

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

2021000347

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		A-010101-26		Page		1		of		14											
Number of Motorists		2		Number of Non-Motorists		3		Non-Fatally Injured Persons		0		Fatalities		4		Total Injuries and Fatalities		4		Vehicles Involved		1		Troop		A			
Investigating Agency						Division			Parish			City			Latitude			Longitude											
LSP (Troop A)									East Baton Rouge			Baton Rouge			30.391675° N			91.162004° 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													
08/08/2021 1200				08/08/2021 1200				08/08/2021 1200				08/08/2021 1200				08/08/2021 1200													
ROAD INFORMATION																													
Highway <input checked="" type="checkbox"/> Not applicable						Road																							
						COLLEGE DR																							
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable								Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection																					
								BURBANK DR																					
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									
SGT		Christian												Rodriguez															
Badge #		Printed Name										Signature																	
AB123		Christian										<i>Christian</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				200 Collision with animal (live)				100 Gore				000 Not a collision between two motor vehicles in transport				200 Front to front - head on											
		101 Fell/jumped from motor vehicle																				101 Angle - left opposite direction				300 Front to rear - rear end			
		102 Fire/explosion																											
		103 Immersion, full or partial																											
104 Jackknife				103 Angle - right into flow				401 Backing - rear to rear																					
105 Overturn/rollover												104 Angle - right overtake				502 Sideswipe - opposite direction													
106 Thrown or falling object				105 Angle - perpendicular/other angle				505 Sideswipe - same direction																					
198 Other non-collision harmful event												106 On shoulder, right side				980 Other													
Collision with Non-Fixed Object		201 Collision with motor vehicle in transport				107 Outside road/right-of-way				500 Angle - left across flow										999 Unknown									
		202 Collision with parked motor vehicle																											
		203 Collision with pedalcycle (including bicycles)				Relation to Junction				104				Contributing Factor				Primary 100											
		204 Collision with pedestrian																				000 Not an interchange area				100 Violations			
		205 Collision with railway vehicle (train, engine)				100 Acceleration or deceleration lane				101 Movement prior to crash																			
		206 Collision with object at rest from MV in transport												101 Crossover related				102 Vision obstructions											
		207 Collision with falling/shifting cargo or anything set in motion by MV				102 Driveway access or related				103 Driver condition																			
		208 Collision with work zone/maintenance equipment												103 Entrance/exit ramp or related				104 Vehicle condition											
		209 Collision with farm equipment				104 Intersection or related				105 Road surface																			
		297 Collision with other non-motorist												106 Railway grade crossing				106 Roadway condition											
298 Collision with other non-fixed object				107 Shared-use path or trail				107 Lighting condition																					
Collision with Fixed Object		300 Collision with bridge overhead structure										108 Through roadway				108 Weather condition				109 Traffic control									
		301 Collision with bridge pier or support				980 Other location within an interchange area (median, shoulder, and roadside)				110 Non-motorist condition																			
		302 Collision with bridge rail												999 Unknown				111 Non-motorist action											
		303 Collision with cable barrier				Intersection Geometry				102												School Bus Relation				000			
		304 Collision with concrete traffic barrier												100 Angled / skewed				000 No											
		305 Collision with culvert				101 Roundabout / traffic circle				100 Yes, school bus directly involved																			
		306 Collision with curb												102 Perpendicular				101 Yes, school bus indirectly involved											
		307 Collision with ditch				970 Not applicable																							
		308 Collision with embankment												Intersection Traffic Control				100											
		309 Collision with fence				000 No controls																							
		310 Collision with guardrail end terminal												100 Signalized															
		311 Collision with guardrail face				101 Stop -all way																							
		312 Collision with impact attenuator/crash cushion												102 Stop -partial															
		313 Collision with mailbox				103 Yield																							
		314 Collision with traffic sign support												970 Not applicable															
		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																													

CRASH INFORMATION

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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	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			
FirstMiddleLastSuffix				FirstMiddleLastSuffix			
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				
StreetCityStatePostal 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				
StreetCityStatePostal 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				
StreetCityStatePostal 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					

