

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2021-1	Case #	RMS Report 5	Page 1 of 14				
Number of Motorists	1	Number of Non-Motorists	0	Non-Fatally Injured Persons	1	Fatalities	0	Total Injuries and Fatalities	1	Vehicles Involved	1	Troop	A
Investigating Agency			Division	Parish		City		Latitude	Longitude				
LSP (Troop A)				East Baton Rouge		Baton Rouge		30.388197° N	91.172086° W				

CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
11/26/2021 1130	11/26/2021 1130	11/26/2021 1135	11/26/2021 1140	11/26/2021 1215

ROAD INFORMATION

Highway <input checked="" type="checkbox"/> Not applicable	Road
	BRIGHTSIDE LN
Distance/Direction From Intersection <input type="checkbox"/> Not applicable	Intersecting Road <input type="checkbox"/> Crash was at an intersection
100.0 ft	Nicholson DR

LOCATION INFORMATION

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

INVESTIGATING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
Sgt.	Eric		Newman	
Badge #	Printed Name	Signature		
321	eric	<i>eric</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		000 Not a collision between two motor vehicles in transport	
Collision with Non-Fixed Object		101 Fell/jumped from motor vehicle		100 Angle - left overtake	
Collision with Fixed Object		102 Collision with animal (live)		101 Angle - left across flow	
		103 Collision with motor vehicle in transport		102 Angle - left into flow	
		104 Collision with parked motor vehicle		103 Angle - right into flow	
		105 Collision with pedalcycle		104 Angle - right overtake	
		106 Collision with pedestrian		105 Angle - perpendicular/other angle	
		107 Collision with railway vehicle (train, engine)		200 Front to front - head on	
		108 Collision with object at rest from MV in transport		201 Front to front - left against flow	
		109 Collision with falling/shifting cargo or anything set in motion by MV		202 Front to front - right against flow	
		120 Collision with work zone/maintenance equipment			
		121 Collision with farm equipment		Primary	101
		122 Collision with other non-motorist		Secondary	970
		123 Collision with other non-fixed object		100 Violations	
				101 Movement prior to crash	
				102 Vision obstructions	
				103 Driver condition	
				104 Vehicle condition	
				105 Road surface	
				106 Roadway condition	
				107 Lighting condition	
				108 Weather condition	
				109 Traffic control	
				110 Non-motorist condition	
				111 Non-motorist action	
				970 Not applicable	
				School Bus Relation	000
				000 No	
				100 Yes, school bus directly involved	
				101 Yes, school bus indirectly involved	
				Intersection Geometry	970
				100 Angled / skewed	
				101 Roundabout / traffic circle	
				102 Perpendicular	
				970 Not applicable	
				Intersection Traffic Control	970
				000 No controls	
				100 Signalized	
				101 Stop -all way	
				102 Stop -partial	
				103 Yield	
				970 Not applicable	

LOUISIANA UNIFORM CRASH REPORT CRASH INFORMATION

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CRASH CONDITIONS

Roadway Surface Condition	000	Light Condition	100	Weather Conditions	000	Environmental Conditions	000	
000 Dry 100 Ice/Frost 101 Mud, dirt, gravel 102 Oil 103 Sand 104 Slush 105 Snow 106 Water (standing,moving) 107 Wet 980 Other 999 Unknown		100 Daylight 200 Dawn/dusk 300 Dark - continuous street lights 301 Dark - street lights at intersection only 302 Dark - not lighted 399 Dark - unknown lighting 980 Other 999 Unknown		000 Clear 100 Blowing sand, soil, dirt 101 Blowing snow 102 Cloudy 103 Fog, smog, smoke 104 Freezing rain or freezing drizzle 105 Rain 106 Severe crosswinds 107 Sleet or hail 108 Snow 980 Other 999 Unknown		000 None 100 Animal(s) 101 Debris 102 Glare 103 Non-highway work 104 Obstructed crosswalks 105 Obstruction in roadway 106 Overhead clearance limited 107 Prior crash 108 Prior non-recurring incident 109 Regular congestion 110 Related to a bus stop 111 Road surface condition (wet, icy, snow, slush, etc.)		112 Ruts, holes, bumps 113 Shoulders (none, low, soft, high) 114 Toll booth/plaza related 115 Traffic control device 116 Traffic incident 117 Visual obstruction(s) 118 Weather conditions 119 Work zone (construction/maintenance/utility) 120 Worn, travel-polished surface 980 Other 999 Unknown

