

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1		Case #		Test Case Tracking - 12		Page 1 of 13	
Number of Motorists 1		Number of Non-Motorists 2		Non-Fatally Injured Persons 1		Fatalities 3		Total Injuries and Fatalities 4		Vehicles Involved 1		Troop A	
Investigating Agency CARTS LSU				Division		Parish Natchitoches		City Rural Natchitoches		Latitude 31.703789° N		Longitude 93.293452° W	

CRASH TIME INFORMATION

Crash Date/Time 08/25/2021 1200		Police Notified Date/Time 08/25/2021 1201		Police Arrived Date/Time 08/25/2021 1202		Roadway Cleared Date/Time 08/25/2021 1203		On Scene Investigation Completed Date/Time 08/25/2021 1204			
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ROAD INFORMATION

Highway <input type="checkbox"/> Not applicable LA Highway 485		Road STATE RTE 485	
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 0.2 mi North		Intersecting Road <input type="checkbox"/> Crash was at an intersection HWY 6	

LOCATION INFORMATION

Road Classification 102		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 1		Traffic Flow Direction N	
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		Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object		Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object	
		Relation to Junction 000 000 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		Contributing Factor Primary 100 Secondary 101 100 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	
		Intersection Geometry 970 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		School Bus Relation 000 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved	
		Intersection Traffic Control 970 000 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	Weather Conditions	000	Environmental Conditions	000	
000 Dry 100 Ice/Frost 101 Mud, dirt, gravel 102 Oil 103 Sand 104 Slush 105 Snow 106 Water (standing,moving) 107 Wet 980 Other 999 Unknown		100 Daylight 200 Dawn/dusk 300 Dark - continuous street lights 301 Dark - street lights at intersection only 302 Dark - not lighted 399 Dark - unknown lighting 980 Other 999 Unknown		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		000 None 100 Animal(s) 101 Debris 102 Glare 103 Non-highway work 104 Obstructed crosswalks 105 Obstruction in roadway 106 Overhead clearance limited 107 Prior crash 108 Prior non-recurring incident 109 Regular congestion 110 Related to a bus stop 111 Road surface condition (wet, icy, snow, slush, etc.)	112 Ruts, holes, bumps 113 Shoulders (none, low, soft, high) 114 Toll booth/plaza related 115 Traffic control device 116 Traffic incident 117 Visual obstruction(s) 118 Weather conditions 119 Work zone (construction/maintenance/utility) 120 Worn, travel-polished surface 980 Other 999 Unknown	

WORK ZONE CRASH INFORMATION

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 Yes 999 Unknown		100 Before the first work zone warning sign 101 Advance warning area 102 Transition area 103 Activity area 104 Termination area 970 Not applicable 999 Unknown		100 Lane closure 101 Lane shift / crossover 102 Work on shoulder or median 103 Intermittent or moving work 970 Not applicable 980 Other type of work zone 999 Unknown		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		000 No 100 Yes 970 Not applicable 999 Unknown		000 No 100 Yes 970 Not applicable 999 Unknown	

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
IT	Eric		Newman	

WITNESS

WITNESS

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

PROPERTY DAMAGE CODES

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

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
State
Number
Year
Owner Name
Owner Address
Insurance
Company
Phone #
NAIC #
Policy #
Expiration Date
Trucks
Large Passenger Vehicle
Other

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, Permitted Travel, Speed Limit, HOV Lane Presence, and HOV Lane Relation.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [205] 2 [203] 3 [] 4 [] Most Harmful Event [205]

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

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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	000 Had no placard and not carrying hazardous materials
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)		001 Had a placard, not carrying hazardous materials
	302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding
	303 Truck tractor (bobtail)		200 Carried hazardous materials without placard
	304 Truck tractor/semi-trailer		999 Unknown
	305 Truck tractor/double		Hazardous Material ID
	306 Truck tractor/triple		N/A
	307 Truck more than 10,000 lbs., cannot classify		Hazardous Material Class
200 Bus/large van (seats 9-15 occupants, including driver)			970
201 Bus (seats more than 15 occupants, including driver)			1 Explosives 970 Not applicable
			2 Gas 999 Unknown
			3 Flammable liquids
			4 Other flammable substances
			5 Oxidizing substances and organic peroxides
			6 Toxic (poisonous) and infectious substances
			7 Radioactive material
			8 Corrosives
			9 Miscellaneous dangerous goods
			Hazardous Materials Released from Vehicle Cargo Compartment
			970
			000 No, hazardous materials not released
			100 Yes, hazardous materials released
			970 Not applicable

