Mississippi
Uniform
Crash
Report

CRAWFORD DRIVE

DELTA BLUES RD

Instruction
Manual

REVISED 2009

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Section 63-3-415. Accident report forms.

(1) The department shall prepare and furnish **"statewide uniform traffic accident report"** forms to other agencies, municipal police departments, county sheriffs and other suitable law enforcement agencies or individuals. The department may charge an amount not exceeding the actual costs incurred by the department in preparing and furnishing the forms. The Department of Public Safety also may make such forms available in electronic format, which shall be accessible by law enforcement departments and other agencies without charge.

(2) Every accident report required by Section 63-3-411 from a law enforcement officer or individual shall be made on the statewide traffic accident report form provided by the department.

(3) In addition to the information required on the accident report forms provided herein, the department shall include a place on such report forms for the phone numbers of the parties involved in the accident and any witnesses to such accident.

(4) **"Statewide uniform traffic accident report"** forms shall not have printed upon them the name of any elected state official.

Sources: Codes, 1942**,** § 8168; Laws, 1938, ch. 200; Laws, 1984, ch. 485; Laws, 1986, ch. 459, § 36; Laws, 1990, ch. 441, § 2; Laws, 2002, ch. 446, § 2, eff. from and after July 1, 2002.

GENERAL INSTRUCTIONS

The instructions in this manual have been prepared to provide a step by step guide for completing the Mississippi Uniform Crash Report (MUCR) on a hard copy or the automated crash reporting system.

In the design of the MUCR, every effort was made to facilitate the most accurate information in the easiest and quickest manner possible. Compliance with these instructions will result in a uniform, comprehensive report that will reflect a positive image on the investigating officer and his/her respective department and the law enforcement community.

> The Mississippi Uniform Crash Report (MUCR) is a multi-page report. Each is unique to the number of traffic units involved. To accommodate one 2-vehicle crash (two traffic units), the investigation officer will need to complete the following forms, which include:

  1 - General Information page - State of Mississippi Uniform Crash Report
  1 - Collision Diagram/Narrative page
  2 - Person/Occupant pages (include Additional Occupant pages as needed)
  2 - Vehicle pages (includes Commercial Motor Vehicle and some non-Commercial vehicle (Large Trucks and Buses) information when applicable. See the Commercial Vehicle Section for examples.)

In the event the collision being investigated involved an automobile and a pedestrian, the investigation officer will need to complete the following forms, which include:

  1- General Information page

  1- Collision Diagram/Narrative page

  2- Person/Occupant pages

  1- Vehicle page

If a collision involves three (3) or more vehicles, additional copies of the Person/Occupant page and Vehicle page will be needed for each additional vehicle.

1.   If utilizing a paper MUCR, all responses shall be PRINTED with a pen in black or blue ink. **All responses within the report are left justified and all unfilled blocks shall remain blank**.

2.   Fill in ALL circles by filling in the entire area. DO NOT PUT A CHECK MARK (√) OR A CROSS MARK (x) IN CIRCLES OR BOXES. Fill in all responses by filling in the ENTIRE area. Only one selection can be marked in areas with circles (O) unless otherwise indicated.

3. Multiple selections can be made in areas where boxes ☐ are present. The maximum number of responses that can be selected in these areas are indicated in parenthesis in the title box.

4. As a rule, crash reports are not changed after they have been completed, although the reporting officer may amend or update the report to reflect a late fatality, information on a hit and run collision, and/or other additional evidence as such information becomes available. To amend a crash report, simply make the changes where applicable, and then mark **"U"** for **Update** in block **"G2- Status Code."**

5. In collisions where multiple vehicles are involved within a short period of time, commonly referred to as "chain-reaction" collisions, often times it can become difficult for the investigating officer to determine if the collision is one event or many separate collisions. In the course of the investigation if it is revealed that there is **not** a moment in which the collision sequence stabilizes, then the collision should be reported as **one** collision involving multiple vehicles. If it is determined that during the collision there exist moments where the collision sequence stabilizes between impacts, then the collisions should be investigated as separate collisions and reported accordingly. For the purpose of uniformity, consider such "chain-reaction" collisions as a single event unless one can **definitely** establish that the chain of events was broken by time or place.

6. A **Traffic Unit** is any form of a motorized vehicle, pedestrian, bicyclist, skater, train or any form of motorized vehicle that utilizes railroad tracks as a means of travel.

7. A **Contributory Non-Contact Vehicle is traffic unit (vehicles or persons) that contributes to a collision, but does not make contact with another traffic unit and the non-contact vehicle does not suffer property damage or personal injury.** The driver and vehicle information for the Contributory Non-Contact Vehicle should **NOT** be entered on the Person/Occupant and Vehicle pages. The complete driver and vehicle information on the Contributory Non-Contact Vehicles shall be entered in both the Collision Narrative (N1) and the Collision Diagram (N2) with the vehicle labeled as Vehicle A, Vehicle B, etc.

8. The **First Harmful Event** is the first event that results in damage or personal injury to a traffic unit. The **First Harmful Event** determines where a collision occurred and which agency is responsible for investigating the collision.

   EXAMPLE: If a vehicle traveling on a county road runs past a stop sign and is struck by a vehicle traveling on a state highway, then the collision occurred on the state highway (first harmful event).

9. This instruction manual has been written to cover most situations that an investigating officer might encounter during the course of an investigation; however, a situation may arise where these instructions are not completely applicable. In situations where the instructions are not exhaustive, use the instructions most applicable.

MISSISSIPPI UNIFORM CRASH REPORT (MUCR)
GENERAL SHEET

INVESTIGATING AGENCY IDENTIFIER

AGENCY NUMBER   AGENCY CASE NUMBER

☐☐☐☐ **-** ☐☐☐☐☐☐☐☐☐☐☐☐ Page ☐☐ of ☐☐

AGENCY NUMBER

Enter the 4-digit agency number designated for the investigating agency. This number is the same number used for the agency code on traffic citations. EXAMPLE: The agency code for the Mississippi Highway Patrol is 90+(county number).

[See Appendix A for County Numbers]

AGENCY CASE NUMBER

Enter the local case number generated by the reporting/investigating agency.

NOTE: This number must be a non-duplicated number that is at least one (1) but not more than twelve (12) characters in length. This number shall be limited to alpha and/or numeric characters only.   The Agency Case Number shall **not** contain any other characters or symbols such as hyphens (-), dots (.), slashes (/), etc.

PAGE _____ OF _____

The General Information and Diagram/Collision Narrative pages are pre-numbered "**01**" and ""**02**" respectively. Enter the appropriate number of the current page in the space provided to the right of **"PAGE"** and the total number of pages of the report in the space provided to the right of **"OF"** on each page of the report.

 NOTE: Agency Number, Agency Case Number and Page Number are found on the top of **ALL** pages for identification and **must** be completed on each page of the report.

AGENCY NAME

Enter the proper name of the investigating agency. Collision investigated by the MS Highway Patrol should include the Troop designation. **Do not abbreviate the name of a municipality where a police department is the investigating agency.**

Examples: MS Highway Patrol - Troop E or MHP- Troop E
Madison County Sheriff's Office or Madison SO
Meridian Police Department or Meridian PD **not** MPD

G1-COUNTY

Enter the 2-digit code for the county in which the first harmful event took place. [See Appendix A for County Number]

G2-STATUS CODE

STATUS CODE		
O	O	O
C	P	U

Fill in the circle for the correct selection to indicate the **present** status of the crash report. A "**Complete**" report is one where the investigating officer has completed the investigation to the best of his/her knowledge. A "**Pending**" report is a report where a blood sample has been taken from one of the involved parties and the test results are pending. An "**Update**" report is a report where the test results from the sample taken from one of the involved parties has been revealed or additional information has been produced that has warranted the investigating officer update, amend or enhance his/her initial report.

C - Complete   P - Pending   U – Update

COLLISION IDENTIFIER

G3-REPORTED DATE

Enter the month, day and year the crash was first reported to the investigating agency. Use 2-digit entries for day and month. Use a 4-digit entry for the year, i.e. 2005, 2006, etc.

G4-REPORTED TIME

Enter the time that the crash was first reported to the investigating agency, i.e. 0756, 2322.

G5. OFFICER TIME

ARRIVAL TIME (2400)	10-24 TIME (2400)
☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

Enter the time the *INVESTIGATING OFFICER* arrived on the scene to begin the investigation. "**10-24 Time**" is the time that the investigating officer completes his/her **on-scene** investigation.   **NOTE:** All time will be entered using a 24-hour time period, i.e. Military Time

G6-VEHICLES

Using two digits, enter the total number of traffic units involved in the collision. Example: 01, 02, 03, etc.

G7-KILLED

Enter the total number of persons killed as a result of this crash. **Anyone who dies within <u>30 days</u> of the collision, from injuries sustained as a result of the collision, shall be counted as a traffic fatality**. Unborn children are to be included in the total number of fatalities for the collision. The report should be updated to reflect the total number of fatalities when applicable.

G8-INJURED

Enter the total injuries resulting from this crash including "Complaint of Pain" injuries. Do **not** count fatalities in this total.

COLLISION LOCATION IDENTIFIER

The street, road or highway that the collision occurred **ON** will be the roadway on which the first harmful event occurred.

NOTE: Blocks G9, G10 and G11 identify which roadway the collision occurred **on**. You may identify on what roadway the collision occurred by entering the physical address (**G9**) and the name of the street or road (**G10**) OR the highway/route number (**G11**) of the roadway. In the event a collision occurs at a known physical address, enter the physical address in G9 and the street/road name in G10. If the collision occurs on a highway system or a county where the roads are identified by a numbered system, enter the highway/county road number in G11.

If blocks G9 and G10 are populated, leave block G11 blank. If block G11 is populated, blocks G9 and G10 should be left blank.

G9-ADDRESS NUMBER

If the crash occurred in front of a numbered address, enter the address number here; otherwise leave blank.

G10-STREET NAME

STREET NAME

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

If the collision occurred **on** a NAMED street or named county road, print the name of the street/county road that the collision occurred on in the blocks provided. Otherwise, **leave blank**. If a collision occurs on the interstate system, do NOT put the mile post/marker number in this block. Enter the interstate number in block G11 and enter the mile post/marker in block G16. (Note example in block G16.)

G11-HWY/COUNTY ROAD

HWY/COUNTY ROAD #

☐ ☐ ☐ ☐

If the crash occurred **ON** the state highway system (state, federal or interstate highways) or on a numbered county road, enter the number of the highway/county road here. Enter the route number without the prefix (MS, US, or I) and leave all unused spaces blank.

Example: US 11 would be entered 11. US 49W would be 49W.

On numbered county roads, enter the number **only**. Do not enter the county name. Example: Smith County Road 547 should be entered "*547*" and not *SMITH 547*.

NOTE:
1. When two (2) interstates, two (2) US or two (2) state highways travel the same route, use the lowest numbered route. Example: US 11-80, enter "11".

2. When a US highway and a state highway use the same route, use the number of the US highway.

G12-TRAFFICFLOW DIRECTION

O N   O E
O S   O W

Fill in the circle that indicates the direction of travel of the road at the collision site. Remember that odd-numbered highways primarily run north/south and even-numbered highways primarily run east/west.

Example: If the first harmful event occurred in the northbound lane, you would mark "N" for North.

G13-INTERSECTION

Indicate if this crash occurred at an intersection, "Y" for Yes and "N" for No.

 An INTERSECTION is that portion of the road that is common to both roads formed by the prolongation of both roads' edges.

If you mark "Y" for Yes, the crash **did** occur at an intersection leave block G14 and G15 blank and complete block G16 or G17. If the collision did not occur at an intersection, marked "N" for No, then enter the distance in block G14 and the direction in block G15 to the nearest intersecting roadway or permanent land marker.

G14-DISTANCE

```
DISTANCE

☐  ☐  ☐.  ☐  ☐   O  F
                   O  M
```

If the collision occurred at an intersection, leave G14 blank. If the collision did not occur at an intersection, enter the distance from the nearest intersecting roadway or permanent land marker, such as a bridge or county line. Distances less than one-tenth of a mile should be in feet/tenths of a foot. Distance over one-tenth of a mile should be in miles/tenths of a mile. **All blocks must be populated.** Place a zero "0" in all unfilled boxes.

G15-DIRECTION

Fill in the circle that indicates the direction of the nearest intersection or permanent land marker to the collision.

G16-INTERSECTING STREET NAME

```
INTERSECTING STREET NAME

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
```

Print the name of the **nearest** NAMED street or road used as the reference location in this block. If block G11 is populated with an Interstate route number, the mile post/marker location can be entered in this block.

Example: A collision occurs on I-55, 500 feet north of mile post/marker 240 in the northbound lane. The entry "55" should be made in block G11 and "240 mile marker" should be entered in block G16. (Note: Mile Marker can be abbreviated as "MM".

