

MISSISSIPPI UNIFORM ACCIDENT REPORT

ACCIDENT TYPE

- Run off Road**
1. Right
 2. Left
 3. Straight
- Non-Coll. in Road**
4. Overturn
 5. Fell from Vehicle
 6. Other in Road

- Coll. of MV in road with:**
7. Pedestrian
 8. Parked vehicle
 9. Train
 10. Bicycle
 11. Animal
 12. Fixed object
 13. Other object

- Coll. with OMV on Road**
14. Rear end slow or stop
 15. Rear end turn
 16. Left turn same roadway
 17. Left turn cross traffic
 18. Right turn cross traffic
 19. Head-on
 20. Sideswipe
 21. Angle
 22. 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. Pnl-Tk Comm.-Pass. | 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**
1. At angle
 2. From same direction
 3. From opposite direction
- Non Intersection, Both Vehicles Going:**
4. In opposite direction
 5. In same direction
 6. At angle

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. Working 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

1. Light
2. Dark

WHICH VEHICLE OCCUPIED

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

POSITION IN/ON VEHICLE

1. Driver
- 2 thru 7. Passengers
8. 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

- | | | | | |
|----------------|---------------------|------------------|----------------------|--------------|
| 1. Not Ejected | 2. Partial Ejection | K. Killed | B. Moderate Injury | D. No Injury |
| 3. Ejected | | A. Incapacitated | C. Complaint of Pain | |

VICTIM'S PHYSICAL CONDITION

- | | | | | |
|-----|-----|------|------------------|-----------|
| AGE | SEX | RACE | INJURED TAKEN TO | OCCUPANTS |
| | M F | | | |

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 | 3. Functioning improperly | 4. Not Known |
| 2. Functioning Properly | | |

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 | 8. Made improper turn |
| 2. Exceeded lawful speed | 9. Faulty equipment |
| 3. Speed too fast for conditions | 10. Inattention |
| 4. Failed to yield right of way | 11. Driving under influence |
| 5. Improper passing overtaking | 12. Roadway defects |
| 6. Drove on wrong side of road | 13. Pedestrian actions |
| 7. Passed stop sign | 14. Animal on highway |
| 8. Following too closely | 15. Animal on highway |
| | 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

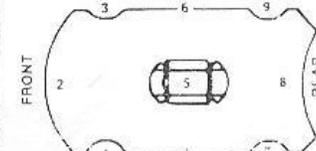
1. Yes
2. No

RE-EXAMINE DRIVER

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

POLICE ENFORCEMENT ACTION

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



INITIAL IMPACT

- | |
|---------------------|
| 10. UNDER CAR |
| 11. OVERTURNED |
| 12. TOTALLED |
| 13. NONE OR UNKNOWN |
| 14. OTHER |

MISSISSIPPI UNIFORM ACCIDENT REPORT

54 CASE NUMBER (DPS USE ONLY)	55 AGENCY FILING THIS REPORT	56 CODE	57 STATION-PRECINCT-TROOP	31
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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					ARRIVED		67 CITY OR TOWN		33

68 HWY NO. _____ or STREET NAME, ROAD NAME, ETC.										69 AT <input type="checkbox"/> INTER WITH <input type="checkbox"/> NON INTER		70 _____ FT _____ N _____ E _____ MI _____ S _____ W		NEAREST INT., CO. LINE, ETC.		34
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71 (circle) V1 <input type="checkbox"/> V3 <input type="checkbox"/> PARKED VEH. <input type="checkbox"/>			PEDESTRIAN <input type="checkbox"/>			PEDALCYCLIST <input type="checkbox"/>			100 (circle) V2 <input type="checkbox"/> V4 <input type="checkbox"/> PARKED VEH. <input type="checkbox"/>			PEDESTRIAN <input type="checkbox"/>			PEDALCYCLIST <input type="checkbox"/>			35
72 DRIVER'S LAST NAME						FIRST NAME						MI						36

73 NUMBER AND STREET										102 NUMBER AND STREET										37
74 CITY										103 CITY										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
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80 SOCIAL SECURITY NO.										109 SOCIAL SECURITY NO.										40
<input type="checkbox"/> SAME AS D.L. # _____ TEL. NO. _____										<input type="checkbox"/> SAME AS D.L. # _____ TEL. NO. _____										41

