

# LOUISIANA UNIFORM CRASH REPORT

## CRASH INFORMATION

2021000177

<input type="checkbox"/> Secondary Crash		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		D-111111-26		Page		1		of		18							
Number of Motorists		3		Number of Non-Motorists		1		Non-Fatally Injured Persons		1		Fatalities		2		Total Injuries and Fatalities		3		Vehicles Involved		2		Troop	
Investigating Agency						Division		Parish				City				Latitude		Longitude							
LSP (Troop A)								East Baton Rouge				Baton Rouge				30.415867° N		91.175006° 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			
08/22/2021 2100		08/22/2021 2100		08/22/2021 2111		08/22/2021 2112		08/22/2021 2113			

### ROAD INFORMATION

Highway <input type="checkbox"/> Not applicable		Road	
LA Highway 10		Burbank Street	
Distance/Direction From Intersection <input type="checkbox"/> Not applicable		Intersecting Road <input type="checkbox"/> Crash was at an intersection	
0.5 mi East		Lee Drive	

### LOCATION INFORMATION

Road Classification		102		Road Subtype		100		Property Ownership		100		Trafficway Characteristics		100		Number of Intersection Approaches		1		Traffic Flow Direction		S	
100 Interstate				100 Mainline				100 Public property				100 Trafficway, on road				1 Not an intersection				X Not applicable (not a divided highway)			
101 US highway				200 On-ramp				200 Private property				101 Trafficway, not on road				2 Two				N North			
102 State highway				201 Off-ramp								200 Non-trafficway				3 Three				W West		E East	
103 Parish road				300 Frontage/service												4 Four				S South			
104 City street				970 Not applicable												5 Five or more							
200 Off road/private property																							

### INVESTIGATING OFFICER

Rank		First Name				Middle Name				Last Name				Suffix	
Tester		eCrash				Test				User					
Badge #		Printed Name				Signature									
1234		jayduttpathak				<i>jayduttpathak</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		106		Contributing Factor		Primary 100	
				000 Not an interchange area				100 Violations		Secondary 102	
				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							

CRASH INFORMATION

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

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

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

WITNESS #				WITNESS #			
Name				Name			
FirstMiddleLastSuffix				FirstMiddleLastSuffix			
Address				Address			
City		State	Postal Code	City		State	Postal Code
Phone Number		Age	Sex	Phone Number		Age	Sex

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

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

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

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

Motor Vehicle # 1		Rev. 2024-1		Case #	D-111111-26		Page	3	of	18
DESCRIPTION AND INFORMATION										
Check if this vehicle had no driver <input type="checkbox"/>		Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		000 Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		100 Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle 103 Pickup 104 Cargo van				
VIN <div><input checked="" type="checkbox"/> Unknown</div>						<u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.)				
Model Year <input type="checkbox"/> Unknown 2019		Make Acura		Model Integra		Color Brown		<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		
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 651JBO <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-expiring		<u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck						
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Peter Bell						<u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 980 Other 999 Unknown				
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 2866 Lightyear Lane Baton Rouge LA 70888 <div>Street City State Postal Code</div>										
Insurance <input type="checkbox"/> Uninsured at time of crash <div>Company Progressive Phone # 8045544522 NAIC # Policy # ORJ-345234523 Expiration Date 5/8/2022</div>						<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown				
DAMAGE										
Damage Extent 102		Initial Point of Contact		Damaged Areas		Tow Status 101		Tow Authority 100		
000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		<div><div>7 8 9 10 11</div><div>6<div>→</div>12</div><div>5 4 3 2 1</div><div><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</div></div>		<div><div>7 8 9 10 11</div><div>6<div>→</div>12</div><div>5 4 3 2 1</div><div><input 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>		000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By <input checked="" type="checkbox"/> Unknown		100 Owner 101 Law enforcement 970 Not applicable 980 Other		
MOTOR VEHICLE CIRCUMSTANCES										
Vehicle Usage 000		Vehicle Maneuver		Vehicle Maneuver Reason 000		Direction of Travel Before Crash 500				
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)		980 Other 999 Unknown 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		200 Leaving a parking position 300 Entering a parking position 400 Slowing 500 Parked 501 Stopped		980 Other 999 Unknown 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown				
		Emergency Vehicle Usage 000		000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown						
CRASH REPORT - MOTOR VEHICLE DESCRIPTION AND IDENTIFICATION										

