

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

2021000021

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1		Case #		Test Case Tracking - 12		Page 1 of 13	
Number of Motorists 1		Number of Non-Motorists 2		Non-Fatally Injured Persons 1		Fatalities 3		Total Injuries and Fatalities 4		Vehicles Involved 1		Troop A	
Investigating Agency CARTS LSU				Division		Parish Natchitoches		City Rural Natchitoches		Latitude 31.703789° N		Longitude 93.293452° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/25/2021 1200		Police Notified Date/Time 08/25/2021 1201		Police Arrived Date/Time 08/25/2021 1202		Roadway Cleared Date/Time 08/25/2021 1203		On Scene Investigation Completed Date/Time 08/25/2021 1204					
ROAD INFORMATION													
Highway <input type="checkbox"/> Not applicable LA Highway 485				Road STATE RTE 485									
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 0.2 mi North				Intersecting Road <input type="checkbox"/> Crash was at an intersection HWY 6									
LOCATION INFORMATION													
Road Classification 102		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 1		Traffic Flow Direction N			
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				Relation to Junction 000		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 970		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 970		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 000	Light Condition 100	Weather Conditions 000	Environmental Conditions 000
000 Dry 100 Ice/Frost 101 Mud, dirt, gravel 102 Oil 103 Sand 104 Slush 105 Snow 106 Water (standing,moving) 107 Wet 980 Other 999 Unknown	100 Daylight 200 Dawn/dusk 300 Dark - continuous street lights 301 Dark - street lights at intersection only 302 Dark - not lighted 399 Dark - unknown lighting 980 Other 999 Unknown	000 Clear 100 Blowing sand, soil, dirt 101 Blowing snow 102 Cloudy 103 Fog, smog, smoke 104 Freezing rain or freezing drizzle 105 Rain 106 Severe crosswinds 107 Sleet or hail 108 Snow 980 Other 999 Unknown	000 None 100 Animal(s) 101 Debris 102 Glare 103 Non-highway work 104 Obstructed crosswalks 105 Obstruction in roadway 106 Overhead clearance limited 107 Prior crash 108 Prior non-recurring incident 109 Regular congestion 110 Related to a bus stop 111 Road surface condition (wet, icy, snow, slush, etc.) 112 Ruts, holes, bumps 113 Shoulders (none, low, soft, high) 114 Toll booth/plaza related 115 Traffic control device 116 Traffic incident 117 Visual obstruction(s) 118 Weather conditions 119 Work zone (construction/maintenance/utility) 120 Worn, travel-polished surface 980 Other 999 Unknown

