

# LOUISIANA UNIFORM CRASH REPORT

## CRASH INFORMATION

<input type="checkbox"/> Secondary Crash	<input type="checkbox"/> Photos Taken	<input type="checkbox"/> Videos Taken	Rev. 2023-1	Case #	Test Case Tracking - 7	Page 1 of 14
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Number of Motorists: 1	Number of Non-Motorists: 0	Non-Fatally Injured Persons: 2	Fatalities: 4	Total Injuries and Fatalities: 6	Vehicles Involved: 1	Troop: A
Investigating Agency: CARTS LSU		Division:	Parish: East Baton Rouge	City: Baton Rouge	Latitude: 30.390916° N	Longitude: 91.150674° W

### CRASH TIME INFORMATION

Crash Date/Time: 08/09/2021 0202	Police Notified Date/Time: 08/09/2021 0203	Police Arrived Date/Time: 08/09/2021 0204	Roadway Cleared Date/Time: 08/09/2021 0205	On Scene Investigation Completed Date/Time: 08/09/2021 0206
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### ROAD INFORMATION

Highway <input checked="" type="checkbox"/> Not applicable	Road: MENLO DR
Distance/Direction From Intersection <input type="checkbox"/> Not applicable: 40.0 ft East	Intersecting Road <input type="checkbox"/> Crash was at an intersection: SUNSET BLVD

### LOCATION INFORMATION

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

### INVESTIGATING OFFICER

Rank: Trooper	First Name: Matt	Middle Name:	Last Name: Trahan	Suffix:
Badge #: 1234	Printed Name: Matt Trahan	Signature: <i>Matt Trahan</i>		

### CRASH CIRCUMSTANCES AND CONDITIONS

<b>First Harmful Event</b> 205 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	<b>Location of First Harmful Event</b> 104 100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown <b>Relation to Junction</b> 104 000 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 <b>Intersection Geometry</b> 100 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable <b>Intersection Traffic Control</b> 101 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable	<b>Manner of Crash</b> 000 000 Not a collision between two motor vehicles in transport 100 Angle - left overtake 101 Angle - left opposite direction 102 Angle - left into flow 103 Angle - right into flow 104 Angle - right overtake 105 Angle - perpendicular/other angle 500 Angle - left across flow 501 Angle - right across flow 200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown <b>Contributing Factor</b> Primary 101 Secondary 970 100 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 <b>School Bus Relation</b> 000 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved
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### CRASH CONDITIONS

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

### WORK ZONE CRASH INFORMATION

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

### REVIEWING OFFICER

<b>Rank</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
IT	Eric		Newman	

### WITNESS #

### WITNESS #

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

### NON-VEHICULAR PROPERTY DAMAGE

### PROPERTY #

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

### NON-VEHICULAR PROPERTY DAMAGE

### PROPERTY #

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

### NON-VEHICULAR PROPERTY DAMAGE

### PROPERTY #

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

### PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

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

Damage Extent
Initial Point of Contact
Damaged Areas
Tow Status
Tow Authority
Towed By
Big Ron's Tow Time

MOTOR VEHICLE CIRCUMSTANCES

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

# LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

**Motor Vehicle #**  
1

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## MOTOR VEHICLE CIRCUMSTANCES

