

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 - 14 | Page 1 of 16 | | | | |
| Number of Motorists | 3 | Number of Non-Motorists | 0 | Non-Fatally Injured Persons | 1 | Fatalities | 2 | Total Injuries and Fatalities | 3 | Vehicles Involved | 2 | Troop | |
| Investigating Agency | | | Division | | Parish | | City | | Latitude | Longitude | | | |
| LSP (Troop A) | | | | | East Baton Rouge | | Baton Rouge | | 30.414479° N | 91.176122° 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 |
| 08/22/2021 2200 | 08/22/2021 2200 | 08/22/2021 2200 | 08/22/2021 2200 | 08/22/2021 2200 |

ROAD INFORMATION

| | |
|---|--|
| Highway <input checked="" type="checkbox"/> Not applicable | Road |
| | College Drive |
| Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable | Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection |
| | Burbank Drive |

LOCATION INFORMATION

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

INVESTIGATING OFFICER

| | | | | |
|---------|--------------|-------------|-----------|--------|
| Rank | First Name | Middle Name | Last Name | Suffix |
| Lt. | Christian | | Rodriguez | |
| Badge # | Printed Name | Signature | | |
| 1 | eric | <i>eric</i> | | |

CRASH CIRCUMSTANCES AND CONDITIONS

| | | | | | |
|---|-----|---|-----|--|---|
| First Harmful Event | 201 | Location of First Harmful Event | 104 | Manner of Crash | 300 |
| Non-Collision | | 100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown | | 000 Not a collision between two motor vehicles in transport 100 Angle - left overtake 101 Angle - left opposite direction 102 Angle - left into flow 103 Angle - right into flow 104 Angle - right overtake 105 Angle - perpendicular/other angle 500 Angle - left across flow 501 Angle - right across flow | 200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown |
| Collision with Non-Fixed Object | | Relation to Junction | 104 | Contributing Factor | Primary 100 Secondary 101 |
| 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 | | 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown | | 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable | |
| Collision with Fixed Object | | Intersection Geometry | 102 | School Bus Relation | 000 |
| 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 | | 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable | | 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved | |
| | | Intersection Traffic Control | 100 | | |
| | | 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable | | | |

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CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

| | | | | | | | | | | | |
|---------------------------|-----|---|-----|---------------------------------|-----|--|-----|--------------------------|-----|--------------------------------|-----|
| Work Zone Relation | 000 | Work Zone Location | 970 | Work Zone Type | 970 | Work Zone Circumstances | 970 | Worker(s) Present | 970 | Law Enforcement Present | 970 |
| 000 No | | 100 Before the first work zone warning sign | | 100 Lane closure | | 100 Back of queue | | 000 No | | 000 No | |
| 100 Yes | | 101 Advance warning area | | 101 Lane shift / crossover | | 101 Congestion (dense & slow traffic), typical | | 100 Yes | | 100 Yes | |
| 999 Unknown | | 102 Transition area | | 102 Work on shoulder or median | | 102 Heavy (dense & fast traffic) | | 970 Not applicable | | 970 Not applicable | |
| | | 103 Activity area | | 103 Intermittent or moving work | | 103 Congestion (dense & slow traffic), not typical | | 999 Unknown | | 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 | | | |
| <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 | 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

Motor Vehicle # 1
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DESCRIPTION AND INFORMATION

