

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 #		RMS Report 4		Page	1	of	17
Number of Motorists 3		Number of Non-Motorists 0		Non-Fatally Injured Persons 0		Fatalities 0		Total Injuries and Fatalities 0		Vehicles Involved 2		Troop A			
Investigating Agency LSP (Troop A)				Division		Parish St. Tammany		City Rural St. Tammany		Latitude 30.352948° N		Longitude 90.095963° W			

CRASH TIME INFORMATION				
Crash Date/Time 07/04/2021 2350	Police Notified Date/Time 07/04/2021 2350	Police Arrived Date/Time 07/04/2021 2355	Roadway Cleared Date/Time 07/04/2021 2355	On Scene Investigation Completed Date/Time 07/05/2021 0220

ROAD INFORMATION	
Highway <input checked="" type="checkbox"/> Not applicable	Road LAKE PONTCHARTRAIN CSWY
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 1.6 mi	Intersecting Road <input type="checkbox"/> Crash was at an intersection W Causeway Approach

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

INVESTIGATING OFFICER				
Rank	First Name Test	Middle Name T.	Last Name Users	Suffix
Badge # 123456	Printed Name Eric	Signature <i>Eric</i>		

CRASH CIRCUMSTANCES AND CONDITIONS			
First Harmful Event	201	Location of First Harmful Event 104	Manner of Crash 300
	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	000 Not a collision between two motor vehicles in transport 100 Angle - left overtake 101 Angle - left across flow 102 Angle - left into flow 103 Angle - right into flow 104 Angle - right overtake 105 Angle - perpendicular/other angle 200 Front to front - head on 201 Front to front - left against flow 202 Front to front - right against flow
	Collision with Non-Fixed Object	200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle 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	300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 500 Sideswipe - left against flow 501 Sideswipe - right against flow 502 Sideswipe - against flow 503 Sideswipe - left overtake 504 Sideswipe - right overtake 505 Sideswipe - with flow 980 Other 999 Unknown
	Collision with Fixed Object	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	Relation to Junction 000 000 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
		Intersection Geometry 970 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable	Contributing Factor Primary 101 Secondary 970 100 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
		Intersection Traffic Control 970 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable	School Bus Relation 000 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved

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CRASH CONDITIONS

Roadway Surface Condition	000	Light Condition	302	Weather Conditions	000	Environmental Conditions	000
000 Dry		100 Daylight		000 Clear		000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	
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

Work Zone	000	Location Relative to Work Zone	970	Work Zone Type	970	Work Zone Circumstance	970	Worker(s) Present	970	Law Enforcement Present	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		970 Not applicable	
		104 Termination area		970 Not applicable		104 Traffic control device malfunction				999 Unknown	
		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	

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000366

Motor Vehicle #		Case #		RMS Report 4		Page 3 of 17	
DESCRIPTION AND INFORMATION							
<input type="checkbox"/> Check if this vehicle had no driver		Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Low Speed</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 <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <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 <u>Other</u> 980 Other 999 Unknown	
VIN ASD123DSD122123S1 <input type="checkbox"/> Unknown							
Model Year <input type="checkbox"/> Unknown 2018		Make Peterbilt		Model Medium/heavy truck - CBE		Color Blue	
License Plate <input type="checkbox"/> Missing State MI <input type="checkbox"/> Unknown Number 123ASD <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Non-expiring					
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Ida Nielson							
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 123 Main St. Ann Arbor MI 48001-1234 <small>Street City State Postal Code</small>							
Insurance <input type="checkbox"/> Uninsured at time of crash Company Insurance Co. <input type="checkbox"/> Unknown Phone # 555-555-9876 <input type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # a123-x <input type="checkbox"/> Unknown Expiration Date 1/21/2022 <input type="checkbox"/> Unknown							
DAMAGE							
Damage Extent 100 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		Initial Contact Point 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input 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		Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		Tow Status 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage Towed By <input type="checkbox"/> Unknown	
TOWING							
				Tow Authority 970 100 Owner 101 Law enforcement 970 Not applicable 980 Other			
MOTOR VEHICLE CIRCUMSTANCES							
Vehicle Usage 000 000 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)		Vehicle Maneuver 000 100 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 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 Emergency Vehicle Usage 000 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown		Vehicle Maneuver 100 109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane 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 400 Slowing to make left turn 401 Slowing to make right turn 402 Slowing to stop 498 Slowing for other reason 500 Parked 501 Stopped, preparing to turn left 502 Stopped, preparing to turn right 503 Stopped in traffic 980 Other 999 Unknown		Direction of Travel Before Crash 500 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown	

