

|  |  |  |  |                                       |  |              |  |   |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|--|--|--|--|---------------------------------------|--|--------------|--|---|--|-------------|--|---|--|------------------|--|--|--|------|--|-------------------|--|-------------|--|---|--|----------|--|---------------------|--|-----------|--|--|--|--|--|-----------|--|--|--|------------------------|--|--|--|-------------------|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|
| <input type="checkbox"/> Secondary Crash           |  | <input checked="" type="checkbox"/> Photos Taken |  | <input type="checkbox"/> Videos Taken |  | Rev. 2024-1  |  | Case #  |  | F-121212-22 |  | Page                                    |  | 1                |  | of   |  | 13   |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Number of Motorists                                |  | 1  |  | Number of Non-Motorists               |  | 2            |  | Non-Fatally Injured Persons   |  | 1           |  | Fatalities                              |  | 3                |  | Total Injuries and Fatalities  |  | 4    |  | Vehicles Involved |  | 1           |  | Troop   |  | A        |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Investigating Agency                               |  |  |  |                                       |  | LSP(Troop A) |  | Division  |  | Parish      |  |   |  | East Baton Rouge |  |  |  | City |  |                   |  | Baton Rouge |  |   |  | Latitude |  | 30.409197° N        |  | Longitude |  | 91.103832° W                               |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| CRASH TIME INFORMATION                             |  |  |  |                                       |  |              |  |   |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Crash Date/Time                                    |  |  |  | 08/25/2021 1200                       |  |              |  | Police Notified Date/Time   |  |             |  | 08/25/2021 1201                         |  |                  |  | Police Arrived Date/Time   |  |      |  | 08/25/2021 1202   |  |             |  | Roadway Cleared Date/Time                                   |  |          |  | 08/25/2021 1203     |  |           |  | On Scene Investigation Completed Date/Time |  |  |  |           |  |  |  | 08/25/2021 1204        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| ROAD INFORMATION                                   |  |  |  |                                       |  |              |  |   |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Highway  |  |  |  |                                       |  |              |  | <input type="checkbox"/> Not applicable                                   |  |             |  |   |  |                  |  | Interstate 10  |  |      |  |                   |  |             |  | Road  |  |          |  |                     |  |           |  | I-10                                       |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Distance/Direction From Intersection               |  |  |  |                                       |  |              |  |   |  |             |  | <input type="checkbox"/> Not applicable |  |                  |  |  |  |      |  | 20.00             |  |             |  |   |  |          |  | ft                  |  |           |  |  |  |  |  | North     |  |  |  |                        |  |  |  | Intersecting Road |  |  |  |  |  |  |  | <input type="checkbox"/> Crash was at an intersection |  |  |  |  |  |  |  | Essen LN |  |  |  |  |  |  |  |
| LOCATION INFORMATION                               |  |  |  |                                       |  |              |  |   |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Road Classification                                |  |  |  | 100                                   |  |              |  | Road Subtype  |  |             |  | 100                                     |  |                  |  | Property Ownership   |  |      |  | 100               |  |             |  | Trafficway Characteristics                                  |  |          |  | 100                 |  |           |  | Number of Intersection Approaches          |  |  |  | 1         |  |  |  | Traffic Flow Direction |  |  |  | W                 |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 100 Interstate                                     |  |  |  |                                       |  |              |  | 100 Mainline  |  |             |  |   |  |                  |  | 100 Public property  |  |      |  |                   |  |             |  | 100 Trafficway, on road                                     |  |          |  |                     |  |           |  | 1 Not an intersection                      |  |  |  |           |  |  |  | X Not applicable       |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 101 US highway                                     |  |  |  |                                       |  |              |  | 200 On-ramp   |  |             |  |   |  |                  |  | 200 Private property   |  |      |  |                   |  |             |  | 101 Trafficway, not on road                                 |  |          |  |                     |  |           |  | 2 Two                                      |  |  |  |           |  |  |  | N North                |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 102 State highway                                  |  |  |  |                                       |  |              |  | 201 Off-ramp  |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  | 3 Three   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 103 Parish road                                    |  |  |  |                                       |  |              |  | 300 Frontage/service  |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  | 4 Four  |  |          |  |                     |  |           |  | W West                                     |  |  |  |           |  |  |  | E East                 |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 104 City street                                    |  |  |  |                                       |  |              |  | 970 Not applicable  |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  | 5 Five or more  |  |          |  |                     |  |           |  |  |  |  |  | S South   |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 200 Off road/private property                      |  |  |  |                                       |  |              |  |   |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| INVESTIGATING OFFICER                              |  |  |  |                                       |  |              |  |   |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Rank   |  |  |  | Tester                                |  |              |  | First Name  |  |             |  | eCrash                                  |  |                  |  | Middle Name  |  |      |  | Test              |  |             |  | Last Name   |  |          |  | User                |  |           |  | Suffix                                     |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Badge #  |  |  |  | 1234                                  |  |              |  | Printed Name  |  |             |  | eric                                    |  |                  |  | Signature  |  |      |  | eric              |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 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   |  |             |  |   |  |                  |  | 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  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  | 300 Front to rear - rear end               |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 102 Fire/explosion  |  |             |  |   |  |                  |  | 102 Median   |  |      |  |                   |  |             |  | 100 Angle - left overtake                                   |  |          |  |                     |  |           |  | 400 Backing - rear to front                |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 103 Immersion, full or partial  |  |             |  |   |  |                  |  | 103 Off roadway, location unknown  |  |      |  |                   |  |             |  | 101 Angle - left opposite direction                         |  |          |  |                     |  |           |  | 401 Backing - rear to rear                 |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 104 Jackknife   |  |             |  |   |  |                  |  | 104 On roadway   |  |      |  |                   |  |             |  | 102 Angle - left into flow                                  |  |          |  |                     |  |           |  | 402 Backing - rear to side                 |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Collision with Non-Fixed Object                    |  |  |  |                                       |  |              |  | 105 Overturn/rollover   |  |             |  |   |  |                  |  | 105 On shoulder, left side   |  |      |  |                   |  |             |  | 103 Angle - right into flow                                 |  |          |  |                     |  |           |  | 502 Sideswipe - opposite direction         |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 106 Thrown or falling object  |  |             |  |   |  |                  |  | 106 On shoulder, right side  |  |      |  |                   |  |             |  | 104 Angle - right overtake                                  |  |          |  |                     |  |           |  | 505 Sideswipe - same direction             |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 198 Other non-collision harmful event                                     |  |             |  |   |  |                  |  | 107 Outside road/right-of-way  |  |      |  |                   |  |             |  | 105 Angle - perpendicular/other angle                       |  |          |  |                     |  |           |  | 980 Other                                  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 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                               |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Collision with Fixed Object                        |  |  |  |                                       |  |              |  | 202 Collision with parked motor vehicle                                   |  |             |  |   |  |                  |  | 999 Unknown  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 203 Collision with pedalcycle (including bicycles)                        |  |             |  |   |  |                  |  | Relation to Junction   |  |      |  |                   |  |             |  | 000   |  |          |  | Contributing Factor |  |           |  |  |  |  |  | Primary   |  |  |  | 100                    |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 204 Collision with pedestrian   |  |             |  |   |  |                  |  | 000 Not an interchange area  |  |      |  |                   |  |             |  | 100 Violations  |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 205 Collision with railway vehicle (train, engine)                        |  |             |  |   |  |                  |  | 100 Acceleration or deceleration lane  |  |      |  |                   |  |             |  | 101 Movement prior to crash                                 |  |          |  |                     |  |           |  |  |  |  |  | Secondary |  |  |  | 101                    |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 206 Collision with object at rest from MV in transport                    |  |             |  |   |  |                  |  | 101 Crossover related  |  |      |  |                   |  |             |  | 102 Vision obstructions                                     |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 207 Collision with falling/shifting cargo or anything set in motion by MV |  |             |  |   |  |                  |  | 102 Driveway access or related   |  |      |  |                   |  |             |  | 103 Driver condition  |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 208 Collision with work zone/maintenance equipment                        |  |             |  |   |  |                  |  | 103 Entrance/exit ramp or related  |  |      |  |                   |  |             |  | 104 Vehicle condition                                       |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 209 Collision with farm equipment   |  |             |  |   |  |                  |  | 104 Intersection or related  |  |      |  |                   |  |             |  | 105 Road surface  |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 297 Collision with other non-motorist                                     |  |             |  |   |  |                  |  | 106 Railway grade crossing   |  |      |  |                   |  |             |  | 106 Roadway condition                                       |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 298 Collision with other non-fixed object                                 |  |             |  |   |  |                  |  | 107 Shared-use path or trail   |  |      |  |                   |  |             |  | 107 Lighting condition                                      |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 300 Collision with bridge overhead structure                              |  |             |  |   |  |                  |  | 108 Through roadway  |  |      |  |                   |  |             |  | 108 Weather condition                                       |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 301 Collision with bridge pier or support                                 |  |             |  |   |  |                  |  | 980 Other location within an interchange area (median, shoulder, and roadside) |  |      |  |                   |  |             |  | 109 Traffic control   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 302 Collision with bridge rail  |  |             |  |   |  |                  |  | 999 Unknown  |  |      |  |                   |  |             |  | 110 Non-motorist condition                                  |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 303 Collision with cable barrier  |  |             |  |   |  |                  |  | Intersection Geometry  |  |      |  |                   |  |             |  | 970   |  |          |  | School Bus Relation |  |           |  |  |  |  |  | 000       |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 304 Collision with concrete traffic barrier                               |  |             |  |   |  |                  |  | 100 Angled / skewed  |  |      |  |                   |  |             |  | 000 No  |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 305 Collision with culvert  |  |             |  |   |  |                  |  | 101 Roundabout / traffic circle  |  |      |  |                   |  |             |  | 100 Yes, school bus directly involved                       |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 306 Collision with curb   |  |             |  |   |  |                  |  | 102 Perpendicular  |  |      |  |                   |  |             |  | 101 Yes, school bus indirectly involved                     |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 307 Collision with ditch  |  |             |  |   |  |                  |  | 970 Not applicable   |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 308 Collision with embankment   |  |             |  |   |  |                  |  | Intersection Traffic Control   |  |      |  |                   |  |             |  | 970   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
|  |  |  |  |                                       |  |              |  | 309 Collision with fence  |  |             |  |   |  |                  |  | 000 No controls  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 310 Collision with guardrail end terminal          |  |  |  |                                       |  |              |  | 100 Signalized  |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 311 Collision with guardrail face                  |  |  |  |                                       |  |              |  | 101 Stop -all way   |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 312 Collision with impact attenuator/crash cushion |  |  |  |                                       |  |              |  | 102 Stop -partial   |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| 313 Collision with mailbox                         |  |  |  |                                       |  |              |  | 103 Yield   |  |             |  |   |  |                  |  |  |  |      |  |                   |  |             |  |   |  |          |  |                     |  |           |  |  |  |  |  |           |  |  |  |                        |  |  |  |                   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |

