

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2021-1		Case #		Test Case Tracking - 18		Page	1	of	13
Number of Motorists 5		Number of Non-Motorists 2		Non-Fatally Injured Persons 1		Fatalities 2		Total Injuries and Fatalities 3		Vehicles Involved 1		Troop			
Investigating Agency LSP (Troop A)				Division		Parish Washington		City Rural Washington		Latitude 30.727765° N		Longitude 90.081889° W			
CRASH TIME INFORMATION															
Crash Date/Time 08/24/2021 1401		Police Notified Date/Time 08/24/2021 1405		Police Arrived Date/Time 08/24/2021 1455		Roadway Cleared Date/Time 08/24/2021 1600		On Scene Investigation Completed Date/Time 08/25/2021 0400							
ROAD INFORMATION															
Highway <input type="checkbox"/> Not applicable LA Highway 16				Road LA 16											
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 60.0 ft West				Intersecting Road <input type="checkbox"/> Crash was at an intersection FORTY RD											
LOCATION INFORMATION															
Road Classification 102		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 1		Traffic Flow Direction X					
100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property		100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable		100 Public property 200 Private property		100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway		1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more		X Not applicable (not a divided highway) N North W West S South		E East			
INVESTIGATING OFFICER															
Rank		First Name Eric				Middle Name		Last Name Newman				Suffix			
Badge # 75		Printed Name Eric				Signature <i>Eric</i>									
CRASH CIRCUMSTANCES AND CONDITIONS															
First Harmful Event 203				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 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 500 Sideswipe - left against flow 501 Sideswipe - right against flow 502 Sideswipe - against flow 503 Sideswipe - left overtake 504 Sideswipe - right overtake 505 Sideswipe - with flow 980 Other 999 Unknown									
Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				Relation to Junction 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 101 Secondary 111 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable									
Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				Intersection Geometry 970 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		School Bus Relation 100 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved									
CRASH REPORT - CRASH SUMMARY															

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

Rev. 2021-1

Case # Test Case Tracking - 18 Page 2 of 13

CRASH CONDITIONS

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

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	

WITNESS #

WITNESS #

Name	Name
First Middle Last Suffix	First Middle Last Suffix
Address	Address
City State Postal Code	City State Postal Code
Phone Number Age Sex	Phone Number Age Sex

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

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

PROPERTY DAMAGE CODES

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

Motor Vehicle # 1		Vehicle Description Rev. 2021-1		Case #	Test Case Tracking - 18	Page 3 of 13	
DESCRIPTION AND INFORMATION							
<div>Check if this vehicle had no driver <input type="checkbox"/></div>		<div>Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene</div>		<div>Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment</div>		<div>Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 103 Pickup 101 Passenger van / Minivan (less than 9 seats) 104 Cargo van 102 (Sport) utility vehicle <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 505 School bus 501 Passenger van (9-15 seats) 506 Transit bus 502 Passenger van (16+ seats) 507 Motorcoach 503 Large limo 598 Other bus / large passenger vehicle 504 Mini-bus <u>Other</u> 980 Other 999 Unknown</div>	
VIN AAAAA1111SSSS222							
Model Year <input checked="" type="checkbox"/> Unknown		Make Bluebird		Model Bus: conventional (engine out front)		Color Yellow	
License Plate <input type="checkbox"/> Missing		<input checked="" type="checkbox"/> Non-expiring					
State LA <input type="checkbox"/> Unknown		Number ABCXYZ123 <input type="checkbox"/> Unknown		Year <input type="checkbox"/> Unknown			
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown							
City of BR							
Owner Address <input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown							
Street City State Postal Code							
Insurance <input type="checkbox"/> Uninsured at time of crash							
Company state farm <input type="checkbox"/> Unknown							
Phone # 800-555-7744 <input type="checkbox"/> Unknown							
NAIC # <input checked="" type="checkbox"/> Unknown							
Policy # <input checked="" type="checkbox"/> Unknown							
Expiration Date <input checked="" type="checkbox"/> Unknown							
DAMAGE							
Damage Extent 100		Initial Point of Contact		Damaged Areas		Tow Status 000	
000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		<div>6 7 8 9 10 11 12 5 4 3 2 1</div> <div><input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown</div>		<div>6 7 8 9 10 11 12 5 4 3 2 1</div> <div><input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage</div>		100 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage	
						Towed By <input type="checkbox"/> Unknown	
TOWING							
						Tow Authority 970	
						100 Owner 101 Law enforcement 970 Not applicable 980 Other	
MOTOR VEHICLE CIRCUMSTANCES							
Vehicle Usage 100		Vehicle Maneuver 100					
000 No special function 980 Other 100 Bus - school (public or private) 999 Unknown 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		100 Movements essentially straight ahead 101 Backing 102 Changing lanes 103 Making U-turn 104 Negotiating a curve 105 Overtaking / passing 106 Turning left 107 Turning right 108 Traveling wrong way <u>Vehicle Maneuver Reason</u> 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing <u>Emergency Vehicle Usage</u> 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown		109 Crossed median into opposing lane 110 Crossed center line into opposing lane 111 Ran off road (not while making turn at intersection) 200 Entering traffic lane from shoulder 201 Entering traffic lane from median 202 Entering traffic lane from parking lane 203 Entering traffic lane from private lane or driveway 204 Entering freeway from on-ramp 300 Leaving traffic lane 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown			
				Direction of Travel Before Crash 700			
				000 Not on roadway 001 In roadway but not in motion 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown			

