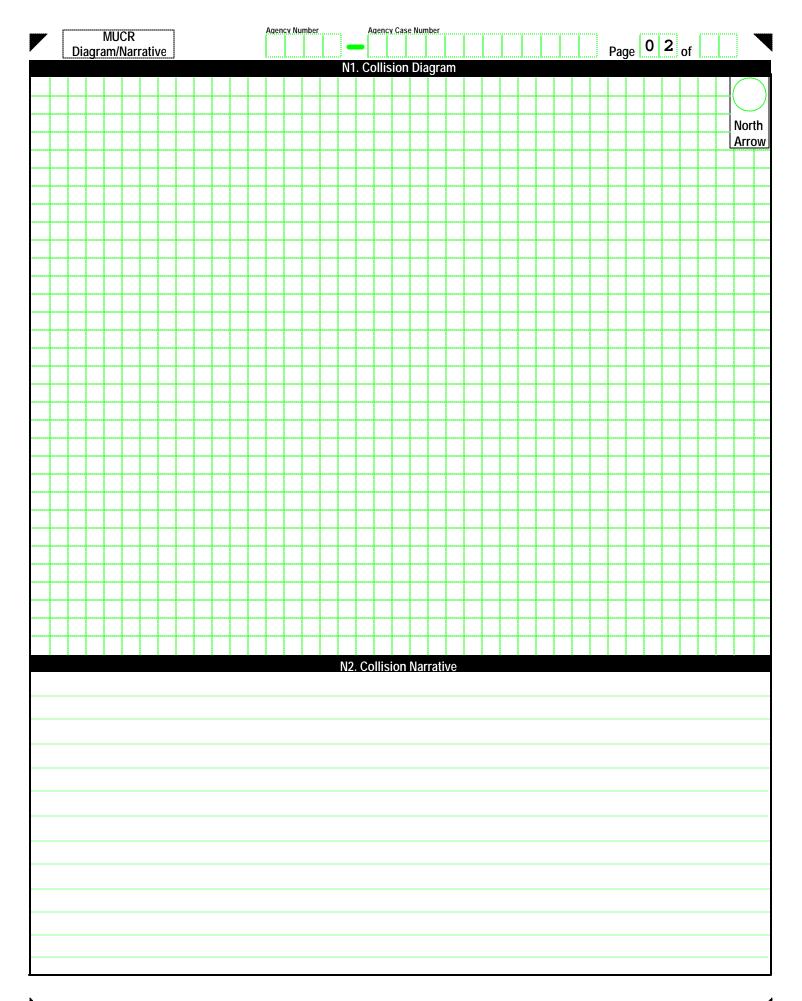
	Agency Number Agency							encv (v Case Number															
	STATE OF MISSIS: UNIFORM CRASH R						-[Page	0	1	of			
Agenc	y Name																G1.	County		_		tatus C	_	
																				C		O P	0	
										G5. (Office	er Tir	ne				_			С		Р	U	-
G3. Re	eported Date (MM/DD/YYYY)		G4. Re	ported	Time (24	100)	Α	rrival	Time	(2400)			10-2	4 Time	(2400))	(G6. Vehicle	es	G7. Ki	illed	G	3. Injure	ed
	/		Ш																	Ш		L		J
G9. Ad	Idress Number G	310. Street Name	1														G11.	Hwy/Cour	nty Roa	d #	_		flow Dir	
																1			Ì	1		N	0	
									<u> </u>		_				_	_			_			S	0	VV
G13. In		O F	G15. Direct		l6. Inter	rsecting	g Street N	ame			_									(G17. I	nt. Hwy	/County	Road #
O N		_	0 S 0																	Ш	L			
G18 (City Name								G1	9. Latitu	de						G20	. Longitud	ρ.					