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
IT	Eric		Newman	

WITNESS #

WITNESS #

Name	Name
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

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

Motor Vehicle # 1		VEHICLE DESCRIPTION		Case #	Test Case Tracking - 12	Page 3 of 13
DESCRIPTION AND INFORMATION						
<div>Check if this vehicle had no driver</div> <div><input type="checkbox"/></div>		<div>Hit and Run</div> <div>000 No, did not leave scene</div> <div>100 Yes, driver and vehicle left scene</div> <div>101 Yes, only driver left scene</div>		<div>Vehicle Type</div> <div>100 Motor vehicle in transport</div> <div>101 Parked motor vehicle</div> <div>102 Working vehicle / equipment</div>		<div>Vehicle Body Type</div> <div>Passenger Vehicles</div> <div>100 Passenger car</div> <div>101 Passenger van / Minivan (less than 9 seats)</div> <div>102 (Sport) utility vehicle</div> <div>103 Pickup</div> <div>104 Cargo van</div>
VIN				<div>Unknown</div>		
<div>Model Year</div> <div>Unknown</div>		<div>Make</div> <div>Unknown</div>		<div>Model</div> <div>Unknown</div>		<div>Color</div> <div>Unknown</div>
<div>License Plate</div> <div>Missing</div> <div>State</div> <div>Unknown</div> <div>Number</div> <div>Unknown</div> <div>Year</div> <div>Unknown</div>				<div>Non-expiring</div> <div>Cycle / Off Road / Recreation</div> <div>300 2-wheeled motorcycle</div> <div>301 3-wheeled motorcycle</div> <div>302 Moped or motorized bicycle</div> <div>303 All-terrain vehicle / all-terrain cycle (ATV / ATC)</div> <div>304 Golf Cart</div> <div>305 Snowmobile</div> <div>306 Low Speed Vehicle</div> <div>307 Recreational off-highway vehicles (ROV)</div> <div>308 Autocycle</div>		
<div>Owner Name</div> <div>Same as driver</div> <div>Unknown</div>				<div>Trucks</div> <div>400 Single unit truck</div> <div>401 Truck tractor</div> <div>498 Other truck</div>		
<div>Owner Address</div> <div>Same as driver</div> <div>Unknown</div>				<div>Large Passenger Vehicle</div> <div>500 Motor home</div> <div>501 Passenger van (9-15 seats)</div> <div>502 Passenger van (16+ seats)</div> <div>503 Large limo</div> <div>504 Mini-bus</div> <div>505 School bus</div> <div>506 Transit bus</div> <div>507 Motorcoach</div> <div>598 Other bus / large passenger vehicle</div> <div>Other</div> <div>980 Other</div> <div>999 Unknown</div>		
DAMAGE						
<div>Damage Extent</div> <div>990</div> <div>000 None</div> <div>100 Minor damage</div> <div>101 Functional damage</div> <div>102 Disabling damage</div> <div>990 Vehicle not at scene</div>		<div>Initial Point of Contact</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>5</div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div>000 Non-collision</div> <div>001 Vehicle not at scene</div> <div>100 Top</div> <div>113 Undercarriage</div> <div>114 Cargo Loss</div> <div>999 Unknown</div>		<div>Damaged Areas</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>5</div> <div>4</div> <div>3</div> <div>2</div> <div>1</div> <div>001 Vehicle not at scene</div> <div>002 No damage</div> <div>100 Top</div> <div>113 Undercarriage</div>		<div>Tow Status</div> <div>000</div> <div>000 Not towed</div> <div>100 Towed, but not due to disabling damage</div> <div>101 Towed (or will be towed) due to disabling damage</div> <div>Towed By</div> <div>Unknown</div>
TOWING						
<div>Tow Authority</div> <div>970</div> <div>100 Owner</div> <div>101 Law enforcement</div> <div>970 Not applicable</div> <div>980 Other</div>						
MOTOR VEHICLE CIRCUMSTANCES						
<div>Vehicle Usage</div> <div>999</div> <div>000 No special function</div> <div>100 Bus - school (public or private)</div> <div>101 Bus - childcare / daycare</div> <div>102 Bus - transit / commuter</div> <div>103 Bus - charter / tour</div> <div>104 Bus - intercity</div> <div>105 Bus - shuttle</div> <div>198 Bus - other</div> <div>200 Farm vehicle</div> <div>201 Fire truck</div> <div>202 Highway / maintenance</div> <div>203 Mail carrier</div> <div>204 Military</div> <div>205 Ambulance</div> <div>206 Police</div> <div>207 Public utility</div> <div>208 Non-transport emergency services vehicle</div> <div>209 Safety service patrols - incident response</div> <div>210 Other incident response</div> <div>211 Rental truck (over 10,000 lbs)</div> <div>212 Towing - incident response</div> <div>213 Truck acting as crash attenuator</div> <div>214 Taxi</div> <div>215 Vehicle used for electronic ride-hailing (transportation network company)</div>		<div>Vehicle Maneuver</div> <div>999</div> <div>100 Movements essentially straight ahead</div> <div>101 Backing</div> <div>102 Changing lanes</div> <div>103 Making U-turn</div> <div>104 Negotiating a curve</div> <div>105 Overtaking / passing</div> <div>106 Turning left</div> <div>107 Turning right</div> <div>108 Traveling wrong way</div> <div>Vehicle Maneuver Reason</div> <div>000 Normal movement</div> <div>100 To avoid other vehicle</div> <div>101 To avoid non-motorist</div> <div>102 To avoid animal</div> <div>198 To avoid other object</div> <div>200 Passing</div> <div>201 Vehicle out of control, not passing</div> <div>202 Vehicle out of control, passing</div> <div>203 For traffic control</div> <div>204 Due to congestion</div> <div>205 Due to prior crash (collision)</div> <div>206 Due to driver condition</div> <div>207 Due to driver violation</div> <div>208 Due to vehicle condition (failure)</div> <div>209 Due to pavement condition</div> <div>210 High wind</div> <div>980 Other</div> <div>999 Unknown</div>	<div>Direction of Travel Before Crash</div> <div>999</div> <div>000 Not on roadway</div> <div>001 In roadway but not in motion</div> <div>100 Northbound</div> <div>300 Eastbound</div> <div>500 Southbound</div> <div>700 Westbound</div> <div>999 Unknown</div>			

