured Persons	1	Fatalities	3	Total Injuries and Fatalities	4	Vehicles Involved	2	Troop	A
Investigating Agency			Division	Parish		City		Latitude	Longitude				
CARTS LSU				East Baton Rouge		Baton Rouge		30.391638° N	91.162068° W				

CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
08/09/2021 1200	08/09/2021 1200	08/09/2021 1200	08/09/2021 1200	08/09/2021 1200

ROAD INFORMATION

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

LOCATION INFORMATION

Road Classification	104	Road Subtype	100	Property Ownership	100	Trafficway Characteristics	100	Number of Intersection Approaches	3	Traffic Flow Direction	S
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	First Name	Middle Name	Last Name	Suffix
Trooper	Matt		Trahan	
Badge #	Printed Name	Signature		
1641	Matt Trahan	<i>Matt Trahan</i>		

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event	202	Location of First Harmful Event	106	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		000 Not a collision between two motor vehicles in transport 100 Angle - left overtake 101 Angle - left across flow 102 Angle - left into flow 103 Angle - right into flow 104 Angle - right overtake 105 Angle - perpendicular/other angle 200 Front to front - head on 201 Front to front - left against flow 202 Front to front - right against flow	
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 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		300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 500 Sideswipe - left against flow 501 Sideswipe - right against flow 502 Sideswipe - against flow 503 Sideswipe - left overtake 504 Sideswipe - right overtake 505 Sideswipe - with flow 980 Other 999 Unknown	
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		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	
		Relation to Junction	104	Contributing Factor	Primary 100 Secondary 101
		100 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	102	School Bus Relation	000
		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	100		
		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	000	Light Condition	100
000 Dry		100 Daylight	
100 Ice/Frost		200 Dawn/dusk	
101 Mud, dirt, gravel		300 Dark - continuous street lights	
102 Oil		301 Dark - street lights at intersection only	
103 Sand		302 Dark - not lighted	
104 Slush		399 Dark - unknown lighting	
105 Snow		980 Other	
106 Water (standing,moving)		999 Unknown	
107 Wet			
980 Other			
999 Unknown			
		Weather Conditions	000
		000 Clear	
		100 Blowing sand, soil, dirt	
		101 Blowing snow	
		102 Cloudy	
		103 Fog, smog, smoke	
		104 Freezing rain or freezing drizzle	
		105 Rain	
		106 Severe crosswinds	
		107 Sleet or hail	
		108 Snow	
		980 Other	
		999 Unknown	
		Environmental Conditions	119
		000 None	
		100 Animal(s)	
		101 Debris	
		102 Glare	
		103 Non-highway work	
		104 Obstructed crosswalks	
		105 Obstruction in roadway	
		106 Overhead clearance limited	
		107 Prior crash	
		108 Prior non-recurring incident	
		109 Regular congestion	
		110 Related to a bus stop	
		111 Road surface condition (wet, icy, snow, slush, etc.)	
			980

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

REVIEWING OFFICER				
Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	

WITNESS #		WITNESS #	
Name	Name		
<i>First Middle Last Suffix</i>	<i>First Middle Last Suffix</i>		
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				
<i>Street City State 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 City State 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 City State Postal Code</i>				

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1
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DESCRIPTION AND INFORMATION

Check if this vehicle had no driver
Hit and Run
Vehicle Type
Vehicle Body Type
VIN
Model Year
Make
Model
Color
License Plate
Owner Name
Owner Address
Insurance
Company
Phone #
NAIC #
Policy #
Expiration Date

DAMAGE TOWING

Damage Extent
Initial Point of Contact
Damaged Areas
Tow Status
Tow Authority
Towed By

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage
Vehicle Maneuver
Vehicle Maneuver Reason
Emergency Vehicle Usage
Direction of Travel Before Crash

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VEHICLE INFORMATION

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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

Sequence of Events 1 [202] 2 [204] 3 [098] 4 [198] Most Harmful Event [202]