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	

WITNESS

WITNESS

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1
Case # RMS Report 5
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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 Contact Point
Damaged Areas
Tow Status
Tow Authority
Towed By
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

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MOTOR VEHICLE CIRCUMSTANCES

Skidmark Data (Feet) Distance Traveled After Impact (Feet) Vehicle Defects
Front Left Front Right Not applicable or measured 300
Rear Left Rear Right Unknown
Vehicle Lighting 000
000 Headlights off
100 Headlights on
101 Daytime running lights
999 Unknown

Traffic Control Device Types and Statuses

Traffic Control Device Types Devices Present Devices Inoperative or Missing
000 None 300 Flashing railroad crossing (may include gates) 1 204 1 000
100 Person (including flagger, law enforcement, crossing guard, etc) 301 Flashing school zone signal 2 302 Flashing traffic control signal 2
303 Lane use control signal 3 304 Ramp meter signal 3
305 Traffic control signal 4 398 Other signal 4
200 Bicycle crossing sign 400 Bicycle crossing
201 Curve Ahead warning sign 401 Pedestrian crossing
202 Intersection Ahead warning sign 402 Railroad crossing
203 Pedestrian crossing sign 403 School zone
204 Railroad crossing 404 Yellow no passing line
205 Reduce Speed Ahead warning sign 498 Other pavement marking (excluding edgelines, centerlines, or lane lines)
206 School zone sign 980 Other
207 Stop sign 999 Unknown
208 Yield sign
298 Other warning sign

Trafficway Division 000 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 102 Number of Through Lanes 2 Number of Auxiliary Lanes 0 Roadway Alignment 100 Permitted Travel 200 Posted Speed Limit 35
100 Level
101 Uphill
102 Hillcrest
103 Downhill
104 Sag (bottom)
100 One-way
200 Two-way
Unknown
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 1 205 2 3 4 Most Harmful Event 205

Non-Harmful Events Collision with Fixed Object
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

Non-Collision Events Collision with Person / Vehicle / Non-Fixed Object
100 Cargo/equipment loss or shift 200 Collision with animal (live)
101 Fell/jumped from motor vehicle 201 Collision with motor vehicle in transport
102 Fire/explosion 202 Collision with parked motor vehicle
103 Immersion, full or partial 203 Collision with pedacycle
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 #
1

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration	000	Hazardous Materials Placard	000
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown	000 Had no placard and not carrying hazardous materials
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)		001 Had a placard, not carrying hazardous materials
	302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding
	303 Truck tractor (bobtail)		200 Carried hazardous materials without placard
	304 Truck tractor/semi-trailer		999 Unknown
	305 Truck tractor/double		Hazardous Material ID
	306 Truck tractor/triple		N/A
	307 Truck more than 10,000 lbs., cannot classify		Hazardous Material Class
200 Bus/large van (seats 9-15 occupants, including driver)			970
201 Bus (seats more than 15 occupants, including driver)			1 Explosives 970 Not applicable
			2 Gas 999 Unknown
			3 Flammable liquids
			4 Other flammable substances
			5 Oxidizing substances and organic peroxides
			6 Toxic (poisonous) and infectious substances
			7 Radioactive material
			8 Corrosives
			9 Miscellaneous dangerous goods
			Hazardous Materials Released from Vehicle Cargo Compartment
			970
			000 No, hazardous materials not released
			100 Yes, hazardous materials released
			970 Not applicable

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

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

Motor Carrier Address	<input type="checkbox"/> Unknown	Motor Carrier Phone Number	<input type="checkbox"/> Unknown
Street	City	State	Postal Code

GVWR/GCWR	970	Commodity Hauled
100 Light (less than 10,000 lbs.GVWR/GCWR)		
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)		
102 Heavy (greater than 26,000 lbs GVWR/GCWR)		
970 Not applicable (not a qualifying vehicle)		
999 Unknown		