CRASH INFORMATION

Rev. 2024-1

Case #

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

|   |  |  |  |  |             |   |   |   |    |
|---|--|--|--|--|-------------|---|---|---|----|
| Motor Vehicle #<br>1  |  | Rev. 2024-1  |  | Case #   | F-121212-22 | Page  | 3 | of  | 13 |
| DESCRIPTION AND INFORMATION   |  |  |  |  |             |   |   |   |    |
| <div>Check if this vehicle had no driver<br/><input type="checkbox"/></div>   |  | <div>Hit and Run100<br/>000 No, did not leave scene<br/>100 Yes, driver and vehicle left scene<br/>101 Yes, only driver left scene</div>   |  | <div>Vehicle Type100<br/>100 Motor vehicle in transport<br/>101 Parked motor vehicle<br/>102 Working vehicle / equipment</div>   |             | <div>Vehicle Body Type999<br/><u>Passenger Vehicles</u><br/>100 Passenger car 103 Pickup<br/>101 Passenger van / Minivan (less than 9 seats) 104 Cargo van<br/>102 (Sport) utility vehicle<br/><u>Construction / Farm Equipment</u><br/>200 Construction equipment (backhoe, bulldozer, etc.)<br/>201 Farm equipment (tractor, combine, harvester, etc.)<br/><u>Cycle / Off Road / Recreation</u><br/>300 2-wheeled motorcycle<br/>301 3-wheeled motorcycle<br/>302 Moped or motorized bicycle<br/>303 All-terrain vehicle / all-terrain cycle (ATV / ATC)<br/>304 Golf Cart<br/>305 Snowmobile<br/>306 Low Speed Vehicle<br/>307 Recreational off-highway vehicles (ROV)<br/>308 Autocycle<br/><u>Trucks</u><br/>400 Single unit truck<br/>401 Truck tractor<br/>498 Other truck<br/><u>Large Passenger Vehicle</u><br/>500 Motor home 505 School bus<br/>501 Passenger van (9-15 seats) 506 Transit bus<br/>502 Passenger van (16+ seats) 507 Motorcoach<br/>503 Large limo 598 Other bus / large passenger vehicle<br/>504 Mini-bus<br/><u>Other</u><br/>980 Other 999 Unknown</div> |   |   |    |
| VIN <div><input checked="" type="checkbox"/> Unknown</div>  |  |  |  |  |             |   |   |   |    |
| Model Year <div><input checked="" type="checkbox"/> Unknown</div>   |  | Make<br>Unknown  |  | Model<br>Unknown   |             | Color<br>Unknown  |   |   |    |
| License Plate <div><input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring</div> <div>State<div><input checked="" type="checkbox"/> Unknown</div> Number<div><input checked="" type="checkbox"/> Unknown</div> Year<div><input checked="" type="checkbox"/> Unknown</div></div>  |  |  |  |  |             |   |   |   |    |
| Owner Name <div><input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown</div>   |  |  |  |  |             |   |   |   |    |
| Owner Address <div><input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown</div> <div>Street City State Postal Code</div>   |  |  |  |  |             |   |   |   |    |
| Insurance <div><input type="checkbox"/> Uninsured at time of crash</div> <div>Company<div><input checked="" type="checkbox"/> Unknown</div><div>Phone #<div><input checked="" type="checkbox"/> Unknown</div><div>NAIC #<div><input checked="" type="checkbox"/> Unknown</div><div>Policy #<div><input checked="" type="checkbox"/> Unknown</div><div>Expiration Date</div></div></div></div></div>   |  |  |  |  |             |   |   |   |    |
| DAMAGE  |  |  |  |  |             |   |   |   |    |
| Damage Extent999  |  | Initial Point of Contact   |  | Damaged Areas  |             | Tow Status000   |   | Tow Authority970  |    |
| 000 None<br>100 Minor damage<br>101 Functional damage<br>102 Disabling damage<br>990 Vehicle not at scene   |  | <div><div><div>7891011</div><div>6<div>→</div>12</div><div>54321</div></div><div><input type="checkbox"/> 000 Non-collision<br/><input checked="" type="checkbox"/> 001 Vehicle not at scene<br/><input type="checkbox"/> 100 Top<br/><input type="checkbox"/> 113 Undercarriage<br/><input type="checkbox"/> 114 Cargo Loss<br/><input type="checkbox"/> 999 Unknown</div></div>  |  | <div><div><div>7891011</div><div>6<div>→</div>12</div><div>54321</div></div><div><input checked="" type="checkbox"/> 001 Vehicle not at scene<br/><input type="checkbox"/> 002 No damage<br/><input type="checkbox"/> 100 Top<br/><input type="checkbox"/> 113 Undercarriage</div></div> |             | <div>000 Not towed<br/>100 Towed, but not due to disabling damage<br/>101 Towed (or will be towed) due to disabling damage<br/>Towed By<div><input type="checkbox"/> Unknown</div></div>  |   | <div>100 Owner<br/>101 Law enforcement<br/>970 Not applicable<br/>980 Other</div> |    |
| MOTOR VEHICLE CIRCUMSTANCES   |  |  |  |  |             |   |   |   |    |
| Vehicle Usage999  |  | Vehicle Maneuver999  |  |  |             |   |   |   |    |
| 000 No special function 980 Other<br>100 Bus - school (public or private) 999 Unknown<br>101 Bus - childcare / daycare<br>102 Bus - transit / commuter<br>103 Bus - charter / tour<br>104 Bus - intercity<br>105 Bus - shuttle<br>198 Bus - other<br>200 Farm vehicle<br>201 Fire truck<br>202 Highway / maintenance<br>203 Mail carrier<br>204 Military<br>205 Ambulance<br>206 Police<br>207 Public utility<br>208 Non-transport emergency services vehicle<br>209 Safety service patrols - incident response<br>210 Other incident response<br>211 Rental truck (over 10,000 lbs)<br>212 Towing - incident response<br>213 Truck acting as crash attenuator<br>214 Taxi<br>215 Vehicle used for electronic ride-hailing (transportation network company) |  | 100 Going straight 200 Leaving a parking position 980 Other<br>101 Backing 999 Unknown<br>102 Merging<br>103 Making U-turn<br>104 Negotiating a curve 400 Slowing<br>106 Turning left<br>107 Turning right 500 Parked<br>108 Traveling wrong way 501 Stopped<br><div>Vehicle Maneuver Reason999<br/>000 Normal movement 201 Vehicle out of control, not passing 207 Due to driver violation<br/>100 To avoid other vehicle 202 Vehicle out of control, passing 208 Due to vehicle condition (failure)<br/>101 To avoid non-motorist 203 For traffic control 209 Due to pavement condition<br/>102 To avoid animal 204 Due to congestion 210 High wind<br/>198 To avoid other object 205 Due to prior crash (collision) 980 Other<br/>200 Passing 206 Due to driver condition 999 Unknown</div> |  |  |             |   |   |   |    |
| Emergency Vehicle Usage999  |  | Direction of Travel Before Crash999  |  |  |             |   |   |   |    |
| 000 Non-emergency, non-transport<br>100 Non-emergency transport<br>200 Emergency operation, emergency warning equipment not in use<br>201 Emergency operation, emergency warning equipment in use<br>970 Not applicable<br>999 Unknown  |  | 000 Not on roadway 100 Northbound<br>001 In roadway but not in motion 300 Eastbound<br>002 Not on trafficway 500 Southbound<br>700 Westbound<br>999 Unknown  |  |  |             |   |   |   |    |