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000347

Motor Vehicle #		Case #		Page	
1		A-010101-26		3 of 14	
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		Vehicle Type 000 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	
VIN		<input checked="" type="checkbox"/> Unknown		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	
Model Year <input type="checkbox"/> Unknown 2000		Make Toyota		Model Camry	
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 123ABC <input type="checkbox"/> Unknown Year 2021 <input type="checkbox"/> Unknown		Color Red		Non-expiring <input type="checkbox"/> Non-expiring	
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown John Doe		Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 123 Street St Street		City Baton Rouge State LA Postal Code 70808	
Insurance <input type="checkbox"/> Uninsured at time of crash Company Geico Phone # 800-111-1111 NAIC # Policy # 111-222-333 Expiration Date 12/31/2021		<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		970 999 Unknown	
DAMAGE			TOWING		
Damage Extent 100 000 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	
Tow Status 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By <input type="checkbox"/> Unknown		Tow Authority 970 100 Owner 101 Law enforcement 970 Not applicable 980 Other			
MOTOR VEHICLE CIRCUMSTANCES					
Vehicle Usage 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)		Vehicle Maneuver 100 100 Going straight 101 Backing 102 Merging 103 Making U-turn 104 Negotiating a curve 106 Turning left 107 Turning right 108 Traveling wrong way Vehicle Maneuver Reason 207 000 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 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			

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

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Motor Vehicle # 1		Rev. 2024-1		Case # A-010101-26		Page 4 of 14	
MOTOR VEHICLE CIRCUMSTANCES							
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown		Contributing Defects		000	
Front Left	Front Right	<input type="checkbox"/> Not applicable or measured <input checked="" type="checkbox"/> Unknown		Vehicle Lighting		101	
				000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown			
Rear Left	Rear Right						
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	2 401	2				
200 Bicycle crossing sign	302 Flashing traffic control signal	3	3				
201 Curve Ahead warning sign	303 Lane use control signal	4	4				
202 Intersection Ahead warning sign	304 Ramp meter signal						
203 Pedestrian crossing sign	305 Traffic control signal						
204 Railroad crossing sign	398 Other signal						
205 Reduce Speed Ahead warning sign	400 Bicycle crossing						
206 School zone sign	401 Pedestrian crossing						
207 Stop sign	402 Railroad crossing						
208 Yield sign	403 School zone						
298 Other warning sign	404 Yellow no passing line						
	405 White or yellow dash line						
	406 Solid white lane line						
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)						
980 Other	999 Unknown						
Trafficway Division		Barrier Type		Automation System Level Present		000	
000 Not divided	100 Divided, flush median (greater than 4 ft wide)	000 None	100 Cable barrier	000 No automation			
001 Not divided, with a continuous left turn lane	101 Divided, raised median (curbed)	101 Concrete barrier (e.g. Jersey barrier)	102 Earth embankment	100 Driver assistance			
	102 Divided, depressed median	102 Guardrail	103 High automation	101 Partial automation			
	999 Unknown	103 Guardrail	104 Full automation	102 Conditional automation			
		980 Other	199 Automation level unknown	103 High automation			
			999 Unknown	104 Full automation			
				199 Automation level unknown			
				999 Unknown			
				Automation System Level Engaged		000	
				000 No automation			
				100 Driver assistance			
				101 Partial automation			
				102 Conditional automation			
				103 High automation			
				104 Full automation			
				199 Automation level unknown			
				999 Unknown			
Roadway Grade	100	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	100	Permitted Travel	200
000 Not on trafficway		2	0	000 Not on trafficway		000 Not on trafficway	
100 Level				100 Straight		100 One-way	
101 Uphill				101 Curve left		200 Two-way	
102 Hillcrest				102 Curve right		Speed Limit	
103 Downhill						35	
104 Sag (bottom)						<input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
HOV Lane Presence				HOV Lane Relation			
000 None present				000 No			
100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median				100 Yes			
101 Not separated, painted pavement markings, post-mounted delineators							
MOTOR VEHICLE EVENTS							
Sequence of Events				Most Harmful Event			
1 204 2 203 3 4				204			
Non-Harmful Events				Collision with Fixed Object			
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)				005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event			
Non-Collision Events				Collision with Person / Vehicle / Non-Fixed Object			
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				200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object			
				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			
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

