

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input checked="" type="checkbox"/> Videos Taken		Rev. 2021-1		Case #		Test Case Tracking - 13		Page 1 of 17	
Number of Motorists 4		Number of Non-Motorists 2		Non-Fatally Injured Persons 1		Fatalities 5		Total Injuries and Fatalities 6		Vehicles Involved 2		Troop A	
Investigating Agency CARTS LSU				Division		Parish East Baton Rouge		City Baton Rouge		Latitude 30.435312° N		Longitude 91.092765° W	

CRASH TIME INFORMATION				
Crash Date/Time 08/25/2021 0900	Police Notified Date/Time 08/25/2021 0900	Police Arrived Date/Time 08/25/2021 0901	Roadway Cleared Date/Time 08/25/2021 0905	On Scene Investigation Completed Date/Time 08/25/2021 0910

ROAD INFORMATION	
Highway <input checked="" type="checkbox"/> Not applicable	Road TARA BLVD
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 34.0 ft North	Intersecting Road <input type="checkbox"/> Crash was at an intersection TRIBECA RD

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

INVESTIGATING OFFICER				
Rank 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	201	Location of First Harmful Event 104	Manner of Crash 200	
	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 100 Angle - left overtake 101 Angle - left across flow 102 Angle - left into flow 103 Angle - right into flow 104 Angle - right overtake 105 Angle - perpendicular/other angle 200 Front to front - head on 201 Front to front - left against flow 202 Front to front - right against flow
	Collision with Non-Fixed Object	200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object	Relation to Junction 000 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown	Contributing Factor Primary 100 100 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 970 100 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 970 000 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 - 13 Page 2 of 17

CRASH CONDITIONS

Roadway Surface Condition	107	Light Condition	399	Weather Conditions	105	Environmental Conditions	117
000 Dry		100 Daylight		000 Clear		000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	
101 Mud, dirt, gravel		300 Dark - continuous street lights		101 Blowing snow		101 Debris	
102 Oil		301 Dark - street lights at intersection only		102 Cloudy		102 Glare	
103 Sand		302 Dark - not lighted		103 Fog, smog, smoke		103 Non-highway work	
104 Slush		399 Dark - unknown lighting		104 Freezing rain or freezing drizzle		104 Obstructed crosswalks	
105 Snow		980 Other		105 Rain		105 Obstruction in roadway	
106 Water (standing,moving)		999 Unknown		106 Severe crosswinds		106 Overhead clearance limited	
107 Wet				107 Sleet or hail		107 Prior crash	
980 Other				108 Snow		108 Prior non-recurring incident	
999 Unknown				980 Other		109 Regular congestion	
				999 Unknown		110 Related to a bus stop	
						111 Road surface condition (wet, icy, snow, slush, etc.)	

WORK ZONE CRASH INFORMATION

Work Zone Relation	100	Work Zone Location	100	Work Zone Type	101	Work Zone Circumstances	105	Worker(s) Present	000	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
IT	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

2021000022

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 13	Page	3	of	17
DESCRIPTION AND INFORMATION									
<input type="checkbox"/> Check if this vehicle had no driver		Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		Vehicle Body Type Passenger Vehicles 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle Construction / Farm Equipment 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) Cycle / Off Road / Recreation 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 Trucks 400 Single unit truck 401 Truck tractor 498 Other truck Large Passenger Vehicle 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus Other 980 Other			
VIN		<input checked="" type="checkbox"/> Unknown		100					
Model Year <input type="checkbox"/> Unknown 2012		Make Tesla		Model Other		Color White			
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number WT635SFF <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-expiring		100					
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Rick Ford		<input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown		100					
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 544 Rick Street Street City State Postal Code Baton Rouge LA 70454		<input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown		100					
Insurance <input type="checkbox"/> Uninsured at time of crash Company Progressive <input type="checkbox"/> Unknown Phone # 2145846854 <input type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # FR3541E <input type="checkbox"/> Unknown Expiration Date 4/5/2022 <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		100					
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 101 100 Owner 101 Law enforcement 970 Not applicable 980 Other		101							
MOTOR VEHICLE CIRCUMSTANCES									
Vehicle Usage 000 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		Vehicle Maneuver 000 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing Emergency Vehicle Usage 000 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown		Vehicle Maneuver 100 109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane Direction of Travel Before Crash 700 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown		Vehicle Maneuver 100 400 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			

