

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 #	Test Case Tracking - 4	Page 1 of 17				
Number of Motorists	2	Number of Non-Motorists	2	Non-Fatally Injured Persons	2	Fatalities	0	Total Injuries and Fatalities	2	Vehicles Involved	2	Troop	A
Investigating Agency				Division		Parish		City		Latitude		Longitude	
CARTS LSU						East Baton Rouge		Baton Rouge		30.391536° N		91.162197° 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
08/10/2021 1200	08/10/2021 1200	08/10/2021 1200	08/10/2021 1200	08/10/2021 1200

ROAD INFORMATION

Highway <input checked="" type="checkbox"/> Not applicable	Road
	W LEE 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	4	Traffic Flow Direction	W
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	E East
102 State highway		201 Off-ramp				200 Non-trafficway		3 Three		W West	
103 Parish road		300 Frontage/service						4 Four			S South
104 City street		970 Not applicable						5 Five or more			
200 Off road/private property											

INVESTIGATING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
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	
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		School Bus Relation	000
305 Collision with culvert		102 Perpendicular		000 No	
306 Collision with curb		970 Not applicable		100 Yes, school bus directly involved	
307 Collision with ditch		Intersection Traffic Control	100	101 Yes, school bus indirectly involved	
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					

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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
IT	Eric		Newman	

WITNESS

WITNESS

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

PROPERTY DAMAGE CODES

Property Type	Damage Severity
100 Private property 200 Bridge overhead structure 201 Bridge pier or support 202 Bridge rail	100 Light (less than \$500) 101 Moderate (between \$500 and \$10,000) 102 Severe (over \$10,000)
300 Cable barrier 301 Concrete traffic barrier 302 Guardrail end terminal	598 Other state property 980 Other
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	

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
State
Number
Year
Owner Name
Owner Address
Insurance
Company
Phone #
NAIC #
Policy #
Expiration Date
Trucks
Large Passenger Vehicle
Other

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 #
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MOTOR VEHICLE CIRCUMSTANCES

Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown		Contributing Defects		999
Front Left	Front Right	<input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown		Vehicle Lighting		999
<input type="text"/>	<input type="text"/>			000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown		
Rear Left	Rear Right					
<input type="text"/>	<input type="text"/>					
Traffic Control Device Types and Statuses						
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing			
000 None	300 Flashing railroad crossing (may include gates)	1 <input type="text" value="305"/>	1 <input type="text" value="000"/>			
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2 <input type="text"/>	2 <input type="text"/>			
	302 Flashing traffic control signal	3 <input type="text"/>	3 <input type="text"/>			
	303 Lane use control signal	4 <input type="text"/>	4 <input type="text"/>			
	304 Ramp meter signal					
200 Bicycle crossing sign	305 Traffic control signal					
201 Curve Ahead warning sign	398 Other signal					
202 Intersection Ahead warning sign	400 Bicycle crossing					
203 Pedestrian crossing sign	401 Pedestrian crossing					
204 Railroad crossing sign	402 Railroad crossing					
205 Reduce Speed Ahead warning sign	403 School zone					
206 School zone sign	404 Yellow no passing line					
207 Stop sign	405 White or yellow dash line					
208 Yield sign	406 Solid white lane line					
298 Other warning sign	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)					
980 Other	999 Unknown					
Trafficway Division		<input type="text" value="000"/>	Barrier Type	<input type="text" value="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				
Roadway Grade	<input type="text" value="100"/>	Number of Through Lanes	<input type="text" value="2"/>	Number of Auxiliary Lanes	<input type="text" value="0"/>	Roadway Alignment
100 Level						<input type="text" value="100"/>
101 Uphill						100 Straight
102 Hillcrest						101 Curve left
103 Downhill						102 Curve right
104 Sag (bottom)						
						Permitted Travel
						<input type="text" value="200"/>
						100 One-way
						200 Two-way
						Speed Limit
						<input type="text" value="35"/>
						<input type="checkbox"/> Unknown
						<input type="checkbox"/> N/A
						HOV Lane Presence
						<input type="text" value="000"/>
						000 None present
						100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median
						101 Not separated, painted pavement markings, post-mounted delineators
						HOV Lane Relation
						<input type="text" value="000"/>
						000 No
						100 Yes