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

DAMAGE

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

MOTOR VEHICLE CIRCUMSTANCES

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

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
1

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MOTOR VEHICLE CIRCUMSTANCES

| | | | | | | | | |
|--|--|--|--|---|---|--------------------------|-------------------|-----|
| Skidmark Data (Feet) | | Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown | | Contributing Defects | | 000 | | |
| Front Left | Front Right | <input type="checkbox"/> Not applicable or measured | | 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 | | 000 | | |
| <input type="text"/> | <input type="text"/> | <input checked="" type="checkbox"/> Unknown | | | | | | |
| Rear Left | Rear Right | <input type="text"/> | | Vehicle Lighting | | 100 | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | 000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown | | | | |
| Traffic Control Device Types and Statuses | | | | | | | | |
| Traffic Control Device Types | | Devices Present | Devices Inoperative or Missing | Automation System Level Present | | | 000 | |
| 000 None | 300 Flashing railroad crossing (may include gates) | 1 305 | 1 000 | 000 No automation | | | 000 | |
| 100 Person (including flagger, law enforcement, crossing guard, etc) | 301 Flashing school zone signal | 2 401 | 2 | 100 Driver assistance | | | | |
| 200 Bicycle crossing sign | 302 Flashing traffic control signal | 3 203 | 3 | 101 Partial automation | | | | |
| 201 Curve Ahead warning sign | 303 Lane use control signal | 4 206 | 4 | 102 Conditional automation | | | | |
| 202 Intersection Ahead warning sign | 304 Ramp meter signal | | | 103 High automation | | | | |
| 203 Pedestrian crossing sign | 305 Traffic control signal | | | 104 Full automation | | | | |
| 204 Railroad crossing sign | 398 Other signal | | | 199 Automation level unknown | | | | |
| 205 Reduce Speed Ahead warning sign | 400 Bicycle crossing | | | 999 Unknown | | | | |
| 206 School zone sign | 401 Pedestrian crossing | | | Automation System Level Engaged | | | | 000 |
| 207 Stop sign | 402 Railroad crossing | | | 000 No automation | | | | |
| 208 Yield sign | 403 School zone | | | 100 Driver assistance | | | | |
| 298 Other warning sign | 404 Yellow no passing line | | | 101 Partial automation | | | | |
| 980 Other | 405 White or yellow dash line | | | 102 Conditional automation | | | | |
| | 406 Solid white lane line | | | 103 High automation | | | | |
| | 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) | | | 104 Full automation | | | | |
| | 999 Unknown | | | 199 Automation level unknown | | | | |
| | | | | 999 Unknown | | | | |
| Trafficway Division | | 000 | Barrier Type | 000 | HOV Lane Presence | | 000 | |
| 000 Not divided | | | 000 None | | 000 None present | | 000 No 100 Yes | |
| 001 Not divided, with a continuous left turn lane | | | 100 Cable barrier | | 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median | | | |
| 100 Divided, flush median (greater than 4 ft wide) | | | 101 Concrete barrier (e.g. Jersey barrier) | | 101 Not separated, painted pavement markings, post-mounted delineators | | | |
| 101 Divided, raised median (curbed) | | | 102 Earth embankment | | | | | |
| 102 Divided, depressed median | | | 103 Guardrail | | | | | |
| 999 Unknown | | | 980 Other | | | | | |
| Roadway Grade | Number of Through Lanes | Number of Auxiliary Lanes | Roadway Alignment | Permitted Travel | Speed Limit | HOV Lane Relation | | |
| 100 Level | 2 | 0 | 100 Straight | 100 One-way | 45 | 000 No 100 Yes | | |
| 101 Uphill | | | 101 Curve left | 200 Two-way | | | | |
| 102 Hillcrest | | | | | <input type="checkbox"/> Unknown | | | |
| 103 Downhill | | | | | <input type="checkbox"/> N/A | | | |
| 104 Sag (bottom) | | | 102 Curve right | | | | | |

MOTOR VEHICLE EVENTS

| | | | | | | |
|---------------------------|-------|---|---|---|---------------------------|-----|
| Sequence of Events | 1 201 | 2 | 3 | 4 | Most Harmful Event | 201 |
|---------------------------|-------|---|---|---|---------------------------|-----|

