

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 CARTS LSU				Division		Parish East Baton Rouge		City Baton Rouge		Latitude 30.388408° N		Longitude 91.146640° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/09/2021 0202		Police Notified Date/Time 08/09/2021 0203		Police Arrived Date/Time 08/09/2021 0204		Roadway Cleared Date/Time 08/09/2021 0205		On Scene Investigation Completed Date/Time 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 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property		100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable		100 Public property 200 Private property		100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway		1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more		X Not applicable (not a divided highway) N North W West S South E East			
INVESTIGATING OFFICER													
Rank Trooper		First Name Matt				Middle Name		Last Name Trahan				Suffix	
Badge # 1234		Printed Name Matt Trahan						Signature <i>Matt Trahan</i>					
CRASH CIRCUMSTANCES AND CONDITIONS													
First Harmful Event 205				Location of First Harmful Event 104		Manner of Crash 000							
Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event				100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown		000 Not a collision between two motor vehicles in transport 200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown							
Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				Relation to Junction 104 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown		Contributing Factor Primary 101 Secondary 970 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable							
Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				Intersection Geometry 102 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		School Bus Relation 000 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved							
CRASH REPORT - CRASH SUMMARY													

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CRASH CONDITIONS

Roadway Surface Condition 107	Light Condition 300	Weather Conditions 107	Environmental Conditions 102
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.)
			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 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

2021000016

Motor Vehicle #		Rev. 2023-1		Case #	Test Case Tracking - 8	Page	3	of	15																														
DESCRIPTION AND INFORMATION																																							
<input type="checkbox"/> Check if this vehicle had no driver		Hit and Run 101 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		Vehicle Type 100 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		Vehicle Body Type 102 <u>Passenger Vehicles</u> 100 Passenger car 103 Pickup 101 Passenger van / Minivan (less than 9 seats) 104 Cargo van 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 505 School bus 501 Passenger van (9-15 seats) 506 Transit bus 502 Passenger van (16+ seats) 507 Motorcoach 503 Large limo 598 Other bus / large passenger vehicle 504 Mini-bus <u>Other</u> 980 Other 999 Unknown																																	
VIN 3GNEK13T42G137363 <input type="checkbox"/> Unknown																																							
Model Year <input type="checkbox"/> Unknown 2002		Make Chevrolet		Model Avalanche		Color White																																	
License Plate <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring State LA <input type="checkbox"/> Unknown Number 4H123 <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown																																							
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Bubby McGee																																							
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 123 Pine Rd Baton Rouge LA 70111 <small>Street City State Postal Code</small>																																							
Insurance <input type="checkbox"/> Uninsured at time of crash Company <input checked="" type="checkbox"/> Unknown Phone # <input checked="" type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # <input checked="" type="checkbox"/> Unknown Expiration Date <input checked="" type="checkbox"/> Unknown																																							
DAMAGE																																							
Damage Extent 102 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		Initial Point of Contact <table border="1"><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">→</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <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 checked="" type="checkbox"/> 999 Unknown		7	8	9	10	11	6	→			12	5	4	3	2	1	Damaged Areas <table border="1"><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">→</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		7	8	9	10	11	6	→			12	5	4	3	2	1	Tow Status 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage <input type="checkbox"/> Towed By <input type="checkbox"/> Unknown Big Ron's Tow Time		Tow Authority 101 100 Owner 101 Law enforcement 970 Not applicable 980 Other	
7	8	9	10	11																																			
6	→			12																																			
5	4	3	2	1																																			
7	8	9	10	11																																			
6	→			12																																			
5	4	3	2	1																																			
MOTOR VEHICLE CIRCUMSTANCES																																							
Vehicle Usage 999 000 No special function 980 Other 100 Bus - school (public or private) 999 Unknown 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 999 100 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 999 000 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		109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition 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		Direction of Travel Before Crash 999 000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown																																	

