

# LOUISIANA UNIFORM CRASH REPORT

## CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2021-1	Case #	Test Case Tracking - 18	Page 1 of 13			
Number of Motorists	5	Number of Non-Motorists	2	Non-Fatally Injured Persons	1	Fatalities	2	Total Injuries and Fatalities	3	Vehicles Involved	1	Troop
Investigating Agency			Division		Parish		City		Latitude	Longitude		
LSP (Troop A)					Washington		Rural Washington		30.727765° N	90.081889° 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
08/24/2021 1401	08/24/2021 1405	08/24/2021 1455	08/24/2021 1600	08/25/2021 0400

### ROAD INFORMATION

Highway <input type="checkbox"/> Not applicable	Road
LA Highway 16	LA 16
Distance/Direction From Intersection <input type="checkbox"/> Not applicable	Intersecting Road <input type="checkbox"/> Crash was at an intersection
60.0 ft West	FORTY RD

### LOCATION INFORMATION

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

### INVESTIGATING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	
Badge #	Printed Name	Signature		
75	Eric	<i>Eric</i>		

### CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event	203	Location of First Harmful Event	104	Manner of Crash	000
100 Cargo/equipment loss or shift		100 Gore		000 Not a collision between two motor vehicles in transport	
101 Fell/jumped from motor vehicle		101 In parking lane or zone		100 Angle - left overtake	300 Front to rear - rear end
102 Fire/explosion		102 Median		101 Angle - left across flow	400 Backing - rear to front
103 Immersion, full or partial		103 Off roadway, location unknown		102 Angle - left into flow	401 Backing - rear to rear
104 Jackknife		104 On roadway		103 Angle - right into flow	402 Backing - rear to side
105 Overturn/rollover		105 On shoulder, left side		104 Angle - right overtake	500 Sideswipe - left against flow
106 Thrown or falling object		106 On shoulder, right side		105 Angle - perpendicular/other angle	501 Sideswipe - right against flow
198 Other non-collision harmful event		107 Outside road/right-of-way		200 Front to front - head on	502 Sideswipe - against flow
		108 Roadside		201 Front to front - left against flow	503 Sideswipe - left overtake
		109 Separator/traffic island		202 Front to front - right against flow	504 Sideswipe - right overtake
		999 Unknown			505 Sideswipe - with flow
					980 Other
					999 Unknown
		Relation to Junction	000	Contributing Factor	Primary 101
		000 Not an interchange area		100 Violations	
		100 Acceleration or deceleration lane		101 Movement prior to crash	Secondary 111
		101 Crossover related		102 Vision obstructions	
		102 Driveway access or related		103 Driver condition	
		103 Entrance/exit ramp or related		104 Vehicle condition	
		104 Intersection or related		105 Road surface	
		106 Railway grade crossing		106 Roadway condition	
		107 Shared-use path or trail		107 Lighting condition	
		108 Through roadway		108 Weather condition	
		980 Other location within an interchange area (median, shoulder, and roadside)		109 Traffic control	
		999 Unknown		110 Non-motorist condition	
				111 Non-motorist action	
				970 Not applicable	
		Intersection Geometry	970	School Bus Relation	100
		100 Angled / skewed		000 No	
		101 Roundabout / traffic circle		100 Yes, school bus directly involved	
		102 Perpendicular		101 Yes, school bus indirectly involved	
		970 Not applicable			
		Intersection Traffic Control	970		
		000 No controls			
		100 Signalized			
		101 Stop -all way			
		102 Stop -partial			
		103 Yield			
		970 Not applicable			

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## CRASH CONDITIONS

<b>Roadway Surface Condition</b>	102	<b>Light Condition</b>	100	<b>Weather Conditions</b>	103	<b>Environmental Conditions</b>	118
000 Dry		100 Daylight		000 Clear	105	000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	110
101 Mud, dirt, gravel		300 Dark - continuous street lights		101 Blowing snow		101 Debris	
102 Oil		301 Dark - street lights at intersection only		102 Cloudy		102 Glare	
103 Sand		302 Dark - not lighted		103 Fog, smog, smoke		103 Non-highway work	
104 Slush		399 Dark - unknown lighting		104 Freezing rain or freezing drizzle		104 Obstructed crosswalks	
105 Snow		980 Other		105 Rain		105 Obstruction in roadway	
106 Water (standing,moving)		999 Unknown		106 Severe crosswinds		106 Overhead clearance limited	
107 Wet				107 Sleet or hail		107 Prior crash	
980 Other				108 Snow		108 Prior non-recurring incident	
999 Unknown				980 Other		109 Regular congestion	
				999 Unknown		110 Related to a bus stop	
						111 Road surface condition (wet, icy, snow, slush, etc.)	

