

# MISSISSIPPI UNIFORM ACCIDENT REPORT

## ACCIDENT TYPE

### On off Road

- Right
- Left
- Straight

### Non-Coll. in Road

- Overturn
- Fell from Vehicle
- Other in Road

### Coll. of MV in road with:

- Pedestrian
- Parked vehicle
- Train
- Bicycle
- Animal
- Fixed object
- Other object

### Coll. with OMV in Road

- Rear end slow or stop
- Rear end turn
- Left turn same roadway
- Left turn cross traffic
- Head-on
- Sideswipe
- Angle
- Other

## INITIAL OBJECT STRUCK

- |                                 |                              |                              |             |
|---------------------------------|------------------------------|------------------------------|-------------|
| 1. Utility Pole                 | 5. Guard rail                | 9. Building, telephone booth | 13. Bicycle |
| 2. Trees                        | 6. Sign Post                 | 10. Pedestrian               | 14. Animal  |
| 3. Center barrier median island | 7. Signal standard           | 11. Parked vehicle           | 15. Other   |
| 4. Curb, catch basin, culvert   | 8. Abutment, embankment wall | 12. Train                    |             |

## ROAD SYSTEM

- |                  |                 |                |                                 |                |
|------------------|-----------------|----------------|---------------------------------|----------------|
| 1. Interstate    | 3. U.S. Highway | 5. City Street | 7. Other                        | 9. Off Roadway |
| 2. State Highway | 4. County Road  | 6. State Park  | 8. Parking Lot Private Property |                |

## PHYSICAL CONDITION OF DRIVER OR PEDESTRIAN

- |   |                                     |                         |
|---|-------------------------------------|-------------------------|
| 1. Obviously intoxicated                | 5. Other bodily defects-infirmities | 9. No defects apparent  |
| 2. Had been drinking - ability impaired | 6. Affected by exhaust fumes        | 10. Unknown             |
| 3. Same - ability not impaired          | 7. Using drugs - ability impaired   | 11. Hit and Run         |
| 4. Sleepy, Fatigued                     | 8. Same-ability not impaired        | 12. Pending-Lab Results |

## DRIVERS LICENSE

- |                    |                      |                |
|--------------------|----------------------|----------------|
| 1. Valid license   | 4. Suspended license | 7. Improper DL |
| 2. No license      | 5. Suspended - DUI   | 8. Other       |
| 3. Expired license | 6. Learner Permit    |                |

## DRIVERS LICENSE RESTRICTIONS

- |                            |                              |                           |
|----------------------------|------------------------------|---------------------------|
| 1. Corrective lens         | 4. Pri-Tk Comm.-Fass.        | 7. Grip on steering wheel |
| 2. Full hand equipment     | 5. Automatic transmission    | 8. Motor driven cycle     |
| 3. Outside rearview mirror | 6. Mechanical signals        | 9. Company owned vehicle  |
| A. Daylight driving        | C. 45 MPH                    | 10. None                  |
| B. Custom equipment        | D. Re-examine before renewal | 11. Other                 |

## TYPE OF MOTOR VEHICLE

- |                               |                                   |                        |                |
|-------------------------------|-----------------------------------|------------------------|----------------|
| 1. Regular passenger car      | 6. Truck or truck tractor         | 11. Motorcycle         | 16. Emer. Veh. |
| 2. Compact passenger car      | 7. Truck tractor and semi-trailer | 12. ATV                | 17. Other      |
| 3. Pickup                     | 8. Other truck combination        | 13. Recreation vehicle |                |
| 4. Station Wagon Van          | 9. Farm tractor or farm equipment | 14. School Bus         |                |
| 5. Passenger Veh. and Trailer | 10. Taxicab                       | 15. Bus                |                |

## VEHICLE CONDITION

- |                         |                          |                          |
|-------------------------|--------------------------|--------------------------|
| 1. Defective brakes     | 5. Defective taillights  | 9. Slick or unsafe tires |
| 2. No trailer brakes    | 6. Defective turn signal | 10. Other defects        |
| 3. Defective steering   | 7. Puncture or blowout   | 11. Defects not known    |
| 4. Defective headlights | 8. Fire and/or explosion | 12. No defects apparent  |

