

LOUISIANA UNIFORM CRASH REPORT

CRASH INFORMATION

2021000175

| | | | | | | | | | | | | | |
|--|--|--|--|---------------------------------------|--|----------------------------|--|---------------------------------|--|--------------------------|--|---------------------------|--|
| <input type="checkbox"/> Secondary Crash | | <input checked="" type="checkbox"/> Photos Taken | | <input type="checkbox"/> Videos Taken | | Rev. 2024-1 | | Case # | | D-090909-26 | | Page 1 of 11 | |
| Number of Motorists 3 | | Number of Non-Motorists 1 | | Non-Fatally Injured Persons 2 | | Fatalities 2 | | Total Injuries and Fatalities 4 | | Vehicles Involved 1 | | Troop | |
| Investigating Agency LSP (Troop A) | | | | Division | | Parish East Baton Rouge | | City Baton Rouge | | Latitude 30.417921° N | | Longitude 91.177774° W | |

CRASH TIME INFORMATION

| | | | | |
|------------------------------------|--|---|--|---|
| Crash Date/Time 08/20/2021 0900 | Police Notified Date/Time 08/20/2021 0901 | Police Arrived Date/Time 08/20/2021 0905 | Roadway Cleared Date/Time 08/20/2021 0907 | On Scene Investigation Completed Date/Time 08/20/2021 0910 |
|------------------------------------|--|---|--|---|

ROAD INFORMATION

| | |
|---|---|
| Highway <input type="checkbox"/> Not applicable Interstate 12 | Road Old Jefferson Road |
| Distance/Direction From Intersection <input type="checkbox"/> Not applicable 223.0 ft West | Intersecting Road <input type="checkbox"/> Crash was at an intersection New Jefferson Street |

LOCATION INFORMATION

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

INVESTIGATING OFFICER

| | | | | |
|-----------------|-------------------------------|-----------------------------------|-------------------|--------|
| Rank Tester | First Name eCrash | Middle Name Test | Last Name User | Suffix |
| Badge # 1234 | Printed Name jayduttpathak | Signature <i>jayduttpathak</i> | | |

CRASH CIRCUMSTANCES AND CONDITIONS

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

CRASH INFORMATION

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

| WORK ZONE CRASH INFORMATION | | | | | | | | | | | |
|-----------------------------|-----|---|-----|---------------------------------|-----|--|-----|--------------------|-----|-------------------------|-----|
| Work Zone Relation | 100 | Work Zone Location | 100 | Work Zone Type | 100 | Work Zone Circumstances | 105 | Worker(s) Present | 000 | Law Enforcement Present | 000 |
| 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 | | 999 Unknown | |
| | | 104 Termination area | | 970 Not applicable | | 104 Traffic control device malfunction | | | | | |
| | | 970 Not applicable | | 980 Other type of work zone | | 105 Free flow (light & fast traffic) | | | | | |
| | | 999 Unknown | | 999 Unknown | | 980 Other | | | | | |
| | | | | | | 970 Not applicable | | | | | |
| | | | | | | 999 Unknown | | | | | |