G17-INTERSECTING HWY/COUNTY RD

| INT. HWY/COUNTY ROAD # |
| □ □ □ □ |

If a NUMBERED highway or county road is used as the nearest intersection, enter that highway/county road number in this block.

NOTE: The same rules for populating block G11 is used for block G17.

EXAMPLE 1:

A collision occurs on Main Street at the intersection of Mississippi Street.

G9 is left blank. "Main Street" is entered in block G10. G11 is left blank. Complete G12 accordingly. "Y" is marked for G13. Blocks G14 and G15 are left blank and "Mississippi Street" is entered for G16. Block G17 is left blank.

EXAMPLE 2:

A collision occurs in the eastbound lane of MS 278, approximately one-quarter of a mile east of Central Academy Road.

Blocks G9 and G10 are left blank. "*278*" is entered in block G11. "*E*" is marked for block G12 and "N" is marked for G13. In block G14, the entry "*000.25*" is entered with "*M*" selected for miles. Block G15 is marked "*E*" for East and "*Central Academy Road*" is entered in block G16. Block G17 is left blank.

EXAMPLE 3:

A collision occurs in the northbound lane of I-55, 500 feet north of mile marker 240.

Blocks G9 and G10 are left blank. Enter "55" in block G11. Block G12 is marked "N" for North. Block G13 is marked "N" for no since the collision did not occur at an intersection. In block G14 enter "500.00" and mark "F" indicating "Feet." For block G15, mark "N" for North, indicating direction from point of reference. In block G16, enter "240 MM" for mile marker 240. Block G17 should be left blank.

Note: Either "MM" or "Mile Marker" can be used to indicate a mile marker on the Interstate System. The abbreviation "MM" is preferred.

G18-CITY NAME

When a collision occurs within the city limits, print the name of the city here, regardless of which agency investigates the collision. When a collision occurs outside a city limits, leave blank.

G19-LATITUDE

```
┌──────────────────────────────┐
│ LATITUDE                     │
│ N ☐☐ ☐☐. ☐☐☐              │
└──────────────────────────────┘
```

Enter the 7-digit latitude Global Positioning System (GPS) reading that follows the "N" (denoting the direction).

NOTE: Enter the exact number shown on the GPS device. **DO NOT** round off numbers shown on the GPS device.

G20-LONGITUDE

```
┌──────────────────────────────┐
│ LONGITUDE                    │
│ W ☐☐☐ ☐☐. ☐☐☐            │
└──────────────────────────────┘
```

Enter the 7-digit longitude GPS reading following the letter "W" (denoting the direction).

NOTE: Enter the exact number shown on the GPS device. **DO NOT** round off numbers shown on the GPS.

G21-FIRST HARMFUL EVENT

O Rear end slow or stop	O Overturn	O Bridge/Culvert
O Rear end turn	O Jackknife	O Embankment/Ditch/Curb
O Left turn same roadway	O Fell from vehicle	O Guardrail/Median Barrier
O Left turn cross traffic	O Other	O Tree
O Right turn cross traffic		O Utility pole/Light Support
O Head on		O Other fixed object
O Sideswipe	O Pedestrian	O Sign post
O Angle	O Parked Vehicle	O Signal standard
O Hit and Run	O Train	
	O Bicyclist	O Building/other structure
	O Deer	O Maint. Equip.- Not Moving
	O Animal (other than deer)	O Maint. Equip. - Moving
		O Other non-fixed object

Fill in the circle next to the selection that describes the first harmful event in this crash. **Remember the first harmful event is location where the first damage or injury occurs.**

Select response that best describes the first harmful event. The first column of selections identifies collisions where one motor vehicle collides with another motor vehicle. The selections in the middle and right columns describe collisions where the first harmful event involved only one motor vehicle.

Most selections are self-explanatory, but a few may need an explanation. The illustrations below will help in explain some of the selections. (See next page for illustrations.)

CRASH ILLUSTRATIONS

OVERTURN

SIDESWIPE

JACKNIFE

LEFT TURN- SAME ROADWAY

ANGLE (ANY ANGLE)

REAR END LEFT OR RIGHT TURN

HEADON

REAR END SLOW R STOP

RIGHT or LEFT TURN CROSS TRAFFIC
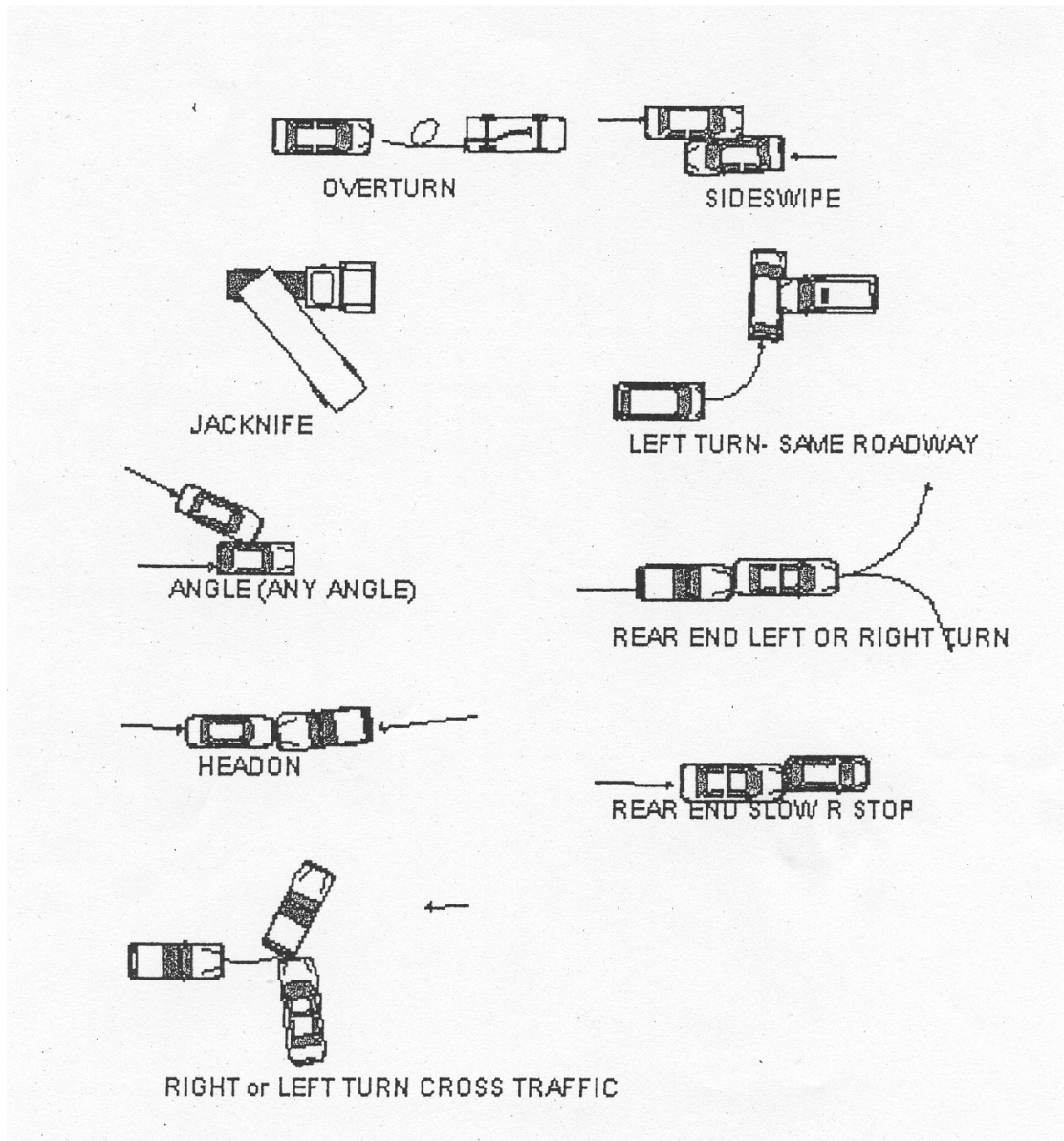
G22-CRASH LOCATION

O Roadway
O Off Roadway
O Median
O Roadside
O Shoulder
O Parking Lot
O Gore

Fill in the selection that best describes the location of the crash. The locations are defined as:

Roadway: The traveled portion of the highway.

Off Roadway: The area off of the traveled portion of the roadway.

Median: The area used in separating traffic lanes. Medians are usually grass, but can be concrete, wooded areas, etc. This is not a turn lane.

Roadside: The improved area adjacent to the shoulder, i.e. guardrail.

Shoulder: The improved area adjacent to the roadway use for emergency parking.

Gore: The point formed by the intersecting edges of two roadways merging into one roadway or separating into multi-way roadways. Example: This is the area between the painted fog line of the roadway and the painted lines of the On/Off Ramp.

G23-ROADWAY INTERSECTION TYPE

O None
O Four Way Intersection
O T-Intersection
O Crossover
O Driveway
O Five Point or more
O Off ramp
O On ramp
O Path/Trail
O RR-Xing
O Traffic Circle/Round
O Y-Intersection

Fill in the circle that best describes the type of intersection where this crash occurred.

G24-ROADWAY SYSTEM

O City Street
O State Highway
O U S Highway
O County Road
O Parking Lot/Private Drive
O Interstate
O Off Road
O State Park

Fill in the selection that describes the type of roadway system where this crash occurred.

G25-LIGHT CONDITION

O Daylight
O Dark Lit
O Dark Unlit
O Dawn
O Dusk

Fill in the circle opposite the selection that describes the light condition at the time of the collision.

G26-ROAD CONDITION

O Wet
O Water
O Sand/Mud/Dirt/Oil/Gravel
O Ice
O Slush
O Snow

Fill in the circle opposite the selection that best describes the condition of the road on which the crash occurred.

G27-WEATHER CONDITION (2)

☐ Clear	☐ Blown Debris
☐ Rain	☐ Fog/Smog/Smoke
☐ Cloudy	☐ Sleet/Hail
☐ High winds	☐ Snow

Select the conditions that best describe the weather conditions at the time of the collision. A maximum of two (2) boxes may be selected.

G28-WORK ZONE RELATIONSHIP

O Not Workzone Related
O Within Construction Zone
O Advance Warning Area

Fill in the correct circle to indicate where this collision occurred in relation to the work zone. The **Advanced Warning Area** is the area from where the warning signs begin, up to the Construction Zone. The **Construction Zone** is the actual area where work is being performed. If the collision is not related to a work zone, fill in **"Not Work Zone Related"**.

G29-WORK ZONE TYPE (2)

☐   None
☐ Intermittent or Moving Work
☐ Lane Closure
☐ Lane Shift /Crossover
☐ Shoulder/Median Work
☐ Utility

If a selection is made in G28, then fill the appropriate selection. A maximum of two (2) responses may be selected. If "*Not Workzone Related*" is selected in G28, leave G29 blank.

WITNESS INFORMATION

NOTE: Only list those person(s) that actually saw the collision occur. In the event there are more than two people that have been identified as having seen the collision, list those people on the "Additional Witness" form. **Do not list occupant(s) in the vehicle as a witness.**

G30-FIRST NAME MI LAST NAME
Print the first name, middle initial and last name of the first witness.

G31-ADDRESS
Print the address of the witness. Enter the physical address of the witness and not a post office box.

G32-PHONE NUMBER
Print the telephone number of the witness including the area code. Do not use any dashes to separate the numbers.

G33-CITY
Print the proper name of the city in which the witness resides.

G34-STATE
Print the 2-digit abbreviation for the state the witness resides.

G35-ZIP
Print the zip code for the witness address.

G36-SEX
Fill the circle to indicate the gender of the witness. ("M" indicates male and "F" indicates female.

G37-AGE
Print the age of the witness.

NOTE: For blocks G38 through G45, follow the same instructions for blocks G30 through G37.

G46-BADGE NUMBER

Print the badge number, ID number, etc. of the investigating officer. If the badge number contains alpha and numeric characters, place a hyphen (-) between the alpha and numeric characters. Example: (A-13, E-41, J-6, etc.)

G47-INVESTIGATING OFFICER NAME
Print the investigating officer's name **LEGIBLY**.

G48-INVESTIGATING OFFICER SIGNATURE

Investigating Officer signature is required in this space.

G49-BADGE NUMBER

Print the badge number of the reviewing supervisor. Follow the same guidelines for block G46.

G50-REVIEWING OFFICER INITIALS

The reviewing officer will place their initials in this block indicating that he/she has reviewed the report and found it to be legible, accurate, and complete.

G51-PHOTOS TAKEN

O Y   O N

Mark "Y" to indicate photos were taken and "N" to indicate no photographs were taken.

