

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

2021000351

<input type="checkbox"/> Secondary Crash		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Videos Taken		Rev. 2024-1		Case #		B-020202-26		Page 1 of 11			
Number of Motorists 1		Number of Non-Motorists 0		Non-Fatally Injured Persons 2		Fatalities 0		Total Injuries and Fatalities 2		Vehicles Involved 1		Troop A			
Investigating Agency LSP (Troop A)				Division 2		Parish East Baton Rouge		City Baton Rouge		Latitude 30.403691° N		Longitude 91.169004° W			
CRASH TIME INFORMATION															
Crash Date/Time 08/09/2021 0101		Police Notified Date/Time 08/09/2021 0101		Police Arrived Date/Time 08/09/2021 0102		Roadway Cleared Date/Time 08/09/2021 0103		On Scene Investigation Completed Date/Time 08/09/2021 1204							
ROAD INFORMATION															
Highway <input checked="" type="checkbox"/> Not applicable				Road EMORY AVE											
Distance/Direction From Intersection <input type="checkbox"/> Not applicable 30.0 ft East				Intersecting Road <input type="checkbox"/> Crash was at an intersection LSU AVE											
LOCATION INFORMATION															
Road Classification 104		Road Subtype 100		Property Ownership 100		Trafficway Characteristics 100		Number of Intersection Approaches 4		Traffic Flow Direction E					
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 SGT		First Name Christian				Middle Name		Last Name Rodriguez				Suffix			
Badge # AB123		Printed Name Christian						Signature Christian							
CRASH CIRCUMSTANCES AND CONDITIONS															
First Harmful Event 205				Location of First Harmful Event 104		Manner of Crash 000									
Non-Collision 100 Cargo/equipment loss or shift 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				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		Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object		Relation to Junction 106 000 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 970 100 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					
				Intersection Geometry 102		School Bus Relation 000									
				Intersection Traffic Control 000											

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CRASH CONDITIONS

Roadway Surface Condition

107

000 Dry
100 Ice/Frost
101 Mud, dirt, gravel
102 Oil
103 Sand
104 Slush
105 Snow
106 Water (standing,moving)
107 Wet
980 Other
999 Unknown

Light Condition

300

100 Daylight
200 Dawn/dusk
300 Dark - continuous street lights
301 Dark - street lights at intersection only
302 Dark - not lighted
399 Dark - unknown lighting
980 Other
999 Unknown

Weather Conditions

105

103

000 Clear
100 Blowing sand, soil, dirt
101 Blowing snow
102 Cloudy
103 Fog, smog, smoke
104 Freezing rain or freezing drizzle
105 Rain
106 Severe crosswinds
107 Sleet or hail
108 Snow
980 Other
999 Unknown

Environmental Conditions

102

103

000 None
100 Animal(s)
101 Debris
102 Glare
103 Non-highway work
104 Obstructed crosswalks
105 Obstruction in roadway
106 Overhead clearance limited
107 Prior crash
108 Prior non-recurring incident
109 Regular congestion
110 Related to a bus stop
111 Road surface condition (wet, icy, snow, slush, etc.)
112 Ruts, holes, bumps
113 Shoulders (none, low, soft, high)
114 Toll booth/plaza related
115 Traffic control device
116 Traffic incident
117 Visual obstruction(s)
118 Weather conditions
119 Work zone (construction/maintenance/utility)
120 Worn, travel-polished surface
980 Other
999 Unknown

WORK ZONE CRASH INFORMATION

Work Zone Relation

100

000 No
100 Yes
999 Unknown

Work Zone Location

104

100 Before the first work zone warning sign
101 Advance warning area
102 Transition area
103 Activity area
104 Termination area
970 Not applicable
999 Unknown

Work Zone Type

103

100 Lane closure
101 Lane shift / crossover
102 Work on shoulder or median
103 Intermittent or moving work
970 Not applicable
980 Other type of work zone
999 Unknown

Work Zone Circumstances

105

100 Back of queue
101 Congestion (dense & slow traffic), typical
102 Heavy (dense & fast traffic)
103 Congestion (dense & slow traffic), not typical
104 Traffic control device malfunction
105 Free flow (light & fast traffic)
980 Other
970 Not applicable
999 Unknown

