

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 #	RMS Report 2	Page 1 of 18				
Number of Motorists	3	Number of Non-Motorists	0	Non-Fatally Injured Persons	1	Fatalities	0	Total Injuries and Fatalities	1	Vehicles Involved	2	Troop	A
Investigating Agency			Division	Parish		City		Latitude	Longitude				
LSP (Troop A)				Ascension		Donaldsonville		30.105275° N	90.997356° 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
12/14/2021 0010	12/14/2021 0012	12/14/2021 0015	12/14/2021 0015	12/14/2021 0050

ROAD INFORMATION

Highway <input checked="" type="checkbox"/> Not applicable	Road
	W SEVENTH ST
Distance/Direction From Intersection <input type="checkbox"/> Not applicable	Intersecting Road <input type="checkbox"/> Crash was at an intersection
0.1 mi	Upper ST

LOCATION INFORMATION

Road Classification	104	Road Subtype	100	Property Ownership	100	Trafficway Characteristics	100	# of Intersection Approaches	1	Traffic Flow Direction	S
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
	Eric		Newman	
Badge #	Printed Name	Signature		
1234	eric	<i>eric</i>		

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event	201	Location of First Harmful Event	106	Manner of Crash	504
Non-Collision		100 Cargo/equipment loss or shift		000 Not a collision between two motor vehicles in transport	
101 Fell/jumped from motor vehicle		100 Gore		300 Front to rear - rear end	
102 Fire/explosion		101 In parking lane or zone		400 Backing - rear to front	
103 Immersion, full or partial		102 Median		401 Backing - rear to rear	
104 Jackknife		103 Off roadway, location unknown		402 Backing - rear to side	
105 Overturn/rollover		104 On roadway		500 Sideswipe - left against flow	
106 Thrown or falling object		105 On shoulder, left side		501 Sideswipe - right against flow	
198 Other non-collision harmful event		106 On shoulder, right side		502 Sideswipe - against flow	
Collision with Non-Fixed Object		107 Outside road/right-of-way		503 Sideswipe - left overtake	
200 Collision with animal (live)		108 Roadside		504 Sideswipe - right overtake	
201 Collision with motor vehicle in transport		109 Separator/traffic island		505 Sideswipe - with flow	
202 Collision with parked motor vehicle		999 Unknown		980 Other	
203 Collision with pedalcycle		Relation to Junction	000	999 Unknown	
204 Collision with pedestrian		000 Not an interchange area		Contributing Factor	Primary 101
205 Collision with railway vehicle (train, engine)		100 Acceleration or deceleration lane		100 Violations	
206 Collision with object at rest from MV in transport		101 Crossover related		101 Movement prior to crash	Secondary 970
207 Collision with falling/shifting cargo or anything set in motion by MV		102 Driveway access or related		102 Vision obstructions	
208 Collision with work zone/maintenance equipment		103 Entrance/exit ramp or related		103 Driver condition	
209 Collision with farm equipment		104 Intersection or related		104 Vehicle condition	
297 Collision with other non-motorist		106 Railway grade crossing		105 Road surface	
298 Collision with other non-fixed object		107 Shared-use path or trail		106 Roadway condition	
Collision with Fixed Object		108 Through roadway		107 Lighting condition	
300 Collision with bridge overhead structure		980 Other location within an interchange area (median, shoulder, and roadside)		108 Weather condition	
301 Collision with bridge pier or support		999 Unknown		109 Traffic control	
302 Collision with bridge rail		Intersection Geometry	970	110 Non-motorist condition	
303 Collision with cable barrier		100 Angled / skewed		111 Non-motorist action	
304 Collision with concrete traffic barrier		101 Roundabout / traffic circle		970 Not applicable	
305 Collision with culvert		102 Perpendicular		School Bus Relation	000
306 Collision with curb		970 Not applicable		000 No	
307 Collision with ditch		Intersection Traffic Control	970	100 Yes, school bus directly involved	
308 Collision with embankment		000 No controls		101 Yes, school bus indirectly involved	
309 Collision with fence		100 Signalized			
310 Collision with guardrail end terminal		101 Stop -all way			
311 Collision with guardrail face		102 Stop -partial			
312 Collision with impact attenuator/crash cushion		103 Yield			
313 Collision with mailbox		970 Not applicable			
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					

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

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

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DESCRIPTION AND INFORMATION

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

DAMAGE TOWING

Damage Extent
Initial Contact Point
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

