

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 - 3		Page 1 of 16	
Number of Motorists 2		Number of Non-Motorists 2		Non-Fatally Injured Persons 1		Fatalities 3		Total Injuries and Fatalities 4		Vehicles Involved 2		Troop A	
Investigating Agency CARTS LSU				Division		Parish East Baton Rouge		City Baton Rouge		Latitude 30.391638° N		Longitude 91.162068° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/09/2021 1200		Police Notified Date/Time 08/09/2021 1200		Police Arrived Date/Time 08/09/2021 1200		Roadway Cleared Date/Time 08/09/2021 1200		On Scene Investigation Completed Date/Time 08/09/2021 1200					
ROAD INFORMATION													
Highway <input checked="" type="checkbox"/> Not applicable				Road W LEE DR									
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable				Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection BURBANK DR									
LOCATION INFORMATION													
Road Classification 104		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 3		Traffic Flow Direction S			
100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property		100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable		100 Public property 200 Private property		100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway		1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more		X Not applicable (not a divided highway) N North W West S South		E East	
INVESTIGATING OFFICER													
Rank Trooper		First Name Matt				Middle Name		Last Name Trahan				Suffix	
Badge # 1641		Printed Name Matt Trahan						Signature <i>Matt Trahan</i>					
CRASH CIRCUMSTANCES AND CONDITIONS													
First Harmful Event 202				Location of First Harmful Event 106		Manner of Crash 000							
Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event				100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown		000 Not a collision between two motor vehicles in transport 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 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				Relation to Junction 104 000 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		Contributing Factor Primary 100 Secondary 101 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable							
Collision with Fixed Object 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				Intersection Geometry 102 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		School Bus Relation 000 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved							
Intersection Traffic Control 100 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable													

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CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	

WITNESS #

WITNESS #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000009

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 3	Page	3	of	16
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 103 Pickup 104 Cargo van <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <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 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 type="checkbox"/> Unknown 1990		Make Mercedes Benz		Model SLS Class		Color Black			
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 951357 <input type="checkbox"/> Unknown Year 2021 <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-expiring							
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Jacob Josephs									
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 7000 Drive Rd Street City State Postal Code Baton Rouge LA 70808									
Insurance <input type="checkbox"/> Uninsured at time of crash Company Geico <input type="checkbox"/> Unknown Phone # 800-200-0000 <input type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # 321654987 <input type="checkbox"/> Unknown Expiration Date 12/31/2021 <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 Point of Contact 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 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage Towed By <input checked="" type="checkbox"/> Unknown			
TOWING									
						Tow Authority 980 100 Owner 101 Law enforcement 970 Not applicable 980 Other			
MOTOR VEHICLE CIRCUMSTANCES									
Vehicle Usage 980 000 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 980 100 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 980 000 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		Vehicle Maneuver 106 109 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 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					
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

2021000009

Motor Vehicle #		Rev. 2021-1		Case #		Test Case Tracking - 3		Page 4 of 16	
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
<input type="checkbox"/> Not applicable or measured <input checked="" type="checkbox"/> Unknown			Vehicle Lighting 101			000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown			
Traffic Control Device Types and Statuses									
Traffic Control Device Types			Devices Present		Devices Inoperative or Missing				
000 None 100 Person (including flagger, law enforcement, crossing guard, etc) 200 Bicycle crossing sign 201 Curve Ahead warning sign 202 Intersection Ahead warning sign 203 Pedestrian crossing sign 204 Railroad crossing 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		1 305 2 398 3 498 4 980		1 298 2 398 3 498 4 980		
			Traffic Signal Status 100						
			100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown						
Trafficway Division 000			Barrier Type 000						
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown			000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other						
Roadway Grade 100		Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment 100	Permitted Travel 100	HOV Lane Presence 000			
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)		1	0	100 Straight 101 Curve left 102 Curve right	100 One-way 200 Two-way Speed Limit 35 <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			
MOTOR VEHICLE EVENTS									
Sequence of Events 1 202 2 204 3 098 4 198						Most Harmful Event 202			
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				
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				
					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				

