

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2021-1		Case #		Test Case Tracking - 11		Page 1 of 18	
Number of Motorists 3		Number of Non-Motorists 1		Non-Fatally Injured Persons 1		Fatalities 2		Total Injuries and Fatalities 3		Vehicles Involved 2		Troop A	
Investigating Agency CARTS LSU				Division		Parish DeSoto		City Rural DeSoto		Latitude 31.868559° N		Longitude 93.695043° W	

CRASH TIME INFORMATION

Crash Date/Time 08/22/2021 2100		Police Notified Date/Time 08/22/2021 2100		Police Arrived Date/Time 08/22/2021 2111		Roadway Cleared Date/Time 08/22/2021 2112		On Scene Investigation Completed Date/Time 08/22/2021 2113			
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ROAD INFORMATION

Highway <input type="checkbox"/> Not applicable US Highway 171		Road US 171	
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 0.5 mi West		Intersecting Road <input type="checkbox"/> Crash was at an intersection MAIN ST	

LOCATION INFORMATION

Road Classification 101		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 1		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 Trooper		First Name Matt		Middle Name		Last Name Trahan		Suffix	
Badge # 1641		Printed Name Matt Trahan				Signature <i>Matt Trahan</i>			

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event 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		Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object		Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object	
		Relation to Junction 000 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown		Contributing Factor Primary 100 Secondary 102 100 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	
		Intersection Geometry 970 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		School Bus Relation 000 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved	
		Intersection Traffic Control 970 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable			

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CRASH CONDITIONS

Roadway Surface Condition	107	Light Condition	300	Weather Conditions	105	Environmental Conditions	111	
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
	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
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NON-VEHICULAR PROPERTY DAMAGE

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Owner Address <input type="checkbox"/> Unknown			
<i>Street</i>		<i>City</i>	<i>State</i> <i>Postal Code</i>

PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1

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DESCRIPTION AND INFORMATION

Form containing vehicle details: Hit and Run (000), Vehicle Type (100), Vehicle Body Type (100), VIN (Unknown), Model Year (2019), Make (Acura), Model (Integra), Color (Brown), License Plate (651JBO), Owner Name (Peter Bell), Insurance (Progressive), and various vehicle categories like Passenger Vehicles, Construction/Farm Equipment, Cycle/Off Road/Recreation, Trucks, and Large Passenger Vehicle.

DAMAGE

Damage assessment form including Damage Extent (102), Initial Point of Contact (diagram showing impact on side 6), Damaged Areas (diagram showing damage on side 6), Tow Status (101), and Tow Authority (100).

MOTOR VEHICLE CIRCUMSTANCES

Circumstances form including Vehicle Usage (000), Vehicle Maneuver (100), Vehicle Maneuver Reason (000), Emergency Vehicle Usage (000), and Direction of Travel Before Crash (500).

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VEHICLE INFORMATION

Motor Vehicle #
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MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Vehicle Lighting, Traffic Control Device Types and Statuses, Trafficway Division, Barrier Type, Roadway Grade, Number of Through Lanes, Number of Auxiliary Lanes, Roadway Alignment, Permitted Travel, Speed Limit, HOV Lane Presence, and HOV Lane Relation.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [205] 2 [201] 3 [] 4 [] Most Harmful Event [205]

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

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
1

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 000		Hazardous Materials Placard 000
000 Vehicles 10,000 lbs or less	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

Cargo Body Type 970	Special Sizing
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
105 Flatbed	
106 Garbage / refuse	
107 Grain / chips / gravel	
108 Intermodal container chassis	
109 Log	
110 Pole trailer	
111 Van / enclosed box	
112 Vehicle towing another vehicle	
970 Not applicable	
980 Other	
999 Unknown	

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 <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"/> 101	Race <input type="checkbox"/> 102
Peter Bell		44	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 type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected		
2866 Lightyear Lane Baton Rouge LA 70888		5156435454		
Incident Responder <input type="checkbox"/> 000			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.)			6/4/1977	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 45753412453	License State LA		
Endorsements on License	Endorsement Compliance <input type="checkbox"/> 000	Restrictions on License	
<input checked="" type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown	000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	000 - None	
		Alcohol Interlock Presence <input type="checkbox"/> 970	
		000 No 970 Not applicable 100 Yes 999 Unknown	

