

# LOUISIANA UNIFORM CRASH REPORT

## CRASH INFORMATION

|  |   |  |          |                                       |   |                 |        |                               |              |                   |   |       |   |
|--|---|--|----------|---------------------------------------|---|-----------------|--------|-------------------------------|--------------|-------------------|---|-------|---|
| <input type="checkbox"/> Secondary Crash |   | <input checked="" type="checkbox"/> Photos Taken |          | <input type="checkbox"/> Videos Taken |   | Rev. 2021-1     | Case # | Test Case Tracking - 9        | Page 1 of 11 |                   |   |       |   |
| Number of Motorists                      | 3 | Number of Non-Motorists                          | 1        | Non-Fatally Injured Persons           | 2 | Fatalities      | 2      | Total Injuries and Fatalities | 4            | Vehicles Involved | 1 | Troop | A |
| Investigating Agency                     |   |  | Division | Parish                                |   | City            |        | Latitude                      | Longitude    |                   |   |       |   |
| CARTS LSU                                |   |  |          | Red River                             |   | Rural Red River |        | 32.031044° N                  | 93.199500° 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 |
| 08/20/2021 0900 | 08/20/2021 0901           | 08/20/2021 0905          | 08/20/2021 0907           | 08/20/2021 0910                            |

### ROAD INFORMATION

|  |   |
|--|---|
| Highway <input type="checkbox"/> Not applicable                              | Road  |
| LA Highway 507   | LA 507  |
| Distance/Direction From Intersection <input type="checkbox"/> Not applicable | Intersecting Road <input type="checkbox"/> Crash was at an intersection |
| 20.0 ft South  | E GARDENS DR  |

### LOCATION INFORMATION

|                               |     |                      |     |                      |     |                             |     |                                   |   |  |        |
|-------------------------------|-----|----------------------|-----|----------------------|-----|-----------------------------|-----|-----------------------------------|---|--|--------|
| Road Classification           | 102 | Road Subtype         | 100 | Property Ownership   | 100 | Trafficway Characteristics  | 100 | Number of Intersection Approaches | 3 | Traffic Flow Direction                   | N      |
| 100 Interstate                |     | 100 Mainline         |     | 100 Public property  |     | 100 Trafficway, on road     |     | 1 Not an intersection             |   | X Not applicable (not a divided highway) |        |
| 101 US highway                |     | 200 On-ramp          |     | 200 Private property |     | 101 Trafficway, not on road |     | 2 Two                             |   | N North                                  |        |
| 102 State highway             |     | 201 Off-ramp         |     |                      |     | 200 Non-trafficway          |     | 3 Three                           |   | W West                                   | E East |
| 103 Parish road               |     | 300 Frontage/service |     |                      |     |                             |     | 4 Four                            |   |  |        |
| 104 City street               |     | 970 Not applicable   |     |                      |     |                             |     | 5 Five or more                    |   | S South                                  |        |
| 200 Off road/private property |     |                      |     |                      |     |                             |     |                                   |   |  |        |

### INVESTIGATING OFFICER

|         |              |                    |           |        |
|---------|--------------|--------------------|-----------|--------|
| Rank    | First Name   | Middle Name        | Last Name | Suffix |
| Trooper | Matt         |                    | Trahan    |        |
| Badge # | Printed Name | Signature          |           |        |
| 1234    | Matt Trahan  | <i>Matt Trahan</i> |           |        |

