

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

2021000340

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		D-151515-26		Page 1 of 12	
Number of Motorists 1		Number of Non-Motorists 2		Non-Fatally Injured Persons 0		Fatalities 2		Total Injuries and Fatalities 2		Vehicles Involved 1		Troop A	
Investigating Agency LSP (Troop A)				Division		Parish East Feliciana		City Slaughter		Latitude 30.719838° N		Longitude 91.138915° W	

CRASH TIME INFORMATION

Crash Date/Time 08/24/2021 1200	Police Notified Date/Time 08/24/2021 1200	Police Arrived Date/Time 08/24/2021 1200	Roadway Cleared Date/Time 08/24/2021 1200	On Scene Investigation Completed Date/Time 08/24/2021 1200
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ROAD INFORMATION

Highway <input type="checkbox"/> Not applicable LA Highway 412	Road LA 412
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable	Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection Collins LN

LOCATION INFORMATION

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

Rank Lt.	First Name Christian	Middle Name	Last Name Rodriguez	Suffix
Badge # 1	Printed Name eric	Signature <i>eric</i>		

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event 204 Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event	Location of First Harmful Event 104 100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown	Manner of Crash 000 000 Not a collision between two motor vehicles in transport 200 Front to front - head on 300 Front to rear - rear end 400 Backing - rear to front 401 Backing - rear to rear 402 Backing - rear to side 502 Sideswipe - opposite direction 505 Sideswipe - same direction 980 Other 999 Unknown
Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object	Relation to Junction 104 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown	Contributing Factor Primary 101 Secondary 101 100 Violations 101 Movement prior to crash 102 Vision obstructions 103 Driver condition 104 Vehicle condition 105 Road surface 106 Roadway condition 107 Lighting condition 108 Weather condition 109 Traffic control 110 Non-motorist condition 111 Non-motorist action 970 Not applicable
Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object	Intersection Geometry 101 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable	School Bus Relation 000 000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved
Intersection Traffic Control 103 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable		

CRASH INFORMATION

Rev. 2024-1

Case #D-151515-26

Page2of12

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

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

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

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

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

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

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

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

LOUISIANA UNIFORM CRASH REPORT
VEHICLE INFORMATION

2021000340

Motor Vehicle #		Rev. 2024-1		Case #	D-151515-26	Page	3	of	12
DESCRIPTION AND INFORMATION									
<input type="checkbox"/> Check if this vehicle had no driver		Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene		Vehicle Type 000 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment		Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <u>Other</u> 980 Other			
VIN		<input checked="" type="checkbox"/> Unknown		100					
Model Year <input type="checkbox"/> Unknown 2021		Make Tesla		Model Other		Color White			
License Plate <input type="checkbox"/> Missing State LA <input type="checkbox"/> Unknown Number 321CBA <input type="checkbox"/> Unknown Year 2021 <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-expiring		<u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle					
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown Jacob York		<input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown		<u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <u>Other</u> 980 Other					
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown 3000 Drive Ln Street		Baton Rouge City		LA State		70808 Postal Code			
Insurance <input type="checkbox"/> Uninsured at time of crash		Company		<input checked="" type="checkbox"/> Unknown					
Phone #		NAIC #		<input checked="" type="checkbox"/> Unknown					
Policy #		Expiration Date		<input checked="" type="checkbox"/> Unknown					
TOWING									
Damage Extent 000 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		Initial Point of Contact 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown		Damaged Areas 6 7 8 9 10 11 12 5 4 3 2 1 <input type="checkbox"/> 001 Vehicle not at scene <input checked="" type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		Tow Status 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By <input type="checkbox"/> Unknown		Tow Authority 970 100 Owner 101 Law enforcement 970 Not applicable 980 Other	
MOTOR VEHICLE CIRCUMSTANCES									
Vehicle Usage 000 000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police 207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company)		Vehicle Maneuver 100 100 Going straight 101 Backing 102 Merging 103 Making U-turn 104 Negotiating a curve 106 Turning left 107 Turning right 108 Traveling wrong way		Vehicle Maneuver Reason 000 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing		Direction of Travel Before Crash 500 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway		Vehicle Usage 980 Other 999 Unknown 200 Leaving a parking position 300 Entering a parking position 400 Slowing 500 Parked 501 Stopped 201 Vehicle out of control, not passing 202 Vehicle out of control, passing 203 For traffic control 204 Due to congestion 205 Due to prior crash (collision) 206 Due to driver condition 207 Due to driver violation 208 Due to vehicle condition (failure) 209 Due to pavement condition 210 High wind 980 Other 999 Unknown	

