

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1	Case #	Test Case Tracking - 8	Page 1 of 15				
Number of Motorists	1	Number of Non-Motorists	0	Non-Fatally Injured Persons	7	Fatalities	1	Total Injuries and Fatalities	8	Vehicles Involved	1	Troop	A
Investigating Agency			Division	Parish		City		Latitude	Longitude				
CARTS LSU				East Baton Rouge		Baton Rouge		30.388408° N	91.146640° W				

CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
08/09/2021 0202	08/09/2021 0203	08/09/2021 0204	08/09/2021 0205	08/09/2021 0206

ROAD INFORMATION

Highway <input checked="" type="checkbox"/> Not applicable	Road
	E WOODSTONE CT
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable	Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection
	WOODSTONE DR

LOCATION INFORMATION

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

INVESTIGATING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
Trooper	Matt		Trahan	
Badge #	Printed Name	Signature		
1234	Matt Trahan	<i>Matt Trahan</i>		

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event	205	Location of First Harmful Event	104	Manner of Crash	000
Non-Collision		100 Gore		000 Not a collision between two motor vehicles in transport	
100 Cargo/equipment loss or shift		101 In parking lane or zone		200 Front to front - head on	
101 Fell/jumped from motor vehicle		102 Median		300 Front to rear - rear end	
102 Fire/explosion		103 Off roadway, location unknown		400 Backing - rear to front	
103 Immersion, full or partial		104 On roadway		401 Backing - rear to rear	
104 Jackknife		105 On shoulder, left side		402 Backing - rear to side	
105 Overturn/rollover		106 On shoulder, right side		502 Sideswipe - opposite direction	
106 Thrown or falling object		107 Outside road/right-of-way		505 Sideswipe - same direction	
198 Other non-collision harmful event		108 Roadside		980 Other	
Collision with Non-Fixed Object		109 Separator/traffic island		999 Unknown	
200 Collision with animal (live)		999 Unknown			
201 Collision with motor vehicle in transport					
202 Collision with parked motor vehicle		Relation to Junction	104	Contributing Factor	Primary 101
203 Collision with pedalcycle (including bicycles)		000 Not an interchange area		100 Violations	
204 Collision with pedestrian		100 Acceleration or deceleration lane		101 Movement prior to crash	Secondary 970
205 Collision with railway vehicle (train, engine)		101 Crossover related		102 Vision obstructions	
206 Collision with object at rest from MV in transport		102 Driveway access or related		103 Driver condition	
207 Collision with falling/shifting cargo or anything set in motion by MV		103 Entrance/exit ramp or related		104 Vehicle condition	
208 Collision with work zone/maintenance equipment		104 Intersection or related		105 Road surface	
209 Collision with farm equipment		106 Railway grade crossing		106 Roadway condition	
297 Collision with other non-motorist		107 Shared-use path or trail		107 Lighting condition	
298 Collision with other non-fixed object		108 Through roadway		108 Weather condition	
Collision with Fixed Object		980 Other location within an interchange area (median, shoulder, and roadside)		109 Traffic control	
300 Collision with bridge overhead structure		999 Unknown		110 Non-motorist condition	
301 Collision with bridge pier or support				111 Non-motorist action	
302 Collision with bridge rail		Intersection Geometry	102	School Bus Relation	000
303 Collision with cable barrier		100 Angled / skewed		000 No	
304 Collision with concrete traffic barrier		101 Roundabout / traffic circle		100 Yes, school bus directly involved	
305 Collision with culvert		102 Perpendicular		101 Yes, school bus indirectly involved	
306 Collision with curb		970 Not applicable			
307 Collision with ditch		Intersection Traffic Control	102		
308 Collision with embankment		000 No controls			
309 Collision with fence		100 Signalized			
310 Collision with guardrail end terminal		101 Stop -all way			
311 Collision with guardrail face		102 Stop -partial			
312 Collision with impact attenuator/crash cushion		103 Yield			
313 Collision with mailbox		970 Not applicable			
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					

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CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
IT	Eric		Newman	

WITNESS

WITNESS

Name				Name			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
Address				Address			
City		State	Postal Code	City		State	Postal Code
Phone Number		Age	Sex	Phone Number		Age	Sex

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1
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DESCRIPTION AND INFORMATION

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

DAMAGE

Damage Extent
Initial Point of Contact
Damaged Areas
Tow Status
Tow Authority
Towed By
Big Ron's Tow Time