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

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

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

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

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

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

| | | | | | | | | | |
|--|--|--|--|---|-------------|---|---|--|----|
| Motor Vehicle # 1 | | Vehicle Identification Number Rev. 2024-1 | | Case # | D-090909-26 | Page | 3 | of | 11 |
| DESCRIPTION AND INFORMATION | | | | | | | | | |
| Check if this vehicle had no driver <input type="checkbox"/> | | Hit and Run 000 No, did not leave scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene | | 000 Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment | | 100 Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van / Minivan (less than 9 seats) 102 (Sport) utility vehicle 103 Pickup 104 Cargo van | | | |
| VIN | | | | <input checked="" type="checkbox"/> Unknown | | <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) | | | |
| Model Year 2020 | | Make Honda | | Model Civic/CRX, del Sol | | Color Black | | | |
| License Plate State LA Number 345GDR Year 2022 | | | | <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring <input type="checkbox"/> Unknown | | <u>Cycle / Off Road / Recreation</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle | | | |
| Owner Name Ron Walker | | | | <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown | | <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck | | | |
| Owner Address 3425 Livingston Rd Baton Rouge LA 70651 | | | | <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown | | <u>Large Passenger Vehicle</u> 500 Motor home 501 Passenger van (9-15 seats) 502 Passenger van (16+ seats) 503 Large limo 504 Mini-bus 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle 999 Unknown | | | |
| Insurance <input type="checkbox"/> Uninsured at time of crash | | | | <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown | | <u>Other</u> 980 Other | | | |
| Company Geico | | Phone # 8165168165 | | NAIC # | | Policy # DFAS-234234 | | Expiration Date 8/9/2022 | |
| DAMAGE | | | | | | | | | |
| Damage Extent 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 Not towed 100 Towed, but not due to disabling damage 101 Towed (or will be towed) due to disabling damage | | 101 Tow Authority 100 Owner 101 Law enforcement 970 Not applicable 980 Other | | Towed By <input type="checkbox"/> Unknown Sam's Towing | | | | | |
| MOTOR VEHICLE CIRCUMSTANCES | | | | | | | | | |
| Vehicle Usage 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) | | 000 Vehicle Maneuver 100 Going straight 101 Backing 102 Merging 103 Making U-turn 104 Negotiating a curve 106 Turning left 107 Turning right 108 Traveling wrong way | | 200 Leaving a parking position 300 Entering a parking position 400 Slowing 500 Parked 501 Stopped | | 980 Other 999 Unknown | | 000 Vehicle Maneuver Reason 000 Normal movement 100 To avoid other vehicle 101 To avoid non-motorist 102 To avoid animal 198 To avoid other object 200 Passing | |
| 000 Direction of Travel Before Crash 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 | | 000 Emergency Vehicle Usage 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 | | | | | |
| CRASH REPORT - MOTOR VEHICLE DESCRIPTION AND IDENTIFICATION | | | | | | | | | |