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

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Motor Vehicle # 1		Rev. 2024-1		Case # D-111111-26		Page 4 of 18	
MOTOR VEHICLE CIRCUMSTANCES							
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown		Contributing Defects		112	
Front Left <input type="text"/>	Front Right <input type="text"/>	<input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown		Vehicle Lighting		100	
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 <input type="text" value="204"/>	1 <input type="text" value="000"/>				
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2 <input type="text" value="402"/>	2 <input type="text"/>				
200 Bicycle crossing sign	302 Flashing traffic control signal	3 <input type="text"/>	3 <input type="text"/>				
201 Curve Ahead warning sign	303 Lane use control signal	4 <input type="text"/>	4 <input type="text"/>				
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		000	
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 <input type="text" value="205"/> 2 <input type="text" value="201"/> 3 <input type="text"/> 4 <input type="text"/>				<input type="text" value="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							

Motor Vehicle #  
1

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

000 Vehicles 10,000 lbs or less  
100 Vehicles 10,000 lbs or less placarded for hazardous materials  
200 Bus/large van (seats 9-15 occupants, including driver)  
201 Bus (seats more than 15 occupants, including driver)

300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)  
301 Single-unit truck (3 or more axles)  
302 Truck pulling trailer(s)  
303 Truck tractor (bobtail)  
304 Truck tractor/semi-trailer  
305 Truck tractor/double  
306 Truck tractor/triple  
307 Truck more than 10,000 lbs., cannot classify

999 Unknown

Hazardous Materials Placard

000 Had no placard and not carrying hazardous materials  
001 Had a placard, not carrying hazardous materials  
100 Carried hazardous material that required placarding  
200 Carried hazardous materials without placard

999 Unknown

000

Hazardous Material ID

N/A

970

Hazardous Material Class

1 Explosives  
2 Gas  
3 Flammable liquids  
4 Other flammable substances  
5 Oxidizing substances and organic peroxides  
6 Toxic (poisonous) and infectious substances  
7 Radioactive material  
8 Corrosives  
9 Miscellaneous dangerous goods

970 Not applicable  
999 Unknown

Cargo Body Type

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

970

Special Sizing

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

Load Permitted

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

970

Number of Axles

☐ Unknown

Motor Carrier Type

000 Personal vehicle  
001 Not in commerce: government  
002 Not in commerce: personal rental truck or bus  
098 Not in commerce: other  
100 Interstate carrier  
101 Intrastate carrier

000

Motor Carrier Identification

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

970

Motor Carrier Address

☐ Unknown

Motor Carrier Phone Number

☐ Unknown

Street

City

State

Postal Code

GVWR/GCWR

100 Light (less than 10,000 lbs.GVWR/GCWR)  
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)  
102 Heavy (greater than 26,000 lbs GVWR/GCWR)  
970 Not applicable (not a qualifying vehicle)  
999 Unknown

