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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.

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 (×) 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

<table>
<thead>
<tr>
<th>AGENCY NUMBER</th>
<th>AGENCY CASE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>□□□□</td>
<td>□□□□□□□□□□□□□□</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>STATUS CODE</th>
<th>O</th>
<th>O</th>
<th>O</th>
<th>C</th>
<th>P</th>
<th>U</th>
</tr>
</thead>
</table>

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**

<table>
<thead>
<tr>
<th>ARIVAL TIME (2400)</th>
<th>10-24 TIME (2400)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ □ □</td>
<td>□ □ □ □</td>
</tr>
</tbody>
</table>

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 30 days 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- TRAFFIC FLOW DIRECTION

ON O E
OS OW

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**

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**

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 #**

<table>
<thead>
<tr>
<th>INT. HWY/COUNTY ROAD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ □ □</td>
</tr>
</tbody>
</table>

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**

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

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
- Jackknife
- Angle (Any Angle)
- Headon
- Left Turn - Same Roadway
- Rear End Left or Right Turn
- Rear End Slow R Stop
- Right or Left Turn Cross Traffic

G22-CRASH LOCATION

- Roadway
- Off Roadway
- Median
- Roadside
- Shoulder
- Parking Lot
- 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

☐ Wet
☐ Water
☐ Sand/Mud/Dirt/Oil/Gravel
☐ Ice
☐ Slush
☐ 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
☐ Rain
☐ Cloudy
☐ High winds
☐ Blown Debris
☐ Fog/Smog/Smoke
☐ Sleet/Hail
☐ 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

☐ Not Workzone Related
☐ Within Construction Zone
☐ 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 #**

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.
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.

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**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.

CRASH NARRATIVE

V1 was westbound on River Road at Cypress Road
   1a

and V2 was eastbound on River Road.
   1a

V1 made a left turn into the path of V2.
   1b

V2 observed V1, applied his brakes, skidding 44 feet before
   1b

the right front of V1 collided with the left front of V2.
   2a

The collision occurred near the center of the eastbound lane.
   2b
V1 rotated counter-clockwise

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

facing south

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

facing southeast.

A MORE DETAILED NARRATIVE WILL BE REQUIRED IN FATAL OR OTHER MAJOR CRASHES. IF ADDITIONAL SPACE IS REQUIRED, USE ADDITIONAL DIAGRAM/ NARRATIVE SHEETS.
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 Cypress 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.
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 EVERY 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. The number “01” should NOT always be assigned to the traffic unit that caused the collision. 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

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?

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

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**

<table>
<thead>
<tr>
<th>O Valid</th>
<th>O Suspended-DUI</th>
</tr>
</thead>
<tbody>
<tr>
<td>O No License</td>
<td>O Learner Permit</td>
</tr>
<tr>
<td>O Expired</td>
<td>O Improper DL</td>
</tr>
<tr>
<td>O Suspended</td>
<td>O Other</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>O Not Transported</th>
<th>O Police</th>
</tr>
</thead>
<tbody>
<tr>
<td>O EMS</td>
<td>O Hearse</td>
</tr>
<tr>
<td></td>
<td>O Private Vehicle</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>O NO DEFECTS APPARENT</th>
<th>O DRINKING NOT IMPAIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>O OBVIOUSLY INTOXICATED</td>
<td>O USING DRUGS IMPAIRED</td>
</tr>
<tr>
<td>O UNKNOW</td>
<td>O DRINKING IMPAIRED</td>
</tr>
<tr>
<td>O PHYSICAL IMPAIRMENT</td>
<td>O USING DRUGS NOT IMPAIRED</td>
</tr>
<tr>
<td>O HIT AND RUN</td>
<td>O FELL ASLEEP/FAINTED/FAITIGUE</td>
</tr>
<tr>
<td>O AFFECTED BY EXHAUST FUMES</td>
<td>O PENDING LAB RESULTS</td>
</tr>
</tbody>
</table>

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

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 are known, 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

☐ None
☐ Complaint of Pain
☐ Moderate
☐ Life Threatening
☐ 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**

<table>
<thead>
<tr>
<th>O White</th>
<th>O Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Black</td>
<td>O Other</td>
</tr>
</tbody>
</table>

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.
- **Deployed Front** - the airbag immediately in front of the person/occupant deployed as a result of the collision.
- **Deployed Side** - the side-curtain airbag for that person/occupant deployed.
- **Deployed Both** - indicates that the airbag immediately in front of the person/occupant and the side-curtain airbag for that person/occupant deployed as a result of the collision.
- **Not Deployed** - the vehicle was equipped with an airbag and the airbag did not deploy as a result of the collision.
- **No Airbag** - the vehicle is not equipped with an airbag.