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Motor Vehicle # 1		Rev. 2021-1		Case #	RMS Report 4	Page 4 of 17
MOTOR VEHICLE CIRCUMSTANCES						
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown		Vehicle Defects 100		
Front Left	Front Right	220		000 None		
40	40			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		Vehicle Lighting 999				
		000 Headlights off				
		100 Headlights on				
		101 Daytime running lights				
		999 Unknown				
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing			
000 None	300 Flashing railroad crossing (may include gates)	1 000	1 000			
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2	2			
	302 Flashing traffic control signal	3	3			
	303 Lane use control signal	4	4			
	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	Traffic Signal Status 970				
203 Pedestrian crossing sign	401 Pedestrian crossing	100 Red signal on				
204 Railroad crossing	402 Railroad crossing	200 Yellow signal on				
205 Reduce Speed Ahead warning sign	403 School zone	300 Green signal on				
206 School zone sign	404 Yellow no passing line	970 Not applicable				
207 Stop sign	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)	999 Unknown				
208 Yield sign	980 Other					
298 Other warning sign	999 Unknown					
Trafficway Division 000		Barrier Type 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 101	Number of Through Lanes 2	Number of Auxiliary Lanes 0	Roadway Alignment 100	Permitted Travel 100	HOV Lane Presence 000	HOV Lane Relation 000
100 Level			100 Straight	100 One-way	000 None present	000 No
101 Uphill			101 Curve left	200 Two-way	100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median	100 Yes
102 Hillcrest			102 Curve right	Posted Speed Limit	101 Not separated, painted pavement markings, post-mounted delineators	
103 Downhill				55 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A		
104 Sag (bottom)						
MOTOR VEHICLE EVENTS						
Sequence of Events 1 201 2 3 4				Most Harmful Event 201		
Non-Harmful Events				Collision with Fixed Object		
000 Cross centerline				300 Collision with bridge overhead structure		
001 Cross median				301 Collision with bridge pier or support		
002 End departure (T-intersection, dead-end, etc.)				302 Collision with bridge rail		
003 Downhill runaway				303 Collision with cable barrier		
004 Equipment failure (blown tire, brake failure, etc.)				304 Collision with concrete traffic barrier		
005 Ran off roadway left				305 Collision with culvert		
006 Ran off roadway right				306 Collision with curb		
007 Reentering roadway				307 Collision with ditch		
008 Separation of units				308 Collision with embankment		
009 Other non-harmful event				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 pedacycle		
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		
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS						

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VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2021-1		Case #	RMS Report 4	Page 5 of 17
COMMERCIAL MOTOR VEHICLE INFORMATION						
Vehicle Configuration				303	Hazardous Materials Placard 000	
000 Vehicles 10,000 lbs or less 100 Vehicles 10,000 lbs or less placarded for hazardous materials 200 Bus/large van (seats 9-15 occupants, including driver) 201 Bus (seats more than 15 occupants, including driver)				300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) 301 Single-unit truck (3 or more axles) 302 Truck pulling trailer(s) 303 Truck tractor (bobtail) 304 Truck tractor/semi-trailer 305 Truck tractor/double 306 Truck tractor/triple 307 Truck more than 10,000 lbs., cannot classify	999 Unknown	000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown
Cargo Body Type 000				Special Sizing		
000 No cargo body 100 Bus 101 Auto transporter 102 Cargo tank 103 Concrete mixer 104 Dump 105 Flatbed 106 Garbage / refuse 107 Grain / chips / gravel 108 Intermodal container chassis 109 Log 110 Pole trailer 111 Van / enclosed box 112 Vehicle towing another vehicle 970 Not applicable 980 Other 999 Unknown				<input type="checkbox"/> 000 No special sizing <input checked="" type="checkbox"/> 100 Over-height <input type="checkbox"/> 101 Over-length <input type="checkbox"/> 102 Over-weight <input type="checkbox"/> 103 Over-width <input type="checkbox"/> 999 Unknown		
Load Permitted 970		Number of Axles <input type="checkbox"/> Unknown 2	Motor Carrier Type 100	Motor Carrier Identification 100		
000 Non-permitted load 100 Permitted load 970 Not applicable (not a qualifying vehicle) 999 Unknown			000 Personal vehicle 001 Not in commerce: government 002 Not in commerce: personal rental truck or bus 098 Not in commerce: other 100 Interstate carrier 101 Intrastate carrier	100 US DOT number 101 State number 970 Not applicable 999 Unknown/unable to determine State _____		
Motor Carrier Address <input type="checkbox"/> Unknown				Motor Carrier Phone Number <input checked="" type="checkbox"/> Unknown		
444 Jefferson Rd. Street				Ann Arbor MI 48888 City State Postal Code		
GVWR/GCWR 101		Commodity Hauled n/a				
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 State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown				<input type="checkbox"/> Non-expiring <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 State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown				<input type="checkbox"/> Non-expiring <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 State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown				<input type="checkbox"/> Non-expiring <input type="checkbox"/> Unknown		

