

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input checked="" type="checkbox"/> Videos Taken		Rev. 2021-1		Case #		Test Case Tracking - 19		Page 1 of 13																	
Number of Motorists 2		Number of Non-Motorists 0		Non-Fatally Injured Persons 0		Fatalities 1		Total Injuries and Fatalities 1		Vehicles Involved 2		Troop																	
Investigating Agency LSP (Troop A)				Division		Parish Livingston		City Rural Livingston		Latitude 30.552331° N		Longitude 90.754523° W																	
CRASH TIME INFORMATION																													
Crash Date/Time 08/25/2021 0101			Police Notified Date/Time 08/25/2021 0103			Police Arrived Date/Time 08/25/2021 0114			Roadway Cleared Date/Time 08/25/2021 0126			On Scene Investigation Completed Date/Time 08/25/2021 0330																	
ROAD INFORMATION																													
Highway <input type="checkbox"/> Not applicable LA Highway 63				Road LA 63																									
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable				Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection LIGO RD																									
LOCATION INFORMATION																													
Road Classification 102		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 101		Number of Intersection Approaches 2		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 E East S South																			
INVESTIGATING OFFICER																													
Rank		First Name Eric				Middle Name				Last Name Newman				Suffix															
Badge # 76		Printed Name eric						Signature <i>eric</i>																					
CRASH CIRCUMSTANCES AND CONDITIONS																													
First Harmful Event 201				Location of First Harmful Event 105				Manner of Crash 505																					
Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event				Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object				Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				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						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 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				School Bus Relation 000																					
				Intersection Traffic Control 100																									

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CRASH CONDITIONS

Roadway Surface Condition	100	Light Condition	200	Weather Conditions	108	Environmental Conditions	111
000 Dry		100 Daylight		000 Clear	107	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	102	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 # 1

WITNESS # 2

Name	Name
1wfirst	2wfirst
1wlast	2wlast
sr	sr
<i>First Middle Last Suffix</i>	<i>First Middle Last Suffix</i>
Address	Address
9874 Justice	
City	City
Livingston	
State	State
LA	
Postal Code	Postal Code
77000	
Phone Number	Phone Number
555-999-3210	unknown
Age	Age
22	Unknown
Sex	Sex
Female	Male

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY # 1

Property Type	Damage Severity	Owner Name	<input type="checkbox"/> Unknown	Owner Phone Number	<input type="checkbox"/> Not Collected
400	100	DOTD		225-555-4444	
Owner Address					
<input type="checkbox"/> Unknown					
4 Traffic Way		Baton Rouge		LA	70700
<i>Street</i>		<i>City</i>		<i>State</i>	<i>Postal Code</i>

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY # 2

Property Type	Damage Severity	Owner Name	<input checked="" type="checkbox"/> Unknown	Owner Phone Number	<input checked="" type="checkbox"/> Not Collected
402	101				
Owner Address					
<input checked="" type="checkbox"/> Unknown					
<i>Street</i>		<i>City</i>		<i>State</i>	<i>Postal Code</i>

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY # 3

Property Type	Damage Severity	Owner Name	<input type="checkbox"/> Unknown	Owner Phone Number	<input type="checkbox"/> Not Collected
100	102	Carl		225-666-8877	
Owner Address					
<input checked="" 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
Owner Name
Owner Address
Insurance
Company
Phone #
NAIC #
Policy #
Expiration Date

DAMAGE TOWING

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

MOTOR VEHICLE CIRCUMSTANCES

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle #
1

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MOTOR VEHICLE CIRCUMSTANCES

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

MOTOR VEHICLE EVENTS

Sequence of Events 1 [202] 2 [314] 3 [317] 4 [] Most Harmful Event [202]

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 302		Hazardous Materials Placard 100
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)	000 Had no placard and not carrying hazardous materials
200 Bus/large van (seats 9-15 occupants, including driver)	302 Truck pulling trailer(s)	001 Had a placard, not carrying hazardous materials
201 Bus (seats more than 15 occupants, including driver)	303 Truck tractor (bobtail)	100 Carried hazardous material that required placarding
	304 Truck tractor/semi-trailer	200 Carried hazardous materials without placard 999 Unknown
	305 Truck tractor/double	Hazardous Material ID 0147
	306 Truck tractor/triple	Hazardous Material Class 7
	307 Truck more than 10,000 lbs., cannot classify	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
		Hazardous Materials Released from Vehicle Cargo Compartment 100
		000 No, hazardous materials not released
		100 Yes, hazardous materials released
		970 Not applicable

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

Load Permitted 100	Number of Axles	Motor Carrier Type 100	Motor Carrier Identification 100
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)	4	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	State _____
		101 Intrastate carrier	