Hazardous Material ID

N/A

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

Hazardous Materials Released from Vehicle Cargo Compartment

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

999 Unknown

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

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

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

000

Motor Carrier Identification

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

970

Motor Carrier Name

☐ Unknown

Motor Carrier ID Number

State

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

Motor Vehicle # 1		DRIVER INFORMATION		Rev. 2024-1	Case #	A-010101-26	Page	6	of	14																																											
DRIVER INFORMATION																																																					
Name <input type="checkbox"/> Unknown JohnDoe <small>FirstMiddleLastSuffix</small>					Age <input type="checkbox"/> Unknown 31		Sex <input type="checkbox"/> 101 100 Female 101 Male 999 Unknown		Race <input type="checkbox"/> 103 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown																																												
Address <input type="checkbox"/> Unknown 123 Street StBaton RougeLA70808 <small>StreetCityStatePostal Code</small>					Phone Number <input type="checkbox"/> Not Collected 225-111-1111																																																
Incident Responder 000 No102 Police980 Other 100 EMS103 Tow operator999 Unknown 101 Fire104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					Date of Birth <input type="checkbox"/> Unknown 1/1/1990		Ethnicity <input type="checkbox"/> 999 100 Hispanic 101 Other than Hispanic 999 Unknown																																														
DRIVER LICENSE INFORMATION																																																					
License Status <input type="checkbox"/> 100 100 Valid license004 Suspended 000 Not licensed999 Unknown 001 Canceled or denied 002 Expired 003 Revoked			License Class <input type="checkbox"/> 400 000 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		Driver License Type <input type="checkbox"/> 100 100 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 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																																														
License Number 123456789		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"/> 000 000 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		Restrictions on License 000 - None																																																
					Alcohol Interlock Presence <input type="checkbox"/> 970 000 No970 Not applicable 100 Yes999 Unknown																																																
DRIVER SEATING AND SAFETY INFORMATION																																																					
Seating Position <input type="checkbox"/> 100			Restraint Systems Used <input type="checkbox"/> 001																																																		
Standard Vehicle Seats		Other Seating Positions																																																			
<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>Oth</td><td>500</td><td>501</td><td>502</td><td>599</td></tr><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></tbody></table>					Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown			001 None used – motor vehicle occupant002 No helmet970 Not applicable 980 Other 999 Unknown 100 Booster seat200 DOT-compliant motorcycle helmet 101 Child restraint system – forward facing201 Not DOT-compliant motorcycle helmet 102 Child restraint system – rear facing299 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					
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																																																	
					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"/> 001 Not deployed - switch off <input checked="" type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown					Ejection <input type="checkbox"/> 101 000 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	Rev. 2024-1	Case #	A-010101-26	Page	7	of	14
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MEDICAL INFORMATION								
Injury Status	100	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	999	Distraction Source	999	Speeding Relation	100					
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								
104 Physically impaired		980 Other distraction or distraction details unknown										
105 Under the influence of medications/drugs/alcohol		999 Unknown if distracted										
106 Inattentive/distracted												
970 Not applicable												
980 Other												
999 Unknown												
Suspected Alcohol Usage		100	Test Status	100	Alcohol Kit Number	5544	Alcohol Test Type	980	Alcohol Test Results	100	BAC	0.000
000 No		000 Test not given		100 Blood	300 Urine	970 Not applicable	000 Results pending					
100 Yes		001 Test refused		101 Blood clot	301 Vitreous	980 Other	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			101 Positive results with no actual value					
				201 Preliminary breath test (PBT)			970 Not applicable					
							999 Unknown					
Suspected Drug Usage		100	Test Status	100	Drug Kit Number	12121	Drug Test Type	198	Drug Test Results			
000 No		000 Test not given		100 Blood	970 Not applicable		100 Blood	970 Not applicable	Methcathinone, Methylone			
100 Yes		001 Test refused		101 Urine	999 Unknown		101 Urine	999 Unknown				
999 Unknown		100 Test given		102 Both blood and urine			102 Both blood and urine					
		999 Unknown if tested		103 Saliva			103 Saliva					
				198 Other			198 Other					

DRIVER ACTIONS					
Driver Actions at Time of Crash	112	Avoidance Maneuver	100	Pre-Collision Stability	999
000 No contributing action	110	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	111 Ran off roadway	104 Braking and steering right		980 Other vehicle loss of control	
105 Improper backing	112 Ran red light	105 Braking (lockup)		999 Unknown	
106 Improper passing	113 Ran stop sign	106 Braking (no lockup)			
107 Improper turn	114 Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc.	107 Braking (lockup unknown)			
108 Careless driving, inattentive operation, improper driving, or driving without due care	115 Wrong side or wrong way	108 Releasing brakes			
109 Operating the vehicle in an erratic, reckless, or negligent manner	116 Aggressive driving	109 Steering left			
110 Over-correcting or over-steering	117 Road rage	110 Steering right			
980 Other contributing action		980 Other			
999 Unknown		999 Unknown			