## DIRECTION OF TRAVEL

- |          |         |              |              |
|----------|---------|--------------|--------------|
| 1. North | 3. East | 5. Northeast | 7. Northwest |
| 2. South | 4. West | 6. Southeast | 8. Southwest |

## DIRECTION OF TRAVEL TWO OR MORE VEHICLES

- |                                    |                          |  |             |
|------------------------------------|--------------------------|--|-------------|
| Both Vehicles Entered Intersection |                          | Non Intersection, Both Vehicles Going: |             |
| 1. At angle                        | 4. In opposite direction | 1. In same direction                   | 2. At angle |
| 2. From same direction             | 5. In same direction     | 3. From opposite direction             |             |

## VEHICLE ACTION

- |                                   |                              |  |
|-----------------------------------|------------------------------|--|
| 1. Going straight ahead           | 6. Entering parking position | 11. Avoiding vehicle, object, pedestrian |
| 2. Making right turn              | 7. Parked                    | 12. In tow                               |
| 3. Making left turn               | 8. Leaving parked position   | 13. Stopped in lane for traffic          |
| 4. Making U turn                  | 9. Backing                   | 14. Unknown                              |
| 5. Slowing stopping in trafficway | 10. Overtaking, passing      |  |

## PEDESTRIAN ACTION

- |                                     |                                  |                            |
|-------------------------------------|----------------------------------|----------------------------|
| 1. Crossing road at intersection    | 5. Standing in road              | 9. Playing in road         |
| 2. Crossing road - non-intersection | 6. Getting on or off vehicle     | 10. In road - other reason |
| 3. Walking in road with traffic     | 7. Working on or pushing vehicle | 11. Not in road            |
| 4. Walking in road against traffic  | 8. Working on or in road         | 12. Hitch-hiking           |

## PEDESTRIAN CLOTHING

- Light
- Dark

## WHICH VEHICLE OCCUPIED

- |           |              |         |
|-----------|--------------|---------|
| 1. Veh. 1 | B Pedalcycle | O Other |
| 2. Veh. 2 | P Pedestrian |         |

## POSITION IN/VON VEHICLE

- Driver
- thru 7 Passengers
- Riding Hanging On Outside

## SAFETY EQUIPMENT USED

- |                      |                       |                    |                        |          |
|----------------------|-----------------------|--------------------|------------------------|----------|
| 1. No restraint used | 3. Harness            | 5. Child Restraint | 7. Air Bag             | 9. Other |
| 2. Lap Belt          | 4. Lap Belt & Harness | 6. Helmet          | 8. Automated Restraint |          |

## EJECTION FROM VEHICLE

- Not Ejected
- Partial Ejection
- Ejected

## VICTIM'S PHYSICAL CONDITION

- |                  |                      |              |
|------------------|----------------------|--------------|
| K. Killed        | B. Moderate Injury   | D. No Injury |
| A. Incapacitated | C. Complaint of Pain |              |

## AGE

21-22-23-24

## SEX

M F

## RACE

25-26-27

## INJURED TAKEN TO

28-29

## OCCUPANTS

30-31

## VISION OBSCUREMENT

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| 1. Rain, snow, fog on windshield     | 7. Vision blocked by signboards   |
| 2. Windshield obscured - other       | 8. Vision blocked by hillcrest    |
| 3. Vision blocked by load on vehicle | 9. Vision blocked by parked veh.  |
| 4. Vision blocked by trees, bushes   | 10. Vision blocked by moving veh. |
| 5. Vision blocked by building        | 11. Driver blinded by headlights  |
| 6. Vision blocked by embankment      | 12. Vision not obscured           |

