

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

2021000008

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1		Case #		Test Case Tracking - 2		Page 1 of 16	
Number of Motorists 5		Number of Non-Motorists 0		Non-Fatally Injured Persons 3		Fatalities 1		Total Injuries and Fatalities 4		Vehicles Involved 2		Troop A	
Investigating Agency CARTS LSU				Division		Parish East Baton Rouge		City Baton Rouge		Latitude 30.391730° N		Longitude 91.161961° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/08/2021 1200		Police Notified Date/Time 08/08/2021 1200		Police Arrived Date/Time 08/08/2021 1200		Roadway Cleared Date/Time 08/08/2021 1200		On Scene Investigation Completed Date/Time 08/08/2021 1200					
ROAD INFORMATION													
Highway <input checked="" type="checkbox"/> Not applicable				Road W LEE DR									
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable				Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection BURBANK DR									
LOCATION INFORMATION													
Road Classification 104		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 2		Traffic Flow Direction N			
100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property		100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable		100 Public property 200 Private property		100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway		1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more		X Not applicable (not a divided highway) N North W West S South E East			
INVESTIGATING OFFICER													
Rank Trooper		First Name Matt				Middle Name		Last Name Trahan				Suffix	
Badge # 1234		Printed Name Matt Trahan						Signature <i>Matt Trahan</i>					
CRASH CIRCUMSTANCES AND CONDITIONS													
First Harmful Event 201				Location of First Harmful Event 104		Manner of Crash 300							
Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event				100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown		000 Not a collision between two motor vehicles in transport 200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown							
Collision with Non-Fixed Object				Relation to Junction 104		Contributing Factor Primary 100 Secondary 101							
200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown		100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable							
Collision with Fixed Object				Intersection Geometry 102		School Bus Relation 000							
300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved							
Intersection Traffic Control 100		000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable											
CRASH REPORT - CRASH SUMMARY													

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CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
IT	Eric		Newman	

