

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2021-1		Case #		Test Case Tracking - 11		Page 1 of 18	
Number of Motorists 3		Number of Non-Motorists 1		Non-Fatally Injured Persons 1		Fatalities 2		Total Injuries and Fatalities 3		Vehicles Involved 2		Troop A	
Investigating Agency CARTS LSU				Division		Parish DeSoto		City Rural DeSoto		Latitude 31.868559° N		Longitude 93.695043° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/22/2021 2100		Police Notified Date/Time 08/22/2021 2100		Police Arrived Date/Time 08/22/2021 2111		Roadway Cleared Date/Time 08/22/2021 2112		On Scene Investigation Completed Date/Time 08/22/2021 2113					
ROAD INFORMATION													
Highway <input type="checkbox"/> Not applicable US Highway 171				Road US 171									
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 0.5 mi West				Intersecting Road <input type="checkbox"/> Crash was at an intersection MAIN ST									
LOCATION INFORMATION													
Road Classification 101		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 1		Traffic Flow Direction S			
100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property		100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable		100 Public property 200 Private property		100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway		1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more		X Not applicable (not a divided highway) N North W West S South		E East	
INVESTIGATING OFFICER													
Rank Trooper		First Name Matt				Middle Name		Last Name Trahan				Suffix	
Badge # 1641		Printed Name Matt Trahan						Signature <i>Matt Trahan</i>					
CRASH CIRCUMSTANCES AND CONDITIONS													
First Harmful Event 205				Location of First Harmful Event 104		Manner of Crash 000							
Non-collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event				100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown		000 Not a collision between two motor vehicles in transport 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 500 Sideswipe - left against flow 501 Sideswipe - right against flow 502 Sideswipe - against flow 503 Sideswipe - left overtake 504 Sideswipe - right overtake 505 Sideswipe - with flow 980 Other 999 Unknown							
Collision with Non-Fixed Object				Relation to Junction 000		Contributing Factor Primary 100 Secondary 102							
200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown		100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable							
Collision with Fixed Object				Intersection Geometry 970		School Bus Relation 000							
300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved							
				Intersection Traffic Control 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	107	Light Condition	300	Weather Conditions	105	Environmental Conditions	111
000 Dry		100 Daylight		000 Clear		000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	
101 Mud, dirt, gravel		300 Dark - continuous street lights		101 Blowing snow		101 Debris	
102 Oil		301 Dark - street lights at intersection only		102 Cloudy		102 Glare	
103 Sand		302 Dark - not lighted		103 Fog, smog, smoke		103 Non-highway work	
104 Slush		399 Dark - unknown lighting		104 Freezing rain or freezing drizzle		104 Obstructed crosswalks	
105 Snow		980 Other		105 Rain		105 Obstruction in roadway	
106 Water (standing,moving)		999 Unknown		106 Severe crosswinds		106 Overhead clearance limited	
107 Wet				107 Sleet or hail		107 Prior crash	
980 Other				108 Snow		108 Prior non-recurring incident	
999 Unknown				980 Other		109 Regular congestion	
				999 Unknown		110 Related to a bus stop	
						111 Road surface condition (wet, icy, snow, slush, etc.)	

WORK ZONE CRASH INFORMATION

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

Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	

WITNESS #

WITNESS #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

PROPERTY DAMAGE CODES

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

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VEHICLE INFORMATION

2021000020

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 11	Page	3	of	18
DESCRIPTION AND INFORMATION									
<input type="checkbox"/> Check if this vehicle had no driver	Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene	000	Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	100	Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <u>Other</u> 980 Other 999 Unknown				
VIN <input checked="" type="checkbox"/> Unknown									
Model Year <input type="checkbox"/> Unknown 2019	Make Acura	Model Integra	Color Brown						
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 651JBO <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown	Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Peter Bell								
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 2866 Lightyear Lane Baton Rouge LA 70888 <small>Street City State Postal Code</small>									
Insurance <input type="checkbox"/> Uninsured at time of crash Company Progressive <input type="checkbox"/> Unknown Phone # 8045544522 <input type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # ORJ-345234523 <input type="checkbox"/> Unknown Expiration Date 5/8/2022 <input type="checkbox"/> Unknown									
DAMAGE									
Damage Extent 102 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown		Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		Tow Status 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage Towed By <input checked="" type="checkbox"/> Unknown				
Tow Authority 100 100 Owner 101 Law enforcement 970 Not applicable 980 Other									
MOTOR VEHICLE CIRCUMSTANCES									
Vehicle Usage 000 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		Vehicle Maneuver 000 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing		Vehicle Maneuver Reason 100 109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition		Direction of Travel Before Crash 500 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown			