Worker(s) Present

100

000 No
100 Yes
970 Not applicable
999 Unknown

Law Enforcement Present

100

000 No
100 Yes
970 Not applicable
999 Unknown

REVIEWING OFFICER

Rank

First Name

Middle Name

Last Name

Suffix

Eric

Newman

WITNESS #

WITNESS #

Name

First

Middle

Last

Suffix

Name

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

☐ Unknown

Owner Phone Number

☐ Not Collected

Owner Address

☐ Unknown

Street

City

State

Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type

Damage Severity

Owner Name

☐ Unknown

Owner Phone Number

☐ Not Collected

Owner Address

☐ Unknown

Street

City

State

Postal Code

NON-VEHICULAR PROPERTY DAMAGE

PROPERTY #

Property Type

Damage Severity

Owner Name

☐ Unknown

Owner Phone Number

☐ Not Collected

Owner Address

☐ Unknown

Street

City

State

Postal Code

PROPERTY DAMAGE CODES

Property Type

100 Private property
200 Bridge overhead structure
201 Bridge pier or support
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

Damage Severity

100 Light (less than \$500)
101 Moderate (between \$500 and \$10,000)
102 Severe (over \$10,000)

CRASH REPORT - SUMMARY BACK

Motor Vehicle # 1		VEHICLE INFORMATION		Case #	B-020202-26	Page	3	of	11
DESCRIPTION AND INFORMATION									
<div>Check if this vehicle had no driver <input type="checkbox"/></div>		<div>Hit and Run100 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene</div>		<div>Vehicle Type100 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment</div>		<div>Vehicle Body Type999 Passenger Vehicles 100 Passenger car 103 Pickup 101 Passenger van / Minivan (less than 9 seats) 104 Cargo van 102 (Sport) utility vehicle Construction / Farm Equipment 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) Cycle / Off Road / Recreation 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 Trucks 400 Single unit truck 401 Truck tractor 498 Other truck Large Passenger Vehicle 500 Motor home 505 School bus 501 Passenger van (9-15 seats) 506 Transit bus 502 Passenger van (16+ seats) 507 Motorcoach 503 Large limo 598 Other bus / large passenger vehicle 504 Mini-bus Other 980 Other 999 Unknown</div>			
VIN <div><input checked="" type="checkbox"/> Unknown</div>									
Model Year <div><input checked="" type="checkbox"/> Unknown</div>		Make Unknown		Model Unknown		Color Unknown			
License Plate <div><input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring</div> <div>State<div><input checked="" type="checkbox"/> Unknown</div>Number<div><input checked="" type="checkbox"/> Unknown</div>Year<div><input checked="" type="checkbox"/> Unknown</div></div>									
Owner Name <div><input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown</div>									
Owner Address <div><input type="checkbox"/> Same as driver <input checked="" type="checkbox"/> Unknown</div> <div>StreetCityStatePostal Code</div>									
Insurance <div><input type="checkbox"/> Uninsured at time of crash</div> <div>Company<div><input checked="" type="checkbox"/> Unknown</div><div>Phone #<div><input checked="" type="checkbox"/> Unknown</div><div>NAIC #<div><input checked="" type="checkbox"/> Unknown</div><div>Policy #<div><input checked="" type="checkbox"/> Unknown</div><div>Expiration Date<div><input checked="" type="checkbox"/> Unknown</div></div></div></div></div></div>									
DAMAGE									
Damage Extent999		Initial Point of Contact		Damaged Areas		Tow Status000		Tow Authority970	
000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene		<div><div><div>7891011</div><div>6<div>→</div>12</div><div>54321</div></div><div><input type="checkbox"/> 000 Non-collision <input checked="" type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown</div></div>		<div><div><div>7891011</div><div>6<div>→</div>12</div><div>54321</div></div><div><input checked="" type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 002 No damage <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage</div></div>		<div>000 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage Towed By<div><input type="checkbox"/> Unknown</div></div>		<div>100 Owner 101 Law enforcement 970 Not applicable 980 Other</div>	
MOTOR VEHICLE CIRCUMSTANCES									
Vehicle Usage999		Vehicle Maneuver999							
000 No special function 980 Other 100 Bus - school (public or private) 999 Unknown 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)		100 Going straight 200 Leaving a parking position 980 Other 101 Backing 999 Unknown 102 Merging 103 Making U-turn 104 Negotiating a curve 400 Slowing 106 Turning left 107 Turning right 500 Parked 108 Traveling wrong way 501 Stopped							
		Vehicle Maneuver Reason999							
		000 Normal movement 201 Vehicle out of control, not passing 207 Due to driver violation 100 To avoid other vehicle 202 Vehicle out of control, passing 208 Due to vehicle condition (failure) 101 To avoid non-motorist 203 For traffic control 209 Due to pavement condition 102 To avoid animal 204 Due to congestion 210 High wind 198 To avoid other object 205 Due to prior crash (collision) 980 Other 200 Passing 206 Due to driver condition 999 Unknown							
		Emergency Vehicle Usage999		Direction of Travel Before Crash999					
		000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown		000 Not on roadway 100 Northbound 001 In roadway but not in motion 300 Eastbound 002 Not on trafficway 500 Southbound 700 Westbound 999 Unknown					

