

LOUISIANA UNIFORM CRASH REPORT  
CRASH INFORMATION

2021000347

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1		Case #		A-123456-23		Page		1		of		14															
Number of Motorists		2		Number of Non-Motorists		3		Non-Fatally Injured Persons		0		Fatalities		4		Total Injuries and Fatalities		4		Vehicles Involved		1		Troop		A							
Investigating Agency						Division			Parish			City			Latitude			Longitude															
LSP (Troop A)									East Baton Rouge			Baton Rouge			30.391675° N			91.162004° W															
CRASH TIME INFORMATION																																	
Crash Date/Time				Police Notified Date/Time				Police Arrived Date/Time				Roadway Cleared Date/Time				On Scene Investigation Completed Date/Time																	
08/08/2021 1200				08/08/2021 1200				08/08/2021 1200				08/08/2021 1200				08/08/2021 1200																	
ROAD INFORMATION																																	
Highway <input checked="" type="checkbox"/> Not applicable						Road																											
						COLLEGE 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				S									
100 Interstate				100 Mainline				100 Public property				100 Trafficway, on road				1 Not an intersection				X Not applicable (not a divided highway)													
101 US highway				200 On-ramp				200 Private property				101 Trafficway, not on road				2 Two				N North													
102 State highway				201 Off-ramp								200 Non-trafficway				3 Three				W West				E East									
103 Parish road				300 Frontage/service												4 Four				S South													
104 City street				970 Not applicable												5 Five or more																	
200 Off road/private property																																	
INVESTIGATING OFFICER																																	
Rank		First Name						Middle Name						Last Name						Suffix													
SGT		Christian												Rodriguez																			
Badge #		Printed Name										Signature																					
AB123		Christian										<i>Christian</i>																					
CRASH CIRCUMSTANCES AND CONDITIONS																																	
First Harmful Event						204		Location of First Harmful Event						104		Manner of Crash						000											
<div>Non-collision</div> <div>100 Cargo/equipment loss or shift</div> <div>101 Fell/jumped from motor vehicle</div> <div>102 Fire/explosion</div> <div>103 Immersion, full or partial</div> <div>104 Jackknife</div> <div>105 Overturn/rollover</div> <div>106 Thrown or falling object</div> <div>198 Other non-collision harmful event</div>						<div>Collision with Non-Fixed Object</div> <div>200 Collision with animal (live)</div> <div>201 Collision with motor vehicle in transport</div> <div>202 Collision with parked motor vehicle</div> <div>203 Collision with pedalcycle (including bicycles)</div> <div>204 Collision with pedestrian</div> <div>205 Collision with railway vehicle (train, engine)</div> <div>206 Collision with object at rest from MV in transport</div> <div>207 Collision with falling/shifting cargo or anything set in motion by MV</div> <div>208 Collision with work zone/maintenance equipment</div> <div>209 Collision with farm equipment</div> <div>297 Collision with other non-motorist</div> <div>298 Collision with other non-fixed object</div>						<div>Relation to Junction</div> <div>000 Not an interchange area</div> <div>100 Acceleration or deceleration lane</div> <div>101 Crossover related</div> <div>102 Driveway access or related</div> <div>103 Entrance/exit ramp or related</div> <div>104 Intersection or related</div> <div>106 Railway grade crossing</div> <div>107 Shared-use path or trail</div> <div>108 Through roadway</div> <div>980 Other location within an interchange area (median, shoulder, and roadside)</div> <div>999 Unknown</div>						<div>Contributing Factor</div> <div>100 Violations</div> <div>101 Movement prior to crash</div> <div>102 Vision obstructions</div> <div>103 Driver condition</div> <div>104 Vehicle condition</div> <div>105 Road surface</div> <div>106 Roadway condition</div> <div>107 Lighting condition</div> <div>108 Weather condition</div> <div>109 Traffic control</div> <div>110 Non-motorist condition</div> <div>111 Non-motorist action</div> <div>970 Not applicable</div>						Primary 100		Secondary 101							
<div>Collision with Fixed Object</div> <div>300 Collision with bridge overhead structure</div> <div>301 Collision with bridge pier or support</div> <div>302 Collision with bridge rail</div> <div>303 Collision with cable barrier</div> <div>304 Collision with concrete traffic barrier</div> <div>305 Collision with culvert</div> <div>306 Collision with curb</div> <div>307 Collision with ditch</div> <div>308 Collision with embankment</div> <div>309 Collision with fence</div> <div>310 Collision with guardrail end terminal</div> <div>311 Collision with guardrail face</div> <div>312 Collision with impact attenuator/crash cushion</div> <div>313 Collision with mailbox</div> <div>314 Collision with traffic sign support</div> <div>315 Collision with traffic signal support</div> <div>316 Collision with tree (standing)</div> <div>317 Collision with utility pole/light support</div> <div>396 Collision with other post, pole, or support</div> <div>397 Collision with other traffic barrier</div> <div>398 Collision with other fixed object (wall, building, tunnel, etc.)</div> <div>399 Collision with unknown fixed object</div>						<div>Intersection Geometry</div> <div>100 Angled / skewed</div> <div>101 Roundabout / traffic circle</div> <div>102 Perpendicular</div> <div>970 Not applicable</div>						<div>Intersection Traffic Control</div> <div>000 No controls</div> <div>100 Signalized</div> <div>101 Stop -all way</div> <div>102 Stop -partial</div> <div>103 Yield</div> <div>970 Not applicable</div>						000															