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

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 000		Hazardous Materials Placard 000
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)	
	302 Truck pulling trailer(s)	
	303 Truck tractor (bobtail)	
	304 Truck tractor/semi-trailer	
200 Bus/large van (seats 9-15 occupants, including driver)	305 Truck tractor/double	
201 Bus (seats more than 15 occupants, including driver)	306 Truck tractor/triple	
	307 Truck more than 10,000 lbs., cannot classify	
Cargo Body Type 970		Hazardous Material ID N/A
000 No cargo body		
100 Bus	105 Flatbed	
101 Auto transporter	106 Garbage / refuse	
102 Cargo tank	107 Grain / chips / gravel	
103 Concrete mixer	108 Intermodal container chassis	
104 Dump		
970 Not applicable	980 Other	999 Unknown
Special Sizing		Hazardous Material Class 970
<input checked="" type="checkbox"/> 000 No special sizing		1 Explosives 970 Not applicable
<input type="checkbox"/> 100 Over-height		2 Gas 999 Unknown
<input type="checkbox"/> 101 Over-length		3 Flammable liquids
<input type="checkbox"/> 102 Over-weight		4 Other flammable substances
<input type="checkbox"/> 103 Over-width		5 Oxidizing substances and organic peroxides
<input type="checkbox"/> 999 Unknown		6 Toxic (poisonous) and infectious substances
		7 Radioactive material
		8 Corrosives
		9 Miscellaneous dangerous goods
		Hazardous Materials Released from Vehicle Cargo Compartment 970
		000 No, hazardous materials not released
		100 Yes, hazardous materials released
		970 Not applicable

Load Permitted 970	Number of Axles <input type="checkbox"/> Unknown	Motor Carrier Type 000	Motor Carrier Identification 970
000 Non-permitted load		000 Personal vehicle	100 US DOT number
100 Permitted load		001 Not in commerce: government	101 State number
		002 Not in commerce: personal rental truck or bus	970 Not applicable
970 Not applicable (not a qualifying vehicle)		098 Not in commerce: other	999 Unknown/unable to determine
999 Unknown		100 Interstate carrier	Motor Carrier Name <input type="checkbox"/> Unknown
		101 Intrastate carrier	Motor Carrier ID Number
		State _____	

Motor Carrier Address <input type="checkbox"/> Unknown	Motor Carrier Phone Number <input type="checkbox"/> Unknown
Street _____	City _____ State _____ Postal Code _____
GVWR/GCWR 970	Commodity Hauled
100 Light (less than 10,000 lbs.GVWR/GCWR)	
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)	
102 Heavy (greater than 26,000 lbs GVWR/GCWR)	
970 Not applicable (not a qualifying vehicle)	
999 Unknown	

TRAILER INFORMATION TRAILER

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

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VIN <input type="checkbox"/> Unknown	Number of Axles <input type="checkbox"/> Unknown
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Year _____	<input type="checkbox"/> Unknown

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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

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

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DRIVER INFORMATION

Name <input type="checkbox"/> Unknown		Age <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> 101	Race <input type="checkbox"/> 103
Jacob Josephs		31	100 Female 101 Male 999 Unknown	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected		
7000 Drive Rd Baton Rouge LA 70808		225-654-3210		
Incident Responder		Date of Birth <input type="checkbox"/> Unknown	Ethnicity <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.)		7/7/1990	100 Hispanic 101 Other than Hispanic 999 Unknown	