| | | | | | | | |
|--|--|--|-------------|---|-----|---|--|
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| MOTOR VEHICLE CIRCUMSTANCES | | | | | | | |
| Skidmark Data (Feet) | | Distance Traveled After Impact (Feet) <input checked="" type="checkbox"/> Unknown | | Contributing Defects | | 000 | |
| Front Left | Front Right | <input checked="" type="checkbox"/> Not applicable or measured <input type="checkbox"/> Unknown | | 000 None 100 Brakes 101 Exhaust system 102 Body, doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Headlights 109 Tail lights 110 Signal lights 111 All lights 112 Window / windshield 113 Mirrors 114 Wipers 115 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown | | | |
| Rear Left | Rear Right | Vehicle Lighting 000 Headlights off 100 Headlights on 101 Daytime running lights 999 Unknown | | 000 | | | |
| Traffic Control Device Types and Statuses | | | | | | | |
| Traffic Control Device Types | | Devices Present | | Devices Inoperative or Missing | | | |
| 000 None | 300 Flashing railroad crossing (may include gates) | 1 | 305 | 1 | 000 | | |
| 100 Person (including flagger, law enforcement, crossing guard, etc) | 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 | 2 | | 2 | | | |
| 200 Bicycle crossing sign | | 3 | | 3 | | | |
| 201 Curve Ahead warning sign | | 4 | | 4 | | | |
| 202 Intersection Ahead warning sign | 400 Bicycle crossing | Traffic Signal Status | | 100 | | Automation System Level Present | |
| 203 Pedestrian crossing sign | 401 Pedestrian crossing | 100 Red signal on | | | | 000 No automation | |
| 204 Railroad crossing sign | 402 Railroad crossing | 200 Yellow signal on | | | | 100 Driver assistance | |
| 205 Reduce Speed Ahead warning sign | 403 School zone | 300 Green signal on | | | | 101 Partial automation | |
| 206 School zone sign | 404 Yellow no passing line | 970 Not applicable | | | | 102 Conditional automation | |
| 207 Stop sign | 405 White or yellow dash line | 999 Unknown | | | | 103 High automation | |
| 208 Yield sign | 406 Solid white lane line | | | | | 104 Full automation | |
| 298 Other warning sign | 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) | | | | | 199 Automation level unknown 999 Unknown | |
| 980 Other | 999 Unknown | | | | | Automation System Level Engaged | |
| Trafficway Division | | 100 | | Barrier Type | | 000 | |
| 000 Not divided | 100 Divided, flush median (greater than 4 ft wide) | 000 None | | 100 Cable barrier | | 000 No automation | |
| 001 Not divided, with a continuous left turn lane | 101 Divided, raised median (curbed) | 101 Concrete barrier (e.g. Jersey barrier) | | 102 Earth embankment | | 100 Driver assistance | |
| | 102 Divided, depressed median | 102 Earth embankment | | 103 Guardrail | | 101 Partial automation | |
| | 999 Unknown | 103 Guardrail | | 980 Other | | 102 Conditional automation | |
| Roadway Grade | 100 | Number of Through Lanes | 2 | Number of Auxiliary Lanes | 0 | Roadway Alignment | 100 |
| 000 Not on trafficway | | | | | | 000 Not on trafficway | 100 |
| 100 Level | | | | | | 100 One-way | 200 |
| 101 Uphill | | | | | | 200 Two-way | |
| 102 Hillcrest | | | | | | Speed Limit | |
| 103 Downhill | | | | | | 35 | <input type="checkbox"/> Unknown <input type="checkbox"/> N/A |
| 104 Sag (bottom) | | | | | | | |
| HOV Lane Presence | | | | | | | |
| 000 None present | | | | 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median | | 000 No | |
| 101 Not separated, painted pavement markings, post-mounted delineators | | | | | | 100 Yes | |
| MOTOR VEHICLE EVENTS | | | | | | | |
| Sequence of Events | | | | Most Harmful Event | | | |
| 1 204 | | | | 204 | | | |
| 2 | | | | 3 | | | |
| 4 | | | | | | | |
| Non-Harmful Events | | | | Collision with Fixed Object | | | |
| 000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.) | | | | 005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 009 Other non-harmful event | | | |
| Non-Collision Events | | | | Collision with Person / Vehicle / Non-Fixed Object | | | |
| 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event | | | | 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle (including bicycles) 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object | | | |
| | | | | 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support | | | |
| | | | | 396 Collision with other post,pole,or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object | | | |
| CRASH REPORT - MOTOR VEHICLE CIRCUMSTANCES AND EVENTS | | | | | | | |

Motor Vehicle #
1

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COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

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

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

999 Unknown

Hazardous Materials Placard

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

999 Unknown

Cargo Body Type

000 No cargo body
100 Bus
101 Auto transporter
102 Cargo tank
103 Concrete mixer
104 Dump
970 Not applicable
980 Other
999 Unknown