### CRASH CIRCUMSTANCES AND CONDITIONS

|                                 |     |  |     |   |             |
|---------------------------------|-----|--|-----|---|-------------|
| First Harmful Event             | 204 | Location of First Harmful Event  | 104 | Manner of Crash   | 000         |
| Non-Collision                   |     | 100 Cargo/equipment loss or shift  |     | 000 Not a collision between two motor vehicles in transport |             |
| Collision with Non-Fixed Object |     | 101 Fell/jumped from motor vehicle   |     | 100 Angle - left overtake                                   |             |
| Collision with Fixed Object     |     | 102 Collision with animal (live)   |     | 101 Angle - left across flow                                |             |
|                                 |     | 201 Collision with motor vehicle in transport                                  |     | 102 Angle - left into flow                                  |             |
|                                 |     | 202 Collision with parked motor vehicle  |     | 103 Angle - right into flow                                 |             |
|                                 |     | 203 Collision with pedalcycle  |     | 104 Angle - right overtake                                  |             |
|                                 |     | 204 Collision with pedestrian  |     | 105 Angle - perpendicular/other angle                       |             |
|                                 |     | 205 Collision with railway vehicle (train, engine)                             |     | 200 Front to front - head on                                |             |
|                                 |     | 206 Collision with object at rest from MV in transport                         |     | 201 Front to front - left against flow                      |             |
|                                 |     | 207 Collision with falling/shifting cargo or anything set in motion by MV      |     | 202 Front to front - right against flow                     |             |
|                                 |     | 208 Collision with work zone/maintenance equipment                             |     | 300 Front to rear - rear end                                |             |
|                                 |     | 209 Collision with farm equipment  |     | 400 Backing - rear to front                                 |             |
|                                 |     | 297 Collision with other non-motorist  |     | 401 Backing - rear to rear                                  |             |
|                                 |     | 298 Collision with other non-fixed object                                      |     | 402 Backing - rear to side                                  |             |
|                                 |     | 300 Collision with bridge overhead structure                                   |     | 500 Sideswipe - left against flow                           |             |
|                                 |     | 301 Collision with bridge pier or support                                      |     | 501 Sideswipe - right against flow                          |             |
|                                 |     | 302 Collision with bridge rail   |     | 502 Sideswipe - against flow                                |             |
|                                 |     | 303 Collision with cable barrier   |     | 503 Sideswipe - left overtake                               |             |
|                                 |     | 304 Collision with concrete traffic barrier                                    |     | 504 Sideswipe - right overtake                              |             |
|                                 |     | 305 Collision with culvert   |     | 505 Sideswipe - with flow                                   |             |
|                                 |     | 306 Collision with curb  |     | 980 Other   |             |
|                                 |     | 307 Collision with ditch   |     | 999 Unknown   |             |
|                                 |     | 308 Collision with embankment  |     |   |             |
|                                 |     | 309 Collision with fence   |     |   |             |
|                                 |     | 310 Collision with guardrail end terminal                                      |     |   |             |
|                                 |     | 311 Collision with guardrail face  |     |   |             |
|                                 |     | 312 Collision with impact attenuator/crash cushion                             |     |   |             |
|                                 |     | 313 Collision with mailbox   |     |   |             |
|                                 |     | 314 Collision with traffic sign support  |     |   |             |
|                                 |     | 315 Collision with traffic signal support                                      |     |   |             |
|                                 |     | 316 Collision with tree (standing)   |     |   |             |
|                                 |     | 317 Collision with utility pole/light support                                  |     |   |             |
|                                 |     | 396 Collision with other post, pole, or support                                |     |   |             |
|                                 |     | 397 Collision with other traffic barrier                                       |     |   |             |
|                                 |     | 398 Collision with other fixed object (wall, building, tunnel, etc.)           |     |   |             |
|                                 |     | 399 Collision with unknown fixed object  |     |   |             |
|                                 |     | Relation to Junction   | 104 | Contributing Factor   | Primary 100 |
|                                 |     | 000 Not an interchange area  |     | 100 Violations  |             |
|                                 |     | 100 Acceleration or deceleration lane  |     | 101 Movement prior to crash                                 |             |
|                                 |     | 101 Crossover related  |     | 102 Vision obstructions                                     |             |
|                                 |     | 102 Driveway access or related   |     | 103 Driver condition  |             |
|                                 |     | 103 Entrance/exit ramp or related  |     | 104 Vehicle condition                                       |             |
|                                 |     | 104 Intersection or related  |     | 105 Road surface  |             |
|                                 |     | 106 Railway grade crossing   |     | 106 Roadway condition                                       |             |
|                                 |     | 107 Shared-use path or trail   |     | 107 Lighting condition                                      |             |
|                                 |     | 108 Through roadway  |     | 108 Weather condition                                       |             |
|                                 |     | 980 Other location within an interchange area (median, shoulder, and roadside) |     | 109 Traffic control   |             |
|                                 |     | 999 Unknown  |     | 110 Non-motorist condition                                  |             |
|                                 |     |  |     | 111 Non-motorist action                                     |             |
|                                 |     |  |     | 970 Not applicable  |             |
|                                 |     | Intersection Geometry  | 102 | School Bus Relation   | 000         |
|                                 |     | 100 Angled / skewed  |     | 000 No  |             |
|                                 |     | 101 Roundabout / traffic circle  |     | 100 Yes, school bus directly involved                       |             |
|                                 |     | 102 Perpendicular  |     | 101 Yes, school bus indirectly involved                     |             |
|                                 |     | 970 Not applicable   |     |   |             |
|                                 |     | Intersection Traffic Control   | 102 |   |             |
|                                 |     | 000 No controls  |     |   |             |
|                                 |     | 100 Signalized   |     |   |             |
|                                 |     | 101 Stop -all way  |     |   |             |
|                                 |     | 102 Stop -partial  |     |   |             |
|                                 |     | 103 Yield  |     |   |             |
|                                 |     | 970 Not applicable   |     |   |             |

# LOUISIANA UNIFORM CRASH REPORT CRASH INFORMATION

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### CRASH CONDITIONS

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

### WORK ZONE CRASH INFORMATION

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

### REVIEWING OFFICER

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

#### WITNESS #

#### WITNESS #

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

### NON-VEHICULAR PROPERTY DAMAGE

#### PROPERTY #

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

### NON-VEHICULAR PROPERTY DAMAGE

#### PROPERTY #

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

### NON-VEHICULAR PROPERTY DAMAGE

#### PROPERTY #

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

### PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1
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DESCRIPTION AND INFORMATION

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

DAMAGE

Damage Extent
Initial Point of Contact
Damaged Areas
Tow Status
Tow Authority
Towed By
Sam's Towing

MOTOR VEHICLE CIRCUMSTANCES

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

# LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

|                             |             |               |                        |             |   |           |    |
|-----------------------------|-------------|---------------|------------------------|-------------|---|-----------|----|
| <b>Motor Vehicle #</b><br>1 | Rev. 2021-1 | <b>Case #</b> | Test Case Tracking - 9 | <b>Page</b> | 4 | <b>of</b> | 11 |
|-----------------------------|-------------|---------------|------------------------|-------------|---|-----------|----|

