

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input checked="" type="checkbox"/> Videos Taken		Rev. 2021-1		Case #		Test Case Tracking - 16		Page 1 of 11	
Number of Motorists 1		Number of Non-Motorists 2		Non-Fatally Injured Persons 0		Fatalities 2		Total Injuries and Fatalities 2		Vehicles Involved 1		Troop A	
Investigating Agency CARTS LSU				Division		Parish East Baton Rouge		City Baton Rouge		Latitude 30.435190° N		Longitude 91.108311° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/20/2021 2300		Police Notified Date/Time 08/20/2021 2305		Police Arrived Date/Time 08/20/2021 2315		Roadway Cleared Date/Time 08/20/2021 2320		On Scene Investigation Completed Date/Time 08/20/2021 2325					
ROAD INFORMATION													
Highway <input checked="" type="checkbox"/> Not applicable				Road LASALLE AVE									
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 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 # 1234		Printed Name Matt Trahan						Signature <i>Matt Trahan</i>					
CRASH CIRCUMSTANCES AND CONDITIONS													
First Harmful Event 203				Location of First Harmful Event 104		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							
Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				Relation to Junction 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 101 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							
				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													

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

Rev. 2021-1

Case # Test Case Tracking - 16 Page 2 of 11

CRASH CONDITIONS

Roadway Surface Condition	000	Light Condition	300	Weather Conditions	000	Environmental Conditions	000
000 Dry		100 Daylight		000 Clear		000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	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	000	Work Zone Location	970	Work Zone Type	970	Work Zone Circumstances	970	Worker(s) Present	970	Law Enforcement Present	970
000 No		100 Before the first work zone warning sign		100 Lane closure		100 Back of queue		000 No		000 No	
100 Yes		101 Advance warning area		101 Lane shift / crossover		101 Congestion (dense & slow traffic), typical		100 Yes		100 Yes	
999 Unknown		102 Transition area		102 Work on shoulder or median		102 Heavy (dense & fast traffic)		970 Not applicable		970 Not applicable	
		103 Activity area		103 Intermittent or moving work		103 Congestion (dense & slow traffic), not typical		999 Unknown		970 Not applicable	
		104 Termination area		970 Not applicable		104 Traffic control device malfunction				999 Unknown	
		970 Not applicable		980 Other type of work zone		105 Free flow (light & fast traffic)					
		999 Unknown		999 Unknown		980 Other					
						970 Not applicable					
						999 Unknown					

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	

WITNESS #

WITNESS #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000025

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 16	Page	3	of	11
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	000	Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	100	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 999 Unknown				
VIN <input checked="" type="checkbox"/> Unknown									
Model Year <input type="checkbox"/> Unknown 2021	Make Toyota	Model RAV4	Color Silver						
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 987ABC <input type="checkbox"/> Unknown Year 2021 <input type="checkbox"/> Unknown	Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Justin Williams								
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 3000 Lake Dr Street City State Postal Code Baton Rouge LA 70808									
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 000 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		Vehicle Maneuver 000 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing		Vehicle Maneuver Reason 100 109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition		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