MOTOR VEHICLE CIRCUMSTANCES

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

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VEHICLE INFORMATION

Motor Vehicle #
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MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Traffic Control Device Types and Statuses, Trafficway Division, Roadway Grade, Permitted Travel, HOV Lane Presence, and Automation System Level Present/Engaged.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [205] 2 [] 3 [] 4 [] Most Harmful Event [205]

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

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Motor Vehicle #
1

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 000 **Hazardous Materials Placard** 000

000 Vehicles 10,000 lbs or less
 100 Vehicles 10,000 lbs or less placarded for hazardous materials
 200 Bus/large van (seats 9-15 occupants, including driver)
 201 Bus (seats more than 15 occupants, including driver)

300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)
 301 Single-unit truck (3 or more axles)
 302 Truck pulling trailer(s)
 303 Truck tractor (bobtail)
 304 Truck tractor/semi-trailer
 305 Truck tractor/double
 306 Truck tractor/triple
 307 Truck more than 10,000 lbs., cannot classify

999 Unknown

000 Had no placard and not carrying hazardous materials
 001 Had a placard, not carrying hazardous materials
 100 Carried hazardous material that required placarding
 200 Carried hazardous materials without placard 999 Unknown

Hazardous Material ID N/A

Hazardous Material Class 970

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

Cargo Body Type 970

000 No cargo body
 100 Bus
 101 Auto transporter
 102 Cargo tank
 103 Concrete mixer
 104 Dump
 105 Flatbed
 106 Garbage / refuse
 107 Grain / chips / gravel
 108 Intermodal container chassis
 980 Other
 999 Unknown

109 Log
 110 Pole trailer
 111 Van / enclosed box
 112 Vehicle towing another vehicle

Special Sizing

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

Hazardous Materials Released from Vehicle Cargo Compartment 970

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

Load Permitted 970

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

Number of Axles

Unknown

Motor Carrier Type 100

000 Personal vehicle
 001 Not in commerce: government
 002 Not in commerce: personal rental truck or bus
 098 Not in commerce: other
 100 Interstate carrier
 101 Intrastate carrier

Motor Carrier Identification 100

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

State _____

Motor Carrier Name Unknown

Bubby McGee
Motor Carrier ID Number 12345

Motor Carrier Address Unknown

123 Pine Rd Baton Rouge LA 70111
 Street City State Postal Code

Motor Carrier Phone Number Unknown

GVWR/GCWR 100

100 Light (less than 10,000 lbs.GVWR/GCWR)
 101 Medium (10,001 - 26,000 lbs GVWR/GCWR)
 102 Heavy (greater than 26,000 lbs GVWR/GCWR)
 970 Not applicable (not a qualifying vehicle)
 999 Unknown

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown **Make** Unknown

Model Unknown

License Plate Missing Non-expiring

State _____ Unknown **Number** _____ Unknown **Year** _____ Unknown

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown **Make** Unknown

Model Unknown

License Plate Missing Non-expiring

State _____ Unknown **Number** _____ Unknown **Year** _____ Unknown

TRAILER INFORMATION

TRAILER #

VIN Unknown

Number of Axles Unknown

Year Unknown **Make** Unknown

Model Unknown

License Plate Missing Non-expiring

State _____ Unknown **Number** _____ Unknown **Year** _____ Unknown

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
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MEDICAL INFORMATION

Injury Status	104	Type of Medical Transportation	999	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	Unknown
				EMS Response Run #	<input checked="" type="checkbox"/> Unknown
Medical Unique Identifier				Facility Receiving Patient	
<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown				Unknown	

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	999	Distraction Action	999	Distraction Source	999	Speeding Relation	999			
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction		100 Hands-free mobile phone 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 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	999			
Suspected Alcohol Usage	999	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	999	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	999	Avoidance Maneuver	999	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

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LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train # 1	Rev. 2023-1	Case # Test Case Tracking - 8	Page 8	of 15
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TRAIN INFORMATION							
Train Type 100 Railroad train 101 Streetcar	ID # 123	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Lead Engine # 789	<input type="checkbox"/> Unknown	Serial # 7	<input type="checkbox"/> Unknown	Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input checked="" type="checkbox"/> 101 Ditch lights functional <input checked="" type="checkbox"/> 102 Horn functional <input checked="" type="checkbox"/> 103 Bell functional <input checked="" type="checkbox"/> 104 Event data recorder equipped
Make <input type="checkbox"/> Unknown Train	Type <input type="checkbox"/> Unknown Rail	# of Engines <input type="checkbox"/> Unknown 1	# of Cars <input type="checkbox"/> Unknown 2	Data Recorder Speed <input checked="" type="checkbox"/> Pending			