DRIVER SEATING AND SAFETY INFORMATION

Seating Position <input type="checkbox"/> 100	Restraint Systems Used <input type="checkbox"/> 105																																																																											
<table border="1"> <tr> <th colspan="5">Standard Vehicle Seats</th> <th rowspan="2">Other Seating Positions</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> <td rowspan="6">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</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> </table>	Standard Vehicle Seats					Other Seating Positions	Row	Left	Middle	Right	Unk	1	100	101	102	199	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	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	<table border="1"> <tr> <td>001 None used – motor vehicle occupant</td> <td>002 No helmet</td> <td>970 Not applicable</td> </tr> <tr> <td>100 Booster seat</td> <td>200 DOT-compliant motorcycle helmet</td> <td>980 Other</td> </tr> <tr> <td>101 Child restraint system – forward facing</td> <td>201 Not DOT-compliant motorcycle helmet</td> <td>999 Unknown</td> </tr> <tr> <td>102 Child restraint system – rear facing</td> <td>299 Unknown if DOT-compliant motorcycle helmet</td> <td></td> </tr> <tr> <td>103 Child restraint system – type unknown</td> <td></td> <td></td> </tr> <tr> <td>104 Lap belt only used</td> <td></td> <td></td> </tr> <tr> <td>105 Shoulder and lap belt used</td> <td></td> <td></td> </tr> <tr> <td>106 Shoulder belt only used</td> <td></td> <td></td> </tr> <tr> <td>107 Stretcher</td> <td></td> <td></td> </tr> <tr> <td>108 Wheelchair</td> <td></td> <td></td> </tr> <tr> <td>199 Restraint used – type unknown</td> <td></td> <td></td> </tr> </table>	001 None used – motor vehicle occupant	002 No helmet	970 Not applicable	100 Booster seat	200 DOT-compliant motorcycle helmet	980 Other	101 Child restraint system – forward facing	201 Not DOT-compliant motorcycle helmet	999 Unknown	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		
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Air Bags Deployed		Ejection <input type="checkbox"/> 100	Extrication <input type="checkbox"/> 000																																																																									
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input checked="" type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 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

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MEDICAL INFORMATION

Injury Status	100	Type of Medical Transportation	101	EMS Response Agency	Red River EMS
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 checked="" type="checkbox"/> Unknown
Medical Unique Identifier	<input checked="" type="checkbox"/> Not applicable	<input type="checkbox"/> Unknown		Facility Receiving Patient	Bunkie General Hospital

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash	000	Distraction Action	101	Distraction Source	101	Speeding Relation	000			
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 980 Other 999 Unknown		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device		200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown			
				Vision Obscurement			101			
				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	100	Avoidance Maneuver	000	Pre-Collision Stability	000
000 No contributing action 100 Disregarded other road markings 101 Disregarded other traffic signs 102 Failed to keep in proper lane 103 Failed to yield right-of-way 104 Followed too closely 105 Improper backing 106 Improper passing 107 Improper turn 108 Operated motor vehicle in inattentive, careless, negligent, or erratic manner 109 Operated motor vehicle in reckless or aggressive manner 110 Over-correcting or over-steering 111 Ran off roadway 112 Ran red light 113 Ran stop sign 114 Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc. 115 Wrong side or wrong way 980 Other contributing action 999 Unknown		000 No avoidance maneuver 100 Accelerating 101 Accelerating and steering left 102 Accelerating and steering right 103 Braking and steering left 104 Braking and steering right 105 Braking (lockup) 106 Braking (no lockup) 107 Braking (lockup unknown) 108 Releasing brakes 109 Steering left 110 Steering right 980 Other 999 Unknown		000 Tracking 100 Skidding longitudinally - rotation less than 30 degrees 200 Skidding laterally - clockwise rotation 201 Skidding laterally - counter-clockwise rotation 299 Skidding laterally - rotation direction unknown 980 Other vehicle loss of control 999 Unknown	

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle #
2

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DESCRIPTION AND INFORMATION

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

DAMAGE 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

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Motor Vehicle #
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MOTOR VEHICLE CIRCUMSTANCES

