

STATE OF MISSISSIPPI
UNIFORM CRASH REPORT

Agency Number - Agency Case Number Page **01** of

Agency Name <input type="text"/>		G1. County <input type="text"/>	G2. Status Code <input type="radio"/> C <input type="radio"/> P <input type="radio"/> U	
G3. Reported Date (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	G4. Reported Time (2400) <input type="text"/>	G5. Officer Time Arrival Time (2400) <input type="text"/> 10-24 Time (2400) <input type="text"/>		G6. Vehicles <input type="text"/> G7. Killed <input type="text"/> G8. Injured <input type="text"/>
G9. Address Number <input type="text"/>		G10. Street Name <input type="text"/>		G11. Hwy/County Road # <input type="text"/> G12. Trafficflow Direction <input type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W
G13. Int. <input type="radio"/> Y <input type="radio"/> N	G14. Distance <input type="text"/> <input type="radio"/> F <input type="radio"/> M	G15. Direction <input type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W	G16. Intersecting Street Name <input type="text"/>	
G17. Int. Hwy/County Road # <input type="text"/>		G18. City Name <input type="text"/>		
G19. Latitude N <input type="text"/>		G20. Longitude W <input type="text"/>		
G21. First Harmful Event <input type="radio"/> Rear end slow or stop <input type="radio"/> Rear end turn <input type="radio"/> Left turn same roadway <input type="radio"/> Left turn cross traffic <input type="radio"/> Right turn cross traffic <input type="radio"/> Head on <input type="radio"/> Sideswipe <input type="radio"/> Angle <input type="radio"/> Hit and run		Non-Crash in Road <input type="radio"/> Overturn <input type="radio"/> Jackknife <input type="radio"/> Fell from vehicle <input type="radio"/> Other		G22. Crash Location <input type="radio"/> Roadway <input type="radio"/> Off-Roadway <input type="radio"/> Median <input type="radio"/> Roadside <input type="radio"/> Shoulder <input type="radio"/> Parking Lot <input type="radio"/> Gore
		Crash of MV in road with: <input type="radio"/> Pedestrian <input type="radio"/> Parked Vehicle <input type="radio"/> Train <input type="radio"/> Bicyclist <input type="radio"/> Deer <input type="radio"/> Animal (other than deer)		
G25. Light Condition <input type="radio"/> Daylight <input type="radio"/> Dark-Lit <input type="radio"/> Dark-Unlit <input type="radio"/> Dawn <input type="radio"/> Dusk		G26. Road Condition <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Water <input type="radio"/> Sand/Mud/Dirt/Oil/Gravel <input type="radio"/> Ice <input type="radio"/> Slush <input type="radio"/> Snow		G23. Intersection Type <input type="radio"/> None <input type="radio"/> Four-way Inter <input type="radio"/> T - Intersection <input type="radio"/> Crossover <input type="radio"/> Driveway <input type="radio"/> Five-point or more <input type="radio"/> Off Ramp <input type="radio"/> On Ramp <input type="radio"/> Path/Trail <input type="radio"/> RR Xing <input type="radio"/> Traffic Circle/Round <input type="radio"/> Y - Intersection
G27. Weather Condition (2) <input type="checkbox"/> Clear <input type="checkbox"/> Blown Debris <input type="checkbox"/> Rain <input type="checkbox"/> Fog/Smog/Smoke <input type="checkbox"/> Cloudy <input type="checkbox"/> Sleet/Hail <input type="checkbox"/> High winds <input type="checkbox"/> Snow		G24. Roadway System <input type="radio"/> City Street <input type="radio"/> State Highway <input type="radio"/> U.S. Highway <input type="radio"/> County Road <input type="radio"/> Parking Lot/Private Drive <input type="radio"/> Interstate <input type="radio"/> Off Road <input type="radio"/> State Park		
G28. Workzone Relationship <input type="radio"/> Not Workzone Related <input type="radio"/> Within Construction Zone <input type="radio"/> Advance Warning Area		G29. Workzone Type (2) <input type="checkbox"/> None <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Lane Closure <input type="checkbox"/> Lane Shift/Crossover <input type="checkbox"/> Shoulder/Median Work <input type="checkbox"/> Utility		
WITNESS(ES)				
G30. First Name <input type="text"/> M <input type="text"/> Last Name <input type="text"/>		G38. First Name <input type="text"/> M <input type="text"/> Last Name <input type="text"/>		
G31. Address <input type="text"/>		G32. Phone Number <input type="text"/>		
G33. City <input type="text"/>		G34. State <input type="text"/> G35. Zip Code <input type="text"/>		
G36. Sex <input type="radio"/> M <input type="radio"/> F		G37. Age <input type="text"/>		
G39. Address <input type="text"/>		G40. Phone Number <input type="text"/>		
G41. City <input type="text"/>		G42. State <input type="text"/> G43. Zip Code <input type="text"/>		
G44. Sex <input type="radio"/> M <input type="radio"/> F		G45. Age <input type="text"/>		
G46. Badge Number <input type="text"/>	G47. Investigating Officer Name (Please Print) <input type="text"/>		G48. Officer Signature <input type="text"/>	
G49. Reviewing Badge Number <input type="text"/>	G50. Reviewing Officer Initials <input type="text"/>	G51. Photos Taken <input type="radio"/> Y <input type="radio"/> N		G52. Photographer and Badge # <input type="text"/>