## WORK ZONE CRASH INFORMATION

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

## REVIEWING OFFICER

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

### WITNESS #

### WITNESS #

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

## NON-VEHICULAR PROPERTY DAMAGE

### PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

### PROPERTY #

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

## NON-VEHICULAR PROPERTY DAMAGE

### PROPERTY #

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

## PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1
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DESCRIPTION AND INFORMATION

Check if this vehicle had no driver
Hit and Run
Vehicle Type
Vehicle Body Type
VIN
Model Year
Make
Model
Color
License Plate
Owner Name
City of BR
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

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VEHICLE INFORMATION

Motor Vehicle #
1

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MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Traffic Control Device Types and Statuses, Trafficway Division, Roadway Grade, Number of Through Lanes, Number of Auxiliary Lanes, Roadway Alignment, Permitted Travel, Speed Limit, HOV Lane Presence, and HOV Lane Relation.

MOTOR VEHICLE EVENTS

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

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

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1

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## COMMERCIAL MOTOR VEHICLE INFORMATION

<b>Vehicle Configuration</b> <span style="float: right;">000</span>		<b>Hazardous Materials Placard</b> <span style="float: right;">000</span>
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)	
200 Bus/large van (seats 9-15 occupants, including driver)	302 Truck pulling trailer(s)	
201 Bus (seats more than 15 occupants, including driver)	303 Truck tractor (bobtail)	
	304 Truck tractor/semi-trailer	
	305 Truck tractor/double	
	306 Truck tractor/triple	
	307 Truck more than 10,000 lbs., cannot classify	
<b>Cargo Body Type</b> <span style="float: right;">970</span>		<b>Hazardous Material ID</b> <span style="float: right;">N/A</span>
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	
<b>Special Sizing</b> <span style="float: right;">970</span>		<b>Hazardous Material Class</b> <span style="float: right;">970</span>
<input checked="" type="checkbox"/> 000 No special sizing		1 Explosives
<input type="checkbox"/> 100 Over-height		2 Gas
<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
		970 Not applicable
		999 Unknown

<b>Load Permitted</b> <span style="float: right;">970</span>	<b>Number of Axles</b> <input type="checkbox"/> Unknown	<b>Motor Carrier Type</b> <span style="float: right;">000</span>	<b>Motor Carrier Identification</b> <span style="float: right;">970</span>
000 Non-permitted load		000 Personal vehicle	100 US DOT number
100 Permitted load		001 Not in commerce: government	101 State number
970 Not applicable (not a qualifying vehicle)		002 Not in commerce: personal rental truck or bus	970 Not applicable
999 Unknown		098 Not in commerce: other	999 Unknown/unable to determine
		100 Interstate carrier	<b>State</b> _____
		101 Intrastate carrier	
<b>Motor Carrier Address</b> <input type="checkbox"/> Unknown		<b>Motor Carrier Phone Number</b> <input type="checkbox"/> Unknown	
Street _____		City _____ State _____ Postal Code _____	
<b>GVWR/GCWR</b> <span style="float: right;">970</span>	<b>Commodity Hauled</b>		
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			

<b>TRAILER INFORMATION</b> <span style="float: right;">TRAILER #</span>			
<b>VIN</b> <input type="checkbox"/> Unknown	<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown	<b>Make</b> <input type="checkbox"/> Unknown	<b>Model</b> <input type="checkbox"/> Unknown	
<b>License Plate</b> <input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring		
<b>State</b> _____ <input type="checkbox"/> Unknown	<b>Number</b> _____ <input type="checkbox"/> Unknown	<b>Year</b> _____ <input type="checkbox"/> Unknown	