	,							N			ĪΓ	Т	٦٢	Т	Т	٦١	N		ור	Т		П		7
۲					Floor d C	N. I 4		۱,	<u>'</u>		L		<u> </u>				_			<u> </u>	╝.	<u>Ш</u>		
Cra	ash with OMV in road: Rear end slow or stop	Non-Crash in Roa Overturn	ad		Fixed C Brid		vert			O F	Roadw	ay		0	None			0	City	Street	t			
	Rear end turn	Jackknife			○ Eml	bankme	ent/Ditch/C	Curb			Off-Ro	adway		0	Four-v	way Inte	er	0	Stat	e High	ıway			
	Left turn same roadway	Fell from ve	ehicle		O Gua	ardrail/N	∕ledian Ba	rrier	location		/lediar	1		0	T - Int	ersectio	n	tem		. High				
	Left turn cross traffic	Other			Tre		u	-	<u> </u>						Cross			Š						
	Right turn cross traffic	Other							Crach		Roadsi	ide	Type					vay		nty Ro				
				Utility pole/light support							Shoulder Shoulder							Parking Lot/Private Drive						
	Head on	Crash of MV in ro	oad with:				d object		ن	O F	arkin	g Lot	ectic				nore	G24. R	Inter	state				
	Sideswipe	O Pedestrian		O Sign Post						Gore Off Ramp								Off Road State Park						
	Angle	O Parked Veh	iicle	Signal standard					On Ramp															
C	Hit and run	Train			Non-fix								O	0	Path/	Trail			Stati	; Paik				
		Bicyclist			_	-	ther Struct							0	RR Xi	ng								
		O Deer			_		ip Not M							0	Traffic	: Circle/	Round							
		O Animal (other	er than deer)		_		ip Movir fixed obje							0	Y - Int	ersectio	n							
	Daylight Ory			Clear		_	own Debri		2	2									Non	ρ.				
e G	S O Wet		dition (2)	Olodi				.5	idode				_					ype (2)			ıt or N	Movina	n Mork	,
	Dark-Lit Water		nditi	☐ Rain ☐ Fog/Smog/Smoke						Not Workzone Related								j j						`
O 본	Dark-Unlit Dawn Dawn Dawn	lud/Dirt/Oil/Gra	ave S							Within Construction Zone							zone	Lane Closure Lane Shift/Crossover						
G25. Light Cor	Dawn & O Ice			Cloud	у	☐ Sle	eet/Hail		orly 7		Adva	nce V	Varnin	ıa Are	ea			Work						
GZ	Dusk Slush		7. W						V 00	o o				J -				G29.		ulder/N	viedia	in vvo	rk	
	O Snow		G27.	High v	vinds	☐ Sn			3) /									Utilit	y				
							W	/ITNE	SS	(ES)														
G30. Fi	rst Name	M	ast Name					_	G38	8. First I	lame						M	Last Na	me					\neg
									L															
G31. Ac	ddress		G32	2. Phon	e Numb	er			G39	9. Addre	ss								G40). Phon	e Num	ber		_
									L										IL					
G33. Cit	ty		G34. State	G35. 7	Zip Cod	e			G41	1. City								G42. St	ate	G43. Zi	ip Cod	le		
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G3	86. Sex O M O F			G37. A	Age					G44	. Sex	U I	M	O F					G45	. Age				
G46. E	Badge Number	G47. In	vestigating (Officer N	ame (PI	ease Pr	rint)									G4	8. Office	er Signature)					<u> </u>
C45 -	Opulandan Badar Nami	Deuleurin - Com	- 1-147-1-																					
G49. R	Reviewing Badge Number G50.	Reviewing Office	rinitials							Taken N		G52. F	hotoara	apher a	ind Bad	dae#								
ГШ			l				U	ī		→ 11														