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MOTOR VEHICLE CIRCUMSTANCES

<div>Skidmark Data (Feet)</div> <div>Front Left<div></div>Front Right<div></div></div> <div>Rear Left<div></div>Rear Right<div></div></div>		<div>Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown</div> <div>Vehicle Lighting</div> <div>000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown</div>	<div>Contributing Defects</div> <div>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</div>	<div>999</div>								
<div>Traffic Control Device Types and Statuses</div>												
<div>Traffic Control Device Types</div>		<div>Devices Present</div>	<div>Devices Inoperative or Missing</div>									
<div>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 999 Unknown</div>		<div>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</div>	<div>1<div>201</div> 2<div>202</div> 3<div>203</div> 4<div>204</div></div>	<div>1<div>205</div> 2<div>206</div> 3<div>207</div> 4<div>208</div></div>	<div>970</div>							
		<div>Traffic Signal Status</div> <div>100 Red signal on 200 Yellow signal on 300 Green signal on 970 Not applicable 999 Unknown</div>		<div>990</div>								
<div>Trafficway Division</div> <div>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</div>		<div>000</div>	<div>Barrier Type</div> <div>000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other</div>	<div>000</div>								
<div>Roadway Grade</div> <div>000 Not on trafficway 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)</div>	<div>100</div>	<div>Number of Through Lanes</div> <div>4</div>	<div>Number of Auxiliary Lanes</div> <div>0</div>	<div>Roadway Alignment</div> <div>000 Not on trafficway 100 Straight 101 Curve left 102 Curve right</div>	<div>100</div>	<div>Permitted Travel</div> <div>000 Not on trafficway 100 One-way 200 Two-way</div>	<div>200</div>	<div>Speed Limit</div> <div>40 <input type="checkbox"/> Unknown <input type="checkbox"/> N/A</div>	<div>HOV Lane Presence</div> <div>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</div>	<div>000</div>	<div>HOV Lane Relation</div> <div>000 No 100 Yes</div>	<div>000</div>

MOTOR VEHICLE EVENTS

Sequence of Events

1

205

2

3

4

Most Harmful Event

205

<div>Non-Harmful Events</div> <div>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</div>		<div>Collision with Fixed Object</div> <div>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</div>	
<div>Non-Collision Events</div> <div>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</div>	<div>Collision with Person / Vehicle / Non-Fixed Object</div> <div>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</div>		

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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
	302 Truck pulling trailer(s)		100 Carried hazardous material that required placarding
	303 Truck tractor (bobtail)		200 Carried hazardous materials without placard
	304 Truck tractor/semi-trailer		999 Unknown
200 Bus/large van (seats 9-15 occupants, including driver)	305 Truck tractor/double		
201 Bus (seats more than 15 occupants, including driver)	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	112 Vehicle towing another vehicle	<input type="checkbox"/> 999 Unknown	
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