DRIVER LICENSE INFORMATION

License Status <input type="checkbox"/> 100	License Class <input type="checkbox"/> 400	Driver License Type <input type="checkbox"/> 100	Commercial Driver License Status <input type="checkbox"/> 970
100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked	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	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	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 31638784163	License State LA		
Endorsements on License	Endorsement Compliance <input type="checkbox"/> 000	Restrictions on License	
<input checked="" 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	980 - Other	
		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"/> 105																																																																											
<table border="1"> <tr> <th colspan="5">Standard Vehicle Seats</th> <th rowspan="2">Other Seating Positions</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> <td rowspan="6">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</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </table>	Standard Vehicle Seats					Other Seating Positions	Row	Left	Middle	Right	Unk	1	100	101	102	199	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	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	<table border="1"> <tr> <td>001 None used – motor vehicle occupant</td> <td>002 No helmet</td> <td>970 Not applicable</td> </tr> <tr> <td>100 Booster seat</td> <td>200 DOT-compliant motorcycle helmet</td> <td>980 Other</td> </tr> <tr> <td>101 Child restraint system – forward facing</td> <td>201 Not DOT-compliant motorcycle helmet</td> <td>999 Unknown</td> </tr> <tr> <td>102 Child restraint system – rear facing</td> <td>299 Unknown if DOT-compliant motorcycle helmet</td> <td></td> </tr> <tr> <td>103 Child restraint system – type unknown</td> <td></td> <td></td> </tr> <tr> <td>104 Lap belt only used</td> <td></td> <td></td> </tr> <tr> <td>105 Shoulder and lap belt used</td> <td></td> <td></td> </tr> <tr> <td>106 Shoulder belt only used</td> <td></td> <td></td> </tr> <tr> <td>107 Stretcher</td> <td></td> <td></td> </tr> <tr> <td>108 Wheelchair</td> <td></td> <td></td> </tr> <tr> <td>199 Restraint used – type unknown</td> <td></td> <td></td> </tr> </table>	001 None used – motor vehicle occupant	002 No helmet	970 Not applicable	100 Booster seat	200 DOT-compliant motorcycle helmet	980 Other	101 Child restraint system – forward facing	201 Not DOT-compliant motorcycle helmet	999 Unknown	102 Child restraint system – rear facing	299 Unknown if DOT-compliant motorcycle helmet		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		
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Air Bags Deployed		Ejection <input type="checkbox"/> 101	Extrication <input type="checkbox"/> 000																																																																									
<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 checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown	<input type="checkbox"/> 000 No <input type="checkbox"/> 100 Trapped and extricated <input type="checkbox"/> 101 Trapped but not extricated <input type="checkbox"/> 999 Unknown																																																																									

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MEDICAL INFORMATION

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 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown	Not applicable
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown
		Facility Receiving Patient Not applicable

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 980	Distraction Action 980	Distraction Source 298	Speeding Relation 100		
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 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.) 980 Other 999 Unknown	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 980			
		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 100	Test Status 100	Alcohol Kit Number <input checked="" type="checkbox"/> Unknown	Alcohol Test Type 200	Alcohol Test Results 999	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 000	Test Status 000	Drug Kit Number <input type="checkbox"/> Unknown	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	Avoidance Maneuver 980	Pre-Collision Stability 980
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	107 108 109 980 100 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

1234: 32:51: Vehicle license required
1234: Other: Other

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VEHICLE INFORMATION

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DESCRIPTION AND INFORMATION

Form containing vehicle details: Hit and Run (000), Vehicle Type (101), Vehicle Body Type (400), VIN (Unknown), Model Year (2010), Make (Ford), Model (E-Series Van/Econoline), Color (White), License Plate (OC 01234565), Year (2021), Owner Name (Uhaul), Owner Address (7777 Lane St, Baton Rouge, LA 70808), Insurance (Company, Phone, NAIC, Policy, Expiration), and various vehicle categories like Passenger Vehicles, Construction/Farm Equipment, Cycle/Off Road/Recreation, Trucks, and Large Passenger Vehicle.

DAMAGE

TOWING

Form for damage and towing: Damage Extent (100), Initial Point of Contact (diagram showing impact on lane 11), Damaged Areas (diagram showing damage on lane 11), Tow Status (000), and Tow Authority (970). Includes checkboxes for damage types and towing reasons.

MOTOR VEHICLE CIRCUMSTANCES

Form for motor vehicle circumstances: Vehicle Usage (211), Vehicle Maneuver (500), Vehicle Maneuver Reason (000), and Emergency Vehicle Usage (000). Lists various driving scenarios and reasons for emergency vehicle status.

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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

Sequence of Events 1 [201] 2 [298] 3 [] 4 [] Most Harmful Event [201]

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

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
2

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 302 Hazardous Materials Placard 000

000 Vehicles 10,000 lbs or less
 100 Vehicles 10,000 lbs or less placarded for hazardous materials
 200 Bus/large van (seats 9-15 occupants, including driver)
 201 Bus (seats more than 15 occupants, including driver)

300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)
 301 Single-unit truck (3 or more axles)
 302 Truck pulling trailer(s)
 303 Truck tractor (bobtail)
 304 Truck tractor/semi-trailer
 305 Truck tractor/double
 306 Truck tractor/triple
 307 Truck more than 10,000 lbs., cannot classify