Motor Carrier Address <input checked="" type="checkbox"/> Unknown	Motor Carrier Phone Number <input checked="" type="checkbox"/> Unknown
Street _____	City _____ State _____ Postal Code _____
GVWR/GCWR 102	Commodity Hauled
100 Light (less than 10,000 lbs.GVWR/GCWR)	plutonium
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 # 1
VIN <input checked="" type="checkbox"/> Unknown	Number of Axles <input type="checkbox"/> Unknown	2
Year <input checked="" type="checkbox"/> Unknown	Make <input type="checkbox"/> Unknown	Model <input type="checkbox"/> Unknown
make _____		model _____
License Plate <input type="checkbox"/> Missing	<input checked="" type="checkbox"/> Non-expiring	
State VER <input type="checkbox"/> Unknown	Number _____ <input checked="" type="checkbox"/> Unknown	Year _____ <input type="checkbox"/> Unknown

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

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

LOUISIANA UNIFORM CRASH REPORT DRIVER INFORMATION

Motor Vehicle # 1

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DRIVER INFORMATION

Name, Address, Incident Responder, Date of Birth, Ethnicity, Race, Sex, Age, Phone Number, etc.

DRIVER LICENSE INFORMATION

License Status, License Class, Driver License Type, Commercial Driver License Status, Endorsements on License, Endorsement Compliance, Restrictions on License, Alcohol Interlock Presence, License Number, License State, etc.

DRIVER SEATING AND SAFETY INFORMATION

Seating Position, Restraint Systems Used, Air Bags Deployed, Ejection, Extrication, Standard Vehicle Seats, Other Seating Positions, etc.

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Motor Vehicle #
1

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MEDICAL INFORMATION

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

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 101	Distraction Action 999	Distraction Source 999	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 Vision Obscurement 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building	200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown 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 100	Test Status 100	Alcohol Kit Number <input type="checkbox"/> Unknown	Alcohol Test Type 201	Alcohol Test Results 001	BAC
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	1230321	100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)	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 100	Test Status 100	Drug Kit Number <input type="checkbox"/> Unknown	Drug Test Type 102	Drug Test Results
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	asd654	100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	Results negative

DRIVER ACTIONS

Driver Actions at Time of Crash	Avoidance Maneuver 104	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
VEHICLE INFORMATION

Motor Vehicle # 2

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DESCRIPTION AND INFORMATION

Form containing vehicle details: Hit and Run (000), Vehicle Type (101), Vehicle Body Type (102), VIN (FGGDFDG12123D4D4D), Model Year (2020), Make (GMC), Model (Terrain), Color (Red), License Plate (Missing), Owner Name, Insurance, and various vehicle categories like Trucks and Large Passenger Vehicle.

DAMAGE

TOWING

Damage and Towing details: Damage Extent (102), Initial Point of Contact (diagram), Damaged Areas (diagram), Tow Status (101), and Tow Authority (100).

MOTOR VEHICLE CIRCUMSTANCES

Motor Vehicle Circumstances details: Vehicle Usage (000), Vehicle Maneuver (500), Vehicle Maneuver Reason (000), and Emergency Vehicle Usage (970).

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VEHICLE INFORMATION

Motor Vehicle #
2

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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 [201] 2 [] 3 [] 4 [] Most Harmful Event [201]

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

LOUISIANA UNIFORM CRASH REPORT VEHICLE INFORMATION

Motor Vehicle #
2

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration 000		Hazardous Materials Placard 000
000 Vehicles 10,000 lbs or less	300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)	999 Unknown
100 Vehicles 10,000 lbs or less placarded for hazardous materials	301 Single-unit truck (3 or more axles)	
	302 Truck pulling trailer(s)	
	303 Truck tractor (bobtail)	
	304 Truck tractor/semi-trailer	
200 Bus/large van (seats 9-15 occupants, including driver)	305 Truck tractor/double	
201 Bus (seats more than 15 occupants, including driver)	306 Truck tractor/triple	
	307 Truck more than 10,000 lbs., cannot classify	

Cargo Body Type 970	Special Sizing	Hazardous Material ID N/A
000 No cargo body	<input checked="" type="checkbox"/> 000 No special sizing	
100 Bus	<input type="checkbox"/> 100 Over-height	
101 Auto transporter	<input type="checkbox"/> 101 Over-length	
102 Cargo tank	<input type="checkbox"/> 102 Over-weight	
103 Concrete mixer	<input type="checkbox"/> 103 Over-width	
104 Dump	<input type="checkbox"/> 999 Unknown	
970 Not applicable		

Load Permitted 970	Number of Axles <input type="checkbox"/> Unknown	Motor Carrier Type 000	Motor Carrier Identification 970
000 Non-permitted load		000 Personal vehicle	100 US DOT number
100 Permitted load		001 Not in commerce: government	101 State number
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	State _____
		101 Intrastate carrier	

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 PASSENGER INFORMATION

Total # of Passengers 1

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PASSENGER INFORMATION

MOTOR VEHICLE # 2 PASSENGER # 1

Name, Date of Birth, Age, Sex, Race fields with input values.

