

LOUISIANA UNIFORM CRASH REPORT  
CRASH INFORMATION

2021000178

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		B-050505-24		Page 1 of 13	
Number of Motorists 1		Number of Non-Motorists 2		Non-Fatally Injured Persons 1		Fatalities 3		Total Injuries and Fatalities 4		Vehicles Involved 1		Troop	
Investigating Agency LSP (Troop A)				Division		Parish East Baton Rouge		City Baton Rouge		Latitude 30.415589° N		Longitude 91.175725° W	
CRASH TIME INFORMATION													
Crash Date/Time 08/25/2021 1200		Police Notified Date/Time 08/25/2021 1201		Police Arrived Date/Time 08/25/2021 1202		Roadway Cleared Date/Time 08/25/2021 1203		On Scene Investigation Completed Date/Time 08/25/2021 1204					
ROAD INFORMATION													
Highway <input type="checkbox"/> Not applicable Interstate 12				Road Millerville Road									
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable				Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection Seigen Lane									
LOCATION INFORMATION													
Road Classification 100		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 1		Traffic Flow Direction W			
100 Interstate 101 US highway 102 State highway 103 Parish road 104 City street 200 Off road/private property		100 Mainline 200 On-ramp 201 Off-ramp 300 Frontage/service 970 Not applicable		100 Public property 200 Private property		100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway		1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more		X Not applicable (not a divided highway) N North W West S South E East			
INVESTIGATING OFFICER													
Rank Tester		First Name eCrash				Middle Name Test		Last Name User		Suffix			
Badge # 1234		Printed Name jayduttpathak				Signature jayduttpathak							
CRASH CIRCUMSTANCES AND CONDITIONS													
First Harmful Event 205				Location of First Harmful Event 104		Manner of Crash 000							
Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event				100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown		000 Not a collision between two motor vehicles in transport 200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown							
Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (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				Relation to Junction 000 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown		Contributing Factor Primary 100 Secondary 101 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable							
Collision with Fixed Object 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				Intersection Geometry 970 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable		School Bus Relation 000 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved							
CRASH REPORT - CRASH SUMMARY													

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CRASH CONDITIONS							
Roadway Surface Condition	000	Light Condition	100	Weather Conditions	000	Environmental Conditions	000
000 Dry		100 Daylight		000 Clear		000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	
101 Mud, dirt, gravel		300 Dark - continuous street lights		101 Blowing snow		101 Debris	
102 Oil		301 Dark - street lights at intersection only		102 Cloudy		102 Glare	
103 Sand		302 Dark - not lighted		103 Fog, smog, smoke		103 Non-highway work	
104 Slush		399 Dark - unknown lighting		104 Freezing rain or freezing drizzle		104 Obstructed crosswalks	
105 Snow		980 Other		105 Rain		105 Obstruction in roadway	
106 Water (standing,moving)		999 Unknown		106 Severe crosswinds		106 Overhead clearance limited	
107 Wet				107 Sleet or hail		107 Prior crash	
980 Other				108 Snow		108 Prior non-recurring incident	
999 Unknown				980 Other		109 Regular congestion	
				999 Unknown		110 Related to a bus stop	
						111 Road surface condition (wet, icy, snow, slush, etc.)	

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

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

WITNESS #				WITNESS #			
Name				Name			
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 #	1
Property Type	Damage Severity	Owner Name	<input checked="" type="checkbox"/> Unknown	Owner Phone Number	<input checked="" type="checkbox"/> Not Collected
400	101				
Owner Address <input checked="" 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	300 Cable barrier	303 Guardrail face	400 Traffic sign support	598 Other state property	100 Light (less than \$500)
100 Private property	301 Concrete traffic barrier	304 Impact attenuator/crash cushion	401 Traffic signal support	980 Other	101 Moderate (between \$500 and \$10,000)
200 Bridge overhead structure	302 Guardrail end terminal	398 Other traffic barrier	402 Utility pole/light support		102 Severe (over \$10,000)
201 Bridge pier or support					
202 Bridge rail					

