

LOUISIANA UNIFORM CRASH REPORT  
CRASH INFORMATION

2021000171

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		F-161616-26		Page		1		of		12							
Number of Motorists		1		Number of Non-Motorists		2		Non-Fatally Injured Persons		0		Fatalities		2		Total Injuries and Fatalities		2		Vehicles Involved		1		Troop	
Investigating Agency						Division		Parish				City				Latitude		Longitude							
LSP (Troop A)								East Baton Rouge				Baton Rouge				30.411574° N		91.177077° 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									
08/20/2021 2300				08/20/2021 2305				08/20/2021 2315				08/20/2021 2320				08/20/2021 2325									
ROAD INFORMATION																									
Highway <input checked="" type="checkbox"/> Not applicable						Road																			
						College Drive																			
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable								Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection																	
								Burbank Drive																	
LOCATION INFORMATION																									
Road Classification		104		Road Subtype		100		Property Ownership		100		Trafficway Characteristics		100		Number of Intersection Approaches		2		Traffic Flow Direction		S			
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				S South					
104 City street				970 Not applicable												5 Five or more									
200 Off road/private property																									
INVESTIGATING OFFICER																									
Rank		First Name						Middle Name						Last Name						Suffix					
Lt.		Christian												Rodriguez											
Badge #		Printed Name										Signature													
1		Christian										Christian													
CRASH CIRCUMSTANCES AND CONDITIONS																									
First Harmful Event						203		Location of First Harmful Event						104		Manner of Crash						000			
Non-collision		100 Cargo/equipment loss or shift						100 Gore						000 Not a collision between two motor vehicles in transport											
		101 Fell/jumped from motor vehicle						101 In parking lane or zone						100 Angle - left overtake				200 Front to front - head on							
		102 Fire/explosion						102 Median						101 Angle - left opposite direction				300 Front to rear - rear end							
		103 Immersion, full or partial						103 Off roadway, location unknown						102 Angle - left into flow				400 Backing - rear to front							
Collision with Non-Fixed Object		104 Jackknife						104 On roadway						103 Angle - right into flow				401 Backing - rear to rear							
		105 Overturn/rollover						105 On shoulder, left side						104 Angle - right overtake				402 Backing - rear to side							
		106 Thrown or falling object						106 On shoulder, right side						105 Angle - perpendicular/other angle				502 Sideswipe - opposite direction							
		198 Other non-collision harmful event						107 Outside road/right-of-way						500 Angle - left across flow				505 Sideswipe - same direction							
Collision with Fixed Object		200 Collision with animal (live)						108 Roadside						501 Angle - right across flow				980 Other							
		201 Collision with motor vehicle in transport						109 Separator/traffic island										999 Unknown							
		202 Collision with parked motor vehicle						999 Unknown																	
		203 Collision with pedalcycle (including bicycles)																							
Collision with Non-Fixed Object		204 Collision with pedestrian						Relation to Junction				104		Contributing Factor						Primary		101			
		205 Collision with railway vehicle (train, engine)						000 Not an interchange area						100 Violations											
		206 Collision with object at rest from MV in transport						100 Acceleration or deceleration lane						101 Movement prior to crash											
		207 Collision with falling/shifting cargo or anything set in motion by MV						101 Crossover related						102 Vision obstructions											
Collision with Fixed Object		208 Collision with work zone/maintenance equipment						102 Driveway access or related						103 Driver condition											
		209 Collision with farm equipment						103 Entrance/exit ramp or related						104 Vehicle condition											
		297 Collision with other non-motorist						104 Intersection or related						105 Road surface											
		298 Collision with other non-fixed object						106 Railway grade crossing						106 Roadway condition											
Collision with Fixed Object		300 Collision with bridge overhead structure						107 Shared-use path or trail						107 Lighting condition											
		301 Collision with bridge pier or support						108 Through roadway						108 Weather condition											
		302 Collision with bridge rail						980 Other location within an interchange area (median, shoulder, and roadside)						109 Traffic control											
		303 Collision with cable barrier						999 Unknown						110 Non-motorist condition											
Collision with Fixed Object		304 Collision with concrete traffic barrier						Intersection Geometry				102		School Bus Relation								000			
		305 Collision with culvert						100 Angled / skewed						000 No											
		306 Collision with curb						101 Roundabout / traffic circle						100 Yes, school bus directly involved											
		307 Collision with ditch						102 Perpendicular						101 Yes, school bus indirectly involved											
Collision with Fixed Object		308 Collision with embankment						970 Not applicable																	
		309 Collision with fence						Intersection Traffic Control				100													
		310 Collision with guardrail end terminal						000 No controls																	
		311 Collision with guardrail face						100 Signalized																	
Collision with Fixed Object		312 Collision with impact attenuator/crash cushion						101 Stop -all way																	
		313 Collision with mailbox						102 Stop -partial																	
		314 Collision with traffic sign support						103 Yield																	
		315 Collision with traffic signal support						970 Not applicable																	
Collision with Fixed Object		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																							
Collision with Fixed Object		398 Collision with other fixed object (wall, building, tunnel, etc.)																							
		399 Collision with unknown fixed object																							
CRASH REPORT - CRASH SUMMARY																									

