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).

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	

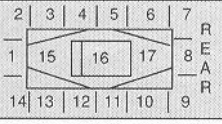
5. DRIVER 2

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 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



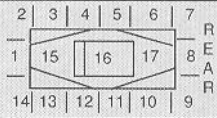
18 - Undercarriage
19 - Windshield
20 - Burned
21 - Injury/No Damage
22 - Towed Unit

TOWED ☐ YES ☐ NO | TOW CO.

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.	TRANSPORT	EJECTION	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

ORIGINAL

Sample

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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

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

- ☐ ☐ A. Vehicle Pulling Another Unit(s)
- ☐ ☐ 19. Truck Tractor With Single Unit
- ☐ ☐ 20. Truck Tractor With Multi-Unit

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
- ☐ ☐ 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

P1 P2
- ☐ ☐ ☐ ☐ 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
- ☐ 61. Rear End
- ☐ 62. Sideswipe - Meeting
- ☐ 63. Sideswipe - Passing
- ☐ 64. Angle
- ☐ 65. Backed Into
- ☐ 67. Other

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 → Examine each vehicle to determine if any are a commercial vehicle based on the following:

DO NOT COMPLETE SECTIONS 26 B - K

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.

Sample

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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.

Sample

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

9. WITNESSES

NAME	ADDRESS	CITY	STATE	ZIP	PHONE

Sample