Motor Vehicle # 1		VEHICLE INFORMATION Rev. 2021-1		Case #	Test Case Tracking - 18	Page	4	of	13
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown			Contributing Defects			
Front Left <input type="text"/> Front Right <input type="text"/> <input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown			10			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"/>			Vehicle Lighting <input type="checkbox"/> 100 000 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 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign			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 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 980 Other 999 Unknown		1 <input type="text"/> 000 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> Traffic Signal Status <input type="checkbox"/> 970 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown				
Trafficway Division <input type="checkbox"/> 000			Barrier Type <input type="checkbox"/> 000						
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown			000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other						
Roadway Grade <input type="checkbox"/> 100	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment <input type="checkbox"/> 100	Permitted Travel <input type="checkbox"/> 100	HOV Lane Presence <input type="checkbox"/> 000				
100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)	1	0	100 Straight 101 Curve left 102 Curve right	100 One-way 200 Two-way Speed Limit <input type="checkbox"/> Unknown <input type="checkbox"/> N/A 35	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"/> 203 2 <input type="text"/> 203 3 <input type="text"/> 4 <input type="text"/>				Most Harmful Event <input type="text"/> 203					
Non-Harmful Events					Collision with Fixed Object				
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)					005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				
Non-Collision Events					Collision with Person / Vehicle / Non-Fixed Object				
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overtum/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 pedacycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				
					300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support				
					396 Collision with other post,pole,or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS									

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2021-1		Case #	Test Case Tracking - 18	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				
100 Vehicles 10,000 lbs or less placarded for hazardous materials				301 Single-unit truck (3 or more axles)					
200 Bus/large van (seats 9-15 occupants, including driver)				302 Truck pulling trailer(s)					
201 Bus (seats more than 15 occupants, including driver)				303 Truck tractor (bobtail)					
				304 Truck tractor/semi-trailer					
				305 Truck tractor/double					
				306 Truck tractor/triple					
				307 Truck more than 10,000 lbs., cannot classify					
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					
970 Not applicable									
980 Other									
999 Unknown									
Load Permitted				970	Motor Carrier Type 000				
000 Non-permitted load				000 Personal vehicle					
100 Permitted load				001 Not in commerce: government					
970 Not applicable (not a qualifying vehicle)				002 Not in commerce: personal rental truck or bus					
999 Unknown				098 Not in commerce: other					
				100 Interstate carrier					
				101 Intrastate carrier					
				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									
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		<input type="checkbox"/> Unknown		
TRAILER INFORMATION									
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		<input type="checkbox"/> Unknown		
TRAILER INFORMATION									
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		<input type="checkbox"/> Unknown		

