

# LOUISIANA UNIFORM CRASH REPORT

## CRASH INFORMATION

2021000343

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		D-180000-24		Page 1 of 13	
Number of Motorists 5		Number of Non-Motorists 2		Non-Fatally Injured Persons 1		Fatalities 2		Total Injuries and Fatalities 3		Vehicles Involved 1		Troop A	
Investigating Agency LSP (Troop A)				Division		Parish Avoyelles		City Cottonport		Latitude 30.995270° N		Longitude 92.049654° W	

### CRASH TIME INFORMATION

Crash Date/Time 08/24/2021 1401	Police Notified Date/Time 08/24/2021 1405	Police Arrived Date/Time 08/24/2021 1455	Roadway Cleared Date/Time 08/24/2021 1600	On Scene Investigation Completed Date/Time 08/25/2021 0400
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### ROAD INFORMATION

Highway <input type="checkbox"/> Not applicable LA Highway 29	Road LA 29 HWY
Distance/Direction From Intersection <input checked="" type="checkbox"/> Not applicable	Intersecting Road <input checked="" type="checkbox"/> Crash was at an intersection LA 1

### LOCATION INFORMATION

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

### INVESTIGATING OFFICER

Rank	First Name Eric	Middle Name	Last Name Newman	Suffix
Badge # 75	Printed Name eric	Signature <i>eric</i>		

### CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event 203	Location of First Harmful Event 104	Manner of Crash 000
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	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	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	Relation to Junction 000	Contributing Factor Primary 101 Secondary 111
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	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	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	Intersection Geometry 970	School Bus Relation 100
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	100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable	000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved
	Intersection Traffic Control 970	
	000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable	

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CRASH CONDITIONS																	
Roadway Surface Condition		102	Light Condition		100	Weather Conditions		103	Environmental Conditions		118						
000 Dry			100 Daylight			000 Clear		105	000 None		110						
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												
First Middle Last Suffix					First Middle Last Suffix												
Address					Address												
City			State		Postal Code		City			State		Postal Code					
Phone Number			Age		Sex		Phone Number			Age		Sex					
NON-VEHICULAR PROPERTY DAMAGE										PROPERTY #							
Property Type		Damage Severity		Owner Name				Owner Phone Number									
				<input type="checkbox"/> Unknown				<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				Owner Phone Number									
				<input type="checkbox"/> Unknown				<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				Owner Phone Number									
				<input type="checkbox"/> Unknown				<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										100 Light (less than \$500)							
200 Bridge overhead structure										101 Moderate (between \$500 and \$10,000)							
201 Bridge pier or support										102 Severe (over \$10,000)							
202 Bridge rail																	
300 Cable barrier																	
301 Concrete traffic barrier																	
302 Guardrail end terminal																	
303 Guardrail face																	
304 Impact attenuator/crash cushion																	
398 Other traffic barrier																	
400 Traffic sign support																	
401 Traffic signal support																	
402 Utility pole/light support																	
598 Other state property																	
980 Other																	

Motor Vehicle # 1		Rev. 2024-1		Case #	D-180000-24	Page	3	of	13
DESCRIPTION AND INFORMATION									
<div>Check if this vehicle had no driver <input type="checkbox"/></div>		<div>Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene</div>		<div>000 Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment</div>		<div>100 Vehicle Body Type <b>Passenger Vehicles</b> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle 103 Pickup 104 Cargo van <b>Construction / Farm Equipment</b> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <b>Cycle / Off Road / Recreation</b> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <b>Trucks</b> 400 Single unit truck 401 Truck tractor 498 Other truck <b>Large Passenger Vehicle</b> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus <b>Other</b> 980 Other 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 999 Unknown</div>			
VIN AAAAA1111SSSS222									
Model Year <input checked="" type="checkbox"/> Unknown		Make Bluebird		Model Bus: conventional (engine out front)		Color Yellow			
License Plate <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Non-expiring State LA <input type="checkbox"/> Unknown Number ABCXYZ123 <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown									
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown City of BR									
Owner Address <input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown Street City State Postal Code									
Insurance <input type="checkbox"/> Uninsured at time of crash Company state farm <input type="checkbox"/> Unknown Phone # 800-555-7744 <input type="checkbox"/> Unknown NAIC # <input checked="" type="checkbox"/> Unknown Policy # <input checked="" type="checkbox"/> Unknown Expiration Date <input checked="" type="checkbox"/> Unknown									
DAMAGE									
Damage Extent 100 000 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 type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage		TOWING 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 100 000 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 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		200 Leaving a parking position 300 Entering a parking position 400 Slowing 500 Parked 501 Stopped		Direction of Travel Before Crash 700 000 Not on roadway 001 In roadway but not in motion 002 Not on trafficway 100 Northbound 300 Eastbound 500 Southbound 700 Westbound 999 Unknown			
CRASH REPORT - MOTOR VEHICLE DESCRIPTION AND IDENTIFICATION									

