

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1	Case #	Test Case Tracking - 2	Page 1 of 16				
Number of Motorists	5	Number of Non-Motorists	0	Non-Fatally Injured Persons	3	Fatalities	1	Total Injuries and Fatalities	4	Vehicles Involved	2	Troop	A
Investigating Agency			Division	Parish		City		Latitude	Longitude				
CARTS LSU				East Baton Rouge		Baton Rouge		30.391730° N	91.161961° W				

CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
08/08/2021 1200	08/08/2021 1200	08/08/2021 1200	08/08/2021 1200	08/08/2021 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	2	Traffic Flow Direction	N
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	First Name	Middle Name	Last Name	Suffix
Trooper	Matt		Trahan	
Badge #	Printed Name	Signature		
1234	Matt Trahan	<i>Matt Trahan</i>		

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event	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 opposite direction 102 Angle - left into flow 103 Angle - right into flow 104 Angle - right overtake 105 Angle - perpendicular/other angle 500 Angle - left across flow 501 Angle - right across flow	200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown
Collision with Non-Fixed Object		200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object	Relation to Junction	104	Contributing Factor
		000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown			100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable
Collision with Fixed Object		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	School Bus Relation
		100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable			000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved
		Intersection Traffic Control	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	000	
000 Dry 100 Ice/Frost 101 Mud, dirt, gravel 102 Oil 103 Sand 104 Slush 105 Snow 106 Water (standing,moving) 107 Wet 980 Other 999 Unknown		100 Daylight 200 Dawn/dusk 300 Dark - continuous street lights 301 Dark - street lights at intersection only 302 Dark - not lighted 399 Dark - unknown lighting 980 Other 999 Unknown		000 Clear 100 Blowing sand, soil, dirt 101 Blowing snow 102 Cloudy 103 Fog, smog, smoke 104 Freezing rain or freezing drizzle 105 Rain 106 Severe crosswinds 107 Sleet or hail 108 Snow 980 Other 999 Unknown		000 None 100 Animal(s) 101 Debris 102 Glare 103 Non-highway work 104 Obstructed crosswalks 105 Obstruction in roadway 106 Overhead clearance limited 107 Prior crash 108 Prior non-recurring incident 109 Regular congestion 110 Related to a bus stop 111 Road surface condition (wet, icy, snow, slush, etc.)	112 Ruts, holes, bumps 113 Shoulders (none, low, soft, high) 114 Toll booth/plaza related 115 Traffic control device 116 Traffic incident 117 Visual obstruction(s) 118 Weather conditions 119 Work zone (construction/maintenance/utility) 120 Worn, travel-polished surface 980 Other 999 Unknown	

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
IT	Eric		Newman	

WITNESS

WITNESS

Name				Name			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
Address				Address			
City		State	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					
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>		

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

PROPERTY DAMAGE CODES

Property Type	Damage Severity
100 Private property 200 Bridge overhead structure 201 Bridge pier or support 202 Bridge rail	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
	100 Light (less than \$500) 101 Moderate (between \$500 and \$10,000) 102 Severe (over \$10,000)

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1
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DESCRIPTION AND INFORMATION

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

DAMAGE TOWING

Damage Extent
Initial Point of Contact
Damaged Areas
Tow Status
Tow Authority
Towed By

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage
Vehicle Maneuver
Vehicle Maneuver Reason
Emergency Vehicle Usage
Direction of Travel Before Crash

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VEHICLE INFORMATION

Motor Vehicle #
1

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MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Vehicle Lighting, Traffic Control Device Types and Statuses, Trafficway Division, Barrier Type, Roadway Grade, Permitted Travel, Speed Limit, HOV Lane Presence, and HOV Lane Relation.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [201] 2 [] 3 [] 4 [] Most Harmful Event [201]