Skidmark Data (Feet) Distance Traveled After Impact (Feet) Vehicle Defects
Front Left Front Right Not applicable or measured
Rear Left Rear Right Unknown
Vehicle Lighting 999
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) 1 999 1 000
100 Person (including flagger, law enforcement, crossing guard, etc) 301 Flashing school zone signal 2 302 Flashing traffic control signal 2
200 Bicycle crossing sign 303 Lane use control signal 3 304 Ramp meter signal 3
201 Curve Ahead warning sign 305 Traffic control signal 4 308 Other signal 4
202 Intersection Ahead warning sign 400 Bicycle crossing
203 Pedestrian crossing sign 401 Pedestrian crossing
204 Railroad crossing 402 Railroad crossing
205 Reduce Speed Ahead warning sign 403 School zone
206 School zone sign 404 Yellow no passing line
207 Stop sign 498 Other pavement marking (excluding edgelines, centerlines, or lane lines)
208 Yield sign
298 Other warning sign
980 Other
999 Unknown
Traffic Signal Status 999
100 Red signal on
200 Yellow signal on
300 Green signal on
970 Not applicable
999 Unknown
Automation System Level Present 199
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 at Time of Crash 199
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 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 100 Number of Through Lanes 4 Number of Auxiliary Lanes 0 Roadway Alignment 101 Permitted Travel 200 Posted Speed Limit 45
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 1 201 2 3 4 Most Harmful Event 201

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

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 000		Hazardous Materials Placard 000	
000 Vehicles 10,000 lbs or less 100 Vehicles 10,000 lbs or less placarded for hazardous materials 200 Bus/large van (seats 9-15 occupants, including driver) 201 Bus (seats more than 15 occupants, including driver)		300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) 301 Single-unit truck (3 or more axles) 302 Truck pulling trailer(s) 303 Truck tractor (bobtail) 304 Truck tractor/semi-trailer 305 Truck tractor/double 306 Truck tractor/triple 307 Truck more than 10,000 lbs., cannot classify 999 Unknown	
Cargo Body Type 970		Hazardous Material ID N/A	
000 No cargo body 100 Bus 101 Auto transporter 102 Cargo tank 103 Concrete mixer 104 Dump 970 Not applicable 980 Other 999 Unknown		000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown Hazardous Material Class 970 1 Explosives 970 Not applicable 2 Gas 999 Unknown 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods	
Special Sizing 970		Hazardous Materials Released from Vehicle Cargo Compartment 970	
<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 Yes, hazardous materials released 970 Not applicable	
Load Permitted 970	Number of Axles <input type="checkbox"/> Unknown	Motor Carrier Type 000	Motor Carrier Identification 970
000 Non-permitted load 100 Permitted load 970 Not applicable (not a qualifying vehicle) 999 Unknown		000 Personal vehicle 001 Not in commerce: government 002 Not in commerce: personal rental truck or bus 098 Not in commerce: other 100 Interstate carrier 101 Intrastate carrier	100 US DOT number 101 State number 970 Not applicable 999 Unknown/unable to determine 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							
Name <input checked="" type="checkbox"/> Unknown			Age <input checked="" type="checkbox"/> Unknown		Sex 999	Race 999	
<small>First Middle Last Suffix</small>					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			
<small>Street City State Postal Code</small>							
Incident Responder 999					Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity 999
000 No		102 Police		980 Other		100 Hispanic	
100 EMS		103 Tow operator		999 Unknown		101 Other than Hispanic	
101 Fire		104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					

DRIVER LICENSE INFORMATION							
License Status 999		License Class 970		Driver License Type 970		Commercial Driver License Status 970	
100 Valid license 000 Not licensed 001 Canceled or denied 002 Expired 003 Revoked		004 Suspended 999 Unknown		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		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	
License Number		License State				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	
Endorsements on License			Endorsement Compliance		Restrictions on License		
<input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown			000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required				
				Alcohol Interlock Presence			
				000 No 100 Yes 970 Not applicable 999 Unknown			

DRIVER SEATING AND SAFETY INFORMATION																																																	
Seating Position 100					Restraint Systems Used 999																																												
Standard Vehicle Seats					Other Seating Positions																																												
<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	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 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																																												
					Used Improperly? 999																																												
					000 No 100 Yes 999 Unknown																																												
Air Bags Deployed					Ejection 999		Extrication 000																																										
<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 103 Other (knee, air belt, etc.)					<input type="checkbox"/> 970 Not applicable <input checked="" 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

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

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	999	Distracted By	999	Distraction Source	999	Speeding Related	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 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	999	Test Status	000	Alcohol Kit Number	<input type="checkbox"/> Unknown	Alcohol Test Type	970	Alcohol Test Results	970	BAC
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)		300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other		000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		
Suspected Drug Usage	999	Test Status	000	Drug Kit Number	<input type="checkbox"/> Unknown	Drug Test Type	970	Drug Test Results		
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other		970 Not applicable 999 Unknown		Not applicable		

