

MISSISSIPPI UNIFORM CRASH REPORT

CRASH INFORMATION

Rev. 2021-1

Agency #

Case #

Page

of

☐ Secondary Crash

Number of Motorists	Number of Non-Motorists	Non-Fatally Injured Persons	Fatalities	Total Injuries and Fatalities	Vehicles Involved
Investigating Agency		County	City	Latitude	Longitude

CRASH TIME INFORMATION

Crash Date/Time	Police Notified Date/Time	Police Arrived Date/Time	Roadway Cleared Date/Time	10-24 Investigation Completed
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ROAD INFORMATION

Named road	Numbered road
Address Number Street Name	Road Number Milepost
Intersection Road Name	Intersection Road Number
<input type="checkbox"/> Crash was at an intersection	

LOCATION INFORMATION

Road Classification	Property Ownership	Trafficway Characteristics	Intersection Approach	Traffic Flow Direction
100 Interstate 101 US highway 102 State highway 103 County road 104 City street	100 Public property 200 Private property	100 Trafficway, on road 101 Trafficway, not on road 200 Non-trafficway	1 Not an intersection 2 Two 3 Three 4 Four 5 Five or more	X Not applicable (not a divided highway) N North W West S South E East

INVESTIGATING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
Badge #	Printed Name	Signature		

CRASH CIRCUMSTANCES AND CONDITIONS

First Harmful Event	Location of First Harmful Event	School Bus Relation	Weather Conditions
Non-Collision 100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event	100 Gore 101 In parking lane or zone 102 Median 103 Off roadway, location unknown 104 On roadway 105 On shoulder, left side 106 On shoulder, right side 107 Outside road/right-of-way 108 Roadside 109 Separator/traffic island 999 Unknown	000 No 100 Yes, school bus directly involved 101 Yes, school bus indirectly involved	000 Clear 100 Blowing sand, soil, dirt 101 Blowing snow 102 Cloudy 103 Fog, smog, smoke 104 Freezing rain or freezing drizzle 105 Rain 106 Severe crosswinds 107 Sleet or hail 108 Snow 980 Other 999 Unknown
Collision with Non-Fixed Object 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedalcycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling/shifting cargo or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object	Manner of Crash 000 Not a collision between two motor vehicles 100 Angle 101 Front to front 102 Front to rear 103 Rear to rear 104 Rear to side 105 Sideswipe, opposite direction 106 Sideswipe, same direction 980 Other 999 Unknown	Intersection Geometry 100 Angled / skewed 101 Roundabout / traffic circle 102 Perpendicular 970 Not applicable	Environmental Conditions 000 None 100 Animal(s) 101 Debris 102 Glare 103 Non-highway work 104 Obstructed crosswalks 105 Obstruction in roadway 106 Prior crash 107 Prior non-recurring incident 108 Regular congestion 109 Related to a bus stop 110 Road surface condition (wet, icy, snow, slush, etc.) 111 Ruts, holes, bumps 112 Shoulders (none, low, soft, high) 113 Toll booth/plaza related 114 Traffic control device 115 Traffic incident 116 Visual obstruction 117 Weather conditions 118 Work zone (construction/maintenance/utility) 119 Worn, travel-polished surface 980 Other 999 Unknown
Collision with Fixed Object 300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support 396 Collision with other post, pole, or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object	Relation to Junction 000 Not an interchange area 100 Acceleration or deceleration lane 101 Crossover related 102 Driveway access or related 103 Entrance/exit ramp or related 104 Intersection or related 105 Non-junction 106 Railway grade crossing 107 Shared-use path or trail 108 Through roadway 980 Other location within an interchange area (median, shoulder, and roadside) 999 Unknown	Intersection Traffic Control 000 No controls 100 Signalized 101 Stop -all way 102 Stop -partial 103 Yield 970 Not applicable	
		Roadway Surface Condition 000 Dry 100 Ice/Frost 101 Mud, dirt, gravel 102 Oil 103 Sand 104 Slush 105 Snow 106 Water (standing, moving) 107 Wet 980 Other 999 Unknown	
		Light Condition 101 Daylight 201 Dawn/Dusk 301 Dark - lighted 302 Dark - not lighted 399 Dark - unknown lighting 980 Other 999 Unknown	

CRASH REPORT - CRASH SUMMARY

MISSISSIPPI UNIFORM CRASH REPORT

CRASH INFORMATION

Rev. 2021-1

Agency #

Case #

Page of

WORK ZONE CRASH INFORMATION

Work Zone 000 No 100 Yes 999 Unknown	Location Relative to Work Zone 100 Before the first work zone warning sign 101 Advance warning area 102 Transition area 103 Activity area 104 Termination area 970 Not applicable 999 Unknown	Work Zone Type 100 Lane closure 101 Lane shift / crossover 102 Work on shoulder or median 103 Intermittent or moving work 970 Not applicable 980 Other 999 Unknown	Worker(s) Present 000 No 100 Yes 970 Not applicable 999 Unknown	Law Enforcement Present 000 No 100 Yes 970 Not applicable 999 Unknown
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PHOTOGRAPHER