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## CRASH CONDITIONS

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

## WORK ZONE CRASH INFORMATION

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

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

WITNESS #

WITNESS #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

## PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

2021000347

Motor Vehicle #		Rev. 2023-1		Case #	A-123456-23	Page	3	of	14
DESCRIPTION AND INFORMATION									
<input type="checkbox"/> Check if this vehicle had no driver		<b>Hit and Run</b> 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		<b>Vehicle Type</b> 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		<b>Vehicle Body Type</b> <b>Passenger Vehicles</b> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <b>Construction / Farm Equipment</b> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <b>Cycle / Off Road / Recreation</b> 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 <b>Trucks</b> 400 Single unit truck 401 Truck tractor 498 Other truck <b>Large Passenger Vehicle</b> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <b>Other</b> 980 Other			
VIN		<input checked="" type="checkbox"/> Unknown							
<b>Model Year</b> <input type="checkbox"/> Unknown 2000		<b>Make</b> Toyota		<b>Model</b> Camry		<b>Color</b> Red			
<b>License Plate</b> <input type="checkbox"/> Missing <b>State</b> LA <input type="checkbox"/> Unknown <b>Number</b> 123ABC <input type="checkbox"/> Unknown <b>Year</b> 2021 <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-expiring							
<b>Owner Name</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown John Doe									
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 123 Street St <i>Street</i>		Baton Rouge <i>City</i>		LA <i>State</i>		70808 <i>Postal Code</i>			
<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash <b>Company</b> Geico <b>Phone #</b> 800-111-1111 <b>NAIC #</b> <b>Policy #</b> 111-222-333 <b>Expiration Date</b> 12/31/2021		<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown							
980 Other 999 Unknown									
DAMAGE									
<b>Damage Extent</b> 100 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		<b>Initial Point of Contact</b> 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		<b>Damaged Areas</b> 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		<b>Tow Status</b> 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage <b>Towed By</b> <input type="checkbox"/> Unknown			
<b>TOWING</b>									
						<b>Tow Authority</b> 970 100 Owner 101 Law enforcement 970 Not applicable 980 Other			
MOTOR VEHICLE CIRCUMSTANCES									
<b>Vehicle Usage</b> 000 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		<b>Vehicle Maneuver</b> 000 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way <b>Vehicle Maneuver Reason</b> 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing		109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition		400 Slowing to make left turn 401 Slowing to make right turn 402 Slowing to stop 498 Slowing for other reason 500 Parked 501 Stopped, preparing to turn left 502 Stopped, preparing to turn right 503 Stopped in traffic 980 Other 999 Unknown			
		<b>Emergency Vehicle Usage</b> 000 000 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				<b>Direction of Travel Before Crash</b> 500 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown			