Form containing sections: Skidmark Data (Feet), Distance Traveled After Impact (Feet), Contributing Defects, Vehicle Lighting, Traffic Control Device Types and Statuses, Trafficway Division, Barrier Type, Roadway Grade, Number of Through Lanes, Number of Auxiliary Lanes, Roadway Alignment, Permitted Travel, Speed Limit, HOV Lane Presence, HOV Lane Relation, and Automation System Level Present/Engaged.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [201] 2 [] 3 [] 4 [] Most Harmful Event [201]

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

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
2

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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	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

Cargo Body Type 970	Special Sizing
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
105 Flatbed	
106 Garbage / refuse	
107 Grain / chips / gravel	
108 Intermodal container chassis	
109 Log	
110 Pole trailer	
111 Van / enclosed box	
112 Vehicle towing another vehicle	
970 Not applicable	
980 Other	
999 Unknown	

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 #
2

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DRIVER INFORMATION

Name <input type="checkbox"/> Unknown		Age <input type="checkbox"/> Unknown	Sex 101	Race 101
Tom Oprah		22	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		
<i>Street City State Postal Code</i>				
Incident Responder 000		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 100		License Class 400	Driver License Type 100	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 41524163156315	License State LA			
Endorsements on License		Endorsement Compliance 000	Restrictions on License	
<input checked="" type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	000 - None	
		Alcohol Interlock Presence 970		
		000 No 970 Not applicable 100 Yes 999 Unknown		

DRIVER SEATING AND SAFETY INFORMATION

Seating Position 100		Restraint Systems Used 105																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">Standard Vehicle Seats</th> <th>Other Seating Positions</th> </tr> <tr> <th colspan="5" style="text-align: center;">Front</th> <td rowspan="7"> 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 </td> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> <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> </table>		Standard Vehicle Seats					Other Seating Positions	Front					700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	001 None used – motor vehicle occupant 002 No helmet 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	
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Air Bags Deployed		Ejection 000	Extrication 000																																															
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LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
2

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MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

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

DRIVER ACTIONS

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

CITATIONS

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LOUISIANA UNIFORM CRASH REPORT PASSENGER INFORMATION

Total # of Passengers
1

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PASSENGER INFORMATION

MOTOR VEHICLE # 1 **PASSENGER #** 1

Name <input type="checkbox"/> Unknown		Date of Birth	Age	Sex	Race
Paco Bell		Unknown	11	100 Female 101 Male 999 Unknown	101 103
Address <input type="checkbox"/> Unknown		Phone Number <input checked="" type="checkbox"/> Not Collected			Ethnicity
2866 Lightyear Lane Baton Rouge LA 70888					999
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input checked="" type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown 100	000	105	000 No 100 Yes 999 Unknown	202
Type of Medical Transportation	Medical Unique Identifier	EMS Response Agency		Facility Receiving Patient	
101	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Med Express Ambulance Service		Citizens Medical Center	
		EMS Response Run # <input checked="" type="checkbox"/> Unknown			

MOTOR VEHICLE # **PASSENGER #**

Name <input type="checkbox"/> Unknown		Date of Birth	Age	Sex	Race
				100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected			Ethnicity
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown	
Type of Medical Transportation	Medical Unique Identifier	EMS Response Agency		Facility Receiving Patient	
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				
		EMS Response Run # <input type="checkbox"/> Unknown			

MOTOR VEHICLE # **PASSENGER #**

Name <input type="checkbox"/> Unknown		Date of Birth	Age	Sex	Race
				100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected			Ethnicity
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown	
Type of Medical Transportation	Medical Unique Identifier	EMS Response Agency		Facility Receiving Patient	
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				
		EMS Response Run # <input type="checkbox"/> Unknown			

PASSENGER CODES

Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	Restraint Systems 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown	Seating Position <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr> <tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr> <tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr> <tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr> <tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr> <tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr> </table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
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Other	500	501	502	599																																								
Unk	600	601	602	699																																								
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	Incident Responder 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown	002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown																																									
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 1
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NON-MOTORIST INFORMATION