## MOTOR VEHICLE CIRCUMSTANCES

|  |  |   |                                       |   |   |   |
|--|--|---|---------------------------------------|---|---|---|
| <b>Skidmark Data (Feet)</b>  |  | <b>Distance Traveled After Impact (Feet)</b> <input checked="" type="checkbox"/> Unknown  |                                       | <b>Contributing Defects</b>   |   | 000   |
| Front Left   | Front Right  | <input checked="" type="checkbox"/> Not applicable or measured<br><input type="checkbox"/> Unknown  |                                       | <b>Vehicle Lighting</b> 000<br>000 Headlights off<br>100 Headlights on<br>101 Daytime running lights<br>999 Unknown   |   | 000 None<br>100 Brakes<br>101 Exhaust system<br>102 Body, doors<br>103 Steering<br>104 Power train<br>105 Suspension<br>106 Tires<br>107 Wheels<br>108 Headlights<br>109 Tail lights<br>110 Signal lights<br>111 All lights<br>112 Window / windshield<br>113 Mirrors<br>114 Wipers<br>115 Truck coupling / trailer hitch / safety chains<br>980 Other<br>999 Unknown |
| <input type="text"/>   | <input type="text"/>   |   |                                       |   |   |   |
| Rear Left  | Rear Right   |   |                                       |   |   |   |
| <input type="text"/>   | <input type="text"/>   |   |                                       |   |   |   |
| <b>Traffic Control Device Types and Statuses</b>                     |  |   |                                       |   |   |   |
| <b>Traffic Control Device Types</b>                                  |  | <b>Devices Present</b>  | <b>Devices Inoperative or Missing</b> |   |   |   |
| 000 None   | 300 Flashing railroad crossing (may include gates)                           | 1 <input type="text" value="305"/>  | 1 <input type="text" value="000"/>    |   | <b>Automation System Level Present</b> 000<br>000 No automation<br>100 Driver assistance<br>101 Partial automation<br>102 Conditional automation<br>103 High automation<br>104 Full automation<br>199 Automation level unknown<br>999 Unknown |   |
| 100 Person (including flagger, law enforcement, crossing guard, etc) | 301 Flashing school zone signal  | 2 <input type="text"/>  | 2 <input type="text"/>                |   |   |   |
| 200 Bicycle crossing sign  | 302 Flashing traffic control signal  | 3 <input type="text"/>  | 3 <input type="text"/>                |   |   |   |
| 201 Curve Ahead warning sign   | 303 Lane use control signal  | 4 <input type="text"/>  | 4 <input type="text"/>                |   |   |   |
| 202 Intersection Ahead warning sign                                  | 304 Ramp meter signal  | <b>Traffic Signal Status</b> 100<br>100 Red signal on<br>200 Yellow signal on<br>300 Green signal on<br>970 Not applicable<br>999 Unknown |                                       | <b>Automation System Level Engaged</b> 000<br>000 No automation<br>100 Driver assistance<br>101 Partial automation<br>102 Conditional automation<br>103 High automation<br>104 Full automation<br>199 Automation level unknown<br>999 Unknown |   |   |
| 203 Pedestrian crossing sign   | 305 Traffic control signal   |   |                                       |   |   |   |
| 204 Railroad crossing  | 398 Other signal   |   |                                       |   |   |   |
| 205 Reduce Speed Ahead warning sign                                  | 400 Bicycle crossing   |   |                                       |   |   |   |
| 206 School zone sign   | 401 Pedestrian crossing  |   |                                       |   |   |   |
| 207 Stop sign  | 402 Railroad crossing  |   |                                       |   |   |   |
| 208 Yield sign   | 403 School zone  |   |                                       |   |   |   |
| 298 Other warning sign   | 404 Yellow no passing line   |   |                                       |   |   |   |
|  | 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) |   |                                       |   |   |   |
|  | 980 Other  |   |                                       |   |   |   |
|  | 999 Unknown  |   |                                       |   |   |   |
| <b>Trafficway Division</b>   |  | <b>Barrier Type</b>   |                                       |   |   |   |
| 100  |  | 000   |                                       |   |   |   |
| 000 Not divided  |  | 000 None  |                                       |   |   |   |
| 001 Not divided, with a continuous left turn lane                    |  | 100 Cable barrier   |                                       |   |   |   |
| 100 Divided, flush median (greater than 4 ft wide)                   |  | 101 Concrete barrier (e.g. Jersey barrier)  |                                       |   |   |   |
| 101 Divided, raised median (curbed)                                  |  | 102 Earth embankment  |                                       |   |   |   |
| 102 Divided, depressed median  |  | 103 Guardrail   |                                       |   |   |   |
| 999 Unknown  |  | 980 Other   |                                       |   |   |   |
| <b>Roadway Grade</b> 100   | <b>Number of Through Lanes</b>   | <b>Number of Auxiliary Lanes</b>  | <b>Roadway Alignment</b> 100          | <b>Permitted Travel</b> 200   | <b>HOV Lane Presence</b> 000  | <b>HOV Lane Relation</b> 000  |
| 100 Level  | 2  | 0   | 100 Straight                          | 100 One-way   | 000 None present  | 000 No<br>100 Yes   |
| 101 Uphill   |  |   | 101 Curve left                        | 200 Two-way   |   |   |
| 102 Hillcrest  |  |   | 102 Curve right                       | <b>Speed Limit</b>  |   |   |
| 103 Downhill   |  |   | 35                                    | <input type="checkbox"/> Unknown  |   |   |
| 104 Sag (bottom)   |  |   | <input type="checkbox"/> N/A          |   |   |   |

## MOTOR VEHICLE EVENTS

|                           |                                    |                        |                        |                        |                           |                                  |
|---------------------------|------------------------------------|------------------------|------------------------|------------------------|---------------------------|----------------------------------|
| <b>Sequence of Events</b> | 1 <input type="text" value="204"/> | 2 <input type="text"/> | 3 <input type="text"/> | 4 <input type="text"/> | <b>Most Harmful Event</b> | <input type="text" value="204"/> |
|---------------------------|------------------------------------|------------------------|------------------------|------------------------|---------------------------|----------------------------------|