Motor Vehicle # 1		VEHICLE INFORMATION		Case #	B-050505-24	Page	3	of	13
DESCRIPTION AND INFORMATION									
<div>Check if this vehicle had no driver <input type="checkbox"/></div>		<div>Hit and Run100</div> <div>000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene</div>		<div>Vehicle Type100</div> <div>100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment</div>		<div>Vehicle Body Type999</div> <div>Passenger Vehicles 100 Passenger car103 Pickup 101 Passenger van / Minivan (less than 9 seats)104 Cargo van 102 (Sport) utility vehicle</div> <div>Construction / Farm Equipment 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.)</div> <div>Cycle / Off Road / Recreation 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</div> <div>Trucks 400 Single unit truck 401 Truck tractor 498 Other truck</div> <div>Large Passenger Vehicle 500 Motor home505 School bus 501 Passenger van (9-15 seats)506 Transit bus 502 Passenger van (16+ seats)507 Motorcoach 503 Large limo598 Other bus / large passenger vehicle 504 Mini-bus Other 980 Other999 Unknown</div>			
VIN <div><input checked="" type="checkbox"/> Unknown</div>									
Model Year <div><input checked="" type="checkbox"/> Unknown</div>		Make <div>Unknown</div>		Model <div>Unknown</div>		Color <div>Unknown</div>			
License Plate <div><input type="checkbox"/> Missing<div>State<div><input checked="" type="checkbox"/> Unknown</div>Number<div><input checked="" type="checkbox"/> Unknown</div>Year<div><input checked="" type="checkbox"/> Unknown</div></div><input type="checkbox"/> Non-expiring</div>									
Owner Name <div><input type="checkbox"/> Same as driver<input checked="" type="checkbox"/> Unknown</div>									
Owner Address <div><input type="checkbox"/> Same as driver<input checked="" type="checkbox"/> Unknown</div>									
Insurance <div><input type="checkbox"/> Uninsured at time of crash</div>									
Company <div><input checked="" type="checkbox"/> Unknown</div>									
Phone # <div><input checked="" type="checkbox"/> Unknown</div>									
NAIC # <div><input checked="" type="checkbox"/> Unknown</div>									
Policy # <div><input checked="" type="checkbox"/> Unknown</div>									
Expiration Date <div><input checked="" type="checkbox"/> Unknown</div>									
DAMAGE									
Damage Extent999		Initial Point of Contact		Damaged Areas		Tow Status000		Tow Authority970	
000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		<div><div><div>7891011</div><div>6<div>→</div>12</div><div>54321</div></div><div><input type="checkbox"/> 000 Non-collision <input checked="" 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</div></div>		<div><div><div>7891011</div><div>6<div>→</div>12</div><div>54321</div></div><div><input checked="" type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage</div></div>		<div>000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage</div> <div>Towed By<input type="checkbox"/> Unknown</div>		<div>100 Owner 101 Law enforcement 970 Not applicable 980 Other</div>	
MOTOR VEHICLE CIRCUMSTANCES									
Vehicle Usage999		Vehicle Maneuver999							
000 No special function980 Other 100 Bus - school (public or private)999 Unknown 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		100 Going straight200 Leaving a parking position980 Other 101 Backing201 Vehicle out of control, not passing999 Unknown 102 Merging300 Entering a parking position 103 Making U-turn400 Slowing 104 Negotiating a curve500 Parked 106 Turning left501 Stopped 107 Turning right 108 Traveling wrong way							
		Vehicle Maneuver Reason999							
		000 Normal movement201 Vehicle out of control, not passing207 Due to driver violation 100 To avoid other vehicle202 Vehicle out of control, passing208 Due to vehicle condition (failure) 101 To avoid non-motorist203 For traffic control209 Due to pavement condition 102 To avoid animal204 Due to congestion210 High wind 198 To avoid other object205 Due to prior crash (collision)980 Other 200 Passing206 Due to driver condition999 Unknown							
		Emergency Vehicle Usage999		Direction of Travel Before Crash999					
		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		000 Not on roadway100 Northbound 001 In roadway but not in motion300 Eastbound 002 Not on trafficway500 Southbound 700 Westbound 999 Unknown					