CRASH INFORMATION

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CRASH CONDITIONS							
Roadway Surface Condition	000	Light Condition	300	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	000	Work Zone Location	970	Work Zone Type	970	Work Zone Circumstances	970	Worker(s) Present	970	Law Enforcement Present	970
000 No		100 Before the first work zone warning sign		100 Lane closure		100 Back of queue		000 No		000 No	
100 Yes		101 Advance warning area		101 Lane shift / crossover		101 Congestion (dense & slow traffic), typical		100 Yes		100 Yes	
999 Unknown		102 Transition area		102 Work on shoulder or median		102 Heavy (dense & fast traffic)		970 Not applicable		970 Not applicable	
		103 Activity area		103 Intermittent or moving work		103 Congestion (dense & slow traffic), not typical		999 Unknown		970 Not applicable	
		104 Termination area		970 Not applicable		104 Traffic control device malfunction				999 Unknown	
		970 Not applicable		980 Other type of work zone		105 Free flow (light & fast traffic)					
		999 Unknown		999 Unknown		980 Other					
						970 Not applicable					
						999 Unknown					

REVIEWING OFFICER				
Rank	First Name	Middle Name	Last Name	Suffix
	Eric		Newman	

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

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

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

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

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

Motor Vehicle # 1		Rev. 2024-1		Case #	F-161616-26	Page	3	of	12																														
DESCRIPTION AND INFORMATION																																							
<div>Check if this vehicle had no driver <input type="checkbox"/></div>		<b>Hit and Run</b> 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		<b>Vehicle Type</b> 000 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		<b>Vehicle Body Type</b> 102 <b>Passenger Vehicles</b> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle 103 Pickup 104 Cargo van <b>Construction / Farm Equipment</b> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <b>Cycle / Off Road / Recreation</b> 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 <b>Trucks</b> 400 Single unit truck 401 Truck tractor 498 Other truck <b>Large Passenger Vehicle</b> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <b>Other</b> 980 Other 999 Unknown																																	
VIN <input checked="" type="checkbox"/> Unknown																																							
<b>Model Year</b> <input type="checkbox"/> Unknown 2021		<b>Make</b> Toyota		<b>Model</b> RAV4		<b>Color</b> Silver																																	
<b>License Plate</b> <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring <b>State</b> LA <input type="checkbox"/> Unknown <b>Number</b> 987ABC <input type="checkbox"/> Unknown <b>Year</b> 2021 <input type="checkbox"/> Unknown																																							
<b>Owner Name</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Justin Williams																																							
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 3000 Lake Dr Street Baton Rouge City LA State 70808 Postal Code																																							
<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash <b>Company</b> <input checked="" type="checkbox"/> Unknown <b>Phone #</b> <input checked="" type="checkbox"/> Unknown <b>NAIC #</b> <input checked="" type="checkbox"/> Unknown <b>Policy #</b> <input checked="" type="checkbox"/> Unknown <b>Expiration Date</b> <input checked="" type="checkbox"/> Unknown																																							
DAMAGE																																							
<b>Damage Extent</b> 100 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		<b>Initial Point of Contact</b> <table><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">➡</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <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		7	8	9	10	11	6	➡			12	5	4	3	2	1	<b>Damaged Areas</b> <table><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="3">➡</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		7	8	9	10	11	6	➡			12	5	4	3	2	1	<b>Tow Status</b> 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage <b>Towed By</b> <input type="checkbox"/> Unknown		<b>Tow Authority</b> 970 100 Owner 101 Law enforcement 970 Not applicable 980 Other	
7	8	9	10	11																																			
6	➡			12																																			
5	4	3	2	1																																			
7	8	9	10	11																																			
6	➡			12																																			
5	4	3	2	1																																			
MOTOR VEHICLE CIRCUMSTANCES																																							
<b>Vehicle Usage</b> 000 000 No special function 100 Bus - school (public or private) 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)		<b>Vehicle Maneuver</b> 000 100 Going straight 101 Backing 102 Merging 103 Making U-turn 104 Negotiating a curve 106 Turning left 107 Turning right 108 Traveling wrong way		<b>Vehicle Maneuver Reason</b> 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		<b>Emergency Vehicle Usage</b> 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		<b>Direction of Travel Before Crash</b> 500 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown																															
CRASH REPORT - MOTOR VEHICLE DESCRIPTION AND IDENTIFICATION																																							

