

# LOUISIANA UNIFORM CRASH REPORT

## CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1	Case #	Test Case Tracking - 20	Page 1 of 21			
Number of Motorists	2	Number of Non-Motorists	2	Non-Fatally Injured Persons	1	Fatalities	3	Total Injuries and Fatalities	4	Vehicles Involved	2	Troop
Investigating Agency			Division	Parish		City		Latitude	Longitude			
LSP (Troop A)				East Baton Rouge		Baton Rouge		30.440911° N	91.188848° W			

### CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
08/24/2021 0500	08/24/2021 0500	08/24/2021 0505	08/24/2021 0510	08/24/2021 0510

### ROAD INFORMATION

Highway <input type="checkbox"/> Not applicable	Road
Interstate 12	I-12
Distance/Direction From Intersection <input type="checkbox"/> Not applicable	Intersecting Road <input type="checkbox"/> Crash was at an intersection
1.0 mi East	main Street

### LOCATION INFORMATION

Road Classification	100	Road Subtype	100	Property Ownership	100	Trafficway Characteristics	100	Number of Intersection Approaches	1	Traffic Flow Direction	N
100 Interstate		100 Mainline		100 Public property		100 Trafficway, on road		1 Not an intersection		X Not applicable (not a divided highway)	
101 US highway		200 On-ramp		200 Private property		101 Trafficway, not on road		2 Two		N North	
102 State highway		201 Off-ramp				200 Non-trafficway		3 Three		W West	E East
103 Parish road		300 Frontage/service						4 Four			
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	M	Newman	Sr.
Badge #	Printed Name	Signature		
77	eric	<i>eric</i>		

### CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event	201	Location of First Harmful Event	104	Manner of Crash	502
Non-Collision		100 Gore		000 Not a collision between two motor vehicles in transport	
Collision with Non-Fixed Object		101 In parking lane or zone		100 Angle - left overtake	
Collision with Fixed Object		102 Median		101 Angle - left opposite direction	
		103 Off roadway, location unknown		102 Angle - left into flow	
		104 On roadway		103 Angle - right into flow	
		105 On shoulder, left side		104 Angle - right overtake	
		106 On shoulder, right side		105 Angle - perpendicular/other angle	
		107 Outside road/right-of-way		500 Angle - left across flow	
		108 Roadside		501 Angle - right across flow	
		109 Separator/traffic island			
		999 Unknown			
		Relation to Junction	000	Contributing Factor	Primary 100
		000 Not an interchange area		100 Violations	
		100 Acceleration or deceleration lane		101 Movement prior to crash	Secondary 111
		101 Crossover related		102 Vision obstructions	
		102 Driveway access or related		103 Driver condition	
		103 Entrance/exit ramp or related		104 Vehicle condition	
		104 Intersection or related		105 Road surface	
		106 Railway grade crossing		106 Roadway condition	
		107 Shared-use path or trail		107 Lighting condition	
		108 Through roadway		108 Weather condition	
		980 Other location within an interchange area (median, shoulder, and roadside)		109 Traffic control	
		999 Unknown		110 Non-motorist condition	
		Intersection Geometry	970	111 Non-motorist action	
		100 Angled / skewed		970 Not applicable	
		101 Roundabout / traffic circle		School Bus Relation	000
		102 Perpendicular		000 No	
		970 Not applicable		100 Yes, school bus directly involved	
		Intersection Traffic Control	970	101 Yes, school bus indirectly involved	
		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

<b>Roadway Surface Condition</b>	<b>107</b>	<b>Light Condition</b>	<b>399</b>	<b>Weather Conditions</b>	<b>105</b>	<b>Environmental Conditions</b>	<b>101</b>
000 Dry		100 Daylight		000 Clear	<b>106</b>	000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	<b>117</b>
101 Mud, dirt, gravel		300 Dark - continuous street lights		101 Blowing snow		101 Debris	
102 Oil		301 Dark - street lights at intersection only		102 Cloudy		102 Glare	
103 Sand		302 Dark - not lighted		103 Fog, smog, smoke		103 Non-highway work	
104 Slush		399 Dark - unknown lighting		104 Freezing rain or freezing drizzle		104 Obstructed crosswalks	
105 Snow		980 Other		105 Rain		105 Obstruction in roadway	
106 Water (standing,moving)		999 Unknown		106 Severe crosswinds		106 Overhead clearance limited	
107 Wet				107 Sleet or hail		107 Prior crash	
980 Other				108 Snow		108 Prior non-recurring incident	
999 Unknown				980 Other		109 Regular congestion	
				999 Unknown		110 Related to a bus stop	
						111 Road surface condition (wet, icy, snow, slush, etc.)	