N1. Collision Diagram



N2. Collision Narrative

MUCR Person/Occupant

V0. Veh. # P0. Person # Agency Number Agency Case Number Page of

P1. Person Type Driver Pedestrian Bicyclist Skater Other non-motorist Train Engineer Hit and Run Driver

P2. License # P3. State P4. CDL? P5. DOB (MM/DD/YYYY)

P6. First Name M Last Name

P7. Address P8. Phone Number

P9. City P10. State P11. Zip Code

P13. Cited P14. Ticket # P15. Offense

P16. Xport P17. EMS P18. Medical

P19. Condition P20. Non-Motorist Action

P21. Contributing Circumstance (3)

Safety Equip. (2) P23. Injury Type P24. Ejection

Extricated Sex

Race

Position

Airbag

Type Alcohol Test Information

Status

Result

Type Drug Test Information

Occupant

O0. Vehicle #: O1. First Name M Last Name O2. Address O3. Address O4. City O5. State Unborn Child

O8. Sex O9. Race O10. Age O11. Extricated O12. Ejection

O6. Position O7. Safety Equip. (2)

O13. Injury Type O14. Airbag

O15. Xport O16. EMS O17. Medical

Occupant

O0. Vehicle #: O1. First Name M Last Name O2. Address O3. Address O4. City O5. State Unborn Child

O8. Sex O9. Race O10. Age O11. Extricated O12. Ejection

O6. Position O7. Safety Equip. (2)

O13. Injury Type O14. Airbag

O15. Xport O16. EMS O17. Medical

MUCR Vehicle

V0. Vehicle #: V1. Total Occupants Agency Number Agency Case Number Page of

V2. State V3. Year V4. License Plate Number V5. Make V6. Model Year V7. Vehicle Model V8. Vehicle Color V9. Damage: Heavy Light None V10. Speed Zone V11. Est. Speed

Owner Information V12. Owner Name V13. Address V14. City V15. State V16. Zip Code V17. Insurance Company Name V18. Policy Number V19. No Proof of Insurance

V20. Sequence of Events Collision w/ Person, Vehicle/Non-fixed Object Non-Collision Collision w/ Fixed Object

V21. Vehicle Action Going Straight Avoidance Making Left Turn Lane Change Stopped Leaving Parking Slow/Stop in Road Overtaking/Passing Parked Parking Position Backing Making U Turn Making Right Turn In Tow