Motor Vehicle # 1		VEHICLE INFORMATION Rev. 2024-1		Case #		D-151515-26		Page 4 of 12	
MOTOR VEHICLE CIRCUMSTANCES									
Skidmark Data (Feet)			Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown			Contributing Defects			
Front Left <input type="text"/> Front Right <input type="text"/> <input type="checkbox"/> Not applicable or measured <input checked="" type="checkbox"/> Unknown			Vehicle Lighting 101 000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown			000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown			
Rear Left <input type="text"/> Rear Right <input type="text"/>									
Traffic Control Device Types and Statuses									
Traffic Control Device Types			Devices Present		Devices Inoperative or Missing				
000 None 100 Person (including flagger, law enforcement, crossing guard, etc) 200 Bicycle crossing sign 201 Curve Ahead warning sign 202 Intersection Ahead warning sign 203 Pedestrian crossing sign 204 Railroad crossing sign 205 Reduce Speed Ahead warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign 980 Other			300 Flashing railroad crossing (may include gates) 301 Flashing school zone signal 302 Flashing traffic control signal 303 Lane use control signal 304 Ramp meter signal 305 Traffic control signal 398 Other signal 400 Bicycle crossing 401 Pedestrian crossing 402 Railroad crossing 403 School zone 404 Yellow no passing line 405 White or yellow dash line 406 Solid white lane line 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 999 Unknown		1 <input type="text"/> 203 2 <input type="text"/> 206 3 <input type="text"/> 305 4 <input type="text"/> 401 Traffic Signal Status 100 100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown		Automation System Level Present 000 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown Automation System Level Engaged 000 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation 103 High automation 104 Full automation 199 Automation level unknown 999 Unknown		
Trafficway Division 000			Barrier Type 000						
000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown			000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other						
Roadway Grade 100		Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment 100	Permitted Travel 200	HOV Lane Presence 000		HOV Lane Relation 000	
000 Not on trafficway 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)		2	0	000 Not on trafficway 100 Straight 101 Curve left 102 Curve right	000 Not on trafficway 100 One-way 200 Two-way Speed Limit 45 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators		000 No 100 Yes	
MOTOR VEHICLE EVENTS									
Sequence of Events 1 <input type="text"/> 204 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>					Most Harmful Event <input type="text"/> 204				
Non-Harmful Events					Collision with Fixed Object				
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.) 005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event					300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post,pole,or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object				
Non-Collision Events		Collision with Person / Vehicle / Non-Fixed Object							
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overtum/rollover 106 Thrown or falling object 198 Other non-collision harmful event		200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object							
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS									

Motor Vehicle #	1	Rev. 2024-1	Case #	D-151515-26	Page	5	of	12
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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration	000	Hazardous Materials Placard	000
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
200 Bus/large van (seats 9-15 occupants, including driver)	302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding
201 Bus (seats more than 15 occupants, including driver)	303 Truck tractor (bobtail)		200 Carried hazardous materials without placard
	304 Truck tractor/semi-trailer		999 Unknown
	305 Truck tractor/double		
	306 Truck tractor/triple		
	307 Truck more than 10,000 lbs., cannot classify		

Cargo Body Type	970	Special Sizing	
000 No cargo body		<input checked="" 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 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	970	Number of Axles		Motor Carrier Type	000	Motor Carrier Identification	970
000 Non-permitted load		<input type="checkbox"/> Unknown		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			
				101 Intrastate carrier		State	

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

GVWR/GCWR	970	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			

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	<input type="checkbox"/> Unknown
		Year	<input type="checkbox"/> 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	<input type="checkbox"/> Unknown
		Year	<input type="checkbox"/> 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	<input type="checkbox"/> Unknown
		Year	<input type="checkbox"/> Unknown