LOUISIANA UNIFORM CRASH REPORT  
VEHICLE INFORMATION

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Motor Vehicle # 1		Rev. 2024-1		Case # D-180000-24		Page 4 of 13	
MOTOR VEHICLE CIRCUMSTANCES							
Skidmark Data (Feet)		Distance Traveled After Impact (Feet) <input type="checkbox"/> Unknown		Contributing Defects		000	
Front Left	Front Right	<input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown		10		000 None	
				Vehicle Lighting		100 Brakes	
Rear Left	Rear Right			000 Headlights off		101 Exhaust system	
				100 Headlights on		102 Body, doors	
				101 Daytime running lights		103 Steering	
				999 Unknown		104 Power train	
Traffic Control Device Types and Statuses				105 Suspension			
Traffic Control Device Types		Devices Present		Devices Inoperative or Missing		106 Tires	
000 None	300 Flashing railroad crossing (may include gates)	1 000	1 201	107 Wheels			
100 Person (including flagger, law enforcement, crossing guard, etc)	301 Flashing school zone signal	2	2 202	108 Headlights			
200 Bicycle crossing sign	302 Flashing traffic control signal	3	3 208	109 Tail lights			
201 Curve Ahead warning sign	303 Lane use control signal	4	4	110 Signal lights			
202 Intersection Ahead warning sign	304 Ramp meter signal	Traffic Signal Status		111 All lights			
203 Pedestrian crossing sign	305 Traffic control signal	100 Red signal on		112 Window / windshield			
204 Railroad crossing sign	398 Other signal	200 Yellow signal on		113 Mirrors			
205 Reduce Speed Ahead warning sign	400 Bicycle crossing	300 Green signal on		114 Wipers			
206 School zone sign	401 Pedestrian crossing	970 Not applicable		115 Truck coupling / trailer hitch / safety chains			
207 Stop sign	402 Railroad crossing	999 Unknown		980 Other			
208 Yield sign	403 School zone			999 Unknown			
298 Other warning sign	404 Yellow no passing line			Automation System Level Present			
	405 White or yellow dash line			000 No automation			
	406 Solid white lane line			100 Driver assistance			
	498 Other pavement marking (excluding edgelines, centerlines, or lane lines)			101 Partial automation			
980 Other	999 Unknown			102 Conditional automation			
Trafficway Division		Barrier Type		103 High automation			
000 Not divided	100 Divided, flush median (greater than 4 ft wide)	000 None 100 Cable barrier		104 Full automation			
001 Not divided, with a continuous left turn lane	101 Divided, raised median (curbed)	101 Concrete barrier (e.g. Jersey barrier)		199 Automation level unknown			
	102 Divided, depressed median	102 Earth embankment		999 Unknown			
	999 Unknown	103 Guardrail		Automation System Level Engaged			
		980 Other		000 No automation			
Roadway Grade	100	Number of Through Lanes	Number of Auxiliary Lanes	Roadway Alignment	100	Permitted Travel	100
000 Not on trafficway		1	0	000 Not on trafficway		000 Not on trafficway	HOV Lane Presence
100 Level				100 Straight		100 One-way	000
101 Uphill				101 Curve left		200 Two-way	HOV Lane Relation
102 Hillcrest				102 Curve right		Speed Limit	000
103 Downhill						35	000 No
104 Sag (bottom)						<input type="checkbox"/> Unknown <input type="checkbox"/> N/A	100 Yes
MOTOR VEHICLE EVENTS							
Sequence of Events				Most Harmful Event			
1 203 2 203 3 4				203			
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.)				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			
005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event				396 Collision with other post,pole,or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object			
Non-Collision Events		Collision with Person / Vehicle / Non-Fixed Object					
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event		200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object					
CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS							