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

2021000392

|  |  |  |                  |   |   |                                  |     |
|--|--|--|------------------|---|---|----------------------------------|-----|
| Motor Vehicle #<br>1   |  | Rev. 2024-1  |                  | Case # F-121212-22  |   | Page 4 of 13                     |     |
| MOTOR VEHICLE CIRCUMSTANCES  |  |  |                  |   |   |                                  |     |
| Skidmark Data (Feet)   |  | Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown                  |                  | Contributing Defects  |   | 999                              |     |
| Front Left<br><div></div>  | Front Right<br><div></div>   | <input checked="" type="checkbox"/> Not applicable or measured<br><input type="checkbox"/> Unknown |                  | Vehicle Lighting  |   | 999                              |     |
| Rear Left<br><div></div>   | Rear Right<br><div></div>  | 000 Headlights off<br>100 Headlights on<br>101 Daytime running lights<br>999 Unknown               |                  | 000 None<br>100 Brakes<br>101 Exhaust system<br>102 Body, doors<br>103 Steering<br>104 Power train<br>105 Suspension<br>106 Tires<br>107 Wheels<br>108 Headlights<br>109 Tail lights<br>110 Signal lights<br>111 All lights<br>112 Window / windshield<br>113 Mirrors<br>114 Wipers<br>115 Truck coupling / trailer hitch / safety chains<br>980 Other<br>999 Unknown   |   |                                  |     |
| Traffic Control Device Types and Statuses  |  |  |                  |   |   |                                  |     |
| Traffic Control Device Types   |  | Devices Present  |                  | Devices Inoperative or Missing  |   |                                  |     |
| 000 None   | 300 Flashing railroad crossing (may include gates)                           | 1 <div>204</div>   | 1 <div>000</div> |   |   |                                  |     |
| 100 Person (including flagger, law enforcement, crossing guard, etc)   | 301 Flashing school zone signal  | 2 <div>402</div>   | 2 <div></div>    |   |   |                                  |     |
| 200 Bicycle crossing sign  | 302 Flashing traffic control signal  | 3 <div></div>  | 3 <div></div>    |   |   |                                  |     |
| 201 Curve Ahead warning sign   | 303 Lane use control signal  | 4 <div></div>  | 4 <div></div>    |   |   |                                  |     |
| 202 Intersection Ahead warning sign  | 304 Ramp meter signal  | Traffic Signal Status  |                  | 970   |   |                                  |     |
| 203 Pedestrian crossing sign   | 305 Traffic control signal   | 100 Red signal on  |                  | 000 No automation   |   |                                  |     |
| 204 Railroad crossing sign   | 398 Other signal   | 200 Yellow signal on   |                  | 100 Driver assistance   |   |                                  |     |
| 205 Reduce Speed Ahead warning sign  | 400 Bicycle crossing   | 300 Green signal on  |                  | 101 Partial automation  |   |                                  |     |
| 206 School zone sign   | 401 Pedestrian crossing  | 970 Not applicable   |                  | 102 Conditional automation  |   |                                  |     |
| 207 Stop sign  | 402 Railroad crossing  | 999 Unknown  |                  | 103 High automation   |   |                                  |     |
| 208 Yield sign   | 403 School zone  |  |                  | 104 Full automation   |   |                                  |     |
| 298 Other warning sign   | 404 Yellow no passing line   |  |                  | 199 Automation level unknown  |   |                                  |     |
|  | 405 White or yellow dash line  |  |                  | 999 Unknown   |   |                                  |     |
|  | 406 Solid white lane line  |  |                  | Automation System Level Engaged   |   | 199                              |     |
|  | 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) |  |                  | 000 No automation   |   |                                  |     |
| 980 Other  | 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   |   | 101 Partial automation           |     |
| 001 Not divided, with a continuous left turn lane  | 101 Divided, raised median (curbed)  | 101 Concrete barrier (e.g. Jersey barrier)   |                  | 102 Earth embankment  |   | 102 Conditional automation       |     |
|  | 102 Divided, depressed median  | 103 Guardrail  |                  | 103 High automation   |   | 103 High automation              |     |
|  | 999 Unknown  | 980 Other  |                  | 104 Full automation   |   | 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 Straight                     | 100 |
| 101 Uphill   |  |  |                  |   |   | 101 Curve left                   | 100 |
| 102 Hillcrest  |  |  |                  |   |   | 102 Curve right                  | 100 |
| 103 Downhill   |  |  |                  |   |   | Permitted Travel                 | 200 |
| 104 Sag (bottom)   |  |  |                  |   |   | 000 Not on trafficway            | 200 |
|  |  |  |                  |   |   | 100 One-way                      | 200 |
|  |  |  |                  |   |   | 200 Two-way                      | 200 |
|  |  |  |                  |   |   | Speed Limit                      | 35  |
|  |  |  |                  |   |   | <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 <div>205</div> 2 <div>203</div> 3 <div></div> 4 <div></div>  |  |  |                  | 205   |   |                                  |     |
| Non-Harmful Events   |  |  |                  | Collision with Fixed Object   |   |                                  |     |
| 000 Cross centerline<br>001 Cross median<br>002 End departure (T-intersection, dead-end, etc.)<br>003 Downhill runaway<br>004 Equipment failure (blown tire, brake failure, etc.)  |  |  |                  | 005 Ran off roadway left<br>006 Ran off roadway right<br>007 Reentering roadway<br>008 Separation of units<br>098 Other non-harmful event   |   |                                  |     |
| Non-Collision Events   |  |  |                  | Collision with Person / Vehicle / Non-Fixed Object  |   |                                  |     |
| 100 Cargo/equipment loss or shift<br>101 Fell/jumped from motor vehicle<br>102 Fire/explosion<br>103 Immersion, full or partial<br>104 Jackknife<br>105 Overturn/rollover<br>106 Thrown or falling object<br>198 Other non-collision harmful event |  |  |                  | 200 Collision with animal (live)<br>201 Collision with motor vehicle in transport<br>202 Collision with parked motor vehicle<br>203 Collision with pedalcycle (including bicycles)<br>204 Collision with pedestrian<br>205 Collision with railway vehicle (train, engine)<br>206 Collision with object at rest from MV in transport<br>207 Collision with falling, shifting cargo, or anything set in motion by MV<br>208 Collision with work zone/maintenance equipment<br>209 Collision with farm equipment<br>297 Collision with other non-motorist<br>298 Collision with other non-fixed object   |   |                                  |     |
|  |  |  |                  | 300 Collision with bridge overhead structure<br>301 Collision with bridge pier or support<br>302 Collision with bridge rail<br>303 Collision with cable barrier<br>304 Collision with concrete traffic barrier<br>305 Collision with culvert<br>306 Collision with curb<br>307 Collision with ditch<br>308 Collision with embankment<br>309 Collision with fence<br>310 Collision with guardrail end terminal<br>311 Collision with guardrail face<br>312 Collision with impact attenuator/crash cushion<br>313 Collision with mailbox<br>314 Collision with traffic sign support<br>315 Collision with traffic signal support<br>316 Collision with tree (standing)<br>317 Collision with utility pole/light support |   |                                  |     |
|  |  |  |                  | 396 Collision with other post,pole,or support<br>397 Collision with other traffic barrier<br>398 Collision with other fixed object (wall, building, tunnel, etc.)<br>399 Collision with unknown fixed object  |   |                                  |     |
| CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS  |  |  |                  |   |   |                                  |     |

|                      |             |                       |           |          |
|----------------------|-------------|-----------------------|-----------|----------|
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|----------------------|-------------|-----------------------|-----------|----------|