Photos Taken? <input type="checkbox"/>	Rank	First Name	Middle Name	Last Name	Suffix
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REVIEWING OFFICER

Rank	First Name	Middle Name	Last Name	Suffix
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WITNESS #

WITNESS #

Name				Name			
<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>	<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>
Address				Address			
City		State	Postal Code	City		State	Postal Code
Phone Number		Age	Sex	Phone Number		Age	Sex

WITNESS #

WITNESS #

Name				Name			
<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>	<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>
Address				Address			
City		State	Postal Code	City		State	Postal Code
Phone Number		Age	Sex	Phone Number		Age	Sex

WITNESS #

WITNESS #

Name				Name			
<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>	<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Suffix</small>
Address				Address			
City		State	Postal Code	City		State	Postal Code
Phone Number		Age	Sex	Phone Number		Age	Sex

TRAIN CRASH INFORMATION

TRAIN #

Engineer <input type="checkbox"/> Unknown <div style="text-align: center;"><small>First</small> <small>Middle</small> <small>Last</small> <small>Suffix</small></div>				Engineer ID Number <input type="checkbox"/> Unknown			
Conductor <input type="checkbox"/> Unknown <div style="text-align: center;"><small>First</small> <small>Middle</small> <small>Last</small> <small>Suffix</small></div>				Conductor ID Number <input type="checkbox"/> Unknown			
Company <input type="checkbox"/> Unknown				DOT Crossing Number <input type="checkbox"/> Unknown			

MISSISSIPPI UNIFORM CRASH REPORT

VEHICLE INFORMATION

Rev. 2021-1

Agency #

Case #

Page

of

DESCRIPTION AND INFORMATION

<input type="checkbox"/> Check if this vehicle had no driver	Hit and Run 000 No, did not leave the scene 100 Yes, driver and vehicle left scene 101 Yes, only driver left scene	Vehicle Type 100 Motor vehicle in transport 101 Parked motor vehicle 102 Working vehicle / equipment	Vehicle Body Type <u>Passenger Vehicles</u> 100 Passenger car 101 Passenger van (less than 9 seats) 102 (Sport) utility vehicle 103 Pickup 104 Cargo van <u>Construction / Farm Equipment</u> 200 Construction equipment (backhoe, bulldozer, etc.) 201 Farm equipment (tractor, combine, harvester, etc.) <u>Cycle / Low Speed</u> 300 2-wheeled motorcycle 301 3-wheeled motorcycle 302 Moped or motorized bicycle 303 All-terrain vehicle / all-terrain cycle (ATV / ATC) 304 Golf Cart 305 Snowmobile 306 Low Speed Vehicle 307 Recreational off-highway vehicles (ROV) 308 Autocycle <u>Trucks</u> 400 Single unit truck 401 Truck tractor 498 Other truck <u>Large Passenger Vehicle</u> 500 Motor home 501 9 or 12 passenger van 502 15-passenger van 503 Large limo 504 Mini-bus 505 School bus 506 Transit bus 507 Motorcoach 598 Other bus / large passenger vehicle <u>Other</u> 980 Other
VIN <input type="checkbox"/> Unknown			
Model Year <input type="checkbox"/> Unknown	Make	Model	Color
License Plate <input type="checkbox"/> Missing <input type="checkbox"/> Non-expiring State <input type="checkbox"/> Unknown Number <input type="checkbox"/> Unknown Year <input type="checkbox"/> Unknown			
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown			
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown			
Insurance <input type="checkbox"/> Uninsured at time of crash Company <input type="checkbox"/> Unknown NAIC # <input type="checkbox"/> Unknown Policy # <input type="checkbox"/> Unknown			

DAMAGE

Damage Extent 000 None 100 Minor damage 101 Functional damage 102 Disabling damage 990 Vehicle not at scene	State Property Damaged <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Bridge overhead structure <input type="checkbox"/> 101 Bridge pier or support <input type="checkbox"/> 102 Bridge rail <input type="checkbox"/> 200 Cable barrier <input type="checkbox"/> 201 Concrete traffic barrier <input type="checkbox"/> 202 Guardrail end terminal <input type="checkbox"/> 203 Guardrail face <input type="checkbox"/> 204 Impact attenuator/crash cushion <input type="checkbox"/> 298 Other traffic barrier <input type="checkbox"/> 300 Traffic sign support <input type="checkbox"/> 301 Traffic signal support <input type="checkbox"/> 302 Utility pole/light support <input type="checkbox"/> 980 Other	Initial Contact Point <table border="1"><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="4">→</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage <input type="checkbox"/> 114 Cargo Loss <input type="checkbox"/> 999 Unknown	7	8	9	10	11	6	→				12	5	4	3	2	1	Damaged Areas <table border="1"><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>6</td><td colspan="4">→</td><td>12</td></tr><tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table> <input type="checkbox"/> 001 Vehicle not at scene <input type="checkbox"/> 100 Top <input type="checkbox"/> 113 Undercarriage	7	8	9	10	11	6	→				12	5	4	3	2	1
7	8	9	10	11																															
6	→				12																														
5	4	3	2	1																															
7	8	9	10	11																															
6	→				12																														
5	4	3	2	1																															
Power Unit Damaged? 000 No 100 Yes 999 Unknown																																			