Name Terry Vicar
Age 25
Sex 101 Female
Race 103 American Indian or Alaska Native
Address Unknown
Phone Number Not Collected
Incident Responder 000
Date of Birth Unknown
Ethnicity 100

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type 200
Initial Contact Point 100
Location 303
Origin/Destination 999
Safety Equipment 000 None
Struck by Vehicle # 1

Action Prior to Crash 100
Actions or Circumstances At Time of Crash 000
Clothing Brightness Upper 101 Lower 100

NON-MOTORIST MEDICAL INFORMATION

Injury Status 104
Type of Medical Transportation 000
EMS Response Agency Not applicable
Medical Unique Identifier Not applicable
Facility Receiving Patient Not applicable

NON-MOTORIST CONDITION

Conditions at the Time of the Crash 000
Distraction Action 101
Distraction Source 101

Suspected Alcohol Usage 000
Alcohol Kit Number Unknown
Alcohol Test Type 970
Alcohol Test Results 970
BAC

Suspected Drug Usage 000
Drug Kit Number Unknown
Drug Test Type 970
Drug Test Results Not applicable

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train # 1 Case # Test Case Tracking - 11 Page 15 of 18

TRAIN INFORMATION Train Type 100 ID # Not Applicable Unknown Lead Engine # 025165 Serial # 239475612309857 Present Equipment 100 Headlight functional 101 Ditch lights functional 102 Horn functional 103 Bell functional 104 Event data recorder equipped

TRACK INFORMATION DOT Crossing # 5641 Crossing Surface 103 Present Warning Devices 100 Flashing lights 101 Bell 102 Gate 103 Crossbuck 980 Other Advance Warning Devices 100 Sign 101 Pavement markings 102 Active advance warning 980 Other Active Warning Devices 100 Lights flashing 101 Bell ringing 102 Gates down 980 Other

COLLISION INFORMATION Train in Motion 100 Crossing Vehicle Interaction 102 Struck Car # 2 Struck Car Type Not Applicable Unknown Distance Traveled After Impact 10.0 feet Estimated Speed Before Braking 35

Hazardous Materials Placard 000 Hazardous Material Class 970 Hazardous Materials Released from Train Cargo Compartment 970

TRAIN OPERATOR Name Unknown Address Unknown Jacob Parker 57 Legal Street Baton Rouge LA 70888

TRACK OWNER Name Unknown Address Unknown Richard Parker 78 Waller Ct Baton Rouge LA 70547

TRAIN ENGINEER Name Unknown Certification Number Unknown Race 100 Robinson Grey 5648655416

Incident Responder 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) Sex 101 Age 32 Date of Birth 11/11/1988 Ethnicity 101

Injury Status 104 Type of Medical Transportation 000 EMS Response Agency Not applicable EMS Response Run # Unknown Medical Unique Identifier Not applicable Facility Receiving Patient Not applicable

LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train #
1

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TRAIN CONDUCTOR

Name <input checked="" type="checkbox"/> Unknown		Race 999	
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		Sex 999	Age <input checked="" type="checkbox"/> Unknown
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Female 101 Male 999 Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown
Injury Status 104		Type of Medical Transportation 000	
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement	
Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Agency Not applicable	
		EMS Response Run # <input type="checkbox"/> Unknown	
		Facility Receiving Patient Not applicable	

PASSENGER INFORMATION

PASSENGER # []		Name <input type="checkbox"/> Unknown		Race	
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 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Female 101 Male 999 Unknown			100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status		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 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Not applicable	
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown		Facility Receiving Patient	

PASSENGER # []		Name <input type="checkbox"/> Unknown		Race	
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 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		100 Female 101 Male 999 Unknown			100 Hispanic 101 Other than Hispanic 999 Unknown
Injury Status		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 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Not applicable	
Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown		Facility Receiving Patient	