		MUC Vehic		VO. Vehicl	e #: V1. Tota	Occupa	ants	Agency I	vumber	<u> </u>	Owne	cy Case								Pag	j e	of		
V2.	State	V:	3. Year		V4. Licen	ise Plate	Numbe	er	П		Same as Driver	s V12	2. Own		me									
V5.	Make	<u> </u>				_	V6. Mo	del Year	\vdash			V13	3. Add	ress										
V7	Vehic	le Model				ַן ע	V8 Vel	hicle Colo	 r			V14	1. City						V15. St	ate '	V16. Zip	Code		
	Verne	ic woder				\Box	VO. VC	nicie cole					v. City						V13. 3t	ate	- 10. E.P	0000		
1/0	D	0	Heavy	O Ligh	nt O Non		Speed	Zone V	11. Est.	Speed	V19. No of Insu	ırance		Insura	nce Co	mpany	Name		<u> </u>	/18. Polic	y Numb	er		
	Collis	ion w/ Per		le/Non-fixed		Non-C	Collision						ision w	/ Fixe	d Object				O G	oing Straig	ght	O A	voidance	
		00	O An	imal			0			_oss/Sh	ift	ò	0		_		tor/Cushio	n			-	•	01	
	0	00		cyclist intenanc	e Equip.		0 0		Crosso Equipm	ver ent Fail	lure	0	0	0	O Br	-	Structure		O Ma	aking Left	Turn	O Li	ane Chang	e
ents		0 0		ving Veh			0 0			mp from plosion	Vehicle	0	0		O C			Action	O St	opped		O L	eaving Par	king
V20. Sequence of Events	0	000		destrian	1010	0	0 0	0 0	mmers Jackknii	ion		0	0	0		mbanl	kment	hicle A	O Sle	ow/Stop ir	n Road	0 0	vertaking/	Passing
nence	0	0	O Slo	wing Vel		0	o d	0 0	Median/	/Center		o	0	0	O G	uardra		21. Ve	O Pa	nrked		O P	arking Pos	sition
o. Seq	0	00	O Sto	opped Ve	hicle in Roa		0 0			ı/Falling dway/Le	object eft	0	0	0	О м О м		(Barrier	>	•					
V2							0 0			dway/R n/Rollo	-	0	0		PrTr		ole/Suppor	t	О Ва	icking		O IV	aking U T	urn
						0	o c	0 0	Jnit Se _l	paration		Ō	_				ixed Obje	ct	O Ma	aking Righ	nt Turn	O In	Tow	
<u>_</u>	O F	Passenger	r Car	O S	chool Bus		O Tr		over Co	orrectin	g/Steerii	ig	_							N			O None	
guratio		ight Truc			ingle-Unit Truc		_	uck/Traile	er	ontact	0	의	<u> </u>	9	0	0	O Under	of Trav	***	∢ĭ	ď	Туре	Right	only
V22. Vehicle Configuration	0 9	Stationwaç SUV	gon/van	_	ingle-Unit Truc arm Tractor			mergency ommercia	ven. I Bus	Initial Contact	-			ı		0	Overtu None	≣ Direction of	w¢-			(e	C Left (•
Vehic	O (Motorcycle	е	_	ractor/SemiTra ractor(2)		O A	TV arm Equip		V23.	0	0	0	<u> </u>	0	0	O Other	/24. Dir	sw	$\langle \langle \langle \rangle \rangle$	∑o <u>′</u>	16	BothSepa	
V22.	0				ractor(3)			nknown T			, 0	<u> </u>	<u> </u>	_	<u></u>		Outer	>	-0.00	š			O Signe	
		Channel-P Channel-P		0 0	officer R Flashing Sid	anal	C	Straigh	t/Level		O Bridge	е			_	O 2	Lane	0	3 Lane			O Asp	halt	
De	Ι.	Flag Perso	•	Ī	R Signal and (5	as a	Interse	ct two roa	ads	O Privat	e Drive			d Design	O 4	+	0	Frontag	e/Ramp	Ě	O Con	crete	
V26. Traffic Contro	O F	Flashing S	Signal Red	O S	ignal		d Characte	Straigh	t/Grade		O Curve	e/Hillcres	st		9. Road D	O P	arking Lot	0	One Wa	ay	Cilifaco	B O Dirt		
6. Traf		Flashing S No Passin	-	ow OS	top Sign ailroad Sign		8. Roa	Curve/L	_evel		O Cross	over			V2	O 1	Lane	0	Unpave	h	bead	Noad		