WITNESS #

WITNESS #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000008

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

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VEHICLE INFORMATION

2021000008

Motor Vehicle #		Rev. 2023-1		Case #		Test Case Tracking - 2		Page 4 of 16	
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
Front Left <input type="text"/> Front Right <input type="text"/> <input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown			Vehicle Lighting <input type="text"/> 999			000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown			
Rear Left <input type="text"/> Rear Right <input type="text"/>			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 100 Person (including flagger, law enforcement, crossing guard, etc) 200 Bicycle crossing sign 201 Curve Ahead warning sign 202 Intersection Ahead warning sign 203 Pedestrian crossing sign 204 Railroad crossing sign 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign 980 Other 999 Unknown			300 Flashing railroad crossing (may include gates) 301 Flashing school zone signal 302 Flashing traffic control signal 303 Lane use control signal 304 Ramp meter signal 305 Traffic control signal 398 Other signal 400 Bicycle crossing 401 Pedestrian crossing 402 Railroad crossing 403 School zone 404 Yellow no passing line 405 White or yellow dash line 406 Solid white lane line 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 999 Unknown		1 <input type="text"/> 305 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 1 <input type="text"/> 000 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>		Automation System Level Present <input type="text"/> 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 <input type="text"/> 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			Barrier Type						
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			000 000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other		000 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown				
Roadway Grade <input type="text"/> 100		Number of Through Lanes		Number of Auxiliary Lanes		Roadway Alignment <input type="text"/> 100		Permitted Travel <input type="text"/> 200	
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)		2		0		100 Straight 101 Curve left 102 Curve right		100 One-way 200 Two-way Speed Limit <input type="text"/> 35 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
HOV Lane Presence <input type="text"/> 000		HOV Lane Relation <input type="text"/> 000							
000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators		000 No 100 Yes							
MOTOR VEHICLE EVENTS									
Sequence of Events 1 <input type="text"/> 201 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>				Most Harmful Event <input type="text"/> 201					
Non-Harmful Events					Collision with Fixed Object				
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)					005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				
Non-Collision Events					Collision with Person / Vehicle / Non-Fixed Object				
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event					200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				
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LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2023-1		Case #	Test Case Tracking - 2	Page	5	of	16			
COMMERCIAL MOTOR VEHICLE INFORMATION												
Vehicle Configuration				000	Hazardous Materials Placard					999		
000 Vehicles 10,000 lbs or less				300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown					000 Had no placard and not carrying hazardous materials		
100 Vehicles 10,000 lbs or less placarded for hazardous materials				301 Single-unit truck (3 or more axles)						001 Had a placard, not carrying hazardous materials		
200 Bus/large van (seats 9-15 occupants, including driver)				302 Truck pulling trailer(s)						100 Carried hazardous material that required placarding		
201 Bus (seats more than 15 occupants, including driver)				303 Truck tractor (bobtail)						200 Carried hazardous materials without placard	999 Unknown	
				304 Truck tractor/semi-trailer						Hazardous Material ID N/A		
				305 Truck tractor/double						Hazardous Material Class		970
				306 Truck tractor/triple						1 Explosives	970 Not applicable	
				307 Truck more than 10,000 lbs., cannot classify						2 Gas	999 Unknown	
Cargo Body Type				970	Special Sizing							
000 No cargo body					<input checked="" type="checkbox"/> 000 No special sizing							
100 Bus				105 Flatbed	<input type="checkbox"/> 100 Over-height							
101 Auto transporter				106 Garbage / refuse	<input type="checkbox"/> 101 Over-length							
102 Cargo tank				107 Grain / chips / gravel	<input type="checkbox"/> 102 Over-weight							
103 Concrete mixer				108 Intermodal container chassis	<input type="checkbox"/> 103 Over-width							
104 Dump				109 Log	<input type="checkbox"/> 999 Unknown							
110 Pole trailer												
111 Van / enclosed box												
112 Vehicle towing another vehicle												
970 Not applicable				980 Other								
999 Unknown												
Load Permitted		970	Number of Axles			Motor Carrier Type		000	Motor Carrier Identification		970	
000 Non-permitted load			<input type="checkbox"/> Unknown			000 Personal vehicle			100 US DOT number			
100 Permitted load						001 Not in commerce: government			101 State number			
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										Motor Carrier Phone Number		
<input type="checkbox"/> Unknown										<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										Number of Axles		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Year		Make		Model								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
License Plate										<input type="checkbox"/> Non-expiring		
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown		
State		Number		Year								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
TRAILER INFORMATION										TRAILER #		
VIN										Number of Axles		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Year		Make		Model								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
License Plate										<input type="checkbox"/> Non-expiring		
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown		
State		Number		Year								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
TRAILER INFORMATION										TRAILER #		
VIN										Number of Axles		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Year		Make		Model								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
License Plate										<input type="checkbox"/> Non-expiring		
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown		
State		Number		Year								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								

Motor Vehicle # 1		DRIVER INFORMATION		Rev. 2023-1	Case #	Test Case Tracking - 2	Page6	of16
DRIVER INFORMATION								
Name <input checked="" type="checkbox"/> Unknown				Age <input checked="" type="checkbox"/> Unknown	Sex 100 Female 101 Male 999 Unknown	999	Race 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				
FirstMiddleLastSuffix				StreetCityStatePostal Code				
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown		
DRIVER LICENSE INFORMATION								
License Status 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		999	License Class 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable		970	Driver License Type 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable		970
Commercial Driver License Status 100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown								
License Number		License State		Endorsements 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 checked="" type="checkbox"/> 999 Unknown				
Endorsement Compliance 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required		999		Restrictions on License 999 - Unknown				
Alcohol Interlock Presence 000 No 970 Not applicable 100 Yes 999 Unknown		970						
DRIVER SEATING AND SAFETY INFORMATION								
Seating Position 100		Restraint Systems Used 999						
Standard Vehicle Seats Front RowLeftMiddleRightUnk 1100101102199 2200201202299 3300301302399 4400401402499 Oth500501502599 Unk600601602699		Other Seating Positions 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 999 Unknown 100 Booster seat 200 DOT-compliant motorcycle helmet 101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet 102 Child restraint system – rear facing 299 Unknown if DOT-compliant motorcycle helmet 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				
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)		970 Not applicable <input checked="" type="checkbox"/> 999 Deployment unknown		Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown		999		
Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown		000						

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

Motor Vehicle #	1	Rev. 2023-1	Case #	Test Case Tracking - 2	Page	7	of	16
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MEDICAL INFORMATION

