

LOUISIANA UNIFORM CRASH REPORT
CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2021-1		Case #		Test Case Tracking - 9		Page 1 of 11	
Number of Motorists 3		Number of Non-Motorists 1		Non-Fatally Injured Persons 2		Fatalities 2		Total Injuries and Fatalities 4		Vehicles Involved 1		Troop A	
Investigating Agency CARTS LSU				Division		Parish Red River		City Rural Red River		Latitude 32.031044° N		Longitude 93.199500° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/20/2021 0900		Police Notified Date/Time 08/20/2021 0901		Police Arrived Date/Time 08/20/2021 0905		Roadway Cleared Date/Time 08/20/2021 0907		On Scene Investigation Completed Date/Time 08/20/2021 0910					
ROAD INFORMATION													
Highway <input type="checkbox"/> Not applicable LA Highway 507				Road LA 507									
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 20.0 ft South				Intersecting Road <input type="checkbox"/> Crash was at an intersection E GARDENS DR									
LOCATION INFORMATION													
Road Classification 102		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 3		Traffic Flow Direction N			
100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property		100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable		100 Public property 200 Private property		100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway		1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more		X Not applicable (not a divided highway) N North W West S South E East			
INVESTIGATING OFFICER													
Rank Trooper		First Name Matt				Middle Name		Last Name Trahan				Suffix	
Badge # 1234		Printed Name Matt Trahan						Signature <i>Matt Trahan</i>					
CRASH CIRCUMSTANCES AND CONDITIONS													
First Harmful Event 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				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				Relation to Junction 104		Contributing Factor Primary 100 Secondary 101							
200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown		100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable							
Collision with Fixed Object				Intersection Geometry 102		School Bus Relation 000							
300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved							
Intersection Traffic Control 102		000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable											

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CRASH CONDITIONS

Roadway Surface Condition	000	Light Condition	100	Weather Conditions	000	Environmental Conditions	000
000 Dry		100 Daylight		000 Clear		000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	
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	100	Work Zone Type	100	Work Zone Circumstances	105	Worker(s) Present	000	Law Enforcement Present	000
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
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	

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000018

Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 9	Page	3	of	11
DESCRIPTION AND INFORMATION									
<input type="checkbox"/> Check if this vehicle had no driver	Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene	000	Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	100	Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 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 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <u>Other</u> 980 Other 999 Unknown				
VIN <input checked="" type="checkbox"/> Unknown									
Model Year <input type="checkbox"/> Unknown 2020	Make Honda	Model Civic/CRX, del Sol	Color Black						
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 345DGR <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown	Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Ron Walker								
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 3425 Livingston Rd Baton Rouge LA 70651 <small>Street City State Postal Code</small>									
Insurance <input type="checkbox"/> Uninsured at time of crash Company Geico <input type="checkbox"/> Unknown Phone # 8165168165 <input type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # DFAS-234234 <input type="checkbox"/> Unknown Expiration Date 8/9/2022 <input type="checkbox"/> Unknown									
DAMAGE									
Damage Extent 102 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 <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		Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		TOWING Tow Status 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage Towed By <input type="checkbox"/> Unknown Sam's Towing				
MOTOR VEHICLE CIRCUMSTANCES									
Vehicle Usage 000 000 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)		Vehicle Maneuver 100 100 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 Vehicle Maneuver Reason 000 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing 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							
Emergency Vehicle Usage 000 000 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		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							