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VEHICLE INFORMATION

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Motor Vehicle # 1		Rev. 2024-1		Case # B-050505-24		Page 4 of 13	
MOTOR VEHICLE CIRCUMSTANCES							
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown		Contributing Defects		999	
Front Left <div></div>	Front Right <div></div>	<input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown		Vehicle Lighting		999	
Rear Left <div></div>	Rear Right <div></div>	000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown		000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown			
Traffic Control Device Types and Statuses							
Traffic Control Device Types		Devices Present		Devices Inoperative or Missing			
000 None	300 Flashing railroad crossing (may include gates)	1 <div>204</div>	1 <div>000</div>				
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2 <div>402</div>	2 <div></div>				
200 Bicycle crossing sign	302 Flashing traffic control signal	3 <div></div>	3 <div></div>				
201 Curve Ahead warning sign	303 Lane use control signal	4 <div></div>	4 <div></div>				
202 Intersection Ahead warning sign	304 Ramp meter signal	Traffic Signal Status		970			
203 Pedestrian crossing sign	305 Traffic control signal	100 Red signal on		000 No automation			
204 Railroad crossing sign	398 Other signal	200 Yellow signal on		100 Driver assistance			
205 Reduce Speed Ahead warning sign	400 Bicycle crossing	300 Green signal on		101 Partial automation			
206 School zone sign	401 Pedestrian crossing	970 Not applicable		102 Conditional automation			
207 Stop sign	402 Railroad crossing	999 Unknown		103 High automation			
208 Yield sign	403 School zone			104 Full automation			
298 Other warning sign	404 Yellow no passing line			199 Automation level unknown			
	405 White or yellow dash line			999 Unknown			
	406 Solid white lane line			Automation System Level Engaged		199	
980 Other	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)			000 No automation			
999 Unknown				100 Driver assistance			
Trafficway Division		101	Barrier Type		000		
000 Not divided	100 Divided, flush median (greater than 4 ft wide)	000 None		100 Cable barrier			
001 Not divided, with a continuous left turn lane	101 Divided, raised median (curbed)	101 Concrete barrier (e.g. Jersey barrier)		101 Partial automation			
	102 Divided, depressed median	102 Earth embankment		102 Conditional automation			
	999 Unknown	103 Guardrail		103 High automation			
		980 Other		104 Full automation			
Roadway Grade	100	Number of Through Lanes	2	Number of Auxiliary Lanes	0	Roadway Alignment	100
000 Not on trafficway						000 Not on trafficway	100
100 Level						100 One-way	200
101 Uphill						200 Two-way	
102 Hillcrest						Speed Limit	
103 Downhill						35	<input type="checkbox"/> Unknown <input type="checkbox"/> N/A
104 Sag (bottom)							
HOV Lane Presence							
000 None present							
100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median							
101 Not separated, painted pavement markings, post-mounted delineators							
HOV Lane Relation							
000 No 100 Yes							
MOTOR VEHICLE EVENTS							
Sequence of Events				Most Harmful Event			
1 <div>205</div> 2 <div>203</div> 3 <div></div> 4 <div></div>				205			
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							

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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