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1									
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
Front Left <input type="text"/> Front Right <input checked="" type="checkbox"/> Not applicable or measured <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown			Vehicle Lighting			112			
Rear Left <input type="text"/> Rear Right <input type="text"/>			000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown			000 None 100 Brakes 101 Exhaust system 102 Body, doors 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			
Traffic Control Device Types and Statuses									
Traffic Control Device Types		Devices Present		Devices Inoperative or Missing					
000 None 100 Person (including flagger, law enforcement, crossing guard, etc) 200 Bicycle crossing sign 201 Curve Ahead warning sign 202 Intersection Ahead warning sign 203 Pedestrian crossing sign 204 Railroad crossing 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign		300 Flashing railroad crossing (may include gates) 301 Flashing school zone signal 302 Flashing traffic control signal 303 Lane use control signal 304 Ramp meter signal 305 Traffic control signal 398 Other signal 400 Bicycle crossing 401 Pedestrian crossing 402 Railroad crossing 403 School zone 404 Yellow no passing line 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 980 Other 999 Unknown		1 <input type="text"/> 204 2 <input type="text"/> 402 3 <input type="text"/> 4 <input type="text"/> Traffic Signal Status 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		1 <input type="text"/> 000 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 970 Automation System Level Present 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown Automation System Level Engaged 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown			
Trafficway Division		101		Barrier Type		000			
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown				000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other					
Roadway Grade	100	Number of Through Lanes	2	Number of Auxiliary Lanes	0	Roadway Alignment	100	Permitted Travel	200
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)						100 Straight 101 Curve left 102 Curve right		100 One-way 200 Two-way Speed Limit 35 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
HOV Lane Presence		000		HOV Lane Relation		000			
000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators				000 No 100 Yes					
MOTOR VEHICLE EVENTS									
Sequence of Events				1 <input type="text"/> 205 2 <input type="text"/> 201 3 <input type="text"/> 4 <input type="text"/>				Most Harmful Event <input type="text"/> 205	
Non-Harmful Events					Collision with Fixed Object				
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)					005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				
Non-Collision Events					Collision with Person / Vehicle / Non-Fixed Object				
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					200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedacycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				
300 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				

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2021-1		Case #	Test Case Tracking - 11	Page	5	of	18				
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							
200 Bus/large van (seats 9-15 occupants, including driver)				302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding							
201 Bus (seats more than 15 occupants, including driver)				303 Truck tractor (bobtail)		200 Carried hazardous materials without placard				999 Unknown			
				304 Truck tractor/semi-trailer		Hazardous Material ID				N/A			
				305 Truck tractor/double		Hazardous Material Class				970			
				306 Truck tractor/triple		1 Explosives				970 Not applicable			
				307 Truck more than 10,000 lbs., cannot classify		2 Gas				999 Unknown			
Cargo Body Type				970	Special Sizing								
000 No cargo body					<input checked="" type="checkbox"/> 000 No special sizing								
100 Bus				105 Flatbed	109 Log	<input type="checkbox"/> 100 Over-height							
101 Auto transporter				106 Garbage / refuse	110 Pole trailer	<input type="checkbox"/> 101 Over-length							
102 Cargo tank				107 Grain / chips / gravel	111 Van / enclosed box	<input type="checkbox"/> 102 Over-weight							
103 Concrete mixer				108 Intermodal container chassis	112 Vehicle towing another vehicle	<input type="checkbox"/> 103 Over-width							
104 Dump						<input type="checkbox"/> 999 Unknown							
970 Not applicable				980 Other	999 Unknown								
Load Permitted		970	Number of Axles			Motor Carrier Type		000	Motor Carrier Identification		970		
000 Non-permitted load			<input type="checkbox"/> Unknown			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			Motor Carrier Name		<input type="checkbox"/> Unknown		
						101 Intrastate carrier			Motor Carrier ID Number				
						State							
Motor Carrier Address										<input type="checkbox"/> Unknown	Motor Carrier Phone Number		<input type="checkbox"/> Unknown
Street											City		
											State		
											Postal Code		
GVWR/GCWR		970	Commodity Hauled										
100 Light (less than 10,000 lbs.GVWR/GCWR)													
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)													
102 Heavy (greater than 26,000 lbs GVWR/GCWR)													
970 Not applicable (not a qualifying vehicle)													
999 Unknown													
TRAILER INFORMATION										TRAILER #			
VIN										<input type="checkbox"/> Unknown	Number of Axles		<input type="checkbox"/> Unknown
Year										<input type="checkbox"/> Unknown	Make		<input type="checkbox"/> Unknown
Model										<input type="checkbox"/> Unknown			
License Plate										<input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring		
State										<input type="checkbox"/> Unknown	Number		<input type="checkbox"/> Unknown
Year										<input type="checkbox"/> Unknown			
TRAILER INFORMATION										TRAILER #			
VIN										<input type="checkbox"/> Unknown	Number of Axles		<input type="checkbox"/> Unknown
Year										<input type="checkbox"/> Unknown	Make		<input type="checkbox"/> Unknown
Model										<input type="checkbox"/> Unknown			
License Plate										<input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring		
State										<input type="checkbox"/> Unknown	Number		<input type="checkbox"/> Unknown
Year										<input type="checkbox"/> Unknown			
TRAILER INFORMATION										TRAILER #			
VIN										<input type="checkbox"/> Unknown	Number of Axles		<input type="checkbox"/> Unknown
Year										<input type="checkbox"/> Unknown	Make		<input type="checkbox"/> Unknown
Model										<input type="checkbox"/> Unknown			
License Plate										<input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring		
State										<input type="checkbox"/> Unknown	Number		<input type="checkbox"/> Unknown
Year										<input type="checkbox"/> Unknown			