COMMERCIAL MOTOR VEHICLE INFORMATION

|   |   |                             |   |
|---|---|-----------------------------|---|
| Vehicle Configuration   | 999   | Hazardous Materials Placard | 999   |
| 000 Vehicles 10,000 lbs or less                                   | 300 Single-unit truck (2-axle and GVWR > 10,000 lbs.) | 999 Unknown                 | 000 Had no placard and not carrying hazardous materials |
| 100 Vehicles 10,000 lbs or less placarded for hazardous materials | 301 Single-unit truck (3 or more axles)               |                             | 001 Had a placard, not carrying hazardous materials     |
|   | 302 Truck pulling trailer(s)                          |                             | 100 Carried hazardous material that required placarding |
|   | 303 Truck tractor (bobtail)                           |                             | 200 Carried hazardous materials without placard         |
|   | 304 Truck tractor/semi-trailer                        |                             | 999 Unknown   |
| 200 Bus/large van (seats 9-15 occupants, including driver)        | 305 Truck tractor/double                              |                             | Hazardous Material ID                                   |
| 201 Bus (seats more than 15 occupants, including driver)          | 306 Truck tractor/triple                              |                             | N/A   |
|   | 307 Truck more than 10,000 lbs., cannot classify      |                             | Hazardous Material Class                                |
|   |   |                             | 970   |
|   |   |                             | 1 Explosives  |
|   |   |                             | 2 Gas   |
|   |   |                             | 3 Flammable liquids                                     |
|   |   |                             | 4 Other flammable substances                            |
|   |   |                             | 5 Oxidizing substances and organic peroxides            |
|   |   |                             | 6 Toxic (poisonous) and infectious substances           |
|   |   |                             | 7 Radioactive material                                  |
|   |   |                             | 8 Corrosives  |
|   |   |                             | 9 Miscellaneous dangerous goods                         |

|                      |                                    |   |  |
|----------------------|------------------------------------|---|--|
| Cargo Body Type      | 999                                | Special Sizing                                  |  |
| 000 No cargo body    |                                    | <input type="checkbox"/> 000 No special sizing  |  |
| 100 Bus              | 105 Flatbed                        | <input type="checkbox"/> 100 Over-height        |  |
| 101 Auto transporter | 106 Garbage / refuse               | <input type="checkbox"/> 101 Over-length        |  |
| 102 Cargo tank       | 107 Grain / chips / gravel         | <input type="checkbox"/> 102 Over-weight        |  |
| 103 Concrete mixer   | 108 Intermodal container chassis   | <input type="checkbox"/> 103 Over-width         |  |
| 104 Dump             | 109 Log                            | <input checked="" type="checkbox"/> 999 Unknown |  |
|                      | 110 Pole trailer                   |   |  |
|                      | 111 Van / enclosed box             |   |  |
|                      | 112 Vehicle towing another vehicle |   |  |
| 970 Not applicable   | 980 Other                          |   |  |
|                      | 999 Unknown                        |   |  |

|   |     |                 |   |   |     |                                 |                                  |
|---|-----|-----------------|---|---|-----|---------------------------------|----------------------------------|
| Load Permitted                                | 999 | Number of Axles | <input checked="" type="checkbox"/> Unknown | Motor Carrier Type                                | 000 | Motor Carrier Identification    | 970                              |
| 000 Non-permitted load                        |     |                 |   | 000 Personal vehicle                              |     | 100 US DOT number               |                                  |
| 100 Permitted load                            |     |                 |   | 001 Not in commerce: government                   |     | 101 State number                |                                  |
|   |     |                 |   | 002 Not in commerce: personal rental truck or bus |     | 970 Not applicable              |                                  |
| 970 Not applicable (not a qualifying vehicle) |     |                 |   | 098 Not in commerce: other                        |     | 999 Unknown/unable to determine |                                  |
| 999 Unknown                                   |     |                 |   | 100 Interstate carrier                            |     | State                           |                                  |
|   |     |                 |   | 101 Intrastate carrier                            |     |                                 |                                  |
|   |     |                 |   |   |     | Motor Carrier Name              | <input type="checkbox"/> Unknown |
|   |     |                 |   |   |     | Motor Carrier ID Number         |                                  |

|                       |                                  |                            |                                  |
|-----------------------|----------------------------------|----------------------------|----------------------------------|
| Motor Carrier Address | <input type="checkbox"/> Unknown | Motor Carrier Phone Number | <input type="checkbox"/> Unknown |
| Street                | City                             | State                      | Postal Code                      |

|   |     |                  |         |
|---|-----|------------------|---------|
| GVWR/GCWR                                     | 999 | Commodity Hauled |         |
| 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                                   |     |                  | Unknown |

TRAILER INFORMATION

|      |                                  |                 |                                  |
|------|----------------------------------|-----------------|----------------------------------|
| VIN  | <input type="checkbox"/> Unknown | Number of Axles | <input type="checkbox"/> Unknown |
| Year | <input type="checkbox"/> Unknown | Make            | <input type="checkbox"/> Unknown |
|      |                                  | Model           | <input type="checkbox"/> Unknown |

|               |                                  |                                       |
|---------------|----------------------------------|---------------------------------------|
| License Plate | <input type="checkbox"/> Missing | <input type="checkbox"/> Non-expiring |
| State         | <input type="checkbox"/> Unknown | Number                                |
|               |                                  | Year                                  |

TRAILER INFORMATION

|      |                                  |                 |                                  |
|------|----------------------------------|-----------------|----------------------------------|
| VIN  | <input type="checkbox"/> Unknown | Number of Axles | <input type="checkbox"/> Unknown |
| Year | <input type="checkbox"/> Unknown | Make            | <input type="checkbox"/> Unknown |
|      |                                  | Model           | <input type="checkbox"/> Unknown |

|               |                                  |                                       |
|---------------|----------------------------------|---------------------------------------|
| License Plate | <input type="checkbox"/> Missing | <input type="checkbox"/> Non-expiring |
| State         | <input type="checkbox"/> Unknown | Number                                |
|               |                                  | Year                                  |

TRAILER INFORMATION

|      |                                  |                 |                                  |
|------|----------------------------------|-----------------|----------------------------------|
| VIN  | <input type="checkbox"/> Unknown | Number of Axles | <input type="checkbox"/> Unknown |
| Year | <input type="checkbox"/> Unknown | Make            | <input type="checkbox"/> Unknown |
|      |                                  | Model           | <input type="checkbox"/> Unknown |

|               |                                  |                                       |
|---------------|----------------------------------|---------------------------------------|
| License Plate | <input type="checkbox"/> Missing | <input type="checkbox"/> Non-expiring |
| State         | <input type="checkbox"/> Unknown | Number                                |
|               |                                  | Year                                  |

[illegible]