970

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

Motor Vehicle # 1		Rev. 2024-1		Case #	D-111111-26	Page	6	of	18																																								
DRIVER INFORMATION																																																	
Name <input type="checkbox"/> Unknown Peter Bell <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 44	Sex <input type="checkbox"/> 101 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> 102 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown																																											
Address <input type="checkbox"/> Unknown 2866 Lightyear Lane Baton Rouge LA 70888 <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 5156435454																																													
Incident Responder <input type="checkbox"/> 000 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input type="checkbox"/> Unknown 6/4/1977		Ethnicity <input type="checkbox"/> 999 100 Hispanic 101 Other than Hispanic 999 Unknown																																											
DRIVER LICENSE INFORMATION																																																	
License Status <input type="checkbox"/> 100 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked		License Class <input type="checkbox"/> 400 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable		Driver License Type <input type="checkbox"/> 100 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable		Commercial Driver License Status <input type="checkbox"/> 970 100 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 45753412453		License State LA																																															
Endorsements on License <input checked="" type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		Endorsement Compliance <input type="checkbox"/> 000 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required		Restrictions on License 000 - None																																													
				Alcohol Interlock Presence <input type="checkbox"/> 970 000 No 970 Not applicable 100 Yes 999 Unknown																																													
DRIVER SEATING AND SAFETY INFORMATION																																																	
Seating Position <input type="checkbox"/> 100		Restraint Systems Used <input type="checkbox"/> 105																																															
Standard Vehicle Seats		Other Seating Positions																																															
<table><thead><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr></thead><tbody><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Oth</td><td>500</td><td>501</td><td>502</td><td>599</td></tr><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></tbody></table>		Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 999 Unknown 100 Booster seat 200 DOT-compliant motorcycle helmet 101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet 102 Child restraint system – rear facing 299 Unknown if DOT-compliant motorcycle helmet 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown					
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Motor Vehicle #

