# 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 _____ FEET _____.____ MILES | DIRECTION ☐ N ☐ E ☐ S ☐ W | AT INTERSECTING STREET OR ROADWAY |
|---|---|---|---|
| | | | |

| LOG POINT | SPEED LIMIT | GEO - CODE | 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).

## DRIVER 1

4. 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 MC Qual ☐ YES ☐ NO |

| INSURANCE COMPANY | PROOF SHOWN |
|---|---|
| | ☐ YES ☐ NO ☐ Not Required |

## VEHICLE 1

| YEAR | MAKE | MODEL | COLOR |
|---|---|---|---|
| | | | |

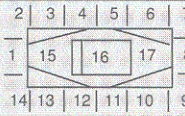
| VIN | LIC. PLATE NO. | STATE | YEAR |
|---|---|---|---|
| | | | |

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.

## DRIVER 2

5. 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 MC Qual ☐ YES ☐ NO |

| INSURANCE COMPANY | PROOF SHOWN |
|---|---|
| | ☐ YES ☐ NO ☐ Not Required |

## VEHICLE 2

| YEAR | MAKE | MODEL | COLOR |
|---|---|---|---|
| | | | |

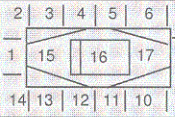
| VIN | LIC. PLATE NO. | STATE | YEAR |
|---|---|---|---|
| | | | |

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**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
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**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

ORIGINAL

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**10. VEHICLE BODY TYPES**
**AUTOMOBILES/SPECIAL VEHICLES**

| V1 | V2 | |
|---|---|---|
| ☐ | ☐ | 1. Passenger Car |
| ☐ | ☐ | 2. Station Wagon |
| ☐ | ☐ | 3. Sport Utility Vehicle |
| ☐ | ☐ | 4. Van/Small Bus - Less Than 16 Seating Cap. |
| ☐ | ☐ | 5. Bus - 16 or More Seating Cap. |
| ☐ | ☐ | 6. School Bus - Less Than 16 Seating Cap. |
| ☐ | ☐ | 7. School Bus - 16 or More Seating Cap. |
| ☐ | ☐ | 8. Motorcycle |
| ☐ | ☐ | 9. ATV |
| ☐ | ☐ | 10. Motorized Bicycle |
| ☐ | ☐ | 11. Bicycle |
| ☐ | ☐ | 12. Motor Home/Camper |
| ☐ | ☐ | 13. Farm Implements |
| ☐ | ☐ | 14. Construction Equipment |
| ☐ | ☐ | 15. Other Transport Devices |
| ☐ | ☐ | 16. Unknown |
| ☐ | ☐ | 17. Pick-up |
| ☐ | ☐ | 18. Single Unit Truck |
| ☐ | ☐ | A. Vehicle Pulling Another Unit(s) |
| ☐ | ☐ | 19. Truck Tractor With Single Unit |
| ☐ | ☐ | 20. Truck Tractor With Multi-Unit |

☐☐ 2 Wh. ☐☐ 3 Wh. ☐☐ 4 Wh. ☐☐ 5 Wh. or More ☐☐ Unk.

**If box 17, 18, 19, or 20 is checked, complete the following for power unit only:**

V1 _____Axles _____Tires

V2 _____Axles _____Tires

**11. HAZARDOUS MATERIALS**

| V1 | V2 | |
|---|---|---|
| ☐ | ☐ | A. Gases in Bulk ☐ NA |
| ☐ | ☐ | B. Solids in Bulk |
| ☐ | ☐ | C. Liquids in Bulk |
| ☐ | ☐ | D. Explosives |
| ☐ | ☐ | A. Hazardous Materials Released/Spilled |
| ☐ | ☐ | PLACARD DISPLAYED |

**12. EMERGENCY VEHICLE INVOLVEMENT**

| V1 | V2 | |
|---|---|---|
| ☐ | ☐ | 1. Police ☐ NA |
| ☐ | ☐ | 2. Fire |
| ☐ | ☐ | 3. Ambulance |
| ☐ | ☐ | 4. Other (Must Check 'A') |
| ☐ | ☐ | A. Emergency Vehicle on Emergency Run |

**13. VEHICLE ACTION**

| V1 | V2 | |
|---|---|---|
| ☐ | ☐ | 1. Going Straight |
| ☐ | ☐ | 2. Overtaking |
| ☐ | ☐ | 3. Making Right Turn |
| ☐ | ☐ | 4. Right Turn on Red |
| ☐ | ☐ | 5. Making Left turn |
| ☐ | ☐ | 6. Making U Turn |
| ☐ | ☐ | 7. Skidding/Sliding |
| ☐ | ☐ | 8. Slowing/Stopping |
| ☐ | ☐ | 9. Start in Traffic |
| ☐ | ☐ | 10. Start From Parked |
| ☐ | ☐ | 11. Backing |
| ☐ | ☐ | 12. Stopped in Traffic |
| ☐ | ☐ | 13. Parked |
| ☐ | ☐ | 14. Changing Lanes |
| ☐ | ☐ | 15. Avoiding |
| ☐ | ☐ | 16. Crossover Median |
| ☐ | ☐ | 17. Crossover Centerline |
| ☐ | ☐ | 18. Crossing Road |

