

LOUISIANA UNIFORM CRASH REPORT CRASH INFORMATION

Rev. 2021-1

Case # RMS Report 4 Page 2 of 17

CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	

WITNESS

WITNESS

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1
Case # RMS Report 4
Page 3 of 17

DESCRIPTION AND INFORMATION

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

DAMAGE TOWING

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

MOTOR VEHICLE CIRCUMSTANCES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1 Case # RMS Report 4 Page 4 of 17

MOTOR VEHICLE CIRCUMSTANCES

Skidmark Data (Feet) Distance Traveled After Impact (Feet) Vehicle Defects
Front Left Front Right Not applicable or measured Unknown
40 40
Rear Left Rear Right
40 40
Vehicle Lighting 999
000 Headlights off
100 Headlights on
101 Daytime running lights
999 Unknown

Traffic Control Device Types and Statuses

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

Trafficway Division 000 Barrier Type 000
000 Not divided
001 Not divided, with a continuous left turn lane
100 Divided, flush median (greater than 4 ft wide)
101 Divided, raised median (curbed)
102 Divided, depressed median
999 Unknown
000 None
100 Cable barrier
101 Concrete barrier (e.g. Jersey barrier)
102 Earth embankment
103 Guardrail
980 Other

Roadway Grade 101 Number of Through Lanes 2 Number of Auxiliary Lanes 0 Roadway Alignment 100 Permitted Travel 100 Posted Speed Limit 55
100 Level
101 Uphill
102 Hillcrest
103 Downhill
104 Sag (bottom)
100 One-way
200 Two-way
55 Unknown
N/A
HOV Lane Presence 000 HOV Lane Relation 000
000 None present
100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median
101 Not separated, painted pavement markings, post-mounted delineators
000 No
100 Yes

MOTOR VEHICLE EVENTS

Sequence of Events 1 201 2 3 4 Most Harmful Event 201

Non-Harmful Events Collision with Fixed Object
000 Cross centerline 005 Ran off roadway left 300 Collision with bridge overhead structure 396 Collision with other post,pole,or support
001 Cross median 006 Ran off roadway right 301 Collision with bridge pier or support 397 Collision with other traffic barrier
002 End departure (T-intersection, dead-end, etc.) 007 Reentering roadway 302 Collision with bridge rail 398 Collision with other fixed object (wall, building, tunnel, etc.)
003 Downhill runaway 008 Separation of units 303 Collision with cable barrier 399 Collision with unknown fixed object
004 Equipment failure (blown tire, brake failure, etc.) 098 Other non-harmful event 304 Collision with concrete traffic barrier
305 Collision with culvert
306 Collision with curb
307 Collision with ditch
308 Collision with embankment
309 Collision with fence
310 Collision with guardrail end terminal
311 Collision with guardrail face
312 Collision with impact attenuator/crash cushion
313 Collision with mailbox
314 Collision with traffic sign support
315 Collision with traffic signal support
316 Collision with tree (standing)
317 Collision with utility pole/light support

Non-Collision Events Collision with Person / Vehicle / Non-Fixed Object
100 Cargo/equipment loss or shift 200 Collision with animal (live)
101 Fell/jumped from motor vehicle 201 Collision with motor vehicle in transport
102 Fire/explosion 202 Collision with parked motor vehicle
103 Immersion, full or partial 203 Collision with pedacycle
104 Jackknife 204 Collision with pedestrian
105 Overturn/rollover 205 Collision with railway vehicle (train, engine)
106 Thrown or falling object 206 Collision with object at rest from MV in transport
198 Other non-collision harmful event 207 Collision with falling, shifting cargo, or anything set in motion by MV
208 Collision with work zone/maintenance equipment
209 Collision with farm equipment
297 Collision with other non-motorist
298 Collision with other non-fixed object