Cargo Body Type

000 No cargo body

100 Bus

101 Auto transporter

102 Cargo tank

103 Concrete mixer

104 Dump

970 Not applicable

980 Other

999 Unknown

105 Flatbed

106 Garbage / refuse

107 Grain / chips / gravel

108 Intermodal container chassis

109 Log

110 Pole trailer

111 Van / enclosed box

112 Vehicle towing another vehicle

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

State

Hazardous Materials Released from Vehicle Cargo Compartment

000 No, hazardous materials not released

100 Yes, hazardous materials released

970 Not applicable

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

Commodity Hauled

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

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 #	B-050505-24	Page	6	of	13		
DRIVER INFORMATION												
Name <input checked="" type="checkbox"/> Unknown					Age <input checked="" type="checkbox"/> Unknown	Sex	999	Race			999	
						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				
First Middle Last Suffix					Phone Number <input checked="" type="checkbox"/> Not Collected							
Address <input checked="" type="checkbox"/> Unknown												
Street City State Postal Code												
Incident Responder					999	Date of Birth		<input checked="" type="checkbox"/> Unknown	Ethnicity		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.)									100 Hispanic 101 Other than Hispanic 999 Unknown			
DRIVER LICENSE INFORMATION												
License Status			999	License Class		970	Driver License Type		970	Commercial Driver License Status		970
100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked				000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable			100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable			100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid)  970 Not applicable (no CDL) 999 Unknown		
License Number		License State										
Endorsements on License				Endorsement Compliance		000	Restrictions on License					
<input 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				000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required								
						Alcohol Interlock Presence					000	
						000 No 970 Not applicable 100 Yes 999 Unknown						
DRIVER SEATING AND SAFETY INFORMATION												
Seating Position				100	Restraint Systems Used							999
Standard Vehicle Seats				Other Seating Positions		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 999 Unknown						
Front				700 Unenclosed cargo area		100 Booster seat 200 DOT-compliant motorcycle helmet						
Row	Left	Middle	Right	Unk	701 Riding on motor vehicle exterior (non-trailing unit)	101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet						
1	100	101	102	199	800 Trailing unit	102 Child restraint system – rear facing 299 Unknown if DOT-compliant motorcycle helmet						
2	200	201	202	299	801 Sleeper section of cab (truck)	103 Child restraint system – type unknown						
3	300	301	302	399	898 Other enclosed cargo area	104 Lap belt only used						
4	400	401	402	499	970 Not applicable	105 Shoulder and lap belt used						
Oth	500	501	502	599	999 Unknown	106 Shoulder belt only used						
Unk	600	601	602	699		107 Stretcher						
						108 Wheelchair						
						199 Restraint used – type unknown						
						Any indication of improper use?					999	
						000 No 100 Yes 999 Unknown						
Air Bags Deployed						Ejection		999	Extrication		000	
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input checked="" type="checkbox"/> 999 Deployment unknown  <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other (knee, air belt, etc.)						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				

Motor Vehicle #  
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MEDICAL INFORMATION

