

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

2021000352

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		C-345678-23		Page		1		of		11									
Number of Motorists		1		Number of Non-Motorists		0		Non-Fatally Injured Persons		4		Fatalities		0		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			30.493452° N			91.128423° 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	
08/12/2021 0202		08/12/2021 0203		08/12/2021 0204		08/12/2021 0205		08/12/2021 1006	

ROAD INFORMATION

Highway <input checked="" type="checkbox"/> Not applicable		Road	
		EVANGELINE ST	
Distance/Direction From Intersection <input type="checkbox"/> Not applicable		Intersecting Road <input type="checkbox"/> Crash was at an intersection	
40.0 ft West		E BROOKSTOWN DR	

LOCATION INFORMATION

Road Classification		104		Road Subtype		100		Property Ownership		100		Trafficway Characteristics		100		Number of Intersection Approaches		1		Traffic Flow Direction		W	
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		205		Location of First Harmful Event		104		Manner of Crash		000	
Non-collision				100 Cargo/equipment loss or shift				000 Not a collision between two motor vehicles in transport		200 Front to front - head on	
				101 Fell/jumped from motor vehicle						300 Front to rear - rear end	
				102 Fire/explosion				100 Angle - left overtake		400 Backing - rear to front	
				103 Immersion, full or partial				101 Angle - left opposite direction		401 Backing - rear to rear	
				104 Jackknife				102 Angle - left into flow		402 Backing - rear to side	
				105 Overturn/rollover				103 Angle - right into flow		502 Sideswipe - opposite direction	
				106 Thrown or falling object				104 Angle - right overtake		505 Sideswipe - same direction	
				198 Other non-collision harmful event				105 Angle - perpendicular/other angle		980 Other	
Collision with Non-Fixed Object				200 Collision with animal (live)				500 Angle - left across flow		999 Unknown	
				201 Collision with motor vehicle in transport				501 Angle - right across flow			
				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							
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							
				Relation to Junction		000		Contributing Factor		Primary 101	
				000 Not an interchange area				100 Violations		Secondary 970	
				100 Acceleration or deceleration lane				101 Movement prior to crash			
				101 Crossover related				102 Vision obstructions			
				102 Driveway access or related				103 Driver condition			
				103 Entrance/exit ramp or related				104 Vehicle condition			
				104 Intersection or related				105 Road surface			
				106 Railway grade crossing				106 Roadway condition			
				107 Shared-use path or trail				107 Lighting condition			
				108 Through roadway				108 Weather condition			
				980 Other location within an interchange area (median, shoulder, and roadside)				109 Traffic control			
				999 Unknown				110 Non-motorist condition			
								111 Non-motorist action			
								970 Not applicable			
				Intersection Geometry		970		School Bus Relation		000	
				100 Angled / skewed				000 No			
				101 Roundabout / traffic circle				100 Yes, school bus directly involved			
				102 Perpendicular				101 Yes, school bus indirectly involved			
				970 Not applicable							
				Intersection Traffic Control		970					
				000 No controls							
				100 Signalized							
				101 Stop -all way							
				102 Stop -partial							
				103 Yield							
				970 Not applicable							

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CRASH CONDITIONS							
Roadway Surface Condition	107	Light Condition	200	Weather Conditions	107	Environmental Conditions	102
000 Dry		100 Daylight		000 Clear	980	000 None	
100 Ice/Frost		200 Dawn/dusk		100 Blowing sand, soil, dirt		100 Animal(s)	112 Ruts, holes, bumps
101 Mud, dirt, gravel		300 Dark - continuous street lights		101 Blowing snow		101 Debris	113 Shoulders (none, low, soft, high)
102 Oil		301 Dark - street lights at intersection only		102 Cloudy		102 Glare	114 Toll booth/plaza related
103 Sand		302 Dark - not lighted		103 Fog, smog, smoke		103 Non-highway work	115 Traffic control device
104 Slush		399 Dark - unknown lighting		104 Freezing rain or freezing drizzle		104 Obstructed crosswalks	116 Traffic incident
105 Snow		980 Other		105 Rain		105 Obstruction in roadway	117 Visual obstruction(s)
106 Water (standing,moving)		999 Unknown		106 Severe crosswinds		106 Overhead clearance limited	118 Weather conditions
107 Wet				107 Sleet or hail		107 Prior crash	119 Work zone (construction/maintenance/utility)
980 Other				108 Snow		108 Prior non-recurring incident	120 Worn, travel-polished surface
999 Unknown				980 Other		109 Regular congestion	980 Other
				999 Unknown		110 Related to a bus stop	999 Unknown
						111 Road surface condition (wet, icy, snow, slush, etc.)	