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VEHICLE INFORMATION

2021000021

Motor Vehicle #		Rev. 2023-1		Case #		Test Case Tracking - 12		Page 4 of 13	
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
Front Left <input type="text"/> Front Right <input type="text"/> <input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown			Vehicle Lighting 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			
Rear Left <input type="text"/> Rear Right <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				
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) 980 Other 999 Unknown		1 <input type="text"/> 204 2 <input type="text"/> 402 3 <input type="text"/> 4 <input type="text"/> Traffic Signal Status 970 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		1 <input type="text"/> 000 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> Automation System Level Present 199 000 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 199 000 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			Barrier Type						
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			101 000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other		000				
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)		2		0		100 Straight 101 Curve left 102 Curve right		100 One-way 200 Two-way Speed Limit 35 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
								HOV Lane Presence 000	
								000 No 100 Yes	
								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	
MOTOR VEHICLE EVENTS									
Sequence of Events 1 <input type="text"/> 205 2 <input type="text"/> 203 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				
005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event					300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support				
300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support					396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				
Non-Collision Events					Collision with Person / Vehicle / Non-Fixed Object				
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event					200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (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				

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VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2023-1		Case #	Test Case Tracking - 12	Page	5	of	13			
COMMERCIAL MOTOR VEHICLE INFORMATION												
Vehicle Configuration				000	Hazardous Materials Placard					000		
000 Vehicles 10,000 lbs or less				300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown					000 Had no placard and not carrying hazardous materials		
100 Vehicles 10,000 lbs or less placarded for hazardous materials				301 Single-unit truck (3 or more axles)						001 Had a placard, not carrying hazardous materials		
200 Bus/large van (seats 9-15 occupants, including driver)				302 Truck pulling trailer(s)						100 Carried hazardous material that required placarding		
201 Bus (seats more than 15 occupants, including driver)				303 Truck tractor (bobtail)						200 Carried hazardous materials without placard	999 Unknown	
				304 Truck tractor/semi-trailer						Hazardous Material ID N/A		
				305 Truck tractor/double						Hazardous Material Class		970
				306 Truck tractor/triple						1 Explosives	970 Not applicable	
				307 Truck more than 10,000 lbs., cannot classify						2 Gas	999 Unknown	
Cargo Body Type				970	Special Sizing							
000 No cargo body					<input checked="" type="checkbox"/> 000 No special sizing							
100 Bus				105 Flatbed	<input type="checkbox"/> 100 Over-height							
101 Auto transporter				106 Garbage / refuse	<input type="checkbox"/> 101 Over-length							
102 Cargo tank				107 Grain / chips / gravel	<input type="checkbox"/> 102 Over-weight							
103 Concrete mixer				108 Intermodal container chassis	<input type="checkbox"/> 103 Over-width							
104 Dump				109 Log	<input type="checkbox"/> 999 Unknown							
110 Pole trailer												
111 Van / enclosed box												
112 Vehicle towing another vehicle												
970 Not applicable				980 Other								
999 Unknown												
Load Permitted		970	Number of Axles			Motor Carrier Type		000	Motor Carrier Identification		970	
000 Non-permitted load			<input type="checkbox"/> Unknown			000 Personal vehicle			100 US DOT number			
100 Permitted load						001 Not in commerce: government			101 State number			
970 Not applicable (not a qualifying vehicle)						002 Not in commerce: personal rental truck or bus			970 Not applicable			
999 Unknown						098 Not in commerce: other			999 Unknown/unable to determine			
						100 Interstate carrier			Motor Carrier Name		<input type="checkbox"/> Unknown	
						101 Intrastate carrier			Motor Carrier ID Number			
						State						
Motor Carrier Address										Motor Carrier Phone Number		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Street										City		
State										Postal Code		
GVWR/GCWR		970	Commodity Hauled									
100 Light (less than 10,000 lbs.GVWR/GCWR)												
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)												
102 Heavy (greater than 26,000 lbs GVWR/GCWR)												
970 Not applicable (not a qualifying vehicle)												
999 Unknown												
TRAILER INFORMATION										TRAILER #		
VIN										Number of Axles		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Year		Make		Model								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
License Plate										<input type="checkbox"/> Non-expiring		
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown		
State		Number		Year								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
TRAILER INFORMATION										TRAILER #		
VIN										Number of Axles		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Year		Make		Model								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
License Plate										<input type="checkbox"/> Non-expiring		
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown		
State		Number		Year								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
TRAILER INFORMATION										TRAILER #		
VIN										Number of Axles		
<input type="checkbox"/> Unknown										<input type="checkbox"/> Unknown		
Year		Make		Model								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								
License Plate										<input type="checkbox"/> Non-expiring		
<input type="checkbox"/> Missing										<input type="checkbox"/> Unknown		
State		Number		Year								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown								