Injury Status	103	Type of Medical Transportation	999	EMS Response Agency	Unknown
100 (K) Fatal Injury		000 Not transported	980 Other		
101 (A) Suspected Serious Injury		100 EMS air	999 Unknown		
102 (B) Suspected Minor Injury		101 EMS ground		EMS Response Run #	<input checked="" type="checkbox"/> Unknown
103 (C) Possible Injury		200 Law enforcement			
104 (O) No Apparent Injury					
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	Distraction Action	999	Distraction Source	999	Speeding Relation	999			
000 Apparently normal		000 Not distracted		100 Hands-free mobile phone	200 Passenger or other non-motorist	000 No				
100 Asleep/blacked out		100 Talking / listening		101 Hand-held mobile phone	201 External to vehicle/non-motorist area	100 Exceeded speed limit				
101 Fatigued		101 Manually operating a device		102 Vehicle-integrated device	298 Other	101 Racing				
102 Emotional (depressed, angry, disturbed, etc.)		(e.g., texting, dialing, playing game, etc.)		198 Other electronic device	970 Not applicable	102 Too fast for conditions				
103 Ill (sick), fainted		200 Inattentive			999 Unknown	999 Unknown				
104 Physically impaired		980 Other distraction		Vision Obscurement			999			
105 Under the influence of medications/drugs/alcohol		999 Unknown distraction		000 None	105 Embankment	111 Blinded by sun glare				
106 Inattentive/distracted				100 Rain, snow, etc. on windshield	106 Sign boards	112 Distracted by neon lights in field of view				
				101 Windshield otherwise obscured	107 Hillcrest					
				102 Vision obscured by load	108 Parked vehicles					
				103 Trees, bushes, etc.	109 Moving vehicles	980 Other				
				104 Building	110 Blinded by headlights	999 Unknown				
Suspected Alcohol Usage	100	Test Status	100	Alcohol Kit Number	123	Alcohol Test Type	200	Alcohol Test Results	001	BAC
000 No		000 Test not given				100 Blood	300 Urine	970 Not applicable	000 Results pending	
100 Yes		001 Test refused				101 Blood clot	301 Vitreous	980 Other	001 Negative results with no actual value	
999 Unknown		100 Test given				102 Blood plasma/serum	302 Liver		100 Results received	
		999 Unknown if tested				200 Breath			101 Positive results with no actual value	
						201 Preliminary breath test (PBT)			970 Not applicable	
									999 Unknown	
Suspected Drug Usage	100	Test Status	100	Drug Kit Number	456	Drug Test Type	101	Drug Test Results		
000 No		000 Test not given				100 Blood	970 Not applicable	Morphine		
100 Yes		001 Test refused				101 Urine	999 Unknown			
999 Unknown		100 Test given				102 Both blood and urine				
		999 Unknown if tested				103 Saliva				
						198 Other				

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000008

Motor Vehicle #		Rev. 2023-1		Case #	Test Case Tracking - 2	Page	8	of	16
DESCRIPTION AND INFORMATION									
<input type="checkbox"/> Check if this vehicle had no driver	Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene	000	Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	100	Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <u>Other</u> 980 Other	401	103 Pickup 104 Cargo van		
VIN <input checked="" type="checkbox"/> Unknown									
Model Year <input type="checkbox"/> Unknown 2000	Make Freightliner	Model Unknown	Color White						
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 456123 <input type="checkbox"/> Unknown Year 2021 <input type="checkbox"/> Unknown	Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Some Chemical Plant			Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 9000 Parkway Pkwy Baton Rouge LA 70808 <small>Street City State Postal Code</small>					
Insurance <input type="checkbox"/> Uninsured at time of crash Company Geico <input type="checkbox"/> Unknown Phone # 800-000-0000 <input type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # 987-654-321 <input type="checkbox"/> Unknown Expiration Date 12/31/2021 <input type="checkbox"/> Unknown									
DAMAGE									
Damage Extent 100 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown		Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		Tow Status 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By <input type="checkbox"/> Unknown				
Tow Authority 970 100 Owner 101 Law enforcement 970 Not applicable 980 Other									
MOTOR VEHICLE CIRCUMSTANCES									
Vehicle Usage 000 000 No special function 980 Other 100 Bus - school (public or private) 999 Unknown 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		Vehicle Maneuver 503 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition		Direction of Travel Before Crash 500 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown					