<b>Skidmark Data (Feet)</b>		<b>Distance Traveled After Impact (Feet)</b> <input type="checkbox"/> Unknown		<b>Contributing Defects</b>		999														
Front Left	Front Right	50		000 None																
<input type="checkbox"/>	<input type="checkbox"/>			100 Brakes																
				101 Exhaust system																
Rear Left	Rear Right			102 Body, doors																
<input type="checkbox"/>	<input type="checkbox"/>			103 Steering																
				104 Power train																
				105 Suspension																
				106 Tires																
				107 Wheels																
				108 Headlights																
				109 Tail lights																
				110 Signal lights																
				111 All lights																
				112 Window / windshield																
				113 Mirrors																
				114 Wipers																
				115 Truck coupling / trailer hitch / safety chains																
				980 Other																
				999 Unknown																
<b>Traffic Control Device Types and Statuses</b>																				
<b>Traffic Control Device Types</b>		<b>Devices Present</b>	<b>Devices Inoperative or Missing</b>																	
000 None	300 Flashing railroad crossing (may include gates)	1 <input type="text" value="300"/>	1 <input type="text" value="303"/>																	
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2 <input type="text" value="301"/>	2 <input type="text" value="304"/>																	
	302 Flashing traffic control signal	3 <input type="text" value="302"/>	3 <input type="text" value="305"/>																	
	303 Lane use control signal	4 <input type="text" value="298"/>	4 <input type="text" value="398"/>																	
	304 Ramp meter signal																			
200 Bicycle crossing sign	305 Traffic control signal																			
201 Curve Ahead warning sign	398 Other signal																			
202 Intersection Ahead warning sign	400 Bicycle crossing																			
203 Pedestrian crossing sign	401 Pedestrian crossing																			
204 Railroad crossing sign	402 Railroad crossing																			
205 Reduce Speed Ahead warning sign	403 School zone																			
206 School zone sign	404 Yellow no passing line																			
207 Stop sign	405 White or yellow dash line																			
208 Yield sign	406 Solid white lane line																			
298 Other warning sign	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)																			
980 Other	999 Unknown																			
		<b>Traffic Signal Status</b>		100																
		100 Red signal on																		
		200 Yellow signal on																		
		300 Green signal on																		
		970 Not applicable																		
		999 Unknown																		
				<b>Automation System Level Present</b>																
				999																
				000 No automation																
				100 Driver assistance																
				101 Partial automation																
				102 Conditional automation																
				103 High automation																
				104 Full automation																
				199 Automation level unknown																
				999 Unknown																
				<b>Automation System Level Engaged</b>																
				999																
				000 No automation																
				100 Driver assistance																
				101 Partial automation																
				102 Conditional automation																
				103 High automation																
				104 Full automation																
				199 Automation level unknown																
				999 Unknown																
<b>Trafficway Division</b>		000	<b>Barrier Type</b>		000															
000 Not divided		000 None																		
001 Not divided, with a continuous left turn lane		100 Cable barrier																		
100 Divided, flush median (greater than 4 ft wide)		101 Concrete barrier (e.g. Jersey barrier)																		
101 Divided, raised median (curbed)		102 Earth embankment																		
102 Divided, depressed median		103 Guardrail																		
999 Unknown		980 Other																		
<b>Roadway Grade</b>	100	<b>Number of Through Lanes</b>	<b>Number of Auxiliary Lanes</b>	<b>Roadway Alignment</b>	100	<b>Permitted Travel</b>	200	<b>HOV Lane Presence</b>		000	<b>HOV Lane Relation</b>		000							
100 Level		4	0	100 Straight	100 One-way	200 Two-way	200	000 None present		000 No										
101 Uphill				101 Curve left								<b>Speed Limit</b>								
102 Hillcrest				102 Curve right										40	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A	100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median		100 Yes	
103 Downhill																				
104 Sag (bottom)																				

## MOTOR VEHICLE EVENTS

<b>Sequence of Events</b>	1 <input type="text" value="205"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	<b>Most Harmful Event</b> <input type="text" value="205"/>
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<b>Non-Harmful Events</b>		<b>Collision with Fixed Object</b>	
000 Cross centerline	005 Ran off roadway left	300 Collision with bridge overhead structure	396 Collision with other post,pole,or support
001 Cross median	006 Ran off roadway right	301 Collision with bridge pier or support	397 Collision with other traffic barrier
002 End departure (T-intersection, dead-end, etc.)	007 Reentering roadway	302 Collision with bridge rail	398 Collision with other fixed object (wall, building, tunnel, etc.)
003 Downhill runaway	008 Separation of units	303 Collision with cable barrier	399 Collision with unknown fixed object
004 Equipment failure (blown tire, brake failure, etc.)	098 Other non-harmful event	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	
<b>Non-Collision Events</b>		<b>Collision with Person / Vehicle / Non-Fixed Object</b>	
100 Cargo/equipment loss or shift	200 Collision with animal (live)		
101 Fell/jumped from motor vehicle	201 Collision with motor vehicle in transport		
102 Fire/explosion	202 Collision with parked motor vehicle		
103 Immersion, full or partial	203 Collision with pedalcycle (including bicycles)		
104 Jackknife	204 Collision with pedestrian		
105 Overturn/rollover	205 Collision with railway vehicle (train, engine)		
106 Thrown or falling object	206 Collision with object at rest from MV in transport		
198 Other non-collision harmful event	207 Collision with falling, shifting cargo, or anything set in motion by MV		
	208 Collision with work zone/maintenance equipment		
	209 Collision with farm equipment		
	297 Collision with other non-motorist		
	298 Collision with other non-fixed object		