TRAILER INFORMATION

VIN	<input type="checkbox"/> Unknown	Number of Axles	<input type="checkbox"/> Unknown
Year	<input type="checkbox"/> Unknown	Make	<input type="checkbox"/> Unknown
		Model	<input type="checkbox"/> Unknown
License Plate	<input type="checkbox"/> Missing		<input type="checkbox"/> Non-expiring
State	<input type="checkbox"/> Unknown	Number	<input type="checkbox"/> Unknown
		Year	<input type="checkbox"/> Unknown

TRAILER INFORMATION

VIN	<input type="checkbox"/> Unknown	Number of Axles	<input type="checkbox"/> Unknown
Year	<input type="checkbox"/> Unknown	Make	<input type="checkbox"/> Unknown
		Model	<input type="checkbox"/> Unknown
License Plate	<input type="checkbox"/> Missing		<input type="checkbox"/> Non-expiring
State	<input type="checkbox"/> Unknown	Number	<input type="checkbox"/> Unknown
		Year	<input type="checkbox"/> Unknown

TRAILER INFORMATION

VIN	<input type="checkbox"/> Unknown	Number of Axles	<input type="checkbox"/> Unknown
Year	<input type="checkbox"/> Unknown	Make	<input type="checkbox"/> Unknown
		Model	<input type="checkbox"/> Unknown
License Plate	<input type="checkbox"/> Missing		<input type="checkbox"/> Non-expiring
State	<input type="checkbox"/> Unknown	Number	<input type="checkbox"/> Unknown
		Year	<input type="checkbox"/> Unknown

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

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DRIVER INFORMATION				
Name <input type="checkbox"/> Unknown Thomas Segura <small>First Middle Last Suffix</small>	Age <input type="checkbox"/> Unknown 46	Sex <input type="checkbox"/> 101 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> 103 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Address <input type="checkbox"/> Unknown 123 Easy St Austin TX 77077 <small>Street City State Postal Code</small>	Phone Number <input checked="" type="checkbox"/> Not Collected			
Incident Responder <input type="checkbox"/> 000 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)	Date of Birth <input type="checkbox"/> Unknown 10/9/1975	Ethnicity <input type="checkbox"/> 101 100 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 123asdrew1	License State CA			
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 Standard Vehicle Seats <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table>	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	Restraint Systems Used <input type="checkbox"/> 105 001 None used - motor vehicle occupant 002 No helmet 970 Not applicable 100 Booster seat 980 Other 101 Child restraint system - forward facing 200 DOT-compliant motorcycle helmet 999 Unknown 102 Child restraint system - rear facing 201 Not DOT-compliant motorcycle helmet 103 Child restraint system - type unknown 299 Unknown if DOT-compliant motorcycle helmet 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		
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Oth	500	501	502	599																																								
Unk	600	601	602	699																																								
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)	Ejection <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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MEDICAL INFORMATION

Injury Status 101	Type of Medical Transportation 101	EMS Response Agency Acadian Ambulance Services
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	EMS Response Run # <input type="checkbox"/> Unknown 123s
Medical Unique Identifier 654a <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Baton Rouge General Medical Center Bluebonnet

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 000	Distracted By 000	Distraction Source 970	Speeding Related 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 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 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	Avoidance Maneuver 000	Pre-Collision Stability 999
000 No contributing action 100 Disregarded other road markings 101 Disregarded other traffic signs 102 Failed to keep in proper lane 103 Failed to yield right-of-way 104 Followed too closely 105 Improper backing 106 Improper passing 107 Improper turn 108 Operated motor vehicle in inattentive, careless, negligent, or erratic manner 109 Operated motor vehicle in reckless or aggressive manner 110 Over-correcting or over-steering 111 Ran off roadway 112 Ran red light 113 Ran stop sign 114 Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc. 115 Wrong side or wrong way 980 Other contributing action 999 Unknown	000 No avoidance maneuver 100 Accelerating 101 Accelerating and steering left 102 Accelerating and steering right 103 Braking and steering left 104 Braking and steering right 105 Braking (lockup) 106 Braking (no lockup) 107 Braking (lockup unknown) 108 Releasing brakes 109 Steering left 110 Steering right 980 Other 999 Unknown	000 Tracking 100 Skidding longitudinally - rotation less than 30 degrees 200 Skidding laterally - clockwise rotation 201 Skidding laterally - counter-clockwise rotation 299 Skidding laterally - rotation direction unknown 980 Other vehicle loss of control 999 Unknown