| | | | |
|---|---|---|--|
| Non-Harmful Events | | Collision with Fixed Object | |
| 000 Cross centerline | 005 Ran off roadway left | 300 Collision with bridge overhead structure | 396 Collision with other post,pole,or support |
| 001 Cross median | 006 Ran off roadway right | 301 Collision with bridge pier or support | 397 Collision with other traffic barrier |
| 002 End departure (T-intersection, dead-end, etc.) | 007 Reentering roadway | 302 Collision with bridge rail | 398 Collision with other fixed object (wall, building, tunnel, etc.) |
| 003 Downhill runaway | 008 Separation of units | 303 Collision with cable barrier | 399 Collision with unknown fixed object |
| 004 Equipment failure (blown tire, brake failure, etc.) | 098 Other non-harmful event | 304 Collision with concrete traffic barrier | |
| Non-Collision Events | | Collision with Person / Vehicle / Non-Fixed Object | |
| 100 Cargo/equipment loss or shift | 200 Collision with animal (live) | 305 Collision with culvert | |
| 101 Fell/jumped from motor vehicle | 201 Collision with motor vehicle in transport | 306 Collision with curb | |
| 102 Fire/explosion | 202 Collision with parked motor vehicle | 307 Collision with ditch | |
| 103 Immersion, full or partial | 203 Collision with pedalcycle (including bicycles) | 308 Collision with embankment | |
| 104 Jackknife | 204 Collision with pedestrian | 309 Collision with fence | |
| 105 Overturn/rollover | 205 Collision with railway vehicle (train, engine) | 310 Collision with guardrail end terminal | |
| 106 Thrown or falling object | 206 Collision with object at rest from MV in transport | 311 Collision with guardrail face | |
| 198 Other non-collision harmful event | 207 Collision with falling, shifting cargo, or anything set in motion by MV | 312 Collision with impact attenuator/crash cushion | |
| | 208 Collision with work zone/maintenance equipment | 313 Collision with mailbox | |
| | 209 Collision with farm equipment | 314 Collision with traffic sign support | |
| | 297 Collision with other non-motorist | 315 Collision with traffic signal support | |
| | 298 Collision with other non-fixed object | 316 Collision with tree (standing) | |
| | | 317 Collision with utility pole/light support | |

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
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COMMERCIAL MOTOR VEHICLE INFORMATION

| | | |
|---|---|--|
| Vehicle Configuration 000 | | Hazardous Materials Placard 000 |
| 000 Vehicles 10,000 lbs or less | 300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) | 999 Unknown |
| 100 Vehicles 10,000 lbs or less placarded for hazardous materials | 301 Single-unit truck (3 or more axles) | |
| | 302 Truck pulling trailer(s) | |
| | 303 Truck tractor (bobtail) | |
| | 304 Truck tractor/semi-trailer | |
| 200 Bus/large van (seats 9-15 occupants, including driver) | 305 Truck tractor/double | |
| 201 Bus (seats more than 15 occupants, including driver) | 306 Truck tractor/triple | |
| | 307 Truck more than 10,000 lbs., cannot classify | |

| | | |
|----------------------------|---|----------------------------------|
| Cargo Body Type 970 | Special Sizing | Hazardous Material ID N/A |
| 000 No cargo body | <input checked="" type="checkbox"/> 000 No special sizing | |
| 100 Bus | <input type="checkbox"/> 100 Over-height | |
| 101 Auto transporter | <input type="checkbox"/> 101 Over-length | |
| 102 Cargo tank | <input type="checkbox"/> 102 Over-weight | |
| 103 Concrete mixer | <input type="checkbox"/> 103 Over-width | |
| 104 Dump | <input type="checkbox"/> 999 Unknown | |
| 970 Not applicable | | |

| | | | |
|---|---|---|--|
| Load Permitted 970 | Number of Axles <input type="checkbox"/> Unknown | Motor Carrier Type 000 | Motor Carrier Identification 970 |
| 000 Non-permitted load | | 000 Personal vehicle | 100 US DOT number |
| 100 Permitted load | | 001 Not in commerce: government | 101 State number |
| | | 002 Not in commerce: personal rental truck or bus | 970 Not applicable |
| 970 Not applicable (not a qualifying vehicle) | | 098 Not in commerce: other | 999 Unknown/unable to determine |
| 999 Unknown | | 100 Interstate carrier | Motor Carrier Name <input type="checkbox"/> Unknown |
| | | 101 Intrastate carrier | Motor Carrier ID Number |
| | | State _____ | |

| | |
|---|--|
| Motor Carrier Address <input type="checkbox"/> Unknown | Motor Carrier Phone Number <input type="checkbox"/> Unknown |
| Street _____ | City _____ State _____ Postal Code _____ |

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

TRAILER INFORMATION

TRAILER #

| | |
|---|---|
| VIN <input type="checkbox"/> Unknown | Number of Axles <input type="checkbox"/> Unknown |
| Year <input type="checkbox"/> Unknown | Make <input type="checkbox"/> Unknown |
| Model <input type="checkbox"/> Unknown | |
| License Plate <input type="checkbox"/> Missing | <input type="checkbox"/> Non-expiring |
| State _____ <input type="checkbox"/> Unknown | Number _____ <input type="checkbox"/> Unknown |
| Year _____ | <input type="checkbox"/> Unknown |