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

Rev. 2021-1

Case # Test Case Tracking - 18 Page 6 of 13

Motor Vehicle # 1									
DRIVER INFORMATION									
Name <input type="checkbox"/> Unknown					Age <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> 100	Race <input type="checkbox"/> 103		
driverfirst driverlast					54	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				
Street City State Postal Code					222-555-4466				
Incident Responder <input type="checkbox"/> 000					Date of Birth <input checked="" type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> 100		
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 <input type="checkbox"/> 100			License Class <input type="checkbox"/> 102		Driver License Type <input type="checkbox"/> 200		Commercial Driver License Status <input type="checkbox"/> 004		
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 011001		License State LA							
Endorsements on License			Endorsement Compliance <input type="checkbox"/> 101		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 checked="" 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		104 - Except class A bus 105 - Except class A and class B bus 106 - Except tractor-trailer				
					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"/> 104				
Standard Vehicle Seats					Other Seating Positions				
Front					700 Unenclosed cargo area				
Row	Left	Middle	Right	Unk	701 Riding on motor vehicle exterior (non-trailing unit)				
1	100	101	102	199	800 Trailing unit				
2	200	201	202	299	801 Sleeper section of cab (truck)				
3	300	301	302	399	898 Other enclosed cargo area				
4	400	401	402	499	970 Not applicable				
Oth	500	501	502	599	999 Unknown				
Unk	600	601	602	699					
					100 Booster seat 200 DOT-compliant motorcycle helmet 101 Child restraint system - forward facing 201 Not DOT-compliant motorcycle helmet 102 Child restraint system - rear facing 299 Unknown if DOT-compliant motorcycle helmet 103 Child restraint system - type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used - type unknown				
					Any indication of improper use? <input type="checkbox"/> 000				
					000 No 100 Yes 999 Unknown				
Air Bags Deployed					Ejection <input type="checkbox"/> 000		Extrication <input type="checkbox"/> 000		
<input type="checkbox"/> 000 Not deployed <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)					000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown		000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown		

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

2021000037

Motor Vehicle #	1	Rev. 2021-1	Case #	Test Case Tracking - 18	Page	7	of	13
-----------------	---	-------------	--------	-------------------------	------	---	----	----

MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

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

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

Total # of Passengers 4	Rev. 2021-1	Case #	Test Case Tracking - 18	Page	8	of	13
----------------------------	-------------	--------	-------------------------	------	---	----	----

PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 1

Name <input type="checkbox"/> Unknown passfirst1 First passmiddle1 Middle passlast1 Last Suffix	Date of Birth Unknown	Age 7	Sex 100 Female 101 Male 999 Unknown	100	Race 100		
Address <input checked="" type="checkbox"/> Unknown Street City State Postal Code					Phone Number <input checked="" type="checkbox"/> Not Collected	Ethnicity 100	
Air Bags Deployed <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	Injury Status 104	Incident Responder 000	Restraint System 001	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position 200	Ejection 000	Extrication 000
Type of Medical Transportation 000	Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency Not applicable		Facility Receiving Patient Not applicable			
		EMS Response Run # <input type="checkbox"/> Unknown					

MOTOR VEHICLE # 1 PASSENGER # 2

Name <input type="checkbox"/> Unknown passfirst2 First passlast2 Last jr Suffix	Date of Birth 7/28/2015	Age 6	Sex 100 Female 101 Male 999 Unknown	101	Race 101		
Address <input type="checkbox"/> Unknown 555 silver lane Street walker City LA State 77777 Postal Code					Phone Number <input type="checkbox"/> Not Collected 225-555-6666	Ethnicity 101	
Air Bags Deployed <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	Injury Status 104	Incident Responder 000	Restraint System 001	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position 300	Ejection 000	Extrication 000
Type of Medical Transportation 000	Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency Not applicable		Facility Receiving Patient Not applicable			
		EMS Response Run # <input type="checkbox"/> Unknown					

MOTOR VEHICLE # 1 PASSENGER # 3

Name <input type="checkbox"/> Unknown passfirst3 First passlast3 Last Suffix	Date of Birth Unknown	Age Unknown	Sex 100 Female 101 Male 999 Unknown	100	Race 102		
Address <input checked="" type="checkbox"/> Unknown Street City State Postal Code					Phone Number <input type="checkbox"/> Not Collected 777-999-5544	Ethnicity 101	
Air Bags Deployed <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	Injury Status 104	Incident Responder 000	Restraint System 001	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position 400	Ejection 000	Extrication 000
Type of Medical Transportation 000	Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency Not applicable		Facility Receiving Patient Not applicable			
		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 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	Seating Position <table><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><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																																								
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																																								
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																																										
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATIONTotal # of Passengers
4