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

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

WITNESS #				WITNESS #			
Name				Name			
<i>First Middle Last Suffix</i>				<i>First Middle Last Suffix</i>			
Address				Address			
City				City			
State				State			
Postal Code				Postal Code			
Phone Number				Phone Number			
Age				Age			
Sex				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					
<i>Street City State Postal Code</i>					

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					
<i>Street City State Postal Code</i>					

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					
<i>Street City State Postal Code</i>					

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

Motor Vehicle # 1		Rev. 2024-1		Case #	C-345678-23	Page	3	of	11
DESCRIPTION AND INFORMATION									
<div>Check if this vehicle had no driver <input type="checkbox"/></div>		<div>Hit and Run101 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene</div>		<div>Vehicle Type100 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment</div>		<div>Vehicle Body Type401 <u>Passenger Vehicles</u> 100 Passenger car103 Pickup 101 Passenger van / Minivan (less than 9 seats)104 Cargo van 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 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 <u>Other</u> 980 Other999 Unknown</div>			
VIN123654ASQWE123456 <div><input type="checkbox"/> Unknown</div>									
Model Year <div><input type="checkbox"/> Unknown 2020</div>		MakeVolvo		ModelMedium/heavy truck - unknown engine location		ColorWhite			
License Plate <div><input type="checkbox"/> Missing<div>StateLA<div><input type="checkbox"/> Unknown</div>NumberYD04H123<div><input type="checkbox"/> Unknown</div>Year2022<div><input type="checkbox"/> Unknown</div></div></div> <div><input type="checkbox"/> Non-expiring</div>									
Owner Name <div><input type="checkbox"/> Same as driver<div><input type="checkbox"/> Unknown</div></div> Bubby McGee									
Owner Address <div><input type="checkbox"/> Same as driver<div><input type="checkbox"/> Unknown</div></div> 123 Pine RdBaton RougeLA70111 <small>StreetCityStatePostal Code</small>									
Insurance <div><input type="checkbox"/> Uninsured at time of crash</div> <div>Company<div><input checked="" type="checkbox"/> Unknown</div></div> <div>Phone #<div><input checked="" type="checkbox"/> Unknown</div></div> <div>NAIC #<div><input checked="" type="checkbox"/> Unknown</div></div> <div>Policy #<div><input checked="" type="checkbox"/> Unknown</div></div> <div>Expiration Date<div><input checked="" type="checkbox"/> Unknown</div></div>									

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

Motor Vehicle #		Rev. 2024-1		Case #		Page		of		11	
1											
MOTOR VEHICLE CIRCUMSTANCES											
Skidmark Data (Feet)				Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown				Contributing Defects			
Front Left Front Right <input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown				50				999			
Rear Left Rear Right				Vehicle Lighting				999			
				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) 100 Person (including flagger, law enforcement, crossing guard, etc) 301 Flashing school zone signal 200 Bicycle crossing sign 302 Flashing traffic control signal 201 Curve Ahead warning sign 303 Lane use control signal 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				1 300 2 301 3 302 4 980		1 303 2 304 3 305 4 398					
				Traffic Signal Status		100					
				100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown				Automation System Level Present 999			
								000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown			
								Automation System Level Engaged 999			
								000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown			
Trafficway Division 000				Barrier Type 000							
000 Not divided 100 Divided, flush median (greater than 4 ft wide) 001 Not divided, with a continuous left turn lane 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown				000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other							
Roadway Grade 100		Number of Through Lanes		Number of Auxiliary Lanes		Roadway Alignment 100		Permitted Travel 200		HOV Lane Presence 000	
000 Not on trafficway 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)		4		0		000 Not on trafficway 100 Straight 101 Curve left 102 Curve right		000 Not on trafficway 100 One-way 200 Two-way Speed Limit 40 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A		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	
										000 No 100 Yes	
MOTOR VEHICLE EVENTS											
Sequence of Events 1 205 2 098 3 298 4 396										Most Harmful Event 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						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					
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								
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS											