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle #
1

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 303 Hazardous Materials Placard 000
000 Vehicles 10,000 lbs or less 300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) 999 Unknown
100 Vehicles 10,000 lbs or less placarded for hazardous materials 301 Single-unit truck (3 or more axles)
200 Bus/large van (seats 9-15 occupants, including driver) 302 Truck pulling trailer(s)
201 Bus (seats more than 15 occupants, including driver) 303 Truck tractor (bobtail)
304 Truck tractor/semi-trailer
305 Truck tractor/double
306 Truck tractor/triple
307 Truck more than 10,000 lbs., cannot classify
Cargo Body Type 000 Special Sizing
000 No cargo body
100 Bus 105 Flatbed 109 Log
101 Auto transporter 106 Garbage / refuse 110 Pole trailer
102 Cargo tank 107 Grain / chips / gravel 111 Van / enclosed box
103 Concrete mixer 108 Intermodal container chassis 112 Vehicle towing another vehicle
104 Dump
970 Not applicable 980 Other 999 Unknown
Special Sizing
000 No special sizing
100 Over-height
101 Over-length
102 Over-weight
103 Over-width
999 Unknown
Hazardous Materials Placard 000
000 Had no placard and not carrying hazardous materials
001 Had a placard, not carrying hazardous materials
100 Carried hazardous material that required placarding
200 Carried hazardous materials without placard 999 Unknown
Hazardous Material ID N/A
Hazardous Material Class 970
1 Explosives 970 Not applicable
2 Gas 999 Unknown
3 Flammable liquids
4 Other flammable substances
5 Oxidizing substances and organic peroxides
6 Toxic (poisonous) and infectious substances
7 Radioactive material
8 Corrosives
9 Miscellaneous dangerous goods
Hazardous Materials Released from Vehicle Cargo Compartment 970
000 No, hazardous materials not released
100 Yes, hazardous materials released
970 Not applicable

Load Permitted 970 Number of Axles Motor Carrier Type 100 Motor Carrier Identification 100
000 Non-permitted load
100 Permitted load
970 Not applicable (not a qualifying vehicle)
999 Unknown
Number of Axles
0 Unknown
2
Motor Carrier Type
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
Motor Carrier Identification
100 US DOT number
101 State number
970 Not applicable
999 Unknown/unable to determine
State
Motor Carrier Name
0 Unknown
Company Name
Motor Carrier ID Number
123987

Motor Carrier Address 0 Unknown Motor Carrier Phone Number 0 Unknown
444 Jefferson Rd. Ann Arbor MI 48888
Street City State Postal Code

GVWR/GCWR 101 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
n/a

TRAILER INFORMATION

TRAILER #

VIN 0 Unknown Number of Axles 0 Unknown
Year 0 Unknown Make 0 Unknown Model 0 Unknown

License Plate 0 Missing 0 Non-expiring
State 0 Unknown Number 0 Unknown Year 0 Unknown

TRAILER INFORMATION

TRAILER #

VIN 0 Unknown Number of Axles 0 Unknown
Year 0 Unknown Make 0 Unknown Model 0 Unknown

License Plate 0 Missing 0 Non-expiring
State 0 Unknown Number 0 Unknown Year 0 Unknown

TRAILER INFORMATION

TRAILER #

VIN 0 Unknown Number of Axles 0 Unknown
Year 0 Unknown Make 0 Unknown Model 0 Unknown

License Plate 0 Missing 0 Non-expiring
State 0 Unknown Number 0 Unknown Year 0 Unknown

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

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DRIVER INFORMATION				
Name <input type="checkbox"/> Unknown Ida Nielson <small>First Middle Last Suffix</small>	Age <input type="checkbox"/> Unknown 56	Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> 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 123 Main St. Ann Arbor MI 48001-1234 <small>Street City State Postal Code</small>	Phone Number <input checked="" type="checkbox"/> Not Collected			
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 8/13/1964	Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown		