Motor Vehicle #1

Rev. 2024-1

Case #D-151515-26

Page6of12

DRIVER INFORMATION

Name☐ Unknown

Jacob

First

Middle

York

Last

Suffix

Age☐ Unknown

19

Sex

100 Female

101 Male

999 Unknown

Race

100 American Indian or Alaska Native

101 Asian or Pacific Islander

102 Black

103 White

980 Other

999 Unknown

Address☐ Unknown

3000 Drive Ln

Street

Baton Rouge

City

LA

State

70808

Postal Code

Phone Number☐ Not Collected

225-777-6666

Incident Responder

000 No

102 Police

100 EMS

103 Tow operator

101 Fire

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

980 Other

999 Unknown

Date of Birth☐ Unknown

9/10/2001

Ethnicity

999

100 Hispanic

101 Other than Hispanic

999 Unknown

DRIVER LICENSE INFORMATION

License Status

100

100 Valid license

004 Suspended

000 Not licensed

999 Unknown

001 Canceled or denied

002 Expired

003 Revoked

License Class

400

000 None

100 Class A

101 Class B

102 Class C

200 Light commercial/chauffeur (LA class D)

300 Motorcycle only

400 Regular driver license (LA class E)

970 Not applicable

Driver License Type

100

100 Non-CDL driver license

101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.)

200 Commercial driver license (CDL)

970 Not applicable

Commercial Driver License Status

970

100 Valid

101 Learner's permit

000 Canceled or denied

001 Disqualified

002 Expired

003 Revoked

004 Suspended

098 Other (not valid)

970 Not applicable (no CDL)

999 Unknown

License Number

9876543210

License State

LA

Endorsements on License

☒ 000 None/not applicable

☐ 100 H - Hazardous materials

☐ 101 N - Tank vehicle

☐ 102 P - Passenger

☐ 103 S - School

☐ 104 T - Double/triple trailers

☐ 105 X - Combination of tank vehicle and hazardous materials

☐ 200 M - Motorcycle

☐ 298 Other non-commercial license endorsements

☐ 999 Unknown

Endorsement Compliance

000

000 No endorsements required for the vehicle

100 Endorsements required, complied with

101 Endorsements required, not complied with

199 Endorsements required, compliance unknown

999 Unknown if endorsements required

Restrictions on License

000 - None

Alcohol Interlock Presence

970

000 No

100 Yes

970 Not applicable

999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position

100

Standard Vehicle Seats

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

Other Seating Positions

700 Unenclosed cargo area

701 Riding on motor vehicle exterior (non-trailing unit)

800 Trailing unit

801 Sleeper section of cab (truck)

898 Other enclosed cargo area

970 Not applicable

999 Unknown

Restraint Systems Used

103

001 None used – motor vehicle occupant

002 No helmet

100 Booster seat

101 Child restraint system – forward facing

102 Child restraint system – rear facing

103 Child restraint system – type unknown

104 Lap belt only used

105 Shoulder and lap belt used

106 Shoulder belt only used

107 Stretcher

108 Wheelchair

199 Restraint used – type unknown

200 DOT-compliant motorcycle helmet

201 Not DOT-compliant motorcycle helmet

299 Unknown if DOT-compliant motorcycle helmet

970 Not applicable

980 Other

999 Unknown

Any indication of improper use?

000

000 No

100 Yes

999 Unknown

Air Bags Deployed

☒ 000 Not deployed

☐ 001 Not deployed - switch off

☐ 100 Front

☐ 101 Side

☐ 102 Curtain

☐ 103 Other (knee, air belt, etc.)