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

2021000171

Motor Vehicle #		Rev. 2024-1		Case #		F-161616-26		Page 4 of 12			
MOTOR VEHICLE CIRCUMSTANCES											
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects					
<div>Front Left <input type="text"/></div> <div>Front Right <input type="text"/></div> <div>Rear Left <input type="text"/></div> <div>Rear Right <input type="text"/></div> <div><input type="checkbox"/> Not applicable or measured <input checked="" type="checkbox"/> Unknown</div>			<div>Vehicle Lighting</div> <div>000 Headlights off</div> <div>100 Headlights on</div> <div>101 Daytime running lights</div> <div>999 Unknown</div>			<div>000 None</div> <div>100 Brakes</div> <div>101 Exhaust system</div> <div>102 Body, doors</div> <div>103 Steering</div> <div>104 Power train</div> <div>105 Suspension</div> <div>106 Tires</div> <div>107 Wheels</div> <div>108 Headlights</div> <div>109 Tail lights</div> <div>110 Signal lights</div> <div>111 All lights</div> <div>112 Window / windshield</div> <div>113 Mirrors</div> <div>114 Wipers</div> <div>115 Truck coupling / trailer hitch / safety chains</div> <div>980 Other</div> <div>999 Unknown</div>					
Traffic Control Device Types and Statuses											
Traffic Control Device Types		Devices Present		Devices Inoperative or Missing							
<div>000 None</div> <div>100 Person (including flagger, law enforcement, crossing guard, etc)</div> <div>200 Bicycle crossing sign</div> <div>201 Curve Ahead warning sign</div> <div>202 Intersection Ahead warning sign</div> <div>203 Pedestrian crossing sign</div> <div>204 Railroad crossing sign</div> <div>205 Reduce Speed Ahead warning sign</div> <div>206 School zone sign</div> <div>207 Stop sign</div> <div>208 Yield sign</div> <div>298 Other warning sign</div> <div>980 Other</div> <div>999 Unknown</div>		<div>300 Flashing railroad crossing (may include gates)</div> <div>301 Flashing school zone signal</div> <div>302 Flashing traffic control signal</div> <div>303 Lane use control signal</div> <div>304 Ramp meter signal</div> <div>305 Traffic control signal</div> <div>398 Other signal</div> <div>400 Bicycle crossing</div> <div>401 Pedestrian crossing</div> <div>402 Railroad crossing</div> <div>403 School zone</div> <div>404 Yellow no passing line</div> <div>405 White or yellow dash line</div> <div>406 Solid white lane line</div> <div>498 Other pavement marking (excluding edgelines, centerlines, or lane lines)</div>		<div>1 <input type="text"/></div> <div>2 <input type="text"/></div> <div>3 <input type="text"/></div> <div>4 <input type="text"/></div>		<div>1 <input type="text"/></div> <div>2 <input type="text"/></div> <div>3 <input type="text"/></div> <div>4 <input type="text"/></div>					
		Traffic Signal Status		100							
		<div>100 Red signal on</div> <div>200 Yellow signal on</div> <div>300 Green signal on</div> <div>970 Not applicable</div> <div>999 Unknown</div>		100							
						Automation System Level Present					
						<div>000 No automation</div> <div>100 Driver assistance</div> <div>101 Partial automation</div> <div>102 Conditional automation</div> <div>103 High automation</div> <div>104 Full automation</div> <div>199 Automation level unknown</div> <div>999 Unknown</div>					
						Automation System Level Engaged					
						<div>000 No automation</div> <div>100 Driver assistance</div> <div>101 Partial automation</div> <div>102 Conditional automation</div> <div>103 High automation</div> <div>104 Full automation</div> <div>199 Automation level unknown</div> <div>999 Unknown</div>					
Trafficway Division		000		Barrier Type		000					
<div>000 Not divided</div> <div>001 Not divided, with a continuous left turn lane</div> <div>100 Divided, flush median (greater than 4 ft wide)</div> <div>101 Divided, raised median (curbed)</div> <div>102 Divided, depressed median</div> <div>999 Unknown</div>				<div>000 None</div> <div>100 Cable barrier</div> <div>101 Concrete barrier (e.g. Jersey barrier)</div> <div>102 Earth embankment</div> <div>103 Guardrail</div> <div>980 Other</div>							