### WORK ZONE CRASH INFORMATION

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

### REVIEWING OFFICER

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

### WITNESS #

### WITNESS #

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

### NON-VEHICULAR PROPERTY DAMAGE

### PROPERTY #

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

### NON-VEHICULAR PROPERTY DAMAGE

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<b>Owner Address</b> <input type="checkbox"/> Unknown			
<i>Street</i>		<i>City</i>	<i>State</i> <i>Postal Code</i>

### NON-VEHICULAR PROPERTY DAMAGE

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

### PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1
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DESCRIPTION AND INFORMATION

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

DAMAGE

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

MOTOR VEHICLE CIRCUMSTANCES

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

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VEHICLE INFORMATION

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MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Traffic Control Device Types and Statuses, Trafficway Division, Roadway Grade, Permitted Travel, Speed Limit, and HOV Lane Presence.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [201] 2 [204] 3 [204] 4 [ ] Most Harmful Event [201]

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

# LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

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## COMMERCIAL MOTOR VEHICLE INFORMATION

<b>Vehicle Configuration</b> 000		<b>Hazardous Materials Placard</b> 000
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)	
200 Bus/large van (seats 9-15 occupants, including driver)	302 Truck pulling trailer(s)	
201 Bus (seats more than 15 occupants, including driver)	303 Truck tractor (bobtail)	
	304 Truck tractor/semi-trailer	
	305 Truck tractor/double	
	306 Truck tractor/triple	
	307 Truck more than 10,000 lbs., cannot classify	

<b>Cargo Body Type</b> 970	<b>Special Sizing</b>	<b>Hazardous Material ID</b> N/A
000 No cargo body	<input checked="" type="checkbox"/> 000 No special sizing	
100 Bus	<input type="checkbox"/> 100 Over-height	
101 Auto transporter	<input type="checkbox"/> 101 Over-length	
102 Cargo tank	<input type="checkbox"/> 102 Over-weight	
103 Concrete mixer	<input type="checkbox"/> 103 Over-width	
104 Dump	<input type="checkbox"/> 999 Unknown	
970 Not applicable		

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

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

<b>GVWR/GCWR</b> 970	<b>Commodity Hauled</b>
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 #

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

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

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

# LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #  
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## DRIVER INFORMATION

<b>Name</b> <input type="checkbox"/> Unknown				<b>Age</b> <input type="checkbox"/> Unknown	<b>Sex</b> <input type="checkbox"/> 101	<b>Race</b> <input type="checkbox"/> 103	
First1	M1	Last1	Jr	20	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	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>				
<b>Address</b> <input type="checkbox"/> Unknown				<b>Phone Number</b> <input type="checkbox"/> Not Collected			
321 first st. baton rouge LA 77888				555-444-8888			
<i>Street</i>				<i>City</i>		<i>State</i> <i>Postal Code</i>	
<b>Incident Responder</b>				<b>Date of Birth</b> <input type="checkbox"/> Unknown	<b>Ethnicity</b> <input type="checkbox"/> 101		
000 No	102 Police	980 Other		1/1/2001	100 Hispanic 101 Other than Hispanic 999 Unknown		
100 EMS	103 Tow operator	999 Unknown					
101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)						

## DRIVER LICENSE INFORMATION

<b>License Status</b> <input type="checkbox"/> 100		<b>License Class</b> <input type="checkbox"/> 400		<b>Driver License Type</b> <input type="checkbox"/> 100		<b>Commercial Driver License Status</b> <input type="checkbox"/> 970	
100 Valid license	004 Suspended	000 None		100 Non-CDL driver license		100 Valid	000 Canceled or denied
000 Not licensed	999 Unknown	100 Class A		101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.)		101 Learner's permit	001 Disqualified
001 Canceled or denied		101 Class B		200 Commercial driver license (CDL)			002 Expired
002 Expired		102 Class C		970 Not applicable			003 Revoked
003 Revoked		200 Light commercial/chauffeur (LA class D)					004 Suspended
<b>License Number</b>		<b>License State</b>		<b>Restrictions on License</b>		<b>Alcohol Interlock Presence</b> <input type="checkbox"/> 000	
90210		AL		100 - Alcohol interlock device 101 - CDL intrastate only 102 - Corrective lenses		000 No 100 Yes 970 Not applicable 999 Unknown	
<b>Endorsements on License</b>		<b>Endorsement Compliance</b> <input type="checkbox"/> 000					
<input checked="" type="checkbox"/> 000 None/not applicable		000 No endorsements required for the vehicle					
<input type="checkbox"/> 100 H - Hazardous materials		100 Endorsements required, complied with					
<input type="checkbox"/> 101 N - Tank vehicle		101 Endorsements required, not complied with					
<input type="checkbox"/> 102 P - Passenger		199 Endorsements required, compliance unknown					
<input type="checkbox"/> 103 S - School		999 Unknown if endorsements required					
<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							