☐ 970 Not applicable

☐ 999 Deployment unknown

Ejection

000

000 Not ejected

100 Ejected, partially

101 Ejected, totally

970 Not applicable

999 Unknown

Extrication

000

000 No

100 Trapped and extricated

101 Trapped but not extricated

999 Unknown

Motor Vehicle #1

Rev. 2024-1

Case #D-151515-26

Page7 of 12

Injury Status104

100 (K) Fatal Injury

101 (A) Suspected Serious Injury

102 (B) Suspected Minor Injury

103 (C) Possible Injury

104 (O) No Apparent Injury

Type of Medical Transportation000

000 Not transported

100 EMS air

101 EMS ground

200 Law enforcement

980 Other

999 Unknown

EMS Response Agency

Not applicable

EMS Response Run #

☐ Unknown

Universally Unique Identifier

☒ Not applicable

☐ Unknown

Facility Receiving Patient

Not applicable

Conditions at Time of Crash000

000 Apparently normal

100 Asleep/blacked out

101 Fatigued

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

103 Ill (sick), fainted

104 Physically impaired

105 Under the influence of medications/drugs/alcohol

106 Inattentive/distracted

970 Not applicable

980 Other

999 Unknown

Distraction Action101

000 Not distracted

100 Talking / listening

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

200 Inattentive

980 Other distraction or distraction details unknown

999 Unknown if distracted

Distraction Source101

100 Hands-free mobile phone

101 Hand-held mobile phone

102 Vehicle-integrated device

198 Other electronic device

200 Passenger or other non-motorist

201 External to vehicle/non-motorist area

298 Other

970 Not applicable

999 Unknown

Vision Obscurement

000 None

100 Rain, snow, etc. on windshield

101 Windshield otherwise obscured

102 Vision obscured by load

103 Trees, bushes, etc.

104 Building

105 Embankment

106 Sign boards

107 Hillcrest

108 Parked vehicles

109 Moving vehicles

110 Blinded by headlights

111 Blinded by sun glare

112 Distracted by neon lights in field of view

980 Other

999 Unknown

Speeding Relation000

000 No

100 Exceeded speed limit

101 Racing

102 Too fast for conditions

999 Unknown

Suspected Alcohol Usage000

000 No

100 Yes

999 Unknown

Test Status000

000 Test not given

001 Test refused

100 Test given

999 Unknown if tested

Alcohol Kit Number

☐ Unknown

Alcohol Test Type

100 Blood

101 Blood clot

102 Blood plasma/serum

200 Breath

201 Preliminary breath test (PBT)

300 Urine

301 Vitreous

302 Liver

970 Not applicable

980 Other

Alcohol Test Results

000 Results pending

001 Negative results with no actual value

100 Results received

101 Positive results with no actual value

970 Not applicable

999 Unknown

BAC

Suspected Drug Usage000

000 No

100 Yes

999 Unknown

Test Status000

000 Test not given

001 Test refused

100 Test given

999 Unknown if tested

Drug Kit Number

☐ Unknown

Drug Test Type

100 Blood

101 Urine

102 Both blood and urine

103 Saliva

198 Other

970 Not applicable

999 Unknown

Drug Test Results

Not applicable

Driver Actions at Time of Crash

000 No contributing action

100 Disregarded other road markings

101 Disregarded other traffic signs

102 Failed to keep in proper lane

103 Failed to yield right-of-way

104 Followed too closely

105 Improper backing

106 Improper passing

107 Improper turn

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

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

110 Over-correcting or over-steering

980 Other contributing action

999 Unknown

108

000 No avoidance maneuver

100 Accelerating

101 Accelerating and steering left

102 Accelerating and steering right

103 Braking and steering left

104 Braking and steering right

105 Braking (lockup)

106 Braking (no lockup)

107 Braking (lockup unknown)

108 Releasing brakes

109 Steering left

110 Steering right

980 Other

999 Unknown

Pre-Collision Stability

000 Tracking