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2021-1		Case #	Test Case Tracking - 3	Page	5	of	16			
COMMERCIAL MOTOR VEHICLE INFORMATION												
Vehicle Configuration				000	Hazardous Materials Placard					000		
000 Vehicles 10,000 lbs or less				300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown					000 Had no placard and not carrying hazardous materials		
100 Vehicles 10,000 lbs or less placarded for hazardous materials				301 Single-unit truck (3 or more axles)						001 Had a placard, not carrying hazardous materials		
200 Bus/large van (seats 9-15 occupants, including driver)				302 Truck pulling trailer(s)						100 Carried hazardous material that required placarding		
201 Bus (seats more than 15 occupants, including driver)				303 Truck tractor (bobtail)						200 Carried hazardous materials without placard	999 Unknown	
				304 Truck tractor/semi-trailer						Hazardous Material ID N/A		
				305 Truck tractor/double						Hazardous Material Class		970
				306 Truck tractor/triple						1 Explosives	970 Not applicable	
				307 Truck more than 10,000 lbs., cannot classify						2 Gas	999 Unknown	
Cargo Body Type				970	Special Sizing							
000 No cargo body					<input checked="" type="checkbox"/> 000 No special sizing							
100 Bus				105 Flatbed	<input type="checkbox"/> 100 Over-height							
101 Auto transporter				106 Garbage / refuse	<input type="checkbox"/> 101 Over-length							
102 Cargo tank				107 Grain / chips / gravel	<input type="checkbox"/> 102 Over-weight							
103 Concrete mixer				108 Intermodal container chassis	<input type="checkbox"/> 103 Over-width							
104 Dump				109 Log	<input type="checkbox"/> 999 Unknown							
110 Pole trailer												
111 Van / enclosed box												
112 Vehicle towing another vehicle												
970 Not applicable				980 Other	999 Unknown							
Load Permitted		970	Number of Axles			Motor Carrier Type		000	Motor Carrier Identification		970	
000 Non-permitted load			<input type="checkbox"/> Unknown			000 Personal vehicle			100 US DOT number			
100 Permitted load						001 Not in commerce: government			101 State number			
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			Motor Carrier Name		<input type="checkbox"/> Unknown	
						101 Intrastate carrier			Motor Carrier ID Number			
						State						
Motor Carrier Address										Motor Carrier Phone Number		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Street										City		
State										Postal Code		
GVWR/GCWR		970	Commodity Hauled									
100 Light (less than 10,000 lbs.GVWR/GCWR)												
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)												
102 Heavy (greater than 26,000 lbs GVWR/GCWR)												
970 Not applicable (not a qualifying vehicle)												
999 Unknown												
TRAILER INFORMATION										TRAILER #		
VIN										Number of Axles		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Year		Make		Model								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
License Plate										<input type="checkbox"/> Non-expiring		
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown		
State		Number		Year								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
TRAILER INFORMATION										TRAILER #		
VIN										Number of Axles		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Year		Make		Model								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
License Plate										<input type="checkbox"/> Non-expiring		
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown		
State		Number		Year								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
TRAILER INFORMATION										TRAILER #		
VIN										Number of Axles		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Year		Make		Model								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
License Plate										<input type="checkbox"/> Non-expiring		
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown		
State		Number		Year								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								

Motor Vehicle #
1

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DRIVER INFORMATION

Name

☐ Unknown

Jacob

First

Josephs

Middle

Last

Suffix

Address

☐ Unknown

7000 Drive Rd

Street

Baton Rouge

City

LA

State

70808

Postal Code

Incident Responder

000 No102 Police980 Other100 EMS103 Tow operator999 Unknown101 Fire104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)

Age

☐ Unknown

31

Sex

100 Female101 Male999 Unknown

Race

100 American Indian or Alaska Native101 Asian or Pacific Islander102 Black103 White980 Other999 Unknown

Phone Number

☐ Not Collected

225-654-3210

Date of Birth

☐ Unknown

7/7/1990

Ethnicity

100 Hispanic101 Other than Hispanic999 Unknown

DRIVER LICENSE INFORMATION

License Status

100100 Valid license004 Suspended000 Not licensed999 Unknown001 Canceled or denied002 Expired003 Revoked

License Number

31638784163

License Class

400000 None100 Class A101 Class B102 Class C200 Light commercial/chauffeur (LA class D)300 Motorcycle only400 Regular driver license (LA class E)970 Not applicable