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

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

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

999 Unknown

Hazardous Materials Placard

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

999 Unknown

Hazardous Material ID

N/A

Hazardous Material Class

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

970 Not applicable  
999 Unknown

Cargo Body Type

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

970

Special Sizing

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

970

Load Permitted

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

970

Number of Axles

☐ Unknown

Motor Carrier Type

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

000

Motor Carrier Identification

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

970

Motor Carrier Name

☐ Unknown

Motor Carrier ID Number

Motor Carrier Address

☐ Unknown

Motor Carrier Phone Number

☐ Unknown

Street

City

State

Postal Code

GVWR/GCWR

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

970

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

☐ Non-expiring

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

Motor Vehicle # 1		DRIVER INFORMATION		Case #	D-180000-24	Page	6	of	13		
DRIVER INFORMATION											
Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex	100	Race				
driverfirst driverlast				54	100 Female 101 Male 999 Unknown	100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown					
Address <input checked="" type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Not Collected							
222-555-4466											
Incident Responder				000	Date of Birth	<input checked="" type="checkbox"/> Unknown	Ethnicity				
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.)								100 Hispanic 101 Other than Hispanic 999 Unknown			
DRIVER LICENSE INFORMATION											
License Status		100	License Class		102	Driver License Type		200	Commercial Driver License Status	004	
100 Valid license 004 Suspended 000 Not licensed 999 Unknown 001 Canceled or denied 002 Expired 003 Revoked			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			100 Non-CDL driver license 101 Non-CDL restricted driver license (learner's permit, temporary/limited, graduated driver license, etc.) 200 Commercial driver license (CDL) 970 Not applicable			100 Valid 000 Canceled or denied 101 Learner's permit 001 Disqualified 002 Expired 003 Revoked 004 Suspended 098 Other (not valid) 970 Not applicable (no CDL) 999 Unknown		
License Number		License State									
011001		LA									
Endorsements on License		Endorsement Compliance		101	Restrictions on License						
<input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input checked="" type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 200 M - Motorcycle <input type="checkbox"/> 298 Other non-commercial license endorsements <input type="checkbox"/> 999 Unknown		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			104 - Except class A bus 105 - Except class A and class B bus 106 - 67 - Except tractor-trailer						
					Alcohol Interlock Presence						
					000 No 970 Not applicable 100 Yes 999 Unknown						
DRIVER SEATING AND SAFETY INFORMATION											
Seating Position		100	Restraint Systems Used							104	
Standard Vehicle Seats		Other Seating Positions		001 None used – motor vehicle occupant 002 No helmet 970 Not applicable 980 Other 999 Unknown							
Front		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		100 Booster seat 200 DOT-compliant motorcycle helmet 101 Child restraint system – forward facing 201 Not DOT-compliant motorcycle helmet 102 Child restraint system – rear facing 299 Unknown if DOT-compliant motorcycle helmet 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown							
Row	Left	Middle	Right	Unk						Any indication of improper use?	000
1	100	101	102	199						000 No 100 Yes 999 Unknown	
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							
Air Bags Deployed				Ejection		000	Extrication			000	
<input type="checkbox"/> 000 Not deployed <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 999 Deployment unknown <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other (knee, air belt, etc.)				000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown		000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown					

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MEDICAL INFORMATION			
Injury Status	104	Type of Medical Transportation	000
100 (K) Fatal Injury		000 Not transported	980 Other
101 (A) Suspected Serious Injury		100 EMS air	999 Unknown
102 (B) Suspected Minor Injury		101 EMS ground	
103 (C) Possible Injury		200 Law enforcement	
104 (O) No Apparent Injury			
EMS Response Agency		Not applicable	
EMS Response Run #		<input type="checkbox"/> Unknown	
Universally Unique Identifier		<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	
Facility Receiving Patient		Not applicable	