1

DRIVER INFORMATION

Rev. 2024-1

Case #

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of

18

MEDICAL INFORMATION

Injury Status

100

Type of Medical Transportation

101

EMS Response Agency

Red River EMS

100 (K) Fatal Injury

000 Not transported

980 Other

101 (A) Suspected Serious Injury

100 EMS air

999 Unknown

102 (B) Suspected Minor Injury

101 EMS ground

103 (C) Possible Injury

200 Law enforcement

104 (O) No Apparent Injury

EMS Response Run #

☒ Unknown

Universally Unique Identifier

☒ Not applicable

☐ Unknown

Facility Receiving Patient

Bunkie General Hospital

DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash

000

Distraction Action

101

Distraction Source

101

Speeding Relation

000

000 Apparently normal

000 Not distracted

100 Hands-free mobile phone

200 Passenger or other non-motorist

000 No

100 Asleep/blacked out

100 Talking / listening

101 Hand-held mobile phone

201 External to vehicle/non-motorist area

100 Exceeded speed limit

101 Fatigued

101 Manually operating a device

102 Vehicle-integrated device

298 Other

101 Racing

102 Emotional (depressed, angry, disturbed, etc.)

200 Inattentive

198 Other electronic device

970 Not applicable

102 Too fast for conditions

103 Ill (sick), fainted

980 Other distraction or distraction details unknown

999 Unknown

999 Unknown

104 Physically impaired

999 Unknown if distracted

105 Under the influence of medications/drugs/alcohol

106 Inattentive/distracted

970 Not applicable

980 Other

999 Unknown

Suspected Alcohol Usage

000

Test Status

000

Alcohol Kit Number

☐ Unknown

Alcohol Test Type

970

Alcohol Test Results

970

BAC

000 Test not given

000 Results pending

001 Test refused

001 Negative results with no actual value

100 Test given

100 Results received

999 Unknown if tested

101 Positive results with no actual value

970 Not applicable

999 Unknown

Suspected Drug Usage

000

Test Status

000

Drug Kit Number

☐ Unknown

Drug Test Type

970

Drug Test Results

000 Test not given

100 Blood

970 Not applicable

Not applicable

001 Test refused

101 Urine

999 Unknown

100 Test given

102 Both blood and urine

999 Unknown if tested

103 Saliva

198 Other

DRIVER ACTIONS

Driver Actions at Time of Crash

100

Avoidance Maneuver

000

Pre-Collision Stability

000

000 No contributing action

000 No avoidance maneuver

000 Tracking

100 Disregarded other road markings

101 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

105 Braking (lockup)

999 Unknown

106 Improper passing

106 Braking (no lockup)

107 Improper turn

107 Braking (lockup unknown)

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

108 Releasing brakes

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

109 Steering left

110 Over-correcting or over-steering

110 Steering right

980 Other contributing action

980 Other

999 Unknown

999 Unknown

CITATIONS

CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

2021000177

Motor Vehicle #		Case #		Page	
2		D-111111-26		8 of 18	
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> 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	
<b>VIN</b>		<input checked="" type="checkbox"/> Unknown		<b>Vehicle Body Type</b> <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	
<b>Model Year</b> <input type="checkbox"/> Unknown 2015		<b>Make</b> Dodge		<b>Model</b> Charger	
<b>License Plate</b> <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 345EFG <input type="checkbox"/> Unknown Year 2022 <input type="checkbox"/> Unknown		<b>Color</b> Gold		<b>Non-expiring</b> <input type="checkbox"/> Non-expiring	
<b>Owner Name</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Tom Oprah		<b>Owner Address</b> <input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown		<b>970</b>	
<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash Company Geico Phone # 8154564235 NAIC # Policy # SDFH-3847123847 Expiration Date 2/9/2022		<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<b>970</b>	
DAMAGE			TOWING		
<b>Damage Extent</b> 100 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		<b>Initial Point of Contact</b> 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>Tow Status</b> 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By <input type="checkbox"/> Unknown		<b>Tow Authority</b> 970 100 Owner 101 Law enforcement 970 Not applicable 980 Other			
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> 501 100 Going straight 101 Backing 102 Merging 103 Making U-turn 104 Negotiating a curve 106 Turning left 107 Turning right 108 Traveling wrong way 200 Leaving a parking position 300 Entering a parking position 400 Slowing 500 Parked 501 Stopped		<b>Vehicle Maneuver Reason</b> 000 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown	
<b>Emergency Vehicle Usage</b> 000 000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown		<b>Direction of Travel Before Crash</b> 100 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown			



LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

2021000177

Motor Vehicle #		Case #		Page	
2		D-111111-26		9 of 18	
Rev. 2024-1					
MOTOR VEHICLE CIRCUMSTANCES					
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown		Contributing Defects	
Front Left	Front Right	<input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown		000 None	
				100 Brakes	
Rear Left	Rear Right	Vehicle Lighting		101 Exhaust system	
		000 Headlights off		102 Body, doors	
		100 Headlights on		103 Steering	
		101 Daytime running lights		104 Power train	
		999 Unknown		105 Suspension	
Traffic Control Device Types and Statuses				106 Tires	
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing	107 Wheels	
000 None	300 Flashing railroad crossing (may include gates)	1 204	1 000	108 Headlights	
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2 402	2	109 Tail lights	
200 Bicycle crossing sign	302 Flashing traffic control signal	3	3	110 Signal lights	
201 Curve Ahead warning sign	303 Lane use control signal	4	4	111 All lights	
202 Intersection Ahead warning sign	304 Ramp meter signal	Traffic Signal Status		112 Window / windshield	
203 Pedestrian crossing sign	305 Traffic control signal	100 Red signal on		113 Mirrors	
204 Railroad crossing sign	398 Other signal	200 Yellow signal on		114 Wipers	
205 Reduce Speed Ahead warning sign	400 Bicycle crossing	300 Green signal on		115 Truck coupling / trailer hitch / safety chains	
206 School zone sign	401 Pedestrian crossing	970 Not applicable		980 Other	
207 Stop sign	402 Railroad crossing	999 Unknown		999 Unknown	
208 Yield sign	403 School zone			Automation System Level Present	
298 Other warning sign	404 Yellow no passing line			000 No automation	
	405 White or yellow dash line			100 Driver assistance	
	406 Solid white lane line			101 Partial automation	
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)			102 Conditional automation	
980 Other	999 Unknown			103 High automation	
Trafficway Division				Automation System Level Engaged	
000 Not divided	100 Divided, flush median (greater than 4 ft wide)	Barrier Type		000 No automation	
001 Not divided, with a continuous left turn lane	101 Divided, raised median (curbed)	000 None 100 Cable barrier		100 Driver assistance	
	102 Divided, depressed median	101 Concrete barrier (e.g. Jersey barrier)		101 Partial automation	
	999 Unknown	102 Earth embankment		102 Conditional automation	
		103 Guardrail		103 High automation	
		980 Other		104 Full automation	
Roadway Grade	100	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	100
000 Not on trafficway		2	0	000 Not on trafficway	100
100 Level				100 One-way	200
101 Uphill				200 Two-way	
102 Hillcrest				Speed Limit	
103 Downhill				35	
104 Sag (bottom)				<input type="checkbox"/> Unknown	
				<input type="checkbox"/> N/A	
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	
1 201 2 3 4				201	
Non-Harmful Events			Collision with Fixed Object		
000 Cross centerline			300 Collision with bridge overhead structure		
001 Cross median			301 Collision with bridge pier or support		
002 End departure (T-intersection, dead-end, etc.)			302 Collision with bridge rail		
003 Downhill runaway			303 Collision with cable barrier		
004 Equipment failure (blown tire, brake failure, etc.)			304 Collision with concrete traffic barrier		
005 Ran off roadway left			305 Collision with culvert		
006 Ran off roadway right			306 Collision with curb		
007 Reentering roadway			307 Collision with ditch		
008 Separation of units			308 Collision with embankment		
009 Other non-harmful event			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			200 Collision with animal (live)		
101 Fell/jumped from motor vehicle			201 Collision with motor vehicle in transport		
102 Fire/explosion			202 Collision with parked motor vehicle		
103 Immersion, full or partial			203 Collision with pedalcycle (including bicycles)		
104 Jackknife			204 Collision with pedestrian		
105 Overturn/rollover			205 Collision with railway vehicle (train, engine)		
106 Thrown or falling object			206 Collision with object at rest from MV in transport		
198 Other non-collision harmful event			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		

