

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2023-1	Case #	B-234567-23	Page	1	of	11	
Number of Motorists	1	Number of Non-Motorists	0	Non-Fatally Injured Persons	2	Fatalities	0	Total Injuries and Fatalities	2	Vehicles Involved	1	Troop	A
Investigating Agency				Division	Parish		City		Latitude	Longitude			
LSP (Troop A)				2	East Baton Rouge		Baton Rouge		30.403691° N	91.169004° W			

CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	On Scene Investigation Completed Date/Time
08/09/2021 0101	08/09/2021 0101	08/09/2021 0102	08/09/2021 0103	08/09/2021 1204

ROAD INFORMATION

Highway <input checked="" type="checkbox"/> Not applicable	Road
	EMORY AVE
Distance/Direction From Intersection <input type="checkbox"/> Not applicable	Intersecting Road <input type="checkbox"/> Crash was at an intersection
30.0 ft East	LSU AVE

LOCATION INFORMATION

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

INVESTIGATING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
SGT	Christian		Rodriguez	
Badge #	Printed Name	Signature		
AB123	Christian	<i>Christian</i>		

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event	205	Location of First Harmful Event	104	Manner of Crash	000
Non-Collision		100 Cargo/equipment loss or shift		000 Not a collision between two motor vehicles in transport	
101 Fell/jumped from motor vehicle		101 Gore		200 Front to front - head on	
102 Fire/explosion		101 In parking lane or zone		300 Front to rear - rear end	
103 Immersion, full or partial		102 Median		400 Backing - rear to front	
104 Jackknife		103 Off roadway, location unknown		401 Backing - rear to rear	
105 Overturn/rollover		104 On roadway		402 Backing - rear to side	
106 Thrown or falling object		105 On shoulder, left side		502 Sideswipe - opposite direction	
198 Other non-collision harmful event		106 On shoulder, right side		505 Sideswipe - same direction	
Collision with Non-Fixed Object		107 Outside road/right-of-way		980 Other	
200 Collision with animal (live)		108 Roadside		999 Unknown	
201 Collision with motor vehicle in transport		109 Separator/traffic island			
202 Collision with parked motor vehicle		999 Unknown			
203 Collision with pedalcycle (including bicycles)		Relation to Junction	106	Contributing Factor	Primary 101
204 Collision with pedestrian		000 Not an interchange area		100 Violations	
205 Collision with railway vehicle (train, engine)		100 Acceleration or deceleration lane		101 Movement prior to crash	Secondary 970
206 Collision with object at rest from MV in transport		101 Crossover related		102 Vision obstructions	
207 Collision with falling/shifting cargo or anything set in motion by MV		102 Driveway access or related		103 Driver condition	
208 Collision with work zone/maintenance equipment		103 Entrance/exit ramp or related		104 Vehicle condition	
209 Collision with farm equipment		104 Intersection or related		105 Road surface	
297 Collision with other non-motorist		106 Railway grade crossing		106 Roadway condition	
298 Collision with other non-fixed object		107 Shared-use path or trail		107 Lighting condition	
Collision with Fixed Object		108 Through roadway		108 Weather condition	
300 Collision with bridge overhead structure		980 Other location within an interchange area (median, shoulder, and roadside)		109 Traffic control	
301 Collision with bridge pier or support		999 Unknown		110 Non-motorist condition	
302 Collision with bridge rail		Intersection Geometry	102	111 Non-motorist action	
303 Collision with cable barrier		100 Angled / skewed		970 Not applicable	
304 Collision with concrete traffic barrier		101 Roundabout / traffic circle		School Bus Relation	000
305 Collision with culvert		102 Perpendicular		000 No	
306 Collision with curb		970 Not applicable		100 Yes, school bus directly involved	
307 Collision with ditch		Intersection Traffic Control	000	101 Yes, school bus indirectly involved	
308 Collision with embankment		000 No controls			
309 Collision with fence		100 Signalized			
310 Collision with guardrail end terminal		101 Stop -all way			
311 Collision with guardrail face		102 Stop -partial			
312 Collision with impact attenuator/crash cushion		103 Yield			
313 Collision with mailbox		970 Not applicable			
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					

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CRASH CONDITIONS

Roadway Surface Condition	107	Light Condition	300	Weather Conditions	105	Environmental Conditions	102
000 Dry		100 Daylight		000 Clear	103	000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	103
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	104	Work Zone Type	103	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
	Eric		Newman	