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000022

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 13	Page	4	of	17
1									
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
Front Left <input type="text"/> Front Right <input checked="" type="checkbox"/> Not applicable or measured <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown			Vehicle Lighting			980			
Rear Left <input type="text"/> Rear 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			
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"/> 207 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 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 970 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown			
Trafficway Division		101		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		000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown			
Roadway Grade	100	Number of Through Lanes	2	Number of Auxiliary Lanes	0	Roadway Alignment	100	Permitted Travel	200
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"/> 204		3 <input type="text"/>		4 <input type="text"/>	
								Most Harmful Event <input type="text"/> 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				
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.)					300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support				
Non-Collision Events					Collision with Person / Vehicle / Non-Fixed Object				
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event					200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedacycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS									

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2021-1		Case #	Test Case Tracking - 13	Page	5	of	17			
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		DRIVER INFORMATION		Case #		Test Case Tracking - 13		Page 6 of 17			
DRIVER INFORMATION											
Name <input type="checkbox"/> Unknown					Age <input type="checkbox"/> Unknown		Sex <input type="checkbox"/> 101		Race <input type="checkbox"/> 102		
Rick Ford					39		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		
First Middle Last Suffix					Phone Number <input type="checkbox"/> Not Collected						
Address <input type="checkbox"/> Unknown					5678416322						
544 Rick Street Baton Rouge LA 70454											
Street City State Postal Code											
Incident Responder					000		Date of Birth <input checked="" 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.)									100 Hispanic 101 Other than Hispanic 999 Unknown		
DRIVER LICENSE INFORMATION											
License Status <input type="checkbox"/> 100			License Class <input type="checkbox"/> 400			Driver License Type <input type="checkbox"/> 100		Commercial Driver License Status <input type="checkbox"/> 970			
100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked			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		100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown			
License Number		License State									
564148635		LA									
Endorsements on License				Endorsement Compliance <input type="checkbox"/> 000			Restrictions on License				
<input checked="" 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 - Motorcyle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown				000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required			000 - None				
							Alcohol Interlock Presence <input type="checkbox"/> 970				
							000 No 970 Not applicable 100 Yes 999 Unknown				
DRIVER SEATING AND SAFETY INFORMATION											
Seating Position <input type="checkbox"/> 100					Restraint Systems Used <input type="checkbox"/> 105						
Standard Vehicle Seats					Other Seating Positions						
Front					700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown						
Row	Left	Middle	Right	Unk							
1	100	101	102	199							
2	200	201	202	299							
3	300	301	302	399							
4	400	401	402	499							
Oth	500	501	502	599							
Unk	600	601	602	699							
					001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 100 Booster seat 101 Child restraint system – forward facing 980 Other 102 Child restraint system – rear facing 200 DOT-compliant motorcycle helmet 999 Unknown 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						
					Any indication of improper use? <input type="checkbox"/> 000 000 No 100 Yes 999 Unknown						
Air Bags Deployed					Ejection <input type="checkbox"/> 000						
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input checked="" type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)					000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown						
					Extrication <input type="checkbox"/> 000 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown						

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

2021000022

Rev. 2021-1

Case # Test Case Tracking - 13 Page 7 of 17

Motor Vehicle

1

MEDICAL INFORMATION

Injury Status 100	Type of Medical Transportation 101	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	North Shore Emergency Medical Services
		EMS Response Run # <input checked="" type="checkbox"/> Unknown
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient
		Ochsner Medical Center Baton Rouge