DRIVER ACTIONS

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

CITATIONS

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VEHICLE INFORMATION

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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 TOWING

Damage Extent
Initial Contact Point
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
VEHICLE INFORMATION

Motor Vehicle #
2

Rev. 2021-1

Case #

RMS Report 2

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of 18

MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Vehicle Defects, Vehicle Lighting, Traffic Control Device Types and Statuses, Trafficway Division, Barrier Type, Roadway Grade, Number of Through Lanes, Number of Auxiliary Lanes, Roadway Alignment, Permitted Travel, Posted Speed Limit, HOV Lane Presence, HOV Lane Relation, Automation System Level Present, and Automation System Level Engaged at Time of Crash.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [201] 2 [] 3 [] 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

Motor Vehicle #
2

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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 999 Unknown
	304 Truck tractor/semi-trailer	Hazardous Material ID N/A
200 Bus/large van (seats 9-15 occupants, including driver)	305 Truck tractor/double	Hazardous Material Class 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

Cargo Body Type 970	Special Sizing
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	
105 Flatbed	
106 Garbage / refuse	
107 Grain / chips / gravel	
108 Intermodal container chassis	
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	

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle # 2	Rev. 2021-1	Case #	RMS Report 2	Page 11	of 18
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DRIVER INFORMATION					
Name <input type="checkbox"/> Unknown		Age <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> 101	Race <input type="checkbox"/> 103	
William	C. Mann	68	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 type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected			
987 Sixth st. Donaldsonville LA 71110		222-555-8745			
Incident Responder		Date of Birth <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> 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.)		5/9/1953	100 Hispanic 101 Other than Hispanic 999 Unknown		

DRIVER LICENSE INFORMATION					
License Status <input type="checkbox"/> 100		License Class <input type="checkbox"/> 400		Driver License Type <input type="checkbox"/> 100	
100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		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		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	
License Number 1223334444		License State ME		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	
Endorsements on License		Endorsement Compliance <input type="checkbox"/> 000		Restrictions 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		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		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		Other Seating Positions	001 None used – motor vehicle occupant		002 No helmet																																									
<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	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		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
Front																																														
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Oth	500	501	502	599																																										
Unk	600	601	602	699																																										
Air Bags Deployed		Ejection <input type="checkbox"/> 000		Extrication <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 Yes 999 Unknown																																										

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle # 2	Rev. 2021-1	Case #	RMS Report 2	Page 12	of 18
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MEDICAL INFORMATION

Injury Status	102	Type of Medical Transportation	980	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	Not applicable
Medical Unique Identifier				EMS Response Run #
<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown				<input type="checkbox"/> Unknown
Facility Receiving Patient				Unknown

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	000	Distracted By	000	Distraction Source	970	Speeding Related	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 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	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	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	000	Avoidance Maneuver	106	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		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 PASSENGER INFORMATION

Total # of Passengers
1

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PASSENGER INFORMATION

MOTOR VEHICLE # 2 **PASSENGER #** 1

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	Race
Lyle Mann <small>First Middle Last Suffix</small>					Unknown	12	100 Female 101 Male 999 Unknown	101 100
Address <input type="checkbox"/> Unknown					Phone Number <input checked="" type="checkbox"/> Not Collected			Ethnicity
987 Sixth st. Donaldsonville LA 71110 <small>Street City State Postal Code</small>								101
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Used Improperly?	Seating Position	Ejection	Extrication	
<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	<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown 104	000	001	000 No 100 Yes 999 Unknown	102	000	000	
Type of Medical Transportation		Medical Unique Identifier	EMS Response Agency		Facility Receiving Patient			
000		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Not applicable		Not applicable			
			EMS Response Run # <input type="checkbox"/> Unknown					

MOTOR VEHICLE # **PASSENGER #**

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	Race
							100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected			Ethnicity
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Used Improperly?	Seating Position	Ejection	Extrication	
<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	<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown				
Type of Medical Transportation		Medical Unique Identifier	EMS Response Agency		Facility Receiving Patient			
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown						
			EMS Response Run # <input type="checkbox"/> Unknown					