Motor Vehicle #1

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration304

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 Placard000

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 IDN/A

Hazardous Material Class970

1 Explosives 970 Not applicable
2 Gas 999 Unknown
3 Flammable liquids
4 Other flammable substances
5 Oxidizing substances and organic peroxides
6 Toxic (poisonous) and infectious substances
7 Radioactive material
8 Corrosives
9 Miscellaneous dangerous goods

Hazardous Materials Released from Vehicle Cargo Compartment970

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

Cargo Body Type102

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 Permitted100

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

Number of Axles

☒ Unknown

Motor Carrier Type100

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

Motor Carrier Identification100

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

State

Motor Carrier Name☐ Unknown

Bubby McGee

Motor Carrier ID Number

12345

Motor Carrier Address☐ Unknown

123 Pine Rd
Baton Rouge
LA 70111
Street City State Postal Code

Motor Carrier Phone Number☒ Unknown

GVWR/GCWR101

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 INFORMATIONTRAILER #1

VIN☒ Unknown

Number of Axles☒ Unknown

Year☒ Unknown

Make☒ Unknown

Model☒ Unknown

License Plate☐ Missing

StateLA☐ Unknown

Number654456☐ Unknown

Year2022☐ Unknown

☐ Non-expiring

TRAILER INFORMATIONTRAILER #

VIN☐ Unknown

Number of Axles☐ Unknown

Year☐ Unknown

Make☐ Unknown

Model☐ Unknown

License Plate☐ Missing

State☐ Unknown

Number☐ Unknown

Year☐ Unknown

☐ Non-expiring

TRAILER INFORMATIONTRAILER #

VIN☐ Unknown

Number of Axles☐ Unknown

Year☐ Unknown

Make☐ Unknown

Model☐ Unknown

License Plate☐ Missing

State☐ Unknown

Number☐ Unknown

Year☐ Unknown

☐ Non-expiring

CRASH REPORT - COMMERCIAL MOTOR VEHICLE DESCRIPTION AND IDENTIFICATION

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DRIVER INFORMATION

NameUnknown

AgeUnknown

Sex999

Race999

AddressUnknown

Phone NumberNot Collected

Date of BirthUnknown

Ethnicity999

Incident Responder999

000 No102 Police980 Other

100 EMS103 Tow operator999 Unknown

101 Fire104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)

DRIVER LICENSE INFORMATION

License Status999

License Class970

Driver License Type970

Commercial Driver License Status970

Endorsements on License

Endorsement Compliance199

Restrictions on License

Alcohol Interlock Presence970

DRIVER SEATING AND SAFETY INFORMATION

Seating Position100

Restraint Systems Used999

Air Bags Deployed

Ejection999

Extrication000

Standard Vehicle Seats

Other Seating Positions

Any indication of improper use?

