MISSOURI UNIFORM ACCIDENT REPORT PAGE ____ OF ____

1. AGENCY NAME AND ORI

FOR STATE USE ONLY — ROUTED

LEFT THE SCENE V1 ☐ V2 ☐ CLEARED YES ☐ NO ☐

COMPLAINT/REPORT/CASE NUMBER

ACCIDENT CLASSIFICATION: PROPERTY DAMAGE ONLY ☐	NUMBER INJURED	NUMBER KILLED	NUMBER OF VEHICLES INVOLVED	ACCIDENT DATE	ACCIDENT TIME (MIL.)	TIME NOTIFIED (MIL.)	TIME ARRIVED (MIL.)	INVESTIGATION DATE

2. LOCATION

COUNTY	MUNICIPALITY	BEAT/ZONE	TRP/DIST/PCT	INVESTIGATED AT SCENE ☐ YES ☐ NO

ON	DISTANCE FROM	DIRECTION	AT INTERSECTING STREET OR ROADWAY
	____ FEET	☐ N ☐ E	
LOG POINT / SPEED LIMIT / GEO - CODE	____ . ____ MILES	☐ S ☐ W	SPEED LIMIT / GEO - CODE

ROAD MAINTAINED BY ☐ 1. STATE ☐ 2. COUNTY ☐ 3. MUNICIPAL ☐ 4. PRIVATE PROPERTY ☐ 5. OTHER

3. DAMAGE TO PROPERTY OTHER THAN VEHICLES - GIVE NAME, OWNERSHIP, NATURE OF DAMAGE AND DESCRIPTION OF OBJECT(S).

4. DRIVER 1

DRIVER'S FULL NAME (LAST, FIRST, MI)

ADDRESS / CITY / STATE / ZIP

DRIVERS LICENSE NUMBER / STATE / TYPE OF LICENSE: ☐ 1. Permit ☐ 2. For Hire ☐ 3. Oper ☐ 4. Unlic ☐ 5. MC only ☐ 6. CDL

INSURANCE COMPANY / PROOF SHOWN ☐ YES ☐ NO ☐ Not Required / MC Qual ☐ YES ☐ NO

VEHICLE 1

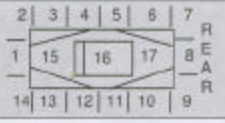
YEAR / MAKE / MODEL / COLOR

VIN / LIC. PLATE NO. / STATE / YEAR

VEHICLE OWNER NAME (LAST, FIRST, MI)/COMMERCIAL CARRIER

ADDRESS / CITY / STATE / ZIP

VEHICLE DAMAGE INITIAL IMPACT #____ Circle all Damaged Areas



18 - Undercarriage
19 - Windshield
20 - Burned
21 - Injury/No Damage
22 - Towed Unit

TOWED ☐ YES ☐ NO — TOW CO.

5. DRIVER 2

DRIVER'S FULL NAME (LAST, FIRST, MI)

ADDRESS / CITY / STATE / ZIP

DRIVERS LICENSE NUMBER / STATE / TYPE OF LICENSE: ☐ 1. Permit ☐ 2. For Hire ☐ 3. Oper ☐ 4. Unlic ☐ 5. MC only ☐ 6. CDL

INSURANCE COMPANY / PROOF SHOWN ☐ YES ☐ NO ☐ Not Required / MC Qual ☐ YES ☐ NO

VEHICLE 2

YEAR / MAKE / MODEL / COLOR

VIN / LIC. PLATE NO. / STATE / YEAR

VEHICLE OWNER NAME (LAST, FIRST, MI)/COMMERCIAL CARRIER

ADDRESS / CITY / STATE / ZIP

VEHICLE DAMAGE INITIAL IMPACT #____ Circle all Damaged Areas

18 - Undercarriage
19 - Windshield
20 - Burned
21 - Injury/No Damage
22 - Towed Unit

TOWED ☐ YES ☐ NO — TOW CO.

6. CODES

SEAT LOCATION

FR	SR	TR
FC	SC	TC
FL	SL	TL

XX - Not Known
OE - Occupant - Enclosed Load Area
OU - Occupant - Unenclosed Load Area
P - Pedestrian
B - Bicycle
SV - Other (Explain in Remarks)

INJURY
1. Fatal
2. Disabling
3. Evident - Not Disabling
4. Probable - Not Apparent
5. None Apparent
6. Unknown

TRANSPORTED
1. No
2. EMS
3. Other
4. Unknown

EJECTION
1. No
2. Partially
3. Totally
4. Unknown

AIR BAG
1. None/NA
2. Deployed
3. Not Deployed

SAFETY DEVICES
1. None
2. Not Used
3. Shoulder Belt Only
4. Lap Belt Only
5. Shoulder and Lap Belt
6. Child Restraint
7. Helmet Used
8. Helmet Not Used
9. Use Unknown

7. DRIVERS

NAME	ADDRESS	DATE OF BIRTH	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS PORT	EJEC-TION	AIR BAG	SAF. DEV.	PHONE
DRIVER 1	SAME AS ABOVE			1							
DRIVER 2	SAME AS ABOVE			2							

8. OTHER OCCUPANTS & PEDESTRIANS

9. WITNESS

NAME OF WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE

INVESTIGATING AGENCY SEND TO: MISSOURI STATE HIGHWAY PATROL - TRAFFIC DIVISION - P.O. BOX 568 - JEFFERSON CITY, MO 65102