999 Unknown

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

Hazardous Material ID N/A

Hazardous Material Class 970

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

Cargo Body Type 980

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

Hazardous Materials Released from Vehicle Cargo Compartment 970

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

Load Permitted 100

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

Number of Axles

Unknown
 2

Motor Carrier Type 000

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 970

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

State _____

Motor Carrier Name Unknown

Motor Carrier ID Number

Motor Carrier Address Unknown

Motor Carrier Phone Number Unknown

Street _____ City _____ State _____ Postal Code _____

GVWR/GCWR 101

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

TRAILER INFORMATION

TRAILER # 1

VIN Unknown

132456798

Number of Axles Unknown

2

Year Unknown

2001

Make Unknown

Some Trailer Make Name

Model Unknown

Not Sure the Model

License Plate Missing Non-expiring

State LA Unknown Number 789456 Unknown Year 2021 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 PASSENGER INFORMATION

Total # of Passengers
1

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PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 1

Name <input type="checkbox"/> Unknown		Date of Birth	Age	Sex	Race
Jacky Josephs <small>First Middle Last Suffix</small>		5/5/1995	26	100 Female 101 Male 999 Unknown	102
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected	Ethnicity
7000 Drive Rd Baton Rouge LA 70808 <small>Street City State Postal Code</small>				225-987-6543	999
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown 100	000	980	000 No 100 Yes 999 Unknown	102
Type of Medical Transportation	Medical Unique Identifier	EMS Response Agency		Facility Receiving Patient	
000	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Not applicable		Not applicable	
		EMS Response Run # <input type="checkbox"/> Unknown			

MOTOR VEHICLE # **PASSENGER #**

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

MOTOR VEHICLE # **PASSENGER #**

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

PASSENGER CODES

Injury Status	Ejection	Extrication	Restraint Systems	Seating Position																																								
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 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	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	<table border="1" style="width: 100%; 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%; text-align: center;"> <tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr> </table>	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Other	500	501	502	599																																								
Unk	600	601	602	699																																								
Race	Ethnicity	Incident Responder																																										
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	100 Hispanic 101 Other than Hispanic 999 Unknown	000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation <small>(i.e. maintenance workers, safety service patrol operators, etc.)</small> 980 Other 999 Unknown																																										
Type of Medical Transportation																																												
000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 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	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																																								

LOUISIANA UNIFORM CRASH REPORT NON-MOTORIST INFORMATION

Non-Motorist # 1	Rev. 2021-1	Case #	Test Case Tracking - 3	Page 12	of 16
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NON-MOTORIST INFORMATION

Name <input type="checkbox"/> Unknown John Jacobs <small>First Middle Last Suffix</small>	Age <input type="checkbox"/> Unknown 28	Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	101 Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
Address <input type="checkbox"/> Unknown 9000 Street Ln Baton Rouge LA 70808 <small>Street City State Postal Code</small>	Phone Number <input type="checkbox"/> Not Collected 225-987-6543		
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)	Date of Birth <input type="checkbox"/> Unknown 1/2/1993	Ethnicity <input type="checkbox"/> Unknown 999 100 Hispanic 101 Other than Hispanic 999 Unknown	

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type <input type="checkbox"/> 200 100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown	Initial <input type="checkbox"/> 999 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown	Location <input type="checkbox"/> 100 100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown	Origin/Destination <input type="checkbox"/> 999 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown	Safety Equipment <input type="checkbox"/> 999 <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Helmet <input checked="" type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input checked="" type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input checked="" type="checkbox"/> 103 Lighting <input checked="" type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown	Struck by Vehicle # 1
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Action Prior to Crash <input type="checkbox"/> 101 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown	Actions or Circumstances At Time of Crash <input type="checkbox"/> 100 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown	Clothing Brightness <input type="checkbox"/> 101 100 Light 101 Dark 970 Not applicable 999 Unknown	Upper <input type="checkbox"/> 101 Lower <input type="checkbox"/> 101
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NON-MOTORIST MEDICAL INFORMATION

Injury Status <input type="checkbox"/> 100 100 (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 <input type="checkbox"/> 000 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown	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

NON-MOTORIST CONDITION

Conditions at the Time of the Crash <input type="checkbox"/> 100 000 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 970 Not applicable 980 Other 999 Unknown	Distraction Action <input type="checkbox"/> 980 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 980 Other 999 Unknown	Distraction Source <input type="checkbox"/> 298 100 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
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Suspected Alcohol Usage <input type="checkbox"/> 100 000 No 100 Yes 999 Unknown	Test Status <input type="checkbox"/> 000 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Alcohol Kit Number <input type="checkbox"/> Unknown	Alcohol Test Type <input type="checkbox"/> 970 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) 300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	Alcohol Test Results <input type="checkbox"/> 970 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	BAC
Suspected Drug Usage <input type="checkbox"/> 000 000 No 100 Yes 999 Unknown	Test Status <input type="checkbox"/> 000 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Drug Kit Number <input type="checkbox"/> Unknown	Drug Test Type <input type="checkbox"/> 970 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	Drug Test Results Not applicable	