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000008

Motor Vehicle #		Rev. 2023-1		Case #		Test Case Tracking - 2		Page 9 of 16	
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
Front Left <input type="text"/> Front Right <input type="text"/> <input type="checkbox"/> Not applicable or measured <input checked="" type="checkbox"/> Unknown			Vehicle Lighting 999			000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown			
Rear Left <input type="text"/> Rear Right <input type="text"/>			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 100 Person (including flagger, law enforcement, crossing guard, etc) 200 Bicycle crossing sign 201 Curve Ahead warning sign 202 Intersection Ahead warning sign 203 Pedestrian crossing sign 204 Railroad crossing sign 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign 980 Other 999 Unknown		300 Flashing railroad crossing (may include gates) 301 Flashing school zone signal 302 Flashing traffic control signal 303 Lane use control signal 304 Ramp meter signal 305 Traffic control signal 398 Other signal 400 Bicycle crossing 401 Pedestrian crossing 402 Railroad crossing 403 School zone 404 Yellow no passing line 405 White or yellow dash line 406 Solid white lane line 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 999 Unknown		1 <input type="text"/> 305 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> Traffic Signal Status 100 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		1 <input type="text"/> 000 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> Automation System Level Present 000 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown Automation System Level Engaged 000 000 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		Number of Auxiliary Lanes		Roadway Alignment 100		Permitted Travel 200	
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)		2		0		100 Straight 101 Curve left 102 Curve right		100 One-way 200 Two-way Speed Limit 35 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
HOV Lane Presence 000		HOV Lane Relation 000							
000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators		000 No 100 Yes							
MOTOR VEHICLE EVENTS									
Sequence of Events 1 <input type="text"/> 201 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>				Most Harmful Event <input type="text"/> 201					
Non-Harmful Events					Collision with Fixed Object				
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)					005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				
Non-Collision Events					Collision with Person / Vehicle / Non-Fixed Object				
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event					200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				
300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support					396 Collision with other post,pole,or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2		Rev. 2023-1		Case #	Test Case Tracking - 2	Page 10 of 16
COMMERCIAL MOTOR VEHICLE INFORMATION						
Vehicle Configuration				304	Hazardous Materials Placard 100	
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)				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	
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						
Cargo Body Type 102				Special Sizing		
000 No cargo body 100 Bus 101 Auto transporter 102 Cargo tank 103 Concrete mixer 104 Dump 105 Flatbed 106 Garbage / refuse 107 Grain / chips / gravel 108 Intermodal container chassis 109 Log 110 Pole trailer 111 Van / enclosed box 112 Vehicle towing another vehicle 970 Not applicable 980 Other 999 Unknown				<input type="checkbox"/> 000 No special sizing <input type="checkbox"/> 100 Over-height <input type="checkbox"/> 101 Over-length <input checked="" type="checkbox"/> 102 Over-weight <input type="checkbox"/> 103 Over-width <input type="checkbox"/> 999 Unknown		
Load Permitted 100		Number of Axles <input type="checkbox"/> Unknown 15	Motor Carrier Type 100	Motor Carrier Identification 100		
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		
9000 Parkway Pkway Street				Baton Rouge LA 70808 City State Postal Code		
GVWR/GCWR 102		Commodity Hauled Chemicals				
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 State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown				<input type="checkbox"/> Non-expiring <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 State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown				<input type="checkbox"/> Non-expiring <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 State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown				<input type="checkbox"/> Non-expiring <input type="checkbox"/> Unknown		

Motor Vehicle #2

Rev. 2023-1

Case #

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DRIVER INFORMATION

Name☐ Unknown

Joe

First

Jones

Middle

Last

Suffix

Address☐ Unknown

2000 Lane Ln

Street

Baton Rouge

City

LA

70808

State

Postal Code

Incident Responder

000 No

102 Police

100 EMS

103 Tow operator

101 Fire

104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)

980 Other

999 Unknown

Age☐ Unknown

31

Sex

100 Female

101 Male

999 Unknown

101

Race

100 American Indian or Alaska Native

101 Asian or Pacific Islander

102 Black

103 White

980 Other

999 Unknown

103

Phone Number☐ Not Collected

225-999-9999

Date of Birth

4/4/1990

☐ Unknown

Ethnicity

100 Hispanic

101 Other than Hispanic

999 Unknown

999

DRIVER LICENSE INFORMATION

License Status

100

100 Valid license

004 Suspended

000 Not licensed

999 Unknown

001 Canceled or denied

002 Expired

003 Revoked

License Class

100

000 None

100 Class A

101 Class B

102 Class C

200 Light commercial/chauffeur (LA class D)

300 Motorcycle only

400 Regular driver license (LA class E)

970 Not applicable

Driver License Type

200

100 Non-CDL driver license

101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.)