**14. PROBABLE CONTRIBUTING CIRCUMSTANCES**

| V1 | V2 | | P1 | P2 | |
|---|---|---|---|---|---|
| ☐ | ☐ | 1. Vehicle Defects | | | |
| ☐ | ☐ | 2. Accident Ahead | | | |
| ☐ | ☐ | 3. Congestion Ahead | | | |
| ☐ | ☐ | 4. Speed -- Exceeded Limit | | | |
| ☐ | ☐ | 5. Too Fast for Conditions | | | |
| ☐ | ☐ | 6. Improper Passing | | | |
| ☐ | ☐ | 7. Violation Signal/Sign | | | |
| ☐ | ☐ | 8. Wrong Side (Not Passing) | | | |
| ☐ | ☐ | 9. Following Too Close | | | |
| ☐ | ☐ | 10. Improper Signal | | | |
| ☐ | ☐ | 11. Improper Backing | | | |
| ☐ | ☐ | 12. Improper Turn | | | |
| ☐ | ☐ | 13. Improper Lane Usage/Change | | | |
| ☐ | ☐ | 14. Wrong Way (One-Way) | | | |
| ☐ | ☐ | 15. Improper Start From Park | | | |
| ☐ | ☐ | 16. Improperly Parked | ☐ | ☐ | |
| ☐ | ☐ | 17. Failed to Yield | ☐ | ☐ | |
| ☐ | ☐ | 18. Drinking | ☐ | ☐ | |
| ☐ | ☐ | 19. Drugs | ☐ | ☐ | |
| ☐ | ☐ | 20. Physical impairment | ☐ | ☐ | |
| ☐ | ☐ | 21. Inattention | ☐ | ☐ | |
| ☐ | ☐ | 22. None | ☐ | ☐ | |

**15. VISION OBSCURED**

| V1 | V2 | |
|---|---|---|
| ☐ | ☐ | 1. Windshield |
| ☐ | ☐ | 2. Load on Vehicle |
| ☐ | ☐ | 3. Trees/Brush |
| ☐ | ☐ | 4. Building |
| ☐ | ☐ | 5. Embankment |
| ☐ | ☐ | 6. Signboards |
| ☐ | ☐ | 7. Hillcrest |
| ☐ | ☐ | 8. Parked Cars |
| ☐ | ☐ | 9. Moving Cars |
| ☐ | ☐ | 10. Other (Explain in Remarks) |
| ☐ | ☐ | 11. Not Obscured |

**16. TRAFFIC CONTROL**

| V1 | V2 | |
|---|---|---|
| ☐ | ☐ | 1. Stop Sign |
| ☐ | ☐ | 2. Elec. Signal |
| ☐ | ☐ | 3. RR Signal/Gate |
| ☐ | ☐ | 4. Yield Sign |
| ☐ | ☐ | 5. Officer/Flagman |
| ☐ | ☐ | 6. No Passing Zone |
| ☐ | ☐ | 7. Turn Restricted |
| ☐ | ☐ | 8. Construction Zone |
| ☐ | ☐ | 9. Other Work Zone |
| ☐ | ☐ | A. School Bus Signal |
| ☐ | ☐ | N. None |

**17. PEDESTRIAN ACTIONS** ☐ NA

| P1 | P2 | INTERSECTION |
|---|---|---|
| ☐ | ☐ | 1. With Signal |
| ☐ | ☐ | 2. Against Signal |
| ☐ | ☐ | 3. No Signal |
| ☐ | ☐ | 4. Diagonally |
| | | **NOT AT INTERSECTION** |
| ☐ | ☐ | 5. Behind/In Front Of Parked Car |
| ☐ | ☐ | 6. Walking With Traffic |
| ☐ | ☐ | 7. Walking Against Traffic |
| ☐ | ☐ | 8. Getting On/Off vehicle |
| ☐ | ☐ | 9. Standing/Lying in Road |
| ☐ | ☐ | 10. Pushing/Working on Vehicle |
| ☐ | ☐ | 11. Other Working |
| ☐ | ☐ | 12. Playing in Road |
| ☐ | ☐ | 13. Other Than Crosswalk |
| ☐ | ☐ | 14. Off Roadway |
| ☐ | ☐ | 15. Crosswalk Marked |