TOWING

Tow Status 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage	Tow Authority 100 Owner 101 Law enforcement 970 Not applicable 980 Other	Towed By <input type="checkbox"/> Unknown
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MISSISSIPPI UNIFORM CRASH REPORT

VEHICLE INFORMATION

Rev. 2021-1

Agency #

Case #

Page of

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage	Emergency Vehicle Usage	Vehicle Maneuver
000 No special function 100 Bus - school (public or private) 101 Bus - childcare / daycare 102 Bus - transit / commuter 103 Bus - charter / tour 104 Bus - intercity 105 Bus - shuttle 198 Bus - other 200 Farm vehicle 201 Fire truck 202 Highway / maintenance 203 Mail carrier 204 Military 205 Ambulance 206 Police	207 Public utility 208 Non-transport emergency services vehicle 209 Safety service patrols - incident response 210 Other incident response 211 Rental truck (over 10,000 lbs) 212 Towing - incident response 213 Truck acting as crash attenuator 214 Taxi 215 Vehicle used for electronic ride-hailing (transportation network company) 980 Other 999 Unknown	000 Non-emergency, non-transport 100 Non-emergency transport 200 Emergency operation, emergency warning equipment not in use 201 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown
	Travel Direction 000 Not on roadway 800 Northwest 700 West 600 Southwest 100 North 200 Northeast 300 East 400 Southeast 500 South 999 Unknown	100 Backing 101 Changing lanes 102 Entering traffic lane 103 Leaving traffic lane 104 Making U-turn 105 Movements essentially straight ahead 106 Negotiating a curve 107 Overtaking/passing 108 Parked 109 Slowing 110 Stopped in traffic 111 Turning left 112 Turning right 980 Other 999 Unknown

Traffic Control Device Types and Statuses				Vehicle Defects	
Traffic Control Device Types		Devices Present	Devices Inoperative or Missing		
000 None 100 Person (including flagger, law enforcement, crossing guard, etc) 200 Bicycle crossing sign 201 "Curve Ahead" warning sign 202 "Intersection Ahead" warning sign 203 Pedestrian crossing sign 204 Railroad crossing 205 "Reduce Speed Ahead" warning sign 206 School zone sign 207 Stop sign 208 Yield sign 298 Other warning sign	300 Flashing railroad crossing (may include gates) 301 Flashing school zone signal 302 Flashing traffic control signal 303 Lane use control signal 304 Ramp meter signal 305 Traffic control signal 398 Other signal 400 Bicycle crossing 401 Pedestrian crossing 402 Railroad crossing 403 School zone 498 Other pavement marking (excluding edgelines, centerlines, or lane lines) 980 Other 999 Unknown	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	000 None 100 Brakes 101 Exhaust system 102 Body doors 103 Steering 104 Power train 105 Suspension 106 Tires 107 Wheels 108 Lights (head,signal,tail) 109 Window / Windshield 110 Mirrors 111 Wipers 112 Truck coupling / trailer hitch / safety chains 980 Other 999 Unknown	
				Automation System Level Present 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation	
				Automation System Level Engaged at Time of Crash 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation	
Trafficway Division 000 Not divided 001 Not divided, with a continuous left turn lane 100 Divided, flush median (greater than 4 ft wide) 101 Divided, raised median (curbed) 102 Divided, depressed median 999 Unknown		Barrier Type 000 None 100 Cable barrier 101 Concrete barrier (e.g. Jersey barrier) 102 Earth embankment 103 Guardrail 980 Other		Automation System Level Engaged at Time of Crash 000 No automation 100 Driver assistance 101 Partial automation 102 Conditional automation	
Roadway Grade 100 Level 101 Uphill 102 Hillcrest 103 Downhill 104 Sag (bottom)	# of Through Lanes # of Auxiliary Lanes	Roadway Alignment 100 Straight 101 Curve left 102 Curve right	Permitted Travel 100 One-way 200 Two-way Posted Speed Limit <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	HOV Lane Presence 000 None present 100 Separated barrier, flush (greater than 4 ft wide), raised or depressed median 101 Not separated, painted pavement markings, post-mounted delineators	HOV Lane Relation 000 No 100 Yes