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DRIVER INFORMATION

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Motor Vehicle #									
1									
Name <input type="checkbox"/> Unknown									
Peter Bell									
First Middle Last Suffix									
Address <input type="checkbox"/> Unknown									
2866 Lightyear Lane Baton Rouge LA 70888									
Street City State Postal Code									
Incident Responder									
000 No 102 Police 980 Other									
100 EMS 103 Tow operator 999 Unknown									
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)									
Age <input type="checkbox"/> Unknown									
44									
Sex									
100 Female									
101 Male									
999 Unknown									
Race									
100 American Indian or Alaska Native									
101 Asian or Pacific Islander									
102 Black									
103 White									
980 Other									
999 Unknown									
Phone Number <input type="checkbox"/> Not Collected									
5156435454									
Date of Birth <input type="checkbox"/> Unknown									
6/4/1977									
Ethnicity									
100 Hispanic									
101 Other than Hispanic									
999 Unknown									
License Status									
100 Valid license 004 Suspended									
000 Not licensed 999 Unknown									
001 Canceled or denied									
002 Expired									
003 Revoked									
License Class									
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									
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									
100 Valid									
101 Learner's permit									
000 Canceled or denied									
001 Disqualified									
002 Expired									
003 Revoked									
004 Suspended									
098 Other (not valid)									
970 Not applicable (no CDL)									
999 Unknown									
License Number									
45753412453									
License State									
LA									
Endorsements on License									
<input checked="" type="checkbox"/> 000 None/not applicable									
<input type="checkbox"/> 100 H - Hazardous materials									
<input type="checkbox"/> 101 N - Tank vehicle									
<input type="checkbox"/> 102 P - Passenger									
<input type="checkbox"/> 103 S - School									
<input type="checkbox"/> 104 T - Double/triple trailers									
<input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials									
<input type="checkbox"/> 200 M - Motorcycle									
<input type="checkbox"/> 298 Other non-commercial license endorsements									
<input type="checkbox"/> 999 Unknown									
Endorsement Compliance									
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									
000 - None									
Alcohol Interlock Presence									
000 No									
100 Yes									
970 Not applicable									
999 Unknown									
Seating Position									
100									
Standard Vehicle Seats									
Other Seating Positions									
700 Unenclosed cargo area									
701 Riding on motor vehicle exterior (non-trailing unit)									
800 Trailing unit									
801 Sleeper section of cab (truck)									
898 Other enclosed cargo area									
970 Not applicable									
999 Unknown									
100 Booster seat									
101 Child restraint system - forward facing									
102 Child restraint system - rear facing									
103 Child restraint system - type unknown									
104 Lap belt only used									
105 Shoulder and lap belt used									
106 Shoulder belt only used									
107 Stretcher									
108 Wheelchair									
199 Restraint used - type unknown									
001 None used - motor vehicle occupant									
002 No helmet									
970 Not applicable									
980 Other									
999 Unknown									
200 DOT-compliant motorcycle helmet									
201 Not DOT-compliant motorcycle helmet									
299 Unknown if DOT-compliant motorcycle helmet									
Any indication of improper use?									
000 No									
100 Yes									
999 Unknown									
Air Bags Deployed									
<input type="checkbox"/> 000 Not deployed									
<input type="checkbox"/> 001 Not deployed - switch off									
<input checked="" type="checkbox"/> 100 Front									
<input type="checkbox"/> 101 Side									
<input type="checkbox"/> 102 Curtain									
103 Other (knee, air belt, etc.)									
<input type="checkbox"/> 970 Not applicable									
<input type="checkbox"/> 999 Deployment unknown									
Ejection									
000 Not ejected									
100 Ejected, partially									
101 Ejected, totally									
970 Not applicable									
999 Unknown									
Extrication									
000 No									
100 Trapped and extricated									
101 Trapped but not extricated									
999 Unknown									

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Motor Vehicle #	1
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MEDICAL INFORMATION

Injury Status	100	Type of Medical Transportation	101	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	Red River EMS
EMS Response Run #				<input checked="" type="checkbox"/> Unknown