[illegible]

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MEDICAL INFORMATION			
Injury Status	103	Type of Medical Transportation	999
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 (Q) No Apparent Injury			
EMS Response Agency		Unknown	
EMS Response Run #		<input checked="" type="checkbox"/> Unknown	
Universally Unique Identifier		<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown	
Facility Receiving Patient		Unknown	

DRIVER CONDITION AND CIRCUMSTANCES			
Conditions at Time of Crash	999	Distraction Action	999
000 Apparently normal		000 Not distracted	
100 Asleep/blacked out		100 Talking / listening	
101 Fatigued		101 Manually operating a device	
102 Emotional (depressed, angry, disturbed, etc.)		(e.g., texting, dialing, playing game, etc.)	
103 Ill (sick), fainted		200 Inattentive	
104 Physically impaired		980 Other distraction or distraction details unknown	
105 Under the influence of medications/drugs/alcohol		999 Unknown if distracted	
106 Inattentive/distracted			
970 Not applicable			
980 Other			
999 Unknown			
Distraction Source	999	Speeding Relation	999
100 Hands-free mobile phone		000 No	
101 Hand-held mobile phone		100 Exceeded speed limit	
102 Vehicle-integrated device		101 Racing	
198 Other electronic device		102 Too fast for conditions	
200 Passenger or other non-motorist		999 Unknown	
201 External to vehicle/non-motorist area			
298 Other			
970 Not applicable			
999 Unknown			
Vision Obscurement			999
000 None		105 Embankment	
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	
		980 Other	
		999 Unknown	
111 Blinded by sun glare			
112 Distracted by neon lights in field of view			
Suspected Alcohol Usage	999	Test Status	000
000 No		000 Test not given	
100 Yes		001 Test refused	
999 Unknown		100 Test given	
		999 Unknown if tested	
Alcohol Kit Number		Alcohol Test Type	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	
		Alcohol Test Results	970
		000 Results pending	
		001 Negative results with no actual value	
		100 Results received	
		101 Positive results with no actual value	
		970 Not applicable	
		999 Unknown	
BAC			
Suspected Drug Usage	999	Test Status	000
000 No		000 Test not given	
100 Yes		001 Test refused	
999 Unknown		100 Test given	
		999 Unknown if tested	
Drug Kit Number		Drug Test Type	970
		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			
Driver Actions at Time of Crash	999	Avoidance Maneuver	999
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	
111 Ran off roadway			
112 Ran red light			
113 Ran stop sign			
114 Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc.			
115 Wrong side or wrong way			
116 Aggressive driving			
117 Road rage			
980 Other contributing action			
999 Unknown			
Pre-Collision Stability	999		
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	