Motor Vehicle #  
2

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Case #  
D-111111-26

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

000 Vehicles 10,000 lbs or less  
100 Vehicles 10,000 lbs or less placarded for hazardous materials  
200 Bus/large van (seats 9-15 occupants, including driver)  
201 Bus (seats more than 15 occupants, including driver)

300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)  
301 Single-unit truck (3 or more axles)  
302 Truck pulling trailer(s)  
303 Truck tractor (bobtail)  
304 Truck tractor/semi-trailer  
305 Truck tractor/double  
306 Truck tractor/triple  
307 Truck more than 10,000 lbs., cannot classify

999 Unknown

Hazardous Materials Placard

000 Had no placard and not carrying hazardous materials  
001 Had a placard, not carrying hazardous materials  
100 Carried hazardous material that required placarding  
200 Carried hazardous materials without placard

999 Unknown

Hazardous Material ID

N/A

Hazardous Material Class

1 Explosives  
2 Gas  
3 Flammable liquids  
4 Other flammable substances  
5 Oxidizing substances and organic peroxides  
6 Toxic (poisonous) and infectious substances  
7 Radioactive material  
8 Corrosives  
9 Miscellaneous dangerous goods

970 Not applicable  
999 Unknown

Hazardous Materials Released from Vehicle Cargo Compartment

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

970

Cargo Body Type

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

970

Special Sizing

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

Load Permitted

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

970

Number of Axles

☐ Unknown

Motor Carrier Type

000 Personal vehicle  
001 Not in commerce: government  
002 Not in commerce: personal rental truck or bus  
098 Not in commerce: other  
100 Interstate carrier  
101 Intrastate carrier

000

Motor Carrier Identification

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

970

Motor Carrier Name

☐ Unknown

Motor Carrier ID Number

Motor Carrier Address

☐ Unknown

Motor Carrier Phone Number

☐ Unknown

Street

City

State

Postal Code

GVWR/GCWR

100 Light (less than 10,000 lbs.GVWR/GCWR)  
101 Medium (10,001 - 26,000 lbs GVWR/GCWR)  
102 Heavy (greater than 26,000 lbs GVWR/GCWR)  
970 Not applicable (not a qualifying vehicle)  
999 Unknown