V22. Vehicle Configuration Passenger Car School Bus Train Light Truck Single-Unit Truck(2) Truck/Trailer Stationwagon/Van Single-Unit Truck(3+) Emergency Veh. SUV Farm Tractor Commercial Bus Motorcycle Tractor/SemiTrailer ATV Other Tractor(2) Farm Equip. RV Tractor(3) Unknown Truck

V23. Initial Contact V24. Direction of Travel V25. Bileway Type

V26. Traffic Control Device Channel-Painted Officer Straight/Level Bridge Channel-Physical RR Flashing Signal Intersect two roads Private Drive Flag Person RR Signal and Gate Signal Straight/Grade Curve/Hillcrest Flashing Signal Red Signal Curve/Level Crossover Flashing Signal Yellow Stop Sign Curve/Level Crossover No Passing Railroad Sign Straight/Hillcrest Begin/End Divided Road None Yield Sign Curve/Grade One-Way V27. Device Functioning? Y N

V29. Road Design 2 Lane 3 Lane 4+ Frontage/Ramp Parking Lot One Way 1 Lane Unpaved V30. Divided? Yes No V31. Center Turn Lane? Yes No V32. Road Surface Type Asphalt Concrete Dirt Gravel Other - See Narrative

V33. Towed? Yes No V34. Authority: Owner Police Other V35. Towed By:

Commercial Vehicle

C1. Carrier ID Number: C2. Authority: US DOT State Mexico MC Canada C3. Carrier Name C4. Carrier Address C5. City C6. State C7. Zip Code C8. GVWR #

C9. Cargo Body Type Auto transporter Flatbed Bus<15 Garbage/refuse Bus 15+ Grain/chips/gravel Cargo tank Other Concrete Mixer Pole/log Dump Van/enclosed box None C10. Commodity Hauled C11. Placard ID C12. HAZMAT Released Yes No

MUCR
Additional Occupants

Agency Number

Agency Case Number

Page of

Occupant

00. Vehicle # <input type="text"/>	01. First Name <input type="text"/>	M <input type="text"/>	Last Name <input type="text"/>	<input type="radio"/> Front-Driver	<input type="radio"/> 3rd-middle	<input type="checkbox"/> Shoulder and Lap Belt
02. Address Same as Person # <input type="text"/>	03. Address <input type="text"/>			<input type="radio"/> Front-Middle	<input type="radio"/> 3rd-right	<input type="checkbox"/> None
				<input type="radio"/> Front-right	<input type="radio"/> Sleeper of Truck Cab	<input type="checkbox"/> Lap Belt
	04. City <input type="text"/>	05. State <input type="text"/>	Unborn Child <input type="checkbox"/>	<input type="radio"/> 2nd-left	<input type="radio"/> Encl. Pass./Cargo Area	<input type="checkbox"/> Automated Restraint
				<input type="radio"/> 2nd-middle	<input type="radio"/> Unencl. Pass./Cargo Area	<input type="checkbox"/> Shoulder Belt
				<input type="radio"/> 2nd-right	<input type="radio"/> Riding on Exterior	<input type="checkbox"/> Child Safety Seat
				<input type="radio"/> 3rd-left	<input type="radio"/> Towed Vhcl./Trailer	<input type="checkbox"/> Helmet
08. Sex <input type="radio"/> M <input type="radio"/> F	09. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other	010. Age <input type="text"/>	<input type="radio"/> M <input type="radio"/> Y	011. Extricated <input type="radio"/> N <input type="radio"/> Y	012. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally	07. Safety Equip. (2) <input type="radio"/> Deployed - Front <input type="radio"/> Not Deployed
				013. Injury Type <input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Serious <input type="radio"/> Killed	014. Airbag <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both	

015. Xport <input type="radio"/> Not Transported <input type="radio"/> EMS	<input type="radio"/> Police <input type="radio"/> Private Vehicle	<input type="radio"/> Hearse	016. EMS Agency Code <input type="text"/>	017. Medical Facility Code <input type="text"/>
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