|  |   |
|--|---|
| <b>Non-Harmful Events</b>  | <b>Collision with Fixed Object</b>  |
| 000 Cross centerline<br>001 Cross median<br>002 End departure (T-intersection, dead-end, etc.)<br>003 Downhill runaway<br>004 Equipment failure (blown tire, brake failure, etc.)<br>005 Ran off roadway left<br>006 Ran off roadway right<br>007 Reentering roadway<br>008 Separation of units<br>098 Other non-harmful event | 300 Collision with bridge overhead structure<br>301 Collision with bridge pier or support<br>302 Collision with bridge rail<br>303 Collision with cable barrier<br>304 Collision with concrete traffic barrier<br>305 Collision with culvert<br>306 Collision with curb<br>307 Collision with ditch<br>308 Collision with embankment<br>309 Collision with fence<br>310 Collision with guardrail end terminal<br>311 Collision with guardrail face<br>312 Collision with impact attenuator/crash cushion<br>313 Collision with mailbox<br>314 Collision with traffic sign support<br>315 Collision with traffic signal support<br>316 Collision with tree (standing)<br>317 Collision with utility pole/light support<br>396 Collision with other post, pole, or support<br>397 Collision with other traffic barrier<br>398 Collision with other fixed object (wall, building, tunnel, etc.)<br>399 Collision with unknown fixed object |
| <b>Non-Collision Events</b>  | <b>Collision with Person / Vehicle / Non-Fixed Object</b>   |
| 100 Cargo/equipment loss or shift<br>101 Fell/jumped from motor vehicle<br>102 Fire/explosion<br>103 Immersion, full or partial<br>104 Jackknife<br>105 Overturn/rollover<br>106 Thrown or falling object<br>198 Other non-collision harmful event   | 200 Collision with animal (live)<br>201 Collision with motor vehicle in transport<br>202 Collision with parked motor vehicle<br>203 Collision with pedacycle<br>204 Collision with pedestrian<br>205 Collision with railway vehicle (train, engine)<br>206 Collision with object at rest from MV in transport<br>207 Collision with falling, shifting cargo, or anything set in motion by MV<br>208 Collision with work zone/maintenance equipment<br>209 Collision with farm equipment<br>297 Collision with other non-motorist<br>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 000 Hazardous Materials Placard 000

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

- 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

Cargo Body Type 970

- 000 No cargo body
- 100 Bus
- 101 Auto transporter
- 102 Cargo tank
- 103 Concrete mixer
- 104 Dump
- 105 Flatbed
- 106 Garbage / refuse
- 107 Grain / chips / gravel
- 108 Intermodal container chassis
- 980 Other
- 999 Unknown
- 109 Log
- 110 Pole trailer
- 111 Van / enclosed box
- 112 Vehicle towing another vehicle

Special Sizing

- 000 No special sizing
- 100 Over-height
- 101 Over-length
- 102 Over-weight
- 103 Over-width
- 999 Unknown

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

- 000 Non-permitted load
- 100 Permitted load
- 970 Not applicable (not a qualifying vehicle)
- 999 Unknown

Number of Axles

- Unknown

Motor Carrier Type 000

- 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 970

- 100 US DOT number
- 101 State number
- 970 Not applicable
- 999 Unknown/unable to determine
- State \_\_\_\_\_

Motor Carrier Name  Unknown

Motor Carrier ID Number

Motor Carrier Address  Unknown

Motor Carrier Phone Number  Unknown

Street City State Postal Code

GVWR/GCWR 970

- 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

Commodity Hauled

## TRAILER INFORMATION

TRAILER #

VIN  Unknown

Number of Axles  Unknown

Year  Unknown Make  Unknown

Model  Unknown

License Plate  Missing  Non-expiring

State  Unknown Number  Unknown Year  Unknown

## TRAILER INFORMATION

TRAILER #

VIN  Unknown

Number of Axles  Unknown

Year  Unknown Make  Unknown

Model  Unknown

License Plate  Missing  Non-expiring

State  Unknown Number  Unknown Year  Unknown

## TRAILER INFORMATION

TRAILER #

VIN  Unknown

Number of Axles  Unknown

Year  Unknown Make  Unknown

Model  Unknown

License Plate  Missing  Non-expiring

State  Unknown Number  Unknown Year  Unknown

# LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

|                             |                    |               |                               |             |          |           |           |
|-----------------------------|--------------------|---------------|-------------------------------|-------------|----------|-----------|-----------|
| <b>Motor Vehicle #</b><br>1 | <b>Rev. 2021-1</b> | <b>Case #</b> | <b>Test Case Tracking - 9</b> | <b>Page</b> | <b>6</b> | <b>of</b> | <b>11</b> |
|-----------------------------|--------------------|---------------|-------------------------------|-------------|----------|-----------|-----------|

| DRIVER INFORMATION  |  |   |   |
|---|--|---|---|
| <b>Name</b> <input type="checkbox"/> Unknown<br>Ron Walker<br><small>First Middle Last Suffix</small>   | <b>Age</b> <input type="checkbox"/> Unknown<br>33                        | <b>Sex</b> <input type="checkbox"/> 101<br>100 Female<br>101 Male<br>999 Unknown                        | <b>Race</b> <input type="checkbox"/> 103<br>100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>999 Unknown |
| <b>Address</b> <input type="checkbox"/> Unknown<br>3425 Livingston Rd Baton Rouge LA 70651<br><small>Street City State Postal Code</small>  | <b>Phone Number</b> <input type="checkbox"/> Not Collected<br>5415415341 |   |   |
| <b>Incident Responder</b><br>000 No 102 Police 980 Other<br>100 EMS 103 Tow operator 999 Unknown<br>101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | <b>Date of Birth</b> <input type="checkbox"/> Unknown<br>8/23/1987       | <b>Ethnicity</b> <input type="checkbox"/> 101<br>100 Hispanic<br>101 Other than Hispanic<br>999 Unknown |   |