TRACK INFORMATION			WARNING DEVICES		
DOT Crossing # 77	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Crossing Surface Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel	Present Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other	Advance Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other	Active Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other
Sets of Tracks 2	Speed Limit 50	Crossing Type 100 100 Public 101 Private			

COLLISION INFORMATION					
Train in Motion 000 No 100 Yes	Crossing Vehicle Interaction 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	Struck Car # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 1	Struck Car Type <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Distance Traveled After Impact <input type="checkbox"/> feet <input type="checkbox"/> miles	Estimated Speed Before Braking 88
Collision Type 100 Frontal 101 Side/backing		Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown			

Hazardous Materials Placard 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown	Hazardous Material Class 1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods	Hazardous Materials Released from Train Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable
Hazardous Material ID N/A		

TRAIN OPERATOR				
Name <input type="checkbox"/> Unknown Emmett Brown	Address <input type="checkbox"/> Unknown 8 Eastwood Ravine Rd <small>Street</small>	City Hill Valley	State CA	Postal Code 90210

TRACK OWNER				
Name <input type="checkbox"/> Unknown Biff Tannen	Address <input type="checkbox"/> Unknown 9 Lyon Estates <small>Street</small>	City Hill Valley	State CA	Postal Code 90210

TRAIN ENGINEER				
Name <input type="checkbox"/> Unknown Marty <small>First Middle Last Suffix</small>	<input type="checkbox"/> This train had no engineer McFly	Certification Number <input checked="" type="checkbox"/> Unknown	Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	103
Address <input type="checkbox"/> Unknown 9303 Roslyndale Ave <small>Street City State Postal Code</small>		Phone Number <input type="checkbox"/> Not Collected 8880485416		

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	Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	Age <input type="checkbox"/> Unknown 53	Date of Birth <input type="checkbox"/> Unknown 6/12/1968	Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown	101
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Injury Status 104 100 (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	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
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LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train #
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TRAIN CONDUCTOR									
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor					Race 103				
George McFly					100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown				
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected				
9303 Roslyndale Ave Hill Valley CA 90210					8621681651				
<small>Street City State Postal Code</small>									
Incident Responder			000	Sex 101	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity 101		
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				100 Female 101 Male 999 Unknown	83	1/1/1938	100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status 103		Type of Medical Transportation 000		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Not applicable					
				EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient					
				Not applicable					

PASSENGER INFORMATION									
PASSENGER # 1									
Name <input type="checkbox"/> Unknown					Race 102				
Mark Hamill					100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown				
Address <input checked="" type="checkbox"/> Unknown					Phone Number <input checked="" type="checkbox"/> Not Collected				
<small>Street City State Postal Code</small>									
Incident Responder			000	Sex 101	Age <input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 101		
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				100 Female 101 Male 999 Unknown	56		100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status 103		Type of Medical Transportation 000		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Not applicable					
				EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient					
				Not applicable					

PASSENGER # 2									
Name <input type="checkbox"/> Unknown					Race 102				
John Tencredy					100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown				
Address <input checked="" type="checkbox"/> Unknown					Phone Number <input checked="" type="checkbox"/> Not Collected				
<small>Street City State Postal Code</small>									
Incident Responder			000	Sex 101	Age <input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 101		
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				100 Female 101 Male 999 Unknown	66		100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status 103		Type of Medical Transportation 000		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Not applicable					
				EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient					
				Not applicable					

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train # 2	Rev. 2023-1	Case # Test Case Tracking - 8	Page 10 of 15
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TRAIN INFORMATION					
Train Type 101	ID #	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Lead Engine #	<input checked="" type="checkbox"/> Unknown	Serial # <input checked="" type="checkbox"/> Unknown
100 Railroad train 101 Streetcar					
Make <input checked="" type="checkbox"/> Unknown	Type <input checked="" type="checkbox"/> Unknown	# of Engines <input checked="" type="checkbox"/> Unknown	# of Cars <input checked="" type="checkbox"/> Unknown	Data Recorder Speed	
				<input checked="" type="checkbox"/> Pending	
Present Equipment					
<input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input type="checkbox"/> 101 Ditch lights functional <input type="checkbox"/> 102 Horn functional <input type="checkbox"/> 103 Bell functional <input checked="" type="checkbox"/> 104 Event data recorder equipped					