TRAILER INFORMATION

TRAILER #

| | |
|---|---|
| VIN <input type="checkbox"/> Unknown | Number of Axles <input type="checkbox"/> Unknown |
| Year <input type="checkbox"/> Unknown | Make <input type="checkbox"/> Unknown |
| Model <input type="checkbox"/> Unknown | |
| License Plate <input type="checkbox"/> Missing | <input type="checkbox"/> Non-expiring |
| State _____ <input type="checkbox"/> Unknown | Number _____ <input type="checkbox"/> Unknown |
| Year _____ | <input type="checkbox"/> Unknown |

TRAILER INFORMATION

TRAILER #

| | |
|---|---|
| VIN <input type="checkbox"/> Unknown | Number of Axles <input type="checkbox"/> Unknown |
| Year <input type="checkbox"/> Unknown | Make <input type="checkbox"/> Unknown |
| Model <input type="checkbox"/> Unknown | |
| License Plate <input type="checkbox"/> Missing | <input type="checkbox"/> Non-expiring |
| State _____ <input type="checkbox"/> Unknown | Number _____ <input type="checkbox"/> Unknown |
| Year _____ | <input type="checkbox"/> Unknown |

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
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| DRIVER INFORMATION | | | |
|--|--|--|---|
| Name <input type="checkbox"/> Unknown | | Age <input type="checkbox"/> Unknown | Sex <input type="checkbox"/> 100 |
| Jessica Jones | | 24 | 100 Female 101 Male 999 Unknown |
| Address <input type="checkbox"/> Unknown | | Phone Number <input checked="" type="checkbox"/> Not Collected | |
| 1111 Street Ln Baton Rouge LA 70808 | | | |
| Incident Responder | | Date of Birth <input type="checkbox"/> Unknown | Ethnicity <input type="checkbox"/> 999 |
| 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | | 11/26/1996 | 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown |

| DRIVER LICENSE INFORMATION | | | |
|---|--|---|---|
| License Status <input type="checkbox"/> 100 | License Class <input type="checkbox"/> 400 | Driver License Type <input type="checkbox"/> 100 | Commercial Driver License Status <input type="checkbox"/> 970 |
| 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked | 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable | 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable | 100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown |
| License Number 0123456789 | License State LA | Endorsements on License <input checked="" type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown | |
| Endorsement Compliance <input type="checkbox"/> 000 | | Restrictions on License <input type="checkbox"/> 000 - None | |
| 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 | | Alcohol Interlock Presence <input type="checkbox"/> 970 | |
| | | 000 No 970 Not applicable 100 Yes 999 Unknown | |

| DRIVER SEATING AND SAFETY INFORMATION | | | |
|---|--|--|---|
| Seating Position <input type="checkbox"/> 100 | | Restraint Systems Used <input type="checkbox"/> 105 | |
| Standard Vehicle Seats | | 001 None used - motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 999 Unknown | |
| Other Seating Positions | | 100 Booster seat 200 DOT-compliant motorcycle helmet 101 Child restraint system - forward facing 201 Not DOT-compliant motorcycle helmet 102 Child restraint system - rear facing 299 Unknown if DOT-compliant motorcycle helmet 103 Child restraint system - type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used - type unknown | |
| 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown | | Any indication of improper use? <input type="checkbox"/> 000 000 No 100 Yes 999 Unknown | |
| Air Bags Deployed | | Ejection <input type="checkbox"/> 101 | Extrication <input type="checkbox"/> 000 |
| <input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.) | | 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown | 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown |

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
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MEDICAL INFORMATION

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

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

DRIVER CONDITION AND CIRCUMSTANCES

| | | | |
|--|--|--|--|
| Conditions at Time of Crash 000 | Distraction Action 000 | Distraction Source 970 | Speeding Relation 000 |
| 000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown | 000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction | 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown | 000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown |
| | | Vision Obscurement 000 | |
| | | 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building 105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown | |

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

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

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 2
Case # Test Case Tracking - 14 Page 8 of 16