|  |  |                                   |  |   |                            |  |   |   |   |   |                    |   |  |     |     |
|--|--|-----------------------------------|--|---|----------------------------|--|---|---|---|---|--------------------|---|--|-----|-----|
| Motor Vehicle #<br>1   |  | DRIVER INFORMATION<br>Rev. 2024-1 |  | Case #                                      | F-121212-22                | Page   | 7 | of  | 13  |   |                    |   |  |     |     |
| MEDICAL INFORMATION  |  |                                   |  |   |                            |  |   |   |   |   |                    |   |  |     |     |
| Injury Status  |  | 104                               | Type of Medical Transportation                       |   | 999                        | EMS Response Agency  |   |   |   |   |                    |   |  |     |     |
| 100 (K) Fatal Injury   |  |                                   | 000 Not transported                                  |   | 980 Other                  | Unknown  |   |   |   |   |                    |   |  |     |     |
| 101 (A) Suspected Serious Injury   |  |                                   | 100 EMS air  |   | 999 Unknown                |  |   |   |   |   |                    |   |  |     |     |
| 102 (B) Suspected Minor Injury   |  |                                   | 101 EMS ground                                       |   |                            | EMS Response Run # <input checked="" type="checkbox"/> Unknown |   |   |   |   |                    |   |  |     |     |
| 103 (C) Possible Injury  |  |                                   | 200 Law enforcement                                  |   |                            |  |   |   |   |   |                    |   |  |     |     |
| 104 (O) No Apparent Injury   |  |                                   |  |   |                            |  |   |   |   |   |                    |   |  |     |     |
| Universally Unique Identifier  |  |                                   | <input type="checkbox"/> Not applicable              | <input checked="" type="checkbox"/> Unknown | Facility Receiving Patient |  |   |   |   |   |                    |   |  |     |     |
|  |  |                                   |  |   | Unknown                    |  |   |   |   |   |                    |   |  |     |     |
| DRIVER CONDITION AND CIRCUMSTANCES   |  |                                   |  |   |                            |  |   |   |   |   |                    |   |  |     |     |
| Conditions at Time of Crash  |  | 999                               | Distraction Action                                   |   | 999                        | Distraction Source   |   | 999                                       | Speeding Relation   | 999                                       |                    |   |  |     |     |
| 000 Apparently normal  |  |                                   | 000 Not distracted                                   |   |                            | 100 Hands-free mobile phone                                    |   | 200 Passenger or other non-motorist       | 000 No  |   |                    |   |  |     |     |
| 100 Asleep/blacked out   |  |                                   | 100 Talking / listening                              |   |                            | 101 Hand-held mobile phone                                     |   | 201 External to vehicle/non-motorist area | 100 Exceeded speed limit                                    |   |                    |   |  |     |     |
| 101 Fatigued   |  |                                   | 101 Manually operating a device                      |   |                            | 102 Vehicle-integrated device                                  |   | 298 Other                                 | 101 Racing  |   |                    |   |  |     |     |
| 102 Emotional (depressed, angry, disturbed, etc.)  |  |                                   | (e.g., texting, dialing, playing game, etc.)         |   |                            | 102 Vision obscured by load                                    |   | 970 Not applicable                        | 102 Too fast for conditions                                 |   |                    |   |  |     |     |
| 103 Ill (sick), fainted  |  |                                   | 200 Inattentive                                      |   |                            | 198 Other electronic device                                    |   | 999 Unknown                               | 999 Unknown   |   |                    |   |  |     |     |
| 104 Physically impaired  |  |                                   | 980 Other distraction or distraction details unknown |   |                            | Vision Obscurement   |   |   |   | 999                                       |                    |   |  |     |     |
| 105 Under the influence of medications/drugs/alcohol                                       |  |                                   | 999 Unknown if distracted                            |   |                            | 000 None   |   | 105 Embankment                            | 111 Blinded by sun glare                                    |   |                    |   |  |     |     |
| 106 Inattentive/distracted   |  |                                   |  |   |                            | 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  |  | 999                               | Test Status  |   | 000                        | Alcohol Kit Number   |   | <input type="checkbox"/> Unknown          | Alcohol Test Type   |   | 970                | Alcohol Test Results                      |  | 970 | BAC |
| 000 No   |  |                                   | 000 Test not given                                   |   |                            | 100 Blood  |   | 300 Urine                                 | 970 Not applicable  | 000 Results pending                       |                    | 000 Results pending                       |  |     |     |
| 100 Yes  |  |                                   | 001 Test refused                                     |   |                            | 101 Blood clot   |   | 301 Vitreous                              | 980 Other   | 001 Negative results with no actual value |                    | 001 Negative results with no actual value |  |     |     |
| 999 Unknown  |  |                                   | 100 Test given                                       |   |                            | 102 Blood plasma/serum   |   | 302 Liver                                 |   | 100 Results received                      |                    | 100 Results received                      |  |     |     |
|  |  |                                   | 999 Unknown if tested                                |   |                            | 200 Breath   |   |   |   | 101 Positive results with no actual value |                    | 101 Positive results with no actual value |  |     |     |
|  |  |                                   |  |   |                            | 201 Preliminary breath test (PBT)                              |   |   |   | 970 Not applicable                        |                    | 970 Not applicable                        |  |     |     |
|  |  |                                   |  |   |                            |  |   |   |   | 999 Unknown                               |                    | 999 Unknown                               |  |     |     |
| Suspected Drug Usage   |  | 999                               | Test Status  |   | 000                        | Drug Kit Number  |   | <input type="checkbox"/> Unknown          | Drug Test Type  |   | 970                | Drug Test Results                         |  |     |     |
| 000 No   |  |                                   | 000 Test not given                                   |   |                            | 100 Blood  |   | 970 Not applicable                        | 100 Blood   |   | 970 Not applicable | Not applicable                            |  |     |     |
| 100 Yes  |  |                                   | 001 Test refused                                     |   |                            | 101 Urine  |   | 999 Unknown                               | 101 Urine   |   | 999 Unknown        |   |  |     |     |
| 999 Unknown  |  |                                   | 100 Test given                                       |   |                            | 102 Both blood and urine                                       |   |   | 102 Both blood and urine                                    |   |                    |   |  |     |     |
|  |  |                                   | 999 Unknown if tested                                |   |                            | 103 Saliva   |   |   | 103 Saliva  |   |                    |   |  |     |     |
|  |  |                                   |  |   |                            | 198 Other  |   |   | 198 Other   |   |                    |   |  |     |     |
| DRIVER ACTIONS   |  |                                   |  |   |                            |  |   |   |   |   |                    |   |  |     |     |
| Driver Actions at Time of Crash  |  |                                   |  |   | 999                        | Avoidance Maneuver   |   | 999                                       | Pre-Collision Stability                                     |   |                    | 999                                       |  |     |     |
| 000 No contributing action   |  |                                   |  |   |                            | 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   |  |                                   |  |   |                            | 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  
NON-MOTORIST INFORMATION

