

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"/> <input type="text"/> . <input type="text"/>		G20. Longitude W <input type="text"/> <input type="text"/> . <input type="text"/>		

G21. First Harmful Event	Crash with OMV in road: <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 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)	Fixed Object <input type="radio"/> Bridge/Culvert <input type="radio"/> Embankment/Ditch/Curb <input type="radio"/> Guardrail/Median Barrier <input type="radio"/> Tree <input type="radio"/> Utility pole/light support <input type="radio"/> Other fixed object <input type="radio"/> Sign Post <input type="radio"/> Signal standard Non-fixed Object <input type="radio"/> Building/Other Structure <input type="radio"/> Maint. Equip. - Not Moving <input type="radio"/> Maint. Equip. - Moving <input type="radio"/> Other non-fixed object	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	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	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
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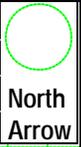
G25. Light Condition <input type="radio"/> Daylight <input type="radio"/> Dark-Lit <input type="radio"/> Dark-Unlit <input type="radio"/> Dawn <input type="radio"/> Dusk	G26. Road Condition <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Water <input type="radio"/> Sand/Mud/Dirt/Oil/Gravel <input type="radio"/> Ice <input type="radio"/> Slush <input type="radio"/> Snow	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	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
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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"/>	G39. Address <input type="text"/>
G32. Phone Number <input type="text"/>	G40. Phone Number <input type="text"/>
G33. City <input type="text"/>	G41. City <input type="text"/>
G34. State <input type="text"/>	G42. State <input type="text"/>
G35. Zip Code <input type="text"/>	G43. Zip Code <input type="text"/>
G36. Sex <input type="radio"/> M <input type="radio"/> F	G44. Sex <input type="radio"/> M <input type="radio"/> F
G37. Age <input type="text"/>	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



Sample

N2. Collision Narrative

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"/> Front-Middle <input type="radio"/> Front-right <input type="radio"/> 2nd-left <input type="radio"/> 2nd-middle <input type="radio"/> 2nd-right <input type="radio"/> 3rd-left	<input type="radio"/> 3rd-middle <input type="radio"/> 3rd-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> Encl. Pass./Cargo Area <input type="radio"/> Unencl. Pass./Cargo Area <input type="radio"/> Riding on Exterior <input type="radio"/> Towed Vhcl./Trailer	<input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet
02. Address Same as Person # <input type="text"/>	03. Address <input type="text"/>			06. Position	07. Safety Equip. (2)	
04. City <input type="text"/>	05. State <input type="text"/>	Unborn Child <input type="checkbox"/>		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"/>
				011. Extricated <input type="radio"/> M <input type="radio"/> Y	012. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally	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 - Front <input type="radio"/> Deployed - Side <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		016. EMS Agency Code <input type="text"/>	017. Medical Facility Code <input type="text"/>	

Occupant

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WITNESS(ES)

W1. First Name M Last Name

W2. Address W3. Phone Number

W4. City W5. State W6. Zip Code

W7. Sex M F W8. Age

W1. First Name M Last Name

W2. Address W3. Phone Number

W4. City W5. State W6. Zip Code

W7. Sex M F W8. Age

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W1. First Name M Last Name

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W4. City W5. State W6. Zip Code

W7. Sex M F W8. Age

W1. First Name M Last Name

W2. Address W3. Phone Number

W4. City W5. State W6. Zip Code

W7. Sex M F W8. Age

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W4. City W5. State W6. Zip Code

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WITNESS(ES)

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