

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1	Case #	A-123456-23	Page	1	of	14	
Number of Motorists	2	Number of Non-Motorists	3	Non-Fatally Injured Persons	0	Fatalities	4	Total Injuries and Fatalities	4	Vehicles Involved	1	Troop	A
Investigating Agency				Division	Parish		City		Latitude	Longitude			
LSP (Troop A)					East Baton Rouge		Baton Rouge		30.391675° N	91.162004° W			

CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
08/08/2021 1200	08/08/2021 1200	08/08/2021 1200	08/08/2021 1200	08/08/2021 1200

ROAD INFORMATION

Highway <input checked="" type="checkbox"/> Not applicable	Road
	COLLEGE DR
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable	Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection
	BURBANK DR

LOCATION INFORMATION

Road Classification	104	Road Subtype	100	Property Ownership	100	Trafficway Characteristics	100	Number of Intersection Approaches	2	Traffic Flow Direction	S
100 Interstate		100 Mainline		100 Public property		100 Trafficway, on road		1 Not an intersection		X Not applicable (not a divided highway)	
101 US highway		200 On-ramp		200 Private property		101 Trafficway, not on road		2 Two		N North	
102 State highway		201 Off-ramp				200 Non-trafficway		3 Three		W West	E East
103 Parish road		300 Frontage/service						4 Four			
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
SGT	Christian		Rodriguez	
Badge #	Printed Name	Signature		
AB123	Christian	<i>Christian</i>		

CRASH CIRCUMSTANCES AND CONDITIONS

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

LOUISIANA UNIFORM CRASH REPORT CRASH INFORMATION

Rev. 2023-1

Case # A-123456-23 Page 2 of 14

CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	

WITNESS

WITNESS

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1 Case # A-123456-23 Page 3 of 14

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 Point of Contact 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 # A-123456-23 Page 4 of 14

MOTOR VEHICLE CIRCUMSTANCES

Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Vehicle Lighting, Traffic Control Device Types and Statuses, Trafficway Division, Barrier Type, Roadway Grade, Permitted Travel, Speed Limit, HOV Lane Presence, HOV Lane Relation.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [204] 2 [203] 3 [] 4 [] Most Harmful Event [204]

Non-Harmful Events, Collision with Fixed Object, Non-Collision Events, Collision with Person / Vehicle / Non-Fixed Object.

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
1

Rev. 2023-1

Case # A-123456-23 Page 5 of 14

COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 000		Hazardous Materials Placard 000	
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown	000 Had no placard and not carrying hazardous materials
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)		001 Had a placard, not carrying hazardous materials
	302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding
	303 Truck tractor (bobtail)		200 Carried hazardous materials without placard 999 Unknown
	304 Truck tractor/semi-trailer		Hazardous Material ID N/A
200 Bus/large van (seats 9-15 occupants, including driver)	305 Truck tractor/double		Hazardous Material Class 970
201 Bus (seats more than 15 occupants, including driver)	306 Truck tractor/triple		1 Explosives 970 Not applicable
	307 Truck more than 10,000 lbs., cannot classify		2 Gas 999 Unknown
			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

Cargo Body Type 970	Special Sizing
000 No cargo body	<input checked="" type="checkbox"/> 000 No special sizing
100 Bus	<input type="checkbox"/> 100 Over-height
101 Auto transporter	<input type="checkbox"/> 101 Over-length
102 Cargo tank	<input type="checkbox"/> 102 Over-weight
103 Concrete mixer	<input type="checkbox"/> 103 Over-width
104 Dump	<input type="checkbox"/> 999 Unknown
105 Flatbed	
106 Garbage / refuse	
107 Grain / chips / gravel	
108 Intermodal container chassis	
109 Log	
110 Pole trailer	
111 Van / enclosed box	
112 Vehicle towing another vehicle	
970 Not applicable	
980 Other	
999 Unknown	