Roadway Grade	100	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	100	Permitted Travel	200	HOV Lane Presence	000	HOV Lane Relation	000
<div>000 Not on trafficway</div> <div>100 Level</div> <div>101 Uphill</div> <div>102 Hillcrest</div> <div>103 Downhill</div> <div>104 Sag (bottom)</div>		<div>2</div>	<div>0</div>	<div>000 Not on trafficway</div> <div>100 Straight</div> <div>101 Curve left</div> <div>102 Curve right</div>		<div>000 Not on trafficway</div> <div>100 One-way</div> <div>200 Two-way</div> <div>Speed Limit</div> <div>45</div> <div><input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> N/A</div>		<div>000 None present</div> <div>100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median</div> <div>101 Not separated, painted pavement markings, post-mounted delineators</div>		<div>000 No</div> <div>100 Yes</div>	
MOTOR VEHICLE EVENTS											
Sequence of Events		1 <input type="text"/>		2 <input type="text"/>		3 <input type="text"/>		4 <input type="text"/>		Most Harmful Event <input type="text"/>	
Non-Harmful Events						Collision with Fixed Object					
<div>000 Cross centerline</div> <div>001 Cross median</div> <div>002 End departure (T-intersection, dead-end, etc.)</div> <div>003 Downhill runaway</div> <div>004 Equipment failure (blown tire, brake failure, etc.)</div> <div>005 Ran off roadway left</div> <div>006 Ran off roadway right</div> <div>007 Reentering roadway</div> <div>008 Separation of units</div> <div>098 Other non-harmful event</div>						<div>300 Collision with bridge overhead structure</div> <div>301 Collision with bridge pier or support</div> <div>302 Collision with bridge rail</div> <div>303 Collision with cable barrier</div> <div>304 Collision with concrete traffic barrier</div> <div>305 Collision with culvert</div> <div>306 Collision with curb</div> <div>307 Collision with ditch</div> <div>308 Collision with embankment</div> <div>309 Collision with fence</div> <div>310 Collision with guardrail end terminal</div> <div>311 Collision with guardrail face</div> <div>312 Collision with impact attenuator/crash cushion</div> <div>313 Collision with mailbox</div> <div>314 Collision with traffic sign support</div> <div>315 Collision with traffic signal support</div> <div>316 Collision with tree (standing)</div> <div>317 Collision with utility pole/light support</div> <div>396 Collision with other post,pole,or support</div> <div>397 Collision with other traffic barrier</div> <div>398 Collision with other fixed object (wall, building, tunnel, etc.)</div> <div>399 Collision with unknown fixed object</div>					
Non-Collision Events			Collision with Person / Vehicle / Non-Fixed Object								
<div>100 Cargo/equipment loss or shift</div> <div>101 Fell/jumped from motor vehicle</div> <div>102 Fire/explosion</div> <div>103 Immersion, full or partial</div> <div>104 Jackknife</div> <div>105 Overturn/rollover</div> <div>106 Thrown or falling object</div> <div>198 Other non-collision harmful event</div>			<div>200 Collision with animal (live)</div> <div>201 Collision with motor vehicle in transport</div> <div>202 Collision with parked motor vehicle</div> <div>203 Collision with pedalcycle (including bicycles)</div> <div>204 Collision with pedestrian</div> <div>205 Collision with railway vehicle (train, engine)</div> <div>206 Collision with object at rest from MV in transport</div> <div>207 Collision with falling, shifting cargo, or anything set in motion by MV</div> <div>208 Collision with work zone/maintenance equipment</div> <div>209 Collision with farm equipment</div> <div>297 Collision with other non-motorist</div> <div>298 Collision with other non-fixed object</div>								
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS											