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

Special Sizing

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

Load Permitted

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

970

Number of Axles

☐ Unknown

Motor Carrier Type

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

000

Motor Carrier Identification

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

970

Motor Carrier Name

☐ Unknown

Motor Carrier ID Number

State

Motor Carrier Address

☐ Unknown

Motor Carrier Phone Number

☐ Unknown

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

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

Non-expiring

☐ Non-expiring

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

Non-expiring

☐ Non-expiring

TRAILER INFORMATION

TRAILER #

VIN

☐ Unknown

Number of Axles

☐ Unknown

Year

☐ Unknown

Make

☐ Unknown

Model

☐ Unknown

License Plate

☐ Missing

State

☐ Unknown

Number

☐ Unknown

Year

☐ Unknown

Non-expiring

☐ Non-expiring

Motor Vehicle #1

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DRIVER INFORMATION

Name

☐ Unknown

Ron Walker

FirstMiddleLastSuffix

Address

☐ Unknown

3425 Livingston RdBaton RougeLA70651

StreetCityStatePostal Code

Incident Responder

000 No102 Police980 Other

100 EMS103 Tow operator999 Unknown

101 Fire104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)

Age

☐ Unknown

33

Sex

100 Female

101 Male

999 Unknown

Race

100 American Indian or Alaska Native

101 Asian or Pacific Islander

102 Black

103 White

980 Other

999 Unknown

Phone Number

☐ Not Collected

5415415341

Date of Birth

☐ Unknown

8/23/1987

Ethnicity

100 Hispanic

101 Other than Hispanic

999 Unknown

DRIVER LICENSE INFORMATION

License Status

100 Valid license004 Suspended

000 Not licensed999 Unknown

001 Canceled or denied

002 Expired

003 Revoked

License Class

000 None

100 Class A

101 Class B

102 Class C

200 Light commercial/chauffeur (LA class D)

300 Motorcycle only

400 Regular driver license (LA class E)

970 Not applicable

Driver License Type

100 Non-CDL driver license

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

200 Commercial driver license (CDL)

970 Not applicable

Commercial Driver License Status

100 Valid

101 Learner's permit

000 Canceled or denied

001 Disqualified

002 Expired

003 Revoked

004 Suspended

098 Other (not valid)

970 Not applicable (no CDL)

999 Unknown

License Number

56156068165

License State

LA

Endorsements on License

☒ 000 None/not applicable

☐ 100 H - Hazardous materials

☐ 101 N - Tank vehicle

☐ 102 P - Passenger

☐ 103 S - School

☐ 104 T - Double/triple trailers

☐ 105 X - Combination of tank vehicle and hazardous materials

☐ 200 M - Motorcycle

☐ 298 Other non-commercial license endorsements

☐ 999 Unknown

Endorsement Compliance

000 No endorsements required for the vehicle

100 Endorsements required, complied with

101 Endorsements required, not complied with

199 Endorsements required, compliance unknown

999 Unknown if endorsements required

Restrictions on License

000 - None

Alcohol Interlock Presence

000 No

100 Yes

970 Not applicable

999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position

100

Standard Vehicle Seats

Front

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

Other Seating Positions

700 Unenclosed cargo area

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

800 Trailing unit

801 Sleeper section of cab (truck)

898 Other enclosed cargo area

970 Not applicable

999 Unknown

Restraint Systems Used

001 None used – motor vehicle occupant

100 Booster seat

101 Child restraint system – forward facing

102 Child restraint system – rear facing

103 Child restraint system – type unknown

104 Lap belt only used

105 Shoulder and lap belt used

106 Shoulder belt only used

107 Stretcher

108 Wheelchair

199 Restraint used – type unknown

002 No helmet

200 DOT-compliant motorcycle helmet

201 Not DOT-compliant motorcycle helmet

299 Unknown if DOT-compliant motorcycle helmet

970 Not applicable

980 Other

999 Unknown

Air Bags Deployed

☐ 000 Not deployed

☐ 001 Not deployed - switch off

☒ 100 Front

☐ 101 Side

☐ 102 Curtain

☐ 103 Other (knee, air belt, etc.)

☐ 970 Not applicable

☐ 999 Deployment unknown

Ejection

000 Not ejected

100 Ejected, partially

101 Ejected, totally

970 Not applicable

999 Unknown

Extrication

000 No

100 Trapped and extricated

101 Trapped but not extricated

999 Unknown

Any indication of improper use?

000 No

100 Yes

999 Unknown

CRASH REPORT - DRIVER INFORMATION

| | | | | | | | | | |
|---|--|---|--|--|-------------|------|---|----|----|
| Motor Vehicle # 1 | | DRIVER INFORMATION | | Case # | D-090909-26 | Page | 7 | of | 11 |
| MEDICAL INFORMATION | | | | | | | | | |
| Injury Status101 | | Type of Medical Transportation101 | | 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 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown | | East Jefferson Hospital Emergency Medical Service | | | | | |
| | | | | EMS Response Run # <input checked="" type="checkbox"/> Unknown | | | | | |
| Universally Unique Identifier <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unknown | | | | Facility Receiving Patient | | | | | |
| | | | | Riverland Medical Center | | | | | |