Cargo Body Type	970	Special Sizing
000 No cargo body		<input checked="" type="checkbox"/> 000 No special sizing
100 Bus	105 Flatbed	<input type="checkbox"/> 100 Over-height
101 Auto transporter	106 Garbage / refuse	<input type="checkbox"/> 101 Over-length
102 Cargo tank	107 Grain / chips / gravel	<input type="checkbox"/> 102 Over-weight
103 Concrete mixer	108 Intermodal container chassis	<input type="checkbox"/> 103 Over-width
104 Dump		<input type="checkbox"/> 999 Unknown
970 Not applicable	980 Other	
	999 Unknown	

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	
970 Not applicable (not a qualifying vehicle)				002 Not in commerce: personal rental truck or bus		970 Not applicable	
999 Unknown				098 Not in commerce: other		999 Unknown/unable to determine	
				100 Interstate carrier		State	
				101 Intrastate carrier			
						Motor Carrier Name	<input type="checkbox"/> Unknown
						Motor Carrier ID Number	

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
State	<input type="checkbox"/> Unknown	Number	<input type="checkbox"/> Unknown
Year	<input type="checkbox"/> Unknown	Non-expiring	<input type="checkbox"/> Non-expiring

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
State	<input type="checkbox"/> Unknown	Number	<input type="checkbox"/> Unknown
Year	<input type="checkbox"/> Unknown	Non-expiring	<input type="checkbox"/> Non-expiring

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
State	<input type="checkbox"/> Unknown	Number	<input type="checkbox"/> Unknown
Year	<input type="checkbox"/> Unknown	Non-expiring	<input type="checkbox"/> Non-expiring

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

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DRIVER INFORMATION			
Name <input checked="" type="checkbox"/> Unknown		Age <input checked="" type="checkbox"/> Unknown	Sex 999 100 Female 101 Male 999 Unknown
<i>First Middle Last Suffix</i>		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		Phone Number <input checked="" type="checkbox"/> Not Collected	
<i>Street City State Postal Code</i>		Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 999 100 Hispanic 101 Other than Hispanic 999 Unknown
Incident Responder 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.)			

DRIVER LICENSE INFORMATION			
License Status 999 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked	License Class 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 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 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 999 000 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 970 000 No 970 Not applicable 100 Yes 999 Unknown	

DRIVER SEATING AND SAFETY INFORMATION																																																	
Seating Position 100		Restraint Systems Used 999																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">Standard Vehicle Seats</th> <th rowspan="2" style="text-align: left;">Other Seating Positions</th> </tr> <tr> <th colspan="5" style="text-align: center;">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table>		Standard Vehicle Seats					Other Seating Positions	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	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	
Standard Vehicle Seats					Other Seating Positions																																												
Front																																																	
Row	Left	Middle	Right	Unk																																													
1	100	101	102	199																																													
2	200	201	202	299																																													
3	300	301	302	399																																													
4	400	401	402	499																																													
Oth	500	501	502	599																																													
Unk	600	601	602	699																																													
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input checked="" type="checkbox"/> 999 Deployment unknown <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)		Ejection 999 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																														
		Any indication of improper use? 999 000 No 100 Yes 999 Unknown																																															

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

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MEDICAL INFORMATION

Injury Status	104	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	
				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		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	<input type="checkbox"/> Unknown	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	<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	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

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LOUISIANA UNIFORM CRASH REPORT NON-MOTORIST INFORMATION

Non-Motorist #
1

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NON-MOTORIST INFORMATION

Name <input type="checkbox"/> Unknown	Age <input type="checkbox"/> Unknown	Sex 101	Race 100
Tim Hendricks	35	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 checked="" type="checkbox"/> Unknown	Phone Number <input type="checkbox"/> Not Collected		
Street City State Postal Code	5105612654		
Incident Responder	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 101	
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.)		100 Hispanic 101 Other than Hispanic 999 Unknown	