MOTOR VEHICLE EVENTS

Sequence of Events	1 <input type="text" value="204"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	Most Harmful Event	<input type="text" value="204"/>
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Non-Harmful Events		Collision with Fixed Object	
000 Cross centerline	005 Ran off roadway left	300 Collision with bridge overhead structure	396 Collision with other post,pole,or support
001 Cross median	006 Ran off roadway right	301 Collision with bridge pier or support	397 Collision with other traffic barrier
002 End departure (T-intersection, dead-end, etc.)	007 Reentering roadway	302 Collision with bridge rail	398 Collision with other fixed object (wall, building, tunnel, etc.)
003 Downhill runaway	008 Separation of units	303 Collision with cable barrier	399 Collision with unknown fixed object
004 Equipment failure (blown tire, brake failure, etc.)	098 Other non-harmful event	304 Collision with concrete traffic barrier	
		305 Collision with culvert	
		306 Collision with curb	
		307 Collision with ditch	
		308 Collision with embankment	
		309 Collision with fence	
		310 Collision with guardrail end terminal	
		311 Collision with guardrail face	
		312 Collision with impact attenuator/crash cushion	
		313 Collision with mailbox	
		314 Collision with traffic sign support	
		315 Collision with traffic signal support	
		316 Collision with tree (standing)	
		317 Collision with utility pole/light support	
Non-Collision Events	Collision with Person / Vehicle / Non-Fixed Object		
100 Cargo/equipment loss or shift	200 Collision with animal (live)		
101 Fell/jumped from motor vehicle	201 Collision with motor vehicle in transport		
102 Fire/explosion	202 Collision with parked motor vehicle		
103 Immersion, full or partial	203 Collision with pedalcycle (including bicycles)		
104 Jackknife	204 Collision with pedestrian		
105 Overturn/rollover	205 Collision with railway vehicle (train, engine)		
106 Thrown or falling object	206 Collision with object at rest from MV in transport		
198 Other non-collision harmful event	207 Collision with falling, shifting cargo, or anything set in motion by MV		
	208 Collision with work zone/maintenance equipment		
	209 Collision with farm equipment		
	297 Collision with other non-motorist		
	298 Collision with other non-fixed object		

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 000		Hazardous Materials Placard 000
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)	
	302 Truck pulling trailer(s)	
	303 Truck tractor (bobtail)	
	304 Truck tractor/semi-trailer	
200 Bus/large van (seats 9-15 occupants, including driver)	305 Truck tractor/double	
201 Bus (seats more than 15 occupants, including driver)	306 Truck tractor/triple	
	307 Truck more than 10,000 lbs., cannot classify	
Cargo Body Type 970		Hazardous Material ID N/A
000 No cargo body		
100 Bus	105 Flatbed	
101 Auto transporter	106 Garbage / refuse	
102 Cargo tank	107 Grain / chips / gravel	
103 Concrete mixer	108 Intermodal container chassis	
104 Dump		
970 Not applicable	980 Other	
	999 Unknown	
Special Sizing 970		Hazardous Material Class 970
<input checked="" type="checkbox"/> 000 No special sizing		1 Explosives 970 Not applicable
<input type="checkbox"/> 100 Over-height		2 Gas 999 Unknown
<input type="checkbox"/> 101 Over-length		3 Flammable liquids
<input type="checkbox"/> 102 Over-weight		4 Other flammable substances
<input type="checkbox"/> 103 Over-width		5 Oxidizing substances and organic peroxides
<input type="checkbox"/> 999 Unknown		6 Toxic (poisonous) and infectious substances
		7 Radioactive material
		8 Corrosives
		9 Miscellaneous dangerous goods
		Hazardous Materials Released from Vehicle Cargo Compartment 970
		000 No, hazardous materials not released
		100 Yes, hazardous materials released
		970 Not applicable