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	Motor Carrier Name <input type="checkbox"/> Unknown
		101 Intrastate carrier	Motor Carrier ID Number
		State _____	

Motor Carrier Address <input type="checkbox"/> Unknown	Motor Carrier Phone Number <input type="checkbox"/> Unknown
Street _____	City _____ State _____ Postal Code _____
GVWR/GCWR 970	Commodity Hauled
100 Light (less than 10,000 lbs.GVWR/GCWR)	
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)	
102 Heavy (greater than 26,000 lbs GVWR/GCWR)	
970 Not applicable (not a qualifying vehicle)	
999 Unknown	

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

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

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

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
1

Rev. 2023-1

Case # A-123456-23 Page 6 of 14

DRIVER INFORMATION

Name <input type="checkbox"/> Unknown		Age <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> 101	Race <input type="checkbox"/> 103
John Doe		31	100 Female 101 Male 999 Unknown	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected		
123 Street St Baton Rouge LA 70808		225-111-1111		
Incident Responder <input type="checkbox"/> 000			Date of Birth <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> 999
000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			1/1/1990	100 Hispanic 101 Other than Hispanic 999 Unknown

DRIVER LICENSE INFORMATION

License Status <input type="checkbox"/> 100	License Class <input type="checkbox"/> 400	Driver License Type <input type="checkbox"/> 100	Commercial Driver License Status <input type="checkbox"/> 970
100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked	000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable	100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable	100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown
License Number 123456789	License State LA		
Endorsements on License	Endorsement Compliance <input type="checkbox"/> 000	Restrictions on License	
<input checked="" type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown	000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	000 - None	
		Alcohol Interlock Presence <input type="checkbox"/> 970	
		000 No 970 Not applicable 100 Yes 999 Unknown	

DRIVER SEATING AND SAFETY INFORMATION

Seating Position <input type="checkbox"/> 100	Restraint Systems Used <input type="checkbox"/> 001																																																																											
<table border="1"> <tr> <th colspan="5">Standard Vehicle Seats</th> <th rowspan="2">Other Seating Positions</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> <td rowspan="6">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> <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> </table>	Standard Vehicle Seats					Other Seating Positions	Row	Left	Middle	Right	Unk	1	100	101	102	199	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	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	<table border="1"> <tr> <td>001 None used – motor vehicle occupant</td> <td>002 No helmet</td> <td>970 Not applicable</td> </tr> <tr> <td>100 Booster seat</td> <td>200 DOT-compliant motorcycle helmet</td> <td>980 Other</td> </tr> <tr> <td>101 Child restraint system – forward facing</td> <td>201 Not DOT-compliant motorcycle helmet</td> <td>999 Unknown</td> </tr> <tr> <td>102 Child restraint system – rear facing</td> <td>299 Unknown if DOT-compliant motorcycle helmet</td> <td></td> </tr> <tr> <td>103 Child restraint system – type unknown</td> <td></td> <td></td> </tr> <tr> <td>104 Lap belt only used</td> <td></td> <td></td> </tr> <tr> <td>105 Shoulder and lap belt used</td> <td></td> <td></td> </tr> <tr> <td>106 Shoulder belt only used</td> <td></td> <td></td> </tr> <tr> <td>107 Stretcher</td> <td></td> <td></td> </tr> <tr> <td>108 Wheelchair</td> <td></td> <td></td> </tr> <tr> <td>199 Restraint used – type unknown</td> <td></td> <td></td> </tr> </table>	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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Air Bags Deployed		Ejection <input type="checkbox"/> 101	Extrication <input type="checkbox"/> 000																																																																									
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input checked="" type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other (knee, air belt, etc.)		000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																																																									

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle # 1 Case # A-123456-23 Page 7 of 14

MEDICAL INFORMATION

Injury Status 100 Type of Medical Transportation 000 EMS Response Agency Not applicable EMS Response Run # Unknown Medical Unique Identifier Not applicable Facility Receiving Patient Not applicable