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type 100	Initial Contact Point 100	Location 105
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	100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown	100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown
Struck by Vehicle # 1	Origin/Destination 999	Safety Equipment
100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown	<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)	<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown

Action Prior to Crash 102	Actions or Circumstances At Time of Crash 000	Clothing Brightness Upper 100 Lower 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	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)	100 Light 101 Dark 970 Not applicable 999 Unknown

NON-MOTORIST MEDICAL INFORMATION

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

NON-MOTORIST CONDITION

Conditions at the Time of the Crash 000	Distraction Action 000	Distraction Source 970
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted	970 Not applicable 980 Other 999 Unknown 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 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

Suspected Alcohol Usage 000	Test Status 000	Alcohol Kit Number <input type="checkbox"/> Unknown	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 300 Urine 101 Blood clot 301 Vitreous 102 Blood plasma/serum 302 Liver 200 Breath 970 Not applicable 201 Preliminary breath test (PBT) 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 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other	Not applicable	

LOUISIANA UNIFORM CRASH REPORT NON-MOTORIST INFORMATION

Non-Motorist # 2	Rev. 2023-1	Case #	Test Case Tracking - 12	Page	9	of	13
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NON-MOTORIST INFORMATION

Name <input type="checkbox"/> Unknown		Age <input type="checkbox"/> Unknown	Sex 101	Race 102
Tommy Stone		36	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 checked="" type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected		
6351681561				
Incident Responder		Date of Birth <input checked="" type="checkbox"/> 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.)			100 Hispanic 101 Other than Hispanic 999 Unknown	

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type 200	Initial Contact Point 100	Location 105	
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	100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown	100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location	200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown
Origin/Destination 970		Safety Equipment	
100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)	
Struck by Vehicle # 1		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown	

Action Prior to Crash 102	Actions or Circumstances At Time of Crash 000	Clothing Brightness Upper 100	Lower 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	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)	100 Light 101 Dark 970 Not applicable 999 Unknown	
009 Not visible (dark clothing, no lighting, etc.)		110 Wrong-way riding or walking	
980 Other		999 Unknown	

NON-MOTORIST MEDICAL INFORMATION

Injury Status 103	Type of Medical Transportation 000	EMS Response Agency	EMS Response Run # <input type="checkbox"/> Unknown
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown	Not applicable	
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 000	Distraction Action 000	Distraction Source 970
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted	970 Not applicable 980 Other 999 Unknown	000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 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		

Suspected Alcohol Usage 000	Test Status 000	Alcohol Kit Number <input type="checkbox"/> Unknown	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 300 Urine 101 Blood clot 301 Vitreous 102 Blood plasma/serum 302 Liver 200 Breath 970 Not applicable 201 Preliminary breath test (PBT) 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 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other	Not applicable	

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train # 1	<small>Rev. 2023-1</small>	Case # Test Case Tracking - 12	Page 10 of 13
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TRAIN INFORMATION						
Train Type 100 100 Railroad train 101 Streetcar	ID # RF6585	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Lead Engine # 568456	<input type="checkbox"/> Unknown	Serial # 0982364584	Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input type="checkbox"/> 101 Ditch lights functional <input type="checkbox"/> 102 Horn functional <input type="checkbox"/> 103 Bell functional <input type="checkbox"/> 104 Event data recorder equipped
Make <input type="checkbox"/> Unknown Monstrain	Type <input type="checkbox"/> Unknown Train	# of Engines <input type="checkbox"/> Unknown 1	# of Cars <input type="checkbox"/> Unknown 12	Data Recorder Speed <input type="checkbox"/> Pending		

TRACK INFORMATION			WARNING DEVICES		
DOT Crossing # 1254	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Crossing Surface 103 Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel	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 checked="" 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 4	Speed Limit 40	Crossing Type 100 100 Public 101 Private			

COLLISION INFORMATION					
Train in Motion 100 000 No 100 Yes	Crossing Vehicle Interaction 102 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	Struck Car # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 3	Struck Car Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown Passenger	Distance Traveled After Impact 15.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> miles	Estimated Speed Before Braking 35
Collision Type 100 100 Frontal 101 Side/backing	Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown				

Hazardous Materials Placard 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown	Hazardous Material Class 970 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
Hazardous Material ID N/A		