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

DRIVER ACTIONS			
Driver Actions at Time of Crash	000	Avoidance Maneuver	000
000 No contributing action		000 No avoidance maneuver	
100 Disregarded other road markings		100 Accelerating	
101 Disregarded other traffic signs		101 Accelerating and steering left	
102 Failed to keep in proper lane		102 Accelerating and steering right	
103 Failed to yield right-of-way		103 Braking and steering left	
104 Followed too closely		104 Braking and steering right	
105 Improper backing		105 Braking (lockup)	
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	
		999 Unknown	
980 Other contributing action			
999 Unknown			
Pre-Collision Stability	000		
000 Tracking			
100 Skidding longitudinally - rotation less than 30 degrees			
200 Skidding laterally - clockwise rotation			
201 Skidding laterally - counter-clockwise rotation			
299 Skidding laterally - rotation direction unknown			
980 Other vehicle loss of control			
999 Unknown			

CITATIONS	
CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES	

Total # of Passengers4

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PASSENGER INFORMATION

MOTOR VEHICLE #1PASSENGER #1

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	100	Race
passfirst1passmiddle1passlast1					Unknown	7	100 Female 101 Male 999 Unknown		100
Address <input checked="" type="checkbox"/> Unknown					Phone Number <input checked="" type="checkbox"/> Not Collected			Ethnicity	
StreetCityStatePostal Code								100	
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position	Ejection	Extrication		
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown 104	000	001	000 No 100 Yes 999 Unknown	200	000	000		
Type of Medical Transportation		EMS Response Agency			Facility Receiving Patient				
000		Not applicable			Not applicable				
Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown							

MOTOR VEHICLE #1PASSENGER #2

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	101	Race
passfirst2passlast2jr					7/28/2015	6	100 Female 101 Male 999 Unknown		101
Address <input type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected			Ethnicity	
555 silver lanewalkerLA77777					225-555-6666			101	
StreetCityStatePostal Code									
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position	Ejection	Extrication		
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown 104	000	001	000 No 100 Yes 999 Unknown	300	000	000		
Type of Medical Transportation		EMS Response Agency			Facility Receiving Patient				
000		Not applicable			Not applicable				
Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown							

MOTOR VEHICLE #1PASSENGER #3

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	100	Race
passfirst3passlast3					Unknown	Unknown	100 Female 101 Male 999 Unknown		102
Address <input checked="" type="checkbox"/> Unknown					Phone Number <input type="checkbox"/> Not Collected			Ethnicity	
StreetCityStatePostal Code					777-999-5544			101	
StreetCityStatePostal Code									
Air Bags Deployed	Injury Status	Incident Responder	Restraint System	Any indication of improper use?	Seating Position	Ejection	Extrication		
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other	<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown 104	000	001	000 No 100 Yes 999 Unknown	400	000	000		
Type of Medical Transportation		EMS Response Agency			Facility Receiving Patient				
000		Not applicable			Not applicable				
Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown							

PASSENGER CODES

Injury Status	Ejection	Extrication	Restraint Systems	Seating Position																																			
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 ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	000 No 100 Trapped and extricated 101 Trapped but not extricated 999 Unknown	001 None used – motor vehicle occupant  100 Booster seat 101 Child restraint system – forward facing 102 Child restraint system – rear facing 103 Child restraint system – type unknown 104 Lap belt only used 105 Shoulder and lap belt used 106 Shoulder belt only used 107 Stretcher 108 Wheelchair 199 Restraint used – type unknown	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																																			
Race	Ethnicity	Incident Responder																																					
100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	100 Hispanic 101 Other than Hispanic 999 Unknown	000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) 980 Other 999 Unknown	002 No helmet 200 DOT-compliant motorcycle helmet 201 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet  970 Not applicable 980 Other 999 Unknown	Front <table><tr><td>Row</td><td>Left</td><td>Middle</td><td>Right</td><td>Unk</td></tr><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Other</td><td>500</td><td>501</td><td>502</td><td>599</td></tr></table> <table><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></table>	Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Row	Left	Middle	Right	Unk																																			
1	100	101	102	199																																			
2	200	201	202	299																																			
3	300	301	302	399																																			
4	400	401	402	499																																			
Other	500	501	502	599																																			
Unk	600	601	602	699																																			
Type of Medical Transportation																																							
000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																							