Load Permitted 970	Number of Axles <input type="checkbox"/> Unknown	Motor Carrier Type 000	Motor Carrier Identification 970
000 Non-permitted load		000 Personal vehicle	100 US DOT number
100 Permitted load		001 Not in commerce: government	101 State number
		002 Not in commerce: personal rental truck or bus	970 Not applicable
970 Not applicable (not a qualifying vehicle)		098 Not in commerce: other	999 Unknown/unable to determine
999 Unknown		100 Interstate carrier	State _____
		101 Intrastate carrier	
Motor Carrier Address <input type="checkbox"/> Unknown		Motor Carrier Phone Number <input type="checkbox"/> Unknown	
Street _____		City _____ State _____ Postal Code _____	
GVWR/GCWR 970	Commodity Hauled		
100 Light (less than 10,000 lbs.GVWR/GCWR)			
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)			
102 Heavy (greater than 26,000 lbs GVWR/GCWR)			
970 Not applicable (not a qualifying vehicle)			
999 Unknown			

TRAILER INFORMATION

TRAILER #

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

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 #
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DRIVER INFORMATION

Name <input checked="" type="checkbox"/> Unknown				Age <input checked="" type="checkbox"/> Unknown	Sex 999	Race 999
<small>First Middle Last Suffix</small>					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 checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected		
<small>Street City State Postal Code</small>						
Incident Responder 999				Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity 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.)						100 Hispanic 101 Other than Hispanic 999 Unknown

DRIVER LICENSE INFORMATION

License Status 999		License Class 970	Driver License Type 970	Commercial Driver License Status 970
100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable	100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable	100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown
License Number	License State			
Endorsements on License		Endorsement Compliance 999	Restrictions on License	
<input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input checked="" 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	999 - Unknown	
		Alcohol Interlock Presence 970		
		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																
Front					700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown																
Row	Left	Middle	Right	Unk	100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown																
1	100	101	102	199	002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet																
2	200	201	202	299	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Any indication of improper use?</td> <td style="border: 1px solid black; padding: 2px;">999</td> </tr> <tr> <td colspan="2">000 No</td> <td></td> </tr> <tr> <td colspan="2">100 Yes</td> <td></td> </tr> <tr> <td colspan="2">999 Unknown</td> <td></td> </tr> </table>					Any indication of improper use?		999	000 No			100 Yes			999 Unknown		
Any indication of improper use?		999																			
000 No																					
100 Yes																					
999 Unknown																					
3	300	301	302	399																	
4	400	401	402	499																	
Oth	500	501	502	599																	
Unk	600	601	602	699																	
Air Bags Deployed					Ejection 999		Extrication 000														
<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		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 #
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MEDICAL INFORMATION

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

DRIVER ACTIONS

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

CITATIONS

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LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2
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DESCRIPTION AND INFORMATION

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

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 #
2

Rev. 2023-1

Case # Test Case Tracking - 4 Page 9 of 17

MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: 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, and HOV Lane Relation.

MOTOR VEHICLE EVENTS

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

Form containing sections: Non-Harmful Events, Collision with Fixed Object, Non-Collision Events, and Collision with Person / Vehicle / Non-Fixed Object.

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle #
2

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COMMERCIAL MOTOR VEHICLE INFORMATION

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

Cargo Body Type 999 Special Sizing 970
000 No cargo body
100 Bus 105 Flatbed 109 Log
101 Auto transporter 106 Garbage / refuse 110 Pole trailer
102 Cargo tank 107 Grain / chips / gravel 111 Van / enclosed box
103 Concrete mixer 108 Intermodal container chassis 112 Vehicle towing another vehicle
104 Dump
970 Not applicable 980 Other 999 Unknown

Load Permitted 999 Number of Axles Motor Carrier Type 000 Motor Carrier Identification 970
000 Non-permitted load
100 Permitted load
970 Not applicable (not a qualifying vehicle)
999 Unknown