TRAIN OPERATOR			
Name <input checked="" type="checkbox"/> Unknown	Address <input checked="" type="checkbox"/> Unknown		
<small>Street</small>		<small>City</small>	<small>State</small> <small>Postal Code</small>

TRACK OWNER			
Name <input type="checkbox"/> Unknown Train Rail Services	Address <input type="checkbox"/> Unknown 34 Lightyears Lane	Chicago	IL 31505
<small>Street</small>		<small>City</small>	<small>State</small> <small>Postal Code</small>

TRAIN ENGINEER			
Name <input type="checkbox"/> Unknown Michael <small>First Middle Last Suffix</small>	<input type="checkbox"/> This train had no engineer Cox	Certification Number <input checked="" type="checkbox"/> Unknown	Race 102 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
Address <input type="checkbox"/> Unknown 367 Silver Lane Auburn AL 80651 <small>Street City State Postal Code</small>		Phone Number <input type="checkbox"/> Not Collected 5415456454	

Incident Responder 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)	Sex 101 100 Female 101 Male 999 Unknown	Age <input type="checkbox"/> Unknown 31	Date of Birth <input type="checkbox"/> Unknown 2/5/1990	Ethnicity 999 100 Hispanic 101 Other than Hispanic 999 Unknown
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Injury Status 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 101 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	EMS Response Agency Acadian Ambulance Services		
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input checked="" type="checkbox"/> Unknown		
		Facility Receiving Patient Winn Parish Medical Center		

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train #
1

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TRAIN CONDUCTOR					
Name <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> This train had no conductor		Race			
<i>First</i>		<i>Middle</i>		<i>Last</i>	
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected			
<i>Street</i>		<i>City</i>		<i>State</i> <i>Postal Code</i>	
Incident Responder		Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity
000 No 102 Police 980 Other 999 Unknown		100 Female			100 Hispanic
100 EMS 103 Tow operator		101 Male			101 Other than Hispanic
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown			999 Unknown
Injury Status	Type of Medical Transportation	EMS Response Agency			
100 (K) Fatal Injury	000 Not transported 980 Other	Air Evac Lifeteam			
101 (A) Suspected Serious Injury	100 EMS air 999 Unknown				
102 (B) Suspected Minor Injury	101 EMS ground				
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			

PASSENGER INFORMATION					
PASSENGER # 1					
Name <input type="checkbox"/> Unknown		Race			
Jason Cook		100 American Indian or 102 Black 999 Unknown			
<i>First</i>		<i>Middle</i>		<i>Last</i>	
Address <input checked="" type="checkbox"/> Unknown		Phone Number <input checked="" type="checkbox"/> Not Collected			
<i>Street</i>		<i>City</i>		<i>State</i> <i>Postal Code</i>	
Incident Responder		Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity
000 No 102 Police 980 Other 999 Unknown		100 Female			100 Hispanic
100 EMS 103 Tow operator		101 Male	31		101 Other than Hispanic
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown			999 Unknown
Injury Status	Type of Medical Transportation	EMS Response Agency			
100 (K) Fatal Injury	000 Not transported 980 Other	Air Evac Lifeteam			
101 (A) Suspected Serious Injury	100 EMS air 999 Unknown				
102 (B) Suspected Minor Injury	101 EMS ground				
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			
		Willis Knighton Bossier Health Center			

PASSENGER # 2					
Name <input type="checkbox"/> Unknown		Race			
Samantha Dean		100 American Indian or 102 Black 999 Unknown			
<i>First</i>		<i>Middle</i>		<i>Last</i>	
Address <input checked="" type="checkbox"/> Unknown		Phone Number <input checked="" type="checkbox"/> Not Collected			
<i>Street</i>		<i>City</i>		<i>State</i> <i>Postal Code</i>	
Incident Responder		Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity
000 No 102 Police 980 Other 999 Unknown		100 Female			100 Hispanic
100 EMS 103 Tow operator		101 Male	35		101 Other than Hispanic
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown			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				
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			