**18. ACCIDENT TYPE**

**COLLISION INVOLVING**
- ☐ 1. Animal
- ☐ 2. Bicyclist or Pedalcyclist
- ☐ 3. Fixed Object
- ☐ 4. Other Object
- ☐ 5. Pedestrian
- ☐ 6. Train
- ☐ 7. MV in Transport
- ☐ 8. MV on Other Roadway
- ☐ 9. Parked MV

**NON-COLLISION**
- ☐ 10. Overturning
- ☐ 11. Other Non-Collision

☐ 1. On Roadway ☐ 2. Off Roadway

**19. TWO VEHICLE COLLISION (To be completed only if Accident Type Box 7, 8, or 9 is checked.)**

☐ 60. Head On ☐ 62. Sideswipe - Meeting ☐ 64. Angle ☐ 67. Other
☐ 61. Rear End ☐ 63. Sideswipe - Passing ☐ 65. Backed Into

**20. LIGHT CONDITION**
- ☐ 1. Daylight
- ☐ 2. Dark With Street Lights On
- ☐ 3. Dark With Street Lights Off
- ☐ 4. Dark - No Street Lights

**21. WEATHER CONDITION**
- ☐ 1. Clear
- ☐ 2. Cloudy
- ☐ 3. Rain
- ☐ 4. Snow
- ☐ 5. Sleet
- ☐ 6. Freezing
- ☐ 7. Fog or Mist

**22. ROAD SURFACE**
- ☐ 1. Concrete
- ☐ 2. Asphalt
- ☐ 3. Brick
- ☐ 4. Gravel
- ☐ 5. Dirt/Sand
- ☐ 6. Multi-Surface

**23. ROAD CONDITION**
- ☐ 1. Dry
- ☐ 2. Wet
- ☐ 3. Snow
- ☐ 4. Ice
- ☐ 5. Mud

**24. ROAD TYPE 1**
- ☐ 1. Straight
- ☐ 2. Curve

**25. ROAD TYPE 2**
- ☐ 1. Level
- ☐ 2. Hill/Grade
- ☐ 3. Crest

## 26. COMMERCIAL MOTOR VEHICLE SECTION

**26A. CMV CRITERIA (Complete the following to determine if this section should be updated.)**

Does this accident involve any of the following:
1. a person fatally injured; **or**
2. a person transported for medical attention; **or**
3. a vehicle towed from the scene of the accident

☐ NO ☐ YES →

**DO NOT COMPLETE SECTIONS 26 B - K**

Examine each vehicle to determine if any are a commercial vehicle based on the following:
1. a truck with at least 2 axles and 6 tires on the power unit; **or**
2. a bus or school bus - 16 or more seating capacity; **or**
3. a vehicle with a hazardous materials placard

☐ YES ☐ NO →

**DO NOT COMPLETE SECTIONS 26 B -K**

**Complete Sections 26 B - K for each commercial vehicle involved**

**26B. CARRIER ID NUMBER**

V1 ICC NO. MC_____ USDOT NO._____

V2 ICC NO. MC_____ USDOT NO._____

**26C. SOURCE OF CARRIER NAME ENTERED IN SECTION 4 OR 5.**

V1 ☐ 1. Log Book ☐ 2. Shipping Papers ☐ 3. Driver ☐ 4. Side of Vehicle

V2 ☐ 1. Log Book ☐ 2. Shipping Papers ☐ 3. Driver ☐ 4. Side of Vehicle

**26D. TRAILERING UNITS**

V1 ____Axles_____Tires

V2 ____Axles_____Tires

**26E. VEHICLE CONFIGURATION**

| V1 | V2 | |
|---|---|---|
| ☐ | ☐ | 1. Bus |
| ☐ | ☐ | 2. Single-unit Truck: 2 axle, 6 tires |
| ☐ | ☐ | 3. Single-unit Truck: 3 or more axles |
| ☐ | ☐ | 4. Single-unit Truck Pulling Trailer |
| ☐ | ☐ | 5. Truck Tractor With No Units |
| ☐ | ☐ | 6. Truck Tractor With One Unit |
| ☐ | ☐ | 7. Truck Tractor With Two Units |
| ☐ | ☐ | 8. Truck Tractor With Three Units |
| ☐ | ☐ | 9. Unknown Heavy Truck/Other |

**26F. CARGO BODY TYPE**

| V1 | V2 | |
|---|---|---|
| ☐ | ☐ | 1. Bus |
| ☐ | ☐ | 2. Van/Enclosed Box |
| ☐ | ☐ | 3. Cargo Tank |
| ☐ | ☐ | 4. Flatbed |
| ☐ | ☐ | 5. Dump |
| ☐ | ☐ | 6. Concrete Mixer |
| ☐ | ☐ | 7. Auto Transporter |
| ☐ | ☐ | 8. Garbage/Refuse |
| ☐ | ☐ | 9. Other |