Train # 1		Rev. 2024-1		Case #	B-020202-26		Page	8	of	11
TRAIN INFORMATION										
Train Type 100 Railroad train 101 Streetcar		ID # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 123		Lead Engine # <input type="checkbox"/> Unknown 789		Serial # <input type="checkbox"/> Unknown 7		Present Equipment <input type="checkbox"/> 000 None <input checked="" type="checkbox"/> 100 Headlight functional <input checked="" type="checkbox"/> 101 Ditch lights functional <input checked="" type="checkbox"/> 102 Horn functional <input checked="" type="checkbox"/> 103 Bell functional <input checked="" type="checkbox"/> 104 Event data recorder equipped		
Make <input type="checkbox"/> Unknown Train		Type <input type="checkbox"/> Unknown Choo-Choo		# of Engines <input type="checkbox"/> Unknown 1		# of Cars <input type="checkbox"/> Unknown 2		Data Recorder Speed 50 <input type="checkbox"/> Pending		
TRACK INFORMATION										
DOT Crossing # <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown 77		Crossing Surface 100 Material 100 Rubber mat 980 Other 101 Asphalt 102 Wood 103 Concrete 104 Gravel		Present Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing lights <input type="checkbox"/> 101 Bell <input type="checkbox"/> 102 Gate <input type="checkbox"/> 103 Crossbuck <input type="checkbox"/> 980 Other		Advance Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Sign <input type="checkbox"/> 101 Pavement markings <input type="checkbox"/> 102 Active advance warning <input type="checkbox"/> 980 Other		Active Warning Devices <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Lights flashing <input type="checkbox"/> 101 Bell ringing <input type="checkbox"/> 102 Gates down <input type="checkbox"/> 980 Other		
Sets of Tracks 2		Speed Limit 50		Crossing Type 100 100 Public 101 Private						
COLLISION INFORMATION										
Train in Motion 100 000 No 100 Yes		Crossing Vehicle Interaction 100 100 Stalled on crossing 101 Stopped on crossing 102 Moving over crossing 103 Trapped on crossing		Struck Car # <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown		Struck Car Type <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown				
Collision Type 101 100 Frontal 101 Side/backing				Struck Car Position <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Unknown		Distance Traveled After Impact 100.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> miles		Estimated Speed Before Braking 88		
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 000 1 Explosives 2 Gas 3 Flammable liquids 4 Other flammable substances 5 Oxidizing substances and organic peroxides 6 Toxic (poisonous) and infectious substances 7 Radioactive material 8 Corrosives 9 Miscellaneous dangerous goods		Hazardous Materials Released from Train Cargo Compartment 970 970 Not applicable 999 Unknown		970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable		
TRAIN OPERATOR										
Name <input type="checkbox"/> Unknown Emmett Brown		Address <input type="checkbox"/> Unknown 8 Eastwood Ravine Rd Hill Valley CA 90210 <small>Street City State Postal Code</small>								
TRACK OWNER										
Name <input type="checkbox"/> Unknown Biff Tannen		Address <input type="checkbox"/> Unknown 9 Lyon Estates Hill Valley CA 90210 <small>Street City State Postal Code</small>								
TRAIN ENGINEER										
Name <input type="checkbox"/> Unknown Marty		<input type="checkbox"/> This train had no engineer McFly		Certification Number <input type="checkbox"/> Unknown 123456		Race <input type="checkbox"/> 103 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown				
Address <input type="checkbox"/> Unknown 9303 Roslyndale Avenue		Hill Valley CA 90210		Phone Number <input type="checkbox"/> Not Collected 888-222-4444						
<small>Street City State Postal Code</small>										
Incident Responder 000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)		000 Sex 101 100 Female 101 Male 999 Unknown		Age <input type="checkbox"/> Unknown 53		Date of Birth <input type="checkbox"/> Unknown 6/12/1968		Ethnicity <input type="checkbox"/> 101 100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		Type of Medical Transportation 000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		EMS Response Agency Not applicable						
Universally Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		EMS Response Run # <input type="checkbox"/> Unknown								
Facility Receiving Patient Not applicable										