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VEHICLE INFORMATION

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Motor Vehicle #		Rev. 2021-1		Case #	Test Case Tracking - 9	Page	4	of	11
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown		Contributing Defects					
Front Left	Front Right	<input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown		000 None					
<input type="text"/>	<input type="text"/>			100 Brakes					
Rear Left	Rear Right			101 Exhaust system					
<input type="text"/>	<input type="text"/>			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					
Traffic Control Device Types and Statuses									
Traffic Control Device Types		Devices Present		Devices Inoperative or Missing					
000 None	300 Flashing railroad crossing (may include gates)	1	305	1	000				
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2		2					
	302 Flashing traffic control signal	3		3					
	303 Lane use control signal	4		4					
	304 Ramp meter signal								
200 Bicycle crossing sign	305 Traffic control signal								
201 Curve Ahead warning sign	398 Other signal								
202 Intersection Ahead warning sign	400 Bicycle crossing								
203 Pedestrian crossing sign	401 Pedestrian crossing								
204 Railroad crossing	402 Railroad crossing								
205 Reduce Speed Ahead warning sign	403 School zone								
206 School zone sign	404 Yellow no passing line								
207 Stop sign	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)								
208 Yield sign	980 Other								
298 Other warning sign	999 Unknown								
Traffic Signal Status									
100 Red signal on									
200 Yellow signal on									
300 Green signal on									
970 Not applicable									
999 Unknown									
Automation System Level Present									
000 No automation									
100 Driver assistance									
101 Partial automation									
102 Conditional automation									
103 High automation									
104 Full automation									
199 Automation level unknown									
999 Unknown									
Automation System Level Engaged									
000 No automation									
100 Driver assistance									
101 Partial automation									
102 Conditional automation									
103 High automation									
104 Full automation									
199 Automation level unknown									
999 Unknown									
Barrier Type									
000 Not divided									
001 Not divided, with a continuous left turn lane									
100 Divided, flush median (greater than 4 ft wide)									
101 Divided, raised median (curbed)									
102 Divided, depressed median									
999 Unknown									
Roadway Grade									
100 Level									
101 Uphill									
102 Hillcrest									
103 Downhill									
104 Sag (bottom)									
Number of Through Lanes									
2									
Number of Auxiliary Lanes									
0									
Roadway Alignment									
100 Straight									
101 Curve left									
102 Curve right									
Permitted Travel									
100 One-way									
200 Two-way									
Speed Limit									
35									
<input type="checkbox"/> Unknown									
<input type="checkbox"/> N/A									
HOV Lane Presence									
000 None present									
100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median									
101 Not separated, painted pavement markings, post-mounted delineators									
HOV Lane Relation									
000 No									
100 Yes									
MOTOR VEHICLE EVENTS									
Sequence of Events									
1									
2									
3									
4									
Most Harmful Event									
204									
Non-Harmful Events					Collision with Fixed Object				
000 Cross centerline					300 Collision with bridge overhead structure				
001 Cross median					301 Collision with bridge pier or support				
002 End departure (T-intersection, dead-end, etc.)					302 Collision with bridge rail				
003 Downhill runaway					303 Collision with cable barrier				
004 Equipment failure (blown tire, brake failure, etc.)					304 Collision with concrete traffic barrier				
005 Ran off roadway left					305 Collision with culvert				
006 Ran off roadway right					306 Collision with curb				
007 Reentering roadway					307 Collision with ditch				
008 Separation of units					308 Collision with embankment				
009 Other non-harmful event					309 Collision with fence				
					310 Collision with guardrail end terminal				
					311 Collision with guardrail face				
					312 Collision with impact attenuator/crash cushion				
					313 Collision with mailbox				
					314 Collision with traffic sign support				
					315 Collision with traffic signal support				
					316 Collision with tree (standing)				
					317 Collision with utility pole/light support				
					396 Collision with other post,pole,or support				
					397 Collision with other traffic barrier				
					398 Collision with other fixed object (wall, building, tunnel, etc.)				
					399 Collision with unknown fixed object				
Non-Collision Events					Collision with Person / Vehicle / Non-Fixed Object				
100 Cargo/equipment loss or shift					200 Collision with animal (live)				
101 Fell/jumped from motor vehicle					201 Collision with motor vehicle in transport				
102 Fire/explosion					202 Collision with parked motor vehicle				
103 Immersion, full or partial					203 Collision with pedacycle				
104 Jackknife					204 Collision with pedestrian				
105 Overturn/rollover					205 Collision with railway vehicle (train, engine)				
106 Thrown or falling object					206 Collision with object at rest from MV in transport				
198 Other non-collision harmful event					207 Collision with falling, shifting cargo, or anything set in motion by MV				
					208 Collision with work zone/maintenance equipment				
					209 Collision with farm equipment				
					297 Collision with other non-motorist				
					298 Collision with other non-fixed object				