License State

LA

Driver License Type

100100 Non-CDL driver license101 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

970100 Valid000 Canceled or denied101 Learner's permit001 Disqualified002 Expired003 Revoked004 Suspended098 Other (not valid)970 Not applicable (no CDL)999 Unknown

Endorsements on License

☒ 000 None/not applicable☐ 100 H - Hazardous materials☐ 101 N - Tank vehicle☐ 102 P - Passenger☐ 103 S - School☐ 104 T - Double/triple trailers☐ 105 X - Combination of tank vehicle and hazardous materials☐ 200 M - Motorcycle☐ 298 Other non-commercial license endorsements☐ 999 Unknown

Endorsement Compliance

0001000 No endorsements required for the vehicle100 Endorsements required, complied with101 Endorsements required, not complied with199 Endorsements required, compliance unknown999 Unknown if endorsements required

Restrictions on License

980 - Other

Alcohol Interlock Presence

970000 No970 Not applicable100 Yes999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position

100

Standard Vehicle Seats

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

Other Seating Positions

700 Unenclosed cargo area701 Riding on motor vehicle exterior (non-trailing unit)800 Trailing unit801 Sleeper section of cab (truck)898 Other enclosed cargo area970 Not applicable999 Unknown

Restraint Systems Used

103001 None used – motor vehicle occupant100 Booster seat101 Child restraint system – forward facing102 Child restraint system – rear facing103 Child restraint system – type unknown104 Lap belt only used105 Shoulder and lap belt used106 Shoulder belt only used107 Stretcher108 Wheelchair199 Restraint used – type unknown

Any indication of improper use?

000 No100 Yes999 Unknown

Air Bags Deployed

☐ 000 Not deployed☐ 001 Not deployed - switch off☐ 100 Front☐ 101 Side☐ 102 Curtain103 Other (knee, air belt, etc.)☒ 970 Not applicable☐ 999 Deployment unknown

Ejection

101000 Not ejected100 Ejected, partially101 Ejected, totally970 Not applicable999 Unknown

Extrication

000000 No100 Trapped and extricated101 Trapped but not extricated999 Unknown

CRASH REPORT - DRIVER INFORMATION

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

2021000009

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MEDICAL INFORMATION

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

DRIVER ACTIONS

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

CITATIONS

1234: 32:51: Vehicle license required
1234: Other: Other

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

202100009

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 3	Page	8	of	16
DESCRIPTION AND INFORMATION									
<input checked="" 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	000	Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	101	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 / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <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	400	103 Pickup 104 Cargo van		
VIN <input checked="" type="checkbox"/> Unknown									
Model Year <input type="checkbox"/> Unknown 2010	Make Ford	Model E-Series Van/Econoline	Color White						
License Plate <input type="checkbox"/> Missing State <u>OC</u> <input type="checkbox"/> Unknown Number <u>01234565</u> <input type="checkbox"/> Unknown Year <u>2021</u> <input type="checkbox"/> Unknown	Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Uhaul			Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 7777 Lane St Baton Rouge LA 70808 Street City State Postal Code					
Insurance <input type="checkbox"/> Uninsured at time of crash Company _____ <input checked="" type="checkbox"/> Unknown Phone # _____ <input checked="" type="checkbox"/> Unknown NAIC # _____ <input checked="" type="checkbox"/> Unknown Policy # _____ <input checked="" type="checkbox"/> Unknown Expiration Date _____ <input checked="" type="checkbox"/> Unknown									
DAMAGE									
Damage Extent 100 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	Initial Point of Contact 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				
Tow Authority 970 100 Owner 101 Law enforcement 970 Not applicable 980 Other									
MOTOR VEHICLE CIRCUMSTANCES									
Vehicle Usage 211 000 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 500 100 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		Direction of Travel Before Crash 000 000 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 #		Rev. 2021-1		Case #	Test Case Tracking - 3	Page	9	of	16
2									
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
<input type="checkbox"/> Not applicable or measured <input checked="" type="checkbox"/> Unknown			Vehicle Lighting			000			
Front Left <input type="text"/> Front Right <input type="text"/>			000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown			000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown			
Rear Left <input type="text"/> Rear Right <input type="text"/>									
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"/> 305 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> Traffic Signal Status 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		100			
Trafficway Division		000		Barrier Type		000			
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown				000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other					
Roadway Grade	100	Number of Through Lanes	1	Number of Auxiliary Lanes	0	Roadway Alignment	100	Permitted Travel	100
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)						100 Straight 101 Curve left 102 Curve right		100 One-way 200 Two-way Speed Limit 35 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
HOV Lane Presence		000		HOV Lane Relation		000			
000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators				000 No 100 Yes					
MOTOR VEHICLE EVENTS									
Sequence of Events				1 <input type="text"/> 201		2 <input type="text"/> 298		3 <input type="text"/> 4 <input type="text"/>	
Most Harmful Event				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				
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				
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				
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS									