## DRIVER SEATING AND SAFETY INFORMATION

<b>Seating Position</b> <input type="checkbox"/> 100					<b>Restraint Systems Used</b> <input type="checkbox"/> 001																																												
<b>Standard Vehicle Seats</b>					<b>Other Seating Positions</b>																																												
<table border="1"> <thead> <tr> <th colspan="5">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table>					Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown				
Front																																																	
Row	Left	Middle	Right	Unk																																													
1	100	101	102	199																																													
2	200	201	202	299																																													
3	300	301	302	399																																													
4	400	401	402	499																																													
Oth	500	501	502	599																																													
Unk	600	601	602	699																																													
					001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 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																																												
					<table border="1"> <tr> <td colspan="2"><b>Any indication of improper use?</b></td> <td><input type="checkbox"/> 100</td> </tr> <tr> <td colspan="2">000 No</td> <td></td> </tr> <tr> <td colspan="2">100 Yes</td> <td></td> </tr> <tr> <td colspan="2">999 Unknown</td> <td></td> </tr> </table>					<b>Any indication of improper use?</b>		<input type="checkbox"/> 100	000 No			100 Yes			999 Unknown																														
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100 Yes																																																	
999 Unknown																																																	
<b>Air Bags Deployed</b>					<b>Ejection</b> <input type="checkbox"/> 101		<b>Extrication</b> <input type="checkbox"/> 000																																										
<input type="checkbox"/> 000 Not deployed <input checked="" 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		000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown																																										
					000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																												

# LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

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## MEDICAL INFORMATION

<b>Injury Status</b> 100	<b>Type of Medical Transportation</b> 100	<b>EMS Response Agency</b>
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	Acadian Air Med Services
<b>Medical Unique Identifier</b> 789789		<b>EMS Response Run #</b> <input type="checkbox"/> Unknown 8877
<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		<b>Facility Receiving Patient</b> LSU-Walter Olin Moss Regional Medical Center

## DRIVER CONDITION AND CIRCUMSTANCES

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

## DRIVER ACTIONS

<b>Driver Actions at Time of Crash</b>	<b>Avoidance Maneuver</b> 100	<b>Pre-Collision Stability</b> 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	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

Motor Vehicle # 2
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DESCRIPTION AND INFORMATION

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

DAMAGE

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

MOTOR VEHICLE CIRCUMSTANCES

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

LOUISIANA UNIFORM CRASH REPORT
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MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Vehicle Lighting, Traffic Control Device Types and Statuses, Trafficway Division, Barrier Type, Roadway Grade, Permitted Travel, Speed Limit, HOV Lane Presence, and HOV Lane Relation.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [201] 2 [203] 3 [204] 4 [ ] Most Harmful Event [204]

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

# LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #  
2

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## COMMERCIAL MOTOR VEHICLE INFORMATION

<b>Vehicle Configuration</b> 000		<b>Hazardous Materials Placard</b> 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 999 Unknown
	304 Truck tractor/semi-trailer		<b>Hazardous Material ID</b> N/A
200 Bus/large van (seats 9-15 occupants, including driver)	305 Truck tractor/double		<b>Hazardous Material Class</b> 970
201 Bus (seats more than 15 occupants, including driver)	306 Truck tractor/triple		1 Explosives 970 Not applicable
	307 Truck more than 10,000 lbs., cannot classify		2 Gas 999 Unknown
			3 Flammable liquids
			4 Other flammable substances
			5 Oxidizing substances and organic peroxides
			6 Toxic (poisonous) and infectious substances
			7 Radioactive material
			8 Corrosives
			9 Miscellaneous dangerous goods
<b>Cargo Body Type</b> 970	<b>Special Sizing</b>		<b>Hazardous Materials Released from Vehicle Cargo Compartment</b> 970
000 No cargo body	<input checked="" type="checkbox"/> 000 No special sizing <input type="checkbox"/> 100 Over-height <input type="checkbox"/> 101 Over-length <input type="checkbox"/> 102 Over-weight <input type="checkbox"/> 103 Over-width <input type="checkbox"/> 999 Unknown		000 No, hazardous materials not released
100 Bus	105 Flatbed	109 Log	100 Yes, hazardous materials released
101 Auto transporter	106 Garbage / refuse	110 Pole trailer	970 Not applicable
102 Cargo tank	107 Grain / chips / gravel	111 Van / enclosed box	
103 Concrete mixer	108 Intermodal container chassis	112 Vehicle towing another vehicle	<b>Motor Carrier Name</b> <input type="checkbox"/> Unknown
104 Dump			<b>Motor Carrier ID Number</b>
970 Not applicable	980 Other	999 Unknown	