MOTOR VEHICLE # **PASSENGER #**

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	Race
							100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected			Ethnicity
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Used Improperly?	Seating Position	Ejection	Extrication	
<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	<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown				
Type of Medical Transportation		Medical Unique Identifier	EMS Response Agency		Facility Receiving Patient			
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown						
			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	Seating Position <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr> <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> <tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr> </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	Other	500	501	502	599	Unk	600	601	602	699
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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 <small>(i.e. maintenance workers, safety service patrol operators, etc.)</small> 980 Other 999 Unknown	Used Improperly? 000 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	Facility Receiving Patient 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																																								

DIAGRAM

Rev. 2021-1

Scene #

1

Case #

RMS Report 2

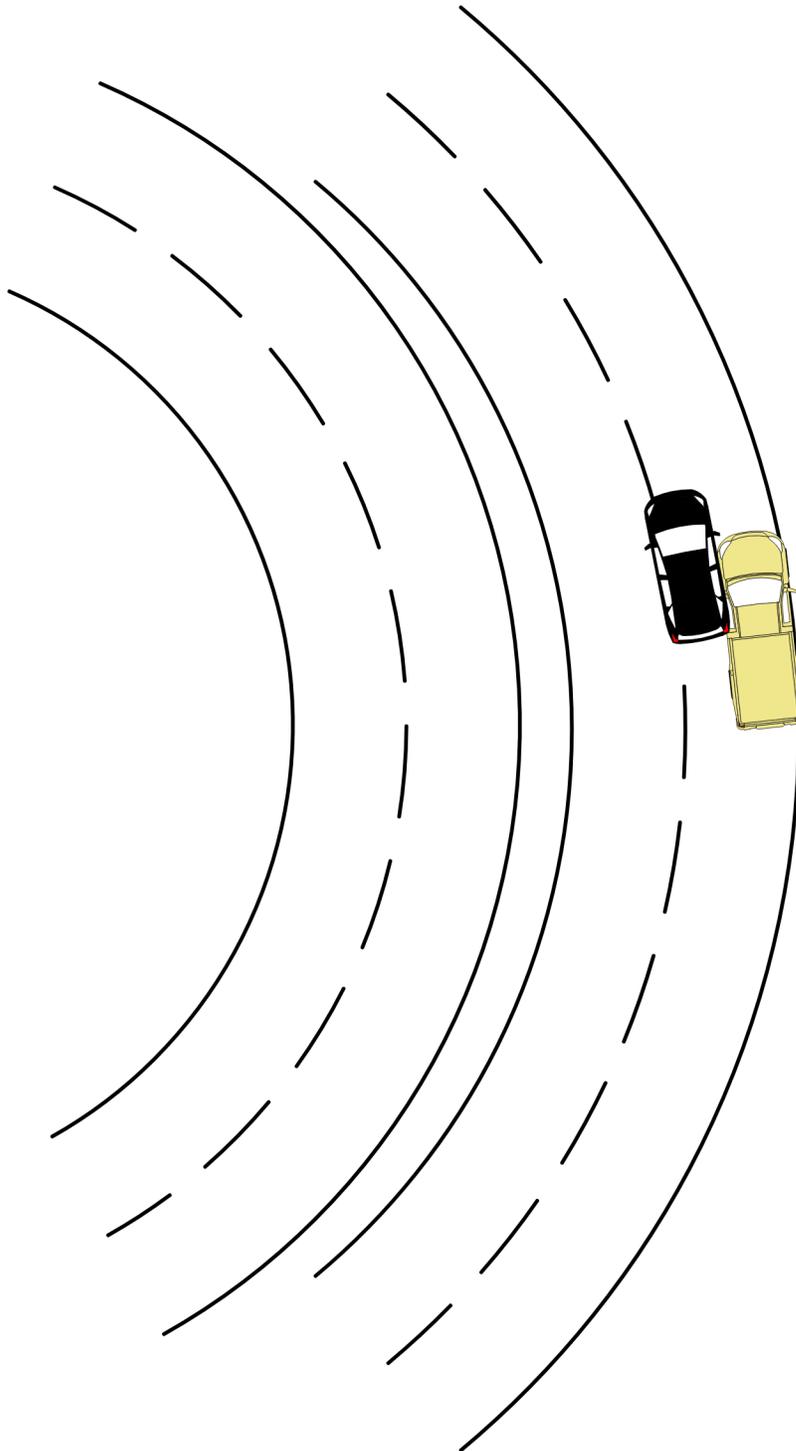
Page

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of

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CRASH DIAGRAM



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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CRASH NARRATIVE

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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.

LOUISIANA UNIFORM CRASH REPORT NARRATIVE

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CRASH NARRATIVE

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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Disclaimer: All information below this line is auto-generated from report data.
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Vehicle 2 Driver Medical Transportation Type: Self