G52-PHOTOGRAPHER and BADGE

PHOTOGRAPHER and BADGE #

If G51 is marked "N", leave this block blank. In the event photos were taken, enter the name and badge number of the person taking the photographs. Do not list any photographs that may have been taken by a journalist, freelance photographer or any other member(s) of the press. Refer to your respective agency's policy regarding photographing collision evidence. In the event there is no existing departmental policy regarding photographing collision evidence, it is strongly recommended that photographs be taken at all injury type collisions, fatal collisions or collisions where causation cannot readily be determined by the investigating officer.

Photographs of collisions are evidence and should be treated accordingly.

MISSISSIPPI UNIFORM CRASH REPORT (MUCR)
DIAGRAM/NARRATIVE SHEET

AGENCY NUMBER

Enter the 4-digit agency number of the investigating agency. (Follow the same instruction on page 6.)

AGENCY CASE NUMBER

Enter the agency's case number. (Follow the same instruction on page 6.)

PAGE _____ OF _____

Enter page 02 of (total number of pages). (Follow the same instruction on page 6.)

DIAGRAM

The grid lines provided can be used to draw various road characteristics. The investigating officer **shall** draw a diagram in the space provided. This diagram should be based on the officer's conclusions, which are derived from the physical evidence found at the collision site, interviews of involved drivers, damage to the involved vehicles and witnesses.

Rules to follow when preparing a diagram:

1.   Use a template, straight edge or ruler. Free-hand diagrams are UNACCEPTABLE.

2.   **Use the top of the page as the North direction and indicate North by an arrow**.

3.   Draw the positions of the vehicles and pedestrians prior to impact, at impact and at the final resting position. A good rule to follow when completing the crash diagram is to include each vehicle(s) actions in the crash sequence before, during and after impact.

4.   Number each vehicle on the diagram to correspond with the number assigned on the Vehicle page.

5.   Non-contact vehicles shall be labeled Vehicle A, Vehicle B, etc., and witnesses should be labeled "W". (**Note**: "Veh" or "V" can be used as abbreviations for Vehicle.)

6.   Indicate the path and direction of travel prior to impact with a solid line and post impact travel with a broken line. If a vehicle rolls over prior to impact, indicate this action with a solid loop and use a broken loop to indicate a vehicle overturning after impact.

7.   Draw and label all traffic control devices and signs with the device's message.

8.   Draw roads with their painted markings.

9.   Label each road with its **proper name** or **route number**.
      Example: Do not label a roadway as US Hwy 278 or MS Hwy 315. The proper name for those roads is "US 278" and "MS 315". The abbreviation "Hwy" is a descriptive term indicating a type of road system.

10.   Draw all physical evidence including tire marks, gouges, etc.

11.   Pedestrians that were walking at the time of the collision, animals, etc. may be drawn with a circle with an "X" in the circle. Label the circle indicating what it represents.

12.   If there is a view blocked to either driver, draw and label it.

NARRATIVE

This block should contain a narrative explaining the chronological order of events in the sequence that they occurred before impact, at (or during) impact and after impact. The narrative should be written in such a manner that it will describe the collision clearly without having to refer to the diagram. The narrative should describe what the officer believes occurred in this crash, based on the officer's investigation. The Collision Narrative should be based on the driver(s) interviews, physical evidence found at the scene, damage to the vehicles and witness statements when available.

The narrative should include the following:

1.   A description of each traffic unit's action(s) prior to impact.
2.   A description of how each traffic unit made contact with another traffic unit or object.
3.   A description of each traffic unit's actions after impact, leading to the final rest of the vehicle(s).
4.   Statements by drivers and witnesses that may be pertinent to the investigation.
5.   Any explanations that may be necessary in stating the chronological sequence of the collision.

The findings and conclusions as to what occurred in the collision must be based on factual information. Care should be taken to ensure that the information in the narrative coincides with the other facts contained within the report.

Narrative Outline

1. Prior to Impact should include:

    a. The direction of travel for each traffic unit.
    b. Action(s) taken by each traffic unit, including evasive actions when applicable.

2. At Impact should include:

    a. A description of the area on each traffic unit that made contact with another traffic unit or object.
    b. A description of where the collision occurred as it relates to the traffic units' position   in the road commonly referred to as the "*Area of Impact*."
       NOTE: Never refer to this area as the *"Point of Impact."*

3. After impact should include:

    a. The path of each traffic unit leading to its final rest.
    b. Rotation of the traffic unit(s) after impact (when applicable).
    c. The direction each traffic unit was facing at final rest.

EXAMPLE OF EACH EVENT IN A CRASH NARRATIVE

NOTE: Numbers and letters in the right column are reference to the outline of the events on the preceding page.

<div align="center">CRASH NARRATIVE</div>

V1 was westbound on River Road at Cypress Road
<div align="center">1a</div>

and V2 was eastbound on River Road.
        1a

V1 made a left turn into the path of V2.
<div align="center">1b</div>

V2 observed V1, applied his brakes, skidding 44 feet before
<div align="center">1b</div>

the right front of V1 collided with the left front of V2.
<div align="center">2a</div>

The collision occurred near the center of the eastbound lane.
<div align="center">2b</div>

V1 rotated counter-clockwise

3b

and came to rest in the northbound lane approximately 25 feet south of River Road

3a

facing south

3c

and V2 came to rest in the southbound lane south of River Road
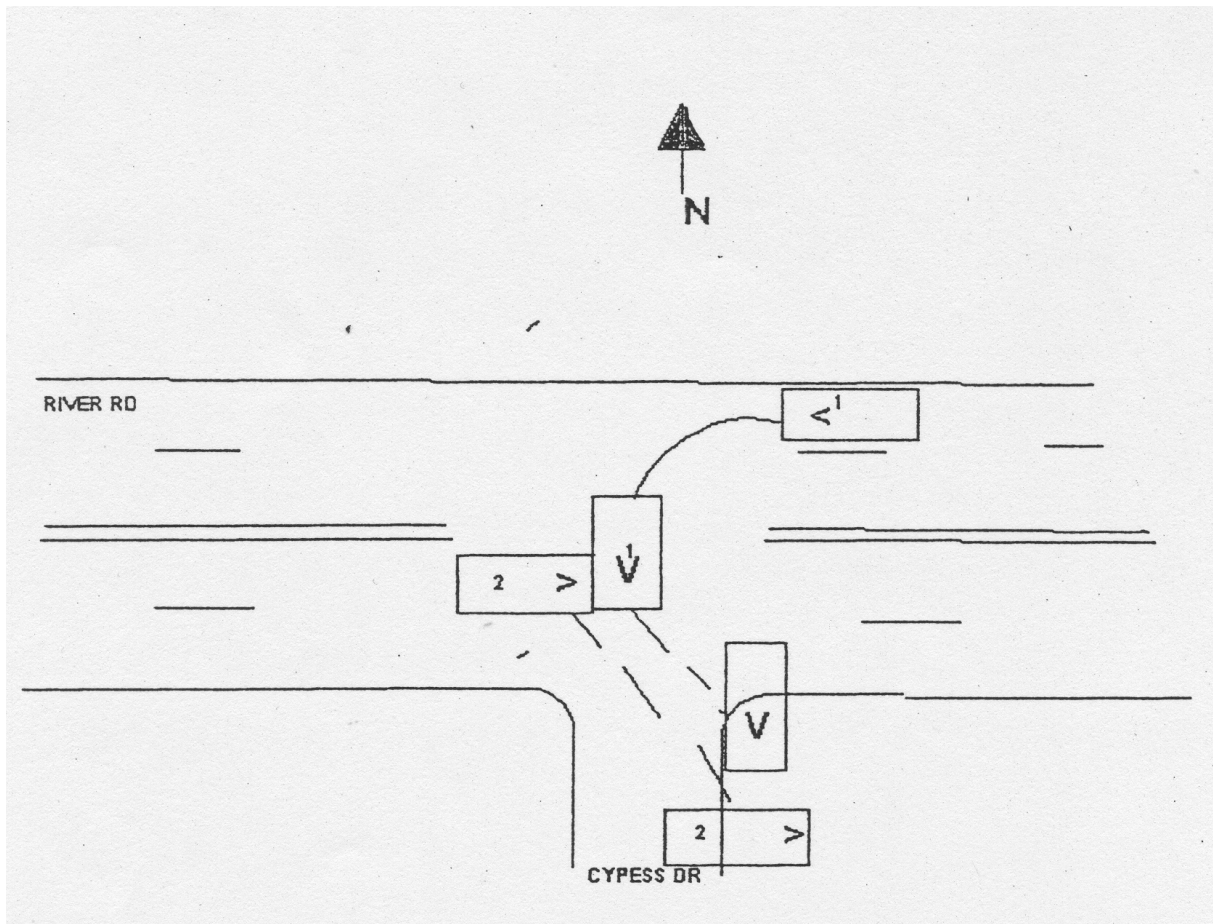
3a

facing southeast.

3c

A MORE DETAILED NARRATIVE WILL BE REQUIRED IN FATAL OR OTHER MAJOR CRASHES. IF ADDITIONAL SPACE IS REQUIRED, USE ADDITIONAL DIAGRAM/ NARRATIVE SHEETS.

DIAGRAM AND NARRATIVE EXAMPLE

V2 WAS EASTBOUND IN THE INSIDE LANE OF THE TWO EASTBOUND LANES AND V1 WAS WESTBOUND IN THE OUTSIDE LANE OF THE TWO WESTBOUND LANES. AS BOTH VEHICLES APPROACHED THE INTERSECTION OF CYPESS DRIVE, V1 MADE A LEFT TURN ACROSS THE PATH OF V2. THERE WAS NO EVIDENCE OF EVASIVE ACTION BY V2 BEFORE THE FRONT OF V2 COLLIDED WITH THE PASSENGER SIDE OF V1. V2 TRAVELED OFF THE SOUTHEAST SIDE OF THE INTERSECTION COMING TO REST FACING EAST APPROXIMATELY 25 FEET SOUTH OF RIVER ROAD AND V1 CAME TO REST FACING SOUTH AT THE SOUTHEAST CORNER OF THE INTERSECTION.

DIAGRAM AND NARRATIVE EXAMPLE
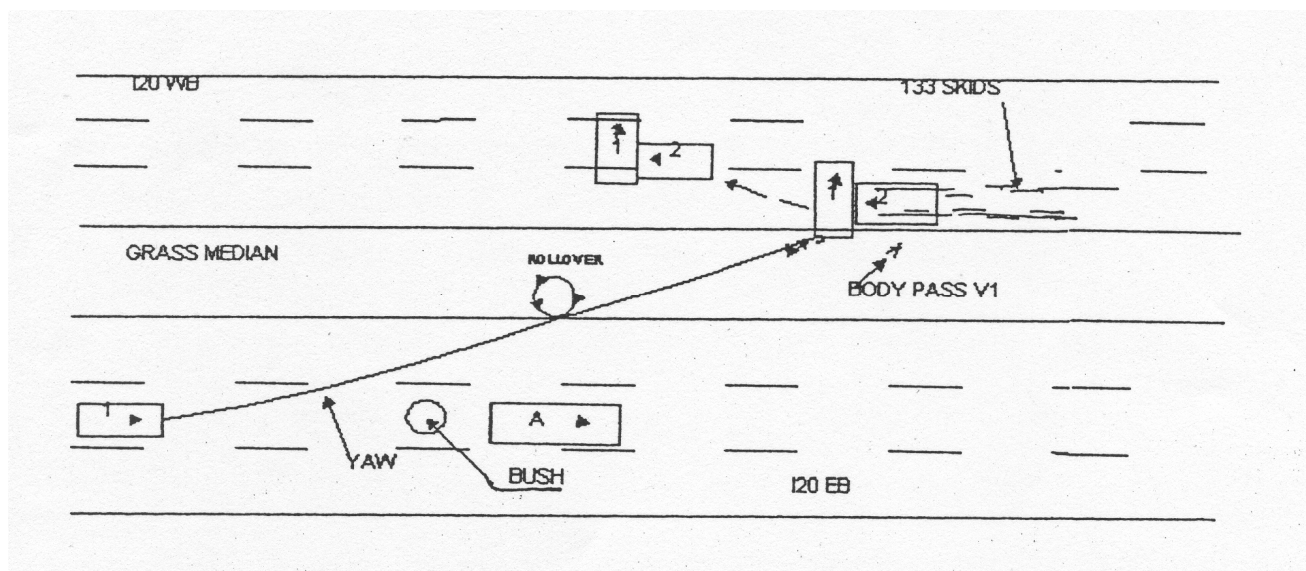
V1 WAS EASTBOUND ON I-20 IN THE CENTER LANE OF THREE LANES, WHEN THE DRIVER OF V1 OBSERVED A LARGE BUSH FALL FROM THE TRUCK IN HIS PATH. V1 SWERVED TO THE LEFT TO AVOID THE BUSH, WENT IN A YAW AND TRAVELED OFF THE PAVEMENT INTO THE MEDIAN. V1 ROLLED OVER ONCE, EJECTING THE PASSENGER AND TRAVELED 180 FEET ACROSS THE MEDIAN BEFORE ENTERING THE WESTBOUND LANES IN THE PATH OF V2, WHICH WAS WESTBOUND. V2 SKIDDED 133 FEET BEFORE ITS FRONT COLLIDED WITH V1 RIGHT SIDE. V2 PUSHED V1 SIDEWAYS TO FINAL REST, 31 FEET WEST OF IMPACT. THE BODY OF V1 PASSENGER CAME TO REST ON THE SHOULDER OF WESTBOUND LANES NEAR THE AREA OF IMPACT.