	0 1		9		ield Sign	ı	N C	Straigh	t/Hillcres	st	O Begin	/End Div	vided I	Road						s O No		Gra O Gra	vel	
\	√27. I	Device F	unctionin	ıg? 🔘 Y	O N		C	Curve/0	Grade		One-\	Nay				V31. C	Center Turn	Lane?	O Yes	s O No)	Oth	er - See	Narrative
V33	Tow	-42 (Yes	O No	V34. Autho	nritv·	O 0)wner	O Polic	ne 🔘	Other	V	35. To	wed	Rv·									
				110	VJ4. Autic	nity.			. 6116		Comme				,									
C1.	Carri	er ID Nui	mber:		C2. A	uthority	,	US DOT		0 9		C	Mex	cico		e	Auto trans Bus<15	sporter				Flatbed Garbage/refu	se	
C3.	Carri	er Name					0	MC		0 (Canada		_			ွှ	Bus 15+ Cargo tan	nk				Grain/chips/g Other	ravel	
L																Carg	Concrete				0	Pole/log		
C4.	Carri	er Addre	:SS										1			0	Dump None				O \	/an/enclosed	l box	
C5.	City						(C6. State	. (C7. Zip (Code		_											
							L								С	10. Co	mmodity Ha	auled						
	C8.	GWWR#															C11. Placa	ard ID						
	q	614	4323	0.2											(C12. H.	AZMAT Rele	eased	O Yes	0	No			

	MUCK	: Agency Number Agency Ca	Se Number	
, D4 D	Person/Occupant Pedestrian Pedestrian	Bicyclist O Skater O Oth	er non-motorist	Page of Hit and Run Driver
P1. P	craon rype C 2o.	P3 State P4. CDL? P5. DOB (M		Shoulder & Lap Belt O None
2. 210	ense n	ON T	1 1	_ Š 🐧 o
D6 Fir	st NameMlastJ	Jame O Y	/ /	Note
10. 111	St value	ame	O Valid O Suspended - D	UI
P7. Ad	drace	P8. Phone Number	Sparrer Permit	UI Lap Belt O Serious Lap Belt O Life Threatening Automated Restraint Shoulder Belt Shoulder Belt Shoulder Belt Not
F7. Au	uress	Po. Priorie Number	No License C Learner Permit	Shoulder Belt Shoulder Belt Not
P9. Cit	v P10. Sta	e P11. Zip Code	Expired	Child Safety Seat Partially
7. 010	, , , , ,		Suspended Other	Helmet 7 Totally
		▎▗		Extricated O N O Y
Φ.	Y # 1	es 1		ĕ OM OF
P13. Cif	2	D15. Offense		
				White Hispanic Black Other
	Not Transported Police Hearse	P17. EMS	P18. Medical	O Black
P16	EMS Private Vehicle	Agency Code	Facility Code	Center Right
_	No Defects Apparent Obviously Intoxicate	O O I II I I I I I	Pushing vehicle	O Danlovad - Front O Not Danlovad
olition O		Entering/Crossing Readway	/ Approaching/leaving vehicle	
CO	 Hit and Run Affected by Exhausi Drinking - Not impaired Using Drugs - Impair 	Fumes S	-	Deployed - Both
P19.		paired 2	cling Playing/working on vehicle	O None O Serum
_	Fell Asleep/Fainted/Fatigue Pending Lab Results	Morking	Standing	Blood Urine
	No Apparent Improper Driving Made I	nproper Turn	Not Visible (Dark Clothing)	O Breath
Ce (3	Failed to Yield Right of Way	Center	Operating Defective Equipment	None given Test given Test qiven, pending
nstar 	Following Too Closely	to keep proper lane/Run off road	Passed Stop Sign	Test refused Test given, pending
	Speed Too Fast For Conditions Avoida	nce	Pedestrian Actions	esult