970

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

Motor Vehicle # 2		DRIVER INFORMATION		Rev. 2024-1	Case #	D-111111-26	Page	11	of	18																																											
DRIVER INFORMATION																																																					
Name <input type="checkbox"/> Unknown Tom Oprah <small>First Middle Last Suffix</small>					Age <input type="checkbox"/> Unknown 22	Sex <input type="checkbox"/> 101 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> 101 100 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 checked="" type="checkbox"/> Not Collected																																																
Incident Responder <input type="checkbox"/> 000 000 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																																														
DRIVER LICENSE INFORMATION																																																					
License Status <input type="checkbox"/> 100 100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked			License Class <input type="checkbox"/> 400 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/chauffeur (LA class D) 300 Motorcycle only 400 Regular driver license (LA class E) 970 Not applicable		Driver License Type <input type="checkbox"/> 100 100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable		Commercial Driver License Status <input type="checkbox"/> 970 100 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 41524163156315		License State LA																																																			
Endorsements on License <input checked="" type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown			Endorsement Compliance <input type="checkbox"/> 000 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 199 Endorsements required, compliance unknown 999 Unknown if endorsements required		Restrictions on License 000 - None																																																
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Motor Vehicle #	2	Rev. 2024-1	Case #	D-111111-26	Page	12	of	18
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MEDICAL INFORMATION			
Injury Status	103	Type of Medical Transportation	000
100 (K) Fatal Injury		000 Not transported	980 Other
101 (A) Suspected Serious Injury		100 EMS air	999 Unknown
102 (B) Suspected Minor Injury		101 EMS ground	
103 (C) Possible Injury		200 Law enforcement	
104 (O) No Apparent Injury			
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	

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

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

Total # of Passengers1

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PASSENGER INFORMATION

MOTOR VEHICLE #1PASSENGER #1

Name☐ Unknown

Paco

FirstMiddleLastSuffix

Bell

Unknown

11

Sex100 Female101 Male999 Unknown

101

Race103

Address☐ Unknown

2866 Lightyear Lane

StreetCityStatePostal Code

Baton RougeLA70888

Phone Number☒ Not Collected

Ethnicity999

Air Bags Deployed☐ 000 Not deployed☐ 970 Not applicable☐ 001 Not deployed - switch off☐ 100 Front☒ 101 Side☐ 102 Curtain☐ 103 Other

Injury Status100

Incident Responder000

Restraint System105

Any indication of improper use?☐ 000 No☐ 100 Yes☐ 999 Unknown

Seating Position202

Ejection000

Extrication000

Type of Medical Transportation101

EMS Response AgencyMed Express Ambulance Service

Facility Receiving PatientCitizens Medical Center

Universally Unique Identifier☒ N/A☐ Unknown

EMS Response Run #☒ Unknown

MOTOR VEHICLE #PASSENGER #

Name☐ Unknown

FirstMiddleLastSuffix

Sex100 Female101 Male999 Unknown

Race

Address☐ Unknown

StreetCityStatePostal Code

Phone Number☐ Not Collected

Ethnicity

Air Bags Deployed☐ 000 Not deployed☐ 970 Not applicable☐ 001 Not deployed - switch off☐ 100 Front☐ 101 Side☐ 102 Curtain☐ 103 Other

Injury Status

Incident Responder

Restraint System

Any indication of improper use?☐ 000 No☐ 100 Yes☐ 999 Unknown

Seating Position

Ejection

Extrication

Type of Medical Transportation

EMS Response Agency

Facility Receiving Patient

Universally Unique Identifier☐ N/A☐ Unknown

EMS Response Run #☐ Unknown

MOTOR VEHICLE #PASSENGER #

Name☐ Unknown

FirstMiddleLastSuffix

Sex100 Female101 Male999 Unknown

Race

Address☐ Unknown

StreetCityStatePostal Code

Phone Number☐ Not Collected

Ethnicity

Air Bags Deployed☐ 000 Not deployed☐ 970 Not applicable☐ 001 Not deployed - switch off☐ 100 Front☐ 101 Side☐ 102 Curtain☐ 103 Other