2021000025

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 16	Page	4	of	11
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown		Contributing Defects					
Front Left	Front Right	<input type="checkbox"/> Not applicable or measured <input checked="" type="checkbox"/> Unknown		Vehicle Lighting		000			
<input type="text"/>	<input type="text"/>			000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown		100			
Rear Left	Rear Right								
<input type="text"/>	<input type="text"/>								
Traffic Control Device Types and Statuses									
Traffic Control Device Types		Devices Present		Devices Inoperative or Missing					
000 None	300 Flashing railroad crossing (may include gates)	1	200	1	000	000 None			
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2	305	2		100 Brakes			
200 Bicycle crossing sign	302 Flashing traffic control signal	3	400	3		101 Exhaust system			
201 Curve Ahead warning sign	303 Lane use control signal	4		4		102 Body, doors			
202 Intersection Ahead warning sign	304 Ramp meter signal					103 Steering			
203 Pedestrian crossing sign	305 Traffic control signal					104 Power train			
204 Railroad crossing	398 Other signal					105 Suspension			
205 Reduce Speed Ahead warning sign	400 Bicycle crossing					106 Tires			
206 School zone sign	401 Pedestrian crossing					107 Wheels			
207 Stop sign	402 Railroad crossing					108 Headlights			
208 Yield sign	403 School zone					109 Tail lights			
298 Other warning sign	404 Yellow no passing line					110 Signal lights			
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)					111 All lights			
	980 Other					112 Window / windshield			
	999 Unknown					113 Mirrors			
Trafficway Division		000	Barrier Type		000	114 Wipers			
000 Not divided			000 None			115 Truck coupling / trailer hitch / safety chains			
001 Not divided, with a continuous left turn lane			100 Cable barrier			980 Other			
100 Divided, flush median (greater than 4 ft wide)			101 Concrete barrier (e.g. Jersey barrier)			999 Unknown			
101 Divided, raised median (curbed)			102 Earth embankment			Automation System Level Present			
102 Divided, depressed median			103 Guardrail			000			
999 Unknown			980 Other			000 No automation			
Roadway Grade	100	Number of Through Lanes	2	Number of Auxiliary Lanes	0	Roadway Alignment	100	Permitted Travel	200
100 Level						100 Straight		100 One-way	
101 Uphill						101 Curve left		200 Two-way	
102 Hillcrest						102 Curve right		Speed Limit	
103 Downhill								45	
104 Sag (bottom)								<input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
HOV Lane Presence									
000 None present									
100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median									
101 Not separated, painted pavement markings, post-mounted delineators									
HOV Lane Relation									
000 No 100 Yes									
MOTOR VEHICLE EVENTS									
Sequence of Events		1	203	2		3		4	
								Most Harmful Event	
								203	
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

Motor Vehicle # 1		Rev. 2021-1		Case #	Test Case Tracking - 16	Page	5	of	11		
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	
				302 Truck pulling trailer(s)						100 Carried hazardous material that required placarding	
				303 Truck tractor (bobtail)						200 Carried hazardous materials without placard	999 Unknown
200 Bus/large van (seats 9-15 occupants, including driver)				304 Truck tractor/semi-trailer						Hazardous Material ID	N/A
201 Bus (seats more than 15 occupants, including driver)				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					Hazardous Materials Released from Vehicle Cargo Compartment	970
										000 No, hazardous materials not released	
										100 Yes, hazardous materials released	
										970 Not applicable	
Load Permitted				970	Number of Axles		<input type="checkbox"/> Unknown			Motor Carrier Name	<input type="checkbox"/> Unknown
000 Non-permitted load					Motor Carrier Type		000			Motor Carrier ID Number	
100 Permitted load					000 Personal vehicle		100 US DOT number				
970 Not applicable (not a qualifying vehicle)					001 Not in commerce: government		101 State number				
999 Unknown					002 Not in commerce: personal rental truck or bus		970 Not applicable				
					098 Not in commerce: other		999 Unknown/unable to determine				
					100 Interstate carrier		State				
					101 Intrastate carrier						
Motor Carrier Address										<input type="checkbox"/> Unknown	
Motor Carrier Phone Number										<input type="checkbox"/> Unknown	
Street										City	
State										Postal Code	
GVWR/GCWR				970	Commodity Hauled						
100 Light (less than 10,000 lbs.GVWR/GCWR)											
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)											
102 Heavy (greater than 26,000 lbs GVWR/GCWR)											
970 Not applicable (not a qualifying vehicle)											
999 Unknown											
TRAILER INFORMATION										TRAILER #	
VIN										<input type="checkbox"/> Unknown	
Number of Axles										<input type="checkbox"/> Unknown	
Year										<input type="checkbox"/> Unknown	
Make										<input type="checkbox"/> Unknown	
Model										<input type="checkbox"/> Unknown	
License Plate										<input type="checkbox"/> Missing	
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	
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	
State										<input type="checkbox"/> Unknown	
Number										<input type="checkbox"/> Unknown	
Year										<input type="checkbox"/> Unknown	