Injury Status

104

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

999

000 Not transported

100 EMS air

101 EMS ground

200 Law enforcement

980 Other

999 Unknown

EMS Response Agency

Unknown

EMS Response Run #

☒ Unknown

Universally Unique Identifier

☐ Not applicable

☒ Unknown

Facility Receiving Patient

Unknown

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash

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

Distraction Action

999

000 Not distracted

100 Talking / listening

101 Manually operating a device (e.g., texting, dialing, playing game, etc.)

200 Inattentive

980 Other distraction or distraction details unknown

999 Unknown if distracted

Distraction Source

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

Vision Obscurement

999

000 None

100 Rain, snow, etc. on windshield

101 Windshield otherwise obscured

102 Vision obscured by load

103 Trees, bushes, etc.

104 Building

105 Embankment

106 Sign boards

107 Hillcrest

108 Parked vehicles

109 Moving vehicles

110 Blinded by headlights

111 Blinded by sun glare

112 Distracted by neon lights in field of view

980 Other

999 Unknown

Speeding Relation

999

000 No

100 Exceeded speed limit

101 Racing

102 Too fast for conditions

999 Unknown

Suspected Alcohol Usage

999

000 No

100 Yes

999 Unknown

Test Status

000

000 Test not given

001 Test refused

100 Test given

999 Unknown if tested

Alcohol Kit Number

☐ Unknown

100 Blood

101 Blood clot

102 Blood plasma/serum

200 Breath

201 Preliminary breath test (PBT)

Alcohol Test Type

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

Alcohol Test Results

970

000 Results pending

001 Negative results with no actual value

100 Results received

101 Positive results with no actual value

970 Not applicable

999 Unknown

BAC

970

000 Results pending

001 Negative results with no actual value

100 Results received

101 Positive results with no actual value

970 Not applicable

999 Unknown

Suspected Drug Usage

999

000 No

100 Yes

999 Unknown

Test Status

000

000 Test not given

001 Test refused

100 Test given

999 Unknown if tested

Drug Kit Number

☐ Unknown

100 Blood

101 Urine

102 Both blood and urine

103 Saliva

198 Other

970 Not applicable

999 Unknown

Drug Test Type

970

100 Blood

101 Urine

102 Both blood and urine

103 Saliva

198 Other

970 Not applicable

999 Unknown

Drug Test Results

970

Not applicable

DRIVER ACTIONS

Driver Actions at Time of Crash

999

000 No contributing action

100 Disregarded other road markings

101 Disregarded other traffic signs

102 Failed to keep in proper lane

103 Failed to yield right-of-way

104 Followed too closely

105 Improper backing

106 Improper passing

107 Improper turn

108 Careless driving, inattentive operation, improper driving, or driving without due care

109 Operating the vehicle in an erratic, reckless, or negligent manner

110 Over-correcting or over-steering

980 Other contributing action

999 Unknown

Avoidance Maneuver

999

000 No avoidance maneuver

100 Accelerating

101 Accelerating and steering left

102 Accelerating and steering right

103 Braking and steering left

104 Braking and steering right

105 Braking (lockup)

106 Braking (no lockup)

107 Braking (lockup unknown)

108 Releasing brakes

109 Steering left

110 Steering right

980 Other

999 Unknown

Pre-Collision Stability

999

000 Tracking

100 Skidding longitudinally - rotation less than 30 degrees

200 Skidding laterally - clockwise rotation

201 Skidding laterally - counter-clockwise rotation

299 Skidding laterally - rotation direction unknown

980 Other vehicle loss of control

999 Unknown

CITATIONS

CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES

LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Non-Motorist # 1		Rev. 2024-1		Case #	B-050505-24	Page	8	of	13	
NON-MOTORIST INFORMATION										
Name <input type="checkbox"/> Unknown Tim Hendricks <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 35	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 checked="" type="checkbox"/> Unknown <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 5105612654						
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"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown				
NON-MOTORIST CIRCUMSTANCES										
Non-Motorist Type <input type="checkbox"/> 100		Initial <input type="checkbox"/> 100		Location <input type="checkbox"/> 105						
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"/> 102 000 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"/> 100 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"/> 200 000 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 West Feliciana Parish Hospital				
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"/> 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		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
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		Drug Test Results Not applicable		



LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Non-Motorist # 2		Rev. 2024-1		Case # B-050505-24		Page 9 of 13	
NON-MOTORIST INFORMATION							
Name <input type="checkbox"/> Unknown Tommy Stone <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 36		Sex <input type="checkbox"/> 101 100 Female 101 Male 999 Unknown	
Address <input checked="" type="checkbox"/> Unknown <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 6351681561		Race <input type="checkbox"/> 102 100 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"/> 200		Initial <input type="checkbox"/> 100 Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		Location <input type="checkbox"/> 105 100 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			
Struck by Vehicle # 1		Origin/Destination <input type="checkbox"/> 970 100 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"/> 102 000 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"/> 100 Lower <input type="checkbox"/> 101	
NON-MOTORIST MEDICAL INFORMATION							
Injury Status <input type="checkbox"/> 103 100 (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							