<b>TRAILER INFORMATION</b> <span style="float: right;">TRAILER #</span>			
<b>VIN</b> <input type="checkbox"/> Unknown	<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown	<b>Make</b> <input type="checkbox"/> Unknown	<b>Model</b> <input type="checkbox"/> Unknown	
<b>License Plate</b> <input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring		
<b>State</b> _____ <input type="checkbox"/> Unknown	<b>Number</b> _____ <input type="checkbox"/> Unknown	<b>Year</b> _____ <input type="checkbox"/> Unknown	

<b>TRAILER INFORMATION</b> <span style="float: right;">TRAILER #</span>			
<b>VIN</b> <input type="checkbox"/> Unknown	<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown	<b>Make</b> <input type="checkbox"/> Unknown	<b>Model</b> <input type="checkbox"/> Unknown	
<b>License Plate</b> <input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring		
<b>State</b> _____ <input type="checkbox"/> Unknown	<b>Number</b> _____ <input type="checkbox"/> Unknown	<b>Year</b> _____ <input type="checkbox"/> Unknown	

<b>TRAILER INFORMATION</b> <span style="float: right;">TRAILER #</span>			
<b>VIN</b> <input type="checkbox"/> Unknown	<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown	<b>Make</b> <input type="checkbox"/> Unknown	<b>Model</b> <input type="checkbox"/> Unknown	
<b>License Plate</b> <input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring		
<b>State</b> _____ <input type="checkbox"/> Unknown	<b>Number</b> _____ <input type="checkbox"/> Unknown	<b>Year</b> _____ <input type="checkbox"/> Unknown	

<b>TRAILER INFORMATION</b> <span style="float: right;">TRAILER #</span>			
<b>VIN</b> <input type="checkbox"/> Unknown	<b>Number of Axles</b> <input type="checkbox"/> Unknown		
<b>Year</b> <input type="checkbox"/> Unknown	<b>Make</b> <input type="checkbox"/> Unknown	<b>Model</b> <input type="checkbox"/> Unknown	
<b>License Plate</b> <input type="checkbox"/> Missing	<input type="checkbox"/> Non-expiring		
<b>State</b> _____ <input type="checkbox"/> Unknown	<b>Number</b> _____ <input type="checkbox"/> Unknown	<b>Year</b> _____ <input type="checkbox"/> Unknown	

# LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

**Motor Vehicle #**  
1

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## DRIVER INFORMATION

<b>Name</b> <input type="checkbox"/> Unknown		<b>Age</b> <input type="checkbox"/> Unknown	<b>Sex</b> <span style="border: 1px solid black; padding: 2px;">100</span>	<b>Race</b> <span style="border: 1px solid black; padding: 2px;">103</span>
driverfirst	driverlast	54	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
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>	
<b>Address</b> <input checked="" type="checkbox"/> Unknown		<b>Phone Number</b> <input type="checkbox"/> Not Collected		
		222-555-4466		
<i>Street</i>		<i>City</i>		<i>State</i> <i>Postal Code</i>
<b>Incident Responder</b>		<b>Date of Birth</b> <input checked="" type="checkbox"/> Unknown	<b>Ethnicity</b> <span style="border: 1px solid black; padding: 2px;">100</span>	
000 No	102 Police	980 Other	100 Hispanic	
100 EMS	103 Tow operator	999 Unknown	101 Other than Hispanic	
101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)			999 Unknown