[illegible]

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

2021000025

Rev. 2021-1

Case # Test Case Tracking - 16 Page 7 of 11

Motor Vehicle

1

MEDICAL INFORMATION

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

Medical Unique Identifier	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient
		Not applicable

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	000	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 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 980 Other 999 Unknown		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device	200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown	
				Vision Obscurement			000
				000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building	105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights	111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown	

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

Suspected Drug Usage	000	Test Status	000	Drug Kit Number	<input type="checkbox"/> Unknown	Drug Test Type	970	Drug Test Results
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other	970 Not applicable 999 Unknown	Not applicable

DRIVER ACTIONS

Driver Actions at Time of Crash	108	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
NON-MOTORIST INFORMATION

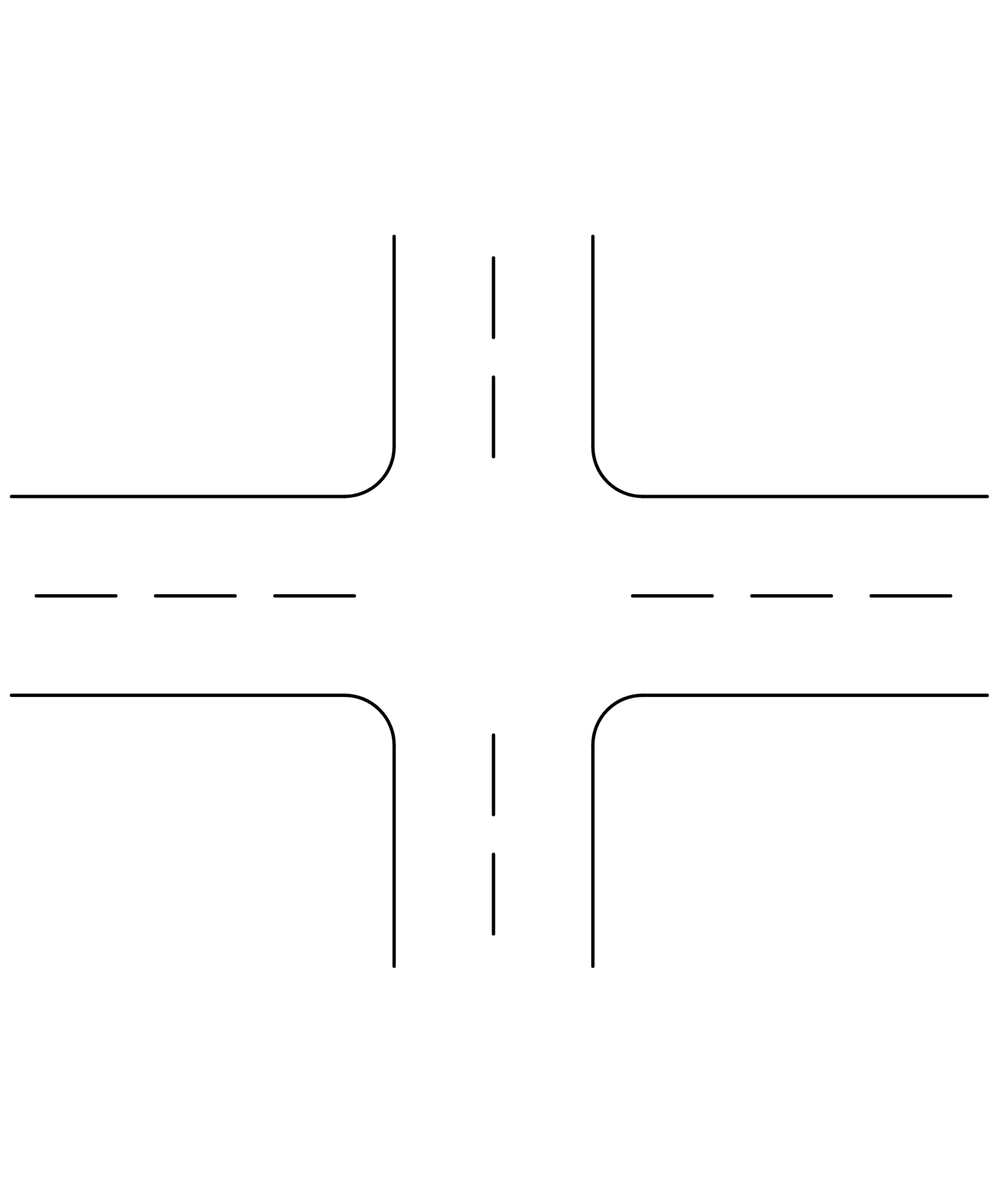
Non-Motorist #		Rev. 2021-1		Case #	Test Case Tracking - 16	Page	8	of	11
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> 101	Race <input type="checkbox"/> 103			
Cody Jefferson				27	100 Female 101 Male 999 Unknown	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected					
9000 River St Baton ROuge LA 70808									
Street City State Postal Code									
Incident Responder				000	Date of Birth <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> 999			
000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				3/4/1994		100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type <input type="checkbox"/> 100		Initial <input type="checkbox"/> 999		Location <input type="checkbox"/> 100					
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown		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 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown					
Struck by Vehicle # 1		Origin/Destination <input type="checkbox"/> 999		Safety Equipment <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown			
Action Prior to Crash <input type="checkbox"/> 101		Actions or Circumstances At Time of Crash <input type="checkbox"/> 000		Clothing Brightness <input type="checkbox"/> 101		Upper <input type="checkbox"/> 101 Lower <input type="checkbox"/> 101			
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		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			
NON-MOTORIST MEDICAL INFORMATION									
Injury Status <input type="checkbox"/> 100		Type of Medical Transportation <input type="checkbox"/> 000		EMS Response Agency		EMS Response Run # <input type="checkbox"/> Unknown			
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Not applicable					
				Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash <input type="checkbox"/> 000		Distraction Action <input type="checkbox"/> 000		Distraction Source <input type="checkbox"/> 970					
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 <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Alcohol <input type="checkbox"/> Unknown		Alcohol Test Type <input type="checkbox"/> 970		Alcohol Test Results <input type="checkbox"/> 970 BAC	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Kit Number		100 Blood 300 Urine 101 Blood clot 301 Vitreous 102 Blood plasma/serum 302 Liver 200 Breath 970 Not applicable 201 Preliminary breath test (PBT) 980 Other		000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	
Suspected Drug Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Drug <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 970		Drug Test Results	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Kit Number		100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		Not applicable	

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2		Rev. 2021-1		Case #		Test Case Tracking - 16		Page 9 of 11			
NON-MOTORIST INFORMATION											
Name <input type="checkbox"/> Unknown Gregory Jefferson <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 5		Sex 101 100 Female 101 Male 999 Unknown		Race 103 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown 9000 River St 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 checked="" type="checkbox"/> Unknown		Ethnicity 999 100 Hispanic 101 Other than Hispanic 999 Unknown					
NON-MOTORIST CIRCUMSTANCES											
Non-Motorist Type 100		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 999 100 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 checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown					
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 000 000 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 Upper 101 Lower 101 100 Light 101 Dark 970 Not applicable 999 Unknown					
NON-MOTORIST MEDICAL INFORMATION											
Injury Status 100 100 (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 000 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Agency 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					
NON-MOTORIST CONDITION											
Conditions at the Time of the Crash 000 000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol		970 Not applicable 980 Other 999 Unknown		Distraction Action 000 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 980 Other 999 Unknown		Distraction Source 970 100 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 000 000 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	DIAGRAM Rev. 2021-1	Case #	Test Case Tracking - 16	Page	10	of	11
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CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT
NARRATIVE

Rev. 2021-1

Case # Test Case Tracking - 16 Page 11 of 11

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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