Motor Vehicle #  
1

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

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 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

000

Hazardous Material ID  
N/A

970

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

970 Not applicable  
999 Unknown

970

Hazardous Materials Released from Vehicle Cargo Compartment

000 No, hazardous materials not released  
100 Yes, hazardous materials released  
970 Not applicable

Cargo Body Type

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  
109 Log  
110 Pole trailer  
111 Van / enclosed box  
112 Vehicle towing another vehicle  
970 Not applicable  
980 Other  
999 Unknown

970

Special Sizing

☒ 000 No special sizing  
☐ 100 Over-height  
☐ 101 Over-length  
☐ 102 Over-weight  
☐ 103 Over-width  
☐ 999 Unknown

Load Permitted

000 Non-permitted load  
100 Permitted load  
970 Not applicable (not a qualifying vehicle)  
999 Unknown

970

Number of Axles

☐ Unknown

Motor Carrier Type

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  
970 Not applicable  
999 Unknown

000

Motor Carrier Identification

100 US DOT number  
101 State number  
970 Not applicable  
999 Unknown/unable to determine  
State

970

Motor Carrier Name

☐ Unknown

Motor Carrier ID Number

Motor Carrier Address

☐ Unknown

Motor Carrier Phone Number

☐ Unknown

Street

City

State

Postal Code

GVWR/GCWR

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

970

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

CRASH REPORT - COMMERCIAL MOTOR VEHICLE DESCRIPTION AND IDENTIFICATION

Motor Vehicle #  
1

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Case #F-161616-26

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DRIVER INFORMATION

Name

☐ Unknown

JustinWilliams

FirstMiddleLastSuffix

Address

☐ Unknown

3000 Lake DrBaton RougeLA 70808

StreetCityStatePostal Code

Incident Responder

000 No102 Police980 Other  
100 EMS103 Tow operator999 Unknown  
101 Fire104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)

Age

☐ Unknown

19

Sex

100 Female  
101 Male  
999 Unknown

Race

101100 American Indian or Alaska Native  
102 Black  
103 White  
980 Other  
999 Unknown

Phone Number

☐ Not Collected

225-963-8520

Date of Birth

☐ Unknown

9/12/2001

Ethnicity

999100 Hispanic  
101 Other than Hispanic  
999 Unknown

DRIVER LICENSE INFORMATION

License Status

100100 Valid license004 Suspended  
000 Not licensed999 Unknown  
001 Canceled or denied  
002 Expired  
003 Revoked

License Number3216549870

License StateLA

License Class

400000 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

Driver License Type

100100 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

970100 Valid000 Canceled or denied  
101 Learner's permit001 Disqualified  
002 Expired  
003 Revoked  
004 Suspended  
098 Other (not valid)  
970 Not applicable (no CDL)  
999 Unknown