Motor Carrier Address Motor Carrier Phone Number
Street City State Postal Code

GVWR/GCWR 999 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
Year Make Model
License Plate Missing Non-expiring
State Number Year

TRAILER INFORMATION TRAILER #
VIN Number of Axles
Year Make Model
License Plate Missing Non-expiring
State Number Year

TRAILER INFORMATION TRAILER #

VIN Number of Axles
Year Make Model
License Plate Missing Non-expiring
State Number Year

TRAILER INFORMATION TRAILER #
VIN Number of Axles
Year Make Model
License Plate Missing Non-expiring
State Number Year

TRAILER INFORMATION TRAILER #

VIN Number of Axles
Year Make Model
License Plate Missing Non-expiring
State Number Year

TRAILER INFORMATION TRAILER #
VIN Number of Axles
Year Make Model
License Plate Missing Non-expiring
State Number Year

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
2

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MEDICAL INFORMATION

Injury Status	104	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 100 EMS air 101 EMS ground 200 Law enforcement		980 Other 999 Unknown	Unknown
				EMS Response Run #	<input checked="" type="checkbox"/> Unknown
Medical Unique Identifier				Facility Receiving Patient	
<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown				Unknown	

DRIVER CONDITION AND CIRCUMSTANCES

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

DRIVER ACTIONS

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

CITATIONS

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LOUISIANA UNIFORM CRASH REPORT NON-MOTORIST INFORMATION

Non-Motorist # 1	Rev. 2023-1	Case #	Test Case Tracking - 4	Page	13	of	17
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NON-MOTORIST INFORMATION

Name <input type="checkbox"/> Unknown		Age <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> 101	Race <input type="checkbox"/> 103
John Johns		30	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		
8000 John St Baton Rouge LA 70808		225-951-1590		
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.)			9/9/1990	100 Hispanic 101 Other than Hispanic 999 Unknown

NON-MOTORIST CIRCUMSTANCES

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

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

NON-MOTORIST MEDICAL INFORMATION

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

NON-MOTORIST CONDITION

Conditions at the Time of the Crash <input type="checkbox"/> 000	Distraction Action <input type="checkbox"/> 999	Distraction Source <input type="checkbox"/> 999
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted	970 Not applicable 980 Other 999 Unknown 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction	100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown

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

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2
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NON-MOTORIST INFORMATION

Name: Josephine Johns, Age: 0, Sex: 100 Female, Race: 100 American Indian or Alaska Native
Address: 8000 John St, Baton Rouge, LA 70808
Phone Number: Not Collected
Incident Responder: 100 No, 102 Police, 100 EMS, 103 Tow operator, 101 Fire, 104 Transportation
Date of Birth: Unknown
Ethnicity: 999 Unknown

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type: 298, Initial Contact Point: 999, Location: 100, Struck by Vehicle #: 1
Safety Equipment: 000 None, 100 Helmet, 101 Protective pads used, 102 Reflective wear

Action Prior to Crash: 101, Actions or Circumstances At Time of Crash: 000, Clothing Brightness: 101
100 None, 101 Crossing roadway, 102 Waiting to cross roadway, 103 Walking/cycling along roadway against traffic

NON-MOTORIST MEDICAL INFORMATION

Injury Status: 102, Type of Medical Transportation: 000, EMS Response Agency: Not applicable, EMS Response Run #: Unknown
100 (K) Fatal Injury, 101 (A) Suspected Serious Injury, 102 (B) Suspected Minor Injury, 103 (C) Possible Injury, 104 (O) No Apparent Injury

NON-MOTORIST CONDITION

Conditions at the Time of the Crash: 000, Distraction Action: 999, Distraction Source: 999
100 Apparently normal, 100 Asleep/blacked out, 101 Fatigued, 102 Emotional (depressed, angry, disturbed, etc.), 103 Ill (sick), fainted, 104 Physically impaired, 105 Under the influence of medications/drugs/alcohol, 106 Inattentive/distracted

Suspected Alcohol Usage: 000, Test Status: 000, Alcohol Kit Number: Unknown, Alcohol Test Type: 970, Alcohol Test Results: 970, BAC:
100 No, 100 Yes, 999 Unknown