| | | | | | | | | | | |
|--|--|---|--|---|--|---|--|--|--|-----|
| DRIVER CONDITION AND CIRCUMSTANCES | | | | | | | | | | |
| Conditions at Time of Crash000 | | Distraction Action000 | | Distraction Source970 | | Speeding Relation000 | | | | |
| 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 (e.g., texting, 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 | | 000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown | | | | |
| | | | | Vision Obscurement | | 000 | | | | |
| | | | | 000 None 100 Rain, snow, etc. on windshield 101 Windshield otherwise obscured 102 Vision obscured by load 103 Trees, bushes, etc. 104 Building | | 105 Embankment 106 Sign boards 107 Hillcrest 108 Parked vehicles 109 Moving vehicles 110 Blinded by headlights | | 111 Blinded by sun glare 112 Distracted by neon lights in field of view 980 Other 999 Unknown | | |
| Suspected Alcohol Usage000 | | Test Status000 | | Alcohol Kit Number <input type="checkbox"/> Unknown | | Alcohol Test Type970 | | Alcohol Test Results970 | | BAC |
| 000 No 100 Yes 999 Unknown | | 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested | | | | 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 Usage000 | | Test Status000 | | Drug Kit Number <input type="checkbox"/> Unknown | | Drug Test Type970 | | Drug Test Results | | |
| 000 No 100 Yes 999 Unknown | | 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested | | | | 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown | | Not applicable | | |

| | | | | | | | | | |
|--|--|--|--|--|-------------------------------------|---|--|--|--|
| DRIVER ACTIONS | | | | | | | | | |
| Driver Actions at Time of Crash | | | | 112 | Avoidance Maneuver000 | Pre-Collision Stability000 | | | |
| 000 No contributing action | | | | 108 | 000 No avoidance maneuver | 000 Tracking | | | |
| 100 Disregarded other road markings | | | | | 100 Accelerating | 100 Skidding longitudinally - rotation less than 30 degrees | | | |
| 101 Disregarded other traffic signs | | | | | 101 Accelerating and steering left | 200 Skidding laterally - clockwise rotation | | | |
| 102 Failed to keep in proper lane | | | | | 102 Accelerating and steering right | 201 Skidding laterally - counter-clockwise rotation | | | |
| 103 Failed to yield right-of-way | | | | | 103 Braking and steering left | 299 Skidding laterally - rotation direction unknown | | | |
| 104 Followed too closely | | | | | 104 Braking and steering right | 980 Other vehicle loss of control | | | |
| 105 Improper backing | | | | 111 Ran off roadway | 105 Braking (lockup) | 999 Unknown | | | |
| 106 Improper passing | | | | 112 Ran red light | 106 Braking (no lockup) | | | | |
| 107 Improper turn | | | | 113 Ran stop sign | 107 Braking (lockup unknown) | | | | |
| 108 Careless driving, inattentive operation, improper driving, or driving without due care | | | | 114 Swerved or avoided due to wind, slippery surface, motor vehicle, object, non-motorist in roadway, etc. | 108 Releasing brakes | | | | |
| 109 Operating the vehicle in an erratic, reckless, or negligent manner | | | | 115 Wrong side or wrong way | 109 Steering left | | | | |
| 110 Over-correcting or over-steering | | | | 116 Aggressive driving | 110 Steering right | | | | |
| | | | | 117 Road rage | 980 Other | | | | |
| 980 Other contributing action | | | | | 999 Unknown | | | | |
| 999 Unknown | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| CITATIONS | | | | | | | | | |
| | | | | | | | | | |
| CRASH REPORT - DRIVER CONDITION AND CIRCUMSTANCES | | | | | | | | | |

Total # of Passengers2

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Case #D-090909-26

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PASSENGER INFORMATION

MOTOR VEHICLE #1PASSENGER #1

Name☐ Unknown

AlanWalker

FirstMiddleLastSuffix

Date of BirthUnknown

Age12

Sex100 Female
101 Male
999 Unknown

101

Race103

Address☐ Unknown

3425 Livingston RdBaton RougeLA70651

StreetCityStatePostal Code

Phone Number☒ Not Collected

Ethnicity101

Air Bags Deployed☒ 000 Not deployed
☐ 001 Not deployed - switch off

☐ 970 Not applicable
☐ 999 Unknown

Injury Status103

Incident Responder000

Restraint System105

Any indication of improper use?