Endorsements on License

☒ 000 None/not applicable  
☐ 100 H - Hazardous materials  
☐ 101 N - Tank vehicle  
☐ 102 P - Passenger  
☐ 103 S - School  
☐ 104 T - Double/triple trailers  
☐ 105 X - Combination of tank vehicle and hazardous materials  
☐ 200 M - Motorcycle  
☐ 298 Other non-commercial license endorsements  
☐ 999 Unknown

Endorsement Compliance

000000 No endorsements required for the vehicle  
100 Endorsements required, complied with  
101 Endorsements required, not complied with  
999 Endorsements required, compliance unknown  
999 Unknown if endorsements required

Restrictions on License

000000 - None

Alcohol Interlock Presence

970000 No970 Not applicable  
100 Yes999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position

100

Standard Vehicle Seats

Front				
Row	Left	Middle	Right	Unk
1	100	101	102	199
2	200	201	202	299
3	300	301	302	399
4	400	401	402	499
Oth	500	501	502	599
Unk	600	601	602	699

Other Seating Positions

700 Unenclosed cargo area  
701 Riding on motor vehicle exterior (non-trailing unit)  
800 Trailing unit  
801 Sleeper section of cab (truck)  
898 Other enclosed cargo area  
970 Not applicable  
999 Unknown

Restraint Systems Used

105

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

Any indication of improper use?

000000 No  
100 Yes  
999 Unknown

Air Bags Deployed

☒ 000 Not deployed  
☐ 001 Not deployed - switch off  
☐ 100 Front  
☐ 101 Side  
☐ 102 Curtain  
☐ 103 Other (knee, air belt, etc.)  
☐ 970 Not applicable  
☐ 999 Deployment unknown

Ejection

000000 Not ejected  
100 Ejected, partially  
101 Ejected, totally  
970 Not applicable  
999 Unknown

Extrication

000000 No  
100 Trapped and extricated  
101 Trapped but not extricated  
999 Unknown

CRASH REPORT - DRIVER INFORMATION

Motor Vehicle #	1	Case #	F-161616-26	Page	7	of	12
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MEDICAL INFORMATION							
Injury Status	104	Type of Medical Transportation	000	EMS Response Agency	Not applicable		
100 (K) Fatal Injury		000 Not transported	980 Other				
101 (A) Suspected Serious Injury		100 EMS air	999 Unknown				
102 (B) Suspected Minor Injury		101 EMS ground		EMS Response Run #	<input type="checkbox"/> Unknown		
103 (C) Possible Injury		200 Law enforcement					
104 (O) No Apparent Injury							
Universally Unique Identifier	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown			Facility Receiving Patient	Not applicable		

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

DRIVER ACTIONS					
Driver Actions at Time of Crash	108	Avoidance Maneuver	000	Pre-Collision Stability	999
000 No contributing action		000 No avoidance maneuver		000 Tracking	
100 Disregarded other road markings		100 Accelerating		100 Skidding longitudinally - rotation less than 30 degrees	
101 Disregarded other traffic signs		101 Accelerating and steering left		200 Skidding laterally - clockwise rotation	
102 Failed to keep in proper lane		102 Accelerating and steering right		201 Skidding laterally - counter-clockwise rotation	
103 Failed to yield right-of-way		103 Braking and steering left		299 Skidding laterally - rotation direction unknown	
104 Followed too closely		104 Braking and steering right		980 Other vehicle loss of control	
105 Improper backing	111 Ran off roadway	105 Braking (lockup)		999 Unknown	
106 Improper passing	112 Ran red light	106 Braking (no lockup)			
107 Improper turn	113 Ran stop sign	107 Braking (lockup unknown)			
108 Careless driving, inattentive operation, improper driving, or driving without due care	114 Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc.	108 Releasing brakes			
109 Operating the vehicle in an erratic, reckless, or negligent manner	115 Wrong side or wrong way	109 Steering left			
110 Over-correcting or over-steering	116 Aggressive driving	110 Steering right			
	117 Road rage				
980 Other contributing action		980 Other			
999 Unknown		999 Unknown			