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

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
1

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration		000	Hazardous Materials Placard	999
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	
	302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding	
	303 Truck tractor (bobtail)		200 Carried hazardous materials without placard	999 Unknown
	304 Truck tractor/semi-trailer		Hazardous Material ID	N/A
200 Bus/large van (seats 9-15 occupants, including driver)	305 Truck tractor/double		Hazardous Material Class	970
201 Bus (seats more than 15 occupants, including driver)	306 Truck tractor/triple		1 Explosives	970 Not applicable
	307 Truck more than 10,000 lbs., cannot classify		2 Gas	999 Unknown
			3 Flammable liquids	
			4 Other flammable substances	
			5 Oxidizing substances and organic peroxides	
			6 Toxic (poisonous) and infectious substances	
			7 Radioactive material	
			8 Corrosives	
			9 Miscellaneous dangerous goods	
			Hazardous Materials Released from Vehicle Cargo Compartment	970
			000 No, hazardous materials not released	
			100 Yes, hazardous materials released	
			970 Not applicable	

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		<input type="checkbox"/> 999 Unknown
970 Not applicable	980 Other	
	999 Unknown	

Load Permitted	970	Number of Axles	<input type="checkbox"/> Unknown	Motor Carrier Type	000	Motor Carrier Identification	970
000 Non-permitted load				000 Personal vehicle		100 US DOT number	
100 Permitted load				001 Not in commerce: government		101 State number	
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		State	
				101 Intrastate carrier			
						Motor Carrier Name	<input type="checkbox"/> Unknown
						Motor Carrier ID Number	

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 #
1

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DRIVER INFORMATION

Name <input checked="" type="checkbox"/> Unknown				Age <input checked="" type="checkbox"/> Unknown	Sex 999 100 Female 101 Male 999 Unknown	Race 999 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>	Address <input checked="" type="checkbox"/> Unknown			Phone Number <input checked="" type="checkbox"/> Not Collected
Incident Responder 999				Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 999		
000 No	102 Police	980 Other	000 No				100 Hispanic
100 EMS	103 Tow operator	999 Unknown	100 EMS				101 Other than Hispanic
101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)						999 Unknown

DRIVER LICENSE INFORMATION

License Status 999	License Class 970	Driver License Type 970	Commercial Driver License Status 970
100 Valid license 000 Not licensed 001 Canceled or denied 002 Expired 003 Revoked	004 Suspended 999 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	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
License Number	License State	Commercial Driver License Status 970	
100 Valid 000 Canceled or denied 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown		100 Valid 101 Learner's permit	
Endorsements on License		Endorsement Compliance 999	
<input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input checked="" type="checkbox"/> 999 Unknown		000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	
Restrictions on License		Alcohol Interlock Presence 970	
999 - Unknown		000 No 100 Yes 970 Not applicable 999 Unknown	

DRIVER SEATING AND SAFETY INFORMATION

Seating Position 100	Restraint Systems Used 999																																								
Standard Vehicle Seats <table border="1"> <thead> <tr> <th colspan="5">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table> 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	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	001 None used – motor vehicle occupant 002 No helmet 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown
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 999																																								
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input checked="" type="checkbox"/> 999 Deployment unknown	000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown																																								
Extrication 000																																									
000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																									
Any indication of improper use? 999																																									
000 No 100 Yes 999 Unknown																																									

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle # 1

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MEDICAL INFORMATION

Medical information section including Injury Status, Type of Medical Transportation, EMS Response Agency, EMS Response Run #, Medical Unique Identifier, and Facility Receiving Patient.

DRIVER CONDITION AND CIRCUMSTANCES

Driver condition and circumstances section including Conditions at Time of Crash, Distraction Action, Distraction Source, Vision Obscurement, and Speeding Relation.

Alcohol and drug testing section including Suspected Alcohol Usage, Test Status, Alcohol Kit Number, Alcohol Test Type, Alcohol Test Results, and BAC.

Drug testing section including Suspected Drug Usage, Test Status, Drug Kit Number, Drug Test Type, and Drug Test Results.

