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MISSISSIPPI UNIFORM ACCIDENT REPORT

58 CASE NUMBER LOCAL AGENCY AND / OR OFFICER'S NAME / BADGE NUMBER

54 CASE NUMBER (DPS USE ONLY) | 55 AGENCY FILING THIS REPORT | 56 CODE | 57 STATION-PRECINCT-TROOP

1

59 DATE OF COLLISION: MONTH | DAY | YEAR

60 DAY OF COLLISION: S M T W TH F S

61 TIME (USE 2400 HRS) OF COLLISION | 62 NO. OF VEHICLES | 63 NUMBER KILLED | 64 NUMBER INJURED | 65 TIME (USE 2400 HRS) ARRIVED | 66 COUNTY | 67 CITY OR TOWN

68 HWY NO. O N | or STREET NAME, ROAD NAME, ETC. | 69 AT ☐ INTER WITH ☐ NON INTER | 70 ____ ☐ FT ☐ MI ☐ N ☐ S ☐ E ☐ W NEAREST INT., CO. LINE, ETC.

2

71 (circle) V1 V3 | PARKED VEH. | PEDESTRIAN | PEDALCYCLIST

100 (circle) V2 V4 | PARKED VEH. | PEDESTRIAN | PEDALCYCLIST

3

72 DRIVER'S LAST NAME | FIRST NAME | MI

101 DRIVER'S LAST NAME | FIRST NAME | MI

73 NUMBER AND STREET

102 NUMBER AND STREET

4

74 CITY | STATE

103 CITY | STATE

5

75 DRIVER'S LICENSE NUMBER | 76 STATE | 77 DOB | 78 RACE | 79 SEX

104 DRIVER'S LICENSE NUMBER | 105 STATE | 106 DOB | 107 RACE | 108 SEX

6

80 SOCIAL SECURITY NO. ☐ SAME AS D.L. # | TEL. NO.

109 SOCIAL SECURITY NO. ☐ SAME AS D.L. # | TEL. NO.

81 INSURANCE CO. OR AGENT DRIVER STATEMENT

110 INSURANCE CO. OR AGENT DRIVER STATEMENT

7

82 PLACE OF EMPLOYMENT

111 PLACE OF EMPLOYMENT

8

83 OWNERS LAST NAME | FIRST | MI ☐ SAME AS DRIVER

112 OWNERS LAST NAME | FIRST | MI ☐ SAME AS DRIVER

9

84 NUMBER AND STREET

113 NUMBER AND STREET

10

85 CITY | STATE | 86 VEH. COLOR

114 CITY | STATE | 115 VEH. COLOR

11

87 MAKE OF VEHICLE | 88 YEAR | 89 LICENSE PLATE NO. | 90 ST. | YR.

116 MAKE OF VEHICLE | 117 YEAR | 118 LICENSE PLATE NO. | 119 ST. | YR.

91 VEHICLE REMOVED TO | 92 VEHICLE REMOVED BY | 93 AUTH. 1. OWNER 2. DRIVER 3. POLICE

120 VEHICLE REMOVED TO | 121 VEHICLE REMOVED BY | 122 AUTH. 1. OWNER 2. DRIVER 3. POLICE

12

94 EST. PROP. DAMAGE ☐ NONE ☐ LIGHT ☐ HEAVY | 95 SPD. ZONED | 96 V1 DR EST SPD. | 97 V2 DR EST SPD.

123 EMS AGENCY | 124 EST. PROP. DAMAGE ☐ NONE ☐ LIGHT ☐ HEAVY

13

98 ALCOHOL DATA DRIVER NO. 1

Test Given	Test Type	Test Results
YES	BREATH	
NO	BLOOD	☐ JUVENILE
REFUSED	URINE	

99 ACCIDENT DESCRIPTION

125 DIAGRAM

125 ALCOHOL DATA DRIVER NO. 2

Test Given	Test Type	Test Results
YES	BREATH	
NO	BLOOD	☐ JUVENILE
REFUSED	URINE	

14

15

16

17

18

19

20

127 WITNESSES

NAME | ADDRESS | TEL NO. | AGE | SEX | RACE

NAME | ADDRESS | TEL NO. | AGE | SEX | RACE

128 INVESTIGATED AT SCENE ☐ NO ☐ YES | 129 PHOTOS TAKEN? ☐ NO ☐ YES | BY WHOM?

130 CITATION TO | CITATION NUMBER | CHARGE | NAME OF COURT

131 OFFICER'S SIGNATURE | 132 BADGE NUMBER | 133 REVIEWED BY | (BADGE NUMBER) | 134 STATUS

	21	22	23	24	25	26	27	28	29	30 NAMES - ADDRESSES OF ALL OCCUPANTS & PEDESTRIANS
A										
B										
C										
D										
E										
F										

1 – ORIG. AGENT