

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1		Case #		Test Case Tracking - 10		Page 1 of 11	
Number of Motorists 1		Number of Non-Motorists 2		Non-Fatally Injured Persons 1		Fatalities 1		Total Injuries and Fatalities 2		Vehicles Involved 1		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 08/21/2021 2000		Police Notified Date/Time 08/21/2021 2000		Police Arrived Date/Time 08/21/2021 2001		Roadway Cleared Date/Time 08/21/2021 2005		On Scene Investigation Completed Date/Time 08/21/2021 2010			
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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 50.0 ft North		Intersecting Road <input type="checkbox"/> Crash was at an intersection BAMES RD	

LOCATION INFORMATION

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

INVESTIGATING OFFICER

Rank Trooper		First Name Matt		Middle Name		Last Name Trahan		Suffix	
Badge # 1234		Printed Name Matt Trahan				Signature <i>Matt Trahan</i>			

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event 204		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 (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object		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 104 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown		Contributing Factor Primary 100 Secondary 101 100 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 102 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		School Bus Relation 000 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved	
		Intersection Traffic Control 103 000 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	100	Weather Conditions	104	Environmental Conditions	111
000 Dry		100 Daylight		000 Clear	106	000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	118
101 Mud, dirt, gravel		300 Dark - continuous street lights		101 Blowing snow		101 Debris	
102 Oil		301 Dark - street lights at intersection only		102 Cloudy		102 Glare	
103 Sand		302 Dark - not lighted		103 Fog, smog, smoke		103 Non-highway work	
104 Slush		399 Dark - unknown lighting		104 Freezing rain or freezing drizzle		104 Obstructed crosswalks	
105 Snow		980 Other		105 Rain		105 Obstruction in roadway	
106 Water (standing,moving)		999 Unknown		106 Severe crosswinds		106 Overhead clearance limited	
107 Wet				107 Sleet or hail		107 Prior crash	
980 Other				108 Snow		108 Prior non-recurring incident	
999 Unknown				980 Other		109 Regular congestion	
				999 Unknown		110 Related to a bus stop	
						111 Road surface condition (wet, icy, snow, slush, etc.)	

WORK ZONE CRASH INFORMATION

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

REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
IT	Eric		Newman	

WITNESS

WITNESS

Name				Name			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
Address				Address			
City		State	Postal Code	City		State	Postal Code
Phone Number		Age	Sex	Phone Number		Age	Sex

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY

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

PROPERTY DAMAGE CODES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle # 1
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DESCRIPTION AND INFORMATION

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

DAMAGE TOWING

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

MOTOR VEHICLE CIRCUMSTANCES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

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1

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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, Permitted Travel, Speed Limit, HOV Lane Presence, and HOV Lane Relation.

MOTOR VEHICLE EVENTS

Sequence of Events 1 [204] 2 [204] 3 [] 4 [] Most Harmful Event [204]

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		303	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
			3 Flammable liquids	
			4 Other flammable substances	
			5 Oxidizing substances and organic peroxides	
			6 Toxic (poisonous) and infectious substances	
			7 Radioactive material	
			8 Corrosives	
			9 Miscellaneous dangerous goods	
			Hazardous Materials Released from Vehicle Cargo Compartment	970
			000 No, hazardous materials not released	
			100 Yes, hazardous materials released	
			970 Not applicable	

Cargo Body Type	000	Special Sizing	970
000 No cargo body		<input checked="" type="checkbox"/> 000 No special sizing	
100 Bus	105 Flatbed	<input type="checkbox"/> 100 Over-height	
101 Auto transporter	106 Garbage / refuse	<input type="checkbox"/> 101 Over-length	
102 Cargo tank	107 Grain / chips / gravel	<input type="checkbox"/> 102 Over-weight	
103 Concrete mixer	108 Intermodal container chassis	<input type="checkbox"/> 103 Over-width	
104 Dump		<input type="checkbox"/> 999 Unknown	
970 Not applicable	980 Other		
	999 Unknown		
Load Permitted	000	Motor Carrier Type	000
000 Non-permitted load		000 Personal vehicle	
100 Permitted load	<input checked="" type="checkbox"/> Unknown	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	
		Motor Carrier Identification	970
		100 US DOT number	
		101 State number	
		970 Not applicable	
		999 Unknown/unable to determine	
		Motor Carrier Name	<input type="checkbox"/> Unknown
		Motor Carrier ID Number	

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

GVWR/GCWR	101	Commodity Hauled	Unknown
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