## DRIVER LICENSE INFORMATION

<b>License Status</b> <span style="border: 1px solid black; padding: 2px;">100</span>		<b>License Class</b> <span style="border: 1px solid black; padding: 2px;">102</span>	<b>Driver License Type</b> <span style="border: 1px solid black; padding: 2px;">200</span>	<b>Commercial Driver License Status</b> <span style="border: 1px solid black; padding: 2px;">004</span>
100 Valid license	004 Suspended	000 None	100 Non-CDL driver license	100 Valid
000 Not licensed	999 Unknown	100 Class A	101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.)	000 Canceled or denied
001 Canceled or denied		101 Class B	200 Commercial driver license (CDL)	001 Disqualified
002 Expired		102 Class C	970 Not applicable	002 Expired
003 Revoked		200 Light commercial/chauffeur (LA class D)		003 Revoked
<b>License Number</b>		<b>License State</b>		
011001		LA		
<b>Endorsements on License</b>		<b>Endorsement Compliance</b> <span style="border: 1px solid black; padding: 2px;">101</span>		<b>Restrictions on License</b>
<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 checked="" type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required		104 - Except class A bus 105 - Except class A and class B bus 106 - Except tractor-trailer
				<b>Alcohol Interlock Presence</b> <span style="border: 1px solid black; padding: 2px;">970</span>
				000 No 100 Yes 970 Not applicable 999 Unknown

## DRIVER SEATING AND SAFETY INFORMATION

<b>Seating Position</b> <span style="border: 1px solid black; padding: 2px;">100</span>		<b>Restraint Systems Used</b> <span style="border: 1px solid black; padding: 2px;">104</span>																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">Standard Vehicle Seats</th> <th>Other Seating Positions</th> </tr> <tr> <th colspan="5" style="text-align: center;">Front</th> <td rowspan="7">                 700 Unenclosed cargo area                  701 Riding on motor vehicle exterior (non-trailing unit)                  800 Trailing unit                  801 Sleeper section of cab (truck)                  898 Other enclosed cargo area                  970 Not applicable                  999 Unknown             </td> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </table>		Standard Vehicle Seats					Other Seating Positions	Front					700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	001 None used – motor vehicle occupant 002 No helmet 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 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown	
Standard Vehicle Seats					Other Seating Positions																																													
Front					700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown																																													
Row	Left	Middle	Right	Unk																																														
1	100	101	102	199																																														
2	200	201	202	299																																														
3	300	301	302	399																																														
4	400	401	402	499																																														
Oth	500	501	502	599																																														
Unk	600	601	602	699																																														
<b>Air Bags Deployed</b>		<b>Ejection</b> <span style="border: 1px solid black; padding: 2px;">000</span>	<b>Extrication</b> <span style="border: 1px solid black; padding: 2px;">000</span>																																															
<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 <input type="checkbox"/> 103 Other (knee, air belt, etc.) <input checked="" type="checkbox"/> 970 Not applicable <input 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																																															
		<b>Any indication of improper use?</b> <span style="border: 1px solid black; padding: 2px;">000</span>																																																
		000 No 100 Yes 999 Unknown																																																

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle # 1

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MEDICAL INFORMATION

Injury Status 104 Type of Medical Transportation 000 EMS Response Agency Not applicable EMS Response Run # Unknown Medical Unique Identifier Not applicable Facility Receiving Patient Not applicable

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 000 Distraction Action 000 Distraction Source 970 Speeding Relation 000 Vision Obscurement 000 Suspected Alcohol Usage 100 Test Status 001 Alcohol Kit Number Alcohol Test Type 970 Alcohol Test Results 970 BAC Suspected Drug Usage 100 Test Status 001 Drug Kit Number Drug Test Type 970 Drug Test Results

DRIVER ACTIONS

Driver Actions at Time of Crash 000 Avoidance Maneuver 000 Pre-Collision Stability 000

CITATIONS

# LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

**Total # of Passengers**  
4

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## PASSENGER INFORMATION

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

<b>Name</b> <input type="checkbox"/> Unknown				<b>Date of Birth</b>	<b>Age</b>	<b>Sex</b>	<b>Race</b>
passfirst1                      passmiddle1                      passlast1 <small>First                                      Middle                                      Last                                      Suffix</small>				Unknown	7	100 Female 101 Male 999 Unknown	100
<b>Address</b> <input checked="" type="checkbox"/> Unknown						<b>Phone Number</b> <input checked="" type="checkbox"/> Not Collected	<b>Ethnicity</b>
Street                                      City                                      State                                      Postal Code							100
<b>Air Bags Deployed</b>	<b>Injury Status</b>	<b>Incident Responder</b>	<b>Restraint System</b>	<b>Any indication of improper use?</b>	<b>Seating Position</b>	<b>Ejection</b>	<b>Extrication</b>
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	104	000	001	000	200	000
<b>Type of Medical Transportation</b>		<b>Medical Unique Identifier</b>	<b>EMS Response Agency</b>		<b>Facility Receiving Patient</b>		
000		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Not applicable		Not applicable		
			<b>EMS Response Run #</b> <input type="checkbox"/> Unknown				

