

1. ACCIDENT CLASSIFICATION		NUMBER OF VEHICLES INVOLVED		ACCIDENT DATE	ACCIDENT TIME (MIL)	TIME NOTIFIED (MIL)	TIME ARRIVED (MIL)	INVESTIGATION DATE
PROPERTY DAMAGE	NUMBER INJURED	NUMBER KILLED						
COUNTY			MUNICIPALITY			BEAT/ZONE		TRIP/DIST/PT
LOCATION				DISTANCE FROM	DIRECTION	AT INTERSECTING STREET OR ROADWAY		
LOG POINT				FEET	<input type="checkbox"/> N <input type="checkbox"/> E	SPEED LIMIT		
SPEED LIMIT				GEO - CODE	MILES	<input type="checkbox"/> S <input type="checkbox"/> W	GEO - CODE	
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 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)				5. DRIVER 2					
	ADDRESS		CITY	STATE	ZIP	ADDRESS		CITY	STATE	ZIP
	DRIVERS LICENSE NUMBER		STATE	TYPE OF LICENSE		DRIVERS LICENSE NUMBER		STATE	TYPE OF LICENSE	
	INSURANCE COMPANY		PROOF SHOWN	MC Qual		INSURANCE COMPANY		PROOF SHOWN	MC Qual	
YEAR		MAKE	MODEL	COLOR	YEAR		MAKE	MODEL	COLOR	
VIN		LIC. PLATE NO.	STATE	YEAR	VIN		LIC. PLATE NO.	STATE	YEAR	
VEHICLE OWNER NAME (LAST, FIRST, MI)/COMMERCIAL CARRIER										
ADDRESS		CITY	STATE	ZIP	ADDRESS		CITY	STATE	ZIP	
VEHICLE DAMAGE INITIAL IMPACT #					2. VEHICLE DAMAGE INITIAL IMPACT #					
Circle all Damaged Areas					Circle all Damaged Areas					
TOWED		TOW CO.			TOWED		TOW CO.			

6. CODES	SEAT LOCATION			INJURY		TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES								
	XX - Not Known	OE - Occupant - Enclosed Load Area	OU - Occupant - Unenclosed Load Area	1. Fatal	2. Disabling	3. Evident - Not Disabling	4. Probable - Not Apparent	5. None Apparent	6. Unknown	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

7. DRIVER	NAME	ADDRESS	DATE OF BIRTH	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS. PORT	EJEC. TION	AIR BAG	SAF. DEV.	PHONE
	DRIVER 1	SAME AS ABOVE			1							
	DRIVER 2	SAME AS ABOVE			2							

8. OTHER OCCUPANTS	NAME OF WITNESS		ADDRESS	CITY	STATE	ZIP	PHONE

10. VEHICLE BODY TYPES
AUTOMOBILES/SPECIAL VEHICLES

V1 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

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

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

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 NA
 1. Police
 2. Fire
 3. Ambulance
 4. Other (Must Check 'A')
 A. Emergency Vehicle on Emergency Run

13. VEHICLE ACTION

V1 V2 NA
 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 NA
 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
 16. Improperly Parked
 17. Failed to Yield
 18. Drinking
 19. Drugs
 20. Physical Impairment
 21. Inattention
 22. None

15. VISION OBSCURED

V1 V2 NA
 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 NA
 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

P1 P2 NA
 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 5. Pedestrian
 2. Bicyclist or Pedalcyclist 6. Train
 3. Fixed Object 7. MV in Transport
 4. Other Object 8. MV on Other Roadway
 9. Parked MV

NON-COLLISION

10. Overturning
 11. Other Non-Collision

1. On Roadway 2. Off Roadway

20. LIGHT CONDITION

V1 V2 NA
 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

19. TWO VEHICLE COLLISION (To be completed only if Accident Type Box 7, 8, or 9 is checked.)

60. Head On 62. Sideswipe - Meeting 64. Angle 67. Other
 61. Rear End 63. Sideswipe - Passing 65. Backed Into

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:

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

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 NA
 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 NA
 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 NA
 1. Ran Off Road
 2. Jackknife
 3. Overturn
 4. Downhill Runaway
 5. Cargo Loss or Shift
 6. Explosion or Fire
 7. Separation of Unit
 8. Collision Inv. Pedestrian
 9. Collision Inv. MV in Transport
 10. Collision Inv. Parked Motor Vehicle
 11. Collision Inv. Train
 12. Collision Inv. Pedalcycle
 13. Collision Inv. Animal
 14. Collision Inv. Fixed Object
 15. Collision Inv. Other Object
 16. Other

26H. APPARENT DRIVER CONDITION

If Probable Contributing Circumstance 20 marked above, indicate the physical impairment.

V1 V2 NA
 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.

COMMERCIAL MOTOR VEHICLE SECTION

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

OFFICER NARRATIVE AND STATEMENTS (IF ADDITIONAL ROOM IS NECESSARY, ATTACH A SEPARATE SHEET)

28. NARRATIVE / STATEMENTS

Large empty rectangular area for writing the officer's narrative and statements.

IOTOS

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.