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle #
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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 303 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 000

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 999

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

Number of Axles

Unknown

Motor Carrier Type 100

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

Motor Carrier Identification 100

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

Motor Carrier Name Unknown

Bubby McGee

Motor Carrier ID Number

12345

Motor Carrier Address Unknown

123 Pine Rd Baton Rouge LA 70111
Street City State Postal Code

Motor Carrier Phone Number Unknown

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

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

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown Make Unknown

Model Unknown

License Plate Missing Non-expiring

State Unknown Number Unknown Year Unknown

# LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #  
1

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## DRIVER INFORMATION

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

## DRIVER LICENSE INFORMATION

<b>License Status</b> 999		<b>License Class</b> 970	<b>Driver License Type</b> 970	<b>Commercial Driver License Status</b> 970	
100 Valid license	004 Suspended	000 None	100 Non-CDL driver license	100 Valid	000 Canceled or denied
000 Not licensed	999 Unknown	100 Class A	101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.)	101 Learner's permit	001 Disqualified
001 Canceled or denied		101 Class B	200 Commercial driver license (CDL)		002 Expired
002 Expired		102 Class C	970 Not applicable		003 Revoked
003 Revoked		200 Light commercial/chauffeur (LA class D)			004 Suspended
<b>License Number</b>	<b>License State</b>	300 Motorcycle only			098 Other (not valid)
		400 Regular driver license (LA class E)			970 Not applicable (no CDL)
		970 Not applicable			999 Unknown
<b>Endorsements on License</b>		<b>Endorsement Compliance</b> 199	<b>Restrictions on License</b> 999 - Unknown		
<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		000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	<b>Alcohol Interlock Presence</b> 970 000 No 100 Yes 970 Not applicable 999 Unknown		

## DRIVER SEATING AND SAFETY INFORMATION

<b>Seating Position</b> 100					<b>Restraint Systems Used</b> 999																																												
<b>Standard Vehicle Seats</b>					<b>Other Seating Positions</b>																																												
<table border="1"> <thead> <tr> <th colspan="5">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table>					Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown				
Front																																																	
Row	Left	Middle	Right	Unk																																													
1	100	101	102	199																																													
2	200	201	202	299																																													
3	300	301	302	399																																													
4	400	401	402	499																																													
Oth	500	501	502	599																																													
Unk	600	601	602	699																																													
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other (knee, air belt, etc.)					<input type="checkbox"/> 970 Not applicable <input checked="" type="checkbox"/> 999 Deployment unknown																																												
<b>Air Bags Deployed</b>					<b>Ejection</b> 999																																												
<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.)					000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown																																												
					<b>Extrication</b> 000																																												
					000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																												

# LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

<b>Motor Vehicle #</b>	1	Rev. 2023-1	Case #	Test Case Tracking - 7	Page	7	of	14
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## MEDICAL INFORMATION

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

## DRIVER CONDITION AND CIRCUMSTANCES

<b>Conditions at Time of Crash</b>	999	<b>Distraction Action</b>	999	<b>Distraction Source</b>	999	<b>Speeding Relation</b>	999			
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device  <b>Vision Obscurement</b> 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building	200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown  105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown  111 Blinded by sun glare 112 Distracted by neon lights in field of view  980 Other 999 Unknown				
<b>Suspected Alcohol Usage</b>	999	<b>Test Status</b>	000	<b>Alcohol Kit Number</b>	<input type="checkbox"/> Unknown	<b>Alcohol Test Type</b>	970	<b>Alcohol Test Results</b>	970	<b>BAC</b>
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		
<b>Suspected Drug Usage</b>	999	<b>Test Status</b>	000	<b>Drug Kit Number</b>	<input type="checkbox"/> Unknown	<b>Drug Test Type</b>	970	<b>Drug Test Results</b>		
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