Rev. 2021-1

Case # Test Case Tracking - 18 Page 9 of 13

PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 4

Name <input type="checkbox"/> Unknown passfirst4 <small>First</small>					Date of Birth Unknown		Age 12		Sex 100 Female 101 Male 999 Unknown		Race 100 980						
Address <input checked="" type="checkbox"/> Unknown <small>Street</small>					<small>City</small>		<small>State</small>		<small>Postal Code</small>		Phone Number <input checked="" type="checkbox"/> Not Collected		Ethnicity 999				
Air Bags Deployed <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		Injury Status 103		Incident Responder 000		Restraint System 001		Any indication of improper use? 000 No 100 Yes 999 Unknown		Seating Position 202		Ejection 000		Extrication 000			
Type of Medical Transportation 000		Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Agency Not applicable						Facility Receiving Patient Not applicable							
EMS Response Run # <input type="checkbox"/> Unknown																	

MOTOR VEHICLE # PASSENGER #

Name <input type="checkbox"/> Unknown <small>First</small>					Date of Birth		Age		Sex 100 Female 101 Male 999 Unknown		Race						
Address <input type="checkbox"/> Unknown <small>Street</small>					<small>City</small>		<small>State</small>		<small>Postal Code</small>		Phone Number <input type="checkbox"/> Not Collected		Ethnicity				
Air Bags Deployed <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		Injury Status <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		Incident Responder		Restraint System		Any indication of improper use? 000 No 100 Yes 999 Unknown		Seating Position		Ejection		Extrication			
Type of Medical Transportation		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Agency						Facility Receiving Patient							
EMS Response Run # <input type="checkbox"/> Unknown																	

MOTOR VEHICLE # PASSENGER #

Name <input type="checkbox"/> Unknown <small>First</small>					Date of Birth		Age		Sex 100 Female 101 Male 999 Unknown		Race						
Address <input type="checkbox"/> Unknown <small>Street</small>					<small>City</small>		<small>State</small>		<small>Postal Code</small>		Phone Number <input type="checkbox"/> Not Collected		Ethnicity				
Air Bags Deployed <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		Injury Status <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		Incident Responder		Restraint System		Any indication of improper use? 000 No 100 Yes 999 Unknown		Seating Position		Ejection		Extrication			
Type of Medical Transportation		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Agency						Facility Receiving Patient							
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><thead><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr></thead><tbody><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr></tbody></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table>		Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
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																																													
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		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																																											
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