Medical Unique Identifier	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient	Bunkie General Hospital
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DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	000	Distraction Action	101	Distraction Source	101	Speeding Relation	000
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 980 Other 999 Unknown		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device Vision Obscurement 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	

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 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)	300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		

Suspected Drug Usage	000	Test Status	000	Drug Kit Number	<input type="checkbox"/> Unknown	Drug Test Type	970	Drug Test Results
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown		Not applicable

DRIVER ACTIONS

Driver Actions at Time of Crash	100	Avoidance Maneuver	000	Pre-Collision Stability	000
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	100 101 108	000 No avoidance maneuver 100 Accelerating 101 Accelerating and steering left 102 Accelerating and steering right 103 Braking and steering left 104 Braking and steering right 105 Braking (lockup) 106 Braking (no lockup) 107 Braking (lockup unknown) 108 Releasing brakes 109 Steering left 110 Steering right 980 Other 999 Unknown		000 Tracking 100 Skidding longitudinally - rotation less than 30 degrees 200 Skidding laterally - clockwise rotation 201 Skidding laterally - counter-clockwise rotation 299 Skidding laterally - rotation direction unknown 980 Other vehicle loss of control 999 Unknown	

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000020

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 11	Page	8	of	18																														
DESCRIPTION AND INFORMATION																																							
<input type="checkbox"/> Check if this vehicle had no driver		Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle 103 Pickup 104 Cargo van <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <u>Other</u> 980 Other 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 999 Unknown																																	
VIN <input checked="" type="checkbox"/> Unknown																																							
Model Year <input type="checkbox"/> Unknown 2015		Make Dodge		Model Charger		Color Gold																																	
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 345EFG <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-expiring																																					
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Tom Oprah																																							
Owner Address <input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown Street City State Postal Code																																							
Insurance <input type="checkbox"/> Uninsured at time of crash Company Geico <input type="checkbox"/> Unknown Phone # 8154564235 <input type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # SDFH-3847123847 <input type="checkbox"/> Unknown Expiration Date 2/9/2022 <input type="checkbox"/> Unknown																																							
DAMAGE																																							
Damage Extent 100 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		Initial Point of Contact <table border="1"><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">→</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown		7	8	9	10	11	6	→			12	5	4	3	2	1	Damaged Areas <table border="1"><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">→</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		7	8	9	10	11	6	→			12	5	4	3	2	1	Tow Status 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage Towed By <input type="checkbox"/> Unknown		Tow Authority 970 100 Owner 101 Law enforcement 970 Not applicable 980 Other	
7	8	9	10	11																																			
6	→			12																																			
5	4	3	2	1																																			
7	8	9	10	11																																			
6	→			12																																			
5	4	3	2	1																																			
MOTOR VEHICLE CIRCUMSTANCES																																							
Vehicle Usage 000 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		Vehicle Maneuver 503 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown		Direction of Travel Before Crash 100 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown																																			

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

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2									
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
Front Left <input type="text"/> Front Right <input type="text"/> <input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown			Vehicle Lighting			000 None			
Rear Left <input type="text"/> Rear Right <input type="text"/>			000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown			100 Brakes 101 Exhaust system 102 Body, doors 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			
Traffic Control Device Types and Statuses									
Traffic Control Device Types		Devices Present		Devices Inoperative or Missing		Automation System Level Present			
000 None 100 Person (including flagger, law enforcement, crossing guard, etc) 200 Bicycle crossing sign 201 Curve Ahead warning sign 202 Intersection Ahead warning sign 203 Pedestrian crossing sign 204 Railroad crossing 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign		300 Flashing railroad crossing (may include gates) 301 Flashing school zone signal 302 Flashing traffic control signal 303 Lane use control signal 304 Ramp meter signal 305 Traffic control signal 398 Other signal 400 Bicycle crossing 401 Pedestrian crossing 402 Railroad crossing 403 School zone 404 Yellow no passing line 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 980 Other 999 Unknown		1 <input type="text"/> 204 2 <input type="text"/> 402 3 <input type="text"/> 4 <input type="text"/>		1 <input type="text"/> 000 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>		000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown	
Traffic Signal Status		970		Automation System Level Engaged		000			
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown		Barrier Type		000		000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown		Automation System Level Engaged	
000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other		000		000		000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown		Automation System Level Engaged	
Roadway Grade		Number of Through Lanes		Number of Auxiliary Lanes		Roadway Alignment		Permitted Travel	
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)		2		0		100 Straight 101 Curve left 102 Curve right		100 One-way 200 Two-way Speed Limit 35 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
100		100		100		200		200	
HOV Lane Presence		000		HOV Lane Relation		000		000	
000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators		000 No 100 Yes		000 No 100 Yes		000 No 100 Yes		000 No 100 Yes	
MOTOR VEHICLE EVENTS									
Sequence of Events				1 <input type="text"/> 201 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>				Most Harmful Event	
1 <input type="text"/> 201				2 <input type="text"/>				3 <input type="text"/>	
4 <input type="text"/>				Most Harmful Event				201	
Non-Harmful Events					Collision with Fixed Object				
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)					005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)					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									
Non-Collision Events					Collision with Person / Vehicle / Non-Fixed Object				
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					200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedacycle 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				
200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedacycle 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									
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS									