<b>Driver Actions at Time of Crash</b>	999	<b>Avoidance Maneuver</b>	999		<b>Pre-Collision Stability</b>	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  
TRAIN SUPPLEMENT

<b>Train #</b> 1	<b>Case #</b> Test Case Tracking - 7	<b>Page</b> 8 of 14
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TRAIN INFORMATION					
<b>Train Type</b> 100 100 Railroad train 101 Streetcar	<b>ID #</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 123	<b>Lead Engine #</b> <input type="checkbox"/> Unknown 789	<b>Serial #</b> <input type="checkbox"/> Unknown 7	<b>Present Equipment</b> <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input checked="" type="checkbox"/> 101 Ditch lights functional <input checked="" type="checkbox"/> 102 Horn functional <input type="checkbox"/> 103 Bell functional <input type="checkbox"/> 104 Event data recorder equipped	
<b>Make</b> <input type="checkbox"/> Unknown Train	<b>Type</b> <input type="checkbox"/> Unknown Choo Choo	<b># of Engines</b> <input type="checkbox"/> Unknown 1	<b># of Cars</b> <input type="checkbox"/> Unknown 2	<b>Data Recorder Speed</b> <input type="checkbox"/> Pending	

TRACK INFORMATION			WARNING DEVICES		
<b>DOT Crossing #</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 77	<b>Crossing Surface Material</b> 100 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel	<b>Present Warning Devices</b> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other	<b>Advance Warning Devices</b> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other	<b>Active Warning Devices</b> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other	
<b>Sets of Tracks</b> 2	<b>Speed Limit</b> 50	<b>Crossing Type</b> 100 100 Public 101 Private			

COLLISION INFORMATION					
<b>Train in Motion</b> 000 000 No 100 Yes	<b>Crossing Vehicle Interaction</b> 102 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	<b>Struck Car #</b> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		<b>Struck Car Type</b> <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	
<b>Collision Type</b> 100 100 Frontal 101 Side/backing		<b>Struck Car Position</b> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	<b>Distance Traveled After Impact</b> <input checked="" type="checkbox"/> Not Applicable	<b>Estimated Speed Before Braking</b> <input type="checkbox"/> feet <input type="checkbox"/> miles 30	

<b>Hazardous Materials Placard</b> 000 000 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	<b>Hazardous Material Class</b> 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	<b>Hazardous Materials Released from Train Cargo Compartment</b> 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable
<b>Hazardous Material ID</b> N/A		

TRAIN OPERATOR			
<b>Name</b> <input type="checkbox"/> Unknown Emmett Brown	<b>Address</b> <input type="checkbox"/> Unknown 8 Eastwood Ravine Rd <i>Street</i>	Hill Valley <i>City</i>	CA 90210 <i>State Postal Code</i>

TRACK OWNER			
<b>Name</b> <input type="checkbox"/> Unknown Biff Tannen	<b>Address</b> <input type="checkbox"/> Unknown 9 Lyon Estates <i>Street</i>	Hill Valley <i>City</i>	CA 90210 <i>State Postal Code</i>

TRAIN ENGINEER			
<b>Name</b> <input type="checkbox"/> Unknown Marty <i>First Middle Last Suffix</i>	<input type="checkbox"/> This train had no engineer McFly	<b>Certification Number</b> <input type="checkbox"/> Unknown 123456	<b>Race</b> 103 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
<b>Address</b> <input type="checkbox"/> Unknown 9303 Roslyndale Avenue Hill Valley CA 90210 <i>Street City State Postal Code</i>		<b>Phone Number</b> <input type="checkbox"/> Not Collected 888-222-4444	

<b>Incident Responder</b> 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.)	<b>Sex</b> 101 100 Female 101 Male 999 Unknown	<b>Age</b> <input type="checkbox"/> Unknown 53	<b>Date of Birth</b> <input type="checkbox"/> Unknown 6/12/1968	<b>Ethnicity</b> 101 100 Hispanic 101 Other than Hispanic 999 Unknown
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<b>Injury Status</b> 104 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	<b>Type of Medical Transportation</b> 000 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	<b>EMS Response Agency</b> Not applicable
<b>Medical Unique Identifier</b> <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		<b>EMS Response Run #</b> <input type="checkbox"/> Unknown
<b>Facility Receiving Patient</b> Not applicable		

# LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

**Train #**  
1

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## TRAIN CONDUCTOR

<b>Name</b> <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor		<b>Race</b> <span style="float: right;">103</span>	
George McFly		100 American Indian or Alaska Native 102 Black 103 White 999 Unknown 101 Asian or Pacific Islander 980 Other	
<b>Address</b> <input type="checkbox"/> Unknown		<b>Phone Number</b> <input type="checkbox"/> Not Collected	
9303 Roslyndale Avenue Hill Valley CA 90210		888-555-9999	
<b>Incident Responder</b>		<b>Sex</b> <span style="float: right;">101</span>	<b>Age</b> <input type="checkbox"/> Unknown <b>Date of Birth</b> <input type="checkbox"/> Unknown <b>Ethnicity</b> <span style="float: right;">101</span>
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Female 101 Male 999 Unknown 83	1/1/1938 100 Hispanic 101 Other than Hispanic 999 Unknown
<b>Injury Status</b> <span style="float: right;">103</span>	<b>Type of Medical Transportation</b> <span style="float: right;">999</span>	<b>EMS Response Agency</b>	
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	Unknown	
<b>Medical Unique Identifier</b> <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown		<b>EMS Response Run #</b> <input checked="" type="checkbox"/> Unknown	
<b>Facility Receiving Patient</b>		Unknown	

## PASSENGER INFORMATION

<b>PASSENGER #</b> 1	
<b>Name</b> <input type="checkbox"/> Unknown	
Mark Hamill	
<b>Race</b> <span style="float: right;">103</span>	
100 American Indian or Alaska Native 102 Black 103 White 999 Unknown 101 Asian or Pacific Islander 980 Other	
<b>Address</b> <input checked="" type="checkbox"/> Unknown	
<b>Phone Number</b> <input checked="" type="checkbox"/> Not Collected	
<b>Incident Responder</b>	
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.)	
<b>Injury Status</b> <span style="float: right;">100</span>	<b>Type of Medical Transportation</b> <span style="float: right;">000</span>
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement
<b>Medical Unique Identifier</b> <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	
<b>Facility Receiving Patient</b>	
Not applicable	

<b>PASSENGER #</b> 2	
<b>Name</b> <input type="checkbox"/> Unknown	
Carrie Fisher	
<b>Race</b> <span style="float: right;">101</span>	
100 American Indian or Alaska Native 102 Black 103 White 999 Unknown 101 Asian or Pacific Islander 980 Other	
<b>Address</b> <input type="checkbox"/> Unknown	
<b>Phone Number</b> <input checked="" type="checkbox"/> Not Collected	
77 Star's Way Denham Springs LA 72222	
<b>Incident Responder</b>	
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.)	
<b>Injury Status</b> <span style="float: right;">100</span>	<b>Type of Medical Transportation</b> <span style="float: right;">200</span>
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement
<b>Medical Unique Identifier</b> <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown	
<b>Facility Receiving Patient</b>	
Baton Rouge General Medical Center Bluebonnet	

# LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train #  
2

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### TRAIN INFORMATION

<b>Train Type</b> 101 100 Railroad train 101 Streetcar	<b>ID #</b> <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	<b>Lead Engine #</b> <input checked="" type="checkbox"/> Unknown	<b>Serial #</b> <input checked="" type="checkbox"/> Unknown	<b>Present Equipment</b> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Headlight functional <input type="checkbox"/> 101 Ditch lights functional <input type="checkbox"/> 102 Horn functional <input type="checkbox"/> 103 Bell functional <input type="checkbox"/> 104 Event data recorder equipped
<b>Make</b> <input checked="" type="checkbox"/> Unknown	<b>Type</b> <input checked="" type="checkbox"/> Unknown	<b># of Engines</b> <input checked="" type="checkbox"/> Unknown	<b># of Cars</b> <input checked="" type="checkbox"/> Unknown	<b>Data Recorder Speed</b> <input type="checkbox"/> Pending

