

LOUISIANA UNIFORM CRASH REPORT  
CRASH INFORMATION

2021000354

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		K-007007-24		Page		1		of		11									
Number of Motorists		3		Number of Non-Motorists		1		Non-Fatally Injured Persons		2		Fatalities		2		Total Injuries and Fatalities		4		Vehicles Involved		1		Troop		A	
Investigating Agency						Division			Parish			City			Latitude			Longitude									
LSP (Troop A)									Natchitoches			Rural Natchitoches			31.706799° N			93.140550° W									
CRASH TIME INFORMATION																											
Crash Date/Time				Police Notified Date/Time				Police Arrived Date/Time				Roadway Cleared Date/Time				On Scene Investigation Completed Date/Time											
08/20/2021 0900				08/20/2021 0901				08/20/2021 0905				08/20/2021 0907				08/20/2021 0910											
ROAD INFORMATION																											
Highway <input type="checkbox"/> Not applicable						Road																					
Interstate 49						I-49																					
Distance/Direction From Intersection <input type="checkbox"/> Not applicable										Intersecting Road <input type="checkbox"/> Crash was at an intersection																	
150.0 ft South										1st AVE																	
LOCATION INFORMATION																											
Road Classification		100		Road Subtype		100		Property Ownership		100		Trafficway Characteristics		100		Number of Intersection Approaches		4		Traffic Flow Direction		N					
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							
Tester		eCrash						Test						User													
Badge #				Printed Name								Signature															
1234				eric								eric															
CRASH CIRCUMSTANCES AND CONDITIONS																											
First Harmful Event								204		Location of First Harmful Event				104		Manner of Crash								000			
Non-collision		100 Cargo/equipment loss or shift						100 Gore						000 Not a collision between two motor vehicles in transport								200 Front to front - head on					
		101 Fell/jumped from motor vehicle						101 In parking lane or zone						100 Angle - left overtake								300 Front to rear - rear end					
		102 Fire/explosion						102 Median						101 Angle - left opposite direction								400 Backing - rear to front					
		103 Immersion, full or partial						103 Off roadway, location unknown						102 Angle - left into flow								401 Backing - rear to rear					
Collision with Non-Fixed Object		104 Jackknife						104 On roadway						103 Angle - right into flow								402 Backing - rear to side					
		105 Overturn/rollover						105 On shoulder, left side						104 Angle - right overtake								502 Sideswipe - opposite direction					
		106 Thrown or falling object						106 On shoulder, right side						105 Angle - perpendicular/other angle								505 Sideswipe - same direction					
		198 Other non-collision harmful event						107 Outside road/right-of-way						100 Angle - right across flow								980 Other					
Collision with Fixed Object		200 Collision with animal (live)						108 Roadside						500 Angle - left across flow								999 Unknown					
		201 Collision with motor vehicle in transport						109 Separator/traffic island						501 Angle - right across flow													
		202 Collision with parked motor vehicle						999 Unknown																			
		203 Collision with pedalcycle (including bicycles)																									
Collision with Non-Fixed Object		204 Collision with pedestrian						Relation to Junction						104		Contributing Factor								Primary 100			
		205 Collision with railway vehicle (train, engine)						000 Not an interchange area								100 Violations								Secondary 101			
		206 Collision with object at rest from MV in transport						100 Acceleration or deceleration lane								101 Movement prior to crash											
		207 Collision with falling/shifting cargo or anything set in motion by MV						101 Crossover related								102 Vision obstructions											
Collision with Fixed Object		208 Collision with work zone/maintenance equipment						102 Driveway access or related								103 Driver condition											
		209 Collision with farm equipment						103 Entrance/exit ramp or related								104 Vehicle condition											
		297 Collision with other non-motorist						104 Intersection or related								105 Road surface											
		298 Collision with other non-fixed object						106 Railway grade crossing								106 Roadway condition											
Collision with Fixed Object		300 Collision with bridge overhead structure						107 Shared-use path or trail								107 Lighting condition											
		301 Collision with bridge pier or support						108 Through roadway								108 Weather condition											
		302 Collision with bridge rail						980 Other location within an interchange area (median, shoulder, and roadside)								109 Traffic control											
		303 Collision with cable barrier						999 Unknown								110 Non-motorist condition											
Collision with Fixed Object		304 Collision with concrete traffic barrier						Intersection Geometry						100		School Bus Relation								000			
		305 Collision with culvert						100 Angled / skewed								000 No											
		306 Collision with curb						101 Roundabout / traffic circle								100 Yes, school bus directly involved											
		307 Collision with ditch						102 Perpendicular								101 Yes, school bus indirectly involved											
Collision with Fixed Object		308 Collision with embankment						970 Not applicable																			
		309 Collision with fence						Intersection Traffic Control						100													
		310 Collision with guardrail end terminal						000 No controls																			
		311 Collision with guardrail face						100 Signalized																			
Collision with Fixed Object		312 Collision with impact attenuator/crash cushion						101 Stop -all way																			
		313 Collision with mailbox						102 Stop -partial																			
		314 Collision with traffic sign support						103 Yield																			
		315 Collision with traffic signal support						970 Not applicable																			
Collision with Fixed Object		316 Collision with tree (standing)																									
		317 Collision with utility pole/light support																									
		396 Collision with other post, pole, or support																									
		397 Collision with other traffic barrier																									
Collision with Fixed Object		398 Collision with other fixed object (wall, building, tunnel, etc.)																									
		399 Collision with unknown fixed object																									