|  |  |   |  |  |   |   |   |  |    |
|--|--|---|--|--|---|---|---|--|----|
| Non-Motorist #<br>1  |  | Rev. 2024-1   |  | Case #   | F-121212-22   | Page  | 8 | of   | 13 |
| NON-MOTORIST INFORMATION   |  |   |  |  |   |   |   |  |    |
| Name <input type="checkbox"/> Unknown<br>Tim Hendricks<br><small>First Middle Last Suffix</small>  |  |   |  | Age <input type="checkbox"/> Unknown<br>35   | Sex <input type="checkbox"/> Unknown<br>100 Female<br>101 Male<br>999 Unknown | Race <input type="checkbox"/> Unknown<br>100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>999 Unknown  |   |  |    |
| Address <input checked="" type="checkbox"/> Unknown<br><small>Street City State Postal Code</small>  |  |   |  | Phone Number <input type="checkbox"/> Not Collected<br>5105612654  |   |   |   |  |    |
| Incident Responder<br>000 No 102 Police 980 Other<br>100 EMS 103 Tow operator 999 Unknown<br>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<br>100 Hispanic<br>101 Other than Hispanic<br>999 Unknown  |   |  |    |
| NON-MOTORIST CIRCUMSTANCES   |  |   |  |  |   |   |   |  |    |
| Non-Motorist Type <input type="checkbox"/> 100   |  | Initial <input type="checkbox"/> 100  |  | Location <input type="checkbox"/> 105  |   |   |   |  |    |
| 100 Bicyclist<br>198 Other cyclist<br>200 Pedestrian<br>298 Other pedestrian on personal conveyance<br>300 Occupant of a non-motor vehicle transportation device<br>500 Person in or on a building<br>999 Unknown  |  | Contact Point<br>100 Front (12 o'clock)<br>101 Right (3 o'clock)<br>102 Rear (6 o'clock)<br>103 Left (9 o'clock)<br>999 Unknown   |  | 100 Intersection - marked crosswalk<br>101 Intersection - unmarked crosswalk<br>102 Intersection - other<br>103 Median/crossing island<br>104 Midblock - marked crosswalk<br>105 Shoulder/roadside<br>106 Travel lane - other location<br>200 Signed route (no pavement marking)<br>201 Shared lane markings<br>202 On-street bike lanes<br>203 On-street buffered bike lanes<br>204 Separated bike lanes<br>205 Off-street trails/sidepaths<br>980 Other<br>999 Unknown |   | 300 Driveway access<br>301 Non-trafficway area<br>302 Shared-use path or trail<br>303 Sidewalk  |   |  |    |
| Struck by Vehicle #<br>1   |  | Origin/Destination<br>100 Going to or from school (K-12)<br>101 Going to or from transit<br>970 Not applicable<br>999 Unknown   |  | Safety Equipment<br><input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet<br><input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.)<br><input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)   |   | <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other<br><input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown  |   |  |    |
| Action Prior to Crash <input type="checkbox"/> 102   |  | Actions or Circumstances At Time of Crash <input type="checkbox"/> 000  |  |  |   | Clothing Brightness <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> 101  |   |  |    |
| 000 None<br>100 Adjacent to roadway (e.g., shoulder, median)<br>101 Crossing roadway<br>102 Waiting to cross roadway<br>103 Walking/cycling along roadway against traffic (in or adjacent to travel lane)<br>104 Walking/cycling along roadway with traffic (in or adjacent to travel lane)<br>105 Walking/cycling on sidewalk<br>106 Working in trafficway (incident response)<br>198 In roadway -other<br>980 Other<br>999 Unknown |  | 000 None (no improper action)<br>100 Dart / dash<br>101 Disabled vehicle related (working on, pushing, leaving/approaching)<br>102 Entering/exiting parked/standing vehicle<br>103 Failure to obey traffic signs, signals, or officer<br>104 Failure to yield right-of-way<br>105 Improper passing<br>106 Improper turn/merge<br>107 Inattentive (talking, eating, etc.)<br>108 In roadway improperly (standing, lying, working, playing) |  |  |   | 109 Not visible (dark clothing, no lighting, etc.)<br>110 Wrong-way riding or walking<br>980 Other<br>999 Unknown   |   | 100 Light<br>101 Dark<br>970 Not applicable<br>999 Unknown   |    |
| NON-MOTORIST MEDICAL INFORMATION   |  |   |  |  |   |   |   |  |    |
| Injury Status <input type="checkbox"/> 100   |  | Type of Medical Transportation <input type="checkbox"/> 200   |  | EMS Response Agency<br>Not applicable  |   | EMS Response Run # <input type="checkbox"/> Unknown   |   |  |    |
| 100 (K) Fatal Injury<br>101 (A) Suspected Serious Injury<br>102 (B) Suspected Minor Injury<br>103 (C) Possible Injury<br>104 (O) No Apparent Injury  |  | 000 Not transported<br>100 EMS air<br>101 EMS ground<br>200 Law enforcement<br>980 Other<br>999 Unknown   |  | Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown   |   | Facility Receiving Patient<br>West Feliciana Parish Hospital  |   |  |    |
| NON-MOTORIST CONDITION   |  |   |  |  |   |   |   |  |    |
| Conditions at the Time of the Crash <input type="checkbox"/> 000   |  | Distraction Action <input type="checkbox"/> 000   |  | Distraction Source <input type="checkbox"/> 970  |   |   |   |  |    |
| 000 Apparently normal<br>100 Asleep/blacked out<br>101 Fatigued<br>102 Emotional (depressed, angry, disturbed, etc.)<br>103 Ill (sick), fainted<br>104 Physically impaired<br>105 Under the influence of medications/ drugs/alcohol<br>106 Inattentive/distracted  |  | 970 Not applicable<br>980 Other<br>999 Unknown  |  | 000 Not distracted<br>100 Talking / listening<br>101 Manually operating a device (texting, typing, dialing, playing game, etc.)<br>200 Inattentive<br>980 Other distraction or distraction details unknown<br>999 Unknown if distracted  |   | 100 Hands-free mobile phone<br>101 Hand-held mobile phone<br>102 Vehicle-integrated device<br>198 Other electronic device<br>200 Passenger or other non-motorist<br>201 External to vehicle/non-motorist area<br>298 Other<br>970 Not applicable<br>999 Unknown |   |  |    |
| Suspected Alcohol Usage <input type="checkbox"/> 000   |  | Test Status <input type="checkbox"/> 000  |  | Alcohol <input type="checkbox"/> Unknown   |   | Alcohol Test Type <input type="checkbox"/> 970  |   | Alcohol Test Results <input type="checkbox"/> 970 BAC  |    |
| 000 No<br>100 Yes<br>999 Unknown   |  | 000 Test not given<br>001 Test refused<br>100 Test given<br>999 Unknown if tested   |  | Kit Number   |   | 100 Blood 300 Urine<br>101 Blood clot 301 Vitreous<br>102 Blood plasma/serum 302 Liver<br>200 Breath 970 Not applicable<br>201 Preliminary breath test (PBT) 980 Other  |   | 000 Results pending<br>001 Negative results with no actual value<br>100 Results received<br>101 Positive results with no actual value<br>970 Not applicable<br>999 Unknown |    |
| Suspected Drug Usage <input type="checkbox"/> 000  |  | Test Status <input type="checkbox"/> 000  |  | Drug <input type="checkbox"/> Unknown  |   | Drug Test Type <input type="checkbox"/> 970   |   | Drug Test Results  |    |
| 000 No<br>100 Yes<br>999 Unknown   |  | 000 Test not given<br>001 Test refused<br>100 Test given<br>999 Unknown if tested   |  | Kit Number   |   | 100 Blood 970 Not applicable<br>101 Urine 999 Unknown<br>102 Both blood and urine<br>103 Saliva<br>198 Other  |   | Not applicable   |    |
| CRASH REPORT - NON-MOTORIST INFORMATION  |  |   |  |  |   |   |   |  |    |



LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| Non-Motorist #<br>2  |  | Rev. 2024-1  |  | Case # F-121212-22  |  | Page 9 of 13   |  |
| NON-MOTORIST INFORMATION   |  |  |  |   |  |  |  |
| Name <input type="checkbox"/> Unknown<br>Tommy Stone<br><small>First Middle Last Suffix</small>  |  |  |  | Age <input type="checkbox"/> Unknown<br>36  |  | Sex <input type="checkbox"/> 101<br>100 Female<br>101 Male<br>999 Unknown  |  |
| Address <input checked="" type="checkbox"/> Unknown<br><small>Street City State Postal Code</small>  |  |  |  | Phone Number <input type="checkbox"/> Not Collected<br>6351681561   |  | Race <input type="checkbox"/> 102<br>100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>999 Unknown   |  |
| Incident Responder<br>000 No 102 Police 980 Other<br>100 EMS 103 Tow operator 999 Unknown<br>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<br>100 Hispanic<br>101 Other than Hispanic<br>999 Unknown   |  |
| NON-MOTORIST CIRCUMSTANCES   |  |  |  |   |  |  |  |
| Non-Motorist Type <input type="checkbox"/> 200   |  | Initial <input type="checkbox"/> 100<br>Contact Point<br>100 Front (12 o'clock)<br>101 Right (3 o'clock)<br>102 Rear (6 o'clock)<br>103 Left (9 o'clock)<br>999 Unknown  |  | Location <input type="checkbox"/> 105<br>100 Intersection - marked crosswalk<br>101 Intersection - unmarked crosswalk<br>102 Intersection - other<br>103 Median/crossing island<br>104 Midblock - marked crosswalk<br>105 Shoulder/roadside<br>106 Travel lane - other location<br>200 Signed route (no pavement marking)<br>201 Shared lane markings<br>202 On-street bike lanes<br>203 On-street buffered bike lanes<br>204 Separated bike lanes<br>205 Off-street trails/sidepaths<br>980 Other<br>999 Unknown |  | 300 Driveway access<br>301 Non-trafficway area<br>302 Shared-use path or trail<br>303 Sidewalk   |  |
| Struck by Vehicle #<br>1   |  | Origin/Destination <input type="checkbox"/> 970<br>100 Going to or from school (K-12)<br>101 Going to or from transit<br>970 Not applicable<br>999 Unknown   |  | Safety Equipment <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet<br><input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.)<br><input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)<br><input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other<br><input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown   |  |  |  |
| Action Prior to Crash <input type="checkbox"/> 102<br>000 None<br>100 Adjacent to roadway (e.g., shoulder, median)<br>101 Crossing roadway<br>102 Waiting to cross roadway<br>103 Walking/cycling along roadway against traffic (in or adjacent to travel lane)<br>104 Walking/cycling along roadway with traffic (in or adjacent to travel lane)<br>105 Walking/cycling on sidewalk<br>106 Working in trafficway (incident response)<br>198 In roadway -other<br>980 Other<br>999 Unknown |  | Actions or Circumstances At Time of Crash <input type="checkbox"/> 000<br>000 None (no improper action)<br>100 Dart / dash<br>101 Disabled vehicle related (working on, pushing, leaving/approaching)<br>102 Entering/exiting parked/standing vehicle<br>103 Failure to obey traffic signs, signals, or officer<br>104 Failure to yield right-of-way<br>105 Improper passing<br>106 Improper turn/merge<br>107 Inattentive (talking, eating, etc.)<br>108 In roadway improperly (standing, lying, working, playing)<br>109 Not visible (dark clothing, no lighting, etc.)<br>110 Wrong-way riding or walking<br>980 Other<br>999 Unknown |  |   |  | Clothing Brightness <input type="checkbox"/> Upper <input type="checkbox"/> 100<br><input type="checkbox"/> Lower <input type="checkbox"/> 101<br>100 Light<br>101 Dark<br>970 Not applicable<br>999 Unknown   |  |
| NON-MOTORIST MEDICAL INFORMATION   |  |  |  |   |  |  |  |
| Injury Status <input type="checkbox"/> 103<br>100 (K) Fatal Injury<br>101 (A) Suspected Serious Injury<br>102 (B) Suspected Minor Injury<br>103 (C) Possible Injury<br>104 (O) No Apparent Injury  |  | Type of Medical Transportation <input type="checkbox"/> 000<br>000 Not transported<br>100 EMS air<br>101 EMS ground<br>200 Law enforcement<br>980 Other<br>999 Unknown   |  | EMS Response Agency<br>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<br>Not applicable   |  |
| NON-MOTORIST CONDITION   |  |  |  |   |  |  |  |
| Conditions at the Time of the Crash <input type="checkbox"/> 000<br>000 Apparently normal<br>100 Asleep/blacked out<br>101 Fatigued<br>102 Emotional (depressed, angry, disturbed, etc.)<br>103 Ill (sick), fainted<br>104 Physically impaired<br>105 Under the influence of medications/ drugs/alcohol<br>106 Inattentive/distracted  |  | 790 Not applicable<br>980 Other<br>999 Unknown   |  | Distraction Action <input type="checkbox"/> 000<br>000 Not distracted<br>100 Talking / listening<br>101 Manually operating a device (texting, typing, dialing, playing game, etc.)<br>200 Inattentive<br>980 Other distraction or distraction details unknown<br>999 Unknown if distracted  |  | Distraction Source <input type="checkbox"/> 970<br>100 Hands-free mobile phone<br>101 Hand-held mobile phone<br>102 Vehicle-integrated device<br>198 Other electronic device<br>200 Passenger or other non-motorist<br>201 External to vehicle/non-motorist area<br>298 Other<br>970 Not applicable<br>999 Unknown |  |
| Suspected Alcohol Usage <input type="checkbox"/> 000<br>000 No<br>100 Yes<br>999 Unknown   |  | Test Status <input type="checkbox"/> 000<br>000 Test not given<br>001 Test refused<br>100 Test given<br>999 Unknown if tested  |  | Alcohol <input type="checkbox"/> Unknown<br>Kit Number  |  | Alcohol Test Type <input type="checkbox"/> 970<br>100 Blood<br>101 Blood clot<br>102 Blood plasma/serum<br>200 Breath<br>201 Preliminary breath test (PBT)<br>300 Urine<br>301 Vitreous<br>302 Liver<br>970 Not applicable<br>980 Other  |  |
| Suspected Drug Usage <input type="checkbox"/> 000<br>000 No<br>100 Yes<br>999 Unknown  |  | Test Status <input type="checkbox"/> 000<br>000 Test not given<br>001 Test refused<br>100 Test given<br>999 Unknown if tested  |  | Drug <input type="checkbox"/> Unknown<br>Kit Number   |  | Drug Test Type <input type="checkbox"/> 970<br>100 Blood<br>101 Urine<br>102 Both blood and urine<br>103 Saliva<br>198 Other<br>970 Not applicable<br>999 Unknown  |  |
|  |  |  |  |   |  | Alcohol Test Results <input type="checkbox"/> 970<br>000 Results pending<br>001 Negative results with no actual value<br>100 Results received<br>101 Positive results with no actual value<br>970 Not applicable<br>999 Unknown  |  |
|  |  |  |  |   |  | BAC<br>Not applicable  |  |
| CRASH REPORT - NON-MOTORIST INFORMATION  |  |  |  |   |  |  |  |