DRIVER ACTIONS

Driver actions section including Driver Actions at Time of Crash, Avoidance Maneuver, and Pre-Collision Stability.

CITATIONS

Citations section for recording any applicable citations.

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2
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DESCRIPTION AND INFORMATION

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

DAMAGE

Damage Extent
Initial Point of Contact
Damaged Areas
Tow Status
Tow Authority
Towed By

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage
Vehicle Maneuver
Vehicle Maneuver Reason
Emergency Vehicle Usage
Direction of Travel Before Crash

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle #
2

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MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Vehicle Lighting, Traffic Control Device Types and Statuses, Trafficway Division, Barrier Type, Roadway Grade, Permitted Travel, Speed Limit, HOV Lane Presence, and HOV Lane Relation.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [201] 2 [] 3 [] 4 [] Most Harmful Event [201]

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

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
2

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 304 Hazardous Materials Placard 100

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 placard
 200 Carried hazardous materials without placard 999 Unknown

Hazardous Material ID 1234

Hazardous Material Class 3

1 Explosives 970 Not applicable
 2 Gas 999 Unknown
 3 Flammable liquids
 4 Other flammable substances
 5 Oxidizing substances and organic peroxides
 6 Toxic (poisonous) and infectious substances
 7 Radioactive material
 8 Corrosives
 9 Miscellaneous dangerous goods

Cargo Body Type 102

000 No cargo body
 100 Bus
 101 Auto transporter
 102 Cargo tank
 103 Concrete mixer
 104 Dump
 970 Not applicable
 980 Other
 999 Unknown

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

Special Sizing

000 No special sizing
 100 Over-height
 101 Over-length
 102 Over-weight
 103 Over-width
 999 Unknown

Hazardous Materials Released from Vehicle Cargo Compartment 100

000 No, hazardous materials not released
 100 Yes, hazardous materials released
 970 Not applicable

Load Permitted 100

000 Non-permitted load
 100 Permitted load
 970 Not applicable (not a qualifying vehicle)
 999 Unknown

Number of Axles
 Unknown
 15

Motor Carrier Type 100

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

Motor Carrier Identification 100

100 US DOT number
 101 State number
 970 Not applicable
 999 Unknown/unable to determine

State _____

Motor Carrier Name Unknown
 Some Chemical Plant

Motor Carrier ID Number
 123456

Motor Carrier Address Unknown

9000 Parkway Pkway Baton Rouge LA 70808

Street City State Postal Code

Motor Carrier Phone Number Unknown
 800-987-6543

GVWR/GCWR 102

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

Commodity Hauled
 Chemicals

TRAILER INFORMATION

TRAILER #

VIN Unknown

Year Unknown Make Unknown Model Unknown

Number of Axles Unknown

License Plate Missing Non-expiring

State Unknown Number Unknown Year Unknown

TRAILER INFORMATION

TRAILER #

VIN Unknown

Year Unknown Make Unknown Model Unknown

Number of Axles Unknown

License Plate Missing Non-expiring

State Unknown Number Unknown Year Unknown

TRAILER INFORMATION

TRAILER #

VIN Unknown

Year Unknown Make Unknown Model Unknown

Number of Axles Unknown

License Plate Missing Non-expiring

State Unknown Number Unknown Year Unknown

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle # 2	Rev. 2023-1	Case # Test Case Tracking - 2	Page 11 of 16
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DRIVER INFORMATION			
Name <input type="checkbox"/> Unknown Joe Jones <small>First Middle Last Suffix</small>	Age <input type="checkbox"/> Unknown 31	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 type="checkbox"/> Unknown 2000 Lane Ln Baton Rouge LA 70808 <small>Street City State Postal Code</small>	Phone Number <input type="checkbox"/> Not Collected 225-999-9999		Date of Birth <input type="checkbox"/> Unknown 4/4/1990
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.)		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown	000