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

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

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

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

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

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

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

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

2021000354

Motor Vehicle #		Rev. 2024-1		Case #	K-007007-24	Page	3	of	11
DESCRIPTION AND INFORMATION									
<input type="checkbox"/> Check if this vehicle had no driver		<b>Hit and Run</b> 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		<b>Vehicle Type</b> 000 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		<b>Vehicle Body Type</b> 100 <b>Passenger Vehicles</b> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <b>Construction / Farm Equipment</b> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <b>Cycle / Off Road / Recreation</b> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <b>Trucks</b> 400 Single unit truck 401 Truck tractor 498 Other truck <b>Large Passenger Vehicle</b> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <b>Other</b> 980 Other 999 Unknown			
VIN <input checked="" type="checkbox"/> Unknown									
<b>Model Year</b> <input type="checkbox"/> Unknown 2020		<b>Make</b> Honda		<b>Model</b> Civic/CRX, del Sol		<b>Color</b> Black			
<b>License Plate</b> <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 345GDR <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-expiring							
<b>Owner Name</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Ron Walker									
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 3425 Livingston Rd Street City Baton Rouge State LA Postal Code 70651									
<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash Company Geico Phone # 8165168165 NAIC # Policy # DFAS-234234 Expiration Date 8/9/2022									
DAMAGE									
<b>Damage Extent</b> 102 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		<b>Initial Point of Contact</b> 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown		<b>Damaged Areas</b> 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		<b>TOWING</b> <b>Tow Status</b> 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage <b>Towed By</b> <input type="checkbox"/> Unknown Sam's Towing			
MOTOR VEHICLE CIRCUMSTANCES									
<b>Vehicle Usage</b> 000 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		<b>Vehicle Maneuver</b> 100 100 Going straight 101 Backing 102 Merging 103 Making U-turn 104 Negotiating a curve 106 Turning left 107 Turning right 108 Traveling wrong way <b>Vehicle Maneuver Reason</b> 000 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing <b>Emergency Vehicle Usage</b> 000 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown		<b>Direction of Travel Before Crash</b> 700 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown		<b>Other</b> 100 200 Leaving a parking position 300 Entering a parking position 400 Slowing 500 Parked 501 Stopped 980 Other 999 Unknown			

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VEHICLE INFORMATION

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Motor Vehicle # 1		Rev. 2024-1		Case # K-007007-24		Page 4 of 11	
MOTOR VEHICLE CIRCUMSTANCES							
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown		Contributing Defects		000	
Front Left <input type="text"/>	Front Right <input type="text"/>	<input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown		Vehicle Lighting		000	
Rear Left <input type="text"/>	Rear Right <input type="text"/>	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)	1 305	1 000				
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2	2				
200 Bicycle crossing sign	302 Flashing traffic control signal	3	3				
201 Curve Ahead warning sign	303 Lane use control signal	4	4				
202 Intersection Ahead warning sign	304 Ramp meter signal						
203 Pedestrian crossing sign	305 Traffic control signal						
204 Railroad crossing sign	398 Other signal						
205 Reduce Speed Ahead warning sign	400 Bicycle crossing						
206 School zone sign	401 Pedestrian crossing						
207 Stop sign	402 Railroad crossing						
208 Yield sign	403 School zone						
298 Other warning sign	404 Yellow no passing line						
	405 White or yellow dash line						
	406 Solid white lane line						
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)						
980 Other	999 Unknown						
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		000					
000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown							
Automation System Level Engaged		000					
000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown							
Trafficway Division		100					
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown							
Barrier Type		000					
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	2	Number of Auxiliary Lanes	0	Roadway Alignment	100
000 Not on trafficway 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)						000 Not on trafficway 100 Straight 101 Curve left 102 Curve right	100
Permitted Travel	200	Speed Limit	35				
000 Not on trafficway 100 One-way 200 Two-way		<input type="checkbox"/> Unknown <input type="checkbox"/> N/A					
HOV Lane Presence	000	HOV Lane Relation	000				
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 1 204 2 3 4				Most Harmful Event 204			
Non-Harmful Events				Collision with Fixed Object			
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.) 005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				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 #