81 INSURANCE CO. OR AGENT DRIVER STATEMENT										110 INSURANCE CO. OR AGENT DRIVER STATEMENT										42
82 PLACE OF EMPLOYMENT										111 PLACE OF EMPLOYMENT										43

83 OWNERS LAST NAME										112 OWNERS LAST NAME										44
<input type="checkbox"/> SAME AS DRIVER										<input type="checkbox"/> SAME AS DRIVER										45

84 NUMBER AND STREET										113 NUMBER AND STREET										46
85 CITY										114 CITY										47

86 VEH. COLOR										115 VEH. COLOR										48
87 MAKE OF VEHICLE		88 YEAR		89 LICENSE PLATE NO.		90 ST.		91 YR.		116 MAKE OF VEHICLE		117 YEAR		118 LICENSE PLATE NO.		119 ST.		120 YR.		49

91 VEHICLE REMOVED TO										120 VEHICLE REMOVED TO										50
92 VEHICLE REMOVED BY										121 VEHICLE REMOVED BY										51

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		52
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98 ALCOHOL DATA DRIVER NO. 1										99 ACCIDENT DESCRIPTION										125 ALCOHOL DATA DRIVER NO. 2										53
Test Given		Test Type		Test Results						Test Given		Test Type		Test Results						Test Given		Test Type		Test Results						54

YES		BREATH								YES		BREATH								NO		BLOOD								REFUSED		URINE								55
NO		BLOOD		<input type="checkbox"/> JUVENILE						NO		BLOOD		<input type="checkbox"/> JUVENILE						REFUSED		URINE								56										

127 WITNESSES										128 INVESTIGATED AT SCENE <input type="checkbox"/> NO <input type="checkbox"/> YES										129 PHOTOS TAKEN? <input type="checkbox"/> NO <input type="checkbox"/> YES		BY WHOM?										57
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130 CITATION TO										CITATION NUMBER										CHARGE										NAME OF COURT										58
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131 OFFICER'S SIGNATURE										132 BADGE NUMBER										133 REVIEWED BY (BADGE NUMBER)										134 STATUS										59
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127 WITNESSES										NAME										ADDRESS										TEL NO.										AGE										SEX										RACE										62
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127 WITNESSES										NAME										ADDRESS										TEL NO.										AGE										SEX										RACE										63
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128 INVESTIGATED AT SCENE <input type="checkbox"/> NO <input type="checkbox"/> YES										129 PHOTOS TAKEN? <input type="checkbox"/> NO <input type="checkbox"/> YES										BY WHOM?										64
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130 CITATION TO										CITATION NUMBER										CHARGE										NAME OF COURT										65
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131 OFFICER'S SIGNATURE										132 BADGE NUMBER										133 REVIEWED BY (BADGE NUMBER)										134 STATUS										66
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21										22										23										24										25										26										27										28										29										30 NAMES - ADDRESSES OF ALL OCCUPANTS & PEDESTRIANS										67
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127 WITNESSES										NAME										ADDRESS										TEL NO.										AGE										SEX										RACE										69
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127 WITNESSES										NAME										ADDRESS										TEL NO.										AGE										SEX										RACE										70
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128 INVESTIGATED AT SCENE <input type="checkbox"/> NO <input type="checkbox"/> YES										129 PHOTOS TAKEN? <input type="checkbox"/> NO <input type="checkbox"/> YES										BY WHOM?										71
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130 CITATION TO										CITATION NUMBER										CHARGE										NAME OF COURT										72
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131 OFFICER'S SIGNATURE										132 BADGE NUMBER										133 REVIEWED BY (BADGE NUMBER)										134 STATUS										73
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21										22										23										24										25										26										27										28										29										30 NAMES - ADDRESSES OF ALL OCCUPANTS & PEDESTRIANS										74
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1 - ORIG. AGENT