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2		Rev. 2021-1		Case #	Test Case Tracking - 11	Page	10	of	18				
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							
200 Bus/large van (seats 9-15 occupants, including driver)				302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding							
201 Bus (seats more than 15 occupants, including driver)				303 Truck tractor (bobtail)		200 Carried hazardous materials without placard				999 Unknown			
				304 Truck tractor/semi-trailer		Hazardous Material ID				N/A			
				305 Truck tractor/double		Hazardous Material Class				970			
				306 Truck tractor/triple		1 Explosives				970 Not applicable			
				307 Truck more than 10,000 lbs., cannot classify		2 Gas				999 Unknown			
Cargo Body Type				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				109 Log		<input type="checkbox"/> 999 Unknown							
				110 Pole trailer									
				111 Van / enclosed box									
				112 Vehicle towing another vehicle									
970 Not applicable				980 Other									
				999 Unknown									
Load Permitted		970	Number of Axles			Motor Carrier Type		000	Motor Carrier Identification		970		
000 Non-permitted load			<input type="checkbox"/> Unknown			000 Personal vehicle			100 US DOT number				
100 Permitted load						001 Not in commerce: government			101 State number				
						002 Not in commerce: personal rental truck or bus			970 Not applicable				
970 Not applicable (not a qualifying vehicle)						098 Not in commerce: other			999 Unknown/unable to determine				
999 Unknown						100 Interstate carrier			Motor Carrier Name		<input type="checkbox"/> Unknown		
						101 Intrastate carrier			Motor Carrier ID Number				
						State							
Motor Carrier Address										<input type="checkbox"/> Unknown			
Motor Carrier Phone Number										<input type="checkbox"/> Unknown			
Street City State Postal Code													
GVWR/GCWR				970	Commodity Hauled								
100 Light (less than 10,000 lbs.GVWR/GCWR)													
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)													
102 Heavy (greater than 26,000 lbs GVWR/GCWR)													
970 Not applicable (not a qualifying vehicle)													
999 Unknown													
TRAILER INFORMATION												TRAILER #	
VIN										<input type="checkbox"/> Unknown		Number of Axles	<input type="checkbox"/> Unknown
Year		<input type="checkbox"/> Unknown		Make		<input type="checkbox"/> Unknown		Model		<input type="checkbox"/> Unknown			
License Plate												<input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring
State		<input type="checkbox"/> Unknown		Number		<input type="checkbox"/> Unknown		Year		<input type="checkbox"/> Unknown			
TRAILER INFORMATION												TRAILER #	
VIN										<input type="checkbox"/> Unknown		Number of Axles	<input type="checkbox"/> Unknown
Year		<input type="checkbox"/> Unknown		Make		<input type="checkbox"/> Unknown		Model		<input type="checkbox"/> Unknown			
License Plate												<input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring
State		<input type="checkbox"/> Unknown		Number		<input type="checkbox"/> Unknown		Year		<input type="checkbox"/> Unknown			
TRAILER INFORMATION												TRAILER #	
VIN										<input type="checkbox"/> Unknown		Number of Axles	<input type="checkbox"/> Unknown
Year		<input type="checkbox"/> Unknown		Make		<input type="checkbox"/> Unknown		Model		<input type="checkbox"/> Unknown			
License Plate												<input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring
State		<input type="checkbox"/> Unknown		Number		<input type="checkbox"/> Unknown		Year		<input type="checkbox"/> Unknown			

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

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DRIVER INFORMATION

Motor Vehicle # 2		Name <input type="checkbox"/> Unknown Tom Oprah <small>First Middle Last Suffix</small>		Age <input type="checkbox"/> Unknown 22	Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> 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 <small>Street City State Postal Code</small>		Phone Number <input checked="" type="checkbox"/> Not Collected		Date of Birth <input checked="" type="checkbox"/> Unknown		
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown				

DRIVER LICENSE INFORMATION

License Status <input type="checkbox"/> 100 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked	License Class <input type="checkbox"/> 400 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable	Driver License Type <input type="checkbox"/> 100 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable	Commercial Driver License Status <input type="checkbox"/> 970 100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown
License Number 41524163156315	License State LA		
Endorsements on License <input checked="" type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		Endorsement Compliance <input type="checkbox"/> 000 000 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 000 - None Alcohol Interlock Presence <input type="checkbox"/> 970 000 No 970 Not applicable 100 Yes 999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position <input type="checkbox"/> 100		Restraint Systems Used <input type="checkbox"/> 105																																									
Standard Vehicle Seats <table><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	Other Seating Positions 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	001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown	002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet Any indication of improper use? <input type="checkbox"/> 000 000 No 100 Yes 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																																							
Air Bags Deployed <input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown		Ejection <input type="checkbox"/> 000 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication <input type="checkbox"/> 000 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																								