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

000

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

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

970

000 No cargo body  
100 Bus  
101 Auto transporter  
102 Cargo tank  
103 Concrete mixer  
104 Dump  
105 Flatbed  
106 Garbage / refuse  
107 Grain / chips / gravel  
108 Intermodal container chassis  
109 Log  
110 Pole trailer  
111 Van / enclosed box  
112 Vehicle towing another vehicle  
970 Not applicable  
980 Other  
999 Unknown

Special Sizing

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

Load Permitted

970

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

Number of Axles

☐ Unknown

Motor Carrier Type

000

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 Identification

970

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

Motor Carrier Address

☐ Unknown

Motor Carrier Phone Number

☐ Unknown

GVWR/GCWR

970

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

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

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DRIVER INFORMATION

Name

☐ Unknown

Ron Walker

FirstMiddleLastSuffix

Age

☐ Unknown

33

Sex

100 Female  
101 Male  
999 Unknown

101

Race

100 American Indian or Alaska Native  
101 Asian or Pacific Islander  
102 Black  
103 White  
980 Other  
999 Unknown

103

Address

☐ Unknown

3425 Livingston Rd Baton Rouge LA 70651

StreetCityStatePostal Code

Phone Number

☐ Not Collected

5415415341

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.)

000

Date of Birth

☐ Unknown

8/23/1987

Ethnicity

100 Hispanic  
101 Other than Hispanic  
999 Unknown

101

DRIVER LICENSE INFORMATION

License Status

100 Valid license 004 Suspended  
000 Not licensed 999 Unknown  
001 Canceled or denied  
002 Expired  
003 Revoked

100

License Class

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

400

Driver License Type

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

Commercial Driver License Status

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

970

License Number

56156068165

License State

LA

Endorsements on License

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

Endorsement Compliance

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

000

Restrictions on License

000 - None

Alcohol Interlock Presence

000 No 970 Not applicable  
100 Yes 999 Unknown

970

DRIVER SEATING AND SAFETY INFORMATION

Seating Position

100

Standard Vehicle Seats

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

Other Seating Positions

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

Restraint Systems Used

001 None used – motor vehicle occupant  
100 Booster seat  
101 Child restraint system – forward facing  
102 Child restraint system – rear facing  
103 Child restraint system – type unknown  
104 Lap belt only used  
105 Shoulder and lap belt used  
106 Shoulder belt only used  
107 Stretcher  
108 Wheelchair  
199 Restraint used – type unknown

002 No helmet  
200 DOT-compliant motorcycle helmet  
201 Not DOT-compliant motorcycle helmet  
299 Unknown if DOT-compliant motorcycle helmet

Any indication of improper use?

000 No  
100 Yes  
999 Unknown

000

Air Bags Deployed

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

Ejection

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

000

Extrication

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

000

CRASH REPORT - DRIVER INFORMATION

Motor Vehicle # 1		DRIVER INFORMATION		Case #	K-007007-24	Page	7	of	11
MEDICAL INFORMATION									
Injury Status 101		Type of Medical Transportation 101		EMS Response Agency East Jefferson Hospital Emergency Medical Service					
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Run # <input checked="" type="checkbox"/> Unknown					
Universally Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown				Facility Receiving Patient Riverland Medical Center					

DRIVER CONDITION AND CIRCUMSTANCES										
Conditions at Time of Crash 000		Distraction Action 000		Distraction Source 970		Speeding Relation 000				
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/drugs/alcohol 106 Inattentive/distracted 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown		000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown				
				Vision Obscurement 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building 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		000				
Suspected Alcohol Usage 000 000 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 <input type="checkbox"/> Unknown 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)		Alcohol Test Type 970 300 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
Suspected Drug Usage 000 000 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 <input type="checkbox"/> Unknown 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other		Drug Test Type 970 970 Not applicable 999 Unknown		Drug Test Results Not applicable		