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000022

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 13	Page	8	of	17
DESCRIPTION AND INFORMATION									
<input type="checkbox"/> Check if this vehicle had no driver	Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene	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 2012	Make Mercedes Benz	Model Medium/heavy truck - CBE	Color Green, dark						
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 351SJH <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown	<input type="checkbox"/> Non-expiring								
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Katy Gucci			Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 87 Foody Street Walker LA 70585 <small>Street City State Postal Code</small>						
Insurance <input type="checkbox"/> Uninsured at time of crash Company Geico <input type="checkbox"/> Unknown Phone # 8552424123 <input type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # DRG-343222 <input type="checkbox"/> Unknown Expiration Date 2/5/2022 <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				
Tow Authority 101 100 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 100 100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 000 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown							
Emergency Vehicle Usage 000 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown		Direction of Travel Before Crash 300 000 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

2021000022

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 13	Page	9	of	17
2									
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
Front Left <input type="text"/> Front Right <input type="text"/> <input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown			Vehicle Lighting			000			
Rear Left <input type="text"/> Rear 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			
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"/> 207 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		970 Automation System Level Present 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown Automation System Level Engaged 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown			
Trafficway Division		001		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	2	Number of Auxiliary Lanes	0	Roadway Alignment	100	Permitted Travel	200
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"/> 203		3 <input type="text"/>		4 <input type="text"/>	
								Most Harmful Event <input type="text"/> 201	
Non-Harmful Events					Collision with Fixed Object				
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)					005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				
300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support					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				
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 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				

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2		Rev. 2021-1		Case #	Test Case Tracking - 13	Page	10	of	17				
COMMERCIAL MOTOR VEHICLE INFORMATION													
Vehicle Configuration				100	Hazardous Materials Placard					100			
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				6867			
				305 Truck tractor/double		Hazardous Material Class				2			
				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				000	Special Sizing								
000 No cargo body					<input checked="" type="checkbox"/> 000 No special sizing								
100 Bus				105 Flatbed	109 Log	<input type="checkbox"/> 100 Over-height							
101 Auto transporter				106 Garbage / refuse	110 Pole trailer	<input type="checkbox"/> 101 Over-length							
102 Cargo tank				107 Grain / chips / gravel	111 Van / enclosed box	<input type="checkbox"/> 102 Over-weight							
103 Concrete mixer				108 Intermodal container chassis	112 Vehicle towing another vehicle	<input type="checkbox"/> 103 Over-width							
104 Dump						<input type="checkbox"/> 999 Unknown							
970 Not applicable				980 Other	999 Unknown								
Load Permitted		100	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)			4			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										<input type="checkbox"/> Unknown	Motor Carrier Phone Number		<input type="checkbox"/> Unknown
Street											City		
											State		
											Postal Code		
GVWR/GCWR		100	Commodity Hauled										
100 Light (less than 10,000 lbs.GVWR/GCWR)			Unknown										
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			

Motor Vehicle # 2		DRIVER INFORMATION		Case #	Test Case Tracking - 13	Page	11	of	17																																								
DRIVER INFORMATION																																																	
Name <input type="checkbox"/> Unknown Katy Gucci <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 41	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 87 Foody Street Walker LA 70585 <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected																																													
Incident Responder <input type="checkbox"/> Unknown 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input type="checkbox"/> Unknown 5/6/1980		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown																																											
DRIVER LICENSE INFORMATION																																																	
License Status <input type="checkbox"/> Unknown 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		License Class <input type="checkbox"/> Unknown 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable		Driver License Type <input type="checkbox"/> Unknown 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable		Commercial Driver License Status <input type="checkbox"/> Unknown 100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown																																											
License Number 351651351		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 <input type="checkbox"/> Unknown 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><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>		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 002 No helmet 970 Not applicable 100 Booster seat 980 Other 101 Child restraint system – forward facing 999 Unknown 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 Any indication of improper use? <input type="checkbox"/> Unknown 000 No 100 Yes 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 <input type="checkbox"/> Unknown <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input checked="" type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)				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