MOTOR VEHICLE EVENTS

Sequence of Events				Most Harmful Event
1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	
Non-Harmful Events				Collision with Fixed Object
000 Cross centerline 001 Cross median 002 End departure (T-intersection, dead-end, etc.) 003 Downhill runaway 004 Equipment failure (blown tire, brake failure, etc.)				300 Collision with bridge overhead structure 301 Collision with bridge pier or support 302 Collision with bridge rail 303 Collision with cable barrier 304 Collision with concrete traffic barrier 305 Collision with culvert 306 Collision with curb 307 Collision with ditch 308 Collision with embankment 309 Collision with fence 310 Collision with guardrail end terminal 311 Collision with guardrail face 312 Collision with impact attenuator/crash cushion 313 Collision with mailbox 314 Collision with traffic sign support 315 Collision with traffic signal support 316 Collision with tree (standing) 317 Collision with utility pole/light support
Non-Collision Events		Collision with Person / Vehicle / Non-Fixed Object		
100 Cargo/equipment loss or shift 101 Fell/jumped from motor vehicle 102 Fire/explosion 103 Immersion, full or partial 104 Jackknife 105 Overturn/rollover 106 Thrown or falling object 198 Other non-collision harmful event		005 Ran off roadway left 006 Ran off roadway right 007 Reentering roadway 008 Separation of units 098 Other non-harmful event 200 Collision with animal (live) 201 Collision with motor vehicle in transport 202 Collision with parked motor vehicle 203 Collision with pedacycle 204 Collision with pedestrian 205 Collision with railway vehicle (train, engine) 206 Collision with object at rest from MV in transport 207 Collision with falling, shifting cargo, or anything set in motion by MV 208 Collision with work zone/maintenance equipment 209 Collision with farm equipment 297 Collision with other non-motorist 298 Collision with other non-fixed object		
				396 Collision with other post,pole,or support 397 Collision with other traffic barrier 398 Collision with other fixed object (wall, building, tunnel, etc.) 399 Collision with unknown fixed object

MISSISSIPPI UNIFORM CRASH REPORT
VEHICLE INFORMATION

Rev. 2021-1

Agency #

Case #

Page

of

COMMERCIAL MOTOR VEHICLE INFORMATION

Vehicle Configuration

000 Not a qualifying vehicle

100 Vehicles 10,000 lbs or less placarded for hazardous materials

200 Bus/large van (seats 9-15 occupants, including driver)

201 Bus (seats more than 15 occupants, including driver)

300 Single-unit truck (2-axle and GVWR > 10,000 lbs.)

301 Single-unit truck (3 or more axles)

302 Truck pulling trailer(s)

303 Truck tractor (bobtail)

304 Truck tractor/semi-trailer

305 Truck tractor/double

306 Truck tractor/triple

307 Truck more than 10,000 lbs., cannot classify

Hazardous Materials Placard

000 Did not carry hazardous materials

999 Unknown

100 Carried hazardous materials with placard

200 Carried hazardous materials without placard

Hazardous Material ID

Hazardous Material Class

1 Explosives

2 Gas

3 Flammable liquids

4 Other flammable substances

5 Oxidizing substances and organic peroxides

6 Toxic (poisonous) and infectious substances

7 Radioactive material

8 Corrosives

9 Miscellaneous dangerous goods

970 Not applicable

999 Unknown

Hazardous Materials Released
from Vehicle Cargo Compartment

000 No, hazardous materials not released

100 Yes, hazardous materials released

970 Not applicable

Motor Carrier Name ☐ Unknown

Motor Carrier ID Number

Cargo Body Type

000 No cargo body

100 Bus

101 Auto transporter

102 Cargo tank

103 Concrete mixer

104 Dump

105 Flatbed

106 Garbage / refuse

107 Grain / chips / gravel

108 Intermodal container chassis

109 Log

110 Pole trailer

111 Van / enclosed box

112 Vehicle towing another vehicle

970 Not applicable

980 Other

999 Unknown

Special Sizing

☐ 000 No special sizing

☐ 100 Over-height

☐ 101 Over-length

☐ 102 Over-weight

☐ 103 Over-width

☐ 999 Unknown

Number
of Axles

☐ Unknown

Motor Carrier Type

000 Not a motor carrier

100 Interstate carrier

101 Intrastate carrier

102 Not in commerce / government

980 Not in commerce / other truck or bus

Motor Carrier Identification

100 USDOT number

101 State number

970 Not applicable

999 Unknown/unable to determine

State

Motor Carrier Address ☐ Unknown

Street

City

State

Postal Code

GVWR/GCWR

100 Light (less than 10,000 lbs.GVWR/GCWR)

101 Medium (10,001 - 26,000 lbs GVWR/GCWR)

102 Heavy (greater than 26,000 lbs GVWR/GCWR)

970 Not applicable

999 Unknown

Commodity Hauled

TRAILER INFORMATION

TRAILER #

VIN ☐ Unknown

Number of Axles ☐ Unknown

Year ☐ Unknown

Make ☐ Unknown

Model ☐ Unknown

License Plate ☐ Missing

State

☐ Unknown

Number

☐ Unknown

Damaged

000 No

999 Unknown

100 Yes

TRAILER INFORMATION

TRAILER #

VIN ☐ Unknown

Number of Axles ☐ Unknown

Year ☐ Unknown

Make ☐ Unknown

Model ☐ Unknown

License Plate ☐ Missing

State

☐ Unknown

Number

☐ Unknown

Damaged

000 No

999 Unknown

100 Yes

TRAILER INFORMATION

TRAILER #

VIN ☐ Unknown

Number of Axles ☐ Unknown

Year ☐ Unknown

Make ☐ Unknown

Model ☐ Unknown

License Plate ☐ Missing

State

☐ Unknown

Number

☐ Unknown

Damaged

000 No

999 Unknown

100 Yes

MISSISSIPPI UNIFORM CRASH REPORT

DRIVER INFORMATION

Rev. 2021-1

Agency #

Case #

Page

of

DRIVER INFORMATION

Name <input type="checkbox"/> Unknown				Age <input type="checkbox"/> Unknown	Sex 100 Female 101 Male 999 Unknown	Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
<i>First Middle Last Suffix</i>						
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Unknown		
<i>Street City State Postal Code</i>						
Incident Responder 000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)				Date of Birth <input type="checkbox"/> Unknown		Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown

DRIVER LICENSE INFORMATION

License Status 100 Valid license 000 Not licensed 001 Canceled or denied 002 Expired 003 Revoked 004 Suspended 999 Unknown	License Number License State Is Commercial DL? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Class 000 None 100 Class A 101 Class B 102 Class C 200 Light commercial/taxi/chauffeur (MS class D) 300 Motorcycle only (class M, non-MS only) 400 Regular driver license class (MS classes R, T, P, and Y) 970 Not applicable	Commercial Driver License Status 100 Valid 000 Canceled or denied 970 Not applicable 101 Learner's permit 001 Disqualified 999 Unknown 002 Expired 003 Revoked 004 Suspended 098 Other (not valid)
Endorsements on License <input type="checkbox"/> 000 None/not applicable <input type="checkbox"/> 100 H - Hazardous materials <input type="checkbox"/> 101 N - Tank vehicle <input type="checkbox"/> 102 P - Passenger <input type="checkbox"/> 103 S - School <input type="checkbox"/> 104 T - Double/triple trailers <input type="checkbox"/> 105 X - Combination of tank vehicle and hazardous materials <input type="checkbox"/> 980 Other non-commercial license endorsements (e.g., motorcycle, etc.) <input type="checkbox"/> 999 Unknown		Endorsement Compliance 000 No endorsements required for the vehicle 100 Endorsements required, complied with 101 Endorsements required, not complied with 999 Endorsements required, compliance unknown 999 Unknown if endorsements required	Restrictions on License Alcohol Interlock Presence 000 No 970 Not applicable 100 Yes 999 Unknown

DRIVER SEATING AND SAFETY INFORMATION

Seating Position		Restraint Systems Used																																									
Standard Vehicle Seats <table><thead><tr><th colspan="5">Front</th></tr><tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Unk</th></tr></thead><tbody><tr><td>1</td><td>100</td><td>101</td><td>102</td><td>199</td></tr><tr><td>2</td><td>200</td><td>201</td><td>202</td><td>299</td></tr><tr><td>3</td><td>300</td><td>301</td><td>302</td><td>399</td></tr><tr><td>4</td><td>400</td><td>401</td><td>402</td><td>499</td></tr><tr><td>Oth</td><td>500</td><td>501</td><td>502</td><td>599</td></tr><tr><td>Unk</td><td>600</td><td>601</td><td>602</td><td>699</td></tr></tbody></table>	Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Oth	500	501	502	599	Unk	600	601	602	699	Other Seating Positions 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown	100 None used - motor vehicle occupant 101 Booster seat 102 Child restraint system - forward facing 103 Child restraint system - rear facing 104 Child restraint - type unknown 105 Lap belt only used 106 Shoulder and lap belt used 107 Shoulder belt only used 108 Stretcher 109 Wheelchair 199 Restraint used - type unknown 200 No helmet 201 DOT-compliant motorcycle helmet 202 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown	Used Improperly? 000 No 100 Yes 999 Unknown
Front																																											
Row	Left	Middle	Right	Unk																																							
1	100	101	102	199																																							
2	200	201	202	299																																							
3	300	301	302	399																																							
4	400	401	402	499																																							
Oth	500	501	502	599																																							
Unk	600	601	602	699																																							
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other (knee, air belt, etc.) <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Deployment unknown		Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 No 100 Yes																																								

MISSISSIPPI UNIFORM CRASH REPORT
DRIVER INFORMATION

Rev. 2021-1

Agency #

Case #

Page

of

MEDICAL INFORMATION

Injury Status 100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown	EMS Response Agency EMS Response Run # <input type="checkbox"/> Unknown Facility Receiving Patient
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DRIVER CONDITION AND CIRCUMSTANCES

Conditions at Time of Crash 000 Apparently normal 100 Asleep or fatigued 101 Emotional (depressed, angry, disturbed, etc.) 102 Ill (sick), fainted 103 Physically impaired 104 Under the influence of medications/ drugs/alcohol 970 Not applicable 980 Other 999 Unknown	Distracted By 000 Not distracted 100 Talking / listening 101 Manually operating a device (e.g., texting, dialing, playing game, etc.) 980 Other 999 Unknown	Distraction Source 100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown	Speeding Related 000 No 100 Exceeded speed limit 101 Racing 102 Too fast for conditions 999 Unknown
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Suspected Alcohol Usage 000 No 100 Yes 999 Unknown	Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Alcohol Test Type 100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) 300 Urine 301 Vitreous 970 Not applicable 980 Other	Alcohol Test Results 000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown	BAC
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Suspected Drug Usage 000 No 100 Yes 999 Unknown	Test Status 000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	Drug Test Type 100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	Drug Test Results
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DRIVER ACTIONS