STATEMENTS FROM WITNESSES COINCIDE WITH THE DRIVERS' ACCOUNT OF HOW THIS CRASH OCCURRED.

NOTE: A "MUCR-Person/Occupant" form must be completed for <u>EVERY</u> driver and/or pedestrian involved in the collision.

V0 -VEH#

Enter a 2-digit number that identifies which traffic unit this person was operating or was an occupant. If a pedestrian is involved, assign the pedestrian a number.
Example: The person was the driver of Vehicle 1. Enter the number "01".

NOTE: The number assignment is left up to the discretion of the investigating officer. <u>The number "01" should NOT always be assigned to the traffic unit that caused the collision.</u> A good rule of thumb to use in determining number assignments is to assign the number "01" to the first traffic unit in the chain of events.

P0 -PERSON

Enter the same 2-digit number of the vehicle that this driver was operating. If this traffic unit is a pedestrian, assign the same number that has been assigned to the pedestrian.

AGENCY NUMBER   AGENCY CASE NUMBER   PAGE   of

Follow the same instruction on page 6.

P1-PERSON TYPE

Person Type:
O Driver O Pedestrian O Bicyclist O Skater O Other Non-Motorist O Train Engineer O Hit and Run Driver O LE

Fill the circle of the selection that identifies the person listed in block **P0**. This selection identifies the person as a driver, pedestrian, bicyclist, skater, other non-motorist, train engineer, hit and run driver, or law enforcement officer.

P2-LICENSE

Copy the driver license number exactly as it appears on the license. **Do not use dashes to separate the numbers**. If the driver does not have a license, leave this block blank and mark the appropriate response in block "**P12**". **Do Not Enter the License Number of a Train Engineer.**

P3-STATE

Enter the accepted US Postal Service abbreviation of the state that issued this driver's license. (See Appendix B.)

P4-CDL?

```
 CDL?
O  N
O  Y
```

Fill in the circle for "N" if this driver's license is not a Commercial Driver License or "Y" if the driver's license is a Commercial Driver License.

P4a-CDL Class

```
O A      O B      O C
O D      O M      O Driverless
```

Select the class that is indicated on the driver's license.

P5-DATE OF BIRTH

Enter the driver's date of birth using 2-digit numbers for the month and day and 4-digits for the year. For example: 09/20/1965.

P6-DRIVERS NAME

Print the driver's name **exactly** as it appears on the driver license. Any corrections, such as a recently acquired married name or divorced, should be noted in block **"N2-Crash Description."**

P7-DRIVERS ADDRESS

Print the address exactly as it appears on the driver license. If the address is incorrect, note the new address in block **"N2-Crash Description."** If the address is a post office box number, record the physical address in block **"N2-Crash Description."**

P8-PHONE NUMBER

Enter the telephone number including the area code of the driver (as required by MS Sec 63-3-411). **Do not use parentheses or dashes to separate the numbers**.

P9-CITY

Enter the city where the driver resides.

P10-STATE

Enter the accepted US Postal Service abbreviation of the state where the driver resides. (See Appendix B.)

P11-ZIP CODE

Enter the zip code where the driver resides.

P12-DL STATUS

O Valid	O Suspended-DUI
O No License	O Learner Permit
O Expired	O Improper DL
O Suspended	O Other

Enter the current status of this driver license based on **a current driver license check**. If the driver does not possess a valid operator's license fill in the response for "NO LICENSE."

P13-CITED

Fill in the circle "Y" if the driver was cited for a violation and the circle for "N" if no citation was issued. In the event charges are probable pending further investigation, such as waiting for test results from laboratory analysis, fill in the "P" for pending.

P14-TICKET

Enter the number printed on the citation that was issued during the investigation. Up to two (2) citations can be recorded. In the event more than two (2) citations were issued, enter the citation number and offense of each citation in block **"N2-Crash Description."**

P15-OFFENSE

Enter the Mississippi Code Section number corresponding to the offense that the offending driver was cited.
Example: A driver is cited for not having a driver license. Enter the MS Code Section number "63-1-5"
(See "Offense Codes" section in the Appendix C for a list of frequently cited traffic violations)

P16-XPORT

O Not Transported	O Police	O Hearse
O EMS	O Private Vehicle	

If this person was transported to a medical facility, indicate what mode of transportation by filling in the circle that corresponds with the correct response.
NOTE: **If the response "Not Transported" is selected, leave "P17-EMS AGENCY CODE" and "P18-MEDICAL FACILITY CODE" blank.**

P17-EMS AGENCY CODE

Enter the Emergency Medical Service (EMS) Agency Code number of the ambulance service that transported the driver to the medical facility, if applicable.
(See list of codes in Appendix E.)

P18-MEDICAL FACILITY CODE

Enter the code number of the medical facility where the injured were taken, if applicable. If the person is killed in the collision and transported to a morgue, enter the number "1000" for the medical facility code.
(See list of codes in Appendix D).

P19-CONDITION

O NO DEFECTS APPARENT	O DRINKING NOT IMPAIRED
O OBVIOUSLY INTOXICATED	O USING DRUGS IMPAIRED
O UNKNOW	O DRINKING IMPAIRED
O PHYSICAL IMPAIRMENT	O USING DRUGS NOT IMPAIRED
O HIT AND RUN	O FELL ASLEEP/FAINTED/FATIGUE
O AFFECTED BY EXHAUST FUMES	O PENDING LAB RESULTS

Fill the circle that indicates the driver's physical condition based on your <u>observations, tests you administered or knowledge of the results of such tests being administered</u>.

P20-NON-MOTORIST ACTION

O UNKNOWN	O WALKING/PLAYING/RUNNING/CYCLING
O PUSHING VEHICLE	O PLAYING/WORKING ON VEHICLE
O ENTERING/CROSSING ROADWAY	O WORKING
O APPROACHING/LEAVING VEHICLE	O STANDING

Fill in the circle to indicate the action of a pedestrian in the collision (if applicable).

P21-CONTRIBUTING CIRCUMSTANCES (3)

□ No Apparent Improper Driving	□ Speed Too Fast For Conditions	□ Faulty Equipment
□ Made Improper Turn	□ Avoidance	□ Illegally Crossing Median
□ Not Visible (Dark Clothing)	□ Pedestrian Actions	□ Visibility Obstructed
□ Failed to Yield Right of Way	□ Driving Under the Influence	□ Exceeded Lawful Speed
□ Left of Center	□ Drove on Wrong Side of Road	□ Improper Lane Change
□ Operating Defective Equipment	□ Ran Red Light	□ Improper Backing
□ Following Too Closely	□ Animal on Roadway	□ Improper Passing/Overtaking
□ Failure to Keep Proper Lane/Run off Road	□ Fatigued/Asleep	□ Lying and/or Illegally in Roadway
□ Passed Stop Sign	□ Roadway Defects	□ See Crash Description

This block is used to identify the circumstances that existed that caused the collision to occur. This block is **NOT** used to assign "*Fault*" to any involved party. This block should be completed based upon the information gathered during the officer's investigation. The information should include, but not limited to, the driver's statements, physical evidence found at the collision site, damage to the involved vehicles and witness statements.

When making a selection for this block, there are three things to be taken in consideration. They are listed in the order of their importance. First, what traffic laws (if any) have been broken that resulted in this collision. Most collisions are the result of a driver breaking one or more of the traffic laws, such as exceeding the lawful speed limit or following too closely. Second, what action(s) where taken by the driver that led to this collision. Contributing circumstances are listed as traffic violations from driver's actions (ran stop sign), driver's condition (DUI) or faulty vehicle (defective or improperly maintained brakes). Finally, what environmental factors contributed to the collision. In an effort to establish uniform collision reporting, below are the contributing circumstances with explanations.

NOTE: "See Crash Description" should only be marked when the contributing circumstances for the collision being investigated is not included in the existing list. When the contributing circumstances <u>are known</u>, simply mark the appropriate response(s).

Up to three (3) contributing circumstances can be selected for each driver

No Apparent Improper Driving When the driver apparently committed no action that contributed to the collision.

Fail to Yield Right of Way When a collision results from the failure of a driver to yield the right of way.

1. At an open uncontrolled intersection
2. From a Private Drive
3. From a Stop Sign
4. From a Yield Sign
5. To an Emergency Vehicle
6. To a Pedestrian
7. To Oncoming Traffic when Turning Left
8. When Turning Right on Red

Following Too Closely: When a vehicle is following too close and fails to take proper evasive action and such action contributes to a collision.

Speed Too Fast for Conditions: When the speed of a vehicle was unsafe for the conditions or circumstances and such speed resulted in a collision. This would also apply in areas with recommended safe speeds such as curves, ramps, hillcrest, intersections etc.

Driving Under the Influence: When the condition of the driver is impaired due to consuming alcoholic beverages or controlled substances and is a factor that contributed to the collision.

Animal on Roadway: When a vehicle collides with an animal (wild or domestic) or when such animal's presence causes a driver to take evasive action contributing to the collision.

Faulty Equipment: When a driver is not equipped with required equipment or when such equipment is faulty to the extent it contributes to a collision. *Consideration should be given to time of day or conditions requiring use, (i.e. no headlights on a clear sunny day would not be a contributing factor).*

     1-tires
     2-headlights
     3-tail lights
     4-brakes

Exceeded Lawful Speed: When the vehicle is traveling over the legal speed limit and such action contributes to the collision.

Improper Passing/Overtaking: When a vehicle is driven into the opposing lane in an act of passing without sufficient clearance from oncoming traffic or where passing is prohibited and such action contributes to a collision.

Made Improper Turn: When a turning maneuver results in a collision when (a driver):

     1-Cuts the Corner by Initiating a Left Turn Too Soon
     2-Turns From Wrong Lane
     3-Turns Wide Right

Left of Center : When a vehicle traveling on a 2-lane road crosses left of the centerline into the oncoming lane (not passing) and this contributes to a collision.

Failure to keep proper lane/run off road: When a driver disregards the intended purpose of a lane (i.e. a designated lane) or runs off the road and such action contributes to a collision.

Avoidance: When a vehicle takes evasive action to avoid a collision with another vehicle.

Drove on the Wrong Side of the Road: When a vehicle is driven the wrong way on a one-way street or in the wrong direction on a divided highway and such action contributes to the collision.

Fatigued/Asleep: When the driver goes to sleep due to exhaustion or weariness, or into a period of mental inactivity, which impairs his perception, his reaction time and such condition contributes to a collision.

Illegally Crossing Median: When a vehicle crosses a median at an unauthorized location and such crossing contributes to a collision.

Improper Lane Change: When a vehicle on a multi-lane roadway moves from a direct course outside its lane of travel and such move contributes to a collision.

Lying and/or Illegally in Roadway: When a pedestrian is lying in the roadway or illegally in the roadway and causes a collision.

Not Visible (dark clothing): When a pedestrian or bicyclist is wearing dark clothing reducing their visibility while traveling on a roadway and this contributes to a collision.

Operating Defective Equipment: When a collision occurs due to a defective part on the vehicle as a result of a defect from the factory.

Passed Stop Sign: When a vehicle passes a stop sign without stopping and such action contributes to a collision.

Pedestrian Actions: When the actions of a pedestrian contributes to a collision by the pedestrian's failure to yield to vehicular traffic.

Ran Red Light: When a driver fails to stop or comply with a red traffic signal and such action contributes to a collision.

Roadway Defects: When a road defect contributes to a collision.

Visibility Obstructed: When a driver's view is blocked by the load on his vehicle, his occupants, by objects near the roadway, and by weather conditions or objects/materials placed on the windshield and they contribute to a collision.

Improper Backing: When a vehicle makes an unsafe backing maneuver that contributes to a collision.