000 No
100 Yes
999 Unknown

Seating Position999

Ejection000

Extrication000

Type of Medical Transportation000

EMS Response AgencyNot applicable

Universally Unique Identifier☒ N/A☐ Unknown

EMS Response Run #☐ Unknown

Facility Receiving Patient

Not applicable

MOTOR VEHICLE #1PASSENGER #2

Name☐ Unknown

SydneyWalker

FirstMiddleLastSuffix

Date of BirthUnknown

Age25

Sex100 Female
101 Male
999 Unknown

100

Race103

Address☐ Unknown

3425 Livingston RdBaton RougeLA70651

StreetCityStatePostal Code

Phone Number☒ Not Collected

Ethnicity999

Air Bags Deployed☐ 000 Not deployed
☐ 001 Not deployed - switch off

☐ 970 Not applicable
☐ 999 Unknown

Injury Status100

Incident Responder000

Restraint System105

Any indication of improper use?

000 No
100 Yes
999 Unknown

Seating Position201

Ejection100

Extrication000

Type of Medical Transportation101

EMS Response AgencyAcadian Ambulance Services

Universally Unique Identifier☒ N/A☐ Unknown

EMS Response Run #☒ Unknown

Facility Receiving Patient

Woman's Hospital Baton Rouge

MOTOR VEHICLE #PASSENGER #

Name☐ Unknown

FirstMiddleLastSuffix

Date of Birth

Age

Sex100 Female
101 Male
999 Unknown

Race

Address☐ Unknown

StreetCityStatePostal Code

Phone Number☐ Not Collected

Ethnicity

Air Bags Deployed☐ 000 Not deployed
☐ 001 Not deployed - switch off

☐ 970 Not applicable
☐ 999 Unknown

Injury Status

Incident Responder

Restraint System

Any indication of improper use?

000 No
100 Yes
999 Unknown

Seating Position

Ejection

Extrication

Type of Medical Transportation

EMS Response Agency

Universally Unique Identifier☐ N/A☐ Unknown

EMS Response Run #☐ Unknown

Facility Receiving Patient

PASSENGER CODES

Injury Status100 (K) Fatal injury
101 (A) Suspected serious injury
102 (B) Suspected minor injury
103 (C) Possible injury
104 (O) No apparent injury

Race100 American Indian or Alaska Native
101 Asian or Pacific Islander
102 Black
103 White
980 Other
999 Unknown

Type of Medical Transportation000 Not transported
100 EMS air
101 EMS ground
200 Law enforcement
980 Other
999 Unknown

Ejection000 Not ejected
100 Ejected, partially
101 Ejected, totally
970 Not applicable
999 Unknown

Ethnicity100 Hispanic
101 Other than Hispanic
999 Unknown

Incident Responder000 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

Extrication000 No
100 Trapped and extricated
101 Trapped but not extricated
999 Unknown

Restraint Systems100 Booster seat
101 Child restraint system – forward facing
102 Child restraint system – rear facing
103 Child restraint system – type unknown
104 Lap belt only used
105 Shoulder and lap belt used
106 Shoulder belt only used
107 Stretcher
108 Wheelchair
199 Restraint used – type unknown

002 No helmet
200 DOT-compliant motorcycle helmet
201 Not DOT-compliant motorcycle helmet
299 Unknown if DOT-compliant motorcycle helmet