Train # 1		Rev. 2024-1		Case #		B-050505-24		Page 10 of 13	
TRAIN INFORMATION									
Train Type 100 Railroad train 101 Streetcar		ID # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown RF6585		Lead Engine # <input type="checkbox"/> Unknown 568456		Serial # <input type="checkbox"/> Unknown 0982364584		Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input checked="" type="checkbox"/> 101 Ditch lights functional <input checked="" type="checkbox"/> 102 Horn functional <input checked="" type="checkbox"/> 103 Bell functional <input checked="" type="checkbox"/> 104 Event data recorder equipped	
Make <input type="checkbox"/> Unknown Monstrain		Type <input type="checkbox"/> Unknown Train		# of Engines <input type="checkbox"/> Unknown 1		# of Cars <input type="checkbox"/> Unknown 12		Data Recorder Speed <input checked="" type="checkbox"/> Pending	
TRACK INFORMATION									
DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 1254		Crossing Surface 103 Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel		Present Warning Devices <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Flashing lights <input checked="" type="checkbox"/> 101 Bell <input checked="" type="checkbox"/> 102 Gate <input checked="" type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other		Advance Warning Devices <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Sign <input checked="" type="checkbox"/> 101 Pavement markings <input checked="" type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other		Active Warning Devices <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Lights flashing <input checked="" type="checkbox"/> 101 Bell ringing <input checked="" type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other	
Sets of Tracks 4		Speed Limit 40		Crossing Type 100 100 Public 101 Private					
COLLISION INFORMATION									
Train in Motion 100 000 No 100 Yes		Crossing Vehicle Interaction 102 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing		Struck Car # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 3		Struck Car Type <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown Passenger			
Collision Type 100 100 Frontal 101 Side/backing				Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown		Distance Traveled After Impact 15.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> miles		Estimated Speed Before Braking 35	
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 Class 970 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 Train Cargo Compartment 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable	
Hazardous Material ID N/A									
TRAIN OPERATOR									
Name <input checked="" type="checkbox"/> Unknown		Address <input checked="" type="checkbox"/> Unknown							
TRACK OWNER									
Name <input type="checkbox"/> Unknown		Address <input type="checkbox"/> Unknown							
Train Rail Services		34 Lightyears Lane Chicago IL 31505							
TRAIN ENGINEER									
Name <input type="checkbox"/> Unknown		<input type="checkbox"/> This train had no engineer		Certification Number <input checked="" type="checkbox"/> Unknown		Race 102			
Michael		Cox				100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
First Middle Last Suffix									
Address <input type="checkbox"/> Unknown		Phone Number <input type="checkbox"/> Not Collected							
367 Silver Lane Auburn AL 80651		5415456454							
Street City State Postal Code									
Incident Responder		000 Sex 101		Age <input type="checkbox"/> Unknown		Date of Birth <input type="checkbox"/> Unknown		Ethnicity 999	
000 No 102 Police 980 Other 999 Unknown		100 Female		31		2/5/1990		100 Hispanic	
100 EMS 103 Tow operator		101 Male						101 Other than Hispanic	
101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		999 Unknown						999 Unknown	
Injury Status 100		Type of Medical Transportation 101		EMS Response Agency					
100 (K) Fatal Injury		000 Not transported 980 Other		Acadian Ambulance Services					
101 (A) Suspected Serious Injury		100 EMS air 999 Unknown							
102 (B) Suspected Minor Injury		101 EMS ground		EMS Response Run # <input checked="" 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							
		Winn Parish Medical Center							