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DRIVER INFORMATION				
Name <input checked="" type="checkbox"/> Unknown	Age <input checked="" type="checkbox"/> Unknown	Sex 101	Race 103	
<small>First Middle Last Suffix</small>		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			
<small>Street City State Postal Code</small>				
Incident Responder	999	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 101	
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	100 Hispanic 101 Other than Hispanic 999 Unknown	

DRIVER LICENSE INFORMATION				
License Status 999	License Class 970	Driver License Type 970	Commercial Driver License Status 970	
100 Valid license 000 Not licensed 001 Canceled or denied 002 Expired 003 Revoked	004 Suspended 999 Unknown	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 101 Learner's permit 000 Canceled or denied 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown
License Number	License State			
Endorsements on License		Endorsement Compliance 999	Restrictions on License	
<input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input checked="" type="checkbox"/> 999 Unknown		000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required	999 - Unknown Alcohol Interlock Presence 970 000 No 100 Yes 970 Not applicable 999 Unknown	

DRIVER SEATING AND SAFETY INFORMATION																																												
Seating Position 100		Restraint Systems Used 999																																										
Standard Vehicle Seats <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Oth</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </tbody> </table>		Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	001 None used – motor vehicle occupant 002 No helmet 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 970 Not applicable 980 Other 999 Unknown		
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Oth	500	501	502	599																																								
Unk	600	601	602	699																																								
Other Seating Positions 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown		Any indication of improper use? 999 000 No 100 Yes 999 Unknown																																										
Air Bags Deployed		Ejection 970	Extrication 000																																									
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input checked="" type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown		000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown																																									

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
1

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MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 999	Distraction Action 999	Distraction Source 999	Speeding Relation 999
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown	000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction	100 Hands-free mobile phone 200 Passenger or other non-motorist 101 Hand-held mobile phone 201 External to vehicle/non-motorist area 102 Vehicle-integrated device 298 Other 198 Other electronic device 970 Not applicable 999 Unknown	000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown
Suspected Alcohol Usage 999		Alcohol Kit Number <input type="checkbox"/> Unknown	Alcohol Test Type 970
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 970 Not applicable 301 Vitreous 980 Other 302 Liver
Suspected Drug Usage 999		Drug Kit Number <input type="checkbox"/> Unknown	Drug Test Type 970
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
Alcohol Test Results 970		BAC	
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			
Alcohol Test Results 970		BAC	
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			

DRIVER ACTIONS

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

CITATIONS

LOUISIANA UNIFORM CRASH REPORT NON-MOTORIST INFORMATION

Non-Motorist # 1	Rev. 2023-1	Case #	Test Case Tracking - 10	Page	8	of	11
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NON-MOTORIST INFORMATION

Name <input type="checkbox"/> Unknown Harry <small>First Middle Last Suffix</small>	Age <input type="checkbox"/> Unknown 40	Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	101	Race <input type="checkbox"/> Unknown 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	102
Address <input type="checkbox"/> Unknown 34 Richard Lane Baton Rouge LA 70155 <small>Street City State Postal Code</small>	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 type="checkbox"/> Unknown 8/25/1980	Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown			

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type <input type="checkbox"/> Unknown 100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown	200	Initial Contact Point <input type="checkbox"/> Unknown 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown	103	Location <input type="checkbox"/> Unknown 100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown	101
Struck by Vehicle # 1	Origin/Destination <input type="checkbox"/> Unknown 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown		

Action Prior to Crash <input type="checkbox"/> Unknown 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown	102	Actions or Circumstances At Time of Crash <input type="checkbox"/> Unknown 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown	000	Clothing Brightness <input type="checkbox"/> Unknown 100 Light 101 Dark 970 Not applicable 999 Unknown	Upper	101	Lower	100
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NON-MOTORIST MEDICAL INFORMATION

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

NON-MOTORIST CONDITION

Conditions at the Time of the Crash <input type="checkbox"/> Unknown 000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted	000	Distraction Action <input type="checkbox"/> Unknown 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction 999 Unknown distraction	000	Distraction Source <input type="checkbox"/> Unknown 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown	970
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Suspected Alcohol Usage <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown	000	Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	000	Alcohol Kit Number <input type="checkbox"/> Unknown	Alcohol Test Type <input type="checkbox"/> Unknown 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)	970	Alcohol Test Results <input type="checkbox"/> Unknown 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	970	BAC
Suspected Drug Usage <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown	000	Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	000	Drug Kit Number <input type="checkbox"/> Unknown	Drug Test Type <input type="checkbox"/> Unknown 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other	970	Drug Test Results Not applicable		

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

Non-Motorist # 2
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NON-MOTORIST INFORMATION

Name [] Unknown Age [] Unknown Sex 100 Race 103
Paula Dickinson 26 100 Female 100 American Indian or Alaska Native
101 Male 101 Asian or Pacific Islander
999 Unknown 102 Black
103 White
980 Other
999 Unknown
Address [] Unknown Phone Number [X] Not Collected
53 Major St Baton Rouge LA 70245
Street City State Postal Code
Incident Responder 000 Date of Birth [X] 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.)