WITNESS

WITNESS

Name	Name
<i>First Middle Last Suffix</i>	<i>First Middle Last 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 City State 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 City State 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 City State 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

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DESCRIPTION AND INFORMATION

Check if this vehicle had no driver Hit and Run 100 Vehicle Type 100 Vehicle Body Type 999
VIN Unknown
Model Year Unknown Make Unknown Model Unknown Color Unknown
License Plate Missing Non-expiring
State Unknown Number Unknown Year Unknown
Owner Name Same as driver Unknown
Owner Address Same as driver Unknown
Insurance Uninsured at time of crash
Company Unknown
Phone # Unknown
NAIC # Unknown
Policy # Unknown
Expiration Date Unknown
Passenger Vehicles
Construction / Farm Equipment
Cycle / Off Road / Recreation
Trucks
Large Passenger Vehicle
Other

DAMAGE TOWING

Damage Extent 990 Initial Point of Contact Damaged Areas Tow Status 000 Tow Authority 970
000 None
100 Minor damage
101 Functional damage
102 Disabling damage
990 Vehicle not at scene
000 Not towed
100 Towed, but not due to disabling damage
101 Towed (or will be towed) due to disabling damage
000 Non-collision
001 Vehicle not at scene
100 Top
113 Undercarriage
001 Vehicle not at scene
002 No damage
100 Top
113 Undercarriage

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage 999 Vehicle Maneuver 999 Vehicle Maneuver Reason 999
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)
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
000 Not on roadway
001 In roadway but not in motion
100 Northbound
300 Eastbound
500 Southbound
700 Westbound
999 Unknown

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VEHICLE INFORMATION

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MOTOR VEHICLE CIRCUMSTANCES

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, HOV Lane Relation, Sequence of Events, Most Harmful Event, Non-Harmful Events, Collision with Fixed Object, Non-Collision Events, Collision with Person / Vehicle / Non-Fixed Object.

MOTOR VEHICLE EVENTS

Sequence of Events, Most Harmful Event, Non-Harmful Events, Collision with Fixed Object, Non-Collision Events, Collision with Person / Vehicle / Non-Fixed Object.

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 000	Hazardous Materials Placard 000
000 Vehicles 10,000 lbs or less 100 Vehicles 10,000 lbs or less placarded for hazardous materials 200 Bus/large van (seats 9-15 occupants, including driver) 201 Bus (seats more than 15 occupants, including driver)	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) 301 Single-unit truck (3 or more axles) 302 Truck pulling trailer(s) 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 999 Unknown
Hazardous Material ID N/A	
Hazardous Material Class 970	
1 Explosives 970 Not applicable 2 Gas 999 Unknown 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods	

Cargo Body Type 970	Special Sizing
000 No cargo body 100 Bus 101 Auto transporter 102 Cargo tank 103 Concrete mixer 104 Dump 105 Flatbed 106 Garbage / refuse 107 Grain / chips / gravel 108 Intermodal container chassis 970 Not applicable 980 Other 999 Unknown	<input checked="" type="checkbox"/> 000 No special sizing <input type="checkbox"/> 100 Over-height <input type="checkbox"/> 101 Over-length <input type="checkbox"/> 102 Over-weight <input type="checkbox"/> 103 Over-width <input type="checkbox"/> 999 Unknown 109 Log 110 Pole trailer 111 Van / enclosed box 112 Vehicle towing another vehicle
Hazardous Materials Released from Vehicle Cargo Compartment 970	
000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable	

Load Permitted 970	Number of Axles	Motor Carrier Type 000	Motor Carrier Identification 970	
000 Non-permitted load 100 Permitted load 970 Not applicable (not a qualifying vehicle) 999 Unknown	<input type="checkbox"/> Unknown	000 Personal vehicle 001 Not in commerce: government 002 Not in commerce: personal rental truck or bus 098 Not in commerce: other 100 Interstate carrier 101 Intrastate carrier	100 US DOT number 101 State number 970 Not applicable 999 Unknown/unable to determine State _____	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 970	Commodity Hauled
100 Light (less than 10,000 lbs.GVWR/GCWR) 101 Medium (10,001 - 26,000 lbs GVWR/GCWR) 102 Heavy (greater than 26,000 lbs GVWR/GCWR) 970 Not applicable (not a qualifying vehicle) 999 Unknown	