ing C	Driving Under The Influence Drove	on Wrong Side of Road	Ran Red Light	Drug Test Information
Contributing Circumstance (3)	Animal on Roadway 🔲 Fatigue	d/Asleep	Roadway Defects	O ::
Cont	Faulty Equipment	Crossing Median	■ Visibility Obstructed	O Blood O Urine
P21.	Exceeded Lawful Speed	er Lane Change	☐ Improper Backing	None given Test given, pending
	Improper Passing/Overtaking Lying a	nd/or illegally in roadway	See Crash Description	None given Test given, pending Test refused Test given
00	Vehicle #: 01. First Name	Occu M Last Name		3rd-middle Shoulder and Lap Belt
00.	venicie #. Of. First Name	M Last Name		3rd-right ☑ None
02.4	ddress 03. Address		Front-right	Sleener of Truck Cah
Same	as			Encl. Pass./Cargo Area Unencl. Pass./Cargo Area Shoulder Belt
Perso	O4. City	O5. State	\mathbf{e}	Unencl. Pass./Cargo Area Shoulder Belt
L			NE !! A	Riding on Exterior Child Safety Seat Towed Vhcl./Trailer Helmet
Sex	M & White Hispanic	M A A A A A A A A A A A A A A A A A A A	INOL	i Da
08. O	L . R		Partially Complaint of Pain	O Deployed - Side O No Airbag
	Black Other		Totally Serious O Kill	led Deployed - Both
	tod _X ○ Not 1	ransported O Police O Hearse	O16. EMS	O17. Medical
	Not 1	O Private Vehicle	Agency Code	Facility Code
0-		Occu		Ord middle
00.	Vehicle #: 01. First Name	M Last Name		3rd-middle ☐ Shoulder and Lap Belt ☐ Shoulder and Lap Belt ☐ None
	ddress 03. Address			3rd-right S None S leeper of Truck Cab E Ap Belt
Same	as			Encl. Pass./Cargo Area Unencl. Pass./Cargo Area Unencl. Pass./Cargo Area Shoulder Belt
Perso	n# O4. City	O5. State	\subseteq	ů .
╽┖		Unborn (NE HEL	Riding on Exterior Child Safety Seat
			O Sid-leit	Towed Vhcl./Trailer Helmet
Sex	M g O White O Hispanic	Extricated N O N N O N N O O O O O O O O O O O O	Not	e Threatening O Deployed - Front O Not Deployed
08. S	Z 010		Partially Complaint of Pain	O Deployed - Side No Airbag
Ĭ	Black Other		Totally Serious O Kill	led Deployed - Both
	0382395460 S O Not 7	ransported O Police O Hearse	<u> </u>	O17. Medical
	0382395460 🚊 🔾 EMS	Private Vehicle	Agency Code	Facility Code

	MUCR	Agency Number Agency Case Nu	nber			\
	Additional Occupants				Page	of
		Occu	pant			
00.	Vehicle # 01. First Name	MI Last Name		Front-Driver	3rd-middle	☐ Shoulder and Lap Belt
				Front-Middle	3rd-right	None None
	Address 03. Address			Front-right 2nd-left	Sleeper of Truck Cab Encl. Pass./Cargo Area	Lap Belt Automated Restraint
Same Perso				2 O 2nd-middle	Unencl. Pass./Cargo Area	Automated Restraint Shoulder Belt
	O4. Citv	O5. State	a	2nd-right	Riding on Exterior	Child Safety Seat
		Unborn	Child 🔲	O 3rd-left	O Towed Vhcl./Trailer	Helmet
* ^	White O Hispanic	Age N O Cition	Not	None O	Life Threatening Dep	loyed - Front O Not Deployed