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

**Motor Carrier Address**  Unknown **Motor Carrier Phone Number**  Unknown

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

<b>GVWR/GCWR</b> 970	<b>Commodity Hauled</b>
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 #

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

## TRAILER INFORMATION

TRAILER #

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

## TRAILER INFORMATION

TRAILER #

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



# LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #  
2

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## MEDICAL INFORMATION

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

## DRIVER CONDITION AND CIRCUMSTANCES

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

## DRIVER ACTIONS

<b>Driver Actions at Time of Crash</b>	<b>Avoidance Maneuver</b> 106	<b>Pre-Collision Stability</b> 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	104 108 109 110 000 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
NON-MOTORIST INFORMATION

Non-Motorist # 1
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NON-MOTORIST INFORMATION

Name [ ] Unknown Age [ ] Unknown Sex 101 Race 101
nmfirst1 nmmiddle1 nmlast1
15 100 Female 101 American Indian or Alaska Native
101 Male 101 Asian or Pacific Islander
999 Unknown 102 Black
103 White
980 Other
999 Unknown
Address [X] Unknown Phone Number [X] Not Collected
Street City State Postal Code
Incident Responder 000 Date of Birth [X] Unknown Ethnicity 101
000 No 102 Police 980 Other
100 EMS 103 Tow operator 999 Unknown
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)
100 Hispanic
101 Other than Hispanic
999 Unknown

NON-MOTORIST CIRCUMSTANCES

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

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

NON-MOTORIST MEDICAL INFORMATION

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

NON-MOTORIST CONDITION

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

Suspected Alcohol 100 Test Status 100 Alcohol [ ] Unknown Alcohol Test Type 200 Alcohol Test Results 000 BAC
Alcohol Usage 000 Test not given 100 Blood 300 Urine 000 Results pending
001 Test refused 101 Blood clot 301 Vitreous 001 Negative results with no actual value
100 Test given 102 Blood plasma/serum 302 Liver 100 Results received
100 Yes 999 Unknown if tested 200 Breath 970 Not applicable 101 Positive results with no actual value
999 Unknown abc321 201 Preliminary breath test (PBT) 980 Other 970 Not applicable
999 Unknown
Suspected Drug 999 Test Status 000 Drug [ ] Unknown Drug Test Type 970 Drug Test Results
Drug Usage 000 Test not given 100 Blood 970 Not applicable Not applicable
001 Test refused 101 Urine 999 Unknown
100 Test given 102 Both blood and urine
100 Yes 999 Unknown if tested 103 Saliva
999 Unknown 198 Other

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2
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NON-MOTORIST INFORMATION

Name: nmfirst2, nmlast2, Age: 22, Sex: 100 Female, Race: 100 American Indian or Alaska Native
Address: 123 glen ave., park city, UT 44555
Phone Number: Not Collected
Incident Responder: 000, Date of Birth: 12/13/1998, Ethnicity: 101

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type: 100, Initial Contact Point: 100, Location: 202, Safety Equipment: 100 Helmet, 103 Lighting, 104 Reflectors

Action Prior to Crash: 103, Actions or Circumstances At Time of Crash: 110, Clothing Brightness: 101, 109

NON-MOTORIST MEDICAL INFORMATION

Injury Status: 100, Type of Medical Transportation: 100, EMS Response Agency: Air Evac Lifeteam, EMS Response Run #: Unknown

NON-MOTORIST CONDITION

Conditions at the Time of the Crash: 000, Distraction Action: 101, Distraction Source: 101

Suspected Alcohol Usage: 000, Test Status: 000, Alcohol Kit Number: 970, Alcohol Test Type: 970, Alcohol Test Results: 970, BAC:
Suspected Drug Usage: 000, Test Status: 100, Drug Kit Number: Unknown, Drug Test Type: 100, Drug Test Results: Results pending