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000009

Motor Vehicle # 2		Rev. 2021-1		Case #	Test Case Tracking - 3	Page 10 of 16
COMMERCIAL MOTOR VEHICLE INFORMATION						
Vehicle Configuration				302	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 980				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 type="checkbox"/> 100 Over-height <input checked="" type="checkbox"/> 101 Over-length <input type="checkbox"/> 102 Over-weight <input type="checkbox"/> 103 Over-width <input type="checkbox"/> 999 Unknown		
Load Permitted 100				Motor Carrier Type 000		
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		
Number of Axles <input type="checkbox"/> Unknown 2				Motor Carrier Identification 970		
				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 101				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		
TRAILER INFORMATION TRAILER # 1						
VIN <input type="checkbox"/> Unknown 132456798				Number of Axles <input type="checkbox"/> Unknown 2		
Year <input type="checkbox"/> Unknown 2001		Make <input type="checkbox"/> Unknown Some Trailer Make Name		Model <input type="checkbox"/> Unknown Not Sure the Model		
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 789456 <input type="checkbox"/> Unknown Year 2021 <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		

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

202100009

Total # of Passengers 1	Rev. 2021-1	Case #	Test Case Tracking - 3	Page 11 of 16
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PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 1

Name <input type="checkbox"/> Unknown Jacky Josephs <small>First Middle Last Suffix</small>		Date of Birth 5/5/1995	Age 26	Sex 100 Female 101 Male 999 Unknown	100	Race 102		
Address <input type="checkbox"/> Unknown 7000 Drive Rd Baton Rouge LA 70808 <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 225-987-6543		Ethnicity 999		
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 100	Incident Responder 000	Restraint System 980	Any indication of improper use? 000 No 100 Yes 999 Unknown	000	Seating Position 102	Ejection 101	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		Facility Receiving Patient Not applicable			
		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		
Street City State Postal Code								
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 <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Incident Responder	Restraint System	Any indication of improper use? 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		
Street City State Postal Code								
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 <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Incident Responder	Restraint System	Any indication of improper use? 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	Seating Position <table><thead><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr></thead><tbody><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr></tbody></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table>	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	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	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	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																																								
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