See Crash Description: The most frequent contributing circumstances are listed, but ALL other contributing circumstances should be listed in the Crash Description.   Some common contributing circumstances not listed would be:

      1-Failure to yield to Emergency Vehicle
      2-Improper Load
      3-Open car door in traffic
      4-Improper stop or park in roadway
      5-Physical handicap
      6- Intoxicated Pedestrian
      7-Bicyclist more than two (2) abreast

P22-SAFETY EQUIPMENT (2)

☐ **Shoulder & Lap belt**
☐ **None**
☐ **Lap Belt**
☐ **Automated Restraint**
☐ **Shoulder Belt**
☐ **Child Safety Seat**
☐ **Helmet**

Enter up to two (2) selections indicating what safety equipment was being used by the driver at the time of the collision.

P23-INJURY TYPE

O **None**
O **Complaint of Pain**
O **Moderate**
O **Life Threatening**
O **Killed**

Select the description that best describes the injury suffered by the person/occupant listed above and fill in the circle to the left of the selection. If not injured, select "None".
The injury types are described as:
Complaint of Pain: No visible injury. This is a verbal complaint of an injury by the driver/occupant.
Moderate: Visible injuries that include abrasions, cuts, lacerations and/or broken bones.
Life Threatening: Injuries where there is a high probability of the lose of life.
Killed: The driver/occupants was killed from injuries sustained as a result of the collision.

P24-EJECTION

Indicate if the person/occupant was ejected or partially ejected by filling in the circle to the left of the appropriate response. If not ejected, select "Not".

P25-EXTRICATED

Indicate if rescue personnel used mechanical equipment to remove this person/occupant from the vehicle. "N" indicates No and "Y" indicates "Yes" mechanical equipment was used.

P26-SEX

Indicate this person/occupant's sex by "M" for male and "F" for female.

P27-RACE

O White	O Hispanic
O Black	O Other

Indicate the person/occupant's race by marking the appropriate circle.

P28-POSITION

O Left	O Center	O Right

Indicate the driver's position by marking the appropriate circle. Select the "*Center*" position for a motorcycle driver's position.

P29-AIRBAG

O Deployed Front	O Not Deployed
O Deployed Side	O No Airbag
O Deployed Both	

Fill in the circle that corresponds to the deployment of the airbag for the person in question.

<u>Deployed Front</u> - the airbag immediately in front of the person/occupant deployed as a result of the collision.

<u>Deployed Side</u> - the side-curtain airbag for that person/occupant deployed.

<u>Deployed Both</u> - indicates that the airbag immediately in front of the person/occupant <u>and</u> the side-curtain airbag for that person/occupant deployed as a result of the collision.

<u>Not Deployed</u> - the vehicle was equipped with an airbag and the airbag did not deploy as a result of the collision.

<u>No Airbag</u> - the vehicle is not equipped with an airbag.

ALCOHOL TEST INFORMATION

P30-TYPE

O None	O Breath
O Serum	O Urine
O Blood	

Fill in the circle near the selection that indicates the type of test administered.

P31-STATUS

O None Given	O Test Refused
O Test Given	O Test Given, Pending

Fill in the appropriate response that corresponds with the selection made in block P30. If a blood sample was taken and sent in to the state crime laboratory for analysis, mark the selection "*Test given, pending.*"

P32-RESULT

.☐ ☐ ☐

Enter the test results in this blank. If results are pending, leave this block **blank**.
NOTE: Once the test results from a sample sent to the state crime laboratory are returned, enter the results and change block P31 to "*Test given*" and block G2 to "*U-Update.*"

NOTE: DO NOT ENTER THE RESULTS IF THE PERSON TESTED IS A JUVENILE (Less than 18 years of age).

DRUG TEST INFORMATION

P33-TYPE

O None	O Serum
O Blood	O Urine

If applicable, fill in the circle near the selection that indicates the type of test administered.

P34-STATUS

O None Given	O Test Refused
O Test Given	O Test Given, Pending

Fill the correct circle to indicate the status of the drug test.

NOTE: If the test results reveal positive results for a substance other than ethyl alcohol, enter the results in block "*N2-Crash Description*."

OCCUPANTS

Complete all information for **ALL** occupants. If there are more than two (2) occupants in a one-vehicle collision or four (4) occupants in a two-vehicle collision, use the *MUCR-Additional Occupant* page to list the additional occupants.

O0-Vehicle

This number coincides with the vehicle number where this person is an occupant.
Example: An occupant is a passenger in the traffic unit identified as Vehicle 1, enter "01" in this block.

O1-FIRST NAME MI LAST NAME

Print the occupant's full name.

O2-ADDRESS SAME AS PERSON

```
SAME AS
PERSON #

☐  ☐
```

If the occupant has the same address as the driver, enter the same number assigned to the driver. (Example: The occupant has the same address as the driver who has been designated as "01", enter "01" in this block.)

O3-ADDRESS

If occupant's address is different than the driver's address, enter the occupant's complete address.

O4-CITY

Enter the city where the occupant resides.

O5-STATE

Enter the state where the occupant resides. (See Appendix B)

0 UNBORN CHILD

In collisions involving the death of an unborn child, fill in the oval indicating "UNBORN CHILD" and complete response "O1" as follows: write the word "*UNBORN*" for "First Name" and "*CHILD*" for "Last Name" then complete blocks O0, O2 and O6 as indicated for the mother. **Blocks O7 thru O14 should be left blank**. Complete blocks O15 through O17 as indicated for the mother.

O6-POSITION

O Front-Driver	O 3rd-Middle
O Front-Middle	O 3rd-Right
O Front-Right	O Sleeper of Truck cab
O 2nd-Left	O Encl. Pass/Cargo Area
O 2nd-Middle	O Unencl. Pass/Cargo Area
O 2nd-Right	O Riding on Exterior
O 3rd-Left	O Towed Veh/Trailer

Indicate the position this person occupied in the vehicle. 2nd and 3rd refer to the row of seats behind the front seat. For a crash involving a school bus or a bus used for

commercial transportation, use the selections beginning with "2ND" to describe the passengers seated on the left side of the bus (rows of seats behind the driver) and "3RD" to describe the passengers seated on the right side of the bus.

O7-SAFETY EQUIP (2)

□ Shoulder & Lap belt
□ None
□ Lap Belt
□ Automated Restraint
□ Shoulder Belt
□ Child Safety Seat
□ Helmet

Fill in up to two (2) selections indicating the types of safety equipment in use.

O8-SEX

Indicate the occupant's sex by selecting "M" for male and "F" for female.

O9-RACE

O White	O Hispanic
O Black	O Other

Fill in the response that indicates the occupant's race.

O10-AGE

AGE □ □   O M
           O Y

Enter the age of the occupant. Fill in the circle to indicate if the age is indicated in months (M) or years (Y). **If the occupant is less than two (2) years of age, enter the age in months.**
Example: A child is twenty (20) months old, enter the number "20" and fill in "M" for months. A child that is 24 months old would be entered as "02" and fill in "Y" for years.

O11-EXTRICATED

Fill in the circle to indicate if the occupant had to be removed by the use of equipment used by rescue or EMS personnel. Select "Y" for Yes and "N" for No.

O12-EJECTION

If the person/occupant is not ejected, select "Not". If the person/occupant was ejected or partially ejected from the vehicle, indicate by filling in the appropriate selection.

O13-INJURY TYPE

```
O None
O Complaint of Pain
O Moderate
O Life Threatening
O Killed
```

Fill in the circle above that indicates the injuries of the person/occupant in this collision.
The injury types are described as:
Complaint of Pain: No visible injury. The person/occupant only gives a verbal description of an injury.
Moderate: Visible injuries that may include one or more of the following: abrasions, cuts, lacerations or broken bones.
Life Threatening: Injuries where there is a high probability of the lose of life.
Killed: The driver/occupants was killed from injuries sustained as a result of the collision.

O14-AIRBAG

```
O Deployed Front     O Not Deployed
O Deployed Side      O No Airbag
O Deployed Both
```

Select the appropriate response as instructed for **block P29.**

O15-XPORT

```
O Not Transported  O  Police        O  Hearse
O EMS              O  Private Vehicle
```

Indicate by filling in the circle that describes the mode of transportation used to carry the person/occupant to the medical facility. Follow the same rule as described in **block P16.**

O16-EMS AGENCY CODE

Enter the Emergency Medical Service (EMS) Agency Code number of the ambulance service that transported the person/occupant to the medical facility, if applicable.
(See list of codes in Appendix E.)

O17-MEDICAL FACILITY CODE

If a response is entered for **block O16,** enter the code number of the medical facility where the injured person/occupant is transported. If the occupant is killed in the collision and transported to a morgue, enter the number "1000" for the medical facility code.
(See list of codes in Appendix D).

MUCR ADDITIONAL OCCUPANTS SHEET

The Additional Occupant page should be used to list all additional occupants not entered on the MUCR Person/Occupant page. Use the same instructions for completing the selections on this page as used to complete the "Occupant" section on the MUCR Person/Occupant page.

MISSISSIPPI UNIFORM CRASH REPORT VEHICLE SHEET

This sheet <u>must</u> be completed for each vehicle involved in the collision.

VO-VEH

```
┌─────────────────┐
│  VEHICLE        │
│                 │
│  #: ☐   ☐       │
└─────────────────┘
```

Assign a number to this traffic unit to identify it with the correct vehicle/pedestrian in the Crash Diagram, Crash Description and driver on the MUCR Person/Occupant page. **Do NOT use a specific number to identify the vehicle that caused the collision.** It is a good rule of thumb to number the vehicle(s) according to the chronological sequence of their involvement in the collision.

V1-TOTAL OCCUPANTS

Enter the total number of occupants that were riding in this traffic unit at the time of the collision. This number shall include the driver of the vehicle.

V2-STATE

Enter the two-letter abbreviation of the state where this vehicle is registered.
(See Appendix B)

V3-YEAR

Enter the expiration year (4 digits) of the license plate displayed on this vehicle. **If the vehicle is not registered in any state, leave this response blank.**

V4-LICENSE PLATE NUMBER

```
┌───────────────────────────┐
│  LICENSE PLATE NUMBER     │
│                           │
│  ☐ ☐ ☐ ☐ ☐ ☐              │
└───────────────────────────┘
```

Enter the number of the license plate displayed on this vehicle. If the vehicle is not registered in any state (does not have a license plate), enter the words "**No Tag**."

V5-MAKE

Enter the make of the involved vehicle, i.e. Chevrolet, Ford, Plymouth, etc.

V6-MODEL YEAR

Enter the year model (4-digits) of the involved vehicle.

V7-VEHICLE MODEL

Enter the vehicle model of the involved vehicle, i.e. Accord, Camry, Durango, etc.

V8-VEHICLE COLOR

Enter the color of the vehicle using the accepted abbreviations listed below. There is not sufficient space to write in two-tone colors; therefore, the following abbreviations are acceptable:

COLOR	ABBREVIATION	COLOR	ABBREVIATION
BROWN	BROW	BLUE	BLUE
BLACK	BLAC	TAN	TAN
YELLOW	YELL	BEIGE	BEIG
GREEN	GREE	SILVER	SILV
WHITE	WHIT	PURPLE	PURP
MAROON	MARO	MULTI-COLORED	MULT

V9-DAMAGE

O Heavy   O Light   O None

Estimate the damage to this vehicle as:

Heavy $500 or more
Light   Less than $500
None   No damage

V10-SPEED ZONE

Enter the speed limit for the roadway on which the first harmful event occurred.

V11-EST SPEED

Enter the estimated speed stated by the **DRIVER** and **NOT** the investigating officer's estimation. Use "UK" for "Unknown" if the driver is incapacitated or doesn't know the vehicle's speed immediately prior to the collision.

V-VIN

Enter the Vehicle's Identification Number. This number is posted on the vehicle's VIN plate, information sticker located on the left front door or door frame, or can be retrieved from the vehicle's registration information. If other documentation is used, verify the number.

OWNER INFORMATION

Same as Drive ☐	**If the driver is the same as the registered owner, fill in the box "Same as driver" and leave blocks V12-V16 blank.**

V12-OWNER NAME

Enter the name of the registered owner of the vehicle.

V13-ADDRESS

Enter the address of the registered owner of the vehicle.

V14-CITY

Enter the city where the registered owner resides.

V15-STATE

Enter the accepted US Postal Service abbreviation of the state where the registered owner resides. (See Appendix B)

V16-ZIP CODE

Enter the zip code where the owner resides.

V19-NO PROOF OF INSURANCE

Mark this block when the driver cannot produce a **valid** Proof of Insurance document/card.

V17-INSURANCE COMPANY NAME

Enter the name of the insurance company listed on the Proof of Insurance card only if it is visually validated. Do not make an entry from the driver's statement.

Note: For state agencies, enter "State of MS" for "Insurance Company Name."

V18-POLICY NUMBER

Enter the policy number as it is listed on the Proof of Insurance Card **only**.

Note: For state agencies, enter "11-46-1" for the policy number.