Motor Vehicle # 1		DRIVER INFORMATION		Case #	RMS Report 4	Page 6 of 17
Name <input type="checkbox"/> Unknown						
First		Middle		Last		Suffix
Address <input type="checkbox"/> Unknown		Phone Number		<input checked="" type="checkbox"/> Not Collected		
123 Main St.		Ann Arbor		MI		48001-1234
Street		City		State		Postal Code
Incident Responder		000		Date of Birth		<input type="checkbox"/> Unknown
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.)		8/13/1964		
DRIVER LICENSE INFORMATION						
License Status		004		License Class		101
100 Valid license		004 Suspended		000 None		
000 Not licensed		999 Unknown		100 Class A		
001 Canceled or denied				101 Class B		
002 Expired				102 Class C		
003 Revoked				200 Light commercial/chauffeur (LA class D)		
License Number		License State		Driver License Type		200
321789		MI		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		004
				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
Endorsements on License		Endorsement Compliance		Restrictions on License		
<input type="checkbox"/> 000 None/not applicable		000 No endorsements required for the vehicle		102 - Corrective lenses		
<input checked="" type="checkbox"/> 100 H - Hazardous materials		100 Endorsements required, complied with				
<input checked="" type="checkbox"/> 101 N - Tank vehicle		101 Endorsements required, not complied with				
<input type="checkbox"/> 102 P - Passenger		199 Endorsements required, compliance unknown				
<input type="checkbox"/> 103 S - School		999 Unknown if endorsements required				
<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 - Motorcyle						
<input type="checkbox"/> 298 Other non-commercial license endorsements						
<input type="checkbox"/> 999 Unknown						
Alcohol Interlock Presence						
000 No						
100 Yes						
970 Not applicable						
999 Unknown						
DRIVER SEATING AND SAFETY INFORMATION						
Seating Position		100		Restraint Systems Used		104
Standard Vehicle Seats		Other Seating Positions		001 None used – motor vehicle occupant		002 No helmet
700 Unenclosed cargo area						970 Not applicable
701 Riding on motor vehicle exterior (non-trailing unit)						980 Other
800 Trailing unit						999 Unknown
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		
Oth	500	501	502	599		
Unk	600	601	602	699		
Air Bags Deployed		Ejection		000		Extrication
<input checked="" type="checkbox"/> 000 Not deployed		000 Not ejected				000 No
<input type="checkbox"/> 001 Not deployed - switch off		100 Ejected, partially				100 Trapped and extricated
<input type="checkbox"/> 100 Front		101 Ejected, totally				101 Trapped but not extricated
<input type="checkbox"/> 101 Side		970 Not applicable				999 Unknown
<input type="checkbox"/> 102 Curtain		999 Unknown				
103 Other (knee, air belt, etc.)						