CITATIONS

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LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train # 1	Case # RMS Report 5	Page 8	of 14
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TRAIN INFORMATION			
Train Type <input type="checkbox"/> 100 100 Railroad train 101 Streetcar	ID # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 123q	Lead Engine # <input type="checkbox"/> Unknown 9	Serial # <input type="checkbox"/> Unknown 321456987
Make <input type="checkbox"/> Unknown T-Rayne	Type <input type="checkbox"/> Unknown choo choo	# of Engines <input type="checkbox"/> Unknown 1	# of Cars <input type="checkbox"/> Unknown 3
Data Recorder Speed <input checked="" type="checkbox"/> Pending			Equipment Present <input 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

TRACK INFORMATION		WARNING DEVICES	
DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 3211	Crossing Surface <input type="checkbox"/> 101 Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel	Present <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other	Advance <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
Sets of Tracks 1	Speed Limit 25	Crossing Type <input type="checkbox"/> 100 100 Public 101 Private	Active <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

COLLISION INFORMATION			
Train in Motion <input type="checkbox"/> 100 000 No 100 Yes	Crossing Vehicle Interaction 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	Struck Car # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 1	Struck Car Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown lead engine
Collision Type <input type="checkbox"/> 100 100 Frontal 101 Side/backing	Struck Car Position <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 12	Distance Traveled After Impact <input type="checkbox"/> Not Applicable 0.5 <input type="checkbox"/> feet <input checked="" type="checkbox"/> miles	Estimated Speed Before Braking 20

Hazardous Materials Placard 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown	Hazardous Material Class <input type="checkbox"/> 000 1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods	Hazardous Materials Released from Vehicle Cargo Compartment <input type="checkbox"/> 970 970 Not applicable 999 Unknown	Hazardous Materials Released from Vehicle Cargo Compartment <input type="checkbox"/> 970 000 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 Bart Crystals	Address <input checked="" type="checkbox"/> Unknown Street City State Postal Code

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

TRAIN ENGINEER			
Name <input type="checkbox"/> Unknown First Middle Last Suffix	Certification Number <input type="checkbox"/> Unknown	Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Address <input type="checkbox"/> Unknown Street City State Postal Code	Phone Number <input type="checkbox"/> Not Collected		

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

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

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train # 1		Rev. 2021-1		Case # RMS Report 5		Page 9 of 14	
TRAIN CONDUCTOR							
Name <input type="checkbox"/> Unknown Bob E Lee <small>First Middle Last</small>				Race 100 100 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 type="checkbox"/> Not Collected 555-555-8899	
Incident Responder 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Sex 101 100 Female 101 Male 999 Unknown		Age <input type="checkbox"/> Unknown 51	
				Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity 101 100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 104		Type of Medical Transportation 000		EMS Response Agency Not applicable			
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		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 # <input type="checkbox"/>							
Name <input type="checkbox"/> Unknown <small>First Middle Last Suffix</small>				Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown <small>Street City State Postal Code</small>						Phone Number <input type="checkbox"/> Not Collected	
Incident Responder 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Sex 100 Female 101 Male 999 Unknown		Age <input type="checkbox"/> Unknown	
				Date of Birth <input type="checkbox"/> Unknown		Ethnicity 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		EMS Response Run # <input type="checkbox"/> Unknown			
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient			

PASSENGER # <input type="checkbox"/>							
Name <input type="checkbox"/> Unknown <small>First Middle Last Suffix</small>				Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown <small>Street City State Postal Code</small>						Phone Number <input type="checkbox"/> Not Collected	
Incident Responder 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Sex 100 Female 101 Male 999 Unknown		Age <input type="checkbox"/> Unknown	
				Date of Birth <input type="checkbox"/> Unknown		Ethnicity 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		EMS Response Run # <input type="checkbox"/> Unknown			
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient			