### TRACK INFORMATION

### WARNING DEVICES

<b>DOT Crossing #</b> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	<b>Crossing Surface Material</b> 103 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel	<b>Present Warning Devices</b> <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	<b>Advance Warning Devices</b> <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Sign <input checked="" type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other	<b>Active Warning Devices</b> <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
<b>Sets of Tracks</b> 1	<b>Speed Limit</b> 30	<b>Crossing Type</b> 101 100 Public 101 Private		

### COLLISION INFORMATION

<b>Train in Motion</b> 000 000 No 100 Yes	<b>Crossing Vehicle Interaction</b> 102 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	<b>Struck Car #</b> <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	<b>Struck Car Type</b> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
<b>Collision Type</b> 101 100 Frontal 101 Side/backing	<b>Struck Car Position</b> <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	<b>Distance Traveled After Impact</b> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> feet <input type="checkbox"/> miles	<b>Estimated Speed Before Braking</b> 88

<b>Hazardous Materials Placard</b> 000 000 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	<b>Hazardous Material Class</b> 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	<b>Hazardous Materials Released from Train Cargo Compartment</b> 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable
<b>Hazardous Material ID</b> N/A		

### TRAIN OPERATOR

<b>Name</b> <input type="checkbox"/> Unknown Main Man	<b>Address</b> <input checked="" type="checkbox"/> Unknown Street City State Postal Code
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### TRACK OWNER

<b>Name</b> <input checked="" type="checkbox"/> Unknown	<b>Address</b> <input checked="" type="checkbox"/> Unknown Street City State Postal Code
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### TRAIN ENGINEER

<b>Name</b> <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> This train had no engineer	<b>Certification Number</b> <input checked="" type="checkbox"/> Unknown	<b>Race</b> 999 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
<b>Address</b> <input checked="" type="checkbox"/> Unknown Street City State Postal Code	<b>Phone Number</b> <input checked="" type="checkbox"/> Not Collected	

<b>Incident Responder</b> 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.)	<b>Sex</b> 999 100 Female 101 Male 999 Unknown	<b>Age</b> <input checked="" type="checkbox"/> Unknown	<b>Date of Birth</b> <input checked="" type="checkbox"/> Unknown	<b>Ethnicity</b> 999 100 Hispanic 101 Other than Hispanic 999 Unknown
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<b>Injury Status</b> 100 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	<b>Type of Medical Transportation</b> 101 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	<b>EMS Response Agency</b> Unknown	<b>EMS Response Run #</b> <input checked="" type="checkbox"/> Unknown
<b>Medical Unique Identifier</b> <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 321	<b>Facility Receiving Patient</b> Willis Knighton Bossier Health Center		

# LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train #  
2

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## TRAIN CONDUCTOR

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

## PASSENGER INFORMATION

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

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

# LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Total # of Train Passengers  
2

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## PASSENGER INFORMATION

TRAIN # 1 PASSENGER # 3

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

Address <input checked="" type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
		555-555-6666	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

Incident Responder		000	Sex	101	Age	<input type="checkbox"/> Unknown	Date of Birth	<input type="checkbox"/> Unknown	Ethnicity	101
000 No	102 Police	980 Other	999 Unknown	100 Female					100 Hispanic	
100 EMS	103 Tow operator			101 Male	79		7/13/1942		101 Other than Hispanic	
101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			999 Unknown					999 Unknown	

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

Medical Unique Identifier	<input checked="" type="checkbox"/> Not applicable	<input type="checkbox"/> Unknown	Facility Receiving Patient	Not applicable
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TRAIN # 1 PASSENGER # 4

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

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		000	Sex	101	Age	<input type="checkbox"/> Unknown	Date of Birth	<input type="checkbox"/> Unknown	Ethnicity	999
000 No	102 Police	980 Other	999 Unknown	100 Female					100 Hispanic	
100 EMS	103 Tow operator			101 Male	84		4/6/1937		101 Other than Hispanic	
101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			999 Unknown					999 Unknown	

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

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

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

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	Not applicable	
101 (A) Suspected Serious Injury		100 EMS air	999 Unknown		
102 (B) Suspected Minor Injury		101 EMS ground		EMS Response Run # <input type="checkbox"/> Unknown	
103 (C) Possible Injury		200 Law enforcement			
104 (O) No Apparent Injury					