**26G. SEQUENCE OF EVENTS (Circle 1, 2, 3, 4 in order of occurrence)**

| V1 | V2 | |
|---|---|---|
| 1 2 3 4 | 1 2 3 4 | A. Ran Off Road |
| 1 2 3 4 | 1 2 3 4 | B. Jackknife |
| 1 2 3 4 | 1 2 3 4 | C. Overturn |
| 1 2 3 4 | 1 2 3 4 | D. Downhill Runaway |
| 1 2 3 4 | 1 2 3 4 | E. Cargo Loss or Shift |
| 1 2 3 4 | 1 2 3 4 | F. Explosion or Fire |
| 1 2 3 4 | 1 2 3 4 | G. Separation of Unit |
| 1 2 3 4 | 1 2 3 4 | H. Collision Inv. Pedestrian |
| 1 2 3 4 | 1 2 3 4 | I. Collision Inv. MV in Transport |
| 1 2 3 4 | 1 2 3 4 | J. Collision Inv. Parked Motor Vehicle |
| 1 2 3 4 | 1 2 3 4 | K. Collision Inv. Train |
| 1 2 3 4 | 1 2 3 4 | L. Collision Inv. Pedalcycle |
| 1 2 3 4 | 1 2 3 4 | M. Collision Inv. Animal |
| 1 2 3 4 | 1 2 3 4 | N. Collision Inv. Fixed Object |
| 1 2 3 4 | 1 2 3 4 | O. Collision Inv. Other Object |
| 1 2 3 4 | 1 2 3 4 | P. Other |

**26H. APPARENT DRIVER CONDITION**

**If Probable Contributing Circumstance 20 marked above, indicate the physical impairment.**

| V1 | V2 | |
|---|---|---|
| ☐ | ☐ | 1. Sick |
| ☐ | ☐ | 2. Fatigue |
| ☐ | ☐ | 3. Asleep |
| ☐ | ☐ | 4. Medication |
| ☐ | ☐ | 5. Other |

**26I. HAZARDOUS MATERIAL PLACARD NUMBER / NAME INDICATOR** ☐ NA

V1 4-Digit Placard Number/Name from Diamond/Box _____

V2 4-Digit Placard Number/Name from Diamond/Box _____

V1 Number From Bottom of Diamond _____

V2 Number From Bottom of Diamond _____

**26J. TRAFFICWAY**
- ☐ 1. Two-Way Trafficway
- ☐ 2. Divided Highway W/O Traffic Barrier
- ☐ 3. Divided Highway With Traffic Barrier
- ☐ 4. One-Way Trafficway

**26K. GVW RATING**

V1 _____ lbs.

V2 _____ lbs.

ORIGINAL

27. COLLISION DIAGRAM | Direction Prior to Impact (circle one) V1 N E S W V2 N E S W V3 N E S W V4 N E S W

Est. Speed - Fatals Only
V1 V2 V3 V4

If Department elects to use the I.T.E. symbols, refer to Appendix A in the Missouri Uniform Accident Report Preparation Manual.

INDICATE NORTH

INDICATE ROAD NAMES REQUIRED UNLESS DELAYED REPORT DIAGRAM NOT TO SCALE

28. NARRATIVE/STATEMENTS

OFFICER NARRATIVE AND STATEMENTS (IF ADDITIONAL ROOM IS NECESSARY, ATTACH A SEPARATE SHEET)

29. PHOTOS ☐ NO ☐ YES BY WHOM _____

RECONSTRUCTION - Includes Narrative, Diagram, and Photo(s) ☐ NO ☐ YES BY WHOM _____

30. REPORTING OFFICER SIGNATURE DSN/BADGE NO. BEAT/ZONE TROOP/DIST/PCT

REVIEWING OFFICER DSN/BADGE NO.

ORIGINAL

MISSOURI UNIFORM ACCIDENT REPORT CONTINUATION REPORT #_____ PAGE_____ OF_____

| AGENCY NAME AND ORI | COMPLAINT/REPORT/CASE NUMBER | ACCIDENT DATE |
|---|---|---|
| | | |

| REPORTING OFFICER SIGNATURE | DSN/BADGE NO. |
|---|---|
| | |

## 8. OTHER OCCUPANTS AND PEDESTRIANS (Do **not** include drivers in this section.)

| NAME | ADDRESS | DATE OF BIRTH | SEX | VEH. NO. | SEAT LOC. | INJ. | TRANS-PORT | EJEC-TION | AIR BAG | SAF. DEV. | PHONE |
|---|---|---|---|---|---|---|---|---|---|---|---|
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## 9. WITNESSES

| NAME | ADDRESS | CITY | STATE | ZIP | PHONE |
|---|---|---|---|---|---|
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