200 Commercial driver license (CDL)

970 Not applicable

Commercial Driver License Status

100

100 Valid

101 Learner's permit

000 Canceled or denied

001 Disqualified

002 Expired

003 Revoked

004 Suspended

098 Other (not valid)

970 Not applicable (no CDL)

999 Unknown

License Number

987654321

License State

LA

Endorsements on License

☐ 000 None/not applicable

☒ 100 H - Hazardous materials

☐ 101 N - Tank vehicle

☐ 102 P - Passenger

☐ 103 S - School

☐ 104 T - Double/triple trailers

☐ 105 X - Combination of tank vehicle and hazardous materials

☐ 200 M - Motorcycle

☐ 298 Other non-commercial license endorsements

☐ 999 Unknown

Endorsement Compliance

100

000 No endorsements required for the vehicle

100 Endorsements required, complied with

101 Endorsements required, not complied with

199 Endorsements required, compliance unknown

999 Unknown if endorsements required

Restrictions on License

000 - None

Alcohol Interlock Presence

970

000 No

100 Yes

970 Not applicable

999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position

100

Standard Vehicle Seats

Other Seating Positions

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

Restraint Systems Used

103

001 None used – motor vehicle occupant

002 No helmet

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

Any indication of improper use?

000

000 No

100 Yes

999 Unknown

Air Bags Deployed

☐ 000 Not deployed

☐ 001 Not deployed - switch off

☒ 100 Front

☐ 101 Side

☐ 102 Curtain

103 Other (knee, air belt, etc.)

☐ 970 Not applicable

☐ 999 Deployment unknown

Ejection

000

000 Not ejected

100 Ejected, partially

101 Ejected, totally

970 Not applicable

999 Unknown

Extrication

000

000 No

100 Trapped and extricated

101 Trapped but not extricated

999 Unknown

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

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Motor Vehicle

2

MEDICAL INFORMATION

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

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

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 000	Distraction Action 000	Distraction Source 970	Speeding Relation 000
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 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 200 Passenger or other non-motorist 101 Hand-held mobile phone 201 External to vehicle/non-motorist area 102 Vehicle-integrated device 298 Other 198 Other electronic device 970 Not applicable 999 Unknown	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown
		Vision Obscurement 000	
		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	

Suspected Alcohol Usage 100	Test Status 100	Alcohol Kit Number <input type="checkbox"/> Unknown	Alcohol Test Type 300	Alcohol Test Results 100	BAC
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	987	100 Blood 300 Urine 970 Not applicable 101 Blood clot 301 Vitreous 980 Other 102 Blood plasma/serum 302 Liver 200 Breath 201 Preliminary breath test (PBT)	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	0.08

Suspected Drug Usage 100	Test Status 100	Drug Kit Number <input type="checkbox"/> Unknown	Drug Test Type 103	Drug Test Results
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	654	100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other	Acetaminophen + Codeine, Acetorphone, Acetyl-alpha-methylfentanyl, Acetyldihydrocodeine

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

Total # of Passengers 3	Rev. 2023-1	Case #	Test Case Tracking - 2	Page 13 of 16
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PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 1

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

MOTOR VEHICLE # 1 PASSENGER # 2

Name <input checked="" type="checkbox"/> Unknown		Date of Birth	Age	Sex	999	Race
Unknown		Unknown	Unknown	100 Female 101 Male 999 Unknown		999
First Middle Last Suffix						
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected		Ethnicity
Street City State Postal Code						999
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position	Ejection
<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 checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown 103	000	999	<input type="checkbox"/> 000 No <input type="checkbox"/> 100 Yes <input type="checkbox"/> 999 Unknown 999	200	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				