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VEHICLE INFORMATION

Motor Vehicle # 1		Rev. 2021-1		Case #	Test Case Tracking - 9	Page	5	of	11				
COMMERCIAL MOTOR VEHICLE INFORMATION													
Vehicle Configuration				000	Hazardous Materials Placard					000			
000 Vehicles 10,000 lbs or less				300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown					000 Had no placard and not carrying hazardous materials			
100 Vehicles 10,000 lbs or less placarded for hazardous materials				301 Single-unit truck (3 or more axles)						001 Had a placard, not carrying hazardous materials			
200 Bus/large van (seats 9-15 occupants, including driver)				302 Truck pulling trailer(s)						100 Carried hazardous material that required placarding			
201 Bus (seats more than 15 occupants, including driver)				303 Truck tractor (bobtail)						200 Carried hazardous materials without placard	999 Unknown		
				304 Truck tractor/semi-trailer						Hazardous Material ID N/A			
				305 Truck tractor/double						Hazardous Material Class		970	
				306 Truck tractor/triple						1 Explosives	970 Not applicable		
				307 Truck more than 10,000 lbs., cannot classify						2 Gas	999 Unknown		
Cargo Body Type				970	Special Sizing								
000 No cargo body					<input checked="" type="checkbox"/> 000 No special sizing								
100 Bus				105 Flatbed	<input type="checkbox"/> 100 Over-height								
101 Auto transporter				106 Garbage / refuse	<input type="checkbox"/> 101 Over-length								
102 Cargo tank				107 Grain / chips / gravel	<input type="checkbox"/> 102 Over-weight								
103 Concrete mixer				108 Intermodal container chassis	<input type="checkbox"/> 103 Over-width								
104 Dump				109 Log	<input type="checkbox"/> 999 Unknown								
110 Pole trailer													
111 Van / enclosed box													
112 Vehicle towing another vehicle													
970 Not applicable				980 Other	999 Unknown								
Load Permitted				970	Number of Axles		Motor Carrier Type		000	Motor Carrier Identification		970	
000 Non-permitted load					<input type="checkbox"/> Unknown		000 Personal vehicle			100 US DOT number			
100 Permitted load							001 Not in commerce: government			101 State number			
970 Not applicable (not a qualifying vehicle)							002 Not in commerce: personal rental truck or bus			970 Not applicable			
999 Unknown							098 Not in commerce: other			999 Unknown/unable to determine			
							100 Interstate carrier			Motor Carrier Name		<input type="checkbox"/> Unknown	
							101 Intrastate carrier			Motor Carrier ID Number			
Motor Carrier Address				<input type="checkbox"/> Unknown						Motor Carrier Phone Number			<input type="checkbox"/> Unknown
Street					City		State		Postal Code				
GVWR/GCWR				970	Commodity Hauled								
100 Light (less than 10,000 lbs.GVWR/GCWR)													
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)													
102 Heavy (greater than 26,000 lbs GVWR/GCWR)													
970 Not applicable (not a qualifying vehicle)													
999 Unknown													
TRAILER INFORMATION										TRAILER #			
VIN						<input type="checkbox"/> Unknown		Number of Axles				<input type="checkbox"/> Unknown	
Year		<input type="checkbox"/> Unknown		Make		<input type="checkbox"/> Unknown		Model		<input type="checkbox"/> Unknown			
License Plate						<input type="checkbox"/> Missing		<input type="checkbox"/> Non-expiring					
State		<input type="checkbox"/> Unknown		Number		<input type="checkbox"/> Unknown		Year		<input type="checkbox"/> Unknown			
TRAILER INFORMATION										TRAILER #			
VIN						<input type="checkbox"/> Unknown		Number of Axles				<input type="checkbox"/> Unknown	
Year		<input type="checkbox"/> Unknown		Make		<input type="checkbox"/> Unknown		Model		<input type="checkbox"/> Unknown			
License Plate						<input type="checkbox"/> Missing		<input type="checkbox"/> Non-expiring					
State		<input type="checkbox"/> Unknown		Number		<input type="checkbox"/> Unknown		Year		<input type="checkbox"/> Unknown			
TRAILER INFORMATION										TRAILER #			
VIN						<input type="checkbox"/> Unknown		Number of Axles				<input type="checkbox"/> Unknown	
Year		<input type="checkbox"/> Unknown		Make		<input type="checkbox"/> Unknown		Model		<input type="checkbox"/> Unknown			
License Plate						<input type="checkbox"/> Missing		<input type="checkbox"/> Non-expiring					
State		<input type="checkbox"/> Unknown		Number		<input type="checkbox"/> Unknown		Year		<input type="checkbox"/> Unknown			