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MEDICAL INFORMATION

Injury Status	104	Type of Medical Transportation	000	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	Not applicable
				EMS Response Run # <input type="checkbox"/> Unknown
Medical Unique Identifier				Facility Receiving Patient
<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Not applicable

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	101	Distracted By	101	Distraction Source	100	Speeding Related	000			
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 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 980 Other 999 Unknown		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			
				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	000	Test Status	100	Alcohol Kit Number	987	Alcohol Test Type	200	Alcohol Test Results	001	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	000	Test Status	100	Drug Kit Number	213123	Drug Test Type	103	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		Results negative		

DRIVER ACTIONS

Driver Actions at Time of Crash	104	Avoidance Maneuver	105	Pre-Collision Stability	000
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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000366

Motor Vehicle #		Case #		RMS Report 4		Page 8 of 17	
2							
DESCRIPTION AND INFORMATION							
<input type="checkbox"/> Check if this vehicle had no driver		Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Low Speed</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 <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <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 <u>Other</u> 980 Other 103 Pickup 104 Cargo van 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 999 Unknown	
VIN <input checked="" type="checkbox"/> Unknown							
Model Year <input checked="" type="checkbox"/> Unknown		Make Chevrolet		Model Impala/Caprice		Color Yellow	
License Plate <input checked="" type="checkbox"/> Missing <input type="checkbox"/> Non-expiring State <input type="checkbox"/> Unknown Number <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown							
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Herman Left							
Owner Address <input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown Street City State Postal Code							
Insurance <input checked="" type="checkbox"/> Uninsured at time of crash Company <input type="checkbox"/> Unknown Phone # <input type="checkbox"/> Unknown NAIC # <input type="checkbox"/> Unknown Policy # <input type="checkbox"/> Unknown Expiration Date <input type="checkbox"/> Unknown							
DAMAGE							
Damage Extent 102 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		Initial Contact Point 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input 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		Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		TOWING Tow Status 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage Tow Authority 100 100 Owner 101 Law enforcement 970 Not applicable 980 Other Towed By <input type="checkbox"/> Unknown Tow Way	
MOTOR VEHICLE CIRCUMSTANCES							
Vehicle Usage 000 000 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)		Vehicle Maneuver 402 100 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 Vehicle Maneuver Reason 000 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing 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 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown		Emergency Vehicle Usage 000 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown Direction of Travel Before Crash 500 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown			

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2		Rev. 2021-1		Case #		RMS Report 4		Page 9 of 17	
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown			Vehicle Defects			
Front Left <input type="text" value="30"/> Front Right <input type="text" value="30"/> <input type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown Rear Left <input type="text" value="30"/> Rear Right <input type="text" value="30"/>			80			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			
			Vehicle Lighting <input type="text" value="100"/>						
			000 Headlights off 100 Headlights on 101 Daytime running lights 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 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign			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 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 980 Other 999 Unknown		1 <input type="text" value="000"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>		1 <input type="text" value="000"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>		
			Traffic Signal Status <input type="text" value="970"/>						
			100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown						
					Automation System Level Present <input type="text" value="000"/>				
					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 at Time of Crash <input type="text" value="000"/>				
					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 <input type="text" value="000"/>			Barrier Type <input type="text" value="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 <input type="text" value="101"/>	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment <input type="text" value="100"/>	Permitted Travel <input type="text" value="100"/>	HOV Lane Presence <input type="text" value="000"/>				
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)	2	0	100 Straight 101 Curve left 102 Curve right	100 One-way 200 Two-way Posted Speed Limit 55 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	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="201"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>				Most Harmful Event <input type="text" value="201"/>					
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				
					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				
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 pedacycle 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				

