

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 #		B-234567-23		Page 1 of 11	
Number of Motorists 1		Number of Non-Motorists 0		Non-Fatally Injured Persons 2		Fatalities 0		Total Injuries and Fatalities 2		Vehicles Involved 1		Troop A	
Investigating Agency LSP (Troop A)				Division 2		Parish East Baton Rouge		City Baton Rouge		Latitude 30.403691° N		Longitude 91.169004° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/09/2021 0101		Police Notified Date/Time 08/09/2021 0101		Police Arrived Date/Time 08/09/2021 0102		Roadway Cleared Date/Time 08/09/2021 0103		On Scene Investigation Completed Date/Time 08/09/2021 1204					
ROAD INFORMATION													
Highway <input checked="" type="checkbox"/> Not applicable				Road EMORY AVE									
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 30.0 ft East				Intersecting Road <input type="checkbox"/> Crash was at an intersection LSU AVE									
LOCATION INFORMATION													
Road Classification 104		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 2		Traffic Flow Direction E			
100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property		100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable		100 Public property 200 Private property		100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway		1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more		X Not applicable (not a divided highway) N North W West S South E East			
INVESTIGATING OFFICER													
Rank SGT		First Name Christian				Middle Name		Last Name Rodriguez				Suffix	
Badge # AB123		Printed Name Christian				Signature <i>Christian</i>							
CRASH CIRCUMSTANCES AND CONDITIONS													
First Harmful Event 205				Location of First Harmful Event 104		Manner of Crash 000							
Non-collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event				100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown		000 Not a collision between two motor vehicles in transport 200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown							
Collision with Non-Fixed Object				Relation to Junction 106		Contributing Factor Primary 101 Secondary 970							
200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown		100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable							
Collision with Fixed Object				Intersection Geometry 102		School Bus Relation 000							
300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved							
Intersection Traffic Control 000				000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable									

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CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

Work Zone Relation	100	Work Zone Location	104	Work Zone Type	103	Work Zone Circumstances	105	Worker(s) Present	100	Law Enforcement Present	100
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

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	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	

Motor Vehicle # 1		VEHICLE IDENTIFICATION Rev. 2023-1		Case #	B-234567-23	Page	3	of	11
DESCRIPTION AND INFORMATION									
<div>Check if this vehicle had no driver <input type="checkbox"/></div>		<div>Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene</div>		<div>Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment</div>		<div>Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle 103 Pickup 104 Cargo van</div>			
VIN						<div><input checked="" type="checkbox"/> Unknown</div>			
<div>Model Year <input checked="" type="checkbox"/> Unknown</div>		<div>Make Unknown</div>		<div>Model Unknown</div>		<div>Color Unknown</div>			
<div>License Plate <input type="checkbox"/> Missing State <input checked="" type="checkbox"/> Unknown Number <input checked="" type="checkbox"/> Unknown Year <input checked="" type="checkbox"/> Unknown</div>						<div><u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle</div>			
<div>Owner Name <input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown</div>						<div><u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck</div>			
<div>Owner Address <input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown</div>						<div><u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 999 Unknown</div>			
<div>Insurance <input type="checkbox"/> Uninsured at time of crash</div>						<div><u>Other</u> 980 Other</div>			
<div>Company Phone # NAIC # Policy # Expiration Date</div>						<div><input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Unknown</div>			
DAMAGE									
<div>Damage Extent 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene</div>		<div>Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input checked="" type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown</div>		<div>Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input checked="" type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage</div>		<div>Tow Status 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By <input type="checkbox"/> Unknown</div>			
						<div>Tow Authority 000 100 Owner 101 Law enforcement 970 Not applicable 980 Other</div>			
MOTOR VEHICLE CIRCUMSTANCES									
<div>Vehicle Usage 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)</div>		<div>Vehicle Maneuver 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way</div>		<div>Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing</div>		<div>Vehicle Maneuver Reason 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition</div>		<div>Direction of Travel Before Crash 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown</div>	