Injury Status

Incident Responder

Restraint System

Any indication of improper use?☐ 000 No☐ 100 Yes☐ 999 Unknown

Seating Position

Ejection

Extrication

Type of Medical Transportation

EMS Response Agency

Facility Receiving Patient

Universally Unique Identifier☐ N/A☐ Unknown

EMS Response Run #☐ Unknown

PASSENGER CODES																																																		
<b>Injury Status</b> 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury	<b>Ejection</b> 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	<b>Extrication</b> 000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	<b>Restraint Systems</b> 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				<b>Seating Position</b> <table><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown				Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
											Front																																							
											Row	Left	Middle	Right	Unk																																			
											1	100	101	102	199																																			
											2	200	201	202	299																																			
3	300	301	302	399																																														
4	400	401	402	499																																														
Other	500	501	502	599																																														
Unk	600	601	602	699																																														
<b>Race</b> 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	<b>Ethnicity</b> 100 Hispanic 101 Other than Hispanic 999 Unknown	<b>Incident Responder</b> 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																																																
			<b>Type of Medical Transportation</b> 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																															

CRASH REPORT - PASSENGER INFORMATION									
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LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Non-Motorist # 1		Rev. 2024-1		Case #	D-111111-26	Page	14	of	18	
NON-MOTORIST INFORMATION										
Name <input type="checkbox"/> Unknown Terry Vicar <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 25	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 checked="" type="checkbox"/> Not Collected						
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input 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"/> 200		Initial <input type="checkbox"/> 100		Location <input type="checkbox"/> 303						
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"/> 100 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		Actions or Circumstances At Time of Crash <input type="checkbox"/> 000 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		Clothing Brightness <input type="checkbox"/> 000 100 Light 101 Dark 970 Not applicable 999 Unknown		Upper <input type="checkbox"/> 101 Lower <input type="checkbox"/> 100				
NON-MOTORIST MEDICAL INFORMATION										
Injury Status <input type="checkbox"/> 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 <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"/> 101 000 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"/> 101 100 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)		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		Drug Test Results Not applicable		

Train # 1		Rev. 2024-1		Case #	D-111111-26	Page	15	of	18
TRAIN INFORMATION									
Train Type 100 Railroad train 101 Streetcar		ID # <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown		Lead Engine # <input type="checkbox"/> Unknown 025165		Serial # <input type="checkbox"/> Unknown 239475612309857		Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input 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 Thomas		Type <input type="checkbox"/> Unknown Train		# of Engines <input type="checkbox"/> Unknown 1		# of Cars <input type="checkbox"/> Unknown 11		Data Recorder Speed 5 <input type="checkbox"/> Pending	
TRACK INFORMATION					WARNING DEVICES				
DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 5641		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 type="checkbox"/> 102 Gate <input 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 2		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 2		Struck Car Type <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown			
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 10.0 <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		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 Jacob Parker		Address <input type="checkbox"/> Unknown 57 Legal Street Baton Rouge LA 70888 <small>Street City State Postal Code</small>							
TRACK OWNER									
Name <input type="checkbox"/> Unknown Richard Parker		Address <input type="checkbox"/> Unknown 78 Waller Ct Baton Rouge LA 70547 <small>Street City State Postal Code</small>							
TRAIN ENGINEER									
Name <input type="checkbox"/> Unknown Robinson <small>First Middle Last Suffix</small> Grey				Certification Number <input checked="" type="checkbox"/> Unknown		Race 100 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown 87 Timberland Street Baton Rouge LA 78785 <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 5648655416					
Incident Responder 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.)				Sex 101 100 Female 101 Male 999 Unknown		Age <input type="checkbox"/> Unknown 32		Date of Birth <input type="checkbox"/> Unknown 11/11/1988	
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 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		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 #	D-111111-26	Page	16	of	18
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					