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

Scene #

1

Rev. 2023-1

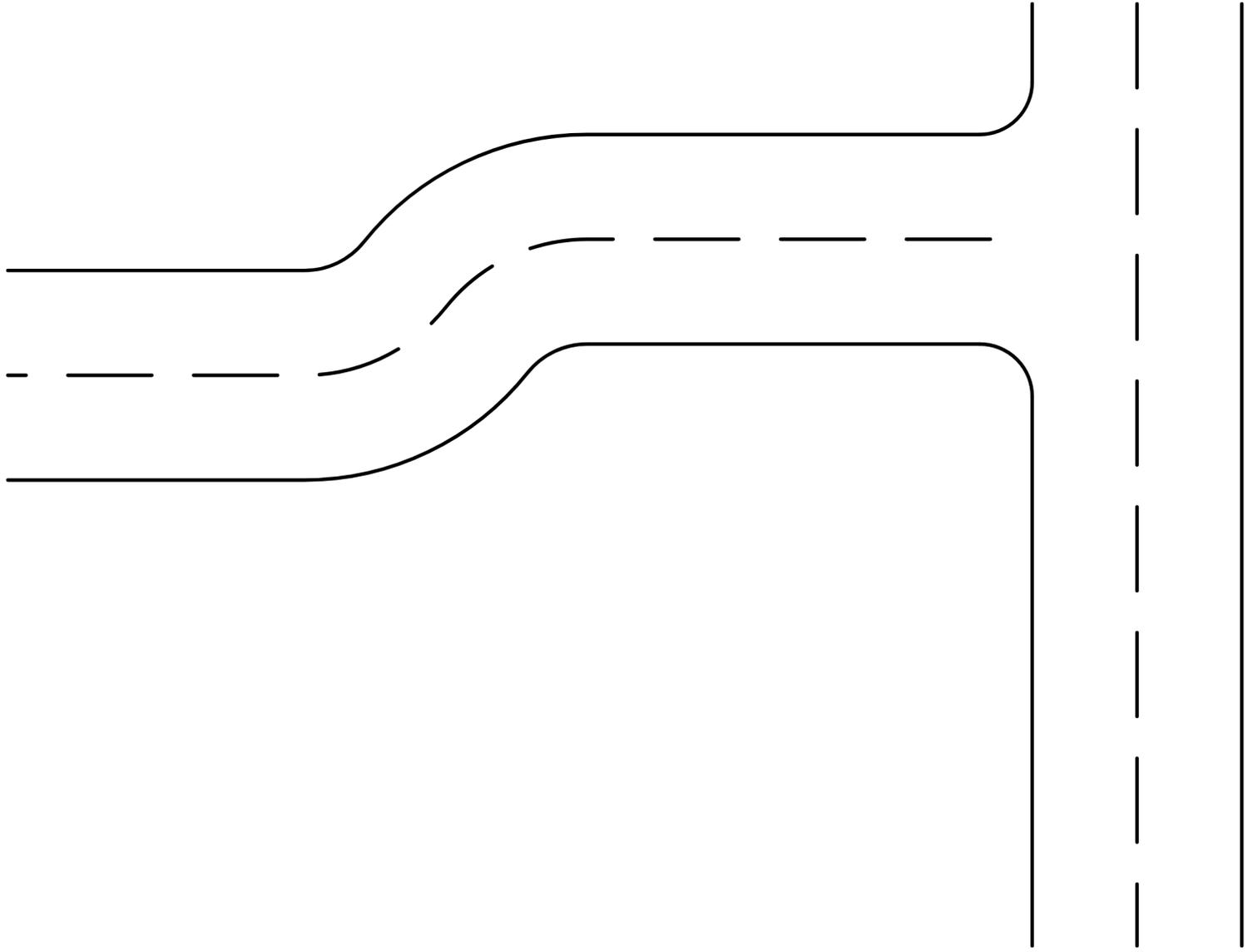
Case #

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CRASH DIAGRAM



# LOUISIANA UNIFORM CRASH REPORT NARRATIVE

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## CRASH NARRATIVE

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

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

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

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

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

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Vehicle 1 Traffic Control Devices Present: Warning Will Rogers  
Vehicle 1 Traffic Control Devices Inoperative or Missing: Flashy  
Train 2 Conductor Race: Other  
Train 2 Conductor Incident Responder: Other

This report was reassigned to Eric Newman.