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Motor Vehicle #		Rev. 2023-1		Case #		Test Case Tracking - 8		Page 4 of 15	
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input 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			50			999			
Rear Left <input type="text"/> Rear Right <input type="text"/>			Vehicle Lighting 999			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 sign 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign 980 Other 999 Unknown		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 405 White or yellow dash line 406 Solid white lane line 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 999 Unknown		1 <input type="text"/> 298 2 <input type="text"/> 300 3 <input type="text"/> 301 4 <input type="text"/> 302 Traffic Signal Status 100 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		1 <input type="text"/> 303 2 <input type="text"/> 304 3 <input type="text"/> 305 4 <input type="text"/> 398 Automation System Level Present 999 000 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 999 000 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		000		Barrier Type		000			
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown				000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other					
Roadway Grade 100		Number of Through Lanes		Number of Auxiliary Lanes		Roadway Alignment 100		Permitted Travel 200	
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)		0		0		100 Straight 101 Curve left 102 Curve right		100 One-way 200 Two-way Speed Limit 40 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
								HOV Lane Presence 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	
								HOV Lane Relation 000 000 No 100 Yes	
MOTOR VEHICLE EVENTS									
Sequence of Events 1 <input type="text"/> 205 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>				Most Harmful Event <input type="text"/> 205					
Non-Harmful Events					Collision with Fixed Object				
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)					005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				
Non-Collision Events					Collision with Person / Vehicle / Non-Fixed Object				
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event					200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				
					300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support				
					396 Collision with other post,pole,or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				

LOUISIANA UNIFORM CRASH REPORT
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Motor Vehicle # 1		Rev. 2023-1		Case #	Test Case Tracking - 8	Page 5 of 15
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
Cargo Body Type 970				Special Sizing		
000 No cargo body 100 Bus 101 Auto transporter 102 Cargo tank 103 Concrete mixer 104 Dump 105 Flatbed 106 Garbage / refuse 107 Grain / chips / gravel 108 Intermodal container chassis 109 Log 110 Pole trailer 111 Van / enclosed box 112 Vehicle towing another vehicle 970 Not applicable 980 Other 999 Unknown				<input checked="" type="checkbox"/> 000 No special sizing <input type="checkbox"/> 100 Over-height <input type="checkbox"/> 101 Over-length <input type="checkbox"/> 102 Over-weight <input type="checkbox"/> 103 Over-width <input type="checkbox"/> 999 Unknown		
Load Permitted 970		Number of Axles <input type="checkbox"/> Unknown	Motor Carrier Type 100	Motor Carrier Identification 100		
000 Non-permitted load 100 Permitted load 970 Not applicable (not a qualifying vehicle) 999 Unknown			000 Personal vehicle 001 Not in commerce: government 002 Not in commerce: personal rental truck or bus 098 Not in commerce: other 100 Interstate carrier 101 Intrastate carrier	100 US DOT number 101 State number 970 Not applicable 999 Unknown/unable to determine State _____		
Motor Carrier Address <input type="checkbox"/> Unknown				Motor Carrier Phone Number <input checked="" type="checkbox"/> Unknown		
123 Pine Rd Street				Baton Rouge LA 70111 City State Postal Code		
GVWR/GCWR 100		Commodity Hauled				
100 Light (less than 10,000 lbs.GVWR/GCWR) 101 Medium (10,001 - 26,000 lbs GVWR/GCWR) 102 Heavy (greater than 26,000 lbs GVWR/GCWR) 970 Not applicable (not a qualifying vehicle) 999 Unknown						
TRAILER INFORMATION TRAILER #						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown		
License Plate <input type="checkbox"/> Missing				<input type="checkbox"/> Non-expiring		
State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown						
TRAILER INFORMATION TRAILER #						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown		
License Plate <input type="checkbox"/> Missing				<input type="checkbox"/> Non-expiring		
State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown						
TRAILER INFORMATION TRAILER #						
VIN <input type="checkbox"/> Unknown				Number of Axles <input type="checkbox"/> Unknown		
Year <input type="checkbox"/> Unknown		Make <input type="checkbox"/> Unknown		Model <input type="checkbox"/> Unknown		
License Plate <input type="checkbox"/> Missing				<input type="checkbox"/> Non-expiring		
State _____ <input type="checkbox"/> Unknown Number _____ <input type="checkbox"/> Unknown Year _____ <input type="checkbox"/> Unknown						