DIAGRAM

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Scene #

1

Case #

Test Case Tracking - 11

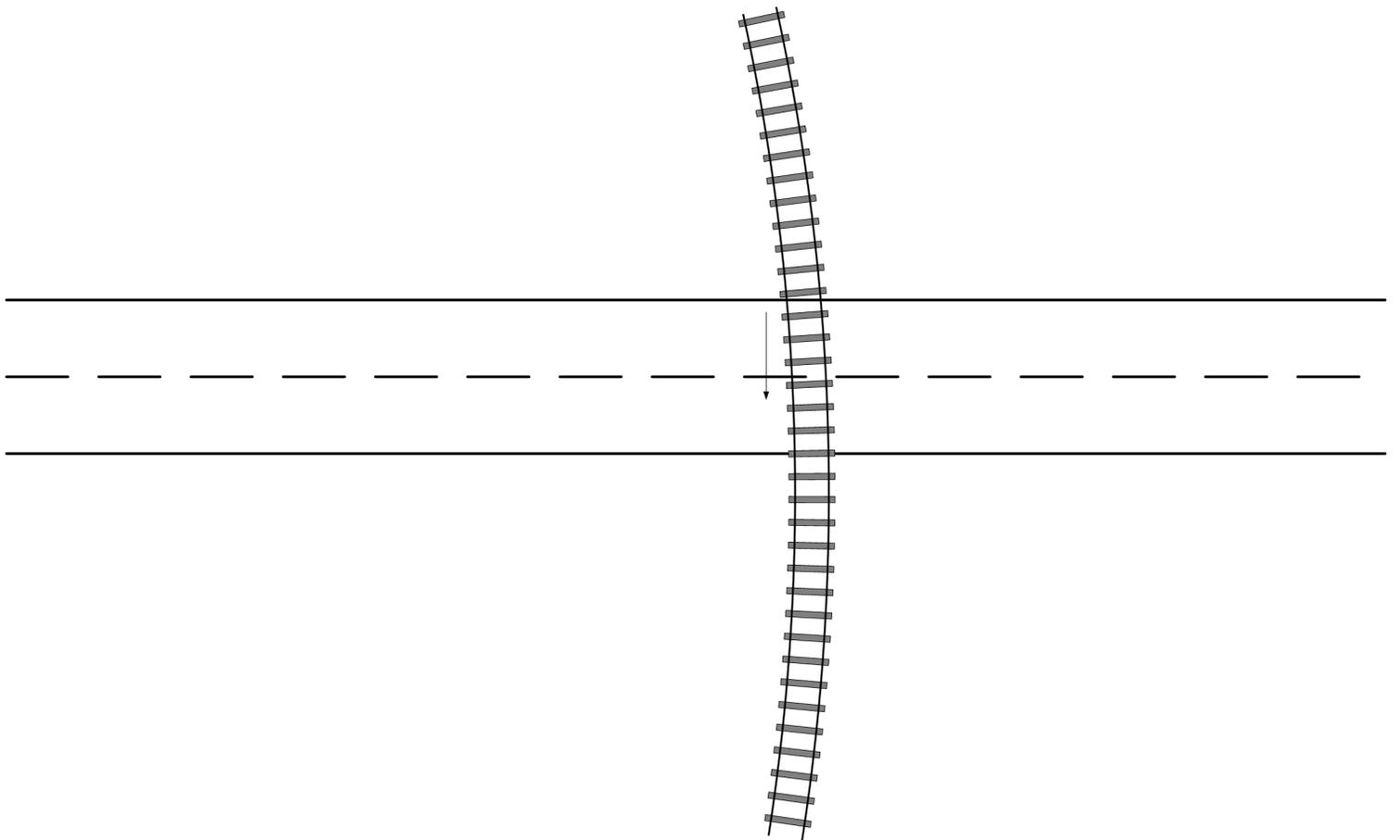
Page

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of

18

CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT NARRATIVE

Rev. 2021-1

CRASH NARRATIVE

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

LSU's Center for Analytics & Research in Transportation Safety (CARTS) will continue to support law enforcement agencies using the new LA eCrash application. CARTS will also work with your agency to provide the data schema and technical information required for those agencies choosing to use a third-party vendor approach or already have a CAD/RMS system in place. After over 16 years of use, the current crash report form no longer meets the needs of the transportation community. A new crash report is being developed based on the Model Minimum Uniform Crash Criteria (MMUCC) guidelines and will capture the data necessary to improve highway safety in Louisiana.

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This report was reassigned to Eric Newman.