Motor Vehicle # 1		DRIVER INFORMATION		Case #	Test Case Tracking - 12	Page	6	of	13		
DRIVER INFORMATION											
Name <input checked="" type="checkbox"/> Unknown				Age <input checked="" type="checkbox"/> Unknown	Sex	999	Race			999	
					100 Female 101 Male 999 Unknown		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown				
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input checked="" type="checkbox"/> Not Collected							
Incident Responder				999	Date of Birth		<input checked="" type="checkbox"/> Unknown	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						
<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		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						
					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		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 999 Unknown							
Front		700 Unenclosed cargo area		100 Booster seat 200 DOT-compliant motorcycle helmet							
Row	Left	Middle	Right	Unk	101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet						
1	100	101	102	199	102 Child restraint system – rear facing 299 Unknown if DOT-compliant motorcycle helmet						
2	200	201	202	299	103 Child restraint system – type unknown						
3	300	301	302	399	104 Lap belt only used						
4	400	401	402	499	105 Shoulder and lap belt used						
Oth	500	501	502	599	106 Shoulder belt only used						
Unk	600	601	602	699	107 Stretcher						
		801 Sleeper section of cab (truck)		108 Wheelchair							
		800 Trailing unit		199 Restraint used – type unknown							
		898 Other enclosed cargo area									
		970 Not applicable									
		999 Unknown									
Air Bags Deployed				Ejection		999	Extrication		000		
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input checked="" 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

2021000021

Motor Vehicle #	Case #	Test Case Tracking - 12	Page	7	of	13
1						

MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	999	Distraction Action	999	Distraction Source	999	Speeding Relation	999		
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 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	999				
				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	999	Test Status	000	Alcohol Kit Number	Alcohol Test Type	970	Alcohol Test Results	970	BAC
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested			100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)	300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		
Suspected Drug Usage	999	Test Status	000	Drug Kit Number	Drug Test Type	970	Drug Test Results		
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested			100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown		Not applicable		

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist #		Rev. 2023-1		Case #	Test Case Tracking - 12	Page	8	of	13		
NON-MOTORIST INFORMATION											
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex	101	Race				
Tim Hendricks				35	100 Female 101 Male 999 Unknown	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown					
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected							
5105612654											
Incident Responder				000	Date of Birth	<input checked="" type="checkbox"/> Unknown	Ethnicity				
000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)								101			
NON-MOTORIST CIRCUMSTANCES											
Non-Motorist Type		100	Initial	100	Location		105				
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location		200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk			
Struck by Vehicle #		1	Origin/Destination		999	Safety Equipment					
			100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown			<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown			
Action Prior to Crash		102	Actions or Circumstances At Time of Crash		000	Clothing Brightness		Upper	100		
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown		100 Light 101 Dark 970 Not applicable 999 Unknown		Lower	101		
NON-MOTORIST MEDICAL INFORMATION											
Injury Status		100	Type of Medical Transportation	200	EMS Response Agency		EMS Response Run # <input type="checkbox"/> Unknown				
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Not applicable							
				Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient West Feliciana Parish Hospital					
NON-MOTORIST CONDITION											
Conditions at the Time of the Crash		000	Distraction Action		000	Distraction Source		970			
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, 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					
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		