DRIVER LICENSE INFORMATION			
License Status <input type="checkbox"/> 004 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked	License Class <input type="checkbox"/> 101 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable	Driver License Type <input type="checkbox"/> 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 <input type="checkbox"/> 004 100 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 321789	License State MI		
Endorsements on License <input type="checkbox"/> 000 None/not applicable <input checked="" type="checkbox"/> 100 H - Hazardous materials <input checked="" type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown	Endorsement Compliance <input type="checkbox"/> 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 102 - Corrective lenses Alcohol Interlock Presence <input type="checkbox"/> 970 000 No 970 Not applicable 100 Yes 999 Unknown	

DRIVER SEATING AND SAFETY INFORMATION																																											
Seating Position <input type="checkbox"/> 100 Standard Vehicle Seats <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table> 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	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	Restraint Systems Used <input type="checkbox"/> 104 001 None used - motor vehicle occupant 002 No helmet 970 Not applicable 100 Booster seat 980 Other 101 Child restraint system - forward facing 200 DOT-compliant motorcycle helmet 999 Unknown 102 Child restraint system - rear facing 201 Not DOT-compliant motorcycle helmet 103 Child restraint system - type unknown 299 Unknown if DOT-compliant motorcycle helmet 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used - type unknown	Used Improperly? <input type="checkbox"/> 000 000 No 100 Yes 999 Unknown	
Front																																											
Row	Left	Middle	Right	Unk																																							
1	100	101	102	199																																							
2	200	201	202	299																																							
3	300	301	302	399																																							
4	400	401	402	499																																							
Oth	500	501	502	599																																							
Unk	600	601	602	699																																							
Air Bags Deployed <input checked="" 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 type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)	Ejection <input type="checkbox"/> 000 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication <input type="checkbox"/> 000 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																									

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

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MEDICAL INFORMATION

Injury Status	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 100 EMS air 101 EMS ground 200 Law enforcement	980 Other 999 Unknown	Not applicable
Medical Unique Identifier				Facility Receiving Patient
<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Not applicable
EMS Response Run # <input type="checkbox"/> Unknown				

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	101	Distracted By	101	Distraction Source	100	Speeding Related	000	
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 980 Other 999 Unknown		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device Vision Obscurement 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building		200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown 105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown	
Suspected Alcohol Usage	000	Alcohol Kit Number	<input type="checkbox"/> Unknown	Alcohol Test Type	200	Alcohol Test Results	001	BAC
000 No 100 Yes 999 Unknown		987		100 Blood 101 Blood clot 102 Blood plasma/serum 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		
Suspected Drug Usage	000	Drug Kit Number	<input type="checkbox"/> Unknown	Drug Test Type	103	Drug Test Results		
000 No 100 Yes 999 Unknown		213123		100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other		970 Not applicable 999 Unknown Results negative		

DRIVER ACTIONS

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

CITATIONS

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LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2
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DESCRIPTION AND INFORMATION

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

DAMAGE TOWING

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

MOTOR VEHICLE CIRCUMSTANCES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2 Case # RMS Report 4 Page 9 of 17

MOTOR VEHICLE CIRCUMSTANCES

Skidmark Data (Feet) Distance Traveled After Impact (Feet) Vehicle Defects
Front Left 30 Front Right 30
Rear Left 30 Rear Right 30
80
100
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

Traffic Control Device Types and Statuses

Traffic Control Device Types Devices Present Devices Inoperative or Missing
000 None 300 Flashing railroad crossing (may include gates) 1 000
100 Person (including flagger, law enforcement, crossing guard, etc) 301 Flashing school zone signal 2
302 Flashing traffic control signal 3
303 Lane use control signal 4
304 Ramp meter signal
305 Traffic control signal
398 Other signal
200 Bicycle crossing sign
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204 Railroad crossing
205 Reduce Speed Ahead warning sign
206 School zone sign
207 Stop sign
208 Yield sign
298 Other warning sign
400 Bicycle crossing
401 Pedestrian crossing
402 Railroad crossing
403 School zone
404 Yellow no passing line
498 Other pavement marking (excluding edgelines, centerlines, or lane lines)
980 Other
999 Unknown
Traffic Signal Status 970
100 Red signal on
200 Yellow signal on
300 Green signal on
970 Not applicable
999 Unknown
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 at Time of Crash 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 101 Number of Through Lanes 2 Number of Auxiliary Lanes 0 Roadway Alignment 100 Permitted Travel 100 Posted Speed Limit 55
100 Level
101 Uphill
102 Hillcrest
103 Downhill
104 Sag (bottom)
100 One-way
200 Two-way
55
Unknown
N/A
HOV Lane Presence 000 HOV Lane Relation 000
000 None present
100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median
101 Not separated, painted pavement markings, post-mounted delineators
000 No
100 Yes