CITATIONS	

CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES

LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Non-Motorist # 1		Rev. 2024-1		Case #	F-161616-26	Page	8	of	12
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown Cody Jefferson <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 27	Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> Unknown 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown 9000 River St Baton Rouge LA 70808 <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected					
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input type="checkbox"/> Unknown 3/4/1994		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type <input type="checkbox"/> 100		Initial <input type="checkbox"/> 999		Location <input type="checkbox"/> 100					
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian on personal conveyance 300 Occupant of a non-motor vehicle transportation device 500 Person in or on a building 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 <input type="checkbox"/> 999 100 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 <input type="checkbox"/> 101		Actions or Circumstances At Time of Crash <input type="checkbox"/> 000				Clothing Brightness <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> 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 <input type="checkbox"/> 100		Type of Medical Transportation <input type="checkbox"/> 000		EMS Response Agency		EMS Response Run # <input type="checkbox"/> Unknown			
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Not applicable					
				Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash <input type="checkbox"/> 000		Distraction Action <input type="checkbox"/> 000		Distraction Source <input type="checkbox"/> 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 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		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 <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Alcohol <input type="checkbox"/> Unknown		Alcohol Test Type <input type="checkbox"/> 970		Alcohol Test Results <input type="checkbox"/> 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 <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Drug <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 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	
CRASH REPORT - NON-MOTORIST INFORMATION									