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2		Rev. 2021-1		Case #	RMS Report 4	Page 10 of 17
COMMERCIAL MOTOR VEHICLE INFORMATION						
Vehicle Configuration				000	Hazardous Materials Placard 000	
000 Vehicles 10,000 lbs or less 100 Vehicles 10,000 lbs or less placarded for hazardous materials 200 Bus/large van (seats 9-15 occupants, including driver) 201 Bus (seats more than 15 occupants, including driver)				300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) 301 Single-unit truck (3 or more axles) 302 Truck pulling trailer(s) 303 Truck tractor (bobtail) 304 Truck tractor/semi-trailer 305 Truck tractor/double 306 Truck tractor/triple 307 Truck more than 10,000 lbs., cannot classify	999 Unknown	000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown
Cargo Body Type 970				Special Sizing		
000 No cargo body 100 Bus 101 Auto transporter 102 Cargo tank 103 Concrete mixer 104 Dump 105 Flatbed 106 Garbage / refuse 107 Grain / chips / gravel 108 Intermodal container chassis 109 Log 110 Pole trailer 111 Van / enclosed box 112 Vehicle towing another vehicle 970 Not applicable 980 Other 999 Unknown				<input checked="" type="checkbox"/> 000 No special sizing <input type="checkbox"/> 100 Over-height <input type="checkbox"/> 101 Over-length <input type="checkbox"/> 102 Over-weight <input type="checkbox"/> 103 Over-width <input type="checkbox"/> 999 Unknown		
Load Permitted 970		Number of Axles <input type="checkbox"/> Unknown	Motor Carrier Type 000	Motor Carrier Identification 970		
000 Non-permitted load 100 Permitted load 970 Not applicable (not a qualifying vehicle) 999 Unknown			000 Personal vehicle 001 Not in commerce: government 002 Not in commerce: personal rental truck or bus 098 Not in commerce: other 100 Interstate carrier 101 Intrastate carrier	100 US DOT number 101 State number 970 Not applicable 999 Unknown/unable to determine State _____		
Motor Carrier Address <input type="checkbox"/> Unknown				Motor Carrier Phone Number <input type="checkbox"/> Unknown		
Street _____ City _____ State _____ Postal Code _____						
GVWR/GCWR 970		Commodity Hauled				
100 Light (less than 10,000 lbs.GVWR/GCWR) 101 Medium (10,001 - 26,000 lbs GVWR/GCWR) 102 Heavy (greater than 26,000 lbs GVWR/GCWR) 970 Not applicable (not a qualifying vehicle) 999 Unknown						
TRAILER INFORMATION TRAILER #						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown	Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown			
License Plate <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown						
TRAILER INFORMATION TRAILER #						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown	Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown			
License Plate <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown						
TRAILER INFORMATION TRAILER #						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown	Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown			
License Plate <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown						

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

Motor Vehicle # 2		Rev. 2021-1		Case #	RMS Report 4	Page 11 of 17																																			
DRIVER INFORMATION																																									
Name <input type="checkbox"/> Unknown Herman <small>First Middle Last Suffix</small>			Age <input type="checkbox"/> Unknown 24	Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> 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 <small>Street City State Postal Code</small>			Phone Number <input checked="" type="checkbox"/> Not Collected																																						
Incident Responder <input type="checkbox"/> Unknown 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 <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown																																				
DRIVER LICENSE INFORMATION																																									
License Status <input type="checkbox"/> Unknown 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		License Class <input type="checkbox"/> Unknown 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 <input type="checkbox"/> Unknown 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 <input type="checkbox"/> Unknown 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 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 Alcohol Interlock Presence 000 No 970 Not applicable 100 Yes 999 Unknown																																						
DRIVER SEATING AND SAFETY INFORMATION																																									
Seating Position <input type="checkbox"/> Unknown		Restraint Systems Used <input type="checkbox"/> Unknown																																							
Standard Vehicle Seats <table border="1"><thead><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>		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	Other Seating Positions 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																																					
		Used Improperly? <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown																																							
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input checked="" 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 type="checkbox"/> 999 Deployment unknown		Ejection <input type="checkbox"/> Unknown 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown																																							
		Extrication <input type="checkbox"/> Unknown 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																							

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

Motor Vehicle # 2	Rev. 2021-1	Case #	RMS Report 4	Page 12 of 17
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MEDICAL INFORMATION

Injury Status 104	Type of Medical Transportation 000	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	Not applicable
		EMS Response Run # <input type="checkbox"/> Unknown
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 000	Distracted By 000	Distraction Source 970	Speeding Related 000
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 970 Not applicable 980 Other 999 Unknown	000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 980 Other 999 Unknown	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	
		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 000	Test Status 000	Alcohol Kit Number <input type="checkbox"/> Unknown	Alcohol Test Type 970
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
		Alcohol Test Results 970	BAC
		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 000	Test Status 000	Drug Kit Number <input type="checkbox"/> Unknown	Drug Test Type 970
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
		Drug Test Results	
		Not applicable	

DRIVER ACTIONS

Driver Actions at Time of Crash	Avoidance Maneuver 000	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