DIAGRAM

Rev. 2021-1

Scene #

1

Case #

RMS Report 5

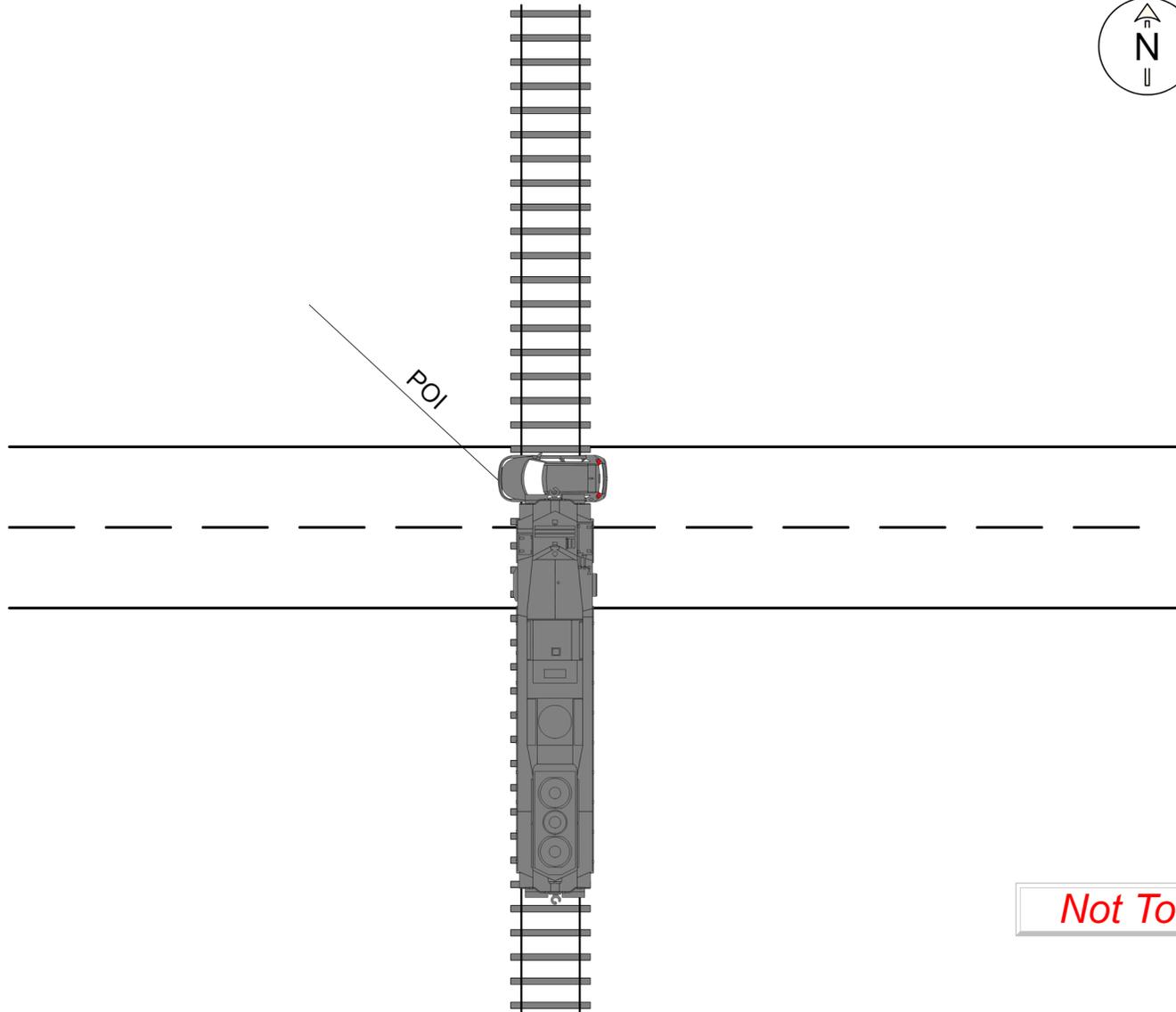
Page 10

of 14

CRASH DIAGRAM



POI



Not To Scale

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 December 2021, roughly 250 Louisiana law enforcement agencies were using LACRASH (most 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.

We invite you to browse our website to learn more about LACRASH. If you would like any additional information, please contact us at (225) 578-0366 or email us at lacrash@lsu.edu

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