970 Not applicable
980 Other
999 Unknown

Seating Position

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

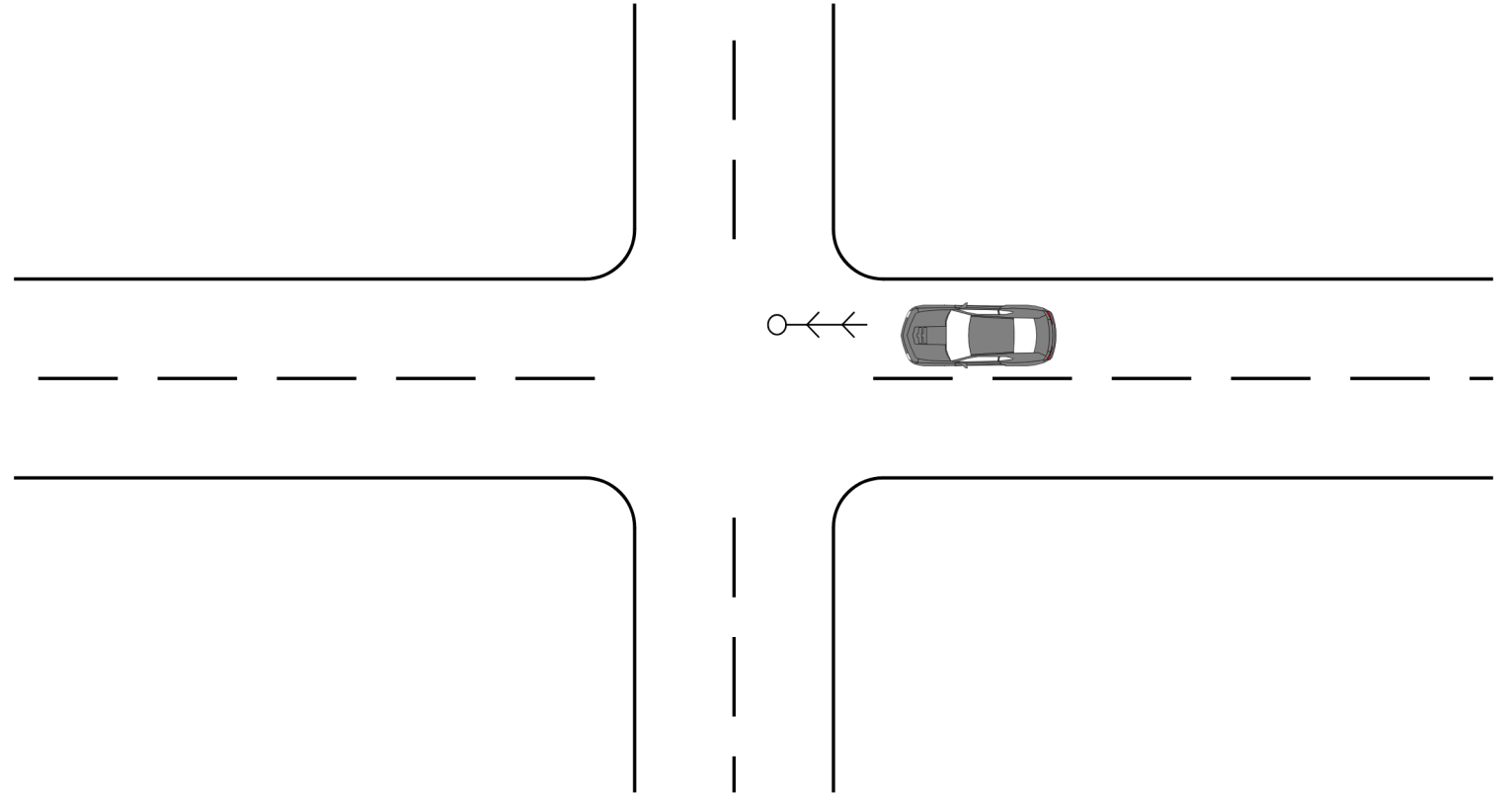
700 Unenclosed cargo area
701 Riding on motor vehicle exterior (non-trailing unit)
800 Trailing unit
801 Sleeper section of cab (truck)
898 Other enclosed cargo area
970 Not applicable
999 Unknown