TRACK INFORMATION			WARNING DEVICES		
DOT Crossing #	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Crossing Surface 103	Present Warning Devices	Advance Warning Devices	Active Warning Devices
		Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel	<input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Flashing lights <input checked="" type="checkbox"/> 101 Bell <input checked="" type="checkbox"/> 102 Gate <input checked="" type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other	<input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Sign <input checked="" type="checkbox"/> 101 Pavement markings <input checked="" type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other	<input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Lights flashing <input checked="" type="checkbox"/> 101 Bell ringing <input checked="" type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other
Sets of Tracks	Speed Limit	Crossing Type 101			
1	35	100 Public 101 Private			

COLLISION INFORMATION					
Train in Motion	Crossing Vehicle Interaction	Struck Car # <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Struck Car Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		
000 No 100 Yes	100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing		dft		
Collision Type		Struck Car Position	Distance Traveled After Impact	Estimated Speed Before Braking	
100 Frontal 101 Side/backing		<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	500.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> miles	77	

Hazardous Materials Placard	000	Hazardous Material Class	970	Hazardous Materials Released from Train Cargo Compartment	970
000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown		1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods	970 Not applicable 999 Unknown	000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable	
Hazardous Material ID	N/A				

TRAIN OPERATOR			
Name <input type="checkbox"/> Unknown	Address <input checked="" type="checkbox"/> Unknown		
Oscar Simmons			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

TRACK OWNER			
Name <input type="checkbox"/> Unknown	Address <input checked="" type="checkbox"/> Unknown		
Smith Jacob			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

TRAIN ENGINEER			
Name <input type="checkbox"/> Unknown	<input type="checkbox"/> This train had no engineer	Certification Number <input type="checkbox"/> Unknown	Race 102
Perry	Mathew	90210	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
Address <input checked="" type="checkbox"/> Unknown		Phone Number <input checked="" type="checkbox"/> Not Collected	
<i>Street</i>		<i>City</i>	
<i>State</i>		<i>Postal Code</i>	

Incident Responder	000	Sex 101	Age <input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 101
000 No 100 EMS 101 Fire	102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)	100 Female 101 Male 999 Unknown	24		100 Hispanic 101 Other than Hispanic 999 Unknown

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	Acadian Air Med Services			
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input checked="" type="checkbox"/> Unknown			
		Facility Receiving Patient			
		Ochsner Acadia General Hospital			

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train # 2		Rev. 2023-1		Case # Test Case Tracking - 8		Page 11 of 15	
TRAIN CONDUCTOR							
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor				Race 999			
Ari		Gold		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 980 Other 999 Unknown	
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>	
Address <input type="checkbox"/> Unknown						Phone Number <input checked="" type="checkbox"/> Not Collected	
232 Bells St		Baton Rouge		LA 70654			
<i>Street</i>		<i>City</i>		<i>State</i>		<i>Postal Code</i>	
Incident Responder				Sex 999		Age <input checked="" type="checkbox"/> Unknown	
000 No		102 Police		100 Female		100 Hispanic	
100 EMS		980 Other		101 Male		101 Other than Hispanic	
101 Fire		999 Unknown		999 Unknown		999 Unknown	
103 Tow operator		104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					
Injury Status 104		Type of Medical Transportation 000		EMS Response Agency			
100 (K) Fatal Injury		000 Not transported		Not applicable			
101 (A) Suspected Serious Injury		100 EMS air					
102 (B) Suspected Minor Injury		101 EMS ground					
103 (C) Possible Injury		200 Law enforcement		EMS Response Run # <input type="checkbox"/> Unknown			
104 (O) No Apparent Injury							
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient			
				Not applicable			

PASSENGER INFORMATION							
PASSENGER # 1							
Name <input type="checkbox"/> Unknown				Race 999			
Mathew		Kudrow		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 980 Other 999 Unknown	
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>	
Address <input checked="" type="checkbox"/> Unknown						Phone Number <input checked="" type="checkbox"/> Not Collected	
<i>Street</i>		<i>City</i>		<i>State</i>		<i>Postal Code</i>	
Incident Responder				Sex 999		Age <input checked="" type="checkbox"/> Unknown	
000 No		102 Police		100 Female		100 Hispanic	
100 EMS		980 Other		101 Male		101 Other than Hispanic	
101 Fire		999 Unknown		999 Unknown		999 Unknown	
103 Tow operator		104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					
Injury Status 104		Type of Medical Transportation 000		EMS Response Agency			
100 (K) Fatal Injury		000 Not transported		Not applicable			
101 (A) Suspected Serious Injury		100 EMS air					
102 (B) Suspected Minor Injury		101 EMS ground					
103 (C) Possible Injury		200 Law enforcement		EMS Response Run # <input type="checkbox"/> Unknown			
104 (O) No Apparent Injury							
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient			
				Not applicable			