Address, Phone Number, Ethnicity fields.

Air Bags Deployed, Injury Status, Incident Responder, Restraint System, Any indication of improper use?, Seating Position, Ejection, Extrication, EMS Response Agency, EMS Response Run #, Facility Receiving Patient.

MOTOR VEHICLE # PASSENGER #

Name, Date of Birth, Age, Sex, Race fields.

Address, Phone Number, Ethnicity fields.

Air Bags Deployed, Injury Status, Incident Responder, Restraint System, Any indication of improper use?, Seating Position, Ejection, Extrication, EMS Response Agency, EMS Response Run #, Facility Receiving Patient.

MOTOR VEHICLE # PASSENGER #

Name, Date of Birth, Age, Sex, Race fields.

Address, Phone Number, Ethnicity fields.

Air Bags Deployed, Injury Status, Incident Responder, Restraint System, Any indication of improper use?, Seating Position, Ejection, Extrication, EMS Response Agency, EMS Response Run #, Facility Receiving Patient.

PASSENGER CODES

Table with columns: Injury Status, Ejection, Extrication, Restraint Systems, Seating Position, Race, Ethnicity, Incident Responder, Type of Medical Transportation.

DIAGRAM

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Scene #

1

Case #

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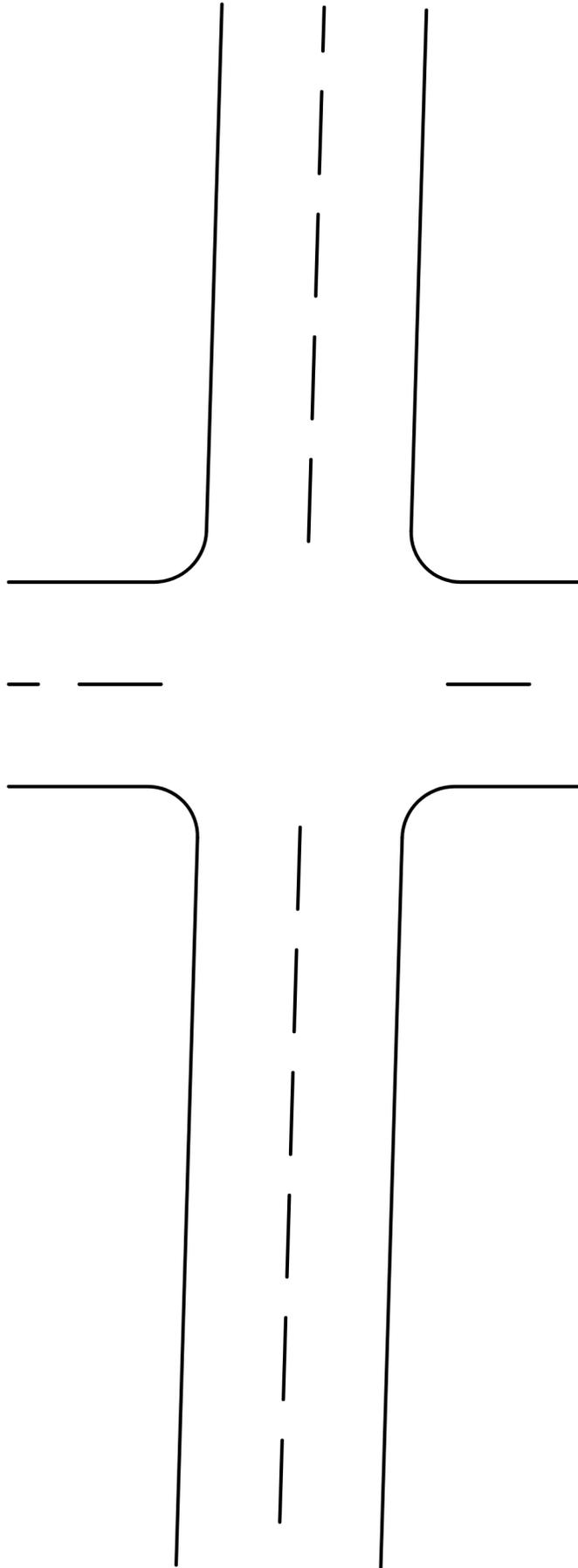
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CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT 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.

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

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Disclaimer: All information below this line is auto-generated from report data.
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Non-Vehicular Property Damage 3 Property Type: private fence

This report was reassigned to Eric Newman.