| DRIVER LICENSE INFORMATION  |   |   |   |
|---|---|---|---|
| <b>License Status</b> <input type="checkbox"/> 100<br>100 Valid license 004 Suspended<br>000 Not licensed 999 Unknown<br>001 Canceled or denied<br>002 Expired<br>003 Revoked   | <b>License Class</b> <input type="checkbox"/> 400<br>000 None<br>100 Class A<br>101 Class B<br>102 Class C<br>200 Light commercial/chauffeur (LA class D)<br>300 Motorcycle only<br>400 Regular driver license (LA class E)<br>970 Not applicable   | <b>Driver License Type</b> <input type="checkbox"/> 100<br>100 Non-CDL driver license<br>101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.)<br>200 Commercial driver license (CDL)<br>970 Not applicable | <b>Commercial Driver License Status</b> <input type="checkbox"/> 970<br>100 Valid 000 Canceled or denied<br>101 Learner's permit 001 Disqualified<br>002 Expired<br>003 Revoked<br>004 Suspended<br>098 Other (not valid)<br>970 Not applicable (no CDL)<br>999 Unknown |
| <b>License Number</b><br>56156068165  | <b>License State</b><br>LA  |   |   |
| <b>Endorsements on License</b><br><input checked="" type="checkbox"/> 000 None/not applicable<br><input type="checkbox"/> 100 H - Hazardous materials<br><input type="checkbox"/> 101 N - Tank vehicle<br><input type="checkbox"/> 102 P - Passenger<br><input type="checkbox"/> 103 S - School<br><input type="checkbox"/> 104 T - Double/triple trailers<br><input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials<br><input type="checkbox"/> 200 M - Motorcycle<br><input type="checkbox"/> 298 Other non-commercial license endorsements<br><input type="checkbox"/> 999 Unknown | <b>Endorsement Compliance</b> <input type="checkbox"/> 000<br>000 No endorsements required for the vehicle<br>100 Endorsements required, complied with<br>101 Endorsements required, not complied with<br>199 Endorsements required, compliance unknown<br>999 Unknown if endorsements required | <b>Restrictions on License</b><br>000 - None  |   |
|   |   | <b>Alcohol Interlock Presence</b> <input type="checkbox"/> 970<br>000 No 970 Not applicable<br>100 Yes 999 Unknown  |   |

| DRIVER SEATING AND SAFETY INFORMATION  |  |  |       |     |  |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |   |
|--|--|--|-------|-----|--|-----|------|--------|-------|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|---|
| <b>Seating Position</b> <input type="checkbox"/> 100<br><b>Standard Vehicle Seats</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table> | Front  |  |       |     |  | Row | Left | Middle | Right | Unk | 1 | 100 | 101 | 102 | 199 | 2 | 200 | 201 | 202 | 299 | 3 | 300 | 301 | 302 | 399 | 4 | 400 | 401 | 402 | 499 | Oth | 500 | 501 | 502 | 599 | Unk | 600 | 601 | 602 | 699 | <b>Other Seating Positions</b><br>700 Unenclosed cargo area<br>701 Riding on motor vehicle exterior (non-trailing unit)<br>800 Trailing unit<br>801 Sleeper section of cab (truck)<br>898 Other enclosed cargo area<br>970 Not applicable<br>999 Unknown | <b>Restraint Systems Used</b> <input type="checkbox"/> 105<br>001 None used - motor vehicle occupant 002 No helmet<br>100 Booster seat 200 DOT-compliant motorcycle helmet<br>101 Child restraint system - forward facing 201 Not DOT-compliant motorcycle helmet<br>102 Child restraint system - rear facing 299 Unknown if DOT-compliant motorcycle helmet<br>103 Child restraint system - type unknown<br>104 Lap belt only used<br>105 Shoulder and lap belt used<br>106 Shoulder belt only used<br>107 Stretcher<br>108 Wheelchair<br>199 Restraint used - type unknown | <b>Any indication of improper use?</b> <input type="checkbox"/> 000<br>000 No<br>100 Yes<br>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 |  |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |   |
| <b>Air Bags Deployed</b><br><input type="checkbox"/> 000 Not deployed<br><input type="checkbox"/> 001 Not deployed - switch off<br><input checked="" type="checkbox"/> 100 Front<br><input type="checkbox"/> 101 Side<br><input type="checkbox"/> 102 Curtain<br>103 Other (knee, air belt, etc.)<br><input type="checkbox"/> 970 Not applicable<br><input type="checkbox"/> 999 Deployment unknown  | <b>Ejection</b> <input type="checkbox"/> 000<br>000 Not ejected<br>100 Ejected, partially<br>101 Ejected, totally<br>970 Not applicable<br>999 Unknown | <b>Extrication</b> <input type="checkbox"/> 000<br>000 No<br>100 Trapped and extricated<br>101 Trapped but not extricated<br>999 Unknown |       |     |  |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |   |

# LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #  
1

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## MEDICAL INFORMATION

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

## DRIVER CONDITION AND CIRCUMSTANCES

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

## DRIVER ACTIONS

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

## CITATIONS

# LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

Total # of Passengers  
2

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## PASSENGER INFORMATION

**MOTOR VEHICLE #** 1 **PASSENGER #** 1

|   |  |  |  |                         |   |                         |  |                    |
|---|--|--|--|-------------------------|---|-------------------------|--|--------------------|
| <b>Name</b> <input type="checkbox"/> Unknown  |  |  |  |                         | <b>Date of Birth</b>  | <b>Age</b>              | <b>Sex</b> <span style="border: 1px solid black; padding: 2px;">101</span> | <b>Race</b>        |
| Alan Walker<br><small>First Middle Last Suffix</small>  |  |  |  |                         | Unknown   | 12                      | 100 Female<br>101 Male<br>999 Unknown                                      | 103                |
| <b>Address</b> <input type="checkbox"/> Unknown   |  |  |  |                         | <b>Phone Number</b> <input checked="" type="checkbox"/> Not Collected |                         | <b>Ethnicity</b>   |                    |
| 3425 Livingston Rd<br><small>Street City State Postal Code</small>  |  |  |  |                         | Baton Rouge LA 70651  |                         | 101  |                    |
| <b>Air Bags Deployed</b>  |  | <b>Injury Status</b>   | <b>Incident Responder</b>                                  | <b>Restraint System</b> | <b>Any indication of improper use?</b>                                | <b>Seating Position</b> | <b>Ejection</b>  | <b>Extrication</b> |
| <input checked="" type="checkbox"/> 000 Not deployed<br><input type="checkbox"/> 001 Not deployed - switch off<br><input type="checkbox"/> 100 Front<br><input type="checkbox"/> 101 Side<br><input type="checkbox"/> 102 Curtain<br><input type="checkbox"/> 103 Other |  | 103  | 000  | 105                     | 000 No<br>100 Yes<br>999 Unknown                                      | 999                     | 000  | 000                |
| <b>Type of Medical Transportation</b>   |  | <b>Medical Unique Identifier</b>   | <b>EMS Response Agency</b>                                 |                         | <b>Facility Receiving Patient</b>                                     |                         |  |                    |
| 000   |  | <input checked="" type="checkbox"/> Not applicable<br><input type="checkbox"/> Unknown | Not applicable   |                         | Not applicable  |                         |  |                    |
|   |  |  | <b>EMS Response Run #</b> <input type="checkbox"/> Unknown |                         |   |                         |  |                    |

**MOTOR VEHICLE #** 1 **PASSENGER #** 2

|   |  |  |   |                         |   |                         |  |                    |
|---|--|--|---|-------------------------|---|-------------------------|--|--------------------|
| <b>Name</b> <input type="checkbox"/> Unknown  |  |  |   |                         | <b>Date of Birth</b>  | <b>Age</b>              | <b>Sex</b> <span style="border: 1px solid black; padding: 2px;">100</span> | <b>Race</b>        |
| Sydney Walker<br><small>First Middle Last Suffix</small>  |  |  |   |                         | Unknown   | 25                      | 100 Female<br>101 Male<br>999 Unknown                                      | 103                |
| <b>Address</b> <input type="checkbox"/> Unknown   |  |  |   |                         | <b>Phone Number</b> <input checked="" type="checkbox"/> Not Collected |                         | <b>Ethnicity</b>   |                    |
| 3425 Livingston Rd<br><small>Street City State Postal Code</small>  |  |  |   |                         | Baton Rouge LA 70651  |                         | 999  |                    |
| <b>Air Bags Deployed</b>  |  | <b>Injury Status</b>   | <b>Incident Responder</b>   | <b>Restraint System</b> | <b>Any indication of improper use?</b>                                | <b>Seating Position</b> | <b>Ejection</b>  | <b>Extrication</b> |
| <input type="checkbox"/> 000 Not deployed<br><input type="checkbox"/> 001 Not deployed - switch off<br><input type="checkbox"/> 100 Front<br><input checked="" type="checkbox"/> 101 Side<br><input type="checkbox"/> 102 Curtain<br><input type="checkbox"/> 103 Other |  | 100  | 000   | 105                     | 000 No<br>100 Yes<br>999 Unknown                                      | 201                     | 100  | 000                |
| <b>Type of Medical Transportation</b>   |  | <b>Medical Unique Identifier</b>   | <b>EMS Response Agency</b>  |                         | <b>Facility Receiving Patient</b>                                     |                         |  |                    |
| 101   |  | <input checked="" type="checkbox"/> Not applicable<br><input type="checkbox"/> Unknown | Acadian Ambulance Services  |                         | Woman's Hospital Baton Rouge  |                         |  |                    |
|   |  |  | <b>EMS Response Run #</b> <input checked="" type="checkbox"/> Unknown |                         |   |                         |  |                    |

**MOTOR VEHICLE #**  **PASSENGER #**

|  |  |   |  |  |  |                           |   |  |
|--|--|---|--|--|--|---------------------------|---|--|
| <b>Name</b> <input type="checkbox"/> Unknown   |  |   |  |  | <b>Date of Birth</b>                                       | <b>Age</b>                | <b>Sex</b> <span style="border: 1px solid black; padding: 2px;"></span> | <b>Race</b>                            |
| <b>Address</b> <input type="checkbox"/> Unknown  |  |   |  |  | <b>Phone Number</b> <input type="checkbox"/> Not Collected |                           | <b>Ethnicity</b>  |  |
| <b>Air Bags Deployed</b>   |  |   |  |  | <b>Injury Status</b>                                       | <b>Incident Responder</b> | <b>Restraint System</b>   | <b>Any indication of improper use?</b> |
| <input type="checkbox"/> 000 Not deployed<br><input type="checkbox"/> 001 Not deployed - switch off<br><input type="checkbox"/> 100 Front<br><input type="checkbox"/> 101 Side<br><input type="checkbox"/> 102 Curtain<br><input type="checkbox"/> 103 Other |  |   |  |  |  |                           |   | 000 No<br>100 Yes<br>999 Unknown       |
| <b>Type of Medical Transportation</b>  |  | <b>Medical Unique Identifier</b>  | <b>EMS Response Agency</b>                                 |  | <b>Facility Receiving Patient</b>                          |                           |   |  |
|  |  | <input type="checkbox"/> Not applicable<br><input type="checkbox"/> Unknown |  |  |  |                           |   |  |
|  |  |   | <b>EMS Response Run #</b> <input type="checkbox"/> Unknown |  |  |                           |   |  |