Motor Vehicle #
1

DRIVER INFORMATION

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DRIVER INFORMATION

Name

☐ Unknown

Bubby McGee

FirstMiddleLastSuffix

Address

☐ Unknown

123 Pine RdBaton RougeLA 70111

StreetCityStatePostal Code

Incident Responder

000 No102 Police980 Other

100 EMS103 Tow operator999 Unknown

101 Fire104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)

Age

☒ Unknown

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

Phone Number

☒ Not Collected

Date of Birth

☒ Unknown

Ethnicity

100 Hispanic

101 Other than Hispanic

999 Unknown

DRIVER LICENSE INFORMATION

License Status

100 Valid license004 Suspended

000 Not licensed999 Unknown

001 Canceled or denied

002 Expired

003 Revoked

License Class

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

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

100 Valid

101 Learner's permit

000 Canceled or denied

001 Disqualified

002 Expired

003 Revoked

004 Suspended

098 Other (not valid)

970 Not applicable (no CDL)

999 Unknown

License Number

License State

Endorsements on License

☐ 000 None/not applicable

☐ 100 H - Hazardous materials

☐ 101 N - Tank vehicle

☐ 102 P - Passenger

☐ 103 S - School

☐ 104 T - Double/triple trailers

☐ 105 X - Combination of tank vehicle and hazardous materials

☐ 200 M - Motorcycle

☐ 298 Other non-commercial license endorsements

☒ 999 Unknown

Endorsement Compliance

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

999 - Unknown

Alcohol Interlock Presence

000 No

100 Yes

970 Not applicable

999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position

100

Restraint Systems Used

999

Air Bags Deployed

000 Not deployed

001 Not deployed - switch off

100 Front

101 Side

102 Curtain

103 Other (knee, air belt, etc.)

970 Not applicable

☒ 999 Deployment unknown

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

Any indication of improper use?

000 No

100 Yes

999 Unknown

CRASH REPORT - DRIVER INFORMATION

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

Motor Vehicle #	1					
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MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

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

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 1		Rev. 2023-1		Case #	Test Case Tracking - 8	Page	8	of	15	
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 Train	<input type="checkbox"/> Unknown	Type Rail	<input type="checkbox"/> Unknown	# of Engines 1	# of Cars 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 101 Asphalt 102 Wood 103 Concrete 104 Gravel	100 980 Other	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 Public 101 Private	100							
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 # 1	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Struck Car Type <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown						
Collision Type 100 Frontal 101 Side/backing		Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Distance Traveled After Impact <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> feet <input type="checkbox"/> miles		Estimated Speed Before Braking 88					
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		000	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		970 999 Unknown	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 Emmett Brown	<input type="checkbox"/> Unknown	Address 8 Eastwood Ravine Rd		<input type="checkbox"/> Unknown	Hill Valley	CA	90210			
		Street			City	State	Postal Code			
TRACK OWNER										
Name Biff Tannen	<input type="checkbox"/> Unknown	Address 9 Lyon Estates		<input type="checkbox"/> Unknown	Hill Valley	CA	90210			
		Street			City	State	Postal Code			
TRAIN ENGINEER										
Name Marty	<input type="checkbox"/> Unknown	<input type="checkbox"/> This train had no engineer		Certification Number McFly	<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 9303 Roslyndale Ave		Hill Valley		CA	90210	Phone Number 8880485416		<input type="checkbox"/> Not Collected		
Street		City		State	Postal Code					
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 100 Female 101 Male 999 Unknown	Age 53	Date of Birth 6/12/1968	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown		
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		Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement		EMS Response Agency Not applicable						
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown								
Facility Receiving Patient Not applicable										