DESCRIPTION AND INFORMATION

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

DAMAGE TOWING

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

MOTOR VEHICLE CIRCUMSTANCES

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

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
2

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COMMERCIAL MOTOR VEHICLE INFORMATION

| | | | |
|---|---|--|--|
| Vehicle Configuration 999 | | Hazardous Materials Placard 999 | |
| 000 Vehicles 10,000 lbs or less | 300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) 999 Unknown | 000 Had no placard and not carrying hazardous materials | |
| 100 Vehicles 10,000 lbs or less placarded for hazardous materials | 301 Single-unit truck (3 or more axles) | 001 Had a placard, not carrying hazardous materials | |
| | 302 Truck pulling trailer(s) | 100 Carried hazardous material that required placarding | |
| | 303 Truck tractor (bobtail) | 200 Carried hazardous materials without placard 999 Unknown | |
| | 304 Truck tractor/semi-trailer | Hazardous Material ID N/A | |
| 200 Bus/large van (seats 9-15 occupants, including driver) | 305 Truck tractor/double | Hazardous Material Class 970 | |
| 201 Bus (seats more than 15 occupants, including driver) | 306 Truck tractor/triple | 1 Explosives 970 Not applicable | |
| | 307 Truck more than 10,000 lbs., cannot classify | 2 Gas 999 Unknown | |
| | | 3 Flammable liquids | |
| | | 4 Other flammable substances | |
| | | 5 Oxidizing substances and organic peroxides | |
| | | 6 Toxic (poisonous) and infectious substances | |
| | | 7 Radioactive material | |
| | | 8 Corrosives | |
| | | 9 Miscellaneous dangerous goods | |
| Cargo Body Type 999 | Special Sizing | Hazardous Materials Released from Vehicle Cargo Compartment 970 | |
| 000 No cargo body | <input type="checkbox"/> 000 No special sizing | 000 No, hazardous materials not released | |
| 100 Bus | <input type="checkbox"/> 100 Over-height | 100 Yes, hazardous materials released | |
| 101 Auto transporter | <input type="checkbox"/> 101 Over-length | 970 Not applicable | |
| 102 Cargo tank | <input type="checkbox"/> 102 Over-weight | Motor Carrier Name <input type="checkbox"/> Unknown | |
| 103 Concrete mixer | <input type="checkbox"/> 103 Over-width | Motor Carrier ID Number | |
| 104 Dump | <input checked="" type="checkbox"/> 999 Unknown | | |
| 970 Not applicable | | | |
| 980 Other | | | |
| 999 Unknown | | | |

| | | | |
|---|--|---|---|
| Load Permitted 999 | Number of Axles <input checked="" type="checkbox"/> Unknown | Motor Carrier Type 000 | Motor Carrier Identification 970 |
| 000 Non-permitted load | | 000 Personal vehicle | 100 US DOT number |
| 100 Permitted load | | 001 Not in commerce: government | 101 State number |
| | | 002 Not in commerce: personal rental truck or bus | 970 Not applicable |
| 970 Not applicable (not a qualifying vehicle) | | 098 Not in commerce: other | 999 Unknown/unable to determine |
| 999 Unknown | | 100 Interstate carrier | State _____ |
| | | 101 Intrastate carrier | |

| | |
|---|--|
| Motor Carrier Address <input type="checkbox"/> Unknown | Motor Carrier Phone Number <input type="checkbox"/> Unknown |
| Street _____ | City _____ State _____ Postal Code _____ |

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

TRAILER INFORMATION

TRAILER #

| | |
|---|---|
| VIN <input type="checkbox"/> Unknown | Number of Axles <input type="checkbox"/> Unknown |
| Year <input type="checkbox"/> Unknown | Make <input type="checkbox"/> Unknown |
| Model <input type="checkbox"/> Unknown | |
| License Plate <input type="checkbox"/> Missing | <input type="checkbox"/> Non-expiring |
| State _____ <input type="checkbox"/> Unknown | Number _____ <input type="checkbox"/> Unknown |
| Year _____ | <input type="checkbox"/> Unknown |

TRAILER INFORMATION

TRAILER #

| | |
|---|---|
| VIN <input type="checkbox"/> Unknown | Number of Axles <input type="checkbox"/> Unknown |
| Year <input type="checkbox"/> Unknown | Make <input type="checkbox"/> Unknown |
| Model <input type="checkbox"/> Unknown | |
| License Plate <input type="checkbox"/> Missing | <input type="checkbox"/> Non-expiring |
| State _____ <input type="checkbox"/> Unknown | Number _____ <input type="checkbox"/> Unknown |
| Year _____ | <input type="checkbox"/> Unknown |