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 987654321	License State LA		
Endorsements on License <input type="checkbox"/> 000 None/not applicable <input checked="" 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 <input type="checkbox"/> Unknown 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	
		Restrictions on License 000 - None	
		Alcohol Interlock Presence <input type="checkbox"/> Unknown 000 No 970 Not applicable 100 Yes 999 Unknown	

DRIVER SEATING AND SAFETY INFORMATION																																											
Seating Position <input type="checkbox"/> Unknown Standard Vehicle Seats <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5" style="text-align: center;">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table>	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	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	Restraint Systems Used <input type="checkbox"/> Unknown 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	000 002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet Any indication of improper use? <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown
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Air Bags Deployed <input type="checkbox"/> Unknown <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

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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 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	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	Distraction Action 000	Distraction Source 970	Speeding Relation 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 106 Inattentive/distracted 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.) 200 Inattentive 980 Other distraction 999 Unknown distraction	100 Hands-free mobile phone 200 Passenger or other non-motorist 101 Hand-held mobile phone 201 External to vehicle/non-motorist area 102 Vehicle-integrated device 298 Other 198 Other electronic device 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 100	Test Status 100	Alcohol Kit Number <input type="checkbox"/> Unknown	Alcohol Test Type 300	Alcohol Test Results 100	BAC	
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	987	100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)	300 Urine 970 Not applicable 301 Vitreous 980 Other 302 Liver	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	0.08

Suspected Drug Usage 100	Test Status 100	Drug Kit Number <input type="checkbox"/> Unknown	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	654	100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other	Acetaminophen + Codeine, Acetorphine, Acetyl-alpha-methylfentanyl, Acetyldihydrocodeine

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
3

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PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 1

Name <input checked="" type="checkbox"/> Unknown					Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	Race 999
<i>First Middle Last Suffix</i>					Unknown	Unknown		
Address <input checked="" type="checkbox"/> Unknown							Phone Number <input checked="" type="checkbox"/> Not Collected	Ethnicity 999
<i>Street City State Postal Code</i>								
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 <input type="checkbox"/> 103 Other	Injury Status 100	Incident Responder 000	Restraint System 999	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position 102	Ejection 101	Extrication 999	
Type of Medical Transportation 200	Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency Not applicable		Facility Receiving Patient Winn Parish Medical Center				
		EMS Response Run # <input type="checkbox"/> Unknown						

MOTOR VEHICLE # 1 **PASSENGER #** 2

Name <input checked="" type="checkbox"/> Unknown					Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	Race 999
<i>First Middle Last Suffix</i>					Unknown	Unknown		
Address <input checked="" type="checkbox"/> Unknown							Phone Number <input checked="" type="checkbox"/> Not Collected	Ethnicity 999
<i>Street City State Postal Code</i>								
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 103	Incident Responder 000	Restraint System 999	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position 200	Ejection 000	Extrication 999	
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 # 2 **PASSENGER #** 1

Name <input type="checkbox"/> Unknown Jane Jones					Date of Birth 6/6/1995	Age 26	Sex 100 Female 101 Male 999 Unknown	Race 100
<i>First Middle Last Suffix</i>								
Address <input type="checkbox"/> Unknown 2000 Lane Ln Baton Rouge LA 70808							Phone Number <input type="checkbox"/> Not Collected 225-800-0000	Ethnicity 999
<i>Street City State Postal Code</i>								
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 103	Incident Responder 000	Restraint System 105	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position 102	Ejection 100	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						

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 border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr> <tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr> <tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr> <tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr> <tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr> <tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr> <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
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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	Facility Receiving Patient 000 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	Facility Receiving Patient 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																																								