CRASH REPORT - DRIVER INFORMATION

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Injury Status103

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 Transportation999

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

Conditions at Time of Crash999

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 Action999

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 Source999

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 Obscurement999

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 Relation999

000 No

100 Exceeded speed limit

101 Racing

102 Too fast for conditions

999 Unknown

Suspected Alcohol Usage999

000 No

100 Yes

999 Unknown

Test Status000

000 Test not given

001 Test refused

100 Test given

999 Unknown if tested

Alcohol Kit Number

☐ Unknown

Alcohol Test Type970

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 Results970

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

BAC970

Suspected Drug Usage999

000 No

100 Yes

999 Unknown

Test Status000

000 Test not given

001 Test refused

100 Test given

999 Unknown if tested

Drug Kit Number

☐ Unknown

Drug Test Type970

100 Blood

101 Urine

102 Both blood and urine

103 Saliva

198 Other

970 Not applicable

999 Unknown

Drug Test Results970

Not applicable

Driver Actions at Time of Crash999

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 Maneuver999

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 Stability999

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

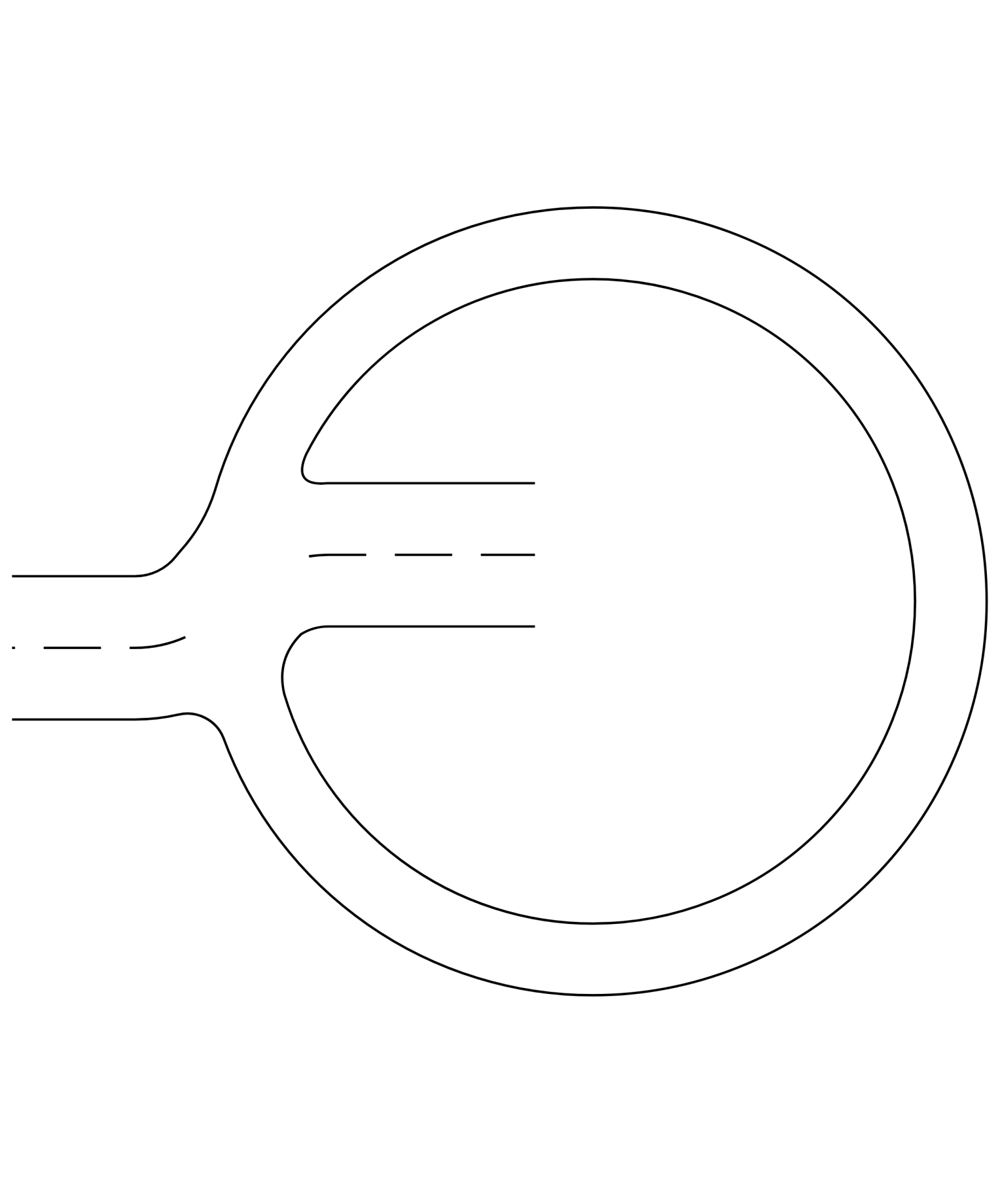
Train # 1		Rev. 2024-1		Case #		C-345678-23		Page		8		of		11			
TRAIN INFORMATION																	
Train Type 100 Railroad train 101 Streetcar		ID # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 123		Lead Engine # <input type="checkbox"/> Unknown 789		Serial # <input type="checkbox"/> Unknown 7		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 Train		Type <input type="checkbox"/> Unknown Choo-Choo		# of Engines <input type="checkbox"/> Unknown 1		# of Cars <input type="checkbox"/> Unknown 2		Data Recorder Speed 50 <input type="checkbox"/> Pending									
TRACK INFORMATION																	
DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 77				Crossing Surface Material 980 100 Rubber mat 101 Asphalt 102 Wood 103 Concrete 104 Gravel		Present Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other				Advance Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other				Active Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other			
Sets of Tracks 2		Speed Limit 50		Crossing Type 100 100 Public 101 Private													
COLLISION INFORMATION																	
Train in Motion 000 No 100 Yes		Crossing Vehicle Interaction 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 1				Struck Car Type <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown									
Collision Type 100 Frontal 101 Side/backing				Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown				Distance Traveled After Impact <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> feet <input type="checkbox"/> miles				Estimated Speed Before Braking 27					
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 Class 000 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		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 type="checkbox"/> Unknown Emmett Brown				Address <input type="checkbox"/> Unknown 8 Eastwood Ravine Rd Hill Valley CA 90210													
				Street City State Postal Code													
TRACK OWNER																	
Name <input type="checkbox"/> Unknown Biff Tannen				Address <input type="checkbox"/> Unknown 9 Lyon Estates Hill Valley CA 90210													
				Street City State Postal Code													
TRAIN ENGINEER																	
Name <input type="checkbox"/> Unknown Marty				<input type="checkbox"/> This train had no engineer McFly				Certification Number <input type="checkbox"/> Unknown 123456				Race 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 9303 Roslyndale Avenue				Hill Valley CA 90210				Phone Number <input type="checkbox"/> Not Collected 888-222-4444									
				Street City State Postal Code													
Incident Responder																	
000 No 100 EMS 101 Fire				102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				980 Other 999 Unknown				Sex 101 100 Female 101 Male 999 Unknown					
								Age 53				Date of Birth 6/12/1968					
												Ethnicity 101 100 Hispanic 101 Other than Hispanic 999 Unknown					
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 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"/> Not applicable <input type="checkbox"/> Unknown																	
Facility Receiving Patient Not applicable																	