PASSENGER # 2							
Name <input type="checkbox"/> Unknown				Race 999			
Rashui		Perry		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 980 Other 999 Unknown	
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>	
Address <input checked="" type="checkbox"/> Unknown						Phone Number <input checked="" type="checkbox"/> Not Collected	
<i>Street</i>		<i>City</i>		<i>State</i>		<i>Postal Code</i>	
Incident Responder				Sex 999		Age <input checked="" type="checkbox"/> Unknown	
000 No		102 Police		100 Female		100 Hispanic	
100 EMS		980 Other		101 Male		101 Other than Hispanic	
101 Fire		999 Unknown		999 Unknown		999 Unknown	
103 Tow operator		104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					
Injury Status 104		Type of Medical Transportation 000		EMS Response Agency			
100 (K) Fatal Injury		000 Not transported		Not applicable			
101 (A) Suspected Serious Injury		100 EMS air					
102 (B) Suspected Minor Injury		101 EMS ground					
103 (C) Possible Injury		200 Law enforcement		EMS Response Run # <input type="checkbox"/> Unknown			
104 (O) No Apparent Injury							
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient			
				Not applicable			

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Total # of Train Passengers
5

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PASSENGER INFORMATION

TRAIN # 1 **PASSENGER #** 3

Name <input type="checkbox"/> Unknown				Race 101			
Tom		Charles		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 999 Unknown 980 Other	
<i>First</i>		<i>Last</i>		<i>Suffix</i>			
Address <input type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected			
6351 Riverview Ln		Baton Rouge		LA 70545			
<i>Street</i>		<i>City</i>		<i>State</i> <i>Postal Code</i>			
Incident Responder				Sex 101		Age <input type="checkbox"/> Unknown	
000 No		102 Police		100 Female		Date of Birth <input checked="" type="checkbox"/> Unknown	
100 EMS		980 Other		101 Male		Ethnicity 999	
101 Fire		999 Unknown		999 Unknown		100 Hispanic 101 Other than Hispanic 999 Unknown	
104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				45			
Injury Status 103		Type of Medical Transportation 000		EMS Response Agency			
100 (K) Fatal Injury		000 Not transported		Not applicable			
101 (A) Suspected Serious Injury		100 EMS air					
102 (B) Suspected Minor Injury		980 Other					
103 (C) Possible Injury		999 Unknown					
104 (O) No Apparent Injury		101 EMS ground		EMS Response Run # <input type="checkbox"/> Unknown			
		200 Law enforcement					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient			
				Not applicable			

TRAIN # 1 **PASSENGER #** 4

Name <input type="checkbox"/> Unknown				Race 103			
Sara		Patton		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 999 Unknown 980 Other	
<i>First</i>		<i>Last</i>		<i>Suffix</i>			
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected			
<i>Street</i>		<i>City</i>		<i>State</i> <i>Postal Code</i>			
Incident Responder				Sex 100		Age <input type="checkbox"/> Unknown	
000 No		102 Police		100 Female		Date of Birth <input checked="" type="checkbox"/> Unknown	
100 EMS		980 Other		101 Male		Ethnicity 101	
101 Fire		999 Unknown		999 Unknown		100 Hispanic 101 Other than Hispanic 999 Unknown	
104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				29			
Injury Status 104		Type of Medical Transportation 000		EMS Response Agency			
100 (K) Fatal Injury		000 Not transported		Not applicable			
101 (A) Suspected Serious Injury		100 EMS air					
102 (B) Suspected Minor Injury		980 Other					
103 (C) Possible Injury		999 Unknown					
104 (O) No Apparent Injury		101 EMS ground		EMS Response Run # <input type="checkbox"/> Unknown			
		200 Law enforcement					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient			
				Not applicable			