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

Total # of Passengers 1	Rev. 2021-1	Case #	RMS Report 4	Page 13 of 17
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PASSENGER INFORMATION

MOTOR VEHICLE # 2 PASSENGER # 1

Name <input type="checkbox"/> Unknown Jim E Walker <small>First Middle Last Suffix</small>				Date of Birth Unknown	Age 8	Sex 100 Female 101 Male 999 Unknown	101	Race 102
Address <input type="checkbox"/> Unknown 878 Fountain Blvd Mandeville LA 78888 <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 555-555-7418		Ethnicity 101		
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input checked="" type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		Injury Status 104	Incident Responder 000	Restraint System 105	Used Improperly? 000 No 100 Yes 999 Unknown	Seating Position 202	Ejection 000	Extrication 000
Type of Medical Transportation 000		Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency Not applicable EMS Response Run # <input type="checkbox"/> Unknown			Facility Receiving Patient Not applicable		

MOTOR VEHICLE # PASSENGER #

Name <input type="checkbox"/> Unknown				Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown		Race		
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected		Ethnicity				
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 <input type="checkbox"/> 103 Other				Injury Status	Incident Responder	Restraint System	Used Improperly? 000 No 100 Yes 999 Unknown	Seating Position	Ejection	Extrication
Type of Medical Transportation		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency			Facility Receiving Patient				
			EMS Response Run # <input type="checkbox"/> Unknown							

MOTOR VEHICLE # PASSENGER #

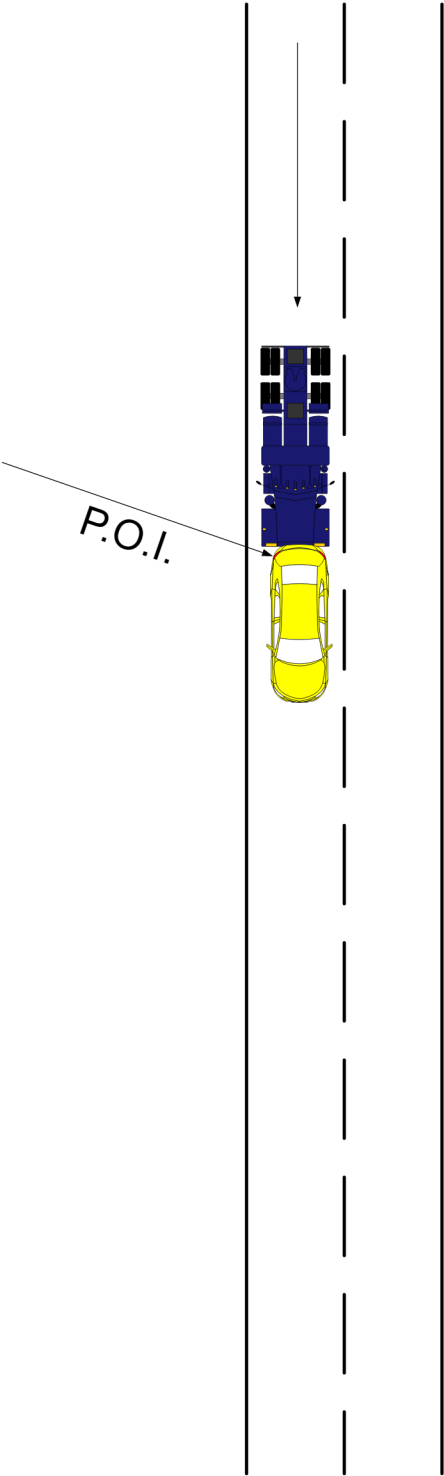
Name <input type="checkbox"/> Unknown				Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown		Race		
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected		Ethnicity				
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001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

PASSENGER CODES

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	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	Restraint Systems 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 002 No helmet 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	Seating Position <table><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr><tr><td colspan="5">Unk 600 601 602 699</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																																												
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	Incident Responder 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																																										
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

Scene # 1	DIAGRAM Rev. 2021-1	Case #	RMS Report 4	Page14	of17
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CRASH DIAGRAM



Not To Scale

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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 December 2021, roughly 250 Louisiana law enforcement agencies were using LACRASH (most 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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CRASH NARRATIVE

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

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Vehicle 1 Model: truck