Train # 1		Rev. 2024-1		Case #	C-345678-23	Page	9	of	11
TRAIN CONDUCTOR									
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor				Race 103					
George McFly				100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown					
First Middle Last Suffix									
Address <input type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected			
9303 Roslyndale Avenue Hill Valley CA 90210						888-555-9999			
Street City State Postal Code									
Incident Responder 000				Sex 101	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity 101		
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	83	1/1/1938	100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status 103		Type of Medical Transportation 999		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		Unknown					
				EMS Response Run # <input checked="" type="checkbox"/> Unknown					
Universally Unique Identifier <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown				Facility Receiving Patient					
				Unknown					

PASSENGER INFORMATION									
PASSENGER # 1									
Name <input type="checkbox"/> Unknown				Race 101					
first1 last1				100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown					
First Middle Last Suffix									
Address <input checked="" type="checkbox"/> Unknown						Phone Number <input type="checkbox"/> Not Collected			
						111-444-7777			
Street City State Postal Code									
Incident Responder 101				Sex 100	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity 999		
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	15	1/1/2006	100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status 101		Type of Medical Transportation 980		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					
				EMS Response Run # <input type="checkbox"/> Unknown					
Universally Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient					
				Other					
PASSENGER # 2									
Name <input type="checkbox"/> Unknown				Race 980					
first2 last2				100 American Indian or Alaska Native 102 Black 103 White 101 Asian or Pacific Islander 980 Other 999 Unknown					
First Middle Last Suffix									
Address <input type="checkbox"/> Unknown						Phone Number <input checked="" type="checkbox"/> Not Collected			
123 first Baton Rouge LA 77771									
Street City State Postal Code									
Incident Responder 102				Sex 999	Age <input type="checkbox"/> Unknown	Date of Birth <input checked="" type="checkbox"/> Unknown	Ethnicity 999		
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	44		100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status 103		Type of Medical Transportation 000		EMS Response Agency					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Not applicable					
				EMS Response Run # <input type="checkbox"/> Unknown					
Universally Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient					
				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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Disclaimer: All information below this line is auto-generated from report data.

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Weather Conditions: weather other

Roadway Environmental Contributing Circumstances: environmental conditions other

Work Zone Type: Work Zone Type other

Work Zone Circumstances: Work Zone Circumstances other

Vehicle 1 Traffic Control Devices Present: Traffic Control other

Vehicle 1 Traffic Control Devices Inoperative or Missing: Flashy

Vehicle 1 Event 2: other non-harmful event other

Vehicle 1 Event 3: Collision with other non-fixed object other

Vehicle 1 Event 4: Collision with other post: Other

Train 1 Crossing Surface Material: Crossing Surface Material: other

Train 1 Passenger 1 Medical Transportation Type: med facility other

Train 1 Passenger 1 Medical Facility Receiving Patient: receiving patient other

Train 1 Passenger 2 Race: race other

This report was reassigned to Eric Newman.