## TRAFFIC CONTROL

- |                              |                              |
|------------------------------|------------------------------|
| 1. Stop sign                 | 7. No passing zone           |
| 2. Stop and go signal        | 8. Channelization - painted  |
| 3. Yield sign                | 9. Channelization - physical |
| 4. Flashing signal           | 10. Officer                  |
| 5. Railroad flasher          | 11. No control present       |
| 6. Railroad gate and flasher | 12. Other                    |

## TRAFFIC CONTROL FUNCTIONING

- |                    |                         |                           |              |
|--------------------|-------------------------|---------------------------|--------------|
| 1. Not Functioning | 2. Functioning Properly | 3. Functioning Improperly | 4. Not Known |
|--------------------|-------------------------|---------------------------|--------------|

## LIGHT CONDITION

- |                 |                                |
|-----------------|--------------------------------|
| 1. Daylight     | 3. Darkness - no street lights |
| 2. Dawn or dusk | 4. Darkness - street lighted   |

## WEATHER CONDITION

- |            |              |
|------------|--------------|
| 1. Clear   | 5. Dust      |
| 2. Raining | 6. High wind |
| 3. Snowing | 7. Cloudy    |
| 4. Fog     | 8. Other     |

## ROAD CONDITION

- |                       |                            |
|-----------------------|----------------------------|
| 1. No defect          | 5. Loose, surface material |
| 2. Defective shoulder | 6. Obstruction not lighted |
| 3. Holes, ruts, etc.  | 7. Road under construction |
| 4. Foreign Material   | 8. Road closed             |

## ROAD CHARACTER (LANE)

- |                        |                            |
|------------------------|----------------------------|
| 1. One-lane or alley   | 5. Interstate              |
| 2. Two-lane            | 6. Frontage road / ramp    |
| 3. Four-lane undivided | 7. Unpaved road / any size |
| 4. Four-lane divided   | 8. Parking lot             |

## ROAD CHARACTER (DESIGN)

- |                           |   |
|---------------------------|---|
| 1. Bridge or underpass    | 7. Curve and hillcrest                  |
| 2. Straight and level     | 8. Intersection of two roadways         |
| 3. Straight and grade     | 9. Non-intersection median crossover    |
| 4. Straight and hillcrest | 10. Non-intersection private drive      |
| 5. Curve and level        | 11. End or beginning of divided highway |
| 6. Curve and grade        | 12. Other                               |

## ROAD SURFACE CONDITION

- |               |            |
|---------------|------------|
| 1. Dry        | 4. Other   |
| 2. Wet        | 5. Unknown |
| 3. Snowy, icy |            |

## ROAD SURFACE TYPE

- |             |           |          |
|-------------|-----------|----------|
| 1. Concrete | 3. Gravel | 5. Other |
| 2. Asphalt  | 4. Dirt   |          |

## ROAD DIVIDED BY

- |                     |                   |
|---------------------|-------------------|
| 1. Metal barrier    | 5. None           |
| 2. Concrete barrier | 6. Wooded barrier |
| 3. Concrete island  | 7. Other          |
| 4. Grass median     |                   |

## CONTRIBUTING CIRCUMSTANCES

- |                                  |                             |
|----------------------------------|-----------------------------|
| 1. No improper driving           | 9. Made improper turn       |
| 2. Exceeded lawful speed         | 10. Faulty equipment        |
| 3. Speed too fast for conditions | 11. Inattention             |
| 4. Failed to yield right of way  | 12. Driving under influence |
| 5. Improper passing overtaking   | 13. Roadway defects         |
| 6. Drove on wrong side of road   | 14. Pedestrian actions      |
| 7. Passed stop sign              | 15. Animal on highway       |
| 8. Following too closely         | 16. Other                   |

## TYPE EMERGENCY MEDICAL SERVICE

- |                                |                      |
|--------------------------------|----------------------|
| 1. None                        | 6. County unit       |
| 2. Commercial or private unit  | 7. Two or more types |
| 3. Municipal or volunteer unit | 8. Other             |
| 4. Hospital based unit         | 9. Unknown           |
| 5. State or federal unit       |                      |