MOTOR VEHICLE EVENTS

Sequence of Events 1 201 2 3 4 Most Harmful Event 201

Non-Harmful Events Collision with Fixed Object

000 Cross centerline 005 Ran off roadway left 300 Collision with bridge overhead structure 396 Collision with other post,pole,or support
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Non-Collision Events Collision with Person / Vehicle / Non-Fixed Object

100 Cargo/equipment loss or shift 200 Collision with animal (live)
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LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
2

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COMMERCIAL MOTOR VEHICLE INFORMATION

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

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

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

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

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

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

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License Plate <input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring		
State _____ <input type="checkbox"/> Unknown	Number _____ <input type="checkbox"/> Unknown	Year _____ <input type="checkbox"/> Unknown	

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
2

Rev. 2021-1

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DRIVER INFORMATION			
Name <input type="checkbox"/> Unknown		Age <input type="checkbox"/> Unknown	Sex 101
Herman Left		24	100 Female 101 Male 999 Unknown
<i>First Middle Last Suffix</i>			Race 102
Address <input checked="" type="checkbox"/> Unknown		Phone Number <input checked="" type="checkbox"/> Not Collected	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
<i>Street City State Postal Code</i>			
Incident Responder 000		Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 101
000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			100 Hispanic 101 Other than Hispanic 999 Unknown

DRIVER LICENSE INFORMATION			
License Status 000		License Class 970	Driver License Type 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
License Number		License State	Commercial Driver License Status 970
			100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown
Endorsements on License		Endorsement Compliance	Restrictions on License
<input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	
			Alcohol Interlock Presence
			000 No 970 Not applicable 100 Yes 999 Unknown

DRIVER SEATING AND SAFETY INFORMATION																																																		
Seating Position 100		Restraint Systems Used 105																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">Standard Vehicle Seats</th> <th colspan="1" style="text-align: center;">Other Seating Positions</th> </tr> <tr> <th colspan="5" style="text-align: center;">Front</th> <td rowspan="7">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</td> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </thead> </table>		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	Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 100 Booster seat 200 DOT-compliant motorcycle helmet 980 Other 101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet 999 Unknown 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	
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			Used Improperly? 000																																															
			000 No 100 Yes 999 Unknown																																															

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle # 2	Rev. 2021-1	Case #	RMS Report 4	Page 12 of 17
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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 100 EMS air 101 EMS ground 200 Law enforcement	980 Other 999 Unknown	Not applicable
Medical Unique Identifier				Facility Receiving Patient
<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Not applicable
EMS Response Run # <input type="checkbox"/> Unknown				

DRIVER CONDITION AND CIRCUMSTANCES

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

DRIVER ACTIONS

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

CITATIONS

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LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

Total # of Passengers 1	Rev. 2021-1	Case #	RMS Report 4	Page 13 of 17
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PASSENGER INFORMATION

MOTOR VEHICLE # 2 **PASSENGER #** 1

Name <input type="checkbox"/> Unknown Jim E Walker <small>First Middle Last</small>	Date of Birth Unknown	Age 8	Sex 100 Female 101 Male 999 Unknown	101	Race 102
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Address <input type="checkbox"/> Unknown 878 Fountain Blvd Mandeville LA 78888 <small>Street City State Postal Code</small>	Phone Number <input type="checkbox"/> Not Collected 555-555-7418	Ethnicity 101
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Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input checked="" type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	Injury Status 104	Incident Responder 000	Restraint System 105	Used Improperly? 000 No 100 Yes 999 Unknown	Seating Position 202	Ejection 000	Extrication 000
Type of Medical Transportation 000	Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency Not applicable			Facility Receiving Patient Not applicable		
		EMS Response Run # <input type="checkbox"/> Unknown					