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist #		Rev. 2023-1		Case #		Test Case Tracking - 12		Page 9 of 13	
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown Tommy Stone <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 36		Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown		Race <input type="checkbox"/> Unknown 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Address <input checked="" type="checkbox"/> Unknown <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 6351681561					
Incident Responder <input type="checkbox"/> Unknown 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type <input type="checkbox"/> Unknown 100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown		Initial <input type="checkbox"/> Unknown Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		Location <input type="checkbox"/> Unknown 100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown		Origin/Destination <input type="checkbox"/> Unknown 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown			
Struck by Vehicle # 1		Safety Equipment <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown					
Action Prior to Crash <input type="checkbox"/> Unknown 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		Actions or Circumstances At Time of Crash <input type="checkbox"/> Unknown 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		Clothing Brightness <input type="checkbox"/> Unknown Upper <input type="checkbox"/> Unknown Lower <input type="checkbox"/> Unknown 100 Light 101 Dark 970 Not applicable 999 Unknown					
NON-MOTORIST MEDICAL INFORMATION									
Injury Status <input type="checkbox"/> Unknown 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation <input type="checkbox"/> Unknown 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Agency Not applicable		EMS Response Run # <input type="checkbox"/> Unknown			
		Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable					
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash <input type="checkbox"/> Unknown 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		Distraction Action <input type="checkbox"/> Unknown 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction		Distraction Source <input type="checkbox"/> Unknown 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown					
Suspected Alcohol Usage <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown		Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number <input type="checkbox"/> Unknown		Alcohol Test Type <input type="checkbox"/> Unknown 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)		Alcohol Test Results <input type="checkbox"/> Unknown 300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	
Suspected Drug Usage <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown		Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> Unknown 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other		Drug Test Results Not applicable	

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

Train # 1		Rev. 2023-1		Case #	Test Case Tracking - 12	Page	10	of	13
TRAIN INFORMATION									
Train Type 100 Railroad train 101 Streetcar	ID # RF6585	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Lead Engine # 568456	<input type="checkbox"/> Unknown		Serial # 0982364584	<input type="checkbox"/> Unknown	
Make Monstrain	Type Train	# of Engines 1	# of Cars 12	Data Recorder Speed <input type="checkbox"/> Pending		Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input type="checkbox"/> 101 Ditch lights functional <input type="checkbox"/> 102 Horn functional <input type="checkbox"/> 103 Bell functional <input type="checkbox"/> 104 Event data recorder equipped			
TRACK INFORMATION									
DOT Crossing # 1254	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Crossing Surface Material 100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel	103	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 4	Speed Limit 40	Crossing Type 100 Public 101 Private							
COLLISION INFORMATION									
Train in Motion 000 No 100 Yes	Crossing Vehicle Interaction 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	Struck Car # 3	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Struck Car Type Passenger		<input type="checkbox"/> Not Applicable <input 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 15.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> miles	Estimated Speed Before Braking 35		
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	Hazardous Materials Released from Train Cargo Compartment 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable			
Hazardous Material ID N/A									
TRAIN OPERATOR									
Name <input checked="" type="checkbox"/> Unknown	Address <input checked="" type="checkbox"/> Unknown								
Street			City			State		Postal Code	
TRACK OWNER									
Name <input type="checkbox"/> Unknown	Address <input type="checkbox"/> Unknown								
Train Rail Services			34 Lightyears Lane			Chicago		IL 31505	
Street			City			State		Postal Code	
TRAIN ENGINEER									
Name <input type="checkbox"/> Unknown	<input type="checkbox"/> This train had no engineer				Certification Number <input checked="" type="checkbox"/> Unknown	Race 102			
Michael	Cox						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				
367 Silver Lane Auburn AL 80651					5415456454				
Street City State Postal Code									
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 31	Date of Birth <input type="checkbox"/> Unknown 2/5/1990	Ethnicity 999 100 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 101 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Agency Acadian Ambulance 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 Winn Parish Medical Center				

LOUISIANA UNIFORM CRASH REPORT
TRAIN SUPPLEMENT

2021000021

Train # 1		Rev. 2023-1		Case #	Test Case Tracking - 12	Page	11	of	13
TRAIN CONDUCTOR									
Name <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> This train had no conductor			Race				
First		Middle		Last		Suffix		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected			
Street						City		State Postal Code	
Incident Responder				Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity		
000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				100 Female 101 Male 999 Unknown			100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status		Type of Medical Transportation		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		EMS Response Run # <input type="checkbox"/> Unknown					
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient					

PASSENGER INFORMATION									
PASSENGER # 1									
Name <input type="checkbox"/> Unknown		Cook			Race				
First		Middle		Last		Suffix		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
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
000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown	31		100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status		Type of Medical Transportation		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		Air Evac Lifeteam					
				EMS Response Run # <input checked="" type="checkbox"/> Unknown					
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient					
				Willis Knighton Bossier Health Center					
PASSENGER # 2									
Name <input type="checkbox"/> Unknown		Dean			Race				
First		Middle		Last		Suffix		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other	
Address <input checked="" type="checkbox"/> Unknown						Phone Number <input checked="" type="checkbox"/> Not Collected			
Street						City		State Postal Code	
Incident Responder				000	Sex	100	Age <input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity
000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown	35		100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status		Type of Medical Transportation		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					