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VEHICLE INFORMATION

Motor Vehicle #		Rev. 2023-1		Case #		Page		of		11	
1											
MOTOR VEHICLE CIRCUMSTANCES											
Skidmark Data (Feet)				Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown				Contributing Defects			
Front Left <input type="text"/> Front Right <input type="text"/> <input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown				Vehicle Lighting				999			
Rear Left <input type="text"/> Rear Right <input type="text"/>				000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown				000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown			
Traffic Control Device Types and Statuses											
Traffic Control Device Types				Devices Present		Devices Inoperative or Missing					
000 None 100 Person (including flagger, law enforcement, crossing guard, etc) 200 Bicycle crossing sign 201 Curve Ahead warning sign 202 Intersection Ahead warning sign 203 Pedestrian crossing sign 204 Railroad crossing sign 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign 980 Other 999 Unknown				300 Flashing railroad crossing (may include gates) 301 Flashing school zone signal 302 Flashing traffic control signal 303 Lane use control signal 304 Ramp meter signal 305 Traffic control signal 398 Other signal 400 Bicycle crossing 401 Pedestrian crossing 402 Railroad crossing 403 School zone 404 Yellow no passing line 405 White or yellow dash line 406 Solid white lane line 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 999 Unknown		1 <input type="text"/> 201 2 <input type="text"/> 202 3 <input type="text"/> 203 4 <input type="text"/> 204		1 <input type="text"/> 205 2 <input type="text"/> 206 3 <input type="text"/> 207 4 <input type="text"/> 208			
				Traffic Signal Status		970					
				100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown							
								Automation System Level Present			
								199			
								000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown			
								Automation System Level Engaged			
								199			
								000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown			
Trafficway Division				000		Barrier Type		000			
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown						000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other					
Roadway Grade		100		Number of Through Lanes		Number of Auxiliary Lanes		Roadway Alignment		100	
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)				4		0		100 Straight 101 Curve left 102 Curve right		100	
								Permitted Travel		200	
								100 One-way 200 Two-way			
								Speed Limit			
								40 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A			
										HOV Lane Presence	
										000	
										HOV Lane Relation	
										000	
										000 No 100 Yes	
										000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators	
MOTOR VEHICLE EVENTS											
Sequence of Events				1 <input type="text"/> 205 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>				Most Harmful Event			
								205			
Non-Harmful Events						Collision with Fixed Object					
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)						005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event					
000 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support						396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object					
Non-Collision Events						Collision with Person / Vehicle / Non-Fixed Object					
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event						200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object					