LOUISIANA UNIFORM CRASH REPORT
DRIVER INFORMATION

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Motor Vehicle #		1	
DRIVER INFORMATION			
Name <input type="checkbox"/> Unknown		Age <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> 101
Ron Walker		33	100 Female 101 Male 999 Unknown
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected	Race <input type="checkbox"/> 103
3425 Livingston Rd Baton Rouge LA 70651		5415415341	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
Incident Responder <input type="checkbox"/> 000		Date of Birth <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> 101
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.)		8/23/1987	100 Hispanic 101 Other than Hispanic 999 Unknown
DRIVER LICENSE INFORMATION			
License Status <input type="checkbox"/> 100		License Class <input type="checkbox"/> 400	Driver License Type <input type="checkbox"/> 100
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
Commercial Driver License Status <input type="checkbox"/> 970		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 56156068165		License State LA	Endorsements on License <input checked="" type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown
Endorsement Compliance <input type="checkbox"/> 000		Restrictions on License <input type="checkbox"/> 000 - None	
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		Alcohol Interlock Presence <input type="checkbox"/> 970 000 No 970 Not applicable 100 Yes 999 Unknown	
DRIVER SEATING AND SAFETY INFORMATION			
Seating Position <input type="checkbox"/> 100		Restraint Systems Used <input type="checkbox"/> 105	
Standard Vehicle Seats		001 None used - motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 999 Unknown	
Other Seating Positions		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	
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? <input type="checkbox"/> 000 000 No 100 Yes 999 Unknown	
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input checked="" type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain 103 Other (knee, air belt, etc.)		Ejection <input type="checkbox"/> 000 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	
Extrication <input type="checkbox"/> 000 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown			

Motor Vehicle # 1		DRIVER INFORMATION Rev. 2021-1		Case #	Test Case Tracking - 9	Page 7 of 11
MEDICAL INFORMATION						
Injury Status 101		Type of Medical Transportation 101		EMS Response Agency		
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		East Jefferson Hospital Emergency Medical Service		
				EMS Response Run # <input checked="" type="checkbox"/> Unknown		
Medical Unique Identifier		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient		
				Riverland Medical Center		
DRIVER CONDITION AND CIRCUMSTANCES						
Conditions at Time of Crash 000		Distraction Action 000		Distraction Source 970		Speeding Relation 000
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 980 Other 999 Unknown		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown		000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown
				Vision Obscurement 000		
				000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building 105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown		
Suspected Alcohol Usage 000		Test Status 000		Alcohol Kit Number <input type="checkbox"/> Unknown		Alcohol Test Type 970
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) 300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other		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
Suspected Drug Usage 000		Test Status 000		Drug Kit Number <input type="checkbox"/> Unknown		Drug Test Type 970
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown		Drug Test Results Not applicable
DRIVER ACTIONS						
Driver Actions at Time of Crash				108	Avoidance Maneuver 000	Pre-Collision Stability 000
000 No contributing action				112	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					980 Other	
112 Ran red light					999 Unknown	
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						