Scene #
1

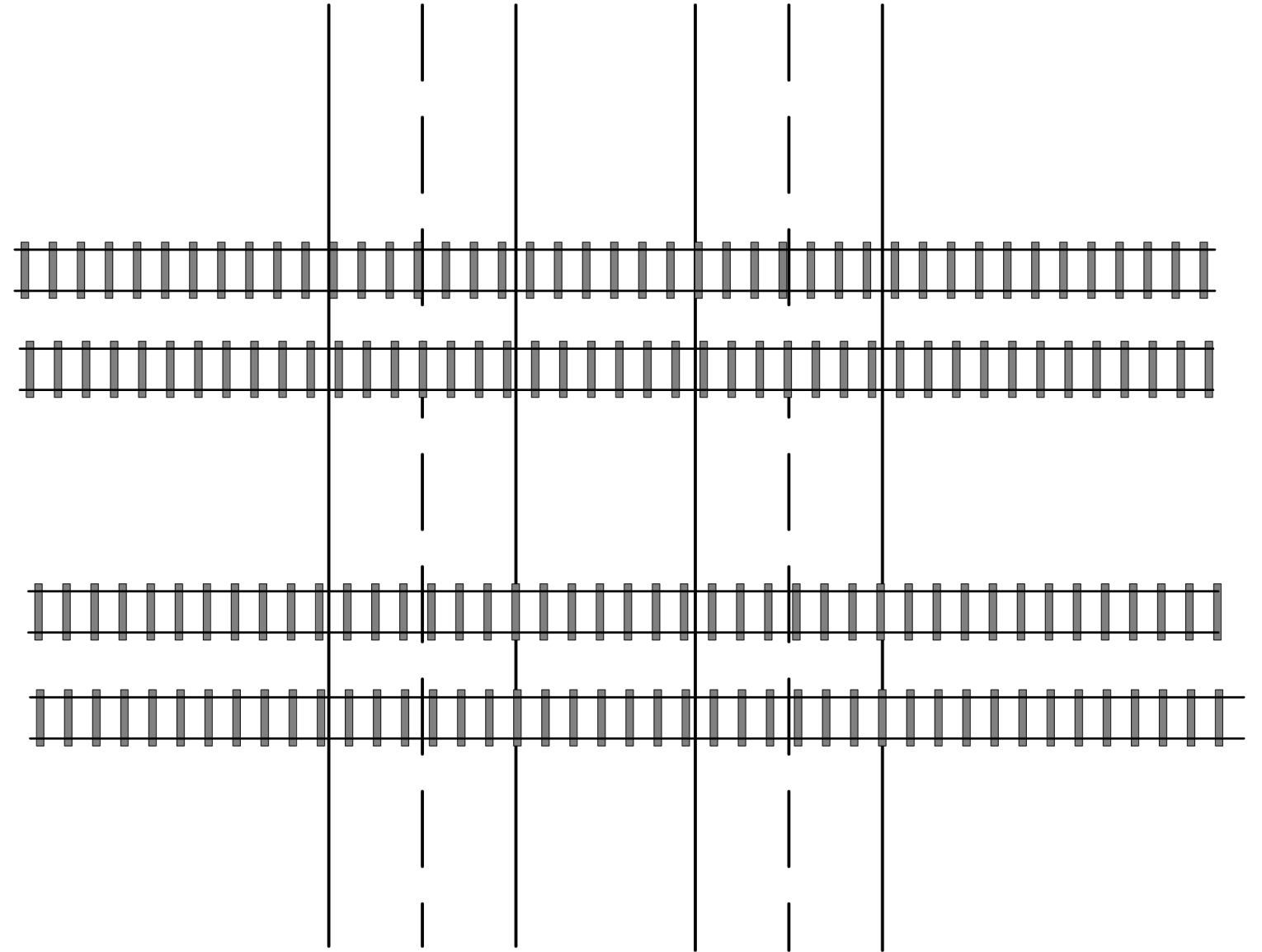
DIAGRAM
Rev. 2023-1

Case #

Test Case Tracking - 12

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CRASH DIAGRAM



NARRATIVE

Rev. 2023-1

CRASH NARRATIVE

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

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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.