100 Skidding longitudinally - rotation less than 30 degrees

200 Skidding laterally - clockwise rotation

201 Skidding laterally - counter-clockwise rotation

299 Skidding laterally - rotation direction unknown

980 Other vehicle loss of control

999 Unknown

CITATIONS

CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

2021000340

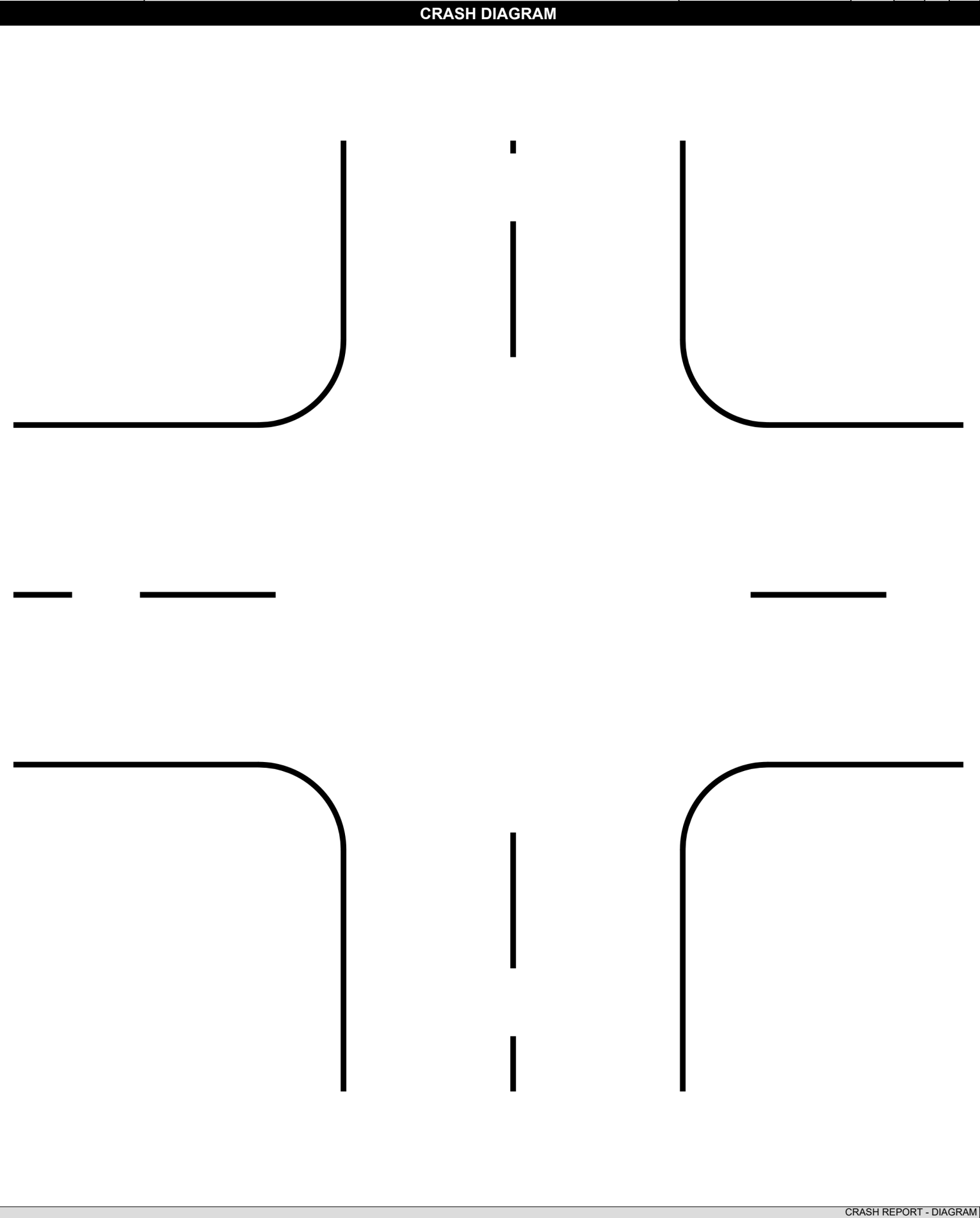
Non-Motorist # 1		Rev. 2024-1		Case #	D-151515-26	Page	8	of	12
NON-MOTORIST INFORMATION									
Name <input type="checkbox"/> Unknown Brittany Phelps <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 30	Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	Race <input type="checkbox"/> Unknown 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown			
Address <input type="checkbox"/> Unknown 2000 Lane St Baton Rouge LA 70808 <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 225-999-8888					
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input type="checkbox"/> Unknown 10/31/1990		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown			
NON-MOTORIST CIRCUMSTANCES									
Non-Motorist Type <input type="checkbox"/> Unknown 100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian on personal conveyance 300 Occupant of a non-motor vehicle transportation device 500 Person in or on a building 999 Unknown		Initial <input type="checkbox"/> Unknown Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		Location <input type="checkbox"/> Unknown 100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown		Origin/Destination <input type="checkbox"/> Unknown 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown			
Struck by Vehicle # 1		Safety Equipment <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		103 Lighting <input type="checkbox"/> 980 Other 104 Reflectors <input type="checkbox"/> 999 Unknown					
Action Prior to Crash <input type="checkbox"/> Unknown 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		Actions or Circumstances At Time of Crash <input type="checkbox"/> Unknown 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing)		Clothing Brightness <input type="checkbox"/> Unknown 100 Light 101 Dark 970 Not applicable 999 Unknown		Upper <input type="checkbox"/> Unknown Lower <input type="checkbox"/> Unknown			
NON-MOTORIST MEDICAL INFORMATION									
Injury Status <input type="checkbox"/> Unknown 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation <input type="checkbox"/> Unknown 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		EMS Response Agency Not applicable		EMS Response Run # <input type="checkbox"/> Unknown Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown Facility Receiving Patient Not applicable			
NON-MOTORIST CONDITION									
Conditions at the Time of the Crash <input type="checkbox"/> Unknown 000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		Distraction Action <input type="checkbox"/> Unknown 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		Distraction Source <input type="checkbox"/> Unknown 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown					
Suspected Alcohol Usage <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown		Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number <input type="checkbox"/> Unknown Alcohol Test Type <input type="checkbox"/> Unknown 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)		Alcohol Test Results <input type="checkbox"/> Unknown 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		BAC <input type="checkbox"/> Unknown	
Suspected Drug Usage <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown		Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number <input type="checkbox"/> Unknown Drug Test Type <input type="checkbox"/> Unknown 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other		Drug Test Results <input type="checkbox"/> Unknown Not applicable			