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VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2023-1		Case #	B-234567-23	Page	5	of	11		
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					
200 Bus/large van (seats 9-15 occupants, including driver)				302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding					
201 Bus (seats more than 15 occupants, including driver)				303 Truck tractor (bobtail)		200 Carried hazardous materials without placard				999 Unknown	
				304 Truck tractor/semi-trailer		Hazardous Material ID				N/A	
				305 Truck tractor/double		Hazardous Material Class				970	
				306 Truck tractor/triple		1 Explosives				970 Not applicable	
				307 Truck more than 10,000 lbs., cannot classify		2 Gas				999 Unknown	
Cargo Body Type				970	Special Sizing						
000 No cargo body					<input checked="" type="checkbox"/> 000 No special sizing						
100 Bus				105 Flatbed		<input type="checkbox"/> 100 Over-height					
101 Auto transporter				106 Garbage / refuse		<input type="checkbox"/> 101 Over-length					
102 Cargo tank				107 Grain / chips / gravel		<input type="checkbox"/> 102 Over-weight					
103 Concrete mixer				108 Intermodal container chassis		<input type="checkbox"/> 103 Over-width					
104 Dump				109 Log		<input type="checkbox"/> 999 Unknown					
				110 Pole trailer							
				111 Van / enclosed box							
				112 Vehicle towing another vehicle							
970 Not applicable				980 Other							
				999 Unknown							
Load Permitted		970	Number of Axles			Motor Carrier Type		000	Motor Carrier Identification		970
000 Non-permitted load			<input type="checkbox"/> Unknown			000 Personal vehicle			100 US DOT number		
100 Permitted load						001 Not in commerce: government			101 State number		
						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										Motor Carrier Phone Number	
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown	
Street										City	
State										Postal Code	
GVWR/GCWR		970	Commodity Hauled								
100 Light (less than 10,000 lbs.GVWR/GCWR)											
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)											
102 Heavy (greater than 26,000 lbs GVWR/GCWR)											
970 Not applicable (not a qualifying vehicle)											
999 Unknown											
TRAILER INFORMATION										TRAILER #	
VIN										Number of Axles	
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown	
Year		Make		Model							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
License Plate										<input type="checkbox"/> Non-expiring	
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown	
State		Number		Year							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
TRAILER INFORMATION										TRAILER #	
VIN										Number of Axles	
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown	
Year		Make		Model							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
License Plate										<input type="checkbox"/> Non-expiring	
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown	
State		Number		Year							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
TRAILER INFORMATION										TRAILER #	
VIN										Number of Axles	
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown	
Year		Make		Model							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
License Plate										<input type="checkbox"/> Non-expiring	
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown	
State		Number		Year							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							

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DRIVER INFORMATION

Motor Vehicle # 1		Rev. 2023-1		Case #	B-234567-23	Page	6	of	11																																										
DRIVER INFORMATION																																																			
Name <input checked="" type="checkbox"/> Unknown				Age <input checked="" type="checkbox"/> Unknown	Sex 100 Female 101 Male 999 Unknown	Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown																																													
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected																																															
<small>First Middle Last Suffix</small>																																																			
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown																																													
DRIVER LICENSE INFORMATION																																																			
License Status 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		License Class 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable		Driver License Type 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable		Commercial Driver License Status 100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown																																													
License Number		License State																																																	
Endorsements on License <input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input checked="" type="checkbox"/> 999 Unknown		Endorsement Compliance 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required		Restrictions on License 999 - Unknown																																															
				Alcohol Interlock Presence 000 No 970 Not applicable 100 Yes 999 Unknown																																															
DRIVER SEATING AND SAFETY INFORMATION																																																			
Seating Position 100			Restraint Systems Used 999																																																
Standard Vehicle Seats			Other Seating Positions																																																
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="5">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	700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 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 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				
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																																															
					Any indication of improper use? 000 No 100 Yes 999 Unknown																																														
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input checked="" type="checkbox"/> 999 Deployment unknown					Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown		Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																												

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

Motor Vehicle #	1	Rev. 2023-1	Case #	B-234567-23	Page	7	of	11
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MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