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type 200 Initial 103 Location 101
100 Bicyclist Contact Point 100 Intersection - marked crosswalk 200 Signed route (no pavement marking) 300 Driveway access
198 Other cyclist 100 Front (12 o'clock) 101 Intersection - unmarked crosswalk 201 Shared lane markings 301 Non-trafficway area
200 Pedestrian 101 Right (3 o'clock) 102 Intersection - other 202 On-street bike lanes 302 Shared-use path or trail
298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 102 Rear (6 o'clock) 103 Median/crossing island 203 On-street buffered bike lanes 303 Sidewalk
103 Left (9 o'clock)
999 Unknown 104 Midblock - marked crosswalk 204 Separated bike lanes
105 Shoulder/roadside 205 Off-street trails/sidepaths 980 Other
999 Unknown 106 Travel lane - other location 999 Unknown
Origin/Destination 999 Safety Equipment
100 Going to or from school (K-12) [X] 000 None [] 100 Helmet [] 103 Lighting [] 980 Other
101 Going to or from transit [] 101 Protective pads used (elbows, knees, shins, etc.) [] 104 Reflectors [] 999 Unknown
970 Not applicable [] 102 Reflective wear (backpack, triangles, etc.)
999 Unknown

Action Prior to Crash 102 Actions or Circumstances At Time of Crash 000 Clothing Brightness Upper 100 Lower 100
000 None 000 None (no improper action) 100 Light
100 Adjacent to roadway (e.g., shoulder, median) 101 Dark
101 Crossing roadway 100 Dart / dash 109 Not visible (dark clothing, no lighting, etc.) 970 Not applicable
102 Waiting to cross roadway 101 Disabled vehicle related 110 Wrong-way riding or walking 999 Unknown
103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) (working on, pushing, leaving/approaching) 980 Other
104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 102 Entering/exiting parked/standing vehicle 999 Unknown
105 Walking/cycling on sidewalk 103 Failure to obey traffic signs, signals, or officer
106 Working in trafficway (incident response) 104 Failure to yield right-of-way
198 In roadway -other 105 Improper passing
980 Other 106 Improper turn/merge
999 Unknown 107 Inattentive (talking, eating, etc.)
108 In roadway improperly (standing, lying, working, playing)

NON-MOTORIST MEDICAL INFORMATION

Injury Status 101 Type of Medical Transportation 100 EMS Response Agency EMS Response Run # [X] Unknown
100 (K) Fatal Injury 000 Not transported
101 (A) Suspected Serious Injury 100 EMS air Acadian Air Med Services
102 (B) Suspected Minor Injury 101 EMS ground
103 (C) Possible Injury 200 Law enforcement
104 (O) No Apparent Injury 980 Other
999 Unknown 999 Unknown
Medical Unique Identifier [X] Not applicable Facility Receiving Patient
[] Unknown VA Medical Center Shreveport

NON-MOTORIST CONDITION

Conditions at the Time of the Crash 000 Distraction Action 000 Distraction Source 970
000 Apparently normal 970 Not applicable 000 Not distracted 100 Hands-free mobile phone
100 Asleep/blacked out 980 Other 100 Talking / listening 101 Hand-held mobile phone
101 Fatigued 999 Unknown 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 102 Vehicle-integrated device
102 Emotional (depressed, angry, disturbed, etc.) 200 Inattentive 198 Other electronic device
103 Ill (sick), fainted 980 Other distraction 200 Passenger or other non-motorist
104 Physically impaired 999 Unknown distraction 201 External to vehicle/non-motorist area
105 Under the influence of medications/ drugs/alcohol 970 Not applicable
106 Inattentive/distracted 999 Unknown

Suspected 000 Test Status 000 Alcohol [] Unknown Alcohol Test Type 970 Alcohol Test Results 970 BAC
Alcohol Kit Number Usage 100 Blood 300 Urine 000 Results pending
001 Test refused 101 Blood clot 301 Vitreous 001 Negative results with no actual value
100 Test given 102 Blood plasma/serum 302 Liver 100 Results received
999 Unknown if tested 200 Breath 970 Not applicable 101 Positive results with no actual value
999 Unknown 201 Preliminary breath test (PBT) 980 Other 970 Not applicable
999 Unknown