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

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Motor Vehicle #	2	Rev. 2021-1	Case #	Test Case Tracking - 11	Page	12	of	18
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MEDICAL INFORMATION

Injury Status	103	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						
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			

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	000	Distraction Action	000	Distraction Source	970	Speeding Relation	000			
000 Apparently normal		000 Not distracted		100 Hands-free mobile phone	200 Passenger or other non-motorist	000 No				
100 Asleep/blacked out		100 Talking / listening		101 Hand-held mobile phone	201 External to vehicle/non-motorist area	100 Exceeded speed limit				
101 Fatigued		101 Manually operating a device		102 Vehicle-integrated device	298 Other	101 Racing				
102 Emotional		(e.g., texting, dialing, playing game, etc.)		198 Other electronic device	970 Not applicable	102 Too fast for conditions				
(depressed, angry, disturbed, etc.)		980 Other			999 Unknown	999 Unknown				
103 Ill (sick), fainted		999 Unknown		Vision Obscurement				000		
104 Physically impaired				000 None	105 Embankment	111 Blinded by sun glare				
105 Under the influence of medications/ drugs/alcohol				100 Rain, snow, etc. on windshield	106 Sign boards	112 Distracted by neon lights in field of view				
970 Not applicable				101 Windshield otherwise obscured	107 Hillcrest					
980 Other				102 Vision obscured by load	108 Parked vehicles					
999 Unknown				103 Trees, bushes, etc.	109 Moving vehicles	980 Other				
				104 Building	110 Blinded by headlights	999 Unknown				
Suspected Alcohol Usage	000	Test Status	000	Alcohol Kit Number	000	Alcohol Test Type	970	Alcohol Test Results	970	BAC
000 No		000 Test not given		100 Blood	300 Urine	970 Not applicable		000 Results pending		
100 Yes		001 Test refused		101 Blood clot	301 Vitreous	980 Other		001 Negative results with no actual value		
999 Unknown		100 Test given		102 Blood plasma/serum	302 Liver			100 Results received		
		999 Unknown if tested		200 Breath				101 Positive results with no actual value		
				201 Preliminary breath test (PBT)				970 Not applicable		
								999 Unknown		
Suspected Drug Usage	000	Test Status	000	Drug Kit Number	000	Drug Test Type	970	Drug Test Results		
000 No		000 Test not given		100 Blood	970 Not applicable			Not applicable		
100 Yes		001 Test refused		101 Urine	999 Unknown					
999 Unknown		100 Test given		102 Both blood and urine						
		999 Unknown if tested		103 Saliva						
				198 Other						

DRIVER ACTIONS

Driver Actions at Time of Crash	000	Avoidance Maneuver	000	Pre-Collision Stability	000
000 No contributing action		000 No avoidance maneuver		000 Tracking	
100 Disregarded other road markings		100 Accelerating		100 Skidding longitudinally - rotation less than 30 degrees	
101 Disregarded other traffic signs		101 Accelerating and steering left		200 Skidding laterally - clockwise rotation	
102 Failed to keep in proper lane		102 Accelerating and steering right		201 Skidding laterally - counter-clockwise rotation	
103 Failed to yield right-of-way		103 Braking and steering left		299 Skidding laterally - rotation direction unknown	
104 Followed too closely		104 Braking and steering right		980 Other vehicle loss of control	
105 Improper backing		105 Braking (lockup)		999 Unknown	
106 Improper passing		106 Braking (no lockup)			
107 Improper turn		107 Braking (lockup unknown)			
108 Operated motor vehicle in inattentive, careless, negligent, or erratic manner		108 Releasing brakes			
109 Operated motor vehicle in reckless or aggressive manner		109 Steering left			
110 Over-correcting or over-steering		110 Steering right			
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					

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

Total # of Passengers 1	Rev. 2021-1	Case #	Test Case Tracking - 11	Page	13	of	18
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PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 1

Name <input type="checkbox"/> Unknown Paco Bell <small>First Middle Last Suffix</small>		Date of Birth Unknown	Age 11	Sex 100 Female 101 Male 999 Unknown	101	Race 103		
Address <input type="checkbox"/> Unknown 2866 Lightyear Lane Baton Rouge LA 70888 <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected		Ethnicity 999		
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input checked="" type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	Injury Status 100	Incident Responder 000	Restraint System 105	Any indication of improper use? 000 No 100 Yes 999 Unknown	000	Seating Position 202	Ejection 000	Extrication 000
Type of Medical Transportation 101		Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency Med Express Ambulance Service EMS Response Run # <input checked="" type="checkbox"/> Unknown		Facility Receiving Patient Citizens Medical Center			