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2
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Case # Test Case Tracking - 3 Page 13 of 16

NON-MOTORIST INFORMATION

Name [] Unknown Age [] Unknown Sex 100 Race 102
Jasmine Jacobs 2 100 Female 100 American Indian or Alaska Native
101 Male 101 Asian or Pacific Islander
999 Unknown 102 Black
103 White
980 Other
999 Unknown
Address [] Unknown Phone Number [X] Not Collected
9000 Street Ln Baton Rouge LA 70808
Street City State Postal Code
Incident Responder 000 Date of Birth [] Unknown Ethnicity 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.) 2/3/2019
100 Hispanic
101 Other than Hispanic
999 Unknown

NON-MOTORIST CIRCUMSTANCES

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

Action Prior to Crash 101 Actions or Circumstances At Time of Crash 110 Clothing Brightness Upper 101 Lower 100
000 None 000 None (no improper action) 980 100 Light
100 Adjacent to roadway (e.g., shoulder, median) 101 Dark
101 Crossing roadway 100 Dart / dash 109 Not visible (dark clothing, no lighting, etc.) 970 Not applicable
102 Waiting to cross roadway 101 Disabled vehicle related 110 Wrong-way riding or walking 999 Unknown
103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) (working on, pushing, leaving/approaching) 980 Other
104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 102 Entering/exiting parked/standing vehicle 999 Unknown
105 Walking/cycling on sidewalk 103 Failure to obey traffic signs, signals, or officer
106 Working in trafficway (incident response) 104 Failure to yield right-of-way
198 In roadway -other 105 Improper passing
980 Other 106 Improper turn/merge
999 Unknown 107 Inattentive (talking, eating, etc.)
108 In roadway improperly (standing, lying, working, playing)

NON-MOTORIST MEDICAL INFORMATION

Injury Status 102 Type of Medical Transportation 101 EMS Response Agency EMS Response Run # [] Unknown
100 (K) Fatal Injury 000 Not transported Acadian Air Med Services 123
101 (A) Suspected Serious Injury 100 EMS air
102 (B) Suspected Minor Injury 101 EMS ground
103 (C) Possible Injury 200 Law enforcement
104 (O) No Apparent Injury 980 Other
999 Unknown 999 Unknown
Medical Unique Identifier [X] Not applicable Facility Receiving Patient
[] Unknown Baton Rouge General Medical Center Bluebonnet

NON-MOTORIST CONDITION

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

Suspected 999 Test Status 000 Alcohol [] Unknown Alcohol Test Type 970 Alcohol Test Results 970 BAC
Alcohol Kit Number Usage 000 Test not given 100 Blood 300 Urine 000 Results pending
001 Test refused 101 Blood clot 301 Vitreous 001 Negative results with no actual value
100 Test given 102 Blood plasma/serum 302 Liver 100 Results received
100 Yes 999 Unknown if tested 200 Breath 970 Not applicable 101 Positive results with no actual value
999 Unknown 201 Preliminary breath test (PBT) 980 Other 970 Not applicable
999 Unknown

Suspected 000 Test Status 000 Drug [] Unknown Drug Test Type 970 Drug Test Results
Drug Kit Number Usage 000 Test not given 100 Blood 970 Not applicable 970 Not applicable
001 Test refused 101 Urine 999 Unknown
100 Test given 102 Both blood and urine
100 Yes 999 Unknown if tested 103 Saliva
999 Unknown 198 Other