Driver Actions at Time of Crash 000 No contributing action 100 Disregard other road markings 101 Disregard other traffic signs 102 Failed to keep in proper lane 103 Failed to yield right-of-way 104 Followed too closely 105 Improper backing 106 Improper passing 107 Improper turn 108 Operated motor vehicle in inattentive, careless, negligent, or erratic manner 109 Operated motor vehicle in reckless or aggressive manner 110 Over-correcting or over-steering 111 Ran off roadway 112 Ran red light 113 Ran stop sign 114 Swerved or avoided due to wind,slippery surface,motor vehicle,object,non-motorist in roadway,etc. 115 Wrong side or wrong way 980 Other contributing action 999 Unknown	Avoidance Maneuver 000 No avoidance maneuver 100 Accelerating 101 Accelerating and steering left 102 Accelerating and steering right 103 Braking and steering left 104 Braking and steering right 105 Braking (lockup) 106 Braking (no lockup) 107 Braking (lockup unknown) 108 Releasing brakes 109 Steering left 110 Steering right 980 Other 999 Unknown
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CITATIONS

MISSISSIPPI UNIFORM CRASH REPORT

PASSENGER INFORMATION

Rev. 2021-1

Agency #

Case #

Page

of

PASSENGER INFORMATION

MOTOR VEHICLE # <input type="text"/>		PASSENGER # <input type="text"/>		UNBORN CHILD OF <input type="text"/>			
Name <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last Suffix </div>			Date of Birth	Age	Sex <div style="font-size: x-small;"> 100 Female 101 Male 999 Unknown </div>		Race
Address <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: x-small;"> Street City State Postal Code </div>				Phone Number		Ethnicity	
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Injury Status	Incident Responder	Restraint System	Used Improperly? <div style="font-size: x-small;"> 000 No 100 Yes 999 Unknown </div>	Seating Position	Ejection	Extrication
	Type of Medical Transportation	EMS Response Agency			Facility Receiving Patient		
		EMS Response Run # <input type="checkbox"/> Unknown					

MOTOR VEHICLE # <input type="text"/>		PASSENGER # <input type="text"/>		UNBORN CHILD OF <input type="text"/>			
Name <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last Suffix </div>			Date of Birth	Age	Sex <div style="font-size: x-small;"> 100 Female 101 Male 999 Unknown </div>		Race
Address <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: x-small;"> Street City State Postal Code </div>				Phone Number		Ethnicity	
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Injury Status	Incident Responder	Restraint System	Used Improperly? <div style="font-size: x-small;"> 000 No 100 Yes 999 Unknown </div>	Seating Position	Ejection	Extrication
	Type of Medical Transportation	EMS Response Agency			Facility Receiving Patient		
		EMS Response Run # <input type="checkbox"/> Unknown					

MOTOR VEHICLE # <input type="text"/>		PASSENGER # <input type="text"/>		UNBORN CHILD OF <input type="text"/>			
Name <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last Suffix </div>			Date of Birth	Age	Sex <div style="font-size: x-small;"> 100 Female 101 Male 999 Unknown </div>		Race
Address <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-between; font-size: x-small;"> Street City State Postal Code </div>				Phone Number		Ethnicity	
Air Bags Deployed <input type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Front <input type="checkbox"/> 101 Side <input type="checkbox"/> 102 Curtain <input type="checkbox"/> 103 Other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Injury Status	Incident Responder	Restraint System	Used Improperly? <div style="font-size: x-small;"> 000 No 100 Yes 999 Unknown </div>	Seating Position	Ejection	Extrication
	Type of Medical Transportation	EMS Response Agency			Facility Receiving Patient		
		EMS Response Run # <input type="checkbox"/> Unknown					