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

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 1		Rev. 2023-1		Case #	B-234567-23	Page	8	of	11
TRAIN INFORMATION									
Train Type 100 Railroad train 101 Streetcar		ID # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 123		Lead Engine # <input type="checkbox"/> Unknown 789		Serial # <input type="checkbox"/> Unknown 7		Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input checked="" type="checkbox"/> 101 Ditch lights functional <input checked="" type="checkbox"/> 102 Horn functional <input checked="" type="checkbox"/> 103 Bell functional <input checked="" type="checkbox"/> 104 Event data recorder equipped	
Make <input type="checkbox"/> Unknown Train		Type <input type="checkbox"/> Unknown Choo-Choo		# of Engines <input type="checkbox"/> Unknown 1		# of Cars <input type="checkbox"/> Unknown 2		Data Recorder Speed 50 <input type="checkbox"/> Pending	
TRACK INFORMATION					WARNING DEVICES				
DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 77		Crossing Surface 100 Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel		Present Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other		Advance Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other		Active Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other	
Sets of Tracks 2		Speed Limit 50		Crossing Type 100 100 Public 101 Private					
COLLISION INFORMATION									
Train in Motion 100 000 No 100 Yes		Crossing Vehicle Interaction 100 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing		Struck Car # <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown		Struck Car Type <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown			
Collision Type 101 100 Frontal 101 Side/backing				Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown		Distance Traveled After Impact 100.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> miles		Estimated Speed Before Braking 88	
Hazardous Materials Placard 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 000 1 Explosives 2 Gas 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 Train Cargo Compartment 970 970 Not applicable 999 Unknown 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable			
TRAIN OPERATOR									
Name <input type="checkbox"/> Unknown Emmett Brown		Address <input type="checkbox"/> Unknown 8 Eastwood Ravine Rd Hill Valley CA 90210 Street City State Postal Code							
TRACK OWNER									
Name <input type="checkbox"/> Unknown Biff Tannen		Address <input type="checkbox"/> Unknown 9 Lyon Estates Hill Valley CA 90210 Street City State Postal Code							
TRAIN ENGINEER									
Name <input type="checkbox"/> Unknown Marty		<input type="checkbox"/> This train had no engineer McFly		Certification Number <input type="checkbox"/> Unknown 123456		Race <input type="checkbox"/> 103 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown 9303 Roslyndale Avenue		Hill Valley CA 90210		Phone Number <input type="checkbox"/> Not Collected 888-222-4444					
Street City State Postal Code									
Incident Responder 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		000 Sex 101 100 Female 101 Male 999 Unknown		Age <input type="checkbox"/> Unknown 53		Date of Birth <input type="checkbox"/> Unknown 6/12/1968		Ethnicity <input type="checkbox"/> 101 100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Agency Not applicable					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown							
Facility Receiving Patient Not applicable									