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 000 Distraction Action 999 Distraction Source 999 Speeding Relation 100 Vision Obscurement 000 Suspected Alcohol Usage 100 Test Status 100 Alcohol Kit Number 5544 Alcohol Test Type 980 Alcohol Test Results 100 BAC 0.000 Suspected Drug Usage 100 Test Status 100 Drug Kit Number 12121 Drug Test Type 198 Drug Test Results Methcathinone, Modafinil, Coca Leaves, Methylone

DRIVER ACTIONS

Driver Actions at Time of Crash 108 Avoidance Maneuver 100 Pre-Collision Stability 999 109 112 100 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

CITATIONS

CITATIONS

LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

Total # of Passengers 1

Rev. 2023-1

Case # A-123456-23 Page 8 of 14

PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 1

Name [] Unknown, Date of Birth 2/2/1990, Age 31, Sex 100 Female, Race 103

Address 123 Street St, Baton Rouge, LA 70808, Phone Number 225-222-2222, Ethnicity 999

Air Bags Deployed, Injury Status 104, Incident Responder 000, Restraint System 105, Seating Position 102, Ejection 000, Extrication 000

MOTOR VEHICLE # [] PASSENGER # [], Name [] Unknown, Date of Birth, Age, Sex, Race

Address [] Unknown, Phone Number [] Not Collected, Ethnicity

Air Bags Deployed, Injury Status, Incident Responder, Restraint System, Seating Position, Ejection, Extrication

MOTOR VEHICLE # [] PASSENGER # [], Name [] Unknown, Date of Birth, Age, Sex, Race

Address [] Unknown, Phone Number [] Not Collected, Ethnicity

Air Bags Deployed, Injury Status, Incident Responder, Restraint System, Seating Position, Ejection, Extrication

PASSENGER CODES

Table with columns: Injury Status, Ejection, Extrication, Restraint Systems, Seating Position, Race, Ethnicity, Incident Responder, Type of Medical Transportation

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 1
Rev. 2023-1
Case # A-123456-23
Page 9 of 14

NON-MOTORIST INFORMATION

Name Jonathan Joestar
Age 31
Sex 101 Female
Race 103 American Indian or Alaska Native
Address 1000 Drive Dr Baton Rouge LA 70808
Phone Number 225-333-3333
Incident Responder 000
Date of Birth 3/3/1990
Ethnicity 999

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type 200
Initial Contact Point 999
Location 100
Origin/Destination 999
Safety Equipment 999
Struck by Vehicle # 1

Action Prior to Crash 101
Actions or Circumstances At Time of Crash 000
Clothing Brightness 100
Upper 100
Lower 100

NON-MOTORIST MEDICAL INFORMATION

Injury Status 100
Type of Medical Transportation 000
EMS Response Agency Not applicable
Medical Unique Identifier Not applicable
Facility Receiving Patient Not applicable

NON-MOTORIST CONDITION

Conditions at the Time of the Crash 000
Distraction Action 999
Distraction Source 999

Suspected Alcohol Usage 000
Test Status 000
Alcohol Kit Number Unknown
Alcohol Test Type 970
Alcohol Test Results 970
BAC

Suspected Drug Usage 000
Test Status 000
Drug Kit Number Unknown
Drug Test Type 970
Drug Test Results Not applicable

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2 Case # A-123456-23 Page 10 of 14

NON-MOTORIST INFORMATION

Name Josephine Joestar Age 31 Sex 100 Female Race 100 American Indian or Alaska Native
Address 1000 Drive Dr Baton Rouge LA 70808 Phone Number 225-444-4444
Incident Responder 000 Date of Birth 4/4/1990 Ethnicity 999 Unknown

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type 100 Initial 999 Location 100 Bicyclist Contact Point 100 Front (12 o'clock) Location 100 Intersection - marked crosswalk
Struck by Vehicle # 1 Safety Equipment 000 None 100 Helmet 103 Lighting 980 Other