PASSENGER CODES

Injury Status 100 (K) Fatal injury 101 (A) Suspected serious injury 102 (B) Suspected minor injury 103 (C) Possible injury 104 (O) No apparent injury		Ejection 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown		Extrication 000 No 100 Yes		Restraint Systems 100 None used - motor vehicle occupant 101 Booster Seat 102 Child restraint system - forward facing 103 Child restraint system - rear facing 104 Child restraint system - type unknown 105 Lap belt only used 106 Shoulder and lap belt used 107 Shoulder belt only used 108 Stretcher 109 Wheelchair 199 Restraint used - type unknown 200 No helmet 201 DOT-compliant motorcycle helmet 202 Not DOT-compliant motorcycle helmet 299 Unknown if DOT-compliant motorcycle helmet 970 Not applicable 980 Other 999 Unknown		Seating Position <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <th colspan="5">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Unk</th> </tr> <tr> <td>1</td> <td>100</td> <td>101</td> <td>102</td> <td>199</td> </tr> <tr> <td>2</td> <td>200</td> <td>201</td> <td>202</td> <td>299</td> </tr> <tr> <td>3</td> <td>300</td> <td>301</td> <td>302</td> <td>399</td> </tr> <tr> <td>4</td> <td>400</td> <td>401</td> <td>402</td> <td>499</td> </tr> <tr> <td>Other</td> <td>500</td> <td>501</td> <td>502</td> <td>599</td> </tr> <tr> <td>Unk</td> <td>600</td> <td>601</td> <td>602</td> <td>699</td> </tr> </table> 700 Unenclosed cargo area 701 Riding on motor vehicle exterior (non-trailing unit) 800 Trailing unit 801 Sleeper section of cab (truck) 898 Other enclosed cargo area 970 Not applicable 999 Unknown					Front					Row	Left	Middle	Right	Unk	1	100	101	102	199	2	200	201	202	299	3	300	301	302	399	4	400	401	402	499	Other	500	501	502	599	Unk	600	601	602	699
Front																																																				
Row	Left	Middle	Right	Unk																																																
1	100	101	102	199																																																
2	200	201	202	299																																																
3	300	301	302	399																																																
4	400	401	402	499																																																
Other	500	501	502	599																																																
Unk	600	601	602	699																																																
Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown		Ethnicity 100 Hispanic 101 Other than Hispanic 999 Unknown		Incident Responder 000 No 100 EMS 101 Fire 102 Police 103 Tow operator 104 Transportation <i>(i.e. maintenance workers, safety service patrol operators, etc.)</i> 980 Other 999 Unknown																																																
Type of Medical Transportation 000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown																																																				

MISSISSIPPI UNIFORM CRASH REPORT

NON-MOTORIST INFORMATION

Rev. 2021-1

Agency #

Case #

Page

of

NON-MOTORIST INFORMATION

Name <input type="checkbox"/> Unknown		Unborn Child of Non-Motorist #		Age <input type="checkbox"/> Unknown	Sex 100 Female 101 Male 999 Unknown	Race 100 American Indian or Alaska Native 101 Asian or Pacific Islander 102 Black 103 White 980 Other 999 Unknown
<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Suffix</i>
Address <input type="checkbox"/> Unknown				Phone Number <input type="checkbox"/> Unknown		
<i>Street</i>				<i>City</i>		<i>State</i> <i>Postal Code</i>
Incident Responder				Date of Birth <input type="checkbox"/> Unknown		Ethnicity
000 No 102 Police 980 Other 100 EMS 103 Tow operator 999 Unknown 101 Fire 104 Transportation (i.e. maintenance workers, safety service patrol operators, etc.)						100 Hispanic 101 Other than Hispanic 999 Unknown

NON-MOTORIST CIRCUMSTANCES

Non-Motorist Type	Initial Contact Point	Location At Time of Crash			
100 Bicyclist 198 Other cyclist 200 Pedestrian 298 Other pedestrian (wheelchair, person in a building, skater, personal conveyance, etc.) 300 Occupant of a non-motor vehicle transportation device 999 Unknown	100 Front (12 o'clock) 101 Right (3 o'clock) 102 Rear (6 o'clock) 103 Left (9 o'clock) 999 Unknown	100 Intersection - marked crosswalk 101 Intersection - unmarked crosswalk 102 Intersection - other 103 Median/crossing island 104 Midblock - marked crosswalk 105 Shoulder/roadside 106 Travel lane - other location 200 Signed route (no pavement marking) 201 Shared lane markings 202 On-street bike lanes 203 On-street buffered bike lanes 204 Separated bike lanes 205 Off-street trails/sidepaths 300 Driveway access 301 Non-trafficway area 302 Shared-use path or trail 303 Sidewalk 980 Other 999 Unknown			
	Origin/Destination	Safety Equipment			
	100 Going to or from school (K-12) 101 Going to or from transit 970 Not applicable 999 Unknown	<input type="checkbox"/> 000 None <input type="checkbox"/> 100 Helmet <input type="checkbox"/> 101 Protective pads used (elbows, knees, shins, etc.) <input type="checkbox"/> 102 Reflective wear (backpack, triangles, etc.) <input type="checkbox"/> 103 Lighting <input type="checkbox"/> 980 Other <input type="checkbox"/> 104 Reflectors <input type="checkbox"/> 999 Unknown			
Struck by Vehicle #					

Action Prior to Crash	Contributing Circumstances
000 None 100 Adjacent to roadway (e.g., shoulder, median) 101 Crossing roadway 102 Waiting to cross roadway 103 Walking/cycling along roadway against traffic (in or adjacent to travel lane) 104 Walking/cycling along roadway with traffic (in or adjacent to travel lane) 105 Walking/cycling on sidewalk 106 Working in trafficway (incident response) 198 In roadway -other 980 Other 999 Unknown	000 None (no improper action) 100 Dart / dash 101 Disabled vehicle related (working on, pushing, leaving/approaching) 102 Entering/exiting parked/standing vehicle 103 Failure to obey traffic signs, signals, or officer 104 Failure to yield right-of-way 105 Improper passing 106 Improper turn/merge 107 Inattentive (talking, eating, etc.) 108 In roadway improperly (standing, lying, working, playing) 109 Not visible (dark clothing, no lighting, etc.) 110 Wrong-way riding or walking 980 Other 999 Unknown