DIAGRAM

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Scene #

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Case #

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CRASH DIAGRAM



Scene #

2

DIAGRAM

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Case #

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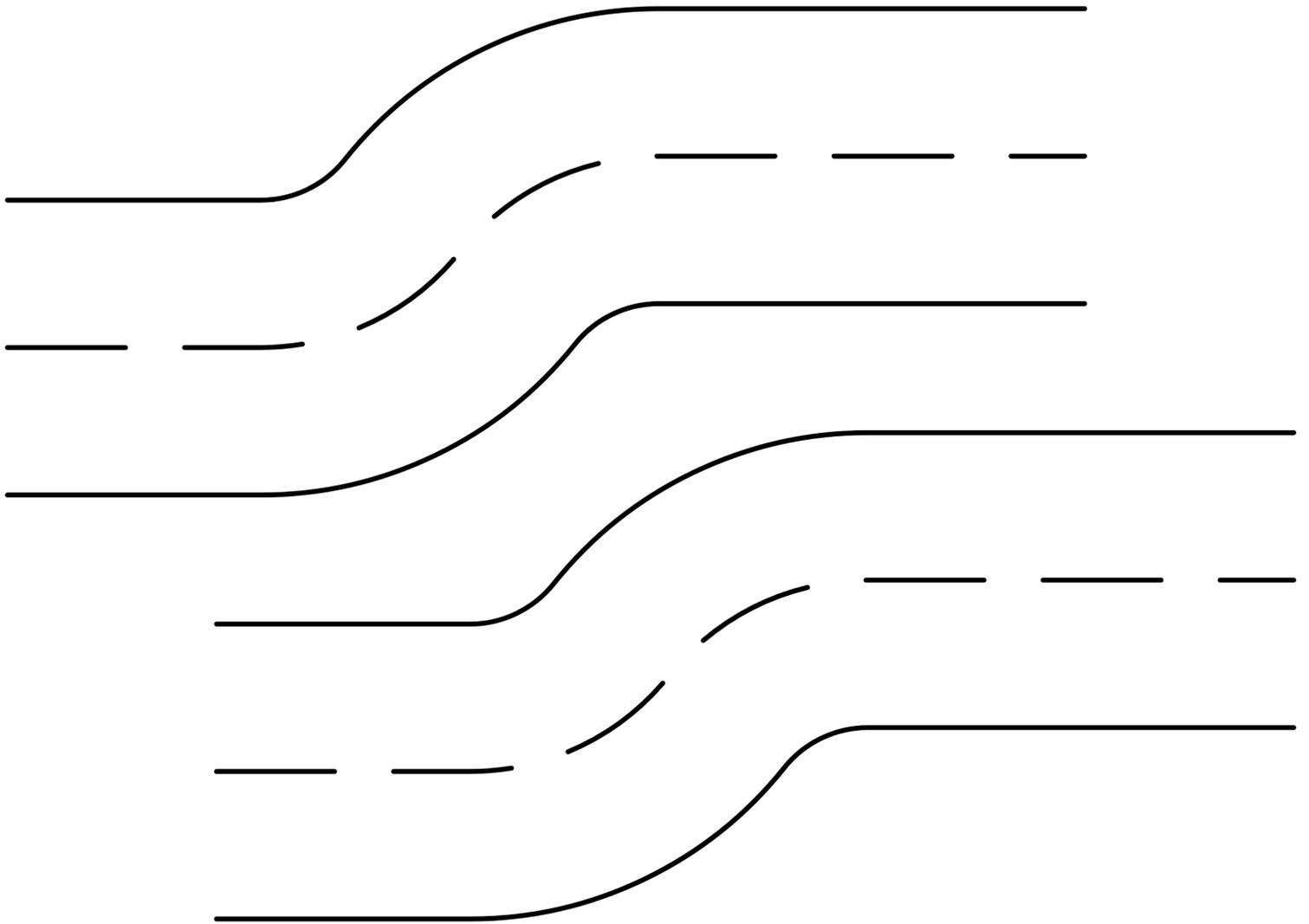
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CRASH DIAGRAM



## CRASH NARRATIVE

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

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

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

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

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](mailto:lacrash@lsu.edu)

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**CRASH NARRATIVE**

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.

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# LOUISIANA UNIFORM CRASH REPORT NARRATIVE

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## CRASH NARRATIVE

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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.