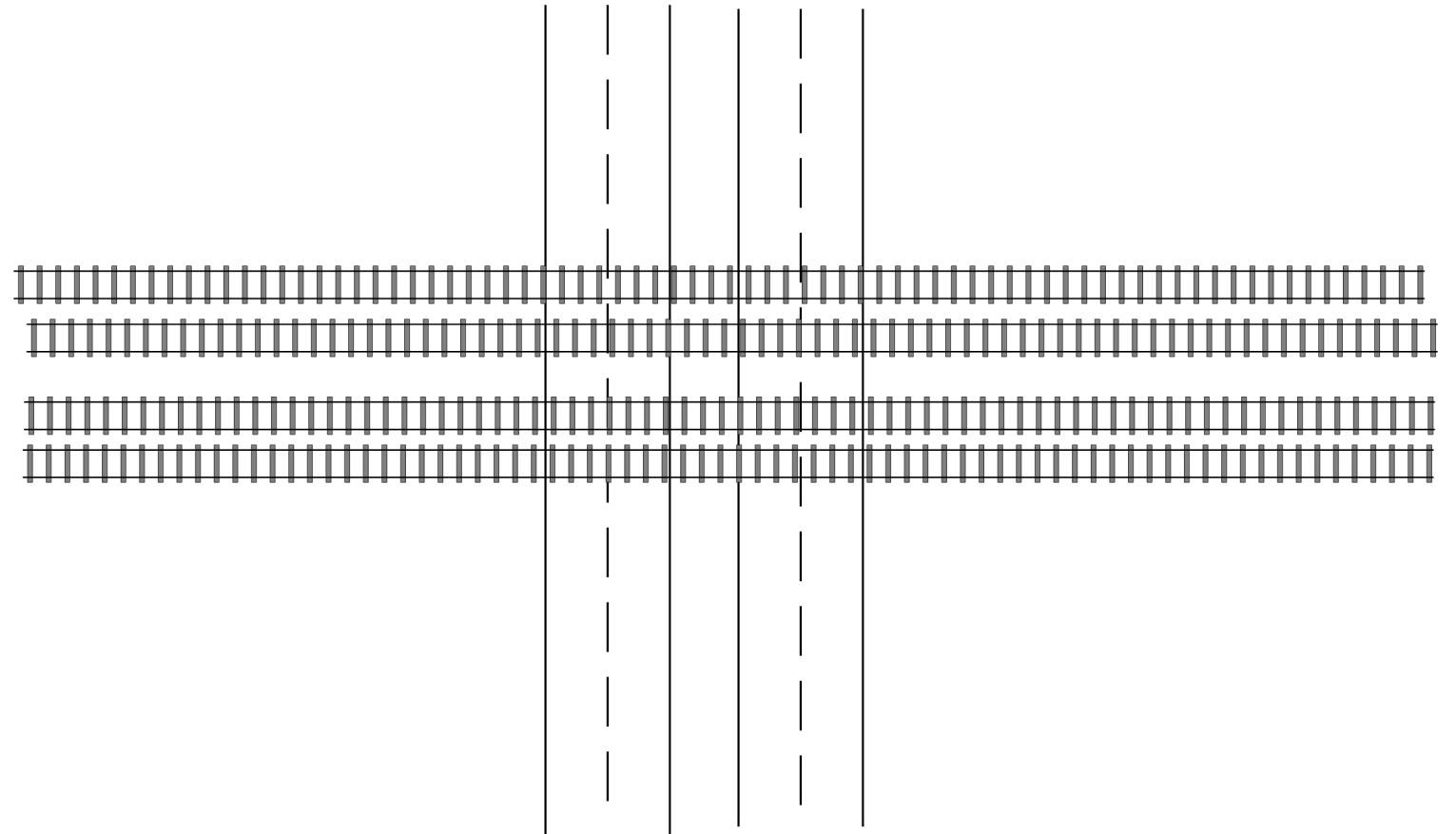
Train # 1		Rev. 2024-1		Case #	B-050505-24		Page	11	of	13
TRAIN CONDUCTOR										
Name <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> This train had no conductor				Race						
				100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other						
First Middle Last Suffix										
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected				
Street City State Postal Code										
Incident Responder				Sex	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity			
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				100 Female 101 Male 999 Unknown			100 Hispanic 101 Other than Hispanic 999 Unknown			
Injury Status		Type of Medical Transportation		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Run # <input type="checkbox"/> Unknown						
Universally Unique Identifier <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient						

PASSENGER INFORMATION										
PASSENGER # 1										
Name <input type="checkbox"/> Unknown				Race						
Jason Cook				100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other						
First Middle Last Suffix										
Address <input checked="" type="checkbox"/> Unknown						Phone Number <input checked="" type="checkbox"/> Not Collected				
Street City State Postal Code										
Incident Responder				000	Sex	101	Age <input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity	
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown	31			100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status		Type of Medical Transportation		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Air Evac Lifeteam						
Universally Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient						
				Willis Knighton Medical Center						

PASSENGER # 2										
Name <input type="checkbox"/> Unknown				Race						
Samantha Dean				100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other						
First Middle Last Suffix										
Address <input checked="" type="checkbox"/> Unknown						Phone Number <input checked="" type="checkbox"/> Not Collected				
Street City State Postal Code										
Incident Responder				000	Sex	100	Age <input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity	
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown	35			100 Hispanic 101 Other than Hispanic 999 Unknown	
Injury Status		Type of Medical Transportation		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Not applicable						
Universally Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient						
				Not applicable						

Scene # 1	DIAGRAM Rev. 2024-1	Case #	B-050505-24	Page	12	of	13
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CRASH DIAGRAM



NARRATIVE

Rev. 2024-1

CRASH NARRATIVE

After over 16 years of use, the current crash report form no longer meets the needs of the transportation community. A new crash report is being developed based on the Model Minimum Uniform Crash Criteria (MMUCC) guidelines and will capture the data necessary to improve highway safety in Louisiana.

A new crash reporting application called Louisiana eCrash (LA eCrash) developed by the Center for Advanced Public Safety (CAPS) at the University of Alabama will soon replace LACRASH as the state's crash reporting application. CAPS currently has their software in use in Alabama, Mississippi, and Arkansas.

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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.