Action Prior to Crash 101 Actions or Circumstances At Time of Crash 000 None Clothing Brightness 101 Light Upper 101
101 Crossing roadway 101 Disabled vehicle related 109 Not visible (dark clothing, no lighting, etc.) 970 Not applicable Lower 101

NON-MOTORIST MEDICAL INFORMATION

Injury Status 100 Type of Medical Transportation 000 EMS Response Agency Not applicable EMS Response Run # Unknown
101 (A) Suspected Serious Injury 101 EMS air
102 (B) Suspected Minor Injury 101 EMS ground
103 (C) Possible Injury 200 Law enforcement
104 (O) No Apparent Injury 980 Other 999 Unknown

NON-MOTORIST CONDITION

Conditions at the Time of the Crash 000 Distraction Action 999 Distraction Source 999
100 Apparently normal 970 Not applicable 000 Not distracted 100 Hands-free mobile phone
100 Asleep/blacked out 980 Other 100 Talking / listening 101 Hand-held mobile phone

Suspected Alcohol 000 Test Status 000 Alcohol Kit Number 970 Alcohol Test Type 970 Alcohol Test Results 970 BAC
000 No 000 Test not given 100 Blood 300 Urine 000 Results pending
100 Yes 001 Test refused 101 Blood clot 301 Vitreous 001 Negative results with no actual value

Suspected Drug 000 Test Status 000 Drug Kit Number 970 Drug Test Type 970 Drug Test Results
000 No 000 Test not given 100 Blood 970 Not applicable Not applicable
100 Yes 001 Test refused 101 Urine 999 Unknown
999 Unknown 100 Test given 102 Both blood and urine
999 Unknown if tested 999 Unknown if tested 103 Saliva
198 Other

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 3
Rev. 2023-1
Case # A-123456-23
Page 11 of 14

NON-MOTORIST INFORMATION

Name: Joseph Joestar, Age: 6, Sex: 101 Female, Race: 103 American Indian or Alaska Native, Address: 1000 Drive Dr, Baton Rouge, LA 70808, Incident Responder: 100 No, 102 Police, 100 EMS, 103 Tow operator, 101 Fire, 104 Transportation, Date of Birth: 5/5/2015, Ethnicity: 999 Unknown

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type: 100 Bicyclist, Initial Contact Point: 999 Unknown, Location: 100 Intersection - marked crosswalk, Safety Equipment: 100 Helmet, 101 Protective pads used, 102 Reflective wear

Action Prior to Crash: 101 Walking/cycling along roadway against traffic, Actions or Circumstances At Time of Crash: 101 Dart / dash, Clothing Brightness: 100 Light, 101 Dark

NON-MOTORIST MEDICAL INFORMATION

Injury Status: 100 (K) Fatal Injury, Type of Medical Transportation: 000 Not transported, EMS Response Agency: Not applicable, Medical Unique Identifier: Not applicable, Facility Receiving Patient: Not applicable

NON-MOTORIST CONDITION

Conditions at the Time of the Crash: 000 Apparently normal, Distraction Action: 000 Not distracted, Distraction Source: 100 Hands-free mobile phone

Suspected Alcohol Usage: 000 Test not given, Alcohol Test Type: 100 Blood, 300 Urine, Alcohol Test Results: 000 Results pending

Suspected Drug Usage: 000 Test not given, Drug Test Type: 100 Blood, 970 Not applicable, Drug Test Results: Not applicable