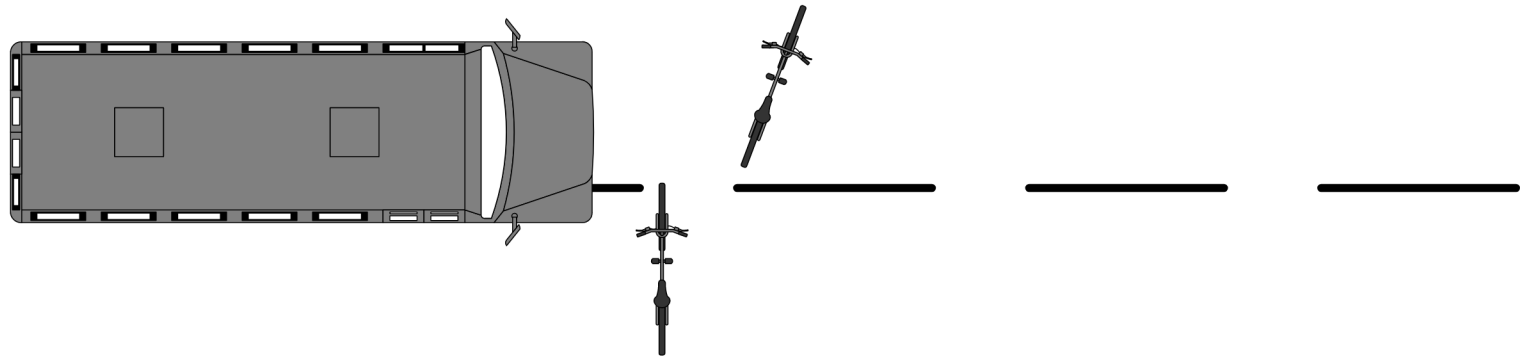
Non-Motorist # 1		Rev. 2021-1		Case #		Test Case Tracking - 18		Page 10 of 13			
NON-MOTORIST INFORMATION											
Name <input type="checkbox"/> Unknown nmfirst1 nmmiddle1 nmlast1 jr First Middle Last Suffix				Age <input type="checkbox"/> Unknown 5		Sex 100 100 Female 101 Male 999 Unknown		Race 102 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown 123 main walker LA 78787 Street City State Postal Code				Phone Number <input type="checkbox"/> Not Collected 222-555-9988							
Incident Responder 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 type="checkbox"/> Unknown 11/12/2015		Ethnicity 101 100 Hispanic 101 Other than Hispanic 999 Unknown					
NON-MOTORIST CIRCUMSTANCES											
Non-Motorist Type 100 100 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 101 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 106 100 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							
Struck by Vehicle # 1		Origin/Destination 100 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment <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 101 000 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 100 000 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 100 100 Light 101 Dark 970 Not applicable 999 Unknown		Upper 100 Lower 100			
NON-MOTORIST MEDICAL INFORMATION											
Injury Status 100 100 (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 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Agency Allen Parish Ambulance Service Dist.				EMS Response Run # <input type="checkbox"/> Unknown 123654			
		Medical Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown 321wer		Facility Receiving Patient Acadia St. Landry Hospital							
NON-MOTORIST CONDITION											
Conditions at the Time of the Crash 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		Distraction Action 000 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 980 Other 999 Unknown		Distraction Source 970 100 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 000 000 No 100 Yes 999 Unknown		Test Status 000 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number <input type="checkbox"/> Unknown 		Alcohol Test Type 970 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)		Alcohol Test Results 970 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		BAC	
Suspected Drug Usage 000 000 No 100 Yes 999 Unknown		Test Status 000 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number <input type="checkbox"/> Unknown 		Drug Test Type 970 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other		Drug Test Results Not applicable			

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2		Rev. 2021-1		Case #		Test Case Tracking - 18		Page 11 of 13	
NON-MOTORIST INFORMATION									
Name <input checked="" type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown 4		Sex 101 100 Female 101 Male 999 Unknown		Race 103 100 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 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 100 100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type 100		Initial 103		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 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown					
Struck by Vehicle # 1		Origin/Destination 100 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Helmet <input checked="" type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input checked="" type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input checked="" type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input checked="" type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown					
Action Prior to Crash 104		Actions or Circumstances At Time of Crash 107				Clothing Brightness 108		Upper 101 Lower 101	
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			
NON-MOTORIST MEDICAL INFORMATION									
Injury Status 100		Type of Medical Transportation 980		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 Jefferson Medical Center			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash 970		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 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, 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					
Suspected Alcohol Usage 000		Test Status 000		Alcohol <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		Kit Number		100 Blood 300 Urine 101 Blood clot 301 Vitreous 102 Blood plasma/serum 302 Liver 200 Breath 970 Not applicable 201 Preliminary breath test (PBT) 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 <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		Kit Number		100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		Not applicable	

Scene # 1	Rev. 2021-1	Case #	Test Case Tracking - 18	Page	12	of	13
--------------	-------------	--------	-------------------------	------	----	----	----

CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT
NARRATIVE

Rev. 2021-1

Case # Test Case Tracking - 18 Page 13 of 13

CRASH NARRATIVE

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

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

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

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

We invite you to browse our website to learn more about LACRASH. If you would like any additional information, please contact us at (225) 578-0366 or email us at lacrash@lsu.edu

=====

=====

Disclaimer: All information below this line is auto-generated from report data.

=====

=====

Vehicle 1 Model: school bus

Vehicle 1 Passenger 4 Race: other race

Non-Motorist 1 Location: mid-block

Non-Motorist 2 Medical Transportation Type: parents

This report was reassigned to Eric Newman.