CITATIONS	
CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES	

Total # of Passengers1

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Case #A-010101-26

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PASSENGER INFORMATION

MOTOR VEHICLE #1PASSENGER #1

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	100	Race		
JoleneDoe					2/2/1990	31	100 Female 101 Male 999 Unknown		103		
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected			Ethnicity			
123 Street StBaton RougeLA70808					225-222-2222			999			
Air Bags Deployed					Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position	Ejection	Extrication
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input checked="" type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other					<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown 104	000	105	000 No 100 Yes 999 Unknown	102	000	000
Type of Medical Transportation					EMS Response Agency			Facility Receiving Patient			
000					Not applicable						
Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown					EMS Response Run # <input type="checkbox"/> Unknown			Not applicable			

MOTOR VEHICLE #PASSENGER #

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex		Race		
							100 Female 101 Male 999 Unknown				
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected			Ethnicity			
Air Bags Deployed					Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position	Ejection	Extrication
<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					<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown			
Type of Medical Transportation					EMS Response Agency			Facility Receiving Patient			
Universally Unique Identifier <input type="checkbox"/> N/A <input type="checkbox"/> Unknown					EMS Response Run # <input type="checkbox"/> Unknown						

MOTOR VEHICLE #PASSENGER #

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex		Race		
							100 Female 101 Male 999 Unknown				
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected			Ethnicity			
Air Bags Deployed					Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position	Ejection	Extrication
<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					<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			000 No 100 Yes 999 Unknown			
Type of Medical Transportation					EMS Response Agency			Facility Receiving Patient			
Universally Unique Identifier <input type="checkbox"/> N/A <input type="checkbox"/> Unknown					EMS Response Run # <input type="checkbox"/> Unknown						

PASSENGER CODES

Injury Status	Ejection	Extrication	Restraint Systems	Seating Position																																								
100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (C) No apparent injury	000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	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	<table><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr><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></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	Ethnicity	Incident Responder																																										
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	100 Hispanic 101 Other than Hispanic 999 Unknown	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	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																																									
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

2021000347

Non-Motorist # 1		Rev. 2024-1		Case # A-010101-26		Page 9 of 14	
NON-MOTORIST INFORMATION							
Name <input type="checkbox"/> Unknown Jonathan Joestar <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 31		Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown 1000 Drive Dr Baton Rouge LA 70808 <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 225-333-3333		Race <input type="checkbox"/> Unknown 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 type="checkbox"/> Unknown 3/3/1990		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown	
NON-MOTORIST CIRCUMSTANCES							
Non-Motorist Type <input type="checkbox"/> 200		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"/> 100	
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"/> 999		Distraction Source <input type="checkbox"/> 999			
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (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	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number		Alcohol Test Results <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		Test Status <input type="checkbox"/> 000		Drug <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 970	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number		Drug Test Results Not applicable	
				100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other			

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

2021000347

Non-Motorist #		Rev. 2024-1		Case #		Page		of	
2				A-010101-26		10		14	
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown		Sex <input type="checkbox"/> 100		Race <input type="checkbox"/> 103	
Josephine Joestar				31		100 Female 101 Male 999 Unknown		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected					
1000 Drive Dr Baton Rouge LA 70808				225-444-4444					
Street City State Postal Code									
Incident Responder				Date of Birth <input type="checkbox"/> Unknown		Ethnicity <input type="checkbox"/> 999			
000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				4/4/1990		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		Safety Equipment					
		100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		<input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown			
Action Prior to Crash <input type="checkbox"/> 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"/> 999		Distraction Source <input type="checkbox"/> 999					
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (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 Kit Number <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				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 Kit Number <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				100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		Not applicable	