TRAIN # 1 **PASSENGER #** 5

Name <input type="checkbox"/> Unknown				Race 103			
Samantha		Musk		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 999 Unknown 980 Other	
<i>First</i>		<i>Last</i>		<i>Suffix</i>			
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected			
<i>Street</i>		<i>City</i>		<i>State</i> <i>Postal Code</i>			
Incident Responder				Sex 100		Age <input type="checkbox"/> Unknown	
000 No		102 Police		100 Female		Date of Birth <input checked="" type="checkbox"/> Unknown	
100 EMS		980 Other		101 Male		Ethnicity 999	
101 Fire		999 Unknown		999 Unknown		100 Hispanic 101 Other than Hispanic 999 Unknown	
104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				31			
Injury Status 103		Type of Medical Transportation 999		EMS Response Agency			
100 (K) Fatal Injury		000 Not transported		Unknown			
101 (A) Suspected Serious Injury		100 EMS air					
102 (B) Suspected Minor Injury		980 Other					
103 (C) Possible Injury		999 Unknown					
104 (O) No Apparent Injury		101 EMS ground		EMS Response Run # <input checked="" type="checkbox"/> Unknown			
		200 Law enforcement					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient			
				Unknown			

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Total # of Train Passengers
5

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PASSENGER INFORMATION

TRAIN # 1 PASSENGER # 6

Name <input type="checkbox"/> Unknown		Race		103
Wilson	Naquin	100 American Indian or Alaska Native	102 Black	999 Unknown
<i>First</i>	<i>Last</i>	101 Asian or Pacific Islander	103 White	980 Other

Address <input type="checkbox"/> Unknown		Phone Number <input checked="" type="checkbox"/> Not Collected	
754 College St	Prairieville	LA	70125
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

Incident Responder		000	Sex	101	Age	<input type="checkbox"/> Unknown	Date of Birth	<input checked="" type="checkbox"/> Unknown	Ethnicity	100
000 No	102 Police	980 Other	999 Unknown	100 Female	101 Male	999 Unknown	14		100 Hispanic	101 Other than Hispanic
100 EMS	103 Tow operator			101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				999 Unknown	

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

Medical Unique Identifier	<input checked="" type="checkbox"/> Not applicable	<input type="checkbox"/> Unknown	Facility Receiving Patient	Sabine Medical Center
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TRAIN # 2 PASSENGER # 3

Name <input type="checkbox"/> Unknown		Race		999
Jeremy	Piven	100 American Indian or Alaska Native	102 Black	999 Unknown
<i>First</i>	<i>Last</i>	101 Asian or Pacific Islander	103 White	980 Other

Address <input checked="" type="checkbox"/> Unknown		Phone Number <input checked="" type="checkbox"/> Not Collected	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

Incident Responder		000	Sex	999	Age	<input checked="" type="checkbox"/> Unknown	Date of Birth	<input checked="" type="checkbox"/> Unknown	Ethnicity	999
000 No	102 Police	980 Other	999 Unknown	100 Female	101 Male	999 Unknown			100 Hispanic	101 Other than Hispanic
100 EMS	103 Tow operator			101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				999 Unknown	

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

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

Name <input type="checkbox"/> Unknown		Race		
		100 American Indian or Alaska Native	102 Black	999 Unknown
<i>First</i>	<i>Last</i>	101 Asian or Pacific Islander	103 White	980 Other

Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Postal Code</i>

Incident Responder			Sex		Age	<input type="checkbox"/> Unknown	Date of Birth	<input type="checkbox"/> Unknown	Ethnicity	
000 No	102 Police	980 Other	999 Unknown	100 Female	101 Male	999 Unknown			100 Hispanic	101 Other than Hispanic
100 EMS	103 Tow operator			101 Fire	104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				999 Unknown	

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

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

Rev. 2023-1

Scene #

1

Case #

Test Case Tracking - 8

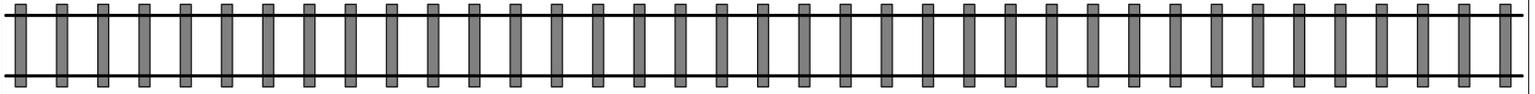
Page

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of

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CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT NARRATIVE

Rev. 2023-1

CRASH NARRATIVE

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

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

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

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

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

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Disclaimer: All information below this line is auto-generated from report data.
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Vehicle 1 Traffic Control Devices Present: Warning Will Rogers
Vehicle 1 Traffic Control Devices Inoperative or Missing: Flashy

This report was reassigned to Eric Newman.