V20-SEQUENCE OF EVENTS

1 2 3 4		1 2 3 4		1 2 3 4	
O O O O	Animal	O O O O	Cargo Loss/Shift	O O O O	Attenuator/Cushion
O O O O	Bicyclist	O O O O	Crossover	O O O O	Bridge Structure
O O O O	Maintenance Equip	O O O O	Equipment Failure	O O O O	Culvert
O O O O	Moving Vehicle	O O O O	Fell/Jump from Vehicle	O O O O	Curb
O O O O	Parked Vehicle	O O O O	Fire/Explosion	O O O O	Ditch
O O O O	Pedestrian	O O O O	Immersion	O O O O	Embankment
O O O O	Train	O O O O	Jackknife	O O O O	Fence
O O O O	Slowing Vehicle	O O O O	Median/Centerline	O O O O	Guardrail
O O O O	Stopped Vehicle in Road	O O O O	Thrown/Falling Object	O O O O	Mailbox
O O O O	Other Moveable Object	O O O O	Off/Roadway Left	O O O O	Median/Barrier
		O O O O	Off/Roadway Right	O O O O	Post/Pole/Support
		O O O O	Overturn/Rollover	O O O O	Tree
		O O O O	UNIT SEPARATION	O O O O	Other Fixed Object
		O O O O	Over Correcting/Steering		
		O O O O	Downhill Runaway		

Select up to four (4) events, in chronological sequence, that each vehicle experience during the collision cycle. In column number one (1), select the **first** harmful event in the collision sequence. In column number two (2), list the second harmful event the vehicle experienced in the collision sequence. Up to four (4) events may be selected. For one-vehicle collisions, the selection "*Moving Vehicle*" should **NOT** be selected as the first harmful event.

EXAMPLE: You are investigating a one-vehicle collision where a vehicle runs off of the road on the right and drives through a fence before striking a tree. **Block V20 should be marked as follows:**

"Off Roadway/Right" should be marked in Column 1. "Fence" should be marked in Column 2 and "Tree" should be marked in Column 3.

Notice that "*Moving Vehicle*" was not selected since it is understood that Vehicle 1 was in motion through the collision sequence.

V21-VEHICLE ACTION

O Going Straight	O Avoidance
O Making Left Turn	O Lane Change
O Stopped	O Leaving/Parking
O Slow/Stop in Road	O Overtaking/Passing
O Parked	O Parking Position
O Backing	O Making a U-Turn
O Making Right Turn	O In Tow

Fill in circle that describes the driver's actions at the moment that he/she **perceived** the collision was going to occur. (NOTE: This is before any evasive action is effected.)

V22-VEHICLE TYPE

O Passenger Car	O Farm Tractor
O Pickup Truck	O Train
O Van/Station wagon	O Vehicle Towing Trailer
O SUV	O Emergency Vehicle
O Motorcycle	O ATV
O RV	O Farm Equipment
O Bus	O Other
O Commercial Vehicle	O Unknown Truck

Fill the circle that best describes the configuration of the vehicle. When "Bus" is select, Block V36-Bus Use must be completed indicating what type of bus was involved in the collision. When "Commercial Vehicle" is selected, the Commercial Vehicle section must be completed.
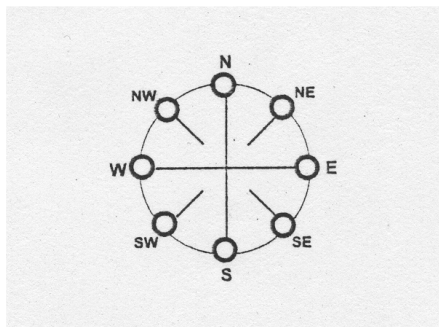
NOTE: When one of the vehicle types above are used in a commercial capacity, the "Commercial Vehicle" section of the report shall be completed. The vehicles to be excluded from the Commercial Vehicle section are motorcycle, train, and ATV.

V23-INITIAL CONTACT
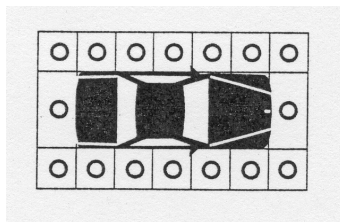
Fill in a circle to indicate where the **initial** impact was located.

V24-DIRECTION OF TRAVEL

Fill in the circle on the compass above to indicate the vehicle's direction of travel prior to the collision.

V25-BIKEWAY TYPE

Fill in the circle to indicate the type of bikeway. A "bikeway" is a lane designated for bicycle traffic.

V26-TRAFFIC CONTROL DEVICES

O Channel Painted	O Officer
O Channel Physical	O RR Flashing Signal
O Flag Person	O RR Signal and Gate
O Flashing Signal Red	O Signal
O Flashing Signal Yellow	O Stop Sign
O No Passing	O Railroad Sign
O None	O Yield Sign

Select the traffic control device whose disregard by an involved driver contributed to the collision. These devices may include markings on the pavement. If the driver did NOT disregard a traffic control device, mark the selection "NONE."

NOTE: If a traffic control device is present at a collision site but does not contribute to the collision, **DO NOT** select that device but show the device on the diagram.

V27-DEVICE FUNCTIONING?

If a selection other than "None" is selected in block V26, fill in the circle next to the "Y" to indicate that the device was functioning at the time of the collision or "N" to denote the device was not functioning at the time of the collision.

V28-ROAD CHARACTER

O Straight/Level	O Bridge
O Intersect two roads	O Private Drive
O Straight/Grade	O Curve/Hillcrest
O Curve/Level	O Crossover
O Straight/Hillcrest	O Begin/End divided road
O Curve/Grade	O One Way

Fill in the circle that describes the road character.

V29-ROAD DESIGN

O 2 Lane	O 3 Lane
O 4+	O Frontage/Ramp
O Parking Lot	O One Way
O 1 Lane	O Unpaved

Fill in the circle that describes the road design.

V30-DIVIDED?

```
DIVIDED?    O YES   O NO
```

If the selection chosen in block V29 has multiple lanes, indicate if the lanes are divided by filling in the proper circle.

V31-CENTER TURN LANE?

```
CENTER TURN LANE?    O YES   O NO
```

If "Yes" is selected in block V30, indicate if the lanes are divided by a center turn lane by filling in the proper circle. If block V30 is blank, leave this selection blank.

V32-ROAD SURFACE TYPE

```
O Asphalt
O Concrete
O Dirt
O Gravel
O Other - See Narrative
```

Fill in the circle to indicate the type of road surface where the first harmful event occurred.

V33-TOWED?

```
TOWED?       O YES   O NO
```

Fill in the circle to indicate if the vehicle was towed.

V33a-Due to Disabling Damage?

```
O YES   O NO
```

If the vehicle is incapacitated due to damage sustained in the collision, mark "Yes." If the vehicle can be safely operated after the collision, select "No."

V34-AUTHORITY:

```
AUTHORITY:   O Owner    O  Police    O  Other
```

If "Yes" was selected for block V33, indicate under whose authority the vehicle was towed.

V35-TOWED BY:

```
TOWED BY
```

If "Yes" was selected for block V33, print the name of the wrecker service that towed the vehicle.

COMMERCIAL VEHICLE INFORMATION

Complete this section when a collision involves one or more of the following:

1. ANY truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds used on public highways.
2. ANY motor vehicle with seats to transport nine (9) or more people, including the driver's seat.
3. ANY vehicle displaying a hazardous materials placard (regardless of weight).

Commercial motor vehicles and some non-commercial motor vehicles, particularly large trucks and buses (i.e., city transit buses, school buses, city-owned garbage trucks, military vehicles, highway maintenance vehicles, rental trucks used for personal transportation as well as commercial transportation; e.g. U-Haul, Ryder, Budget, etc.) will need to complete the Commercial Vehicle section.

INCLUDED ARE:
- Motor vehicles providing transportation of goods or property for others for compensation (for-hire) and not for compensation (not for-hire).

Examples:
1. A truck company hauling a manufacturing company's good for a fee.
2. An individual truck driver who owns a truck or truck tractor and contracts with businesses to carry goods or property.
3. A manufacturing company hauling its own products to retail stores.
4. An agricultural farm hauling its produce to market.
5. A retail store delivering products to its buyers.
6. A government-owned motor vehicle transporting property.
7. A vehicle, such as a U-haul or Ryder truck, rented/leased to transport one's personal property/goods.

- Motor vehicles providing passenger transportation for compensation (for-hire) or not for compensation (not for-hire).

Examples:
1. A motor coach transporting passengers within and between cities and towns.
2. An airport shuttle bus service paid to transport people to hotels and other businesses.
3. A limousine service transporting passengers for a fee.
4. A hotel-owned shuttle bus providing complementary transportation to guest.
5. A school transporting its students to and from school and school-related activities using a school owned vehicle.
6. A government-owned motor vehicle transporting people.

EXCLUDED ARE:
Some of examples of non-commercial operations that should NOT be included when involved in a collision are:

- A personally owned truck or passenger vehicle meant for personal use only as the sole vehicle meeting the criteria above.

Examples

1. A non-commercial horse rancher transporting hay bales from his pasture on one side of the road to his property on the other side of the road in a medium truck.
2. A homeowner carrying recyclables to a drop-off point in a personally owned pickup truck greater than 10,000 pounds.
3. A large family of 10 persons taking a trip in the family's 12-person van.
4. A personally owned pick-up truck hauling a boat or horse trailer, with a GCWR in excess of 10,000 pounds.
5. A family operating a recreational vehicle/motor home.

C1-CARRIER ID NUMBER

Enter the number of the authority under which this vehicle is operating. This is usually a DOT or ICC number.

C2-AUTHORITY

O US DOT	O State	O Mexico
O ICC	O Canada	

Mark the appropriate authority.

C3-CARRIER NAME

A Motor Carrier is the business entity, individual, partnership, corporation, government or religious organization responsible for the transportation of goods, property or people. A Motor Carrier directs and controls the operation of one or more commercial vehicles and can be a trucking company, a bus company, or any entity that uses vehicles for commercial purposes.

C4-CARRIER ADDRESS

Enter the address of the carrier.

C5-CITY   C6-STATE   C7-ZIP CODE

CITY	STATE	ZIP CODE

Enter the city, state and zip of the carrier.

C8-GVWR/GCWR

| GVWR/GCWR |
| --- |
| O 10,000 lbs or less |
| O 10,001 lbs to 26,000 lbs |
| O Greater than 26,000 lbs |

The **Gross Vehicle Weight Rating (GVWR)** is the value specified by the manufacturer as the recommended loaded weight of a single motor vehicle.

The **Gross Combination Weight Rating (GCWR)** is the value specified by the manufacturer(s) as the recommended loaded weight of a combination (articulated) motor vehicle. This is for truck tractors and single-unit trucks pulling a trailer(s).

C9-CARGO BODY TYPE

O Auto Transporter	O Cargo Tank	O Pole
O Bus (seats 9-15 incl. Driver)	O Flatbed	O Log
O Bus (seats 16 or more, incl. Driver)	O Gargabe/Refuse	O
O Vehicle Towing Motor Vehicle	O Grain/chips/gravel	Dump
O Van/Enclosed box	O Intermodel	O Other
O Passenger Vehicle	O Concrete mixer	O None

The graphic below illustrates the cargo body types for commercial vehicle selections as indicated by the Federal Motor Carrier Safety Administration (FMCSA).
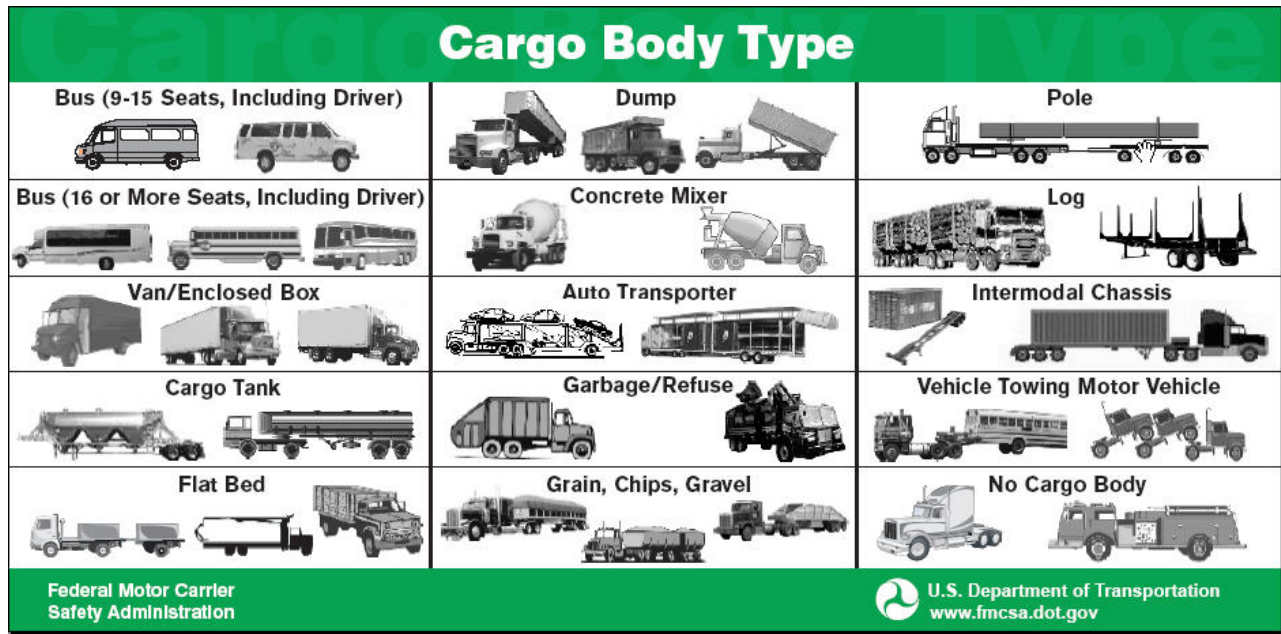
Cargo Body Type Definitions

Buses:
Buses are recorded identically in both Vehicle Configuration and Cargo Body Type. Buses fit into one of two categories based upon a division by the actual number of seats in the vehicle.
    (1) Bus (seats for 9-15 people, including driver)
    (2) (2) Bus (seats for 16 or more people, including driver)

Van / Enclosed Box:
This code describes a cargo body type having an enclosed body integral to the frame of the motor vehicle or trailer. This should not be used for auto transporters or open hoper cargo bodies utilizing a protective cover. It applies to both enclosed trailers and cargo vans. This is the most common cargo body type for trucks.