Motor Vehicle # 1		Vehicle Information Rev. 2023-1						Case # A-123456-23		Page 4 of 14	
MOTOR VEHICLE CIRCUMSTANCES											
Skidmark Data (Feet)				Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown				Contributing Defects			
Front Left <div></div>		Front Right <div></div>		<input type="checkbox"/> Not applicable or measured <input checked="" type="checkbox"/> Unknown		Vehicle Lighting 000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown		000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown			
Rear Left <div></div>		Rear Right <div></div>									
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				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		1 305 2 401 3 4		1 000 2 3 4		Automation System Level Present 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown	
Trafficway Division 000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown				Barrier Type 000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other		Traffic Signal Status 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		Automation System Level Engaged 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown			
Roadway Grade 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)	Number of Through Lanes 2	Number of Auxiliary Lanes 0	Roadway Alignment 100 Straight 101 Curve left 102 Curve right	Permitted Travel 100 One-way 200 Two-way Speed Limit 35 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	HOV Lane Presence 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	HOV Lane Relation 000 No 100 Yes					
MOTOR VEHICLE EVENTS											
Sequence of Events 1 204    2 203    3    4						Most Harmful Event 204					
Non-Harmful Events 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.)						Collision with 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					
Collision with Person / Vehicle / Non-Fixed Object 005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 009 Other non-harmful event						Collision with Person / Vehicle / Non-Fixed Object 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					
Non-Collision Events 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						Collision with Person / Vehicle / Non-Fixed Object 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					
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS											

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

<b>Motor Vehicle #</b> 1		Rev. 2023-1		<b>Case #</b>	A-123456-23	<b>Page</b>	5	<b>of</b>	14		
<b>COMMERCIAL MOTOR VEHICLE INFORMATION</b>											
<b>Vehicle Configuration</b>				000	<b>Hazardous Materials Placard</b>					000	
000 Vehicles 10,000 lbs or less				300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown					000 Had no placard and not carrying hazardous materials	
100 Vehicles 10,000 lbs or less placarded for hazardous materials				301 Single-unit truck (3 or more axles)						001 Had a placard, not carrying hazardous materials	
				302 Truck pulling trailer(s)						100 Carried hazardous material that required placarding	
				303 Truck tractor (bobtail)						200 Carried hazardous materials without placard	999 Unknown
200 Bus/large van (seats 9-15 occupants, including driver)				304 Truck tractor/semi-trailer						<b>Hazardous Material ID</b>	N/A
201 Bus (seats more than 15 occupants, including driver)				305 Truck tractor/double						<b>Hazardous Material Class</b>	970
				306 Truck tractor/triple						1 Explosives	970 Not applicable
				307 Truck more than 10,000 lbs., cannot classify						2 Gas	999 Unknown
<b>Cargo Body Type</b>				970	<b>Special Sizing</b>						
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							
<b>Load Permitted</b>		970	<b>Number of Axles</b>			<b>Motor Carrier Type</b>		000	<b>Motor Carrier Identification</b>		970
000 Non-permitted load			<input type="checkbox"/> Unknown			000 Personal vehicle			100 US DOT number		
100 Permitted load						001 Not in commerce: government			101 State number		
						002 Not in commerce: personal rental truck or bus			970 Not applicable		
970 Not applicable (not a qualifying vehicle)						098 Not in commerce: other			999 Unknown/unable to determine		
999 Unknown						100 Interstate carrier			<b>Motor Carrier Name</b>		<input type="checkbox"/> Unknown
						101 Intrastate carrier			<b>Motor Carrier ID Number</b>		
						State					
<b>Motor Carrier Address</b>										<b>Motor Carrier Phone Number</b>	
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown	
Street										City	
State										Postal Code	
<b>GVWR/GCWR</b>		970	<b>Commodity Hauled</b>								
100 Light (less than 10,000 lbs.GVWR/GCWR)											
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)											
102 Heavy (greater than 26,000 lbs GVWR/GCWR)											
970 Not applicable (not a qualifying vehicle)											
999 Unknown											
<b>TRAILER INFORMATION</b>										<b>TRAILER #</b>	
<b>VIN</b>										<b>Number of Axles</b>	
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown	
<b>Year</b>		<b>Make</b>		<b>Model</b>							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
<b>License Plate</b>										<input type="checkbox"/> Non-expiring	
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown	
<b>State</b>		<b>Number</b>		<b>Year</b>							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
<b>TRAILER INFORMATION</b>										<b>TRAILER #</b>	
<b>VIN</b>										<b>Number of Axles</b>	
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown	
<b>Year</b>		<b>Make</b>		<b>Model</b>							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
<b>License Plate</b>										<input type="checkbox"/> Non-expiring	
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown	
<b>State</b>		<b>Number</b>		<b>Year</b>							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
<b>TRAILER INFORMATION</b>										<b>TRAILER #</b>	
<b>VIN</b>										<b>Number of Axles</b>	
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown	
<b>Year</b>		<b>Make</b>		<b>Model</b>							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
<b>License Plate</b>										<input type="checkbox"/> Non-expiring	
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown	
<b>State</b>		<b>Number</b>		<b>Year</b>							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							