Total # of Passengers4

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PASSENGER INFORMATION

MOTOR VEHICLE #1PASSENGER #4

Name <input type="checkbox"/> Unknown					Date of Birth	Age	Sex	100	Race
passfirst4passlast4					Unknown	12	100 Female 101 Male 999 Unknown		980
Address <input checked="" type="checkbox"/> Unknown					Phone Number <input checked="" type="checkbox"/> Not Collected			Ethnicity	
StreetCityStatePostal Code								999	
Air Bags Deployed		Injury Status	Incident Responder	Restraint System	Any indication of improper use?	000	Seating Position	Ejection	Extrication
<input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 001 Not deployed - switch off <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other		<input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	103	000	001	000 No 100 Yes 999 Unknown	202	000	000
Type of Medical Transportation			EMS Response Agency			Facility Receiving Patient			
000			Not applicable			Not applicable			
Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown			EMS Response Run # <input type="checkbox"/> Unknown						

MOTOR VEHICLE #PASSENGER #

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

MOTOR VEHICLE #PASSENGER #

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

PASSENGER CODES

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

LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

Non-Motorist # 1		Rev. 2024-1		Case #	D-180000-24	Page	10	of	13	
NON-MOTORIST INFORMATION										
Name <input type="checkbox"/> Unknown nmfirst1 nmmiddle1 nmlast1 jr <small>First Middle Last Suffix</small>				Age <input type="checkbox"/> Unknown 5	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 123 main walker LA 78787 <small>Street City State Postal Code</small>				Phone Number <input type="checkbox"/> Not Collected 222-555-9988						
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 11/12/2015		Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown				
NON-MOTORIST CIRCUMSTANCES										
Non-Motorist Type <input type="checkbox"/> 100		Initial <input type="checkbox"/> 101		Location <input type="checkbox"/> 106						
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"/> 100 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		Safety Equipment <input type="checkbox"/> 100 <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"/> 100				Clothing Brightness <input type="checkbox"/> 100		Upper	100	
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown		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)				104 100 Light 101 Dark 970 Not applicable 999 Unknown		Lower	100	
NON-MOTORIST MEDICAL INFORMATION										
Injury Status <input type="checkbox"/> 100		Type of Medical Transportation <input type="checkbox"/> 101		EMS Response Agency		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		Allen Parish Ambulance Service Dist.		123654				
				Universally Unique Identifier <input type="checkbox"/> N/A <input type="checkbox"/> Unknown		Facility Receiving Patient				
				321wer		VA Medical Center Shreveport				
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		Alcohol Test Results <input type="checkbox"/> 970		BAC
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Kit Number		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		000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown		
Suspected Drug Usage <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 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested		Kit Number		100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown		Not applicable		
CRASH REPORT - NON-MOTORIST INFORMATION										