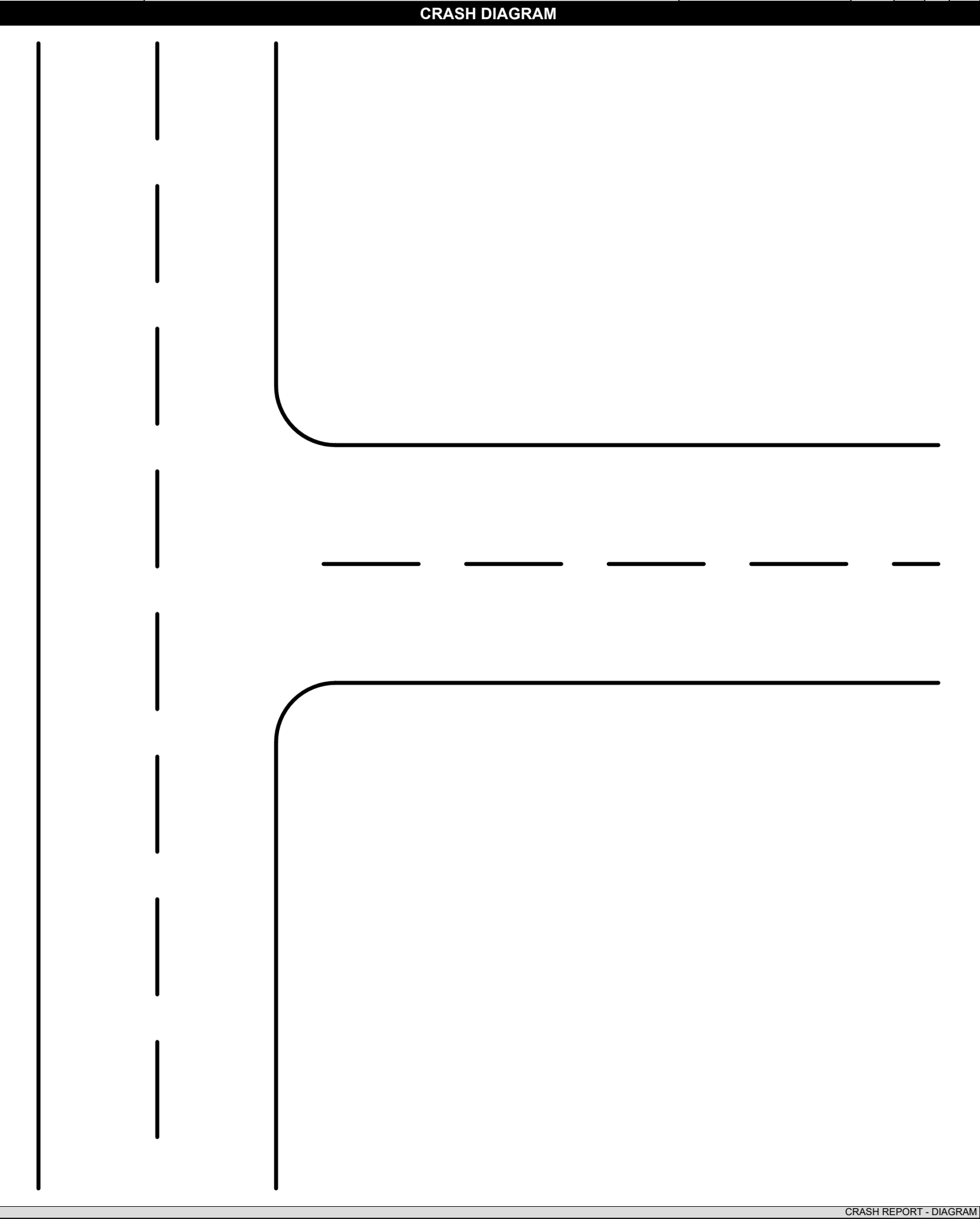
MOTOR VEHICLE # 2 PASSENGER # 1

Name <input type="checkbox"/> Unknown		Date of Birth	Age	Sex	100	Race
Jane Jones		6/6/1995	26	100 Female 101 Male 999 Unknown		103
First Middle Last Suffix						
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected		Ethnicity
2000 Lane Ln Baton Rouge LA 70808				225-800-0000		999
Street City State Postal Code						
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position	Ejection
<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 checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown 103	000	105	<input type="checkbox"/> 000 No <input type="checkbox"/> 100 Yes <input type="checkbox"/> 999 Unknown 100	102	100
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				

PASSENGER CODES

Injury Status	Ejection	Extrication	Restraint Systems	Seating Position																																			
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 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	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	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																																			
Race	Ethnicity	Incident Responder																																					
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	100 Hispanic 101 Other than Hispanic 999 Unknown	000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown	002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown	Front <table><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></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table>	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																																			
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Type of Medical Transportation																																							
000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																							

Scene # 1	Rev. 2023-1	Case #	Test Case Tracking - 2	Page	14	of	16
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NARRATIVE

Rev. 2023-1

CRASH NARRATIVE

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

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

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

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

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

NARRATIVE

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CRASH NARRATIVE

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This report was reassigned to Eric Newman.