MOTOR VEHICLE # PASSENGER #

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

MOTOR VEHICLE # PASSENGER #

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

PASSENGER CODES

Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	Restraint Systems 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown 002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown	Seating Position <table><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>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr></tbody></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Other	500	501	502	599																																								
Unk	600	601	602	699																																								
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	Incident Responder 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown																																										
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist #		Rev. 2021-1		Case #	Test Case Tracking - 11	Page	14	of	18
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> 101	Race <input type="checkbox"/> 103			
Terry Vicar				25	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 checked="" type="checkbox"/> Not Collected					
Street City State Postal Code									
Incident Responder				000	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> 100			
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 <input type="checkbox"/> 200		Initial <input type="checkbox"/> 100		Location <input type="checkbox"/> 303					
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		Contact Point 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 980 Other 999 Unknown		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk			
Struck by Vehicle # 1		Origin/Destination <input type="checkbox"/> 999		Safety Equipment <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 <input type="checkbox"/> 100		Actions or Circumstances At Time of Crash <input type="checkbox"/> 000		Clothing Brightness <input type="checkbox"/> 101		Upper <input type="checkbox"/> 101 Lower <input type="checkbox"/> 100			
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)		109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown		100 Light 101 Dark 970 Not applicable 999 Unknown			
NON-MOTORIST MEDICAL INFORMATION									
Injury Status <input type="checkbox"/> 104		Type of Medical Transportation <input type="checkbox"/> 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 <input type="checkbox"/> 000		Distraction Action <input type="checkbox"/> 101		Distraction Source <input type="checkbox"/> 101					
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 980 Other 999 Unknown		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown			
Suspected Alcohol Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Alcohol <input type="checkbox"/> Unknown		Alcohol Test Type <input type="checkbox"/> 970		Alcohol Test Results <input type="checkbox"/> 970 BAC	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number		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 <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Drug <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 970		Drug Test Results	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number		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		Rev. 2021-1		Case #	Test Case Tracking - 11	Page	15	of	18
TRAIN INFORMATION									
Train Type 100 Railroad train 101 Streetcar	ID # <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Lead Engine # <input type="checkbox"/> Unknown 025165	Serial # <input type="checkbox"/> Unknown 239475612309857	Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input checked="" type="checkbox"/> 101 Ditch lights functional <input checked="" type="checkbox"/> 102 Horn functional <input checked="" type="checkbox"/> 103 Bell functional <input checked="" type="checkbox"/> 104 Event data recorder equipped					
Make <input type="checkbox"/> Unknown Thomas	Type <input type="checkbox"/> Unknown Train	# of Engines <input type="checkbox"/> Unknown 1	# of Cars <input type="checkbox"/> Unknown 11	Data Recorder Speed 15 <input type="checkbox"/> Pending					
TRACK INFORMATION					WARNING DEVICES				
DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 5641	Crossing Surface 103 Material 100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel 980 Other	Present Warning Devices <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Flashing lights <input checked="" type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input 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 2	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 2	Struck Car Type <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown						
Collision Type 100 100 Frontal 101 Side/backing		Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Distance Traveled After Impact 10.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> miles	Estimated Speed Before Braking 35					
Hazardous Materials Placard 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown		000	Hazardous Material Class 1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods 970 Not applicable 999 Unknown	970	Hazardous Materials Released from Train Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable				
Hazardous Material ID N/A									
TRAIN OPERATOR									
Name <input type="checkbox"/> Unknown Jacob Parker	Address <input type="checkbox"/> Unknown 57 Legal Street		Baton Rouge		LA	70888			
		Street	City		State	Postal Code			
TRACK OWNER									
Name <input type="checkbox"/> Unknown Richard Parker	Address <input type="checkbox"/> Unknown 78 Waller Ct		Baton Rouge		LA	70547			
		Street	City		State	Postal Code			
TRAIN ENGINEER									
Name <input type="checkbox"/> Unknown Robinson	Grey		Certification Number <input checked="" type="checkbox"/> Unknown	Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			100		
Address <input type="checkbox"/> Unknown 87 Timberland Street		Baton Rouge	LA	78785	Phone Number <input type="checkbox"/> Not Collected 5648655416				
Street		City	State	Postal Code					
Incident Responder 000 No 100 EMS 101 Fire		102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)	980 Other 999 Unknown	000	Sex 101 100 Female 101 Male 999 Unknown	Age <input type="checkbox"/> Unknown 32	Date of Birth <input type="checkbox"/> Unknown 11/11/1988	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 104 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation 000 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement	980 Other 999 Unknown	EMS Response Agency Not applicable					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown							
Facility Receiving Patient Not applicable									