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

2021000340

Non-Motorist # 2		Rev. 2024-1		Case # D-151515-26		Page 9 of 12	
NON-MOTORIST INFORMATION							
Name <input type="checkbox"/> Unknown Brandon Phelps <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 30		Sex <input type="checkbox"/> Unknown 100 Female 101 Male 999 Unknown	
Address <input type="checkbox"/> Unknown 2000 Lane St Baton Rouge LA 70808 <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 225-888-7777		Race <input type="checkbox"/> Unknown 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input type="checkbox"/> Unknown 11/1/1990		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown	
NON-MOTORIST CIRCUMSTANCES							
Non-Motorist Type <input type="checkbox"/> 200		Initial <input type="checkbox"/> 999		Location <input type="checkbox"/> 100			
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian on personal conveyance 300 Occupant of a non-motor vehicle transportation device 500 Person in or on a building 999 Unknown		Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown		100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown		300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk	
Struck by Vehicle # 1		Origin/Destination <input type="checkbox"/> 999 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown	
Action Prior to Crash <input type="checkbox"/> 101		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 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown				100 Light 101 Dark 970 Not applicable 999 Unknown	
NON-MOTORIST MEDICAL INFORMATION							
Injury Status <input type="checkbox"/> 100		Type of Medical Transportation <input type="checkbox"/> 000		EMS Response Agency Not applicable		EMS Response Run # <input type="checkbox"/> Unknown	
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown		Facility Receiving Patient Not applicable	
NON-MOTORIST CONDITION							
Conditions at the Time of the Crash <input type="checkbox"/> 000		Distraction Action <input type="checkbox"/> 000		Distraction Source <input type="checkbox"/> 970			
000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted		970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted		100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown	
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	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Alcohol Kit Number		Alcohol Test Results <input type="checkbox"/> 970	
				100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT)		300 Urine 301 Vitreous 302 Liver 970 Not applicable 980 Other	
Suspected Drug Usage <input type="checkbox"/> 000		Test Status <input type="checkbox"/> 000		Drug <input type="checkbox"/> Unknown		Drug Test Type <input type="checkbox"/> 970	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Drug Kit Number		Drug Test Results Not applicable	
				100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other			

Scene # 1	Rev. 2024-1	Case #	D-151515-26	Page	10	of	12
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LOUISIANA UNIFORM CRASH REPORT
NARRATIVE

Rev. 2024-1

Case #

D-151515-26

Page

11

of

12

CRASH NARRATIVE

The LACRASH software system is used by law enforcement agencies throughout the state of Louisiana to electronically capture motor vehicle accident reporting information.

LACRASH was developed to enhance the paper uniform motor vehicle traffic crash report form in the state of Louisiana. By electronically reproducing the crash report form, the LACRASH software allows officers to enter accident reporting information using a laptop in their patrol car or a desktop computer in their office. The electronic submission of the data helps to collect traffic crash reporting information in a timelier manner. With the added benefits of software edits, GPS devices, and card swipes, information collected using LACRASH is more accurate and complete.

Designed by the Center for Analytics & Research in Transportation Safety (CARTS) at Louisiana State University, the LACRASH system was initially released in December 2004 with a hand full of agencies going online January 1, 2005. As of October 2019, roughly 250 Louisiana law enforcement agencies were using LACRASH (~249 using version 2.0 SP1) with new and old agencies continually being added\upgraded as needed.

CARTS also analyzes the motor vehicle accident data and produces Louisiana Crash Data and Statistical Reports using data collected from the LACRASH application.

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NARRATIVE

Rev. 2024-1

CRASH NARRATIVE

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Disclaimer: All information below this line is auto-generated from report data.
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Vehicle 1 Model: Model Y