

STATE OF MISSISSIPPI  
UNIFORM CRASH REPORT

Agency Number

Agency Case Number

Page **01** of

Agency Name  G1. County  G2. Status Code  C  P  U

G3. Reported Date (MM/DD/YYYY)  /  /  G4. Reported Time (2400)  G5. Officer Time  
 Arrival Time (2400)  10-24 Time (2400)  G6. Vehicles  G7. Killed  G8. Injured

G9. Address Number  G10. Street Name  G11. Hwy/County Road #  G12. Trafficflow Direction  N  E  S  W

G13. Int.  Y  N G14. Distance    F  M G15. Direction  N  E  S  W G16. Intersecting Street Name  G17. Int. Hwy/County Road #

G18. City Name  G19. Latitude N     W G20. Longitude

<p><b>Crash with OMV in road:</b></p> <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	<p><b>Non-Crash in Road</b></p> <input type="radio"/> Overturn <input type="radio"/> Jackknife <input type="radio"/> Fell from vehicle <input type="radio"/> Other <p><b>Crash of MV in road with:</b></p> <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)	<p><b>Fixed Object</b></p> <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 <p><b>Non-fixed Object</b></p> <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	<p><b>G22. Crash Location</b></p> <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	<p><b>G23. Intersection Type</b></p> <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	<p><b>G24. Roadway System</b></p> <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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<p><b>G25. Light Condition</b></p> <input type="radio"/> Daylight <input type="radio"/> Dark-Lit <input type="radio"/> Dark-Unlit <input type="radio"/> Dawn <input type="radio"/> Dusk	<p><b>G26. Road Condition</b></p> <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	<p><b>G27. Weather Condition (2)</b></p> <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	<p><b>G28. Workzone Relationship</b></p> <input type="radio"/> Not Workzone Related <input type="radio"/> Within Construction Zone <input type="radio"/> Advance Warning Area	<p><b>G29. Workzone Type (2)</b></p> <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)

<p>G30. First Name <input type="text"/> M <input type="text"/> Last Name <input type="text"/></p> <p>G31. Address <input type="text"/> G32. Phone Number <input type="text"/></p> <p>G33. City <input type="text"/> G34. State <input type="text"/> G35. Zip Code <input type="text"/></p> <p>G36. Sex <input type="radio"/> M <input type="radio"/> F G37. Age <input type="text"/></p>	<p>G38. First Name <input type="text"/> M <input type="text"/> Last Name <input type="text"/></p> <p>G39. Address <input type="text"/> G40. Phone Number <input type="text"/></p> <p>G41. City <input type="text"/> G42. State <input type="text"/> G43. Zip Code <input type="text"/></p> <p>G44. Sex <input type="radio"/> M <input type="radio"/> F G45. Age <input type="text"/></p>
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G46. Badge Number  G47. Investigating Officer Name (Please Print)  G48. Officer Signature

G49. Reviewing Badge Number  G50. Reviewing Officer Initials  G51. Photos Taken  Y  N G52. Photographer and Badge #

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

P12. DL Status P13. Cited P14. Ticket # P15. Offense

P16. Xport P17. EMS P18. Medical

P19. Condition P20. Non-Motorist Action

P21. Contributing Circumstance (8)

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

Extricated Sex

Race

Position

Airbag

Alcohol Test Information

Status

Result

Drug Test Information

Status

Occupant

O0. Vehicle #: O1. First Name M Last Name O2. Address Same as Person# 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 Same as Person# 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  
Additional Occupants

Agency Number

Agency Case Number

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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"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other	010. Age <input type="text"/>
				011. Extricated <input type="radio"/> N <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 <input type="radio"/> Not Deployed <input type="radio"/> No Airbag	
	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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	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"/>	

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