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

CITATIONS									
CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES									

Total # of Passengers  
2

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PASSENGER INFORMATION

MOTOR VEHICLE # 1 PASSENGER # 1

Name <input type="checkbox"/> Unknown Alan Walker <small>First Middle Last Suffix</small>					Date of Birth Unknown	Age 12	Sex 100 Female 101 Male 999 Unknown	101	Race 103
Address <input type="checkbox"/> Unknown 3425 Livingston Rd Baton Rouge LA 70651 <small>Street City State Postal Code</small>					Phone Number <input checked="" type="checkbox"/> Not Collected		Ethnicity 101		
Air Bags Deployed <input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		Injury Status 103	Incident Responder 000	Restraint System 105	Any indication of improper use? 000 No 100 Yes 999 Unknown	000	Seating Position 999	Ejection 000	Extrication 000
Type of Medical Transportation 000			EMS Response Agency Not applicable			Facility Receiving Patient Not applicable			
Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown			EMS Response Run # <input type="checkbox"/> Unknown						
<input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other									

MOTOR VEHICLE # 1 PASSENGER # 2

Name <input type="checkbox"/> Unknown Sydney Walker <small>First Middle Last Suffix</small>					Date of Birth Unknown	Age 25	Sex 100 Female 101 Male 999 Unknown	100	Race 103
Address <input type="checkbox"/> Unknown 3425 Livingston Rd Baton Rouge LA 70651 <small>Street City State Postal Code</small>					Phone Number <input checked="" type="checkbox"/> Not Collected		Ethnicity 999		
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		Injury Status 100	Incident Responder 000	Restraint System 105	Any indication of improper use? 000 No 100 Yes 999 Unknown	000	Seating Position 201	Ejection 100	Extrication 000
Type of Medical Transportation 101			EMS Response Agency Acadian Ambulance Services			Facility Receiving Patient Woman's Hospital Baton Rouge			
Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown			EMS Response Run # <input checked="" type="checkbox"/> Unknown						
<input type="checkbox"/> 100 Front <input checked="" type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other									

MOTOR VEHICLE # PASSENGER #

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

PASSENGER CODES

Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	Restraint Systems 001 None used – motor vehicle occupant 100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown 002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown	Seating Position <table><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																												
Row	Left	Middle	Right	Unk																																								
1	100	101	102	199																																								
2	200	201	202	299																																								
3	300	301	302	399																																								
4	400	401	402	499																																								
Other	500	501	502	599																																								
Unk	600	601	602	699																																								
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown	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																																										
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																												