Motor Vehicle # 1		Rev. 2023-1		Case #	A-123456-23	Page	6	of	14
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DRIVER INFORMATION

Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex	101	Race	103
John Doe				31	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				
123 Street St Baton Rouge LA 70808				225-111-1111				
Incident Responder				000	Date of Birth <input type="checkbox"/> Unknown	Ethnicity		
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.)					1/1/1990	100 Hispanic 101 Other than Hispanic 999 Unknown		

DRIVER LICENSE INFORMATION

License Status		100	License Class	400	Driver License Type	100	Commercial Driver License Status	970
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		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						
123456789		LA						
Endorsements on License		Endorsement Compliance		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			
					000 No 970 Not applicable 100 Yes 999 Unknown			

DRIVER SEATING AND SAFETY INFORMATION

Seating Position		100	Restraint Systems Used		001
Standard Vehicle Seats		Other Seating Positions			
Front		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		
Row	Left	Middle	Right	Unk	
1	100	101	102	199	100 Booster seat 200 DOT-compliant motorcycle helmet
2	200	201	202	299	101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet
3	300	301	302	399	102 Child restraint system – rear facing 299 Unknown if DOT-compliant motorcycle helmet
4	400	401	402	499	103 Child restraint system – type unknown
Oth	500	501	502	599	104 Lap belt only used
Unk	600	601	602	699	105 Shoulder and lap belt used
					106 Shoulder belt only used
					107 Stretcher
					108 Wheelchair
					199 Restraint used – type unknown
Air Bags Deployed		Ejection		101	Extrication
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input checked="" type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)		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

CRASH REPORT - DRIVER INFORMATION

LOUISIANA UNIFORM CRASH REPORT  
DRIVER INFORMATION

<b>Motor Vehicle #</b>	<b>Case #</b>	<b>Page</b>	<b>of</b>
1	A-123456-23	7	14

## MEDICAL INFORMATION

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

## DRIVER CONDITION AND CIRCUMSTANCES

<b>Conditions at Time of Crash</b>	<b>Distraction Action</b>	<b>Distraction Source</b>	<b>Speeding Relation</b>		
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown	000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction	100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown		
		<b>Vision Obscurement</b>			
		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	000		
<b>Suspected Alcohol Usage</b>	<b>Test Status</b>	<b>Alcohol Kit Number</b>	<b>Alcohol Test Type</b>	<b>Alcohol Test Results</b>	<b>BAC</b>
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	5544	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	0.000
<b>Suspected Drug Usage</b>	<b>Test Status</b>	<b>Drug Kit Number</b>	<b>Drug Test Type</b>	<b>Drug Test Results</b>	
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	12121	100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	Methcathinone, Modafinil, Coca Leaves, Methylone	

## DRIVER ACTIONS

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

Total # of Passengers1

Rev. 2023-1

Case #A-123456-23

Page8 of 14

PASSENGER INFORMATION

MOTOR VEHICLE #1PASSENGER #1

Name☐ Unknown

JoleneDoe

FirstMiddleLastSuffix

Date of Birth2/2/1990

Age31

Sex

100 Female

101 Male

999 Unknown

Race103

Address☐ Unknown

123 Street StBaton RougeLA70808

StreetCityStatePostal Code

Phone Number☐ Not Collected

225-222-2222

Ethnicity999

Air Bags Deployed

☐ 000 Not deployed

☐ 001 Not deployed - switch off

☒ 100 Front

☐ 101 Side

☐ 102 Curtain

☐ 103 Other

Type of Medical Transportation

000

Injury Status104

Incident Responder000

Restraint System105

Any indication of improper use?