## EXTRICATION

- Yes
- No

## RE-EXAMINE DRIVER

- |           |           |         |       |
|-----------|-----------|---------|-------|
| 1. Veh. 1 | 2. Veh. 2 | 3. Both | 4. No |
|-----------|-----------|---------|-------|

## POLICE ENFORCEMENT ACTION

- |                             |                          |
|-----------------------------|--------------------------|
| 1. DUI arrest               | 4. Arrested - other      |
| 2. Cited for accident cause | 5. No enforcement action |
| 3. Cited other cause        |                          |

## FRONT

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**MISSISSIPPI UNIFORM ACCIDENT REPORT SUPPLEMENT**

Reporting Agency	County/City	Accident Location Hwy/Street
Date of Accident	Time of Accident	Local Case Number

**COMMERCIAL VEHICLE FORM: NOT TO BE USED FOR MOTOR HOMES OR FARM IMPLEMENTS.**  
 This form must be completed for ALL traffic accidents involving the following: 1) any truck or truck-tractor having at least 2 axles and 6 tires - 2) any vehicle requiring/displaying a hazardous material placard or - 3) designed to carry more than 15 passengers, including the driver.

Vehicle # \_\_\_\_\_ Truck/tractor VIN \_\_\_\_\_ US DOT # \_\_\_\_\_ ICC MC # \_\_\_\_\_

Commodities hauled \_\_\_\_\_ Gross Vehicle Weight Rating \_\_\_\_\_

No. of Axles \_\_\_\_\_ Hazardous Materials Placard # (Number or name) \_\_\_\_\_

List the 1-digit number from the bottom of the placard: \_\_\_\_\_

Carrier's Name \_\_\_\_\_

Carrier's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Source of Carrier's Name (check one)

- Driver     Shipping papers
- Vehicle side     Log Book

SEQUENCE OF EVENTS (for THIS vehicle) (Number 1-4 in order of occurrence)	
A ___ Ran Off Road B ___ Jackknifed C ___ Overtaken or Rollover D ___ Downhill Runaway E ___ Cargo Loss or Spill F ___ Explosion or Fire G ___ Separation of Units H ___ Other Event	Collision Involving I ___ Pedestrian J ___ Motor Vehicle Moving K ___ Parked vehicle L ___ Train M ___ Pedalcycle N ___ Animal O ___ Fixed Object P ___ Other Object

CARGO BODY TYPE
A <input type="checkbox"/> Auto Transport B <input type="checkbox"/> Bus C <input type="checkbox"/> Cargo Tank D <input type="checkbox"/> Concrete Mixer E <input type="checkbox"/> Dump F <input type="checkbox"/> Flatbed G <input type="checkbox"/> Garbage or Refuse H <input type="checkbox"/> Other I <input type="checkbox"/> Van/Enclosed Box

DRIVER'S LICENSE ENDORSEMENTS/RESTRICTIONS
Check Appropriate Blocks P <input type="checkbox"/> Passenger H <input type="checkbox"/> Hazmat M <input type="checkbox"/> Tanker T <input type="checkbox"/> Doubles/Triples X <input type="checkbox"/> Hazmat Tanker K <input type="checkbox"/> Interstate Only L <input type="checkbox"/> Airbrakes

VEHICLE CONFIGURATION
A <input type="checkbox"/> Bus School (yellow & black) B <input type="checkbox"/> Single-Unit truck 2 axles, 6 tires C <input type="checkbox"/> Single-unit truck 3 or more axles D <input type="checkbox"/> Truck/trailer E <input type="checkbox"/> Truck Tractor (Bobtail) F <input type="checkbox"/> Tractor/semi-trailer G <input type="checkbox"/> Tractor/doubles H <input type="checkbox"/> Tractor/triples I <input type="checkbox"/> Unknown heavy truck

HAZARDOUS MATERIAL INVOLVEMENT
Did vehicle have a HAZARDOUS Material placard? <input type="checkbox"/> Yes <input type="checkbox"/> No Was hazardous MATERIAL released from THIS vehicle's cargo? (not including fuel from tank) <input type="checkbox"/> Yes <input type="checkbox"/> No