2021000022

Rev. 2021-1

Case # Test Case Tracking - 13 Page 12 of 17

Motor Vehicle

2

MEDICAL INFORMATION

Injury Status 100	Type of Medical Transportation 101	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	New Orleans Emergency Medical Services
		EMS Response Run # <input checked="" type="checkbox"/> Unknown

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

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 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 100	
		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 300 Urine 970 Not applicable 101 Blood clot 301 Vitreous 980 Other 102 Blood plasma/serum 302 Liver 200 Breath 201 Preliminary breath test (PBT)	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 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other	Not applicable

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

Total # of Passengers 2	Rev. 2021-1	Case #	Test Case Tracking - 13	Page	13	of	17
----------------------------	-------------	--------	-------------------------	------	----	----	----

PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 1

Name <input type="checkbox"/> Unknown Morty <small>First Middle Last Suffix</small>	Ford <small>City</small>	LA <small>State</small>	70454 <small>Postal Code</small>	Date of Birth Unknown	Age 12	Sex 100 Female 101 Male 999 Unknown	101	Race 103
Address <input type="checkbox"/> Unknown 544 Rick Street <small>Street</small>				Baton Rouge <small>City</small>		Phone Number <input checked="" type="checkbox"/> Not Collected		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 checked="" type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	Injury Status 100	Incident Responder 000	Restraint System 105	Any indication of improper use? 000 No 100 Yes 999 Unknown	000	Seating Position 202	Ejection 000	Extrication 000
Type of Medical Transportation 101	Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency East Carroll EMS		EMS Response Run # <input checked="" type="checkbox"/> Unknown		Facility Receiving Patient Winn Parish Medical Center		

MOTOR VEHICLE # 2 PASSENGER # 1

Name <input type="checkbox"/> Unknown Dixon <small>First Middle Last Suffix</small>	Winns <small>City</small>	LA <small>State</small>	70585 <small>Postal Code</small>	Date of Birth Unknown	Age 26	Sex 100 Female 101 Male 999 Unknown	101	Race 102
Address <input type="checkbox"/> Unknown 87 Foody Street <small>Street</small>				Walker <small>City</small>		Phone Number <input checked="" type="checkbox"/> Not Collected		Ethnicity 100
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 103	Incident Responder 000	Restraint System 105	Any indication of improper use? 000 No 100 Yes 999 Unknown	000	Seating Position 102	Ejection 000	Extrication 000
Type of Medical Transportation 000	Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency Not applicable		EMS Response Run # <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable		

MOTOR VEHICLE # PASSENGER #

Name <input type="checkbox"/> Unknown <small>First Middle Last Suffix</small>	Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown	Race			
Address <input type="checkbox"/> Unknown <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected	Ethnicity		
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	Injury Status	Incident Responder	Restraint System	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		EMS Response Run # <input type="checkbox"/> Unknown	Facility Receiving Patient		

PASSENGER CODES

Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	Restraint Systems 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown 002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown	Seating Position <table><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> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Other	500	501	502	599																																								
Unk	600	601	602	699																																								
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	Incident Responder 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown																																										
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