Cargo Tank:
This code describes a cargo body type designed to transport dry bulk (fly, ash, etc.), liquid bulk (gasoline, milk, etc.) or gas bulk (propane).

Flatbed:
This code describes a cargo body type without sides or a roof, with or without readily removable stakes which may be tied together with chains, slats or panels. This would include "stake body" trucks.

Dump:
This code describes a cargo body type that tilts to discharge its load by gravity. "Belly dump" trailers that discharge the load through a gate in the bottom without tilting are given the body type "grain, chips or gravel".

Concrete Mixer:
This code describes a cargo body type specifically designed to transport and mix concrete.

Auto Transporter:
This code describes a cargo body type that is specifically designed to transport multiple, fully assembled automobiles. Single-unit flatbed tow-trucks hauling cars DO NOT qualify. Auto transporters are typically configured as truck-trailers.

Garbage / Refuse:
This code describes a cargo body type that is specifically designed to collect and transport garbage or refuse and recyclables. It includes conventional, rear-loading and "roll-off" style garbage trucks.

Grain, Chips, Gravel:
This code describes a cargo body type used for hauling these or other similar bulk commodities. They may be referred to as "open hoppers" or "belly dumps".

Pole:
This code describes a cargo body type that consists of a trailer designed to be attached to a towing vehicle by a reach or pole or by being boomed and secured to the towing vehicle. These are ordinarily used to carry property of a long or irregular shape, such as telephone poles. The "pole" extends or retracts to accommodate varying lengths of cargo.

Vehicle Towing another Motor Vehicle:
This code refers to vehicles that have no cargo carrying capability but are in the act of towing another motor vehicle. These are often called "drive-away or tow-away" and will be applicable to tow trucks and specially rigged truck tractors.

Intermodal Chassis:
This code describes a cargo body type used for a trailer specifically designed to have a rail or ship container mounted directly on the chassis. These should not be confused with van/enclosed box cargo body types. Intermodal containers may also be mounted on a flatbed trailer, in which case flatbed is the cargo body type.

Log:
This code describes a cargo body type for trailers with a fixed middle beam and side support posts specifically designed for carrying logs. If the trailer can "telescope" to carry different log lengths, then it should be considered a pole trailer.
Other Cargo Body (not listed above):
This code describes a cargo body type that does not fit into any of the previous codes.

Not Applicable / No Cargo Body:
Code (0) should be used for passenger vehicles that are included on the Truck and Bus Crash Report Supplement because they are placarded for hazardous materials **AND** for vehicles with no cargo hauling capability such as fire trucks or truck tractors without a semi-trailer.

C10-COMMODITY HAULED

Print the material or item being hauled by the vehicle.

C11-PLACARD ID

Enter the number displayed on the placard.

The graphic below illustrates the placard number displayed on commercial vehicles transporting hazardous materials.

The graphic below illustrates the different hazardous material classifications
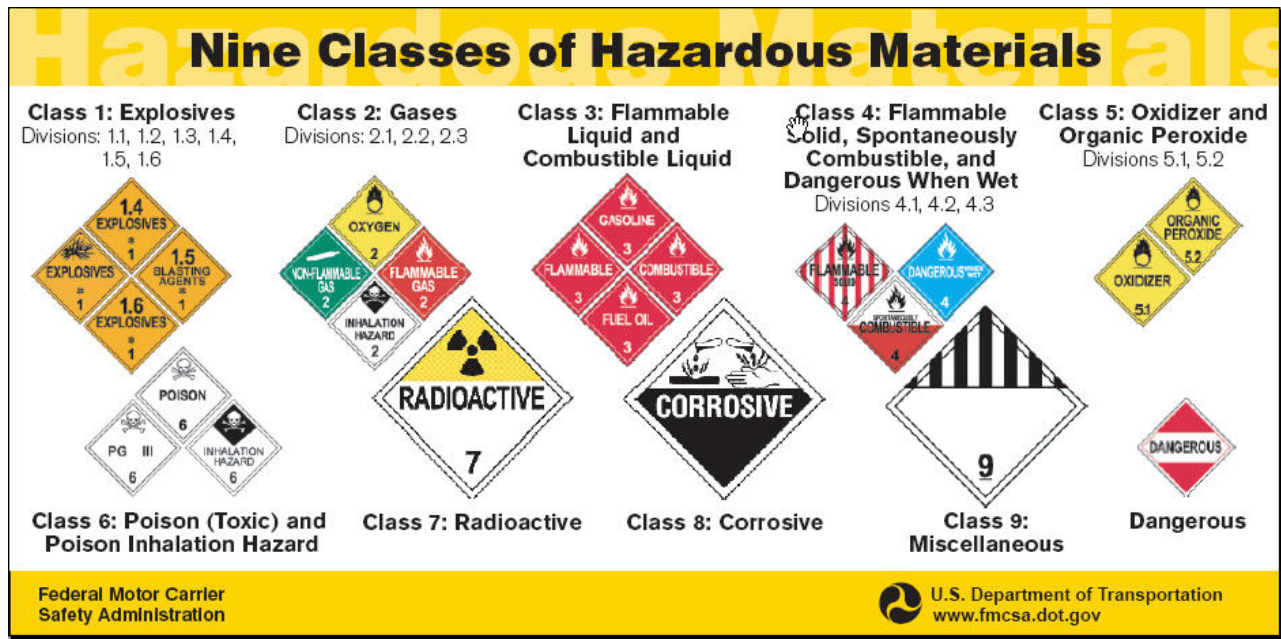
C12-HAZMAT RELEASED

HAZMAT RELEASED
O   YES   O   NO

Indicate if any hazardous materials were released as a result of the collision. Fuel spills from tractor tanks are <u>not</u> considered releasing hazardous materials.

C13-VEHICLE CONFIGURATION

O Passenger Car (only if has HM Placard)	O Truck/Trailer(s) (Single-Unit Truck with Trailer(s)
O Light Truck (only if has HM Placard)	O Truck/Tractor (Bobtail)
O Bus (seats 9-15 incl. Driver)	O Truck/Semi-Trailer (one trailer)
O Bus (seats 16 or more, incl. Driver)	O Tractor/Doubles (two trailers)
O Single-Unit Truck (2 axles, 6 tires)	O Tractor/Triples (three trailers)
O Single-Unit Truck (3 or more axles)	O Other Heavy Truck (> 10,000 lbs)
O Unclassified (not listed above)	
O N/A (doesn't meet any codes above. Usually non-hazmat: , 10,000 GCWR or bus with less than 9 seats.	

The graphic below illustrates the vehicle configuration for commercial vehicle selections as indicated by the Federal Motor Carrier Safety Administration (FMCSA).

Vehicle Configuration

Bus (9-15 Seats, Including Driver)

Bus (16 or More Seats, Including Driver)

Single-Unit (2 Axles, 6 Tires)

Single-Unit (3 or More Axles)

Truck/Trailer (Single-Unit Truck Pulling a Trailer)

Truck Tractor (Bobtail)

Tractor/Semi Trailer (One Trailer)

Truck Tractor/Double (Two Trailers)

Truck Tractor/Triple (Three Trailers)

Federal Motor Carrier
Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

APPENDIX A

COUNTY CODES

Code County	Code County	Code County
01 Adams	29 Itawamba	57 Pike
02 Alcorn	30 Jackson	58 Pontotoc
03 Amite	31 Jasper	59 Prentiss
04 Attala	32 Jefferson	60 Quitman
05 Benton	33 Jefferson Davis	61 Rankin
06 Bolivar	34 Jones	62 Scott
07 Calhoun	35 Kemper	63 Sharkey
08 Carroll	36 Lafayette	64 Simpson
09 Chickasaw	37 Lamar	65 Smith
10 Choctaw	38 Lauderdale	66 Stone
11 Claiborne	39 Lawrence	67 Sunflower
12 Clarke	40 Leake	68 Tallahatchie
13 Clay	41 Lee	69 Tate
14 Coahoma	42 Leflore	70 Tippah
15 Copiah	43 Lincoln	71 Tishomingo
16 Covington	44 Lowndes	72 Tunica
17 DeSoto	45 Madison	73 Union
18 Forrest	46 Marion	74 Walthall
19 Franklin	47 Marshall	75 Warren
20 George	48 Monroe	76 Washington
21 Greene	49 Montgomery	77 Wayne
22 Grenada	50 Neshoba	78 Webster
23 Hancock	51 Newton	79 Wilkinson
24 Harrison	52 Noxubee	80 Winston
25 Hinds	53 Oktibbeha	81 Yalobusha
26 Holmes	54 Panola	82 Yazoo
27 Humphreys	55 Pearl River	
28 Issaquena	56 Perry	

APPENDIX B

TWO-LETTER STATE AND FOREIGN COUNTRY ABBREVIATIONS

State/Country	Abbreviation	State/Country	Abbreviation	State/Country	Abbreviation
Alaska	AK	Iowa	IA	Oregon	OR
Alabama	AL	Japan	JP	Pennsylvania	PA
Arizona	AZ	Kansas	KS	Puerto Rico	PR
Arkansas	AR	Kentucky	KY	Rhode Island	RI
Australia	AU	Louisiana	LA	Russia	RS
California	CA	Maine	ME	South Carolina	SC
Canal Zone	CZ	Maryland	MD	South Dakota	SD
Canada	CN	Massachusetts	MA	Sweden	SW
Colorado	CO	Mexico	MX	Tennessee	TN
Connecticut	CT	Michigan	MI	Texas	TX
Delaware	DE	Minnesota	MN	Utah	UT
Denmark	DN	Mississippi	MS	Vermont	VT
District of Columbia	DC	Missouri	MO	Virginia	VA
England	EG	Montana	MT	Virgin Islands	VI
Finland	FN	Nebraska	NB	Washington	WA
Florida	FL	Nevada	NV	West Virginia	WV
France	FR	New Hampshire	NH	Wisconsin	WI
Germany	GR	New Jersey	NJ	Wyoming	WY
Georgia	GA	New Mexico	NM		
Hawaii	HI	New York	NY		
Idaho	ID	North Carolina	NC		
Illinois	IL	North Dakota	ND		
Indiana	IN	Ohio	OH		
International	IT	Oklahoma	OK		

APPENDIX C

OFFENSE CODES - MS SECTIONS FOR TRAFFIC LAWS

For the purpose of this block, the sections are general in describing the offense and may need a more specific section on the actual citation/affidavit. Local agencies may use local ordinance sections.