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																																																	
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																																									
MONTH	DAY	YEAR	S	M	T	W	TH	F	S	OF COLLISION		ARRIVED		67 CITY OR TOWN																																													
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.																																													
										<input type="checkbox"/> NON INTER		<input type="checkbox"/> MI <input type="checkbox"/> S <input type="checkbox"/> W																																															
71 (circle) V1 V3		PARKED VEH.			PEDESTRIAN			PEDALCYCLIST			100 (circle) V2 V4		PARKED VEH.			PEDESTRIAN			PEDALCYCLIST																																								
72 DRIVER'S LAST NAME					FIRST NAME					MI					101 DRIVER'S LAST NAME					FIRST NAME					MI																																		
73 NUMBER AND STREET										102 NUMBER AND STREET																																																	
74 CITY										STATE										103 CITY										STATE																													
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																																			
80 SOCIAL SECURITY NO.										109 SOCIAL SECURITY NO.																																																	
<input type="checkbox"/> SAME AS D.L. #										TEL. NO.										<input type="checkbox"/> SAME AS D.L. #										TEL. NO.																													
81 INSURANCE CO. OR AGENT DRIVER STATEMENT										110 INSURANCE CO. OR AGENT DRIVER STATEMENT																																																	
82 PLACE OF EMPLOYMENT										111 PLACE OF EMPLOYMENT																																																	
83 OWNERS LAST NAME					FIRST					MI					112 OWNERS LAST NAME					FIRST					MI																																		
<input type="checkbox"/> SAME AS DRIVER										113 NUMBER AND STREET										<input type="checkbox"/> SAME AS DRIVER										114 CITY										STATE										115 VEH. COLOR									
84 NUMBER AND STREET										113 NUMBER AND STREET										114 CITY										STATE										115 VEH. COLOR																			
85 CITY					STATE					86 VEH. COLOR					116 MAKE OF VEHICLE					117 YEAR		118 LICENSE PLATE NO.			119 ST.		YR.																																
87 MAKE OF VEHICLE					88 YEAR		89 LICENSE PLATE NO.			90 ST.		YR.			120 VEHICLE REMOVED TO					121 VEHICLE REMOVED BY		122 AUTH. 1. OWNER			2. DRIVER		3. POLICE																																
91 VEHICLE REMOVED TO					92 VEHICLE REMOVED BY					93 AUTH. 1. OWNER					120 VEHICLE REMOVED TO					121 VEHICLE REMOVED BY		122 AUTH. 1. OWNER			2. DRIVER		3. POLICE																																
94 EST. PROP. DAMAGE					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																		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY																																									

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: _____

MISSISSIPPI UNIFORM ACCIDENT REPORT SUPPLEMENT

Page _____ of _____

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	I ___ Pedestrian
B ___ Jackknifed	J ___ Motor Vehicle Collision Involving Moving
C ___ Overturned or Rollover	K ___ Parked vehicle
D ___ Downhill Runaway	L ___ Train
E ___ Cargo Loss or Spill	M ___ Pedalcycle
F ___ Explosion or Fire	N ___ Animal
G ___ Separation of Units	O ___ Fixed Object
H ___ Other Event	P ___ Other Object

CARGO BODY TYPE

A Auto Transport
 B Bus
 C Cargo Tank
 D Concrete Mixer
 E Dump
 F Flatbed
 G Garbage or Refuse
 H Other
 I Van/Enclosed Box

DRIVER'S LICENSE ENDORSEMENTS/RESTRICTIONS
 Check Appropriate Blocks

P Passenger
 H Hazmat
 T Tanker
 X Double/Triples
 I Hazmat Tanker
 K Interstate Only
 L Airbrakes

VEHICLE CONFIGURATION

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

HAZARDOUS MATERIAL INVOLVEMENT

Did vehicle have a HAZARDOUS Material placard?
 Yes No

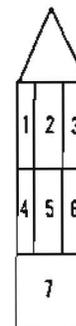
Was hazardous MATERIAL released from THIS vehicle's cargo? (not including fuel from tank)
 Yes No

CHILDREN'S RESTRAINT USE FORM:

- Approximate weight _____ lbs.
- Child's Age (months) _____
- Was child secured in anyway? yes no
- Was the child on the lap of an adult?
 yes no
- Was child in proper restraint? yes no
- Commercial name of restraint device _____ model _____

- SEVERITY OF INJURY**
 Not Injured
 Minor Injury
 Serious Injury
 Fatal

- Child's location in vehicle.



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



- Corrective Action None Citation Warning