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

2021000016

Train # 1		Rev. 2023-1		Case #	Test Case Tracking - 8	Page	9	of	15		
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 101 Asian or Pacific Islander		102 Black 103 White 980 Other		999 Unknown			
First		Middle		Last		Suffix					
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected					
9303 Roslyndale Ave						Hill Valley		CA 90210			
Street						City		State Postal Code			
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 Female 101 Male 999 Unknown		83		1/1/1938		100 Hispanic 101 Other than Hispanic 999 Unknown	
100 EMS 101 Fire				104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)							
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							
102 (B) Suspected Minor Injury		101 EMS ground									
103 (C) Possible Injury		200 Law enforcement									
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								102	
Mark		Hamill		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 980 Other		999 Unknown			
First		Middle		Last		Suffix					
Address <input checked="" type="checkbox"/> Unknown								Phone Number <input checked="" type="checkbox"/> Not Collected			
Street								City		State Postal Code	
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 Female 101 Male 999 Unknown		56				100 Hispanic 101 Other than Hispanic 999 Unknown	
100 EMS 101 Fire				104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)							
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							
102 (B) Suspected Minor Injury		101 EMS ground									
103 (C) Possible Injury		200 Law enforcement									
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								102											
John		Tencredy		100 American Indian or Alaska Native 101 Asian or Pacific Islander		102 Black 103 White 980 Other		999 Unknown													
First		Middle		Last		Suffix															
Address <input checked="" type="checkbox"/> Unknown								Phone Number <input checked="" type="checkbox"/> Not Collected													
Street								City		State Postal Code											
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 Female 101 Male 999 Unknown		66				100 Hispanic 101 Other than Hispanic 999 Unknown											
100 EMS 101 Fire				104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)																	
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																	
102 (B) Suspected Minor Injury		101 EMS ground																			
103 (C) Possible Injury		200 Law enforcement																			
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

Train # 2		Rev. 2023-1		Case #	Test Case Tracking - 8	Page	10	of	15
TRAIN INFORMATION									
Train Type 101 100 Railroad train 101 Streetcar	ID # <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Lead Engine # <input checked="" type="checkbox"/> Unknown	Serial # <input checked="" type="checkbox"/> Unknown	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					
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					
TRACK INFORMATION									
DOT Crossing # <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Crossing Surface 103 Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel	Present Warning Devices <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	Advance Warning Devices <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	Active Warning Devices <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 1	Speed Limit 35	Crossing Type 101 100 Public 101 Private							
COLLISION INFORMATION									
Train in Motion 100 000 No 100 Yes	Crossing Vehicle Interaction 102 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	Struck Car # <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Struck Car Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown dft						
Collision Type 100 100 Frontal 101 Side/backing		Struck Car Position <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Distance Traveled After Impact 500.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> miles	Estimated Speed Before Braking 77					
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		000	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	970 970 Not applicable 999 Unknown	Hazardous Materials Released from Train Cargo Compartment 970 000 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 Oscar Simmons	Address <input checked="" type="checkbox"/> Unknown Street City State Postal Code								
TRACK OWNER									
Name <input type="checkbox"/> Unknown Smith Jacob	Address <input checked="" type="checkbox"/> Unknown Street City State Postal Code								
TRAIN ENGINEER									
Name <input type="checkbox"/> Unknown Perry	<input type="checkbox"/> This train had no engineer Mathew		Certification Number 90210	Race 102 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown					
Address <input checked="" type="checkbox"/> Unknown Street City State Postal Code			Phone Number <input checked="" type="checkbox"/> Not Collected						
Incident Responder 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.)			000	Sex 101 100 Female 101 Male 999 Unknown	Age <input type="checkbox"/> Unknown 24	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 101 100 Hispanic 101 Other than Hispanic 999 Unknown		
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	100	Type of Medical Transportation 101 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	EMS Response Agency 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

2021000016

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

PASSENGER INFORMATION						
PASSENGER # 1						
Name <input type="checkbox"/> Unknown		Race 999 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown				
Mathew <small>First Middle Last Suffix</small>		Kudrow				
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected		
Incident Responder				000	Sex 999	Age <input checked="" type="checkbox"/> Unknown
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		100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status 104	Type of Medical Transportation 000	EMS Response Agency				
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	Not applicable				
		EMS Response Run # <input type="checkbox"/> Unknown				
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient				
		Not applicable				

PASSENGER # 2						
Name <input type="checkbox"/> Unknown		Race 999 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown				
Rashui <small>First Middle Last Suffix</small>		Perry				
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected		
Incident Responder				000	Sex 999	Age <input checked="" type="checkbox"/> Unknown
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		100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status 104	Type of Medical Transportation 000	EMS Response Agency				
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	Not applicable				
		EMS Response Run # <input type="checkbox"/> Unknown				
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient				
		Not applicable				