TRAILER INFORMATION

TRAILER #

| | |
|---|---|
| VIN <input type="checkbox"/> Unknown | Number of Axles <input type="checkbox"/> Unknown |
| Year <input type="checkbox"/> Unknown | Make <input type="checkbox"/> Unknown |
| Model <input type="checkbox"/> Unknown | |
| License Plate <input type="checkbox"/> Missing | <input type="checkbox"/> Non-expiring |
| State _____ <input type="checkbox"/> Unknown | Number _____ <input type="checkbox"/> Unknown |
| Year _____ | <input type="checkbox"/> Unknown |

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
2

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DRIVER INFORMATION

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

DRIVER LICENSE INFORMATION

| | | | | | |
|---|----------------------|---|--|---|--|
| License Status 999 | | License Class 970 | Driver License Type 970 | Commercial Driver License Status 970 | |
| 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked | | 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable | 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable | 100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown | |
| License Number | License State | Endorsements on License | | | |
| | | Endorsement Compliance 999 | | Restrictions on License | |
| | | 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 | | 999 - Unknown | |
| | | <input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input checked="" type="checkbox"/> 999 Unknown | | Alcohol Interlock Presence 970 000 No 970 Not applicable 100 Yes 999 Unknown | |

DRIVER SEATING AND SAFETY INFORMATION

| Seating Position 100 | | | | | Restraint Systems Used 999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------|--------|-------|-----|--|--|--|--|--|-----|------|--------|-------|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|--|--|
| Standard Vehicle Seats | | | | | Other Seating Positions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table> | | | | | Front | | | | | Row | Left | Middle | Right | Unk | 1 | 100 | 101 | 102 | 199 | 2 | 200 | 201 | 202 | 299 | 3 | 300 | 301 | 302 | 399 | 4 | 400 | 401 | 402 | 499 | Oth | 500 | 501 | 502 | 599 | Unk | 600 | 601 | 602 | 699 | 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown | | | | |
| Front | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Row | Left | Middle | Right | Unk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 100 | 101 | 102 | 199 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 200 | 201 | 202 | 299 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 300 | 301 | 302 | 399 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 400 | 401 | 402 | 499 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oth | 500 | 501 | 502 | 599 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unk | 600 | 601 | 602 | 699 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 100 Booster seat 200 DOT-compliant motorcycle helmet 101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet 102 Child restraint system – rear facing 299 Unknown if DOT-compliant motorcycle helmet 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Any indication of improper use? 999 000 No 100 Yes 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Bags Deployed | | | | | Ejection 999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.) | | | | | <input type="checkbox"/> 970 Not applicable <input checked="" type="checkbox"/> 999 Deployment unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Extrication 000 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle # 2

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MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

Driver condition and circumstances section including Conditions at Time of Crash, Distraction Action, Distraction Source, Vision Obscurement, Suspected Alcohol Usage, Alcohol Test Type, Alcohol Test Results, BAC, Suspected Drug Usage, Drug Test Type, and Drug Test Results.

DRIVER ACTIONS

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

CITATIONS

Citations section for recording any applicable citations.

LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

Total # of Passengers 1

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PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 1

Form for Passenger 1: Name (Unknown), Date of Birth (12/25/1995), Age (25), Sex (101 Female), Race (103), Address (1111 Street Ln, Baton Rouge, LA 70808), Air Bags Deployed (000 Not deployed), Injury Status (100), Incident Responder (000), Restraint System (105), Any indication of improper use? (000 No), Seating Position (102), Ejection (101), Extrication (000).

Form for Passenger 2: Name (Unknown), Date of Birth, Age, Sex (100 Female), Race, Address, Air Bags Deployed, Injury Status, Incident Responder, Restraint System, Any indication of improper use?, Seating Position, Ejection, Extrication.

Form for Passenger 3: Name (Unknown), Date of Birth, Age, Sex (100 Female), Race, Address, Air Bags Deployed, Injury Status, Incident Responder, Restraint System, Any indication of improper use?, Seating Position, Ejection, Extrication.

PASSENGER CODES

Table of Passenger Codes including Injury Status, Ejection, Extrication, Restraint Systems, Seating Position, Race, Ethnicity, Incident Responder, and Type of Medical Transportation.