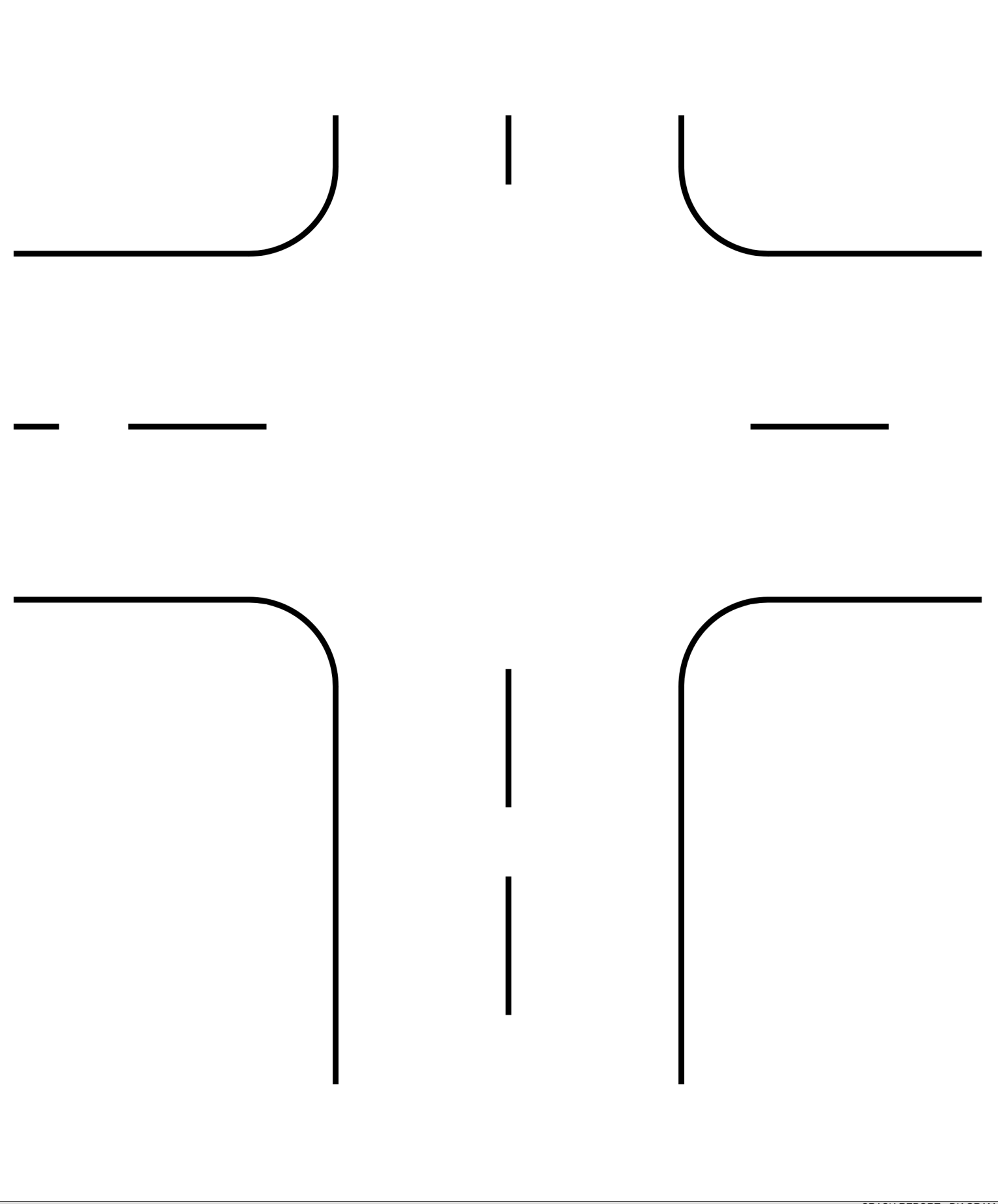


LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Non-Motorist # 2		Rev. 2024-1		Case # F-161616-26		Page 9 of 12	
NON-MOTORIST INFORMATION							
Name <input type="checkbox"/> Unknown Gregory Jefferson <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 5		Sex <input type="checkbox"/> 101 100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown 9000 River St Baton Rouge LA 70808 <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected		Race <input type="checkbox"/> 103 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
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 <input type="checkbox"/> 999 100 Hispanic 101 Other than Hispanic 999 Unknown	
NON-MOTORIST CIRCUMSTANCES							
Non-Motorist Type <input type="checkbox"/> 100		Initial <input type="checkbox"/> 999		Location <input type="checkbox"/> 100			
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian on personal conveyance 300 Occupant of a non-motor vehicle transportation device 500 Person in or on a building 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 <input type="checkbox"/> 999 100 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 <input type="checkbox"/> 101 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		Actions or Circumstances At Time of Crash <input type="checkbox"/> 000 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		Clothing Brightness <input type="checkbox"/> 000 100 Light 101 Dark 970 Not applicable 999 Unknown		Upper <input type="checkbox"/> 101 Lower <input type="checkbox"/> 101	
NON-MOTORIST MEDICAL INFORMATION							
Injury Status <input type="checkbox"/> 100 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation <input type="checkbox"/> 000 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Agency Not applicable		EMS Response Run # <input type="checkbox"/> Unknown	
				Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable	
NON-MOTORIST CONDITION							
Conditions at the Time of the Crash <input type="checkbox"/> 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 106 Inattentive/distracted		Distraction Action <input type="checkbox"/> 000 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		Distraction Source <input type="checkbox"/> 970 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown			
Suspected Alcohol Usage <input type="checkbox"/> 000 000 No 100 Yes 999 Unknown		Test Status <input type="checkbox"/> 000 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol <input type="checkbox"/> Unknown Kit Number		Alcohol Test Type <input type="checkbox"/> 970 100 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	
Suspected Drug Usage <input type="checkbox"/> 000 000 No 100 Yes 999 Unknown		Test Status <input type="checkbox"/> 000 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug <input type="checkbox"/> Unknown Kit Number		Drug Test Type <input type="checkbox"/> 970 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	
				Alcohol Test Results <input type="checkbox"/> 970 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		BAC	
				Drug Test Results Not applicable			
CRASH REPORT - NON-MOTORIST INFORMATION							

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CRASH DIAGRAM



LOUISIANA UNIFORM CRASH REPORT  
NARRATIVE

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Case #

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of

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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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NARRATIVE

Rev. 2024-1

CRASH NARRATIVE

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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.