LOUISIANA UNIFORM CRASH REPORT
PASSENGER INFORMATION

2021000018

Total # of Passengers 2	Rev. 2021-1	Case #	Test Case Tracking - 9	Page 8 of 11
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PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 1

Name <input type="checkbox"/> Unknown Alan Walker <small>First Middle Last Suffix</small>		Date of Birth Unknown	Age 12	Sex 100 Female 101 Male 999 Unknown	101	Race 103	
Address <input type="checkbox"/> Unknown 3425 Livingston Rd Baton Rouge LA 70651 <small>Street City State Postal Code</small>		Phone Number <input checked="" type="checkbox"/> Not Collected		Ethnicity 101			
Air Bags Deployed <input checked="" 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 105	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position 999	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 EMS Response Run # <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable		

MOTOR VEHICLE # 1 PASSENGER # 2

Name <input type="checkbox"/> Unknown Sydney Walker <small>First Middle Last Suffix</small>		Date of Birth Unknown	Age 25	Sex 100 Female 101 Male 999 Unknown	100	Race 103	
Address <input type="checkbox"/> Unknown 3425 Livingston Rd Baton Rouge LA 70651 <small>Street City State 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 checked="" type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	Injury Status 100	Incident Responder 000	Restraint System 105	Any indication of improper use? 000 No 100 Yes 999 Unknown	Seating Position 201	Ejection 100	Extrication 000
Type of Medical Transportation 101		Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	EMS Response Agency Acadian Ambulance Services EMS Response Run # <input checked="" type="checkbox"/> Unknown		Facility Receiving Patient Woman's Hospital Baton Rouge		

MOTOR VEHICLE # PASSENGER #

Name <input type="checkbox"/> Unknown		Date of Birth	Age	Sex 100 Female 101 Male 999 Unknown		Race		
Address <input type="checkbox"/> Unknown		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	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 EMS Response Run # <input type="checkbox"/> Unknown		Facility Receiving Patient			