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

2021000016

Total # of Train Passengers 5		Rev. 2023-1		Case #	Test Case Tracking - 8	Page	12	of	15
PASSENGER INFORMATION									
TRAIN # 1 PASSENGER # 3									
Name <input type="checkbox"/> Unknown Tom Charles <small>First Middle Last Suffix</small>					Race 101 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other				
Address <input type="checkbox"/> Unknown 6351 Riverview Ln Baton Rouge LA 70545 <small>Street City State Postal Code</small>					Phone Number <input checked="" type="checkbox"/> Not Collected				
Incident Responder 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.)				000	Sex 101 100 Female 101 Male 999 Unknown	Age <input type="checkbox"/> Unknown 45	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 999 100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 103 100 (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 980 Other 100 EMS air 999 Unknown 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					
TRAIN # 1 PASSENGER # 4									
Name <input type="checkbox"/> Unknown Sara Patton <small>First Middle Last Suffix</small>					Race 103 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other				
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 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				000	Sex 100 100 Female 101 Male 999 Unknown	Age <input type="checkbox"/> Unknown 29	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 101 100 Hispanic 101 Other than Hispanic 999 Unknown	
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 980 Other 100 EMS air 999 Unknown 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					
TRAIN # 1 PASSENGER # 5									
Name <input type="checkbox"/> Unknown Samantha Musk <small>First Middle Last Suffix</small>					Race 103 100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 999 Unknown 980 Other				
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 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				000	Sex 100 100 Female 101 Male 999 Unknown	Age <input type="checkbox"/> Unknown 31	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 999 100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 103 100 (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 999 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Agency Unknown EMS Response Run # <input checked="" type="checkbox"/> Unknown					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient Unknown					

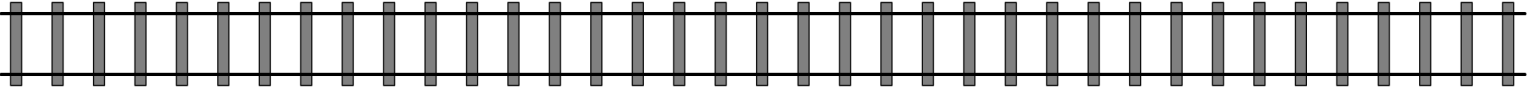
LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

2021000016

Total # of Train Passengers 5		Rev. 2023-1		Case #		Test Case Tracking - 8		Page	13	of	15
PASSENGER INFORMATION											
TRAIN # 1		PASSENGER # 6									
Name <input type="checkbox"/> Unknown Wilson Naquin <small>First Middle Last Suffix</small>				Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown				103			
Address <input type="checkbox"/> Unknown 754 College St Prairieville LA 70125 <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected							
Incident Responder 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.)				Sex 101 100 Female 101 Male 999 Unknown		Age <input type="checkbox"/> Unknown 14		Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity 100 100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 101 100 (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 100 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Agency Acadian Air Med 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 Sabine Medical Center							
TRAIN # 2		PASSENGER # 3									
Name <input type="checkbox"/> Unknown Jeremy Piven <small>First Middle Last Suffix</small>				Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown				999			
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 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Sex 999 100 Female 101 Male 999 Unknown		Age <input checked="" type="checkbox"/> Unknown		Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity 999 100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status 103 100 (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 980 Other 100 EMS air 999 Unknown 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							
TRAIN #		PASSENGER #									
Name <input type="checkbox"/> Unknown <small>First Middle Last Suffix</small>				Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown							
Address <input type="checkbox"/> Unknown <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected							
Incident Responder 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.)				Sex 100 Female 101 Male 999 Unknown		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown		Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	
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		Type of Medical Transportation 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Agency EMS Response Run # <input type="checkbox"/> Unknown							
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient							

Scene # 1	Rev. 2023-1	Case #	Test Case Tracking - 8	Page	14	of	15
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CRASH DIAGRAM



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.

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

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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.