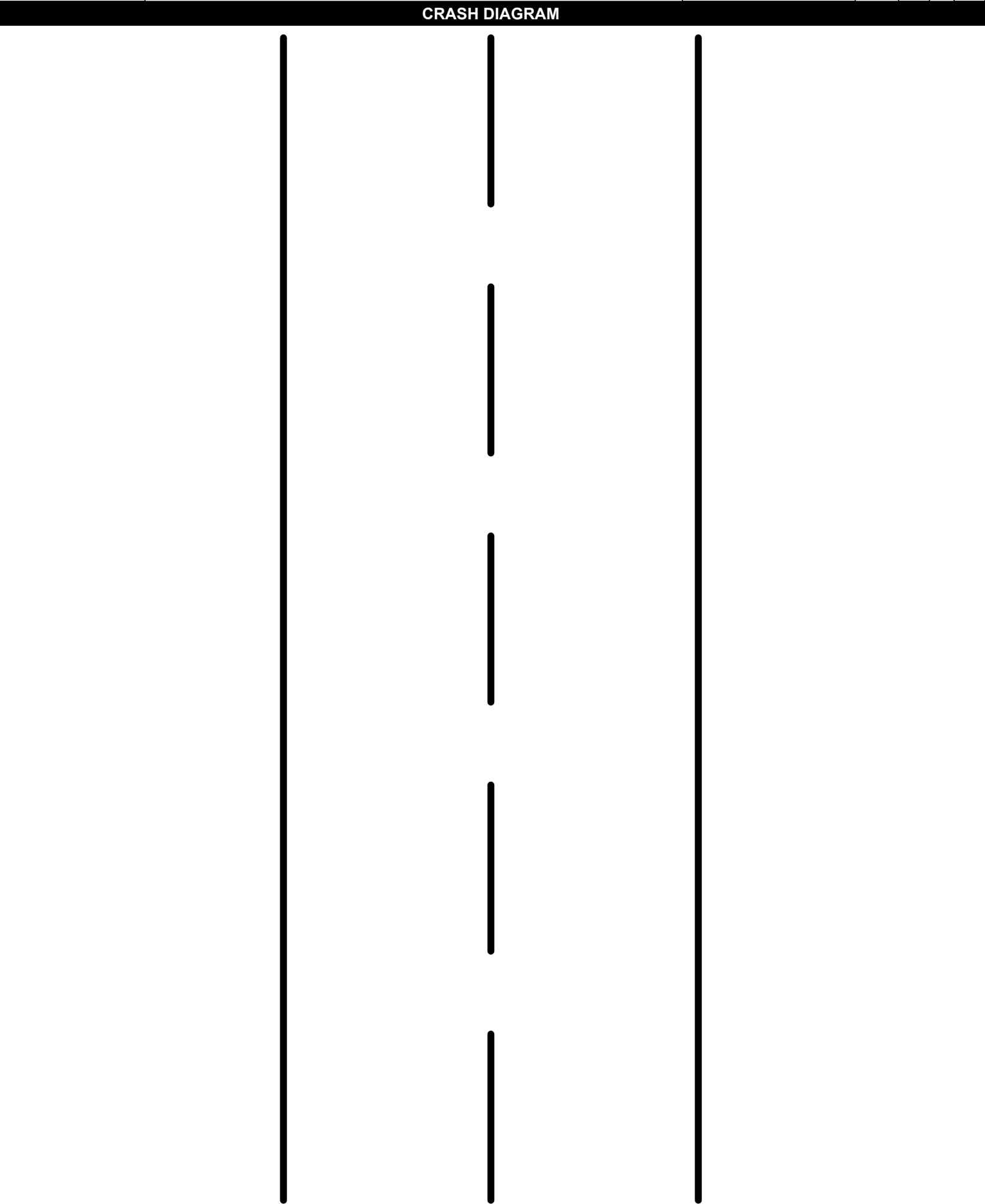
LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist #		Rev. 2021-1		Case #	Test Case Tracking - 3	Page	12	of	16
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex	101	Race		
John Jacobs				28	100 Female 101 Male 999 Unknown	102 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected					
9000 Street Ln Baton Rouge LA 70808				225-987-6543					
Incident Responder				000	Date of Birth	<input type="checkbox"/> Unknown	Ethnicity		
000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				1/2/1993		999 100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type		200	Initial	999	Location		100		
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location		200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk	
Struck by Vehicle #		1	Origin/Destination		999	Safety Equipment			
			100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown			<input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Helmet <input checked="" type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input checked="" type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input checked="" type="checkbox"/> 103 Lighting <input checked="" type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown	
Action Prior to Crash		101	Actions or Circumstances At Time of Crash		100	Clothing Brightness		Upper	101
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown	100 Light 101 Dark 970 Not applicable 999 Unknown		Lower		101
NON-MOTORIST MEDICAL INFORMATION									
Injury Status		100	Type of Medical Transportation		000	EMS Response Agency		EMS Response Run # <input type="checkbox"/> Unknown	
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Not applicable		Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable	
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash		100	Distraction Action		980	Distraction Source		298	
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 (texting, typing, 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			
Suspected Alcohol Usage		100	Test Status		000	Alcohol Kit Number		Alcohol Test Type	
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	
Suspected Drug Usage		000	Test Status		000	Drug Kit Number		Drug Test Type	
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	