DIAGRAM

Rev. 2021-1

Scene #

1

Case #

Test Case Tracking - 3

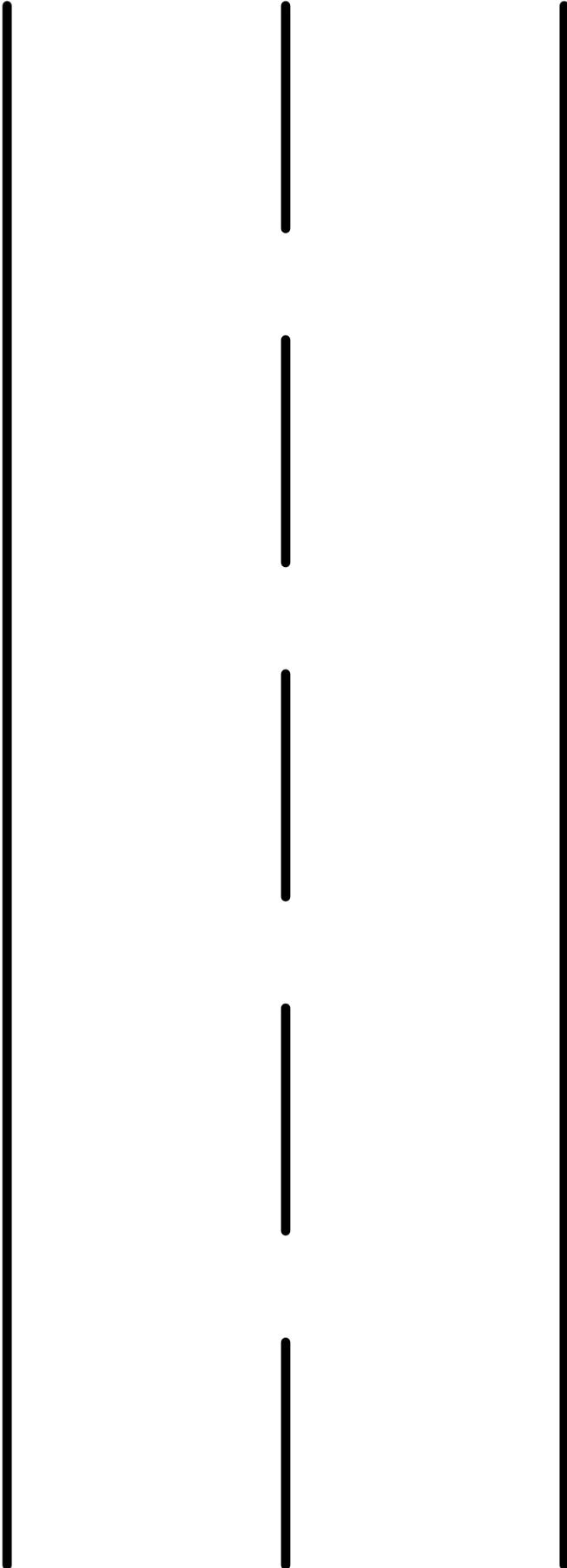
Page

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CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT NARRATIVE

Rev. 2021-1

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.

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

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

LOUISIANA UNIFORM CRASH REPORT NARRATIVE

Rev. 2021-1

CRASH NARRATIVE

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Roadway Environmental Contributing Circumstances: Other
 Vehicle 1 Driver Incident Responder: Drive Demo
 Vehicle 1 Driver License Restrictions: Other
 Vehicle 1 Driver Condition: other
 Vehicle 1 Driver Distraction Action: other
 Vehicle 1 Driver Distraction Source: other
 Vehicle 1 Driver Avoidance Maneuver: other
 Vehicle 1 Driver Pre-Collision Stability: other
 Vehicle 1 Driver Vision Obscurement: other
 Vehicle 1 Driver Actions: other
 Vehicle 1 Driver Citation 2 Violation Code: other
 Vehicle 1 Usage: other
 Vehicle 1 Maneuver Reason: other
 Vehicle 1 Contributing Circumstances: other
 Vehicle 1 Tow Authority: other
 Vehicle 1 Traffic Control Devices Present: OTHER
 Vehicle 1 Traffic Control Devices Inoperative or Missing: OTHER
 Vehicle 1 Event 3: OTHER
 Vehicle 1 Event 4: OTHER
 Vehicle 2 Tag State: other
 Vehicle 2 Event 2: OTHER
 Vehicle 2 Cargo Body Type: other
 Non-Motorist 1 Safety Equipment: other
 Non-Motorist 1 Condition: other
 Non-Motorist 1 Distraction Action: other
 Non-Motorist 1 Distraction Source: other
 Non-Motorist 2 Type: other pedestrian
 Non-Motorist 2 Contributing Circumstances: other
 Non-Motorist 2 Safety Equipment: other

This report was reassigned to Eric Newman.