DIAGRAM

Scene #

1

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Case #

Test Case Tracking - 14

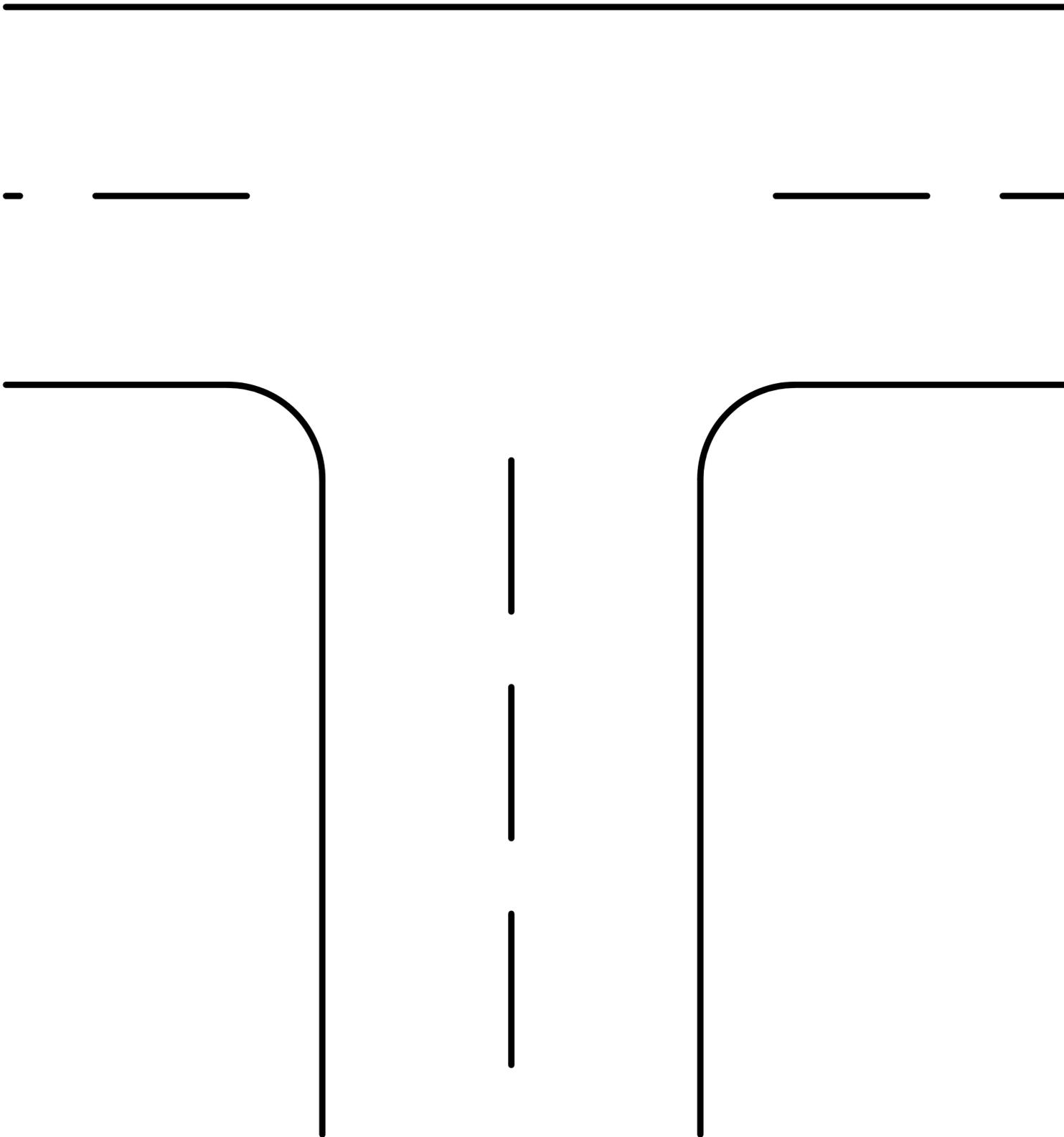
Page

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16

CRASH DIAGRAM



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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LOUISIANA UNIFORM CRASH REPORT NARRATIVE

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CRASH NARRATIVE

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 Disclaimer: All information below this line is auto-generated from report data.
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This report was reassigned to Eric Newman.