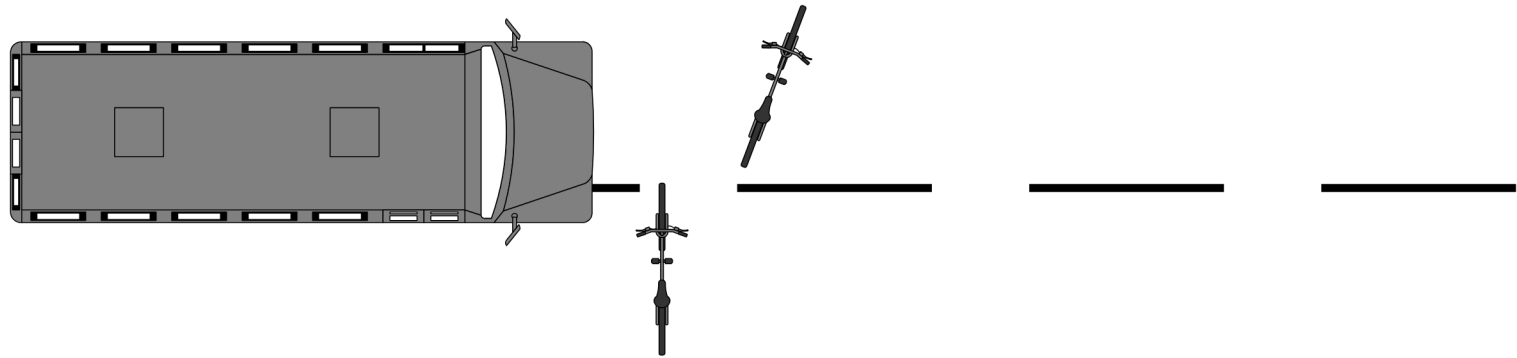
LOUISIANA UNIFORM CRASH REPORT  
NON-MOTORIST INFORMATION

2021000343

Non-Motorist #		Rev. 2024-1		Case #		D-180000-24		Page 11 of 13	
<b>NON-MOTORIST INFORMATION</b>									
<b>Name</b> <input checked="" type="checkbox"/> Unknown				<b>Age</b> <input type="checkbox"/> Unknown		<b>Sex</b> 101		<b>Race</b> 103	
				4		100 Female 101 Male 999 Unknown		100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown	
<b>Address</b> <input checked="" type="checkbox"/> Unknown				<b>Phone Number</b> <input checked="" type="checkbox"/> Not Collected					
Street Middle Last Suffix									
<b>Incident Responder</b>				<b>Date of Birth</b> <input checked="" type="checkbox"/> Unknown		<b>Ethnicity</b> 100			
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.)						100 Hispanic 101 Other than Hispanic 999 Unknown			
<b>NON-MOTORIST CIRCUMSTANCES</b>									
<b>Non-Motorist Type</b> 100		<b>Initial</b> 103		<b>Location</b>		<b>105</b>			
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		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 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown			
<b>Struck by Vehicle #</b>		<b>Origin/Destination</b> 100		<b>Safety Equipment</b>					
1		100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown		<input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Helmet <input checked="" type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input checked="" type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.)		<input checked="" type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input checked="" type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown			
<b>Action Prior to Crash</b> 104		<b>Actions or Circumstances At Time of Crash</b> 107				<b>Clothing Brightness</b> Upper 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)				108 100 Light 101 Dark 970 Not applicable 999 Unknown		Lower 101	
<b>NON-MOTORIST MEDICAL INFORMATION</b>									
<b>Injury Status</b> 100		<b>Type of Medical Transportation</b> 980		<b>EMS Response Agency</b>		<b>EMS Response Run #</b> <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		Not applicable					
				<b>Universally Unique Identifier</b> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown		<b>Facility Receiving Patient</b> West Jefferson Medical Center			
<b>NON-MOTORIST CONDITION</b>									
<b>Conditions at the Time of the Crash</b> 970		<b>Distraction Action</b> 000		<b>Distraction Source</b> 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			
<b>Suspected Alcohol Usage</b> 000		<b>Test Status</b> 000		<b>Alcohol Kit Number</b> <input type="checkbox"/> Unknown		<b>Alcohol Test Type</b> 970		<b>Alcohol Test Results</b> 970 <b>BAC</b>	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 300 Urine 101 Blood clot 301 Vitreous 102 Blood plasma/serum 302 Liver 200 Breath 970 Not applicable 201 Preliminary breath test (PBT) 980 Other		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	
<b>Suspected Drug Usage</b> 000		<b>Test Status</b> 000		<b>Drug Kit Number</b> <input type="checkbox"/> Unknown		<b>Drug Test Type</b> 970		<b>Drug Test Results</b>	
000 No 100 Yes 999 Unknown		000 Test not given 001 Test refused 100 Test given 999 Unknown if tested				100 Blood 970 Not applicable 101 Urine 999 Unknown 102 Both blood and urine 103 Saliva 198 Other		Not applicable	

Scene # 1	Rev. 2024-1	Case #	D-180000-24	Page	12	of	13
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CRASH DIAGRAM



NARRATIVE

Rev. 2024-1

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.

We invite you to browse our website to learn more about LACRASH. If you would like any additional information, please contact us at (225) 578-0366 or email us at [lacrash@lsu.edu](mailto:lacrash@lsu.edu)

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

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Vehicle 1 Model: school bus  
Vehicle 1 Passenger 4 Race: other race  
Non-Motorist 1 Location: mid-block  
Non-Motorist 2 Medical Transportation Type: parents