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2		Rev. 2021-1		Case #		Test Case Tracking - 3		Page 13 of 16			
NON-MOTORIST INFORMATION											
Name <input type="checkbox"/> Unknown Jasmine Jacobs <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 2		Sex 100 Female 101 Male 999 Unknown		Race 102 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown 9000 Street Ln Baton Rouge LA 70808 <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected							
Incident Responder 000 000 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 type="checkbox"/> Unknown 2/3/2019		Ethnicity 999 100 Hispanic 101 Other than Hispanic 999 Unknown					
NON-MOTORIST CIRCUMSTANCES											
Non-Motorist Type 298		Initial 999		Location 100							
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location		200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk			
Struck by Vehicle # 1		Origin/Destination 999 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input checked="" type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input checked="" type="checkbox"/> 103 Lighting <input checked="" type="checkbox"/> 980 Other <input checked="" type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown					
Action Prior to Crash 101 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		Actions or Circumstances At Time of Crash 110 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)				Clothing Brightness 980 100 Light 101 Dark 970 Not applicable 999 Unknown		Upper 101 Lower 100			
NON-MOTORIST MEDICAL INFORMATION											
Injury Status 102 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation 101 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Agency Acadian Air Med Services		EMS Response Run # <input type="checkbox"/> Unknown 123					
				Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Baton Rouge General Medical Center Bluebonnet					
NON-MOTORIST CONDITION											
Conditions at the Time of the Crash 104 000 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		Distraction Action 999 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 980 Other 999 Unknown		Distraction Source 999 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown					
Suspected Alcohol Usage 999 000 No 100 Yes 999 Unknown		Test Status 000 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number <input type="checkbox"/> Unknown		Alcohol Test Type 970 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)		Alcohol Test Results 970 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		BAC	
Suspected Drug Usage 000 000 No 100 Yes 999 Unknown		Test Status 000 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number <input type="checkbox"/> Unknown		Drug Test Type 970 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other		Drug Test Results Not applicable			

Scene # 1	Rev. 2021-1	Case #	Test Case Tracking - 3	Page	14	of	16
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NARRATIVE

Rev. 2021-1

CRASH NARRATIVE

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

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

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

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

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

NARRATIVE

Rev. 2021-1

CRASH NARRATIVE

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Roadway Environmental Contributing Circumstances: Other

Vehicle 1 Driver Incident Responder: Drive Demo

Vehicle 1 Driver License Restrictions: Other

Vehicle 1 Driver Condition: other

Vehicle 1 Driver Distraction Action: other

Vehicle 1 Driver Distraction Source: other

Vehicle 1 Driver Avoidance Maneuver: other

Vehicle 1 Driver Pre-Collision Stability: other

Vehicle 1 Driver Vision Obscurement: other

Vehicle 1 Driver Actions: other

Vehicle 1 Driver Citation 2 Violation Code: other

Vehicle 1 Usage: other

Vehicle 1 Maneuver Reason: other

Vehicle 1 Contributing Circumstances: other

Vehicle 1 Tow Authority: other

Vehicle 1 Traffic Control Devices Present: OTHER

Vehicle 1 Traffic Control Devices Inoperative or Missing: OTHER

Vehicle 1 Event 3: OTHER

Vehicle 1 Event 4: OTHER

Vehicle 2 Tag State: other

Vehicle 2 Event 2: OTHER

Vehicle 2 Cargo Body Type: other

Non-Motorist 1 Safety Equipment: other

Non-Motorist 1 Condition: other

Non-Motorist 1 Distraction Action: other

Non-Motorist 1 Distraction Source: other

Non-Motorist 2 Type: other pedestrian

Non-Motorist 2 Contributing Circumstances: other

Non-Motorist 2 Safety Equipment: other

This report was reassigned to Eric Newman.