O8. Sex	S W		Partially	Complaint of Pai	in O Dep	loyed - Side O No Airbag
ô U	F Black O Other			- 2	Killed O Dep	loyed - Both
	=			16. EMS	O17. Medic	
		Not Transported Police Hear By EMS Private Vehicle	٠.	ncy Code	Facility Co	
		Occu	pant			
00.	Vehicle # O1. First Name	_M _ Last Name		O Front-Driver	3rd-middle	Shoulder and Lap Belt
	S. F. J. St. Hallie			Front-Middle	O 3rd-right	None
O2. <i>I</i>	Address O3. Address			Front-right	Sleeper of Truck Cab	Lap Belt
Same Perso	e as			2nd-left 2nd-middle	Encl. Pass./Cargo Area	Automated Restraint
	O4. City	O5. State		2nd-middle 2nd-right	Unencl. Pass./Cargo AreaRiding on Exterior	Shoulder Belt Child Safety Seat
_	-	Unborn	Child 🔲	O 3rd-left	Towed Vhcl./Trailer	Helmet
		Age M O Iffor	Not	None O	Life Threatening Dep	loyed - Front O Not Deployed
٧.	M White Hispanic			Complaint of Pai	in Airlos	loyed - Side O No Airbag
8 0	F 8 O Black O Other				4.	loyed - Both
					Killed	
		Not Transported Police Hear By Contract Private Vehicle	01	16. EMS ncy Code	O17. Medio Facility Co	
		Occu	pant			
00	Vehicle # O1. First Name	M Last Name		Front-Driver	3rd-middle	Shoulder and Lap Belt
	Volleto ii Vi. 1 ii st Name	- W Edst Name		Front-Middle	3rd-right	None None
O2. <i>I</i>	Address O3. Address			Front-right	O Sleeper of Truck Cab	E Lap Belt
Same Perso				2nd-left	Encl. Pass./Cargo Area	Automated Restraint
	O4. City	O5. State		2nd-middle 2nd-right	Unencl. Pass./Cargo Area Riding on Exterior	Shoulder Belt Child Safety Seat
		Unborn	Child 🔲	O 3rd-left	O Towed Vhcl./Trailer	Helmet
	0 0 148.9	Age M O I I I I I I I I I I I I I I I I I I	Not	None O	Life Threatening Dep	loyed - Front O Not Deployed
٧.	M & O White O Hispanic	O10. Age		Complaint of Pai	8	loyed - Side O No Airbag
8 O	F 8 O Black O Other	010. Age O10. Age			4.	loyed - Both
		Not Transported Police Hear		_	<u></u>	
		© EMS Private Vehicle	0.	16. EMS ncy Code	O17. Medic Facility Co	
		Occu	ŭ	•		
00	Vehicle # O1. First Name	M Last Name		O Front-Driver	3rd-middle	☐ Shoulder and Lap Belt
00.	Venicie # O1. First Name	Last Name		Front-Driver Front-Middle	3rd-right	Shoulder and Lap Bell None
02.4	Address 03. Address			Front-right	 Sleeper of Truck Cab 	Lap Belt
Same	e as			2nd-left	Encl. Pass./Cargo Area	Automated Restraint Shoulder Belt
	O4. City	O5. State		2nd-middle 2nd-right	Unencl. Pass./Cargo AreaRiding on Exterior	Shoulder Belt Child Safety Seat
<u> </u>		Unborn	Child 🔲	O 2na-right O 3rd-left	Towed Vhcl./Trailer	Helmet
		e C P		4)	Life Threatening	loyed - Front O Not Deployed
Sex O	M White Hispanic		Not Partially	Complaint of Pai	Virginia di Companya di Compan	loyed - Side O No Airbag
O8. Sex	F 8 O Black O Other	012. E			4.	•
					Killed Dep	loyed - Both
	6895084358	Not Transported Police Hear		16. EMS ncy Code	O17. Medic Facility Co	