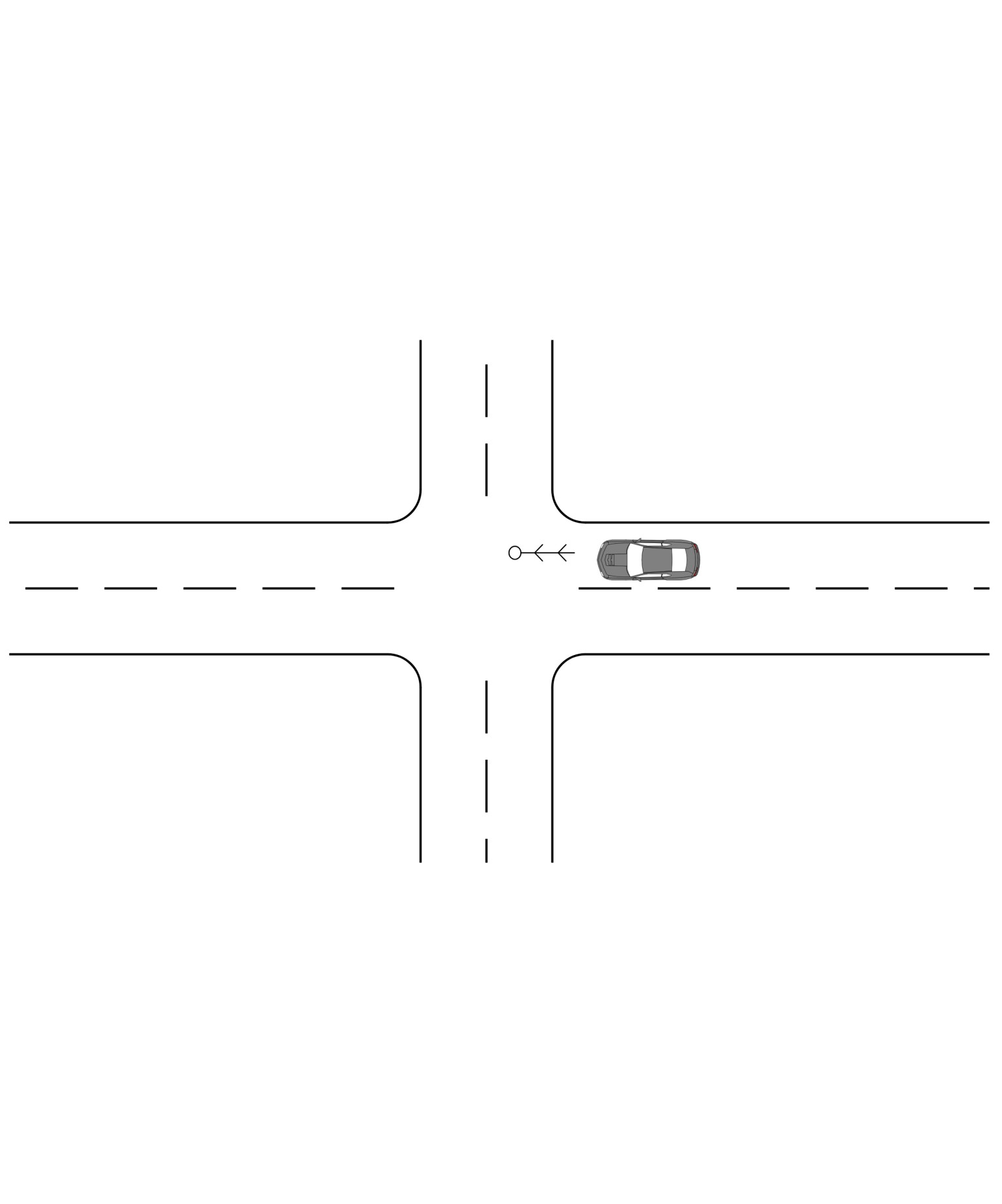
LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

2021000354

Non-Motorist # 1		Rev. 2024-1		Case # K-007007-24		Page 9 of 11	
NON-MOTORIST INFORMATION							
Name <input type="checkbox"/> Unknown Richard Parker <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 35		Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown 234 Newton St Baton Rouge LA 70555 <small>Street City State Postal Code</small>				Phone Number <input checked="" type="checkbox"/> Not Collected		Race <input type="checkbox"/> Unknown 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input 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"/> Unknown 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		Initial <input type="checkbox"/> 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		Location <input type="checkbox"/> 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		Origin/Destination <input type="checkbox"/> Unknown 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown	
Struck by Vehicle # 1		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.)		103 Lighting <input type="checkbox"/> 980 Other 104 Reflectors <input type="checkbox"/> 999 Unknown			
Action Prior to Crash <input type="checkbox"/> Unknown 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"/> Unknown 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		Clothing Brightness <input type="checkbox"/> Unknown Upper <input type="checkbox"/> Lower <input type="checkbox"/> 100 Light 101 Dark 970 Not applicable 999 Unknown			
NON-MOTORIST MEDICAL INFORMATION							
Injury Status <input type="checkbox"/> Unknown 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation <input type="checkbox"/> Unknown 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Agency Acadian Ambulance Services		EMS Response Run # <input checked="" type="checkbox"/> Unknown	
				Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown		Facility Receiving Patient VA Medical Center Shreveport	
NON-MOTORIST CONDITION							
Conditions at the Time of the Crash <input type="checkbox"/> Unknown 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"/> Unknown 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		Distraction Source <input type="checkbox"/> Unknown 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"/> Unknown 000 No 100 Yes 999 Unknown		Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number <input type="checkbox"/> Unknown 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)		Alcohol Test Type <input type="checkbox"/> Unknown 300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	
Suspected Drug Usage <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown		Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number <input type="checkbox"/> Unknown 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other		Drug Test Type <input type="checkbox"/> Unknown 970 Not applicable 999 Unknown	
				Drug Test Results <input type="checkbox"/> Unknown 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 <input type="checkbox"/> Unknown	
CRASH REPORT - NON-MOTORIST INFORMATION							

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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.

LSU's Center for Analytics & Research in Transportation Safety (CARTS) will continue to support law enforcement agencies using the new LA eCrash application. CARTS will also work with your agency to provide the data schema and technical information required for those agencies choosing to use a third-party vendor approach or already have a CAD/RMS system in place.

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