DIAGRAM

Rev. 2023-1

Scene #

1

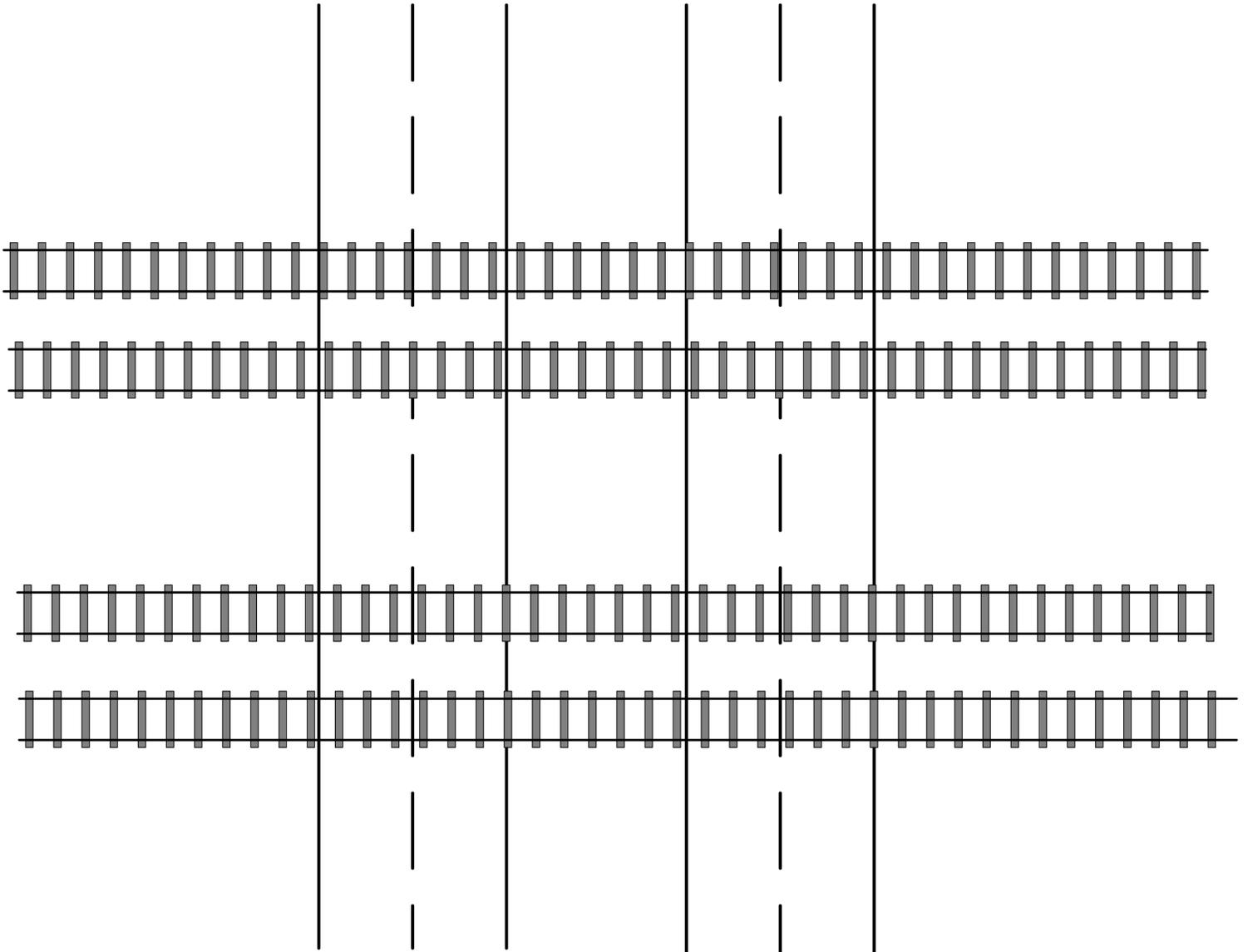
Case #

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CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT NARRATIVE

Rev. 2023-1

CRASH NARRATIVE

After over 16 years of use, the current crash report form no longer meets the needs of the transportation community. A new crash report is being developed based on the Model Minimum Uniform Crash Criteria (MMUCC) guidelines and will capture the data necessary to improve highway safety in Louisiana. A new crash reporting application called Louisiana eCrash (LA eCrash) developed by the Center for Advanced Public Safety (CAPS) at the University of Alabama will soon replace LACRASH as the state's crash reporting application. CAPS currently has their software in use in Alabama, Mississippi, and Arkansas.

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

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This report was reassigned to Eric Newman.