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

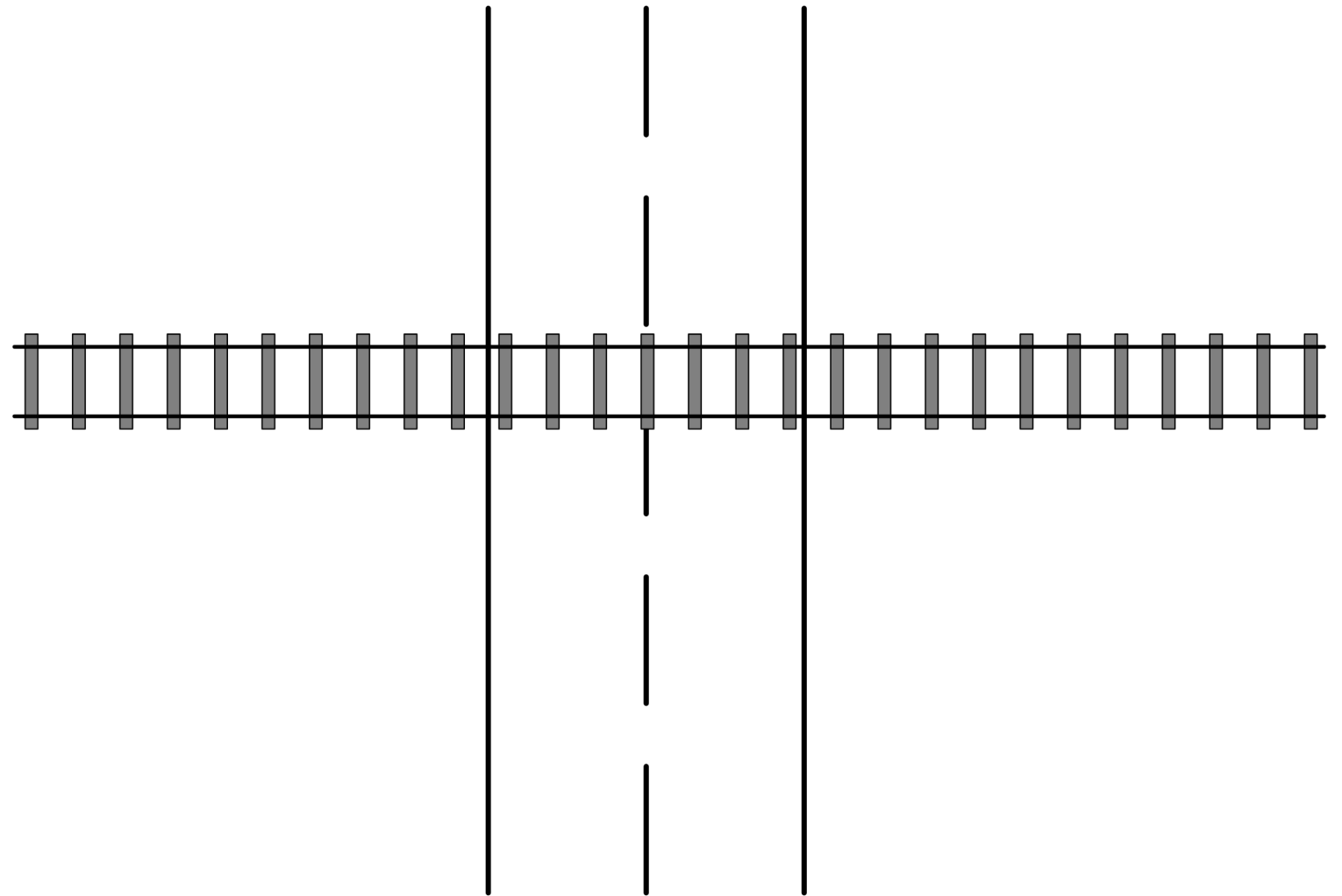
Train # 1		Rev. 2023-1		Case #	B-234567-23	Page	9	of	11	
TRAIN CONDUCTOR										
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor		Race 103								
George		McFly		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 980 Other		999 Unknown		
First		Middle		Last		Suffix				
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected				
9303 Roslyndale Avenue						Hill Valley		CA 90210		
Street						City		State Postal Code		
Incident Responder				000	Sex	101	Age	<input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity 101
000 No 102 Police 980 Other 999 Unknown				100 Female 101 Male 999 Unknown		83		1/1/1938		100 Hispanic 101 Other than Hispanic 999 Unknown
100 EMS 101 Fire				104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)						
Injury Status 103		Type of Medical Transportation 999		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Unknown						
				EMS Response Run # <input checked="" type="checkbox"/> Unknown						
Medical Unique Identifier <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown				Facility Receiving Patient						
				Unknown						

PASSENGER INFORMATION										
PASSENGER # 										
Name <input type="checkbox"/> Unknown		Race 								
		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 980 Other		999 Unknown				
First		Middle		Last		Suffix				
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected				
Street						City		State Postal Code		
Incident Responder					Sex		Age	<input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity
000 No 102 Police 980 Other 999 Unknown				100 Female 101 Male 999 Unknown						100 Hispanic 101 Other than Hispanic 999 Unknown
100 EMS 101 Fire				104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)						
Injury Status 		Type of Medical Transportation 		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Unknown						
				EMS Response Run # <input type="checkbox"/> Unknown						
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient						

PASSENGER # 										
Name <input type="checkbox"/> Unknown		Race 								
		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 980 Other		999 Unknown				
First		Middle		Last		Suffix				
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected				
Street						City		State Postal Code		
Incident Responder					Sex		Age	<input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity
000 No 102 Police 980 Other 999 Unknown				100 Female 101 Male 999 Unknown						100 Hispanic 101 Other than Hispanic 999 Unknown
100 EMS 101 Fire				104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)						
Injury Status 		Type of Medical Transportation 		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Unknown						
				EMS Response Run # <input type="checkbox"/> Unknown						
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient						

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CRASH DIAGRAM



NARRATIVE

Rev. 2023-1

CRASH NARRATIVE

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

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

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

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

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

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This report was reassigned to Eric Newman.