000 No

100 Yes

999 Unknown

Seating Position102

Ejection000

Extrication000

EMS Response Agency

Not applicable

EMS Response Run #☐ Unknown

Facility Receiving Patient

Not applicable

MOTOR VEHICLE #PASSENGER #

Name☐ Unknown

FirstMiddleLastSuffix

Date of Birth

Age

Sex

100 Female

101 Male

999 Unknown

Address☐ Unknown

StreetCityStatePostal Code

Phone Number☐ Not Collected

Ethnicity

Air Bags Deployed

☐ 000 Not deployed

☐ 001 Not deployed - switch off

☐ 100 Front

☐ 101 Side

☐ 102 Curtain

☐ 103 Other

Type of Medical Transportation

Injury Status

Incident Responder

Restraint System

Any indication of improper use?

000 No

100 Yes

999 Unknown

Seating Position

Ejection

Extrication

EMS Response Agency

EMS Response Run #☐ Unknown

Facility Receiving Patient

MOTOR VEHICLE #PASSENGER #

Name☐ Unknown

FirstMiddleLastSuffix

Date of Birth

Age

Sex

100 Female

101 Male

999 Unknown

Address☐ Unknown

StreetCityStatePostal Code

Phone Number☐ Not Collected

Ethnicity

Air Bags Deployed

☐ 000 Not deployed

☐ 001 Not deployed - switch off

☐ 100 Front

☐ 101 Side

☐ 102 Curtain

☐ 103 Other

Type of Medical Transportation

Injury Status

Incident Responder

Restraint System

Any indication of improper use?

000 No

100 Yes

999 Unknown

Seating Position

Ejection

Extrication

EMS Response Agency

EMS Response Run #☐ Unknown

Facility Receiving Patient

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

Race

100 American Indian or Alaska Native

101 Asian or Pacific Islander

102 Black

103 White

980 Other

999 Unknown

Type of Medical Transportation

000 Not transported

100 EMS air

101 EMS ground

200 Law enforcement

980 Other

999 Unknown

Ejection

000 Not ejected

100 Ejected, partially

101 Ejected, totally

970 Not applicable

999 Unknown

Ethnicity

100 Hispanic

101 Other than Hispanic

999 Unknown

Incident Responder

000 No

100 EMS

101 Fire

102 Police

103 Tow operator

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

980 Other

999 Unknown

Extrication

000 No

100 Trapped and extricated

101 Trapped but not extricated

999 Unknown

Restraint Systems

001 None used – motor vehicle occupant

100 Booster seat

101 Child restraint system – forward facing

102 Child restraint system – rear facing

103 Child restraint system – type unknown

104 Lap belt only used

105 Shoulder and lap belt used

106 Shoulder belt only used

107 Stretcher

108 Wheelchair

199 Restraint used – type unknown

002 No helmet

200 DOT-compliant motorcycle helmet

201 Not DOT-compliant motorcycle helmet

299 Unknown if DOT-compliant motorcycle helmet

970 Not applicable

980 Other

999 Unknown

Seating Position

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
-----	-----	-----	-----	-----

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

CRASH REPORT - PASSENGER INFORMATION



LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Non-Motorist #		Rev. 2023-1		Case #		Page		of	
1				A-123456-23		9		14	
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown		Sex <input type="checkbox"/> 101		Race <input type="checkbox"/> 103	
Jonathan Joestar				31		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					
1000 Drive Dr Baton Rouge LA 70808				225-333-3333					
Street City State Postal Code									
Incident Responder				Date of Birth <input type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> 999			
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.)				3/3/1990		100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type <input type="checkbox"/> 200		Initial <input type="checkbox"/> 999		Location <input type="checkbox"/> 100					
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location		200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk	
Struck by Vehicle # 1		Origin/Destination <input type="checkbox"/> 999		Safety Equipment <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown			
Action Prior to Crash <input type="checkbox"/> 101		Actions or Circumstances At Time of Crash <input type="checkbox"/> 000		Clothing Brightness <input type="checkbox"/> 100		Upper <input type="checkbox"/> 100 Lower <input type="checkbox"/> 100			
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown		100 Light 101 Dark 970 Not applicable 999 Unknown			
NON-MOTORIST MEDICAL INFORMATION									
Injury Status <input type="checkbox"/> 100		Type of Medical Transportation <input type="checkbox"/> 000		EMS Response Agency		EMS Response Run # <input type="checkbox"/> Unknown			
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Not applicable					
				Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash <input type="checkbox"/> 000		Distraction Action <input type="checkbox"/> 999		Distraction Source <input type="checkbox"/> 999					
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown			
Suspected Alcohol Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Alcohol Kit Number <input type="checkbox"/> Unknown		Alcohol Test Type <input type="checkbox"/> 970		Alcohol Test Results <input type="checkbox"/> 970 BAC	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 300 Urine 101 Blood clot 301 Vitreous 102 Blood plasma/serum 302 Liver 200 Breath 970 Not applicable 201 Preliminary breath test (PBT) 980 Other		000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	
Suspected Drug Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Drug Kit Number <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 970		Drug Test Results	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		Not applicable	

LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

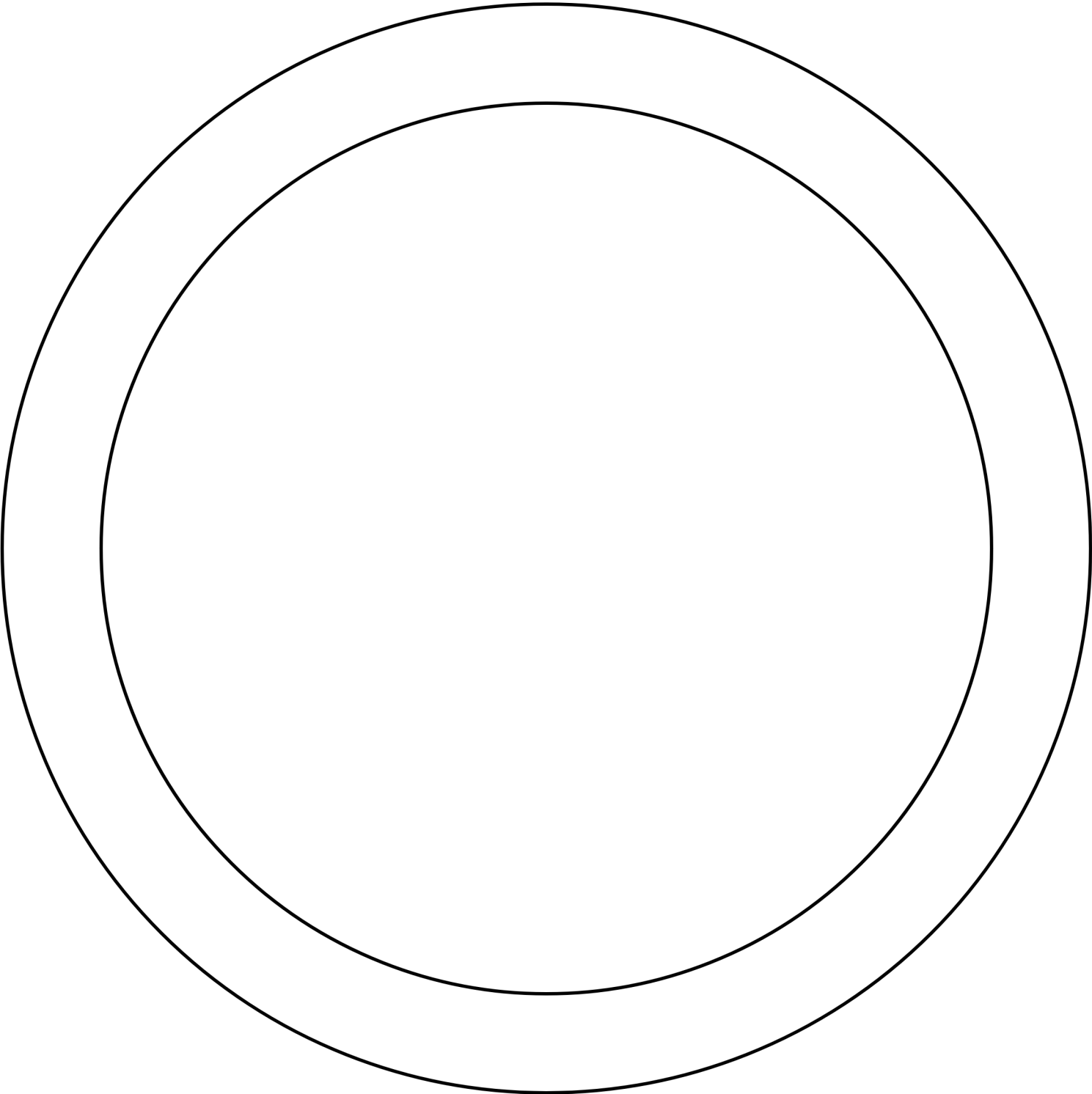
Non-Motorist # 2		Rev. 2023-1		Case # A-123456-23		Page 10 of 14	
NON-MOTORIST INFORMATION							
Name <input type="checkbox"/> Unknown Josephine Joestar <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 31		Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown 1000 Drive Dr Baton Rouge LA 70808 <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 225-444-4444		Race <input type="checkbox"/> Unknown 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input type="checkbox"/> Unknown 4/4/1990		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown	
NON-MOTORIST CIRCUMSTANCES							
Non-Motorist Type <input type="checkbox"/> 100		Initial <input type="checkbox"/> 999		Location <input type="checkbox"/> 100			
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk	
Struck by Vehicle # 1		Origin/Destination <input type="checkbox"/> 999 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown			
Action Prior to Crash <input type="checkbox"/> 101		Actions or Circumstances At Time of Crash <input type="checkbox"/> 000				Clothing Brightness <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> 101	
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown				100 Light 101 Dark 970 Not applicable 999 Unknown	
NON-MOTORIST MEDICAL INFORMATION							
Injury Status <input type="checkbox"/> 100		Type of Medical Transportation <input type="checkbox"/> 000		EMS Response Agency		EMS Response Run # <input type="checkbox"/> Unknown	
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Not applicable Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable	
NON-MOTORIST CONDITION							
Conditions at the Time of the Crash <input type="checkbox"/> 000		Distraction Action <input type="checkbox"/> 999		Distraction Source <input type="checkbox"/> 999			
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown			
Suspected Alcohol Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Alcohol <input type="checkbox"/> Unknown		Alcohol Test Type <input type="checkbox"/> 970	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number		Alcohol Test Results <input type="checkbox"/> 970	
				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	
Suspected Drug Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Drug <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 970	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number		Drug Test Results Not applicable	
				100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other			

LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Non-Motorist #		Rev. 2023-1		Case #		Page		of	
3				A-123456-23		11		14	
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown		Sex <input type="checkbox"/> 101		Race <input type="checkbox"/> 103	
Joseph Joestar				6		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 checked="" type="checkbox"/> Not Collected					
1000 Drive Dr Baton Rouge LA 70808									
Street City State Postal Code									
Incident Responder				Date of Birth <input type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> 999			
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.)				5/5/2015		100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type <input type="checkbox"/> 100		Initial <input type="checkbox"/> 999		Location <input type="checkbox"/> 100					
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location		200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk	
Struck by Vehicle # 1		Origin/Destination <input type="checkbox"/> 999		Safety Equipment <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown			
Action Prior to Crash <input type="checkbox"/> 101		Actions or Circumstances At Time of Crash <input type="checkbox"/> 000		Clothing Brightness <input type="checkbox"/> 100		Upper <input type="checkbox"/> 100 Lower <input type="checkbox"/> 100			
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown		100 Light 101 Dark 970 Not applicable 999 Unknown			
NON-MOTORIST MEDICAL INFORMATION									
Injury Status <input type="checkbox"/> 100		Type of Medical Transportation <input type="checkbox"/> 000		EMS Response Agency		EMS Response Run # <input type="checkbox"/> Unknown			
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Not applicable					
				Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash <input type="checkbox"/> 000		Distraction Action <input type="checkbox"/> 999		Distraction Source <input type="checkbox"/> 999					
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown			
Suspected Alcohol Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Alcohol Kit Number <input type="checkbox"/> Unknown		Alcohol Test Type <input type="checkbox"/> 970		Alcohol Test Results <input type="checkbox"/> 970 BAC	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 300 Urine 101 Blood clot 301 Vitreous 102 Blood plasma/serum 302 Liver 200 Breath 970 Not applicable 201 Preliminary breath test (PBT) 980 Other		000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	
Suspected Drug Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Drug Kit Number <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 970		Drug Test Results	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		Not applicable	

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CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT  
NARRATIVE

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## 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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CRASH NARRATIVE

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

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Vehicle 1 Driver Alcohol Test Type: alcohol test type: other  
Vehicle 1 Driver Drug Test Type: drugs test type: other

This report was reassigned to Eric Newman.