Suspected 000 Test Status 000 Drug [] Unknown Drug Test Type 970 Drug Test Results
Drug Kit Number Usage 100 Blood 970 Not applicable Not applicable
001 Test refused 101 Urine 999 Unknown
100 Test given 102 Both blood and urine
999 Unknown if tested 103 Saliva
999 Unknown 198 Other

DIAGRAM

Rev. 2023-1

Scene #

1

Case #

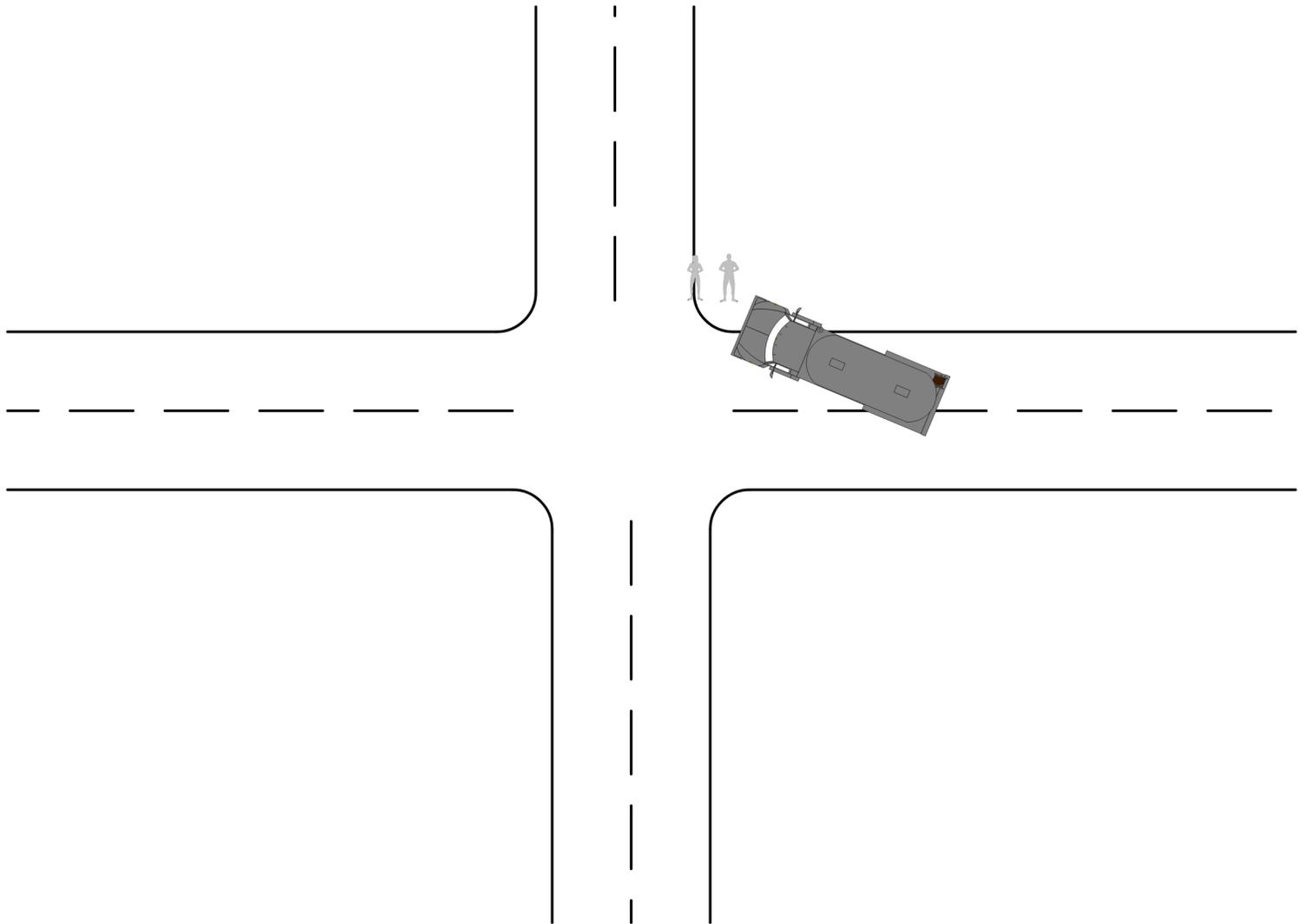
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CRASH DIAGRAM



NARRATIVE

Rev. 2023-1

CRASH NARRATIVE

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

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