Suspected Drug Usage: 000, Test Status: 000, Drug Kit Number: Unknown, Drug Test Type: 970, Drug Test Results:
100 No, 100 Yes, 999 Unknown

DIAGRAM

Rev. 2023-1

Scene #

1

Case #

Test Case Tracking - 4

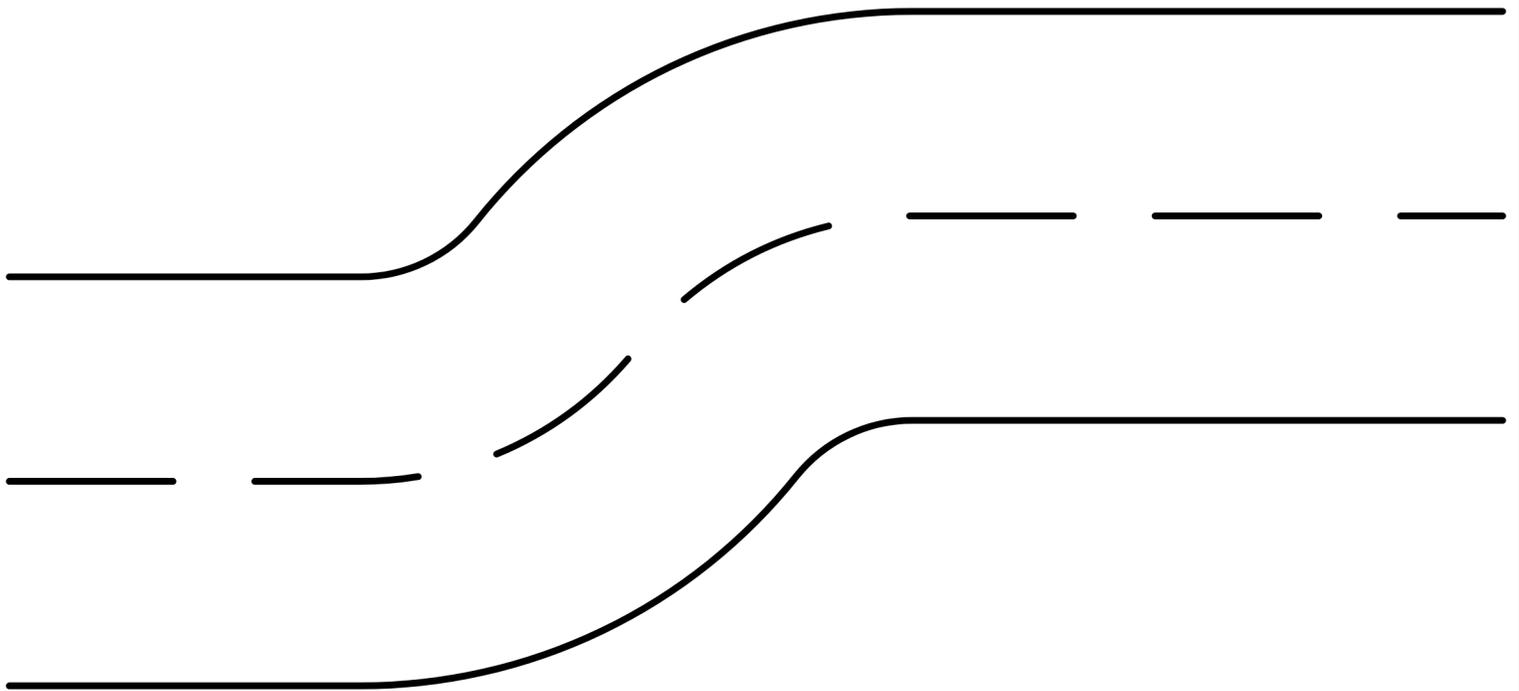
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CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT 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.

NARRATIVE

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Case #

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CRASH NARRATIVE

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Non-Motorist 2 Type: Baby in a Stroller

This report was reassigned to Eric Newman.