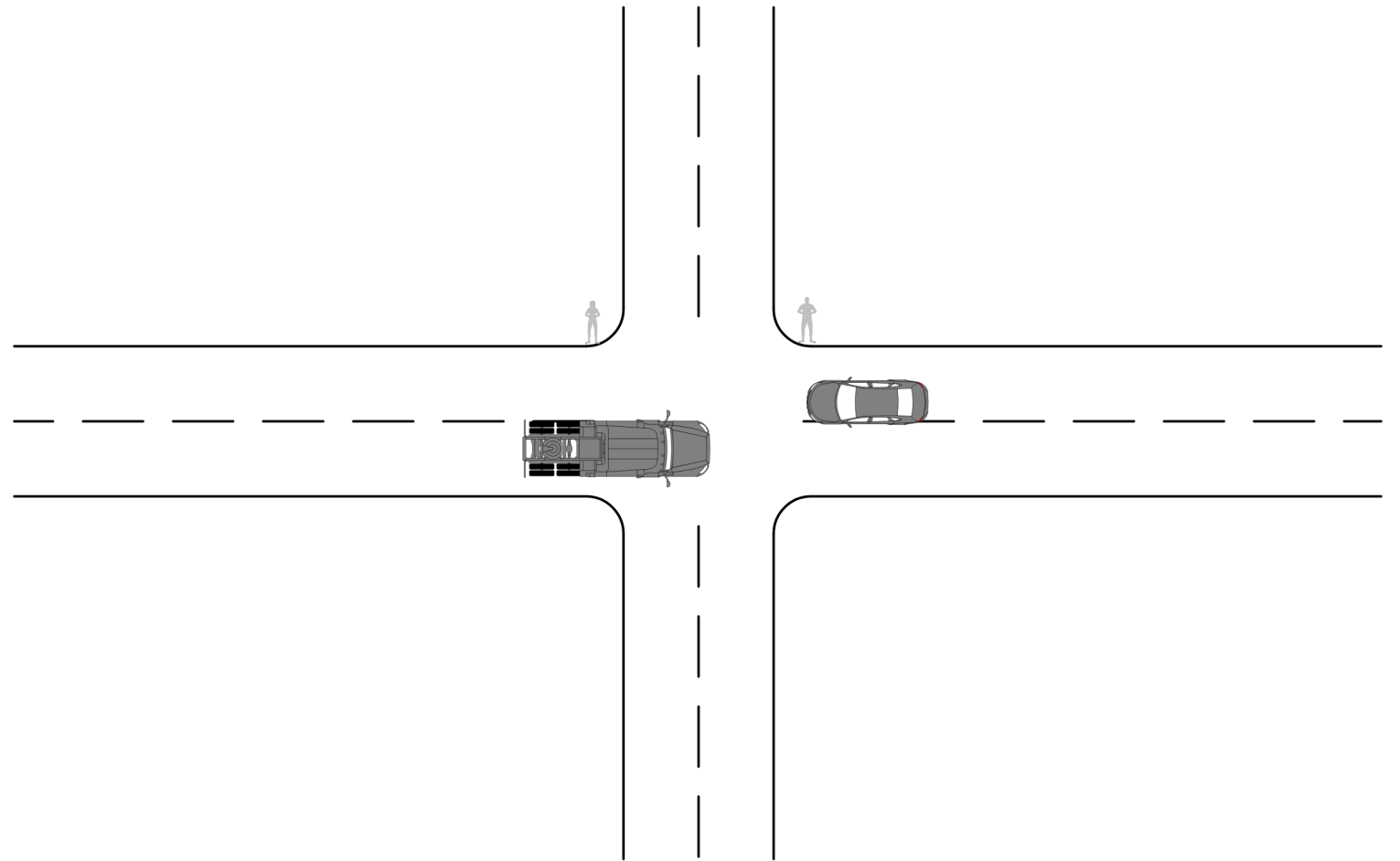
Non-Motorist #		Rev. 2021-1		Case #	Test Case Tracking - 13	Page	14	of	17
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex	101	Race		
Peter Russel				45	100 Female 101 Male 999 Unknown	103 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected					
Street City State Postal Code									
Incident Responder				000	Date of Birth	<input checked="" 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.)							100 100 Hispanic 101 Other than Hispanic 999 Unknown		
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type		100	Initial	100	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 #		2	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 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		102	Actions or Circumstances At Time of Crash			000	Clothing Brightness		Upper
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)			000 109 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
NON-MOTORIST MEDICAL INFORMATION									
Injury Status		100	Type of Medical Transportation		101	EMS Response Agency		EMS Response Run # <input checked="" 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		Acadian Ambulance Services					
				Medical Unique Identifier		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient		
								Winn Parish Medical Center	
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash		000	Distraction Action		000	Distraction Source		970	
000 Apparently normal 100 Asleep/blacked out 101 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		000	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	
								Drug Test Results	
								Not applicable	