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

<b>Name</b> <input type="checkbox"/> Unknown				<b>Date of Birth</b>	<b>Age</b>	<b>Sex</b>	<b>Race</b>
passfirst2                                      passlast2                                      jr <small>First                                      Middle                                      Last                                      Suffix</small>				7/28/2015	6	100 Female 101 Male 999 Unknown	101
<b>Address</b> <input type="checkbox"/> Unknown						<b>Phone Number</b> <input type="checkbox"/> Not Collected	<b>Ethnicity</b>
555 silver lane                                      walker                                      LA                                      77777 <small>Street                                      City                                      State                                      Postal Code</small>						225-555-6666	101
<b>Air Bags Deployed</b>	<b>Injury Status</b>	<b>Incident Responder</b>	<b>Restraint System</b>	<b>Any indication of improper use?</b>	<b>Seating Position</b>	<b>Ejection</b>	<b>Extrication</b>
<input 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 <input type="checkbox"/> 103 Other	<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	104	000	001	100	300	000
<b>Type of Medical Transportation</b>		<b>Medical Unique Identifier</b>	<b>EMS Response Agency</b>		<b>Facility Receiving Patient</b>		
000		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Not applicable		Not applicable		
			<b>EMS Response Run #</b> <input type="checkbox"/> Unknown				

**MOTOR VEHICLE #** 1 **PASSENGER #** 3

<b>Name</b> <input type="checkbox"/> Unknown				<b>Date of Birth</b>	<b>Age</b>	<b>Sex</b>	<b>Race</b>
passfirst3                                      passlast3 <small>First                                      Middle                                      Last                                      Suffix</small>				Unknown	Unknown	100 Female 101 Male 999 Unknown	102
<b>Address</b> <input checked="" type="checkbox"/> Unknown						<b>Phone Number</b> <input type="checkbox"/> Not Collected	<b>Ethnicity</b>
Street                                      City                                      State                                      Postal Code						777-999-5544	101
<b>Air Bags Deployed</b>	<b>Injury Status</b>	<b>Incident Responder</b>	<b>Restraint System</b>	<b>Any indication of improper use?</b>	<b>Seating Position</b>	<b>Ejection</b>	<b>Extrication</b>
<input 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 <input type="checkbox"/> 103 Other	<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	104	000	001	000	400	000
<b>Type of Medical Transportation</b>		<b>Medical Unique Identifier</b>	<b>EMS Response Agency</b>		<b>Facility Receiving Patient</b>		
000		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Not applicable		Not applicable		
			<b>EMS Response Run #</b> <input type="checkbox"/> Unknown				

## PASSENGER CODES

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

# LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

**Total # of Passengers**  
4

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## PASSENGER INFORMATION

**MOTOR VEHICLE #** 1 **PASSENGER #** 4

<b>Name</b> <input type="checkbox"/> Unknown				<b>Date of Birth</b>	<b>Age</b>	<b>Sex</b>	<b>Race</b>	
passfirst4 <small>First</small>				Unknown	12	100 Female 101 Male 999 Unknown	980	
Address <input checked="" type="checkbox"/> Unknown				<b>Phone Number</b> <input checked="" type="checkbox"/> Not Collected		<b>Ethnicity</b>		
Street				City		State Postal Code		
<b>Air Bags Deployed</b>		<b>Injury Status</b>	<b>Incident Responder</b>	<b>Restraint System</b>	<b>Any indication of improper use?</b>	<b>Seating Position</b>	<b>Ejection</b>	<b>Extrication</b>
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		103	000	001	000 No 100 Yes 999 Unknown	202	000	000
<b>Type of Medical Transportation</b>		<b>Medical Unique Identifier</b>	<b>EMS Response Agency</b>		<b>Facility Receiving Patient</b>			
000		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Not applicable		Not applicable			
			<b>EMS Response Run #</b> <input type="checkbox"/> Unknown					