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

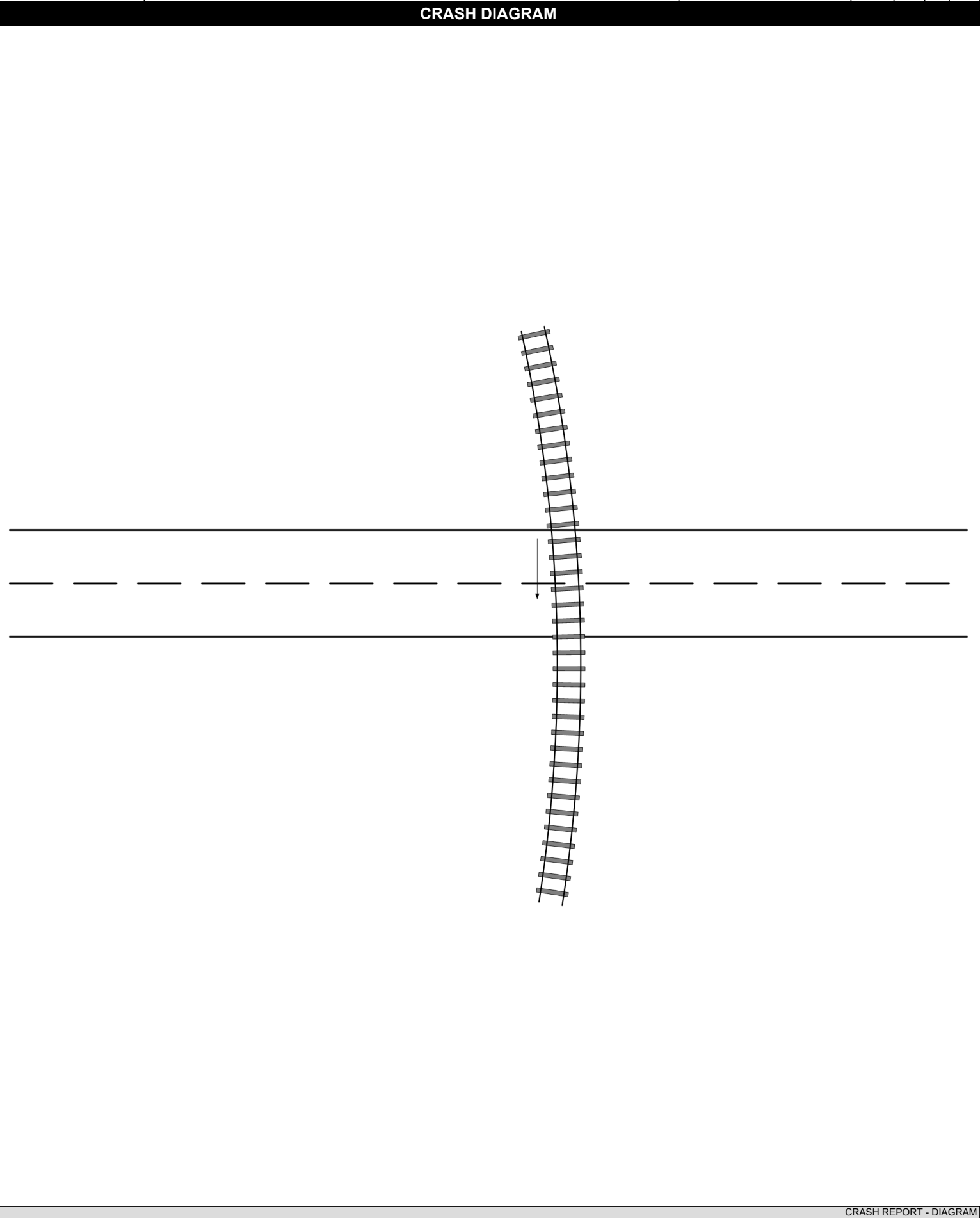
2021000020

Train # 1		Rev. 2021-1		Case #	Test Case Tracking - 11	Page	16	of	18	
TRAIN CONDUCTOR										
Name <input checked="" type="checkbox"/> Unknown					Race 999					
					100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other					
First Middle Last Suffix										
Address <input checked="" type="checkbox"/> Unknown					Phone Number <input checked="" type="checkbox"/> Not Collected					
Street City State Postal Code										
Incident Responder 000					Sex 999		Age <input checked="" type="checkbox"/> Unknown		Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 999
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown				100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 104		Type of Medical Transportation 000		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Not applicable						
				EMS Response Run # <input type="checkbox"/> Unknown						
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown					Facility Receiving Patient					
					Not applicable					

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

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

Scene # 1	DIAGRAM Rev. 2021-1	Case #	Test Case Tracking - 11	Page	17	of	18
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NARRATIVE

Rev. 2021-1

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.

LSU's Center for Analytics & Research in Transportation Safety (CARTS) will continue to support law enforcement agencies using the new LA eCrash application. CARTS will also work with your agency to provide the data schema and technical information required for those agencies choosing to use a third-party vendor approach or already have a CAD/RMS system in place.

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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.