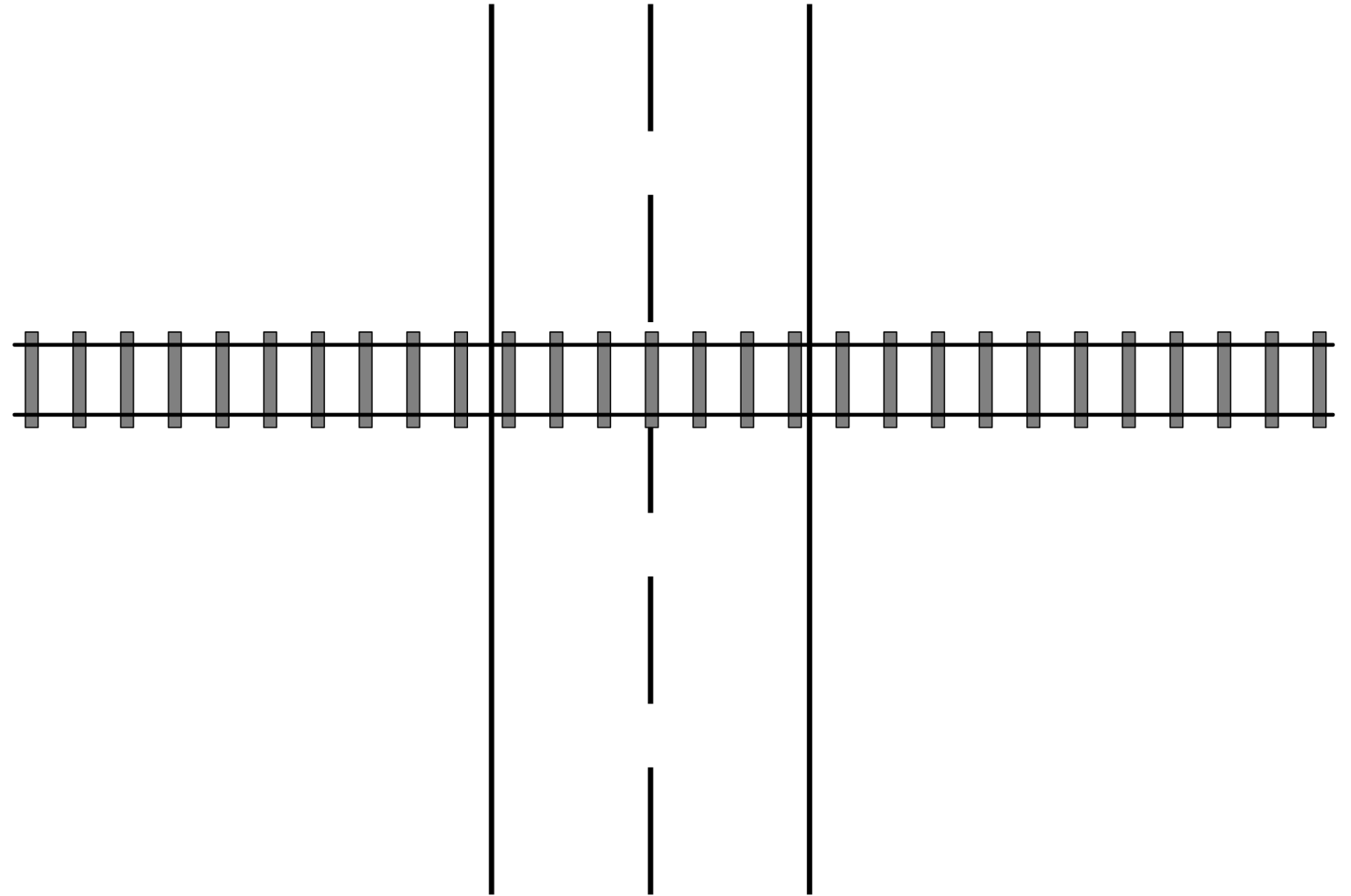
Train # 1		Rev. 2024-1		Case #	B-020202-26		Page	9	of	11
TRAIN CONDUCTOR										
Name <input type="checkbox"/> Unknown <input type="checkbox"/> This train had no conductor		Race 103								
George		McFly		100 American Indian or Alaska Native 101 Asian or Pacific Islander			102 Black 103 White 980 Other		999 Unknown	
First		Middle		Last		Suffix				
Address <input type="checkbox"/> Unknown							Phone Number <input type="checkbox"/> Not Collected			
9303 Roslyndale Avenue							888-555-9999			
Street							City		State Postal Code	
Hill Valley CA 90210										
Incident Responder 000					Sex 101	Age <input type="checkbox"/> Unknown	Date of Birth <input type="checkbox"/> Unknown	Ethnicity 101		
000 No 102 Police 980 Other 999 Unknown 100 EMS 103 Tow operator 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)					100 Female 101 Male 999 Unknown	83	1/1/1938	100 Hispanic 101 Other than Hispanic 999 Unknown		
Injury Status 103		Type of Medical Transportation 999		EMS Response Agency						
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury		000 Not transported 980 Other 100 EMS air 999 Unknown 101 EMS ground 200 Law enforcement		Unknown						
				EMS Response Run # <input checked="" type="checkbox"/> Unknown						
Universally Unique Identifier <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Unknown				Facility Receiving Patient						
				Unknown						

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

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

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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.

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

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This report was reassigned to Eric Newman.