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

<b>Name</b> <input type="checkbox"/> Unknown				<b>Date of Birth</b>	<b>Age</b>	<b>Sex</b>	<b>Race</b>	
First Middle Last Suffix						100 Female 101 Male 999 Unknown		
Address <input type="checkbox"/> Unknown				<b>Phone Number</b> <input type="checkbox"/> Not Collected		<b>Ethnicity</b>		
Street				City		State Postal Code		
<b>Air Bags Deployed</b>		<b>Injury Status</b>	<b>Incident Responder</b>	<b>Restraint System</b>	<b>Any indication of improper use?</b>	<b>Seating Position</b>	<b>Ejection</b>	<b>Extrication</b>
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown			
<b>Type of Medical Transportation</b>		<b>Medical Unique Identifier</b>	<b>EMS Response Agency</b>		<b>Facility Receiving Patient</b>			
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown						
			<b>EMS Response Run #</b> <input type="checkbox"/> Unknown					

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

<b>Name</b> <input type="checkbox"/> Unknown				<b>Date of Birth</b>	<b>Age</b>	<b>Sex</b>	<b>Race</b>	
First Middle Last Suffix						100 Female 101 Male 999 Unknown		
Address <input type="checkbox"/> Unknown				<b>Phone Number</b> <input type="checkbox"/> Not Collected		<b>Ethnicity</b>		
Street				City		State Postal Code		
<b>Air Bags Deployed</b>		<b>Injury Status</b>	<b>Incident Responder</b>	<b>Restraint System</b>	<b>Any indication of improper use?</b>	<b>Seating Position</b>	<b>Ejection</b>	<b>Extrication</b>
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown			
<b>Type of Medical Transportation</b>		<b>Medical Unique Identifier</b>	<b>EMS Response Agency</b>		<b>Facility Receiving Patient</b>			
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown						
			<b>EMS Response Run #</b> <input type="checkbox"/> Unknown					

## PASSENGER CODES

<b>Injury Status</b> 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	<b>Ejection</b> 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	<b>Extrication</b> 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	<b>Restraint Systems</b> 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown	<b>Seating Position</b> <table border="1" style="width: 100%; text-align: center;"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr> <tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr> <tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr> <tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr> <tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr> <tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr> </table> <table border="1" style="width: 100%; text-align: center;"> <tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr> </table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Other	500	501	502	599																																								
Unk	600	601	602	699																																								
<b>Race</b> 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	<b>Ethnicity</b> 100 Hispanic 101 Other than Hispanic 999 Unknown	<b>Incident Responder</b> 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown	970 Not applicable 980 Other 999 Unknown																																									
<b>Type of Medical Transportation</b> 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 1
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NON-MOTORIST INFORMATION

Name: nmfirst1, nmmiddle1, nmlast1, jr
Age: 5
Sex: 100 Female
Race: 102 Black
Address: 123 main, walker, LA 78787
Phone Number: 222-555-9988
Incident Responder: 100 No, 102 Police, 980 Other
Date of Birth: 11/12/2015
Ethnicity: 101 Other than Hispanic

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type: 100 Bicyclist
Initial Contact Point: 101 Front (12 o'clock)
Location: 100 Intersection - marked crosswalk
Origin/Destination: 100 Going to or from school (K-12)
Safety Equipment: 100 Helmet
Struck by Vehicle #: 1

Action Prior to Crash: 101 Actions or Circumstances At Time of Crash: 101
100 None
101 Crossing roadway
102 Waiting to cross roadway
103 Walking/cycling along roadway against traffic
104 Walking/cycling along roadway with traffic
105 Walking/cycling on sidewalk
106 Working in trafficway (incident response)
109 Not visible (dark clothing, no lighting, etc.)
110 Wrong-way riding or walking

NON-MOTORIST MEDICAL INFORMATION

Injury Status: 100 Type of Medical Transportation: 101 EMS Response Agency: Allen Parish Ambulance Service Dist.
EMS Response Run #: 123654
Medical Unique Identifier: 321wer
Facility Receiving Patient: Acadia St. Landry Hospital

NON-MOTORIST CONDITION

Conditions at the Time of the Crash: 000 Distraction Action: 000 Distraction Source: 970
000 Apparently normal
100 Asleep/blacked out
101 Talking / listening
101 Manually operating a device (texting, typing, dialing, playing game, etc.)