DIAGRAM

Rev. 2023-1

Scene #

1

Case #

A-123456-23

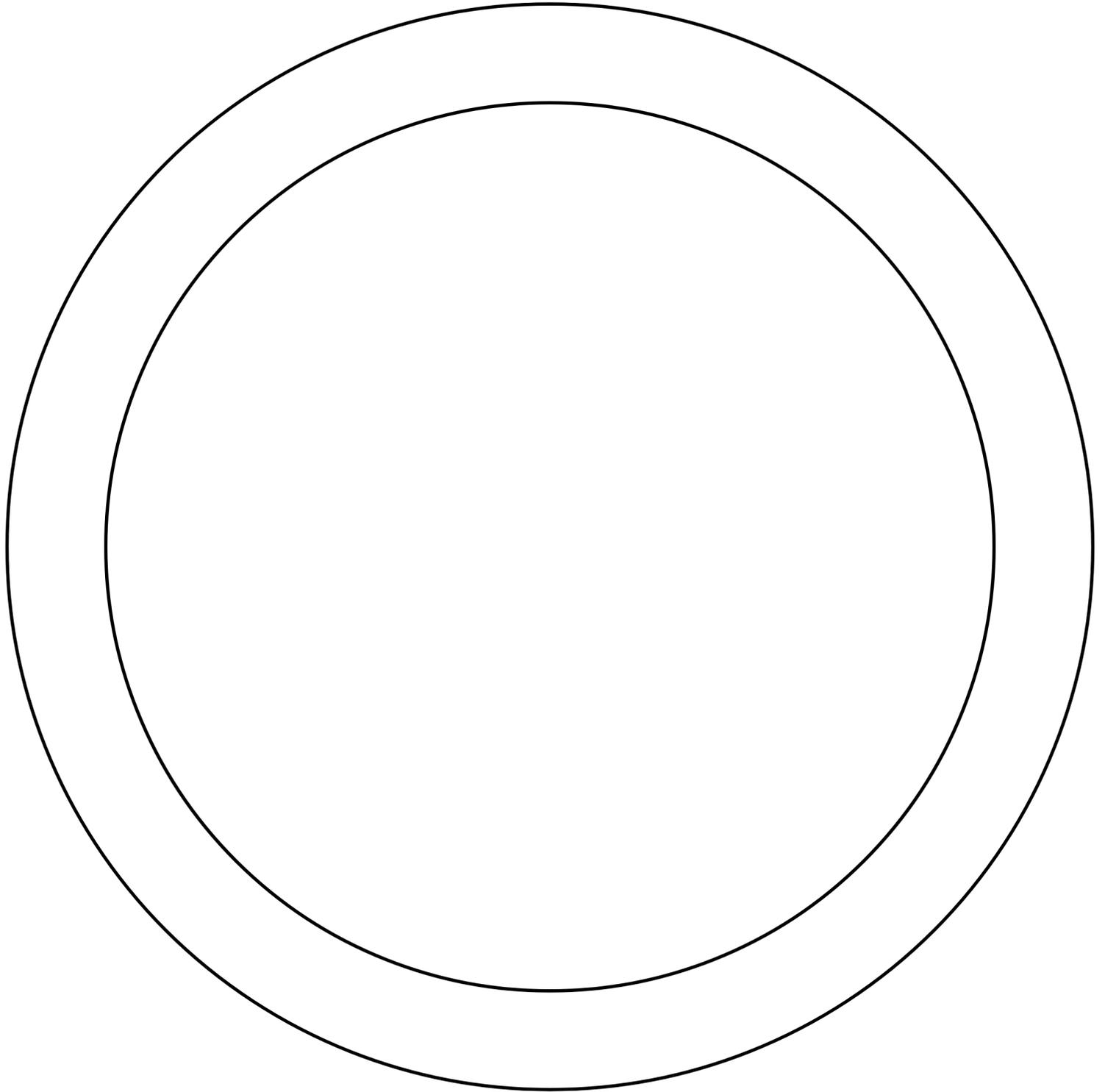
Page

12

of

14

CRASH DIAGRAM



**LOUISIANA UNIFORM CRASH REPORT
NARRATIVE**

Rev. 2023-1

Case #

A-123456-23

Page

13

of

14

CRASH NARRATIVE

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

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

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

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

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Rev. 2023-1

Case #

A-123456-23

Page

14

of

14

CRASH NARRATIVE

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

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

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

This report was reassigned to Eric Newman.