LOUISIANA UNIFORM CRASH REPORT
NON-MOTORIST INFORMATION

| | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|---|--|--------------------------------------|--|
| Non-Motorist # 1 | | Rev. 2024-1 | | Case # | | D-090909-26 | | Page 9 of 11 | | | |
| NON-MOTORIST INFORMATION | | | | | | | | | | | |
| Name <input type="checkbox"/> Unknown Richard Parker <small>First Middle Last Suffix</small> | | | | Age <input type="checkbox"/> Unknown 35 | | 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 234 Newton St Baton Rouge LA 70555 <small>Street City State Postal Code</small> | | | | Phone Number <input checked="" type="checkbox"/> Not Collected | | | | | | | |
| Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.) | | | | Date of Birth <input checked="" type="checkbox"/> Unknown | | Ethnicity <input type="checkbox"/> Unknown 100 Hispanic 101 Other than Hispanic 999 Unknown | | | | | |
| NON-MOTORIST CIRCUMSTANCES | | | | | | | | | | | |
| Non-Motorist Type <input type="checkbox"/> Unknown 100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian on personal conveyance 300 Occupant of a non-motor vehicle transportation device 500 Person in or on a building 999 Unknown | | Initial <input type="checkbox"/> Unknown Contact Point 100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown | | Location <input type="checkbox"/> Unknown 100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 980 Other 999 Unknown | | Origin/Destination <input type="checkbox"/> Unknown 100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown | | | | | |
| Struck by Vehicle # 1 | | Safety Equipment <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) | | | | <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"/> Unknown 000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown | | Actions or Circumstances At Time of Crash <input type="checkbox"/> Unknown 000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) | | Clothing Brightness <input type="checkbox"/> Unknown Upper <input type="checkbox"/> Unknown Lower <input type="checkbox"/> Unknown 100 Light 101 Dark 970 Not applicable 999 Unknown | | | | | | | |
| NON-MOTORIST MEDICAL INFORMATION | | | | | | | | | | | |
| Injury Status <input type="checkbox"/> Unknown 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury | | Type of Medical Transportation <input type="checkbox"/> Unknown 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown | | EMS Response Agency Acadian Ambulance Services | | EMS Response Run # <input checked="" type="checkbox"/> Unknown | | | | | |
| | | | | Universally Unique Identifier <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown | | Facility Receiving Patient VA Medical Center Shreveport | | | | | |
| NON-MOTORIST CONDITION | | | | | | | | | | | |
| Conditions at the Time of the Crash <input type="checkbox"/> Unknown 000 Apparently normal 100 Asleep/blacked out 101 Fatigued 102 Emotional (depressed, angry, disturbed, etc.) 103 Ill (sick), fainted 104 Physically impaired 105 Under the influence of medications/ drugs/alcohol 106 Inattentive/distracted | | Distraction Action <input type="checkbox"/> Unknown 000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 200 Inattentive 980 Other distraction or distraction details unknown 999 Unknown if distracted | | Distraction Source <input type="checkbox"/> Unknown 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown | | | | | | | |
| Suspected Alcohol Usage <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown | | Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested | | Alcohol Kit Number <input type="checkbox"/> Unknown | | Alcohol Test Type <input type="checkbox"/> Unknown 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) | | Alcohol Test Results <input type="checkbox"/> Unknown 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown | | BAC <input type="checkbox"/> Unknown | |
| Suspected Drug Usage <input type="checkbox"/> Unknown 000 No 100 Yes 999 Unknown | | Test Status <input type="checkbox"/> Unknown 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested | | Drug Kit Number <input type="checkbox"/> Unknown | | Drug Test Type <input type="checkbox"/> Unknown 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other | | Drug Test Results <input type="checkbox"/> Unknown Not applicable | | | |

| | | | | | | | |
|--------------|-------------|--------|-------------|------|----|----|----|
| Scene # 1 | Rev. 2024-1 | Case # | D-090909-26 | Page | 10 | of | 11 |
|--------------|-------------|--------|-------------|------|----|----|----|

CRASH DIAGRAM



NARRATIVE

Rev. 2024-1

CRASH NARRATIVE

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

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

LSU's Center for Analytics & Research in Transportation Safety (CARTS) will continue to support law enforcement agencies using the new LA eCrash application. CARTS will also work with your agency to provide the data schema and technical information required for those agencies choosing to use a third-party vendor approach or already have a CAD/RMS system in place.

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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.