PASSENGER CODES

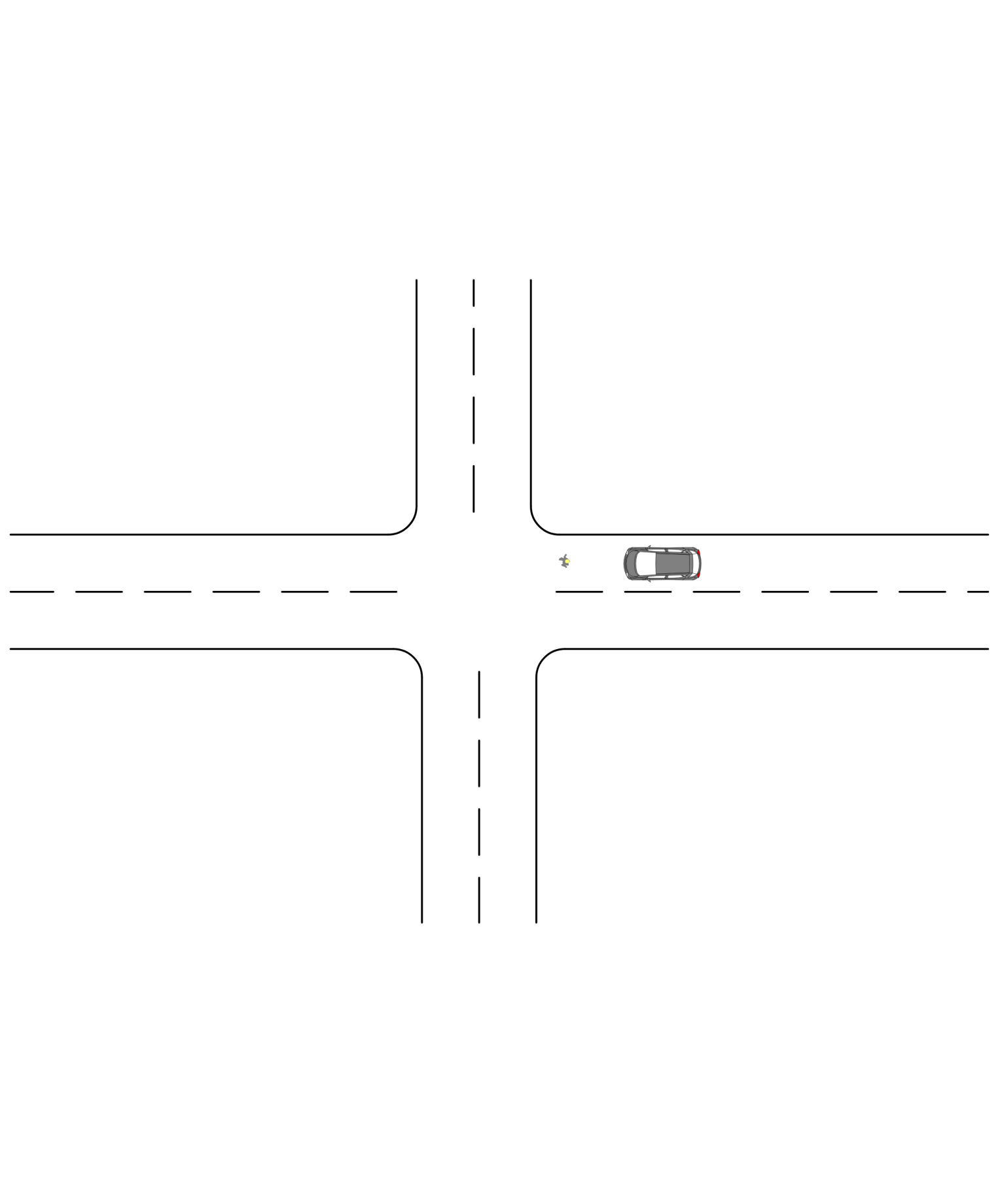
Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Trapped and extricated 101 Trapped 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><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> 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
NON-MOTORIST INFORMATION

Non-Motorist # 1		Rev. 2021-1		Case #		Test Case Tracking - 9		Page 9 of 11	
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown Richard Parker <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 35		Sex 100 Female 101 Male 999 Unknown		Race 101 American Indian or Alaska Native 102 Asian or Pacific Islander 103 Black 104 White 980 Other 999 Unknown	
Address <input type="checkbox"/> Unknown 234 Newton St Baton Rouge LA 70555 <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 checked="" type="checkbox"/> Unknown		Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type 200		Initial 100		Location		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		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location		200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk	
Struck by Vehicle # 1		Origin/Destination 101 100 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		Actions or Circumstances At Time of Crash 000				Clothing Brightness Upper 100 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 101		EMS Response Agency Acadian Air Med Services		EMS Response Run # <input checked="" 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		Medical Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		Facility Receiving Patient VA Medical Center Shreveport			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash 000		Distraction Action 000		Distraction Source 970					
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol		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	DIAGRAM Rev. 2021-1	Case #	Test Case Tracking - 9	Page	10	of	11
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CRASH DIAGRAM



NARRATIVE

Rev. 2021-1

CRASH NARRATIVE

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

LSU's Center for Analytics & Research in Transportation Safety (CARTS) will continue to support law enforcement agencies using the new LA eCrash application. CARTS will also work with your agency to provide the data schema and technical information required for those agencies choosing to use a third-party vendor approach or already have a CAD/RMS system in place.

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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.