TRAILER INFORMATION TRAILER

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

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
State _____ <input type="checkbox"/> Unknown	Number _____ <input type="checkbox"/> Unknown
Year _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Non-expiring

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
State _____ <input type="checkbox"/> Unknown	Number _____ <input type="checkbox"/> Unknown
Year _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Non-expiring

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
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DRIVER INFORMATION

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

DRIVER LICENSE INFORMATION

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

DRIVER SEATING AND SAFETY INFORMATION

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

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle #
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MEDICAL INFORMATION

Injury Status 103	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	Alcohol Test Results 970	BAC
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	000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	
Suspected Drug Usage 999		Drug Kit Number <input type="checkbox"/> Unknown	Drug Test Type 970	Drug Test Results	
000 Test not given 001 Test refused 100 Test given 999 Unknown if tested			100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other	Not applicable	

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 TRAIN SUPPLEMENT

Train # 1	Rev. 2023-1	Case # B-234567-23	Page 8 of 11
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TRAIN INFORMATION							
Train Type 100 Railroad train 101 Streetcar	ID # 123	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Lead Engine # 789	<input type="checkbox"/> Unknown	Serial # 7	<input type="checkbox"/> Unknown	Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input checked="" type="checkbox"/> 101 Ditch lights functional <input checked="" type="checkbox"/> 102 Horn functional <input checked="" type="checkbox"/> 103 Bell functional <input checked="" type="checkbox"/> 104 Event data recorder equipped
Make Train	Type Choo-Choo	<input type="checkbox"/> Unknown	# of Engines 1	<input type="checkbox"/> Unknown	# of Cars 2	<input type="checkbox"/> Unknown	Data Recorder Speed 50 <input type="checkbox"/> Pending

TRACK INFORMATION			WARNING DEVICES			
DOT Crossing # 77	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	Crossing Surface Material 100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel	Crossing Surface 100 980 Other	Present Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other	Advance Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other	Active Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other
Sets of Tracks 2	Speed Limit 50	Crossing Type 100 Public 101 Private				

COLLISION INFORMATION					
Train in Motion 000 No 100 Yes	Crossing Vehicle Interaction 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing	Struck Car # <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Struck Car Type <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown	Distance Traveled After Impact 100.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> miles	Estimated Speed Before Braking 88
Collision Type 100 Frontal 101 Side/backing		Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown			

Hazardous Materials Placard 000 Had no placard and not carrying hazardous materials 001 Had a placard, not carrying hazardous materials 100 Carried hazardous material that required placarding 200 Carried hazardous materials without placard 999 Unknown	Hazardous Material Class 000	Hazardous Material Class 1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods	Hazardous Materials Released from Train Cargo Compartment 970	Hazardous Materials Released from Train Cargo Compartment 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable
Hazardous Material ID N/A				

TRAIN OPERATOR				
Name Emmett Brown	Address 8 Eastwood Ravine Rd	City Hill Valley	State CA	Postal Code 90210
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown			

TRACK OWNER				
Name Biff Tannen	Address 9 Lyon Estates	City Hill Valley	State CA	Postal Code 90210
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown			

TRAIN ENGINEER				
Name Marty McFly	<input type="checkbox"/> Unknown <input type="checkbox"/> This train had no engineer	Certification Number 123456	Race 103	<input type="checkbox"/> Unknown
Address 9303 Roslyndale Avenue	City Hill Valley	State CA	Postal Code 90210	Phone Number 888-222-4444
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Collected		

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	Sex 100 Female 101 Male 999 Unknown	Age 53	Date of Birth 6/12/1968	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown
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Injury Status 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement	EMS Response Agency 980 Other 999 Unknown	EMS Response Run # <input type="checkbox"/> Unknown	Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	Facility Receiving Patient Not applicable
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LOUISIANA UNIFORM CRASH REPORT TRAIN SUPPLEMENT

Train #
1

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TRAIN CONDUCTOR										
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor					Race					
George McFly					100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other					
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected					
9303 Roslyndale Avenue Hill Valley CA 90210					888-555-9999					
Incident Responder					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown	
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown		83		1/1/1938	
Injury Status		Type of Medical Transportation		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Unknown						
Medical Unique Identifier		<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown		Facility Receiving Patient						
				Unknown						