Scene #

1

DIAGRAM

Rev. 2023-1

Case #

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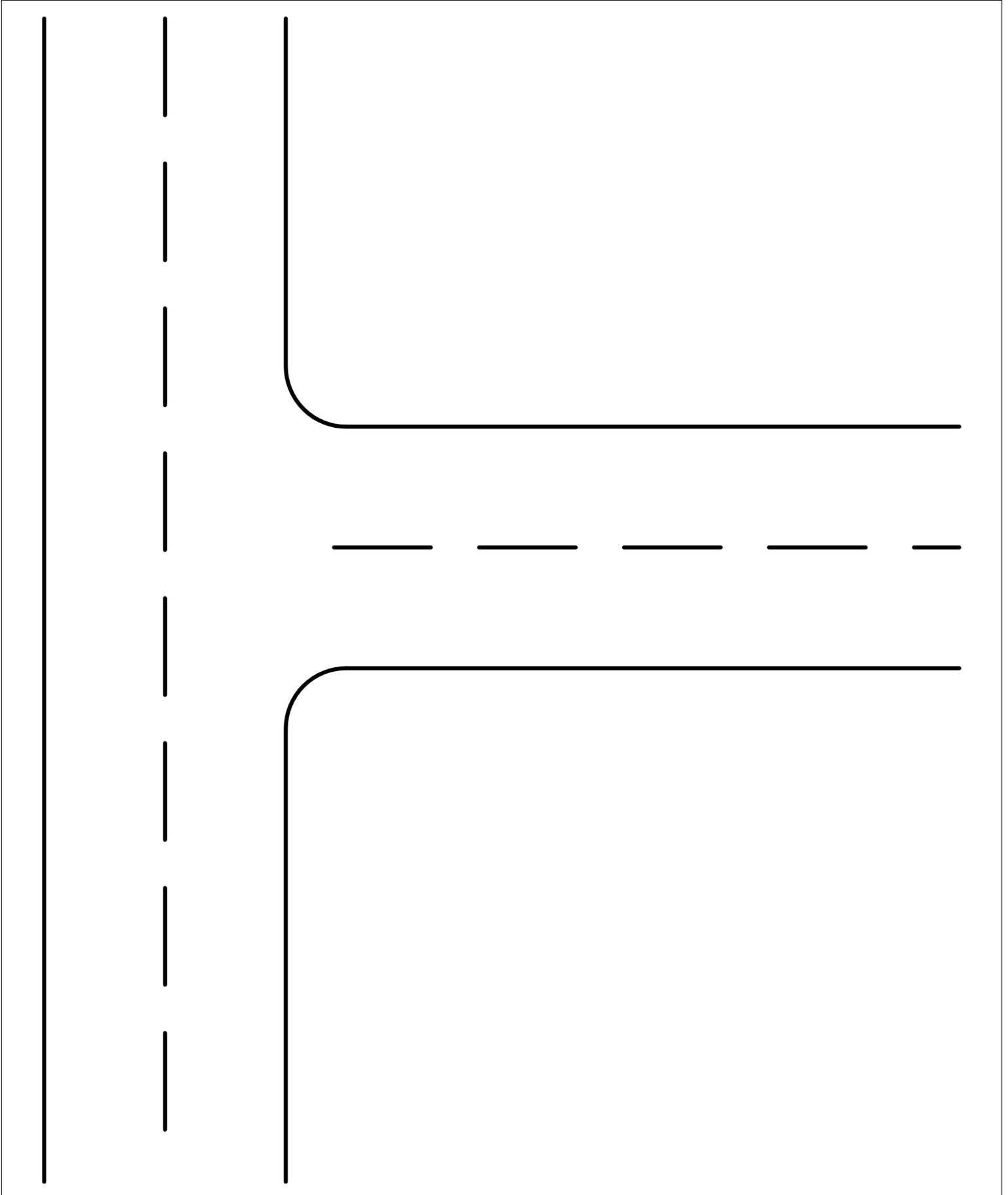
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CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT NARRATIVE

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CRASH NARRATIVE

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

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

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

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

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

LOUISIANA UNIFORM CRASH REPORT NARRATIVE

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CRASH NARRATIVE

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This report was reassigned to Eric Newman.