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| Train #<br>1   |  | Rev. 2024-1  |  | Case # F-121212-22   |  | Page 10 of 13   |  |
| TRAIN INFORMATION  |  |  |  |  |  |   |  |
| Train Type 100<br>100 Railroad train<br>101 Streetcar  |  | ID #<br><input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown<br>RF6585   |  | Lead Engine #<br><input type="checkbox"/> Unknown<br>568456  |  | Serial #<br><input type="checkbox"/> Unknown<br>0982364584  |  |
| Make <input type="checkbox"/> Unknown<br>Monstrain   |  | Type <input type="checkbox"/> Unknown<br>Train   |  | # of Engines <input type="checkbox"/> Unknown<br>1   |  | # of Cars <input type="checkbox"/> Unknown<br>12  |  |
|  |  |  |  | Data Recorder Speed<br>35 <input type="checkbox"/> Pending   |  | Present Equipment<br><input type="checkbox"/> 000 None<br><input checked="" type="checkbox"/> 100 Headlight functional<br><input checked="" type="checkbox"/> 101 Ditch lights functional<br><input checked="" type="checkbox"/> 102 Horn functional<br><input checked="" type="checkbox"/> 103 Bell functional<br><input checked="" type="checkbox"/> 104 Event data recorder equipped |  |
| TRACK INFORMATION  |  |  |  | WARNING DEVICES  |  |   |  |
| DOT Crossing #<br><input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown<br>1254   |  | Crossing Surface 103<br>Material<br>100 Rubber mat 980 Other<br>101 Asphalt<br>102 Wood<br>103 Concrete<br>104 Gravel  |  | Present Warning Devices<br><input type="checkbox"/> 000 None<br><input checked="" type="checkbox"/> 100 Flashing lights<br><input checked="" type="checkbox"/> 101 Bell<br><input checked="" type="checkbox"/> 102 Gate<br><input checked="" type="checkbox"/> 103 Crossbuck<br><input type="checkbox"/> 980 Other |  | Advance Warning Devices<br><input type="checkbox"/> 000 None<br><input checked="" type="checkbox"/> 100 Sign<br><input checked="" type="checkbox"/> 101 Pavement markings<br><input checked="" type="checkbox"/> 102 Active advance warning<br><input type="checkbox"/> 980 Other   |  |
| Sets of Tracks<br>4  |  | Speed Limit<br>40  |  | Crossing Type 100<br>100 Public<br>101 Private   |  | Active Warning Devices<br><input type="checkbox"/> 000 None<br><input checked="" type="checkbox"/> 100 Lights flashing<br><input checked="" type="checkbox"/> 101 Bell ringing<br><input checked="" type="checkbox"/> 102 Gates down<br><input type="checkbox"/> 980 Other  |  |
| COLLISION INFORMATION  |  |  |  |  |  |   |  |
| Train in Motion 100<br>000 No<br>100 Yes   |  | Crossing Vehicle Interaction 101<br>100 Stalled on crossing<br>101 Stopped on crossing<br>102 Moving over crossing<br>103 Trapped on crossing  |  | Struck Car #<br><input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown<br>3  |  | Struck Car Type<br><input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown<br>Passenger  |  |
| Collision Type 100<br>100 Frontal<br>101 Side/backing  |  |  |  | Struck Car Position<br><input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown   |  | Distance Traveled After Impact<br>15.00 <input checked="" type="checkbox"/> feet <input type="checkbox"/> miles   |  |
|  |  |  |  |  |  | Estimated Speed Before Braking<br>35  |  |
| Hazardous Materials Placard<br>000 Had no placard and not carrying hazardous materials<br>001 Had a placard, not carrying hazardous materials<br>100 Carried hazardous material that required placarding<br>200 Carried hazardous materials without placard<br>999 Unknown |  | Hazardous Material Class 000<br>1 Explosives<br>2 Gas<br>3 Flammable liquids<br>4 Other flammable substances<br>5 Oxidizing substances and organic peroxides<br>6 Toxic (poisonous) and infectious substances<br>7 Radioactive material<br>8 Corrosives<br>9 Miscellaneous dangerous goods |  | Hazardous Material Class 970<br>970 Not applicable<br>999 Unknown  |  | Hazardous Materials Released from Train Cargo Compartment 970<br>000 No, hazardous materials not released<br>100 Yes, hazardous materials released<br>970 Not applicable  |  |
| Hazardous Material ID<br>N/A   |  |  |  |  |  |   |  |
| TRAIN OPERATOR   |  |  |  |  |  |   |  |
| Name <input checked="" type="checkbox"/> Unknown   |  | Address <input checked="" type="checkbox"/> Unknown  |  |  |  |   |  |
|  |  | Street City State Postal Code  |  |  |  |   |  |
| TRACK OWNER  |  |  |  |  |  |   |  |
| Name <input type="checkbox"/> Unknown  |  | Address <input type="checkbox"/> Unknown   |  |  |  |   |  |
| Train Rail Services  |  | 34 Lightyears Lane Chicago IL 31505  |  |  |  |   |  |
|  |  | Street City State Postal Code  |  |  |  |   |  |
| TRAIN ENGINEER   |  |  |  |  |  |   |  |
| Name <input type="checkbox"/> Unknown  |  | <input type="checkbox"/> This train had no engineer  |  | Certification Number <input checked="" type="checkbox"/> Unknown   |  | Race 102  |  |
| Micahel Cox  |  |  |  |  |  | 100 American Indian or Alaska Native<br>101 Asian or Pacific Islander<br>102 Black<br>103 White<br>980 Other<br>999 Unknown   |  |
| First Middle Last Suffix   |  |  |  |  |  |   |  |
| Address <input type="checkbox"/> Unknown   |  |  |  | Phone Number <input type="checkbox"/> Not Collected  |  |   |  |
| 367 Silver Lane Auburn AL 80651  |  |  |  | 5415456454   |  |   |  |
| Street City State Postal Code  |  |  |  |  |  |   |  |
| Incident Responder   |  |  |  | Age <input type="checkbox"/> Unknown   |  | Date of Birth <input type="checkbox"/> Unknown  |  |
| 000 No 102 Police 980 Other 999 Unknown  |  |  |  | 31   |  | 2/5/1990  |  |
| 100 EMS 103 Tow operator   |  |  |  |  |  |   |  |
| 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)  |  |  |  |  |  |   |  |
| Injury Status 100  |  | Type of Medical Transportation 101   |  | EMS Response Agency  |  |   |  |
| 100 (K) Fatal Injury<br>101 (A) Suspected Serious Injury<br>102 (B) Suspected Minor Injury<br>103 (C) Possible Injury<br>104 (O) No Apparent Injury  |  | 000 Not transported 980 Other<br>100 EMS air 999 Unknown<br>101 EMS ground<br>200 Law enforcement  |  | Acadian Ambulance Services   |  |   |  |
|  |  |  |  | EMS Response Run # <input checked="" type="checkbox"/> Unknown   |  |   |  |
| Universally Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown  |  |  |  | Facility Receiving Patient   |  |   |  |
|  |  |  |  | Winn Parish Medical Center   |  |   |  |