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

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2
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NON-MOTORIST INFORMATION

Name [X] Unknown Age [ ] Unknown Sex 101 Race 103
Address [X] Unknown Phone Number [X] Not Collected
Incident Responder 000 Date of Birth [X] Unknown Ethnicity 100

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type 100 Initial 103 Location 105
Contact Point 100 Front (12 o'clock)
Origin/Destination 100 Safety Equipment
Struck by Vehicle # 1

Action Prior to Crash 104 Actions or Circumstances At Time of Crash 107
Clothing Brightness Upper 101 Lower 101

NON-MOTORIST MEDICAL INFORMATION

Injury Status 100 Type of Medical Transportation 980 EMS Response Agency
Medical Unique Identifier [X] Not applicable Facility Receiving Patient West Jefferson Medical Center

NON-MOTORIST CONDITION

Conditions at the Time of the Crash 970 Distraction Action 000 Distraction Source 970

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

Suspected Drug 000 Test Status 000 Drug Kit Number [ ] Unknown Drug Test Type 970 Drug Test Results

DIAGRAM

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Scene #

1

Case #

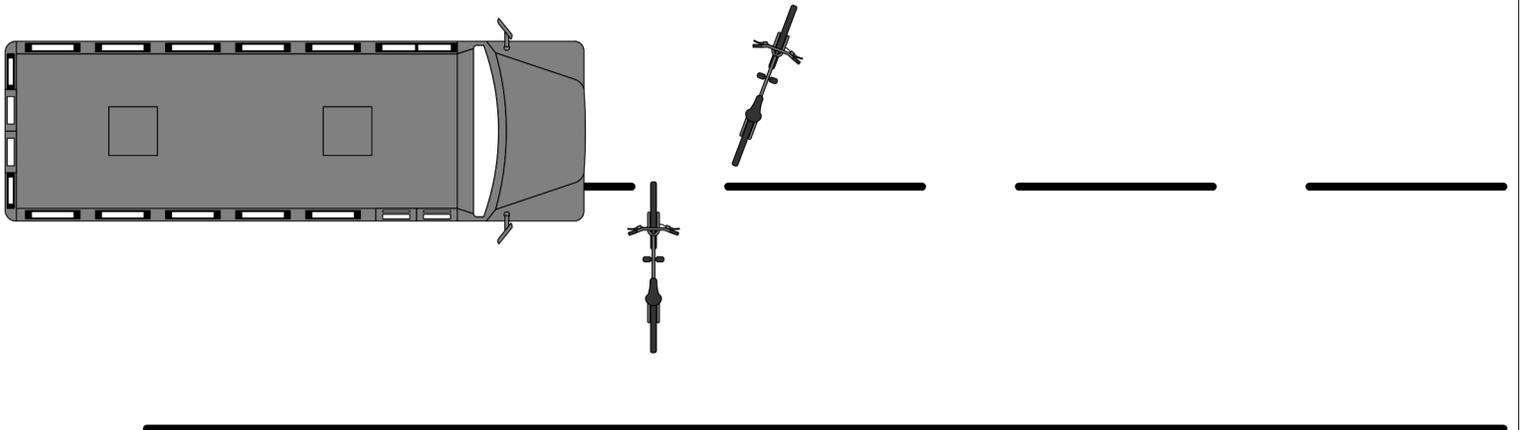
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CRASH DIAGRAM



# LOUISIANA UNIFORM CRASH REPORT NARRATIVE

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## 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.

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

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Disclaimer: All information below this line is auto-generated from report data.  
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Vehicle 1 Model: school bus  
Vehicle 1 Passenger 4 Race: other race  
Non-Motorist 1 Location: mid-block  
Non-Motorist 2 Medical Transportation Type: parents

This report was reassigned to Eric Newman.