PASSENGER INFORMATION

Name <input type="checkbox"/> Unknown	Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	101	Race
--	----------------------	------------	---	------------	-------------

Address <input type="checkbox"/> Unknown	Phone Number <input type="checkbox"/> Not Collected	Ethnicity
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Type of Medical Transportation	Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency			Facility Receiving Patient		
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PASSENGER INFORMATION

Name <input type="checkbox"/> Unknown	Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	101	Race
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Address <input type="checkbox"/> Unknown	Phone Number <input type="checkbox"/> Not Collected	Ethnicity
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PASSENGER CODES

Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	Restraint Systems 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown	Seating Position <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr> <tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr> <tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr> <tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr> <tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr> <tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr> <tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr> </table>	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
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DIAGRAM

Rev. 2021-1

Scene #

1

Case #

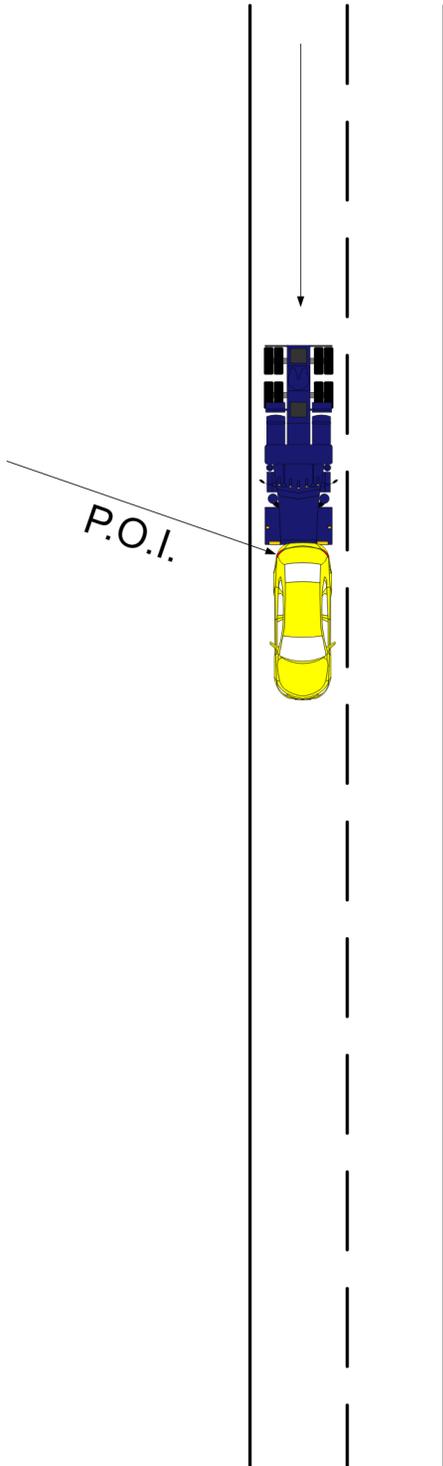
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CRASH DIAGRAM



Not To Scale

CRASH NARRATIVE

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

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

Designed by the Center for Analytics & Research in Transportation Safety (CARTS) at Louisiana State University, the LACRASH system was initially released in December 2004 with a hand full of agencies going online January 1, 2005. As of December 2021, roughly 250 Louisiana law enforcement agencies were using LACRASH (most using version 2.0 SP1) with new and old agencies continually being added\upgraded as needed.

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

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

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CRASH NARRATIVE

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LOUISIANA UNIFORM CRASH REPORT NARRATIVE

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CRASH NARRATIVE

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Disclaimer: All information below this line is auto-generated from report data.
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Vehicle 1 Model: truck