LOUISIANA UNIFORM CRASH REPORT  
TRAIN SUPPLEMENT

2021000392

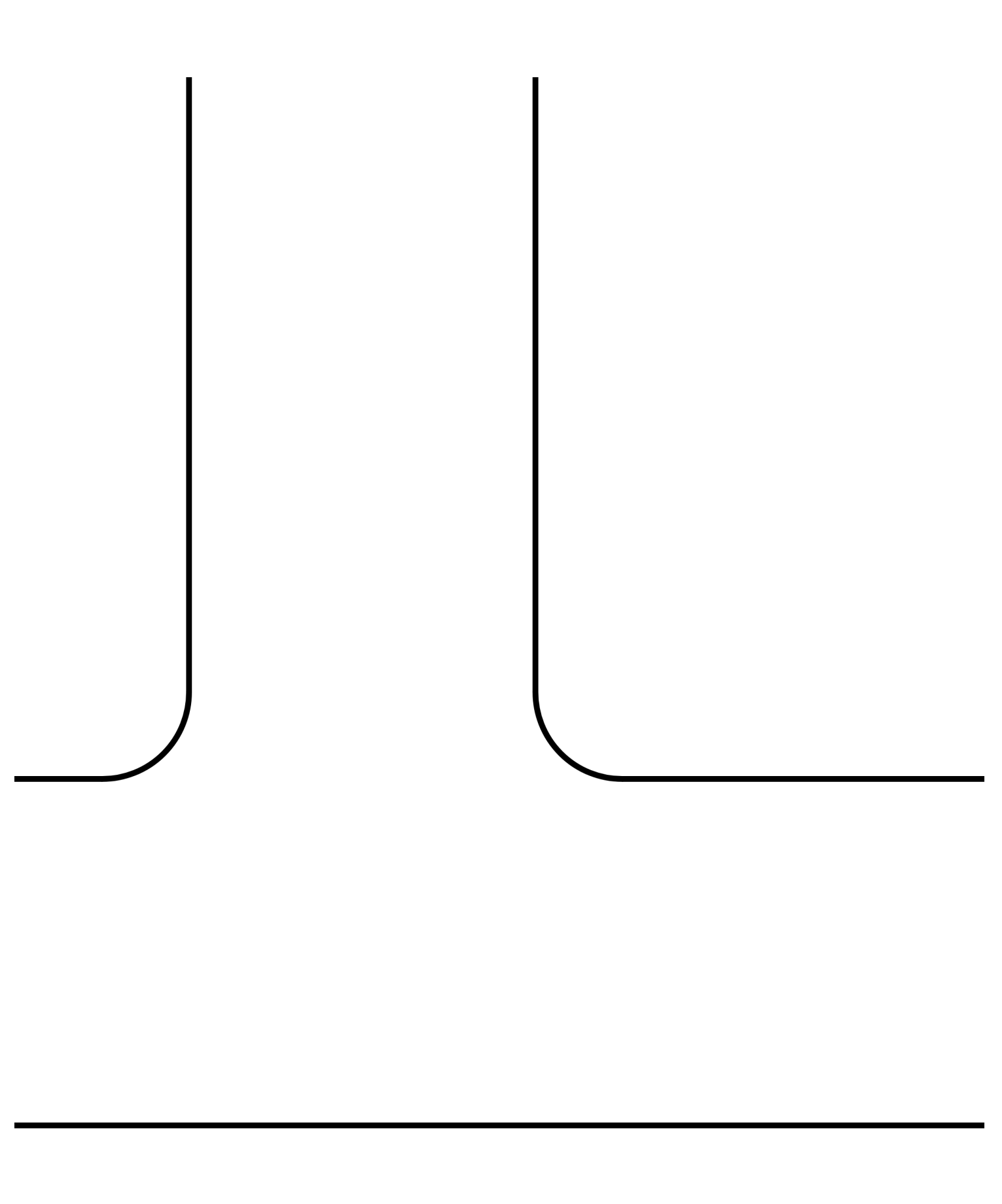
|  |  |   |                                |   |             |  |  |   |   |  |     |
|--|--|---|--------------------------------|---|-------------|--|--|---|---|--|-----|
| Train #<br>1   |  | Rev. 2024-1   |                                | Case #  | F-121212-22 | Page   | 11   | of  | 13  |  |     |
| TRAIN CONDUCTOR  |  |   |                                |   |             |  |  |   |   |  |     |
| Name <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor  |  |   |                                | Race  |             |  | 999  |   |   |  |     |
|  |  |   |                                | 100 American Indian or Alaska Native<br>101 Asian or Pacific Islander |             |  | 102 Black<br>103 White<br>999 Unknown<br>980 Other |   |   |  |     |
| First Middle Last Suffix   |  |   |                                |   |             |  |  |   |   |  |     |
| Address <input checked="" type="checkbox"/> Unknown  |  |   |                                |   |             | Phone Number <input checked="" type="checkbox"/> Not Collected |  |   |   |  |     |
| Street City State Postal Code  |  |   |                                |   |             |  |  |   |   |  |     |
| Incident Responder   |  |   |                                | 999   | Sex         | 999  | Age  | <input checked="" type="checkbox"/> Unknown | Date of Birth <input checked="" type="checkbox"/> Unknown | Ethnicity  | 999 |
| 000 No 102 Police 980 Other 999 Unknown<br>100 EMS 103 Tow operator<br>101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) |  |   |                                | 100 Female<br>101 Male<br>999 Unknown                                 |             |  |  |   |   | 100 Hispanic<br>101 Other than Hispanic<br>999 Unknown |     |
| Injury Status  |  | 104   | Type of Medical Transportation |   | 999         | EMS Response Agency  |  |   |   |  |     |
| 100 (K) Fatal Injury<br>101 (A) Suspected Serious Injury<br>102 (B) Suspected Minor Injury<br>103 (C) Possible Injury<br>104 (O) No Apparent Injury                  |  | 000 Not transported 980 Other<br>100 EMS air 999 Unknown<br>101 EMS ground<br>200 Law enforcement |                                | Not applicable  |             |  |  |   |   |  |     |
|  |  |   |                                | EMS Response Run # <input checked="" type="checkbox"/> Unknown        |             |  |  |   |   |  |     |
| Universally Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown  |  |   |                                | Facility Receiving Patient  |             |  |  |   |   |  |     |
|  |  |   |                                | Not applicable  |             |  |  |   |   |  |     |

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

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

|              |                        |        |             |      |    |    |    |
|--------------|------------------------|--------|-------------|------|----|----|----|
| Scene #<br>1 | DIAGRAM<br>Rev. 2024-1 | Case # | F-121212-22 | Page | 12 | of | 13 |
|--------------|------------------------|--------|-------------|------|----|----|----|

CRASH DIAGRAM



NARRATIVE

Rev. 2024-1

CRASH NARRATIVE

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

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

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

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This report was reassigned to Eric Newman.