## PASSENGER CODES

| <b>Injury Status</b><br>100 (K) Fatal injury<br>101 (A) Suspected serious injury<br>102 (B) Suspected minor injury<br>103 (C) Possible injury<br>104 (O) No apparent injury | <b>Ejection</b><br>000 Not ejected<br>100 Ejected, partially<br>101 Ejected, totally<br>970 Not applicable<br>999 Unknown | <b>Extrication</b><br>000 No<br>100 Trapped and extricated<br>101 Trapped but not extricated<br>999 Unknown  | <b>Restraint Systems</b><br>001 None used – motor vehicle occupant<br>100 Booster seat<br>101 Child restraint system – forward facing<br>102 Child restraint system – rear facing<br>103 Child restraint system – type unknown<br>104 Lap belt only used<br>105 Shoulder and lap belt used<br>106 Shoulder belt only used<br>107 Stretcher<br>108 Wheelchair<br>199 Restraint used – type unknown | <b>Seating Position</b><br><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 |
|---|---|--|---|--|-------|--|--|--|--|-----|------|--------|-------|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 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  |       |  |  |  |  |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |       |     |     |     |     |     |     |     |     |     |
| <b>Race</b><br>100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>999 Unknown                                  | <b>Ethnicity</b><br>100 Hispanic<br>101 Other than Hispanic<br>999 Unknown  | <b>Incident Responder</b><br>000 No<br>100 EMS<br>101 Fire<br>102 Police<br>103 Tow operator<br>104 Transportation<br><small>(i.e. maintenance workers, safety service patrol operators, etc.)</small><br>980 Other<br>999 Unknown | 970 Not applicable<br>980 Other<br>999 Unknown  | 700 Unenclosed cargo area<br>701 Riding on motor vehicle exterior (non-trailing unit)<br>800 Trailing unit<br>801 Sleeper section of cab (truck)<br>898 Other enclosed cargo area<br>970 Not applicable<br>999 Unknown   |       |  |  |  |  |     |      |        |       |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |   |     |     |     |     |       |     |     |     |     |     |     |     |     |     |

# LOUISIANA UNIFORM CRASH REPORT NON-MOTORIST INFORMATION

|                            |             |        |                        |        |       |
|----------------------------|-------------|--------|------------------------|--------|-------|
| <b>Non-Motorist #</b><br>1 | Rev. 2021-1 | Case # | Test Case Tracking - 9 | Page 9 | of 11 |
|----------------------------|-------------|--------|------------------------|--------|-------|

## NON-MOTORIST INFORMATION

|  |  |   |  |   |
|--|--|---|--|---|
| <b>Name</b> <input type="checkbox"/> Unknown   |  | <b>Age</b> <input type="checkbox"/> Unknown                           | <b>Sex</b> 101   | <b>Race</b> 103   |
| Richard Parker   |  | 35  | 100 Female<br>101 Male<br>999 Unknown                  | 100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>999 Unknown |
| <b>Address</b> <input type="checkbox"/> Unknown  |  | <b>Phone Number</b> <input checked="" type="checkbox"/> Not Collected |  |   |
| 234 Newton St Baton Rouge LA 70555   |  |   |  |   |
| <b>Incident Responder</b>  |  | <b>Date of Birth</b> <input checked="" type="checkbox"/> Unknown      | <b>Ethnicity</b> 100                                   |   |
| 000 No 102 Police 980 Other<br>100 EMS 103 Tow operator 999 Unknown<br>101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) |  |   | 100 Hispanic<br>101 Other than Hispanic<br>999 Unknown |   |

## NON-MOTORIST CIRCUMSTANCES

|  |  |  |  |
|--|--|--|--|
| <b>Non-Motorist Type</b> 200   | <b>Initial Contact Point</b> 100   | <b>Location</b> 100  |  |
| 100 Bicyclist<br>198 Other cyclist<br>200 Pedestrian<br>298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.)<br>300 Occupant of a non-motor vehicle transportation device<br>999 Unknown | 100 Front (12 o'clock)<br>101 Right (3 o'clock)<br>102 Rear (6 o'clock)<br>103 Left (9 o'clock)<br>999 Unknown | 100 Intersection - marked crosswalk<br>101 Intersection - unmarked crosswalk<br>102 Intersection - other<br>103 Median/crossing island<br>104 Midblock - marked crosswalk<br>105 Shoulder/roadside<br>106 Travel lane - other location         | 200 Signed route (no pavement marking)<br>201 Shared lane markings<br>202 On-street bike lanes<br>203 On-street buffered bike lanes<br>204 Separated bike lanes<br>205 Off-street trails/sidepaths<br>300 Driveway access<br>301 Non-trafficway area<br>302 Shared-use path or trail<br>303 Sidewalk<br>980 Other<br>999 Unknown |
|  | <b>Origin/Destination</b> 101  | <b>Safety Equipment</b>  |  |
|  | 100 Going to or from school (K-12)<br>101 Going to or from transit<br>970 Not applicable<br>999 Unknown        | <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet<br><input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.)<br><input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) |  |
| <b>Struck by Vehicle #</b><br>1  |  | <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other<br><input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown   |  |