OFFENSE	SECTION
Careless Driving	63.3.1213
Disobeyed Railroad Signal	63.3.1007
Disobeyed Red Signal	63.3.313
Drove Left of Center	63.3.617
Drove Wrong Side of Divided Road	63.3.603
DUI	63.11.30
Exceeded Lawful Speed	63.3.501
Fail to Yield Right of Way	63.3.805
Following too Close	63.3.619
Hit and Run	63.3.401
Illegally Crossing Median	65.5.19
Improper Equipment	63.7.7
Turning Left at Intersections (Right-of-Way)	63.3.803
Improper Lane Use	63.3.603
Improper Passing	63.3.611
Improper Turn	63.3.703
No/Expired Driver's License	63.1.5
No/Expired Motor Vehicle Inspection Sticker	63.13.7
No Proof of Insurance	63.15.4
Ran Stop Sign	63.3.1001
Reckless Driving	63.3.1201
Speed Too Fast Conditions	63.3.505
Child Restraint Violation	63.7.301
Driving Under Suspension	63.1.57
Driving Under Suspension (DUI)	63.11.40
No Tag	27.19.131
No Seat Belt	63.2.1

APPENDIX D

MISSISSIPPI'S MEDICAL FACILITY CODES
(Listed by County)

Adams County
0271 Natchez Community Hospital
0220 Natchez Regional Medical Center

Alcorn County
0248 Magnolia Regional Medical Center

Attala County
0008 Montfort Jones Memorial Hospital

Bolivar County
0224 Bolivar Medical Center

Calhoun County
0259 Calhoun Health Services

Chickasaw County
0296 Trace Regional Hospital

Choctaw County
0191 Choctaw County Hospital

Claiborne County
0276 Claiborne County Hospital

Clarke County
0282 H. C. Watkins Memorial Hospital

Clay County
0312 Clay County Medical Center

Coahoma County
0035 Northwest MS Regional

Copiah County
0164 Hardy Wilson Memorial Hospital

Covington County
0181 Covington County Hospital

DeSoto County
0318 Baptist Memorial Hosp - DeSoto
0316 Parkwood Behavioral

Forrest County
0141 Forrest General Hospital

Franklin County
0175   Franklin County Memorial Hospital

George County
0166   George County Hospital

Grenada County
0245   Grenada Lake Medical Center

Hancock County
0214   Hancock Medical Center

Harrison County
0299   Biloxi Regional Medical Center
0272   Garden Park Community Hospital
0309   Gulf Coast Medical Center - Biloxi
0028   Memorial Hospital at Gulfport
0326   Select Specialty - Gulfport
326A   Select Specialty - Biloxi

Hinds County
0240   Central MS Medical Center
0281   MS Baptist Medical Center
0278   MS Methodist Rehabilitation Center
0031   St. Dominic Memorial Hospital
0199   University Medical Center

Holmes County
199A   UMC - Durant
199B   UMC - Holmes County

Humphreys County
0169   Humphreys County Memorial Hospital

Jackson County
039A   Ocean Springs Hospital
0039   Singing River Hospital

Jasper County
0226   Jasper General Hospital

Jefferson County
0238   Jefferson County Hospital

Jefferson Davis County
0179   Prentiss Regional Hospital

Jones County
0153   South Central Regional Medical Center

Lafayette County
0228   Baptist Memorial - North MS

Lamar County
0023   Wesley Medical Center

Lauderdale County
0237   Jeff Anderson Regional Medical Center
0308   Laurel Wood Center
0059   Rush Foundation Hospital
0249   Riley Memorial Hospital

Lawrence County
0222   Lawrence County Hospital

Leake Co
0187   Leake Memorial Hospital

Lee County
0063   North MS Medical Center

Leflore County
0065   Greenwood Leflore Hospital

Lincoln County
0235   King's Daughters Medical Center

Lowndes County
0253   Baptist Memorial - Golden Triangle

Madison County
0243   Madison Regional Medical Center

Marion County
0167   Marion General Hospital

Marshall County
0252   Alliance Healthcare System

Monroe County
0230   Pioneer Community - Aberdeen
0074   Gilmore Memorial - Amory

Montgomery County
0183   Kilmichael Hospital
0209   Tyler Holmes Memorial Hospital

Neshoba County
0227   Neshoba County General Hospital
227A   Choctaw Health Center

Newton County
0310   Alliance - Laird Hospital
0321   Newton Regional Hospital

Noxubee County
0081   Noxubee General Hospital

Oktibbeha County
0269   Oktibbeha County Hospital

Panola County
0287   Tri-Lakes Medical Center

Pearl River County
0086   L.O. Crosby - Picayune
0087   Pearl River County Hospital

Perry County
0234   Perry County General Hospital

Pike County
0275   Beacham Memorial - Magnolia
0251   Southwest MS Regional Medical Center

Pontotoc County
0091   Pontotoc Critical Access Hospital

Prentiss County
0161   Baptist Memorial - Booneville

Quitman County
0291   Quitman County Hospital

Rankin County
0250   Rankin Medical Center
0300   Woman's Hospital
0297   River Oaks Hospital

Scott County
0033   S.E. Lackey - Forest
0306   Scott Regional Hospital - Morton

Sharkey County
0172   Sharkey-Issaquena Community

Simpson County
0274   Magee General Hospital
0216   Simpson General - Mendenhall

Stone County
0280   Stone County Hospital

Sunflower County
0168   North Sunflower - Ruleville
0102   South Sunflower - Indianola

Tallahatchie County
0211   Tallahatchie General Hospital

Tate County
0286   North Oak Regional Medical Center

Tippah County
0159   Tippah County Hospital

Tishomingo County

0221   Iuka Hospital

Union County

0239   Baptist Memorial - Union County

Walthall County

0257   Walthall County General Hospital

Warren County

0347   River Region Health System

Washington County

0189   Delta Regional Medical Center
0114   King's Daughters Hospital

Wayne County

0288   Wayne General Hospital

Webster County

0225   Webster Health Services

Wilkinson County

0121   Field Memorial Community Hospital

Winston County

0208   Winston Medical Center

Yalobusha County

0223   Yalobusha General Hospital

Yazoo County

0203   King's Daughters Hospital

ADJACENT STATES MEDICAL FACILITY CODES

0985	Any Alabama Hospital without a code& Women			
0986	Any Arkansas Hospital without a code	0913	University of Alabama Hospital
0983	Any Louisiana Hospital without a code	0914	Univ. of South Alabama Medical Center
0999	Any Mississippi Hospital without a code	0916	Univ. of South Alabama Knollwood Park
0984	Any Tennessee Hospital without a code	0930	University of Arkansas Medical Center
0920	Baton Rouge General Medical Center	0981	Veteran's Administration - Jackson
0911	Children's Hospital of Alabama	0982	Veteran's Administration - Gulfport
0921	Earl K. Long Medical Center	0987	Veteran's Administration - Unknown
0922	Medical Center of LA - Charity Campus	0915	Univ. of South Alabama Children's
0923	Medical Center of LA - University Campus		
923A	North Oaks Medical Center		
0924	North Shore Regional Medical Center		
0925	Ochsner Foundation Hospital		
0912	Providence Hospital		
0900	Regional Medical Center of Memphis		
0926	Slidell Memorial Hospital		

APPENDIX E

MISSISSIPPI'S EMERGENCY MEDICAL SERVICES CODES
(Listed by County)

Adams County
0388   Emergystat - Adams
0224   Metro Ambulance Service
0407   Metro Rural Services

Alcorn County
0075   Magnolia EMS

Amite County
0039   Gloster Ambulance
0378   Emergystat - Amite
0423   Metro Ambulance
0410   Metro Rural Services

Attala County
0318   Willie Goss Ambulance Service

Benton County
0403   MedStar Ambulance

Bolivar County
0021   Bolivar County EMS

Calhoun County
0373   Calhoun Health Services

Carroll County
0286   MedStat EMS

Chickasaw County
0177   Emergystat - Chickasaw

Choctaw County
0299   Emergystat - Choctaw

Claiborne County
0294   Emergystat - Claiborne
0424   Metro Ambulance Service

Clarke County
0034   Enterprise Volunteer
0033   Paratech EMS

Clay County
0412   Clay County Ambulance Service
0151   West Point/Clay EMS

Coahoma County
0311   Emergystat - Coahoma

Copiah County
0045   Hardy Wilson EMS

Covington County
0285   A Superior Ambulance
0413   AAA Ambulance - Covington
0031   Covington County Hospital

DeSoto County
0317   DeSoto County EMS
0046   Hernando Ambulance Service
0048   Horn Lake EMS
0105   Olive Branch Fire & Ambulance
0128   Southaven Fire & Ambulance

Forrest County
0398   A Superior Ambulance
0001   AAA Ambulance - Forrest
0119   Southeast MS Air Ambulance

Franklin County
0036   Franklin County Ambulance Service
0422   Metro Ambulance
0404   Metro Rural Service

George County
0038   George County EMS

Greene County
0375   Emergystat - Greene

Grenada County
0044   Grenada Lake Medical Center

Hancock County
0084   Mobile Medic - AMR

Harrison County
0085   Mobile Medic - AMR

Hinds County
0175   Mobile Medic - AMR
0247   UMC- Aircare
0419   UMC- EMS
0374   Willie Goss Ambulance Service

Holmes County
0032   University Hospital - Holmes
0421   UMC - EMS

Humphreys County
0182   Humphreys County Memorial Hospital

Itawamba County
0051   North MS Ambulance - Fulton

Jackson County
0381   Acadian Ambulance Service

Jasper County
0363   EMServ

Jefferson County
0314   Emergystat - Jefferson
0289   Metro Amb Service
0408   Metro Rural Services

Jefferson Davis County
0389   AAA Ambulance Service

Jones County
0270   A Superior Ambulance Service
0401   AAA Ambulance Service
0160   EMServ
0384   Jones County Comm. College

Kemper County
0298   Emergystat - Kemper

Lafayette County
0106   Baptist Memorial - North MS

Lamar County
0309   A Superior Ambulance Service
0005   AAA Ambulance Service

Lauderdale County
0059   Jeff Anderson Regional Med. Ctr.
0082   Metro Ambulance Service
0192   Riley Memorial Hospital

Lawrence County
0068   Lawrence County Hospital

Leake County
0199   Carthage EMS
0268   Malone Medical Transport

Lee County
0101   North MS Medical Center
0276   North MS Air Ambulance

Leflore County
0043   Greenwood Leflore Hospital

Lincoln County
0067   King's Daughters Medical Center
0425   Metro Ambulance Service

Lowndes County
0040   Baptist Memorial Golden Triangle

Madison County
0174   Mobile Medic - AMR
0370   Holmes Com. College

Marion County
0236   AAA Ambulance Service

Marshall County
0399   Emergystat - Marshall
0241   MedStar Ambulance Service

Monroe County
0395   Emergystat - Monroe
0092   North Monroe County Ambulance Service

Montgomery County
0244   MedStat EMS

Neshoba County
0097   Neshoba County General Hospital
0025   Choctaw Health Center

Newton County
0216   Emergystat - Newton

Noxubee County
0283   Emergystat - Noxubee

Oktibbeha County
0104   Oktibbeha County Hospital

Panola County
0201   Emergystat - Panola
0120   Tri-Lakes Medical Center

Pearl River County
0004   AAA Ambulance Service
0386   Emergystat - Pearl River

Perry County
0394   AAA Ambulance Service

Pike County
0122   Southwest MS Regional Medical Center

Pontotoc County
0108   Pontotoc Health Services

Prentiss County
0096   Rural Metro Service

Quitman County
0111   Quitman County Ambulance Service

Rankin County
0402   Acadian Ambulance Service
0206   Mobile Medic - AMR

Scott County
0220Emergystat - Scott

Sharkey County
0124   Sharkey-Issaquena Comm. Hospital
0414   Delta Regional Medical Center

Simpson County
0366   Emergystat - Simpson

Smith County
0284   Emergystat - Smith

Stone County
0200AAA Ambulance Service

Sunflower County
0400   MedStat EMS

Tallahatchie County
0312   Emergystat - Tallahatchie

Tate County
0133   Tate County Ambulance Service
0307   Emergystat - Tate
0371   NW Comm. College

Tippah County
0135   Tippah County Hospital

Tishomingo County
0136   Iuka Hospital

Tunica County
0292   North MS Ambulance Service

Union County
0142   Baptist Memorial - Union County

Walthall County
0237   AAA Ambulance Service

Warren County
0323   River Region Health System
0143   Vicksburg Fire & EMS

Washington County
0147   Delta Regional Medical Center
0304   Delta Transfer
0310   Emergystat - Greenville

Wayne County
0149   Wayne General Hospital

Webster County
0150   Webster Health Services

Wilkinson County
0379   Emergystat - Wilkinson
0226   Metro Ambulance Service
0409   Metro Rural Service

Winston County
0251   Emergystat - Winston

Yalobusha County
0158   Yalobusha General Hospital

Yazoo County
0287   Emergystat - Yazoo

Out-of-State Providers

Alabama
0319   Critical Care Transport
0397   Air Evac Life Team

Arkansas
0417   Angel One Transport

Louisiana
0207   Ochsner Flight Care Team
0293   Acadian Air Medical Service

Tennessee
0212   Hospital Wing
0235   North MS Ambulance Service
0297   Air Evac Life Team
0315   Emergency Mobile Health
0391   Americ Care Ambulance