NON-MOTORIST MEDICAL INFORMATION

Injury Status	Type of Medical Transportation	EMS Response Agency	EMS Response Run # <input type="checkbox"/> Unknown
100 (K) Fatal Injury 101 (A) Suspected Serious Injury 102 (B) Suspected Minor Injury 103 (C) Possible Injury 104 (O) No Apparent Injury	000 Not transported 100 EMS air 101 EMS ground 200 Law enforcement 980 Other 999 Unknown		
		Facility Receiving Patient	

NON-MOTORIST CONDITION

Conditions at the Time of the Crash		Distracted By	Distraction Source
000 Apparently normal 100 Asleep or fatigued 101 Emotional (depressed, angry, disturbed, etc.) 102 Ill (sick), fainted 103 Physically impaired 104 Under the influence of medication/drugs/alcohol 970 Not applicable 980 Other 999 Unknown		000 Not distracted 100 Talking / listening 101 Manually operating a device (texting, typing, dialing, playing game, etc.) 980 Other 999 Unknown	100 Hands-free mobile phone 101 Hand-held mobile phone 102 Vehicle-integrated device 198 Other electronic device 200 Passenger or other non-motorist 201 External to vehicle/non-motorist area 298 Other 970 Not applicable 999 Unknown
Suspected Alcohol Usage	Test Status	Alcohol Test Type	Alcohol Test Results BAC
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	100 Blood 101 Blood clot 102 Blood plasma/serum 200 Breath 201 Preliminary breath test (PBT) 300 Urine 301 Vitreous 970 Not applicable 980 Other	000 Results pending 001 Negative results with no actual value 100 Results received 101 Positive results with no actual value 970 Not applicable 999 Unknown
Suspected Drug Usage	Test Status	Drug Test Type	Drug Test Results
000 No 100 Yes 999 Unknown	000 Test not given 001 Test refused 100 Test given 999 Unknown if tested	100 Blood 101 Urine 102 Both blood and urine 103 Saliva 198 Other 970 Not applicable 999 Unknown	

MISSISSIPPI UNIFORM CRASH REPORT

CRASH INFORMATION

Rev. 2021-1

Agency #

Case #

Page

of

TRAIN CRASH INFORMATION				TRAIN #
Engineer <input type="checkbox"/> Unknown		Engineer ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Conductor <input type="checkbox"/> Unknown		Conductor ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Company <input type="checkbox"/> Unknown		DOT Crossing Number <input type="checkbox"/> Unknown		

TRAIN CRASH INFORMATION				TRAIN #
Engineer <input type="checkbox"/> Unknown		Engineer ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Conductor <input type="checkbox"/> Unknown		Conductor ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Company <input type="checkbox"/> Unknown		DOT Crossing Number <input type="checkbox"/> Unknown		

TRAIN CRASH INFORMATION				TRAIN #
Engineer <input type="checkbox"/> Unknown		Engineer ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Conductor <input type="checkbox"/> Unknown		Conductor ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Company <input type="checkbox"/> Unknown		DOT Crossing Number <input type="checkbox"/> Unknown		

TRAIN CRASH INFORMATION				TRAIN #
Engineer <input type="checkbox"/> Unknown		Engineer ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Conductor <input type="checkbox"/> Unknown		Conductor ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Company <input type="checkbox"/> Unknown		DOT Crossing Number <input type="checkbox"/> Unknown		

TRAIN CRASH INFORMATION				TRAIN #
Engineer <input type="checkbox"/> Unknown		Engineer ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Conductor <input type="checkbox"/> Unknown		Conductor ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Company <input type="checkbox"/> Unknown		DOT Crossing Number <input type="checkbox"/> Unknown		

TRAIN CRASH INFORMATION				TRAIN #
Engineer <input type="checkbox"/> Unknown		Engineer ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Conductor <input type="checkbox"/> Unknown		Conductor ID Number <input type="checkbox"/> Unknown		
First	Middle	Last	Suffix	
Company <input type="checkbox"/> Unknown		DOT Crossing Number <input type="checkbox"/> Unknown		

MISSISSIPPI UNIFORM CRASH REPORT

WITNESSES

Rev. 2021-1

Agency #

Case #

Page

of

Total # of Witnesses

WITNESSES

WITNESS #

WITNESS #

Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS #

WITNESS #

Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS #

WITNESS #

Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS #

WITNESS #

Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS #

WITNESS #

Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

WITNESS #

WITNESS #

Name			Name		
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address			Address		
City	State	Postal Code	City	State	Postal Code
Phone Number	Age	Sex	Phone Number	Age	Sex

MISSISSIPPI UNIFORM CRASH REPORT

DIAGRAM

Rev. 2021-1

Scene #

Agency #

Case #

Page

of

CRASH DIAGRAM

MISSISSIPPI UNIFORM CRASH REPORT
NARRATIVE

Rev. 2021-1

Agency #

Case #

Page

of

CRASH NARRATIVE

MISSISSIPPI UNIFORM CRASH REPORT
PHOTOS

Rev. 2021-1

Agency #

Case #

Page

of

PHOTOS