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

## NON-MOTORIST MEDICAL INFORMATION

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

## NON-MOTORIST CONDITION

|   |   |   |
|---|---|---|
| <b>Conditions at the Time of the Crash</b> 000  | <b>Distraction Action</b> 000   | <b>Distraction Source</b> 970   |
| 000 Apparently normal<br>100 Asleep/blacked out<br>101 Fatigued<br>102 Emotional (depressed, angry, disturbed, etc.)<br>103 Ill (sick), fainted<br>104 Physically impaired<br>105 Under the influence of medications/ drugs/alcohol | 970 Not applicable<br>980 Other<br>999 Unknown<br>000 Not distracted<br>100 Talking / listening<br>101 Manually operating a device (texting, typing, dialing, playing game, etc.)<br>980 Other<br>999 Unknown | 100 Hands-free mobile phone<br>101 Hand-held mobile phone<br>102 Vehicle-integrated device<br>198 Other electronic device<br>200 Passenger or other non-motorist<br>201 External to vehicle/non-motorist area<br>298 Other<br>970 Not applicable<br>999 Unknown |

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

DIAGRAM

Rev. 2021-1

Scene #

1

Case #

Test Case Tracking - 9

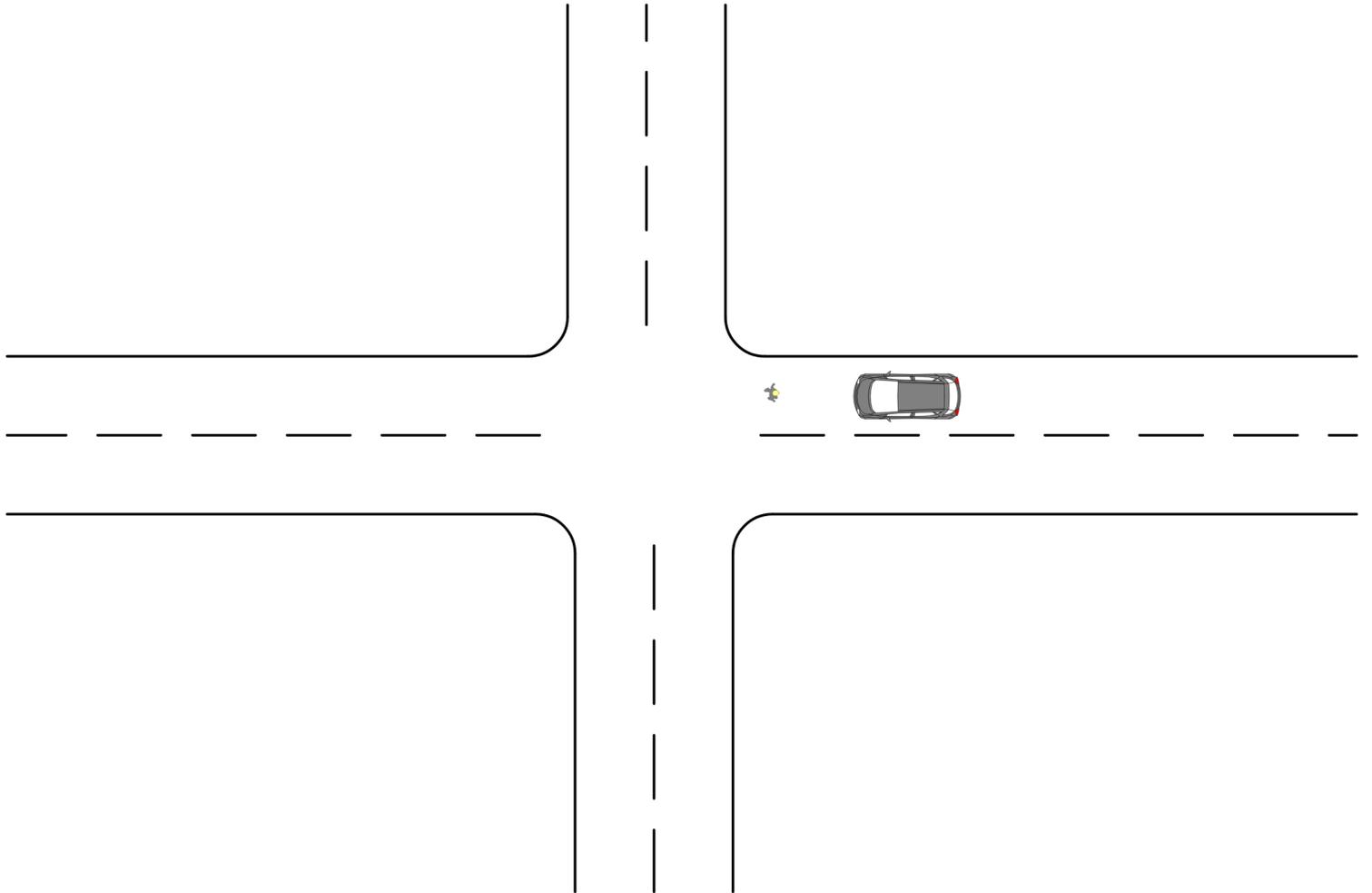
Page

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of

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CRASH DIAGRAM



# LOUISIANA UNIFORM CRASH REPORT NARRATIVE

Rev. 2021-1

## CRASH NARRATIVE

After over 16 years of use, the current crash report form no longer meets the needs of the transportation community. A new crash report is being developed based on the Model Minimum Uniform Crash Criteria (MMUCC) guidelines and will capture the data necessary to improve highway safety in Louisiana. A new crash reporting application called Louisiana eCrash (LA eCrash) developed by the Center for Advanced Public Safety (CAPS) at the University of Alabama will soon replace LACRASH as the state's crash reporting application. CAPS currently has their software in use in Alabama, Mississippi, and Arkansas.

LSU's Center for Analytics & Research in Transportation Safety (CARTS) will continue to support law enforcement agencies using the new LA eCrash application. CARTS will also work with your agency to provide the data schema and technical information required for those agencies choosing to use a third-party vendor approach or already have a CAD/RMS system in place.

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 Disclaimer: All information below this line is auto-generated from report data.  
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This report was reassigned to Eric Newman.