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2		Rev. 2021-1		Case #		Test Case Tracking - 13		Page 15 of 17	
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown Sara Johnson <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 26		Sex 100 Female 101 Male 999 Unknown		Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Address <input checked="" type="checkbox"/> Unknown <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected					
Incident Responder 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 100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type 200		Initial 100		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	
		Origin/Destination 999		Safety Equipment					
Struck by Vehicle # 1		100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		<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 102		Actions or Circumstances At Time of Crash 000				Clothing Brightness Upper 100			
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 100		Type of Medical Transportation 200		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 Woman's Hospital Baton Rouge			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash 000		Distraction Action 000		Distraction Source 970					
000 Apparently normal 100 Asleep/blacked out 101 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 000		Test Status 000		Alcohol <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		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 000		Test Status 000		Drug <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		Kit Number		100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		Not applicable	

Scene # 1	Rev. 2021-1	Case #	Test Case Tracking - 13	Page	16	of	17
--------------	-------------	--------	-------------------------	------	----	----	----

CRASH DIAGRAM



NARRATIVE

Rev. 2021-1

CRASH NARRATIVE

After over 16 years of use, the current crash report form no longer meets the needs of the transportation community. A new crash report is being developed based on the Model Minimum Uniform Crash Criteria (MMUCC) guidelines and will capture the data necessary to improve highway safety in Louisiana. A new crash reporting application called Louisiana eCrash (LA eCrash) developed by the Center for Advanced Public Safety (CAPS) at the University of Alabama will soon replace LACRASH as the state's crash reporting application. CAPS currently has their software in use in Alabama, Mississippi, and Arkansas.

LSU's Center for Analytics & Research in Transportation Safety (CARTS) will continue to support law enforcement agencies using the new LA eCrash application. CARTS will also work with your agency to provide the data schema and technical information required for those agencies choosing to use a third-party vendor approach or already have a CAD/RMS system in place.

After over 16 years of use, the current crash report form no longer meets the needs of the transportation community. A new crash report is being developed based on the Model Minimum Uniform Crash Criteria (MMUCC) guidelines and will capture the data necessary to improve highway safety in Louisiana. A new crash reporting application called Louisiana eCrash (LA eCrash) developed by the Center for Advanced Public Safety (CAPS) at the University of Alabama will soon replace LACRASH as the state's crash reporting application. CAPS currently has their software in use in Alabama, Mississippi, and Arkansas.

LSU's Center for Analytics & Research in Transportation Safety (CARTS) will continue to support law enforcement agencies using the new LA eCrash application. CARTS will also work with your agency to provide the data schema and technical information required for those agencies choosing to use a third-party vendor approach or already have a CAD/RMS system in place.

After over 16 years of use, the current crash report form no longer meets the needs of the transportation community. A new crash report is being developed based on the Model Minimum Uniform Crash Criteria (MMUCC) guidelines and will capture the data necessary to improve highway safety in Louisiana. A new crash reporting application called Louisiana eCrash (LA eCrash) developed by the Center for Advanced Public Safety (CAPS) at the University of Alabama will soon replace LACRASH as the state's crash reporting application. CAPS currently has their software in use in Alabama, Mississippi, and Arkansas.

LSU's Center for Analytics & Research in Transportation Safety (CARTS) will continue to support law enforcement agencies using the new LA eCrash application. CARTS will also work with your agency to provide the data schema and technical information required for those agencies choosing to use a third-party vendor approach or already have a CAD/RMS system in place.

=====

=====

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

=====

=====

Vehicle 1 Model: Model X

Vehicle 1 Driver Actions: Auto-Pilot Malfunction

Vehicle 1 Contributing Circumstances: Auto-Pilot

Vehicle 2 Model: Heavy Truck

Vehicle 2 Driver Avoidance Maneuver: 0

This report was reassigned to Eric Newman.