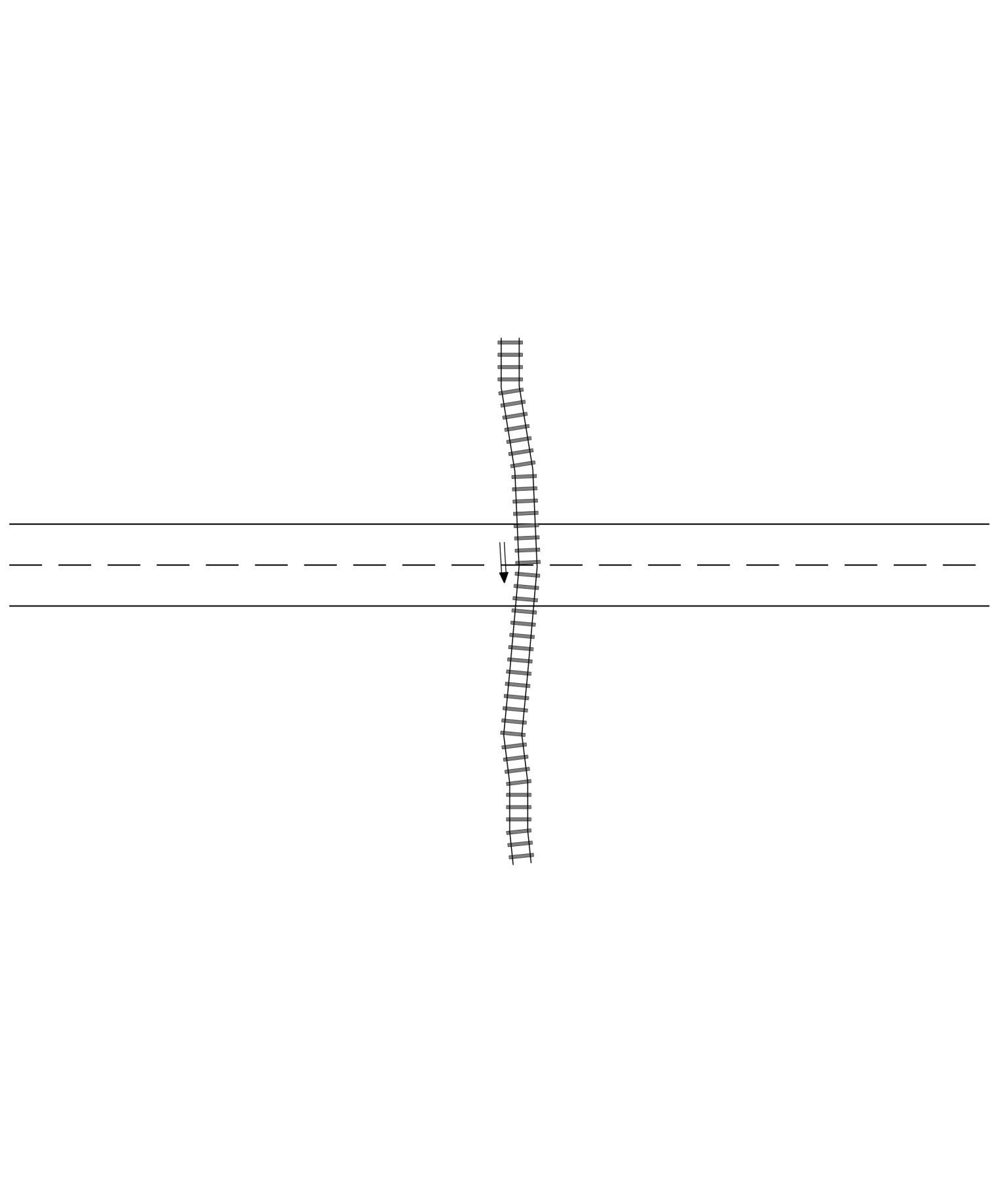
PASSENGER INFORMATION									
PASSENGER #									
Name <input type="checkbox"/> Unknown				Race					
				100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 999 Unknown 980 Other					
First Middle Last Suffix									
Address <input type="checkbox"/> Unknown						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 #									
Name <input type="checkbox"/> Unknown				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					



Scene # 1	Rev. 2024-1	Case #	D-111111-26	Page	17	of	18
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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.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.

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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.