PASSENGER INFORMATION										
PASSENGER # <input type="checkbox"/>										
Name <input type="checkbox"/> Unknown					Race					
					100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other					
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected					
Incident Responder					Sex		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown	
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown					
Injury Status		Type of Medical Transportation		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Unknown						
Medical Unique Identifier		<input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient						

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

DIAGRAM

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Scene #

1

Case #

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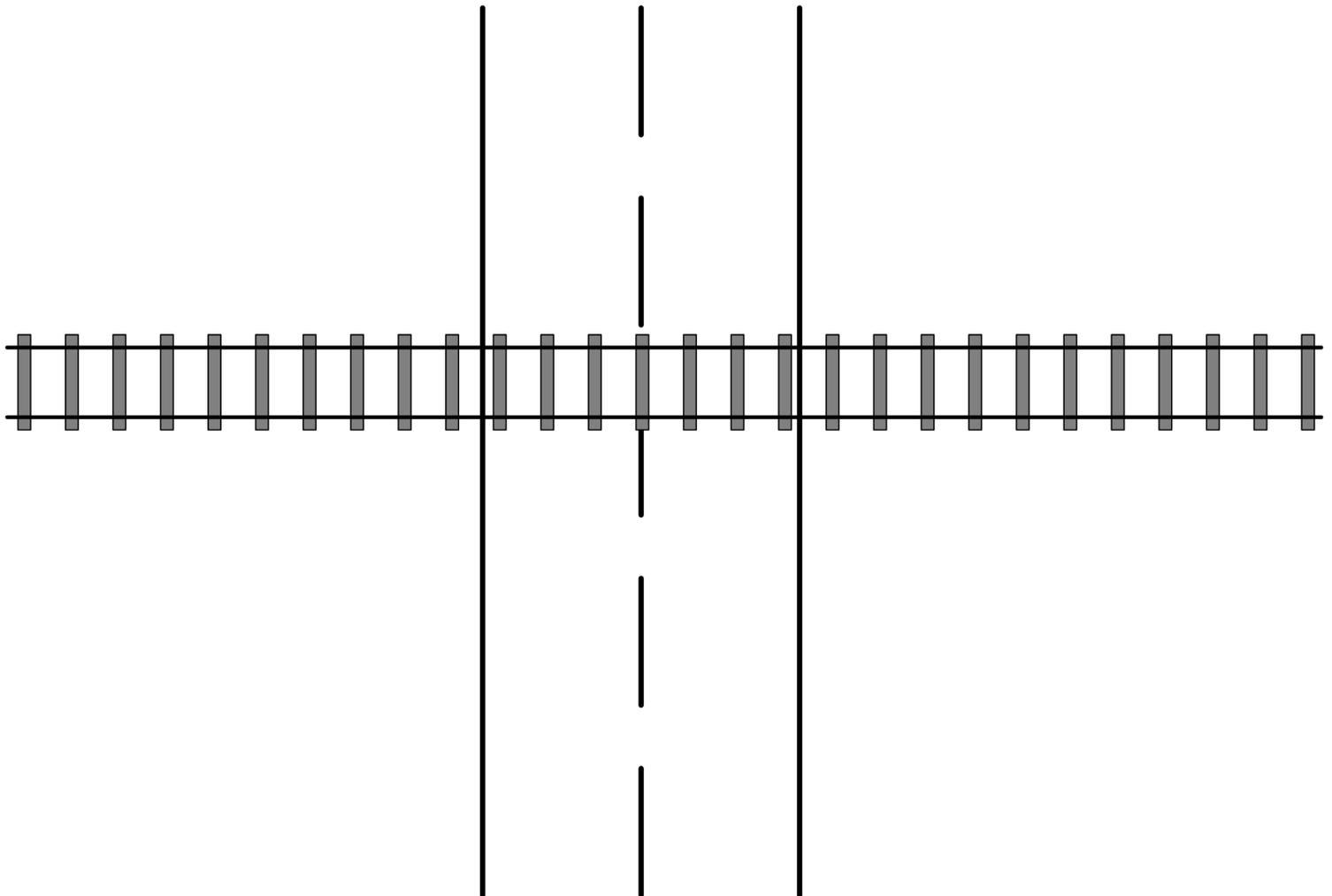
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CRASH DIAGRAM



NARRATIVE

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CRASH NARRATIVE

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

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

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

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

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