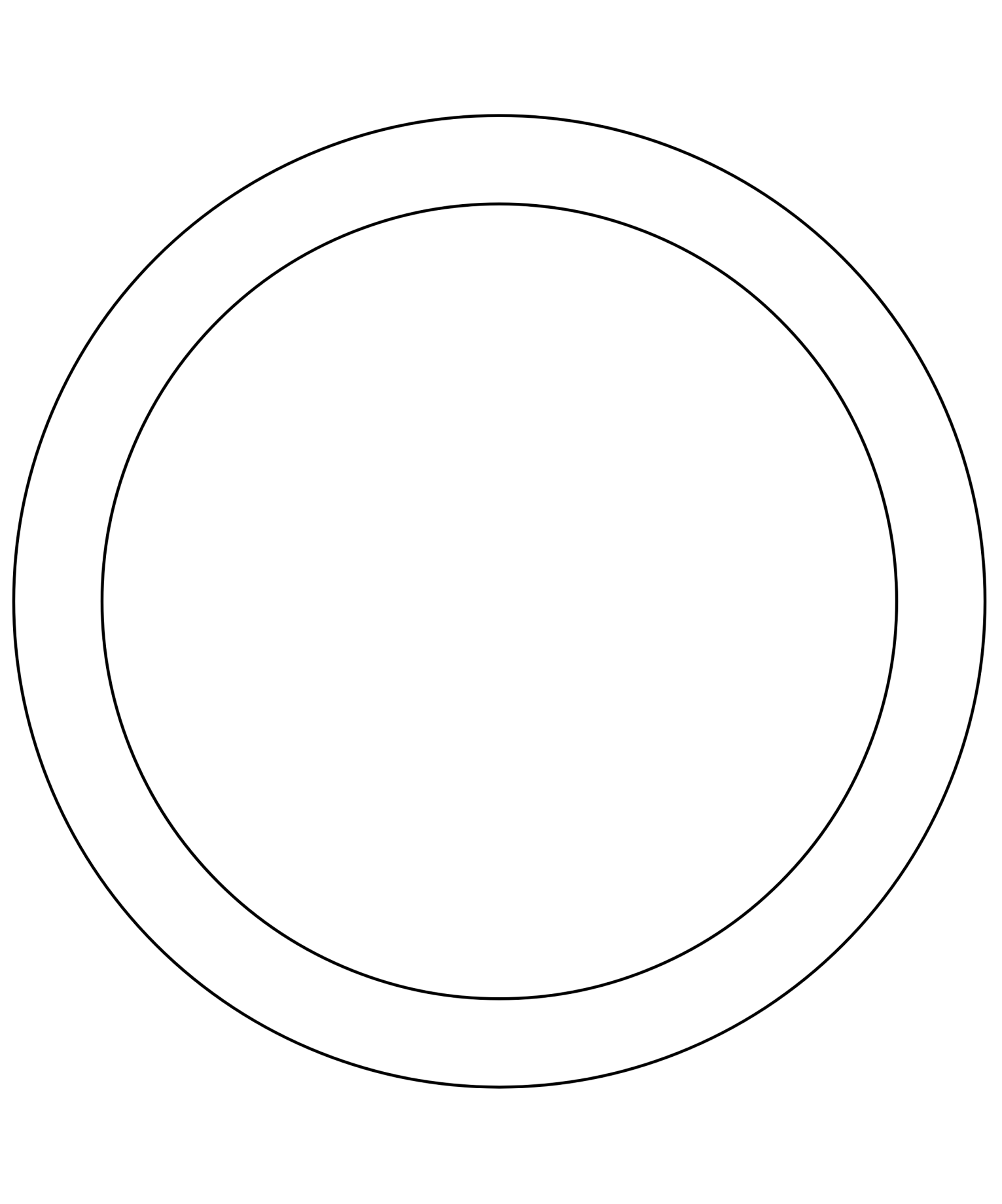
LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

2021000347

Non-Motorist # 3		Rev. 2024-1		Case # A-010101-26		Page 11 of 14	
NON-MOTORIST INFORMATION							
Name <input type="checkbox"/> Unknown Joseph Joestar <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 6		Sex <input type="checkbox"/> 101 100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown 1000 Drive Dr 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 type="checkbox"/> Unknown 5/5/2015		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) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown				Clothing Brightness <input type="checkbox"/> Upper <input type="checkbox"/> 100 <input type="checkbox"/> Lower <input type="checkbox"/> 100 100 Light 101 Dark 970 Not applicable 999 Unknown	
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		790 Not applicable 980 Other 999 Unknown		Distraction Action <input type="checkbox"/> 999 000 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"/> 999 100 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 Not applicable	

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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.

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CRASH NARRATIVE

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Disclaimer: All information below this line is auto-generated from report data.

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Vehicle 1 Driver Alcohol Test Type: alcohol test type: other
Vehicle 1 Driver Drug Test Type: drugs test type: other

This report was reassigned to Eric Newman.