**CHILDREN'S RESTRAINT USE FORM:**

1. Approximate weight \_\_\_\_\_ lbs.
2. Child's Age (months) \_\_\_\_\_
4. Was child secured in anyway?  yes  no
5. Was the child on the lap of an adult?  
 yes     no
6. Was child in proper restraint?  yes  no
8. Commercial name of restraint device \_\_\_\_\_ model \_\_\_\_\_

3. SEVERITY OF INJURY  
 Not Injured  
 Minor Injury  
 Serious Injury  
 Fatal

7. Child's location in vehicle.



9. Circle restraint type below which most nearly resembles the one use.



10. Corrective Action     None     Citation     Warning

PAGE _____ OF _____	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					31			
59 DATE OF COLLISION			60 DAY OF COLLISION					61 TIME (USE 2400 HRS)	62 NO. OF VEHICLES	63 NUMBER KILLED	64 NUMBER INJURED	65 TIME (USE 2400 HRS)	66 COUNTY				32		
MONTH	DAY	YEAR	S	M	T	W	TH	F	S	OF COLLISION			67 CITY OR TOWN				33		
68 HWY NO. or STREET NAME, ROAD NAME, ETC.								69 AT	<input type="checkbox"/> INTER WITH	70	<input type="checkbox"/> FT	<input type="checkbox"/> N	<input type="checkbox"/> E	NEAREST INT., CO. LINE, ETC.				34	
71 (circle) V1	V3	PARKED VEH.	PEDESTRIAN	PEDALCYCLIST	100 (circle) V2					V4	PARKED VEH.	PEDESTRIAN	PEDALCYCLIST	35					
72 DRIVER'S LAST NAME FIRST NAME MI					101 DRIVER'S LAST NAME FIRST NAME MI					36									
73 NUMBER AND STREET										102 NUMBER AND STREET					37				
74 CITY STATE										103 CITY STATE					38				
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	39	
80 SOCIAL SECURITY NO. <input type="checkbox"/> SAME AS D.L. # TEL. NO.										109 SOCIAL SECURITY NO. <input type="checkbox"/> SAME AS D.L. # TEL. NO.					40				
81 INSURANCE CO. OR AGENT DRIVER STATEMENT										110 INSURANCE CO. OR AGENT DRIVER STATEMENT					41				
82 PLACE OF EMPLOYMENT										111 PLACE OF EMPLOYMENT					42				
83 OWNERS LAST NAME FIRST MI					112 OWNERS LAST NAME FIRST MI					43									
84 NUMBER AND STREET										113 NUMBER AND STREET					44				
85 CITY STATE					86 VEH. COLOR					114 CITY STATE					115 VEH. COLOR				45
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.	46			
91 VEHICLE REMOVED TO					93 AUTH. 1. OWNER					120 VEHICLE REMOVED TO					122 AUTH. 1. OWNER				47
92 VEHICLE REMOVED BY					2. DRIVER					121 VEHICLE REMOVED BY					2. DRIVER				48
94 EST. PROP. DAMAGE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY					95 SPD. ZONED	96 V1 DR EST SPD.		97 V2 DR EST SPD.		123 EMS AGENCY					124 EST. PROP. DAMAGE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY				49

**SR-1 (SHORT FORM)**

You are required to complete and mail this motor vehicle accident report to the Department of Public Safety, Safety Responsibility, Post Office Box 958, Jackson, Mississippi 39205 within ten days. Failure to file this report may result in the suspension of your driving privilege and/or registration.

On the day of the accident was the vehicle involved covered by liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

Name of insurance agency: \_\_\_\_\_

Was anyone seriously injured? Yes \_\_\_\_\_ No \_\_\_\_\_

Approximate cost to repair your vehicle: \_\_\_\_\_

Name of driver: \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_

Name of person completing report: \_\_\_\_\_

Date of accident: \_\_\_\_\_ City or County accident happened: \_\_\_\_\_