**ALCOHOL TEST INFORMATION**

**P30-TYPE**

<table>
<thead>
<tr>
<th>O None</th>
<th>O Breath</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Serum</td>
<td>O Urine</td>
</tr>
<tr>
<td>O Blood</td>
<td></td>
</tr>
</tbody>
</table>

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

**P31-STATUS**

<table>
<thead>
<tr>
<th>O None Given</th>
<th>O Test Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Test Given</td>
<td>O Test Given, Pending</td>
</tr>
</tbody>
</table>

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

- None
- Serum
- Blood
- Urine

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

P34-STATUS

- None Given
- Test Refused
- Test Given
- 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)

O 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

<table>
<thead>
<tr>
<th>Position</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front-Driver</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Front-Middle</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Front-Right</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2nd-Left</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd-Middle</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd-Right</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd-Left</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd-Middle</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd-Right</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeper of Truck cab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encl. Pass/Cargo Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unencl. Pass/Cargo Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Riding on Exterior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Towed Veh/Trailer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 “2\textsuperscript{ND}” to describe the passengers seated on the left side of the bus (rows of seats behind the driver) and “3\textsuperscript{RD}” 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**

- White
- Hispanic
- Black
- Other

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

**O10-AGE**

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 Deployed Side
- O Deployed Both
- O Not Deployed
- O No Airbag

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 must 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:

<table>
<thead>
<tr>
<th>COLOR</th>
<th>ABBREVIATION</th>
<th>COLOR</th>
<th>ABBREVIATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROWN</td>
<td>BROW</td>
<td>BLUE</td>
<td>BLUE</td>
</tr>
<tr>
<td>BLACK</td>
<td>BLAC</td>
<td>TAN</td>
<td>TAN</td>
</tr>
<tr>
<td>YELLOW</td>
<td>YELL</td>
<td>BEIG</td>
<td>BEIG</td>
</tr>
<tr>
<td>GREEN</td>
<td>GREE</td>
<td>SILV</td>
<td>SILV</td>
</tr>
<tr>
<td>WHITE</td>
<td>WHIT</td>
<td>PURP</td>
<td>PURP</td>
</tr>
<tr>
<td>MAROON</td>
<td>MARO</td>
<td>MULT</td>
<td>MULT</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Same as Drive</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>O Going Straight</th>
<th>O Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Making Left Turn</td>
<td>O Lane Change</td>
</tr>
<tr>
<td>O Stopped</td>
<td>O Leaving/Parking</td>
</tr>
<tr>
<td>O Slow/Stop in Road</td>
<td>O Overtaking/Passing</td>
</tr>
<tr>
<td>O Parked</td>
<td>O Parking Position</td>
</tr>
<tr>
<td>O Backing</td>
<td>O Making a U-Turn</td>
</tr>
<tr>
<td>O Making Right Turn</td>
<td>O In Tow</td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th>O Passenger Car</th>
<th>O Farm Tractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Pickup Truck</td>
<td>O Train</td>
</tr>
<tr>
<td>O Van/Station wagon</td>
<td>O Vehicle Towing Trailer</td>
</tr>
<tr>
<td>O SUV</td>
<td>O Emergency Vehicle</td>
</tr>
<tr>
<td>O Motorcycle</td>
<td>O ATV</td>
</tr>
<tr>
<td>O RV</td>
<td>O Farm Equipment</td>
</tr>
<tr>
<td>O Bus</td>
<td>O Other</td>
</tr>
<tr>
<td>O Commercial Vehicle</td>
<td>O Unknown Truck</td>
</tr>
</tbody>
</table>

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

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

Fill in the circle that describes the road character.

V29-ROAD DESIGN

Fill in the circle that describes the road design.
V30-DIVIDED?

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?

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

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

V33-TOWED?

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

V33a-Due to Disabling Damage?

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:

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

V35-TOWED BY:

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

<table>
<thead>
<tr>
<th>US DOT</th>
<th>State</th>
<th>Mexico</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICC</td>
<td>Canada</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>C5-CITY</th>
<th>C6-STATE</th>
<th>C7-ZIP CODE</th>
</tr>
</thead>
</table>

Enter the city, state and zip of the carrier.
C8-GVWR/GCWR

<table>
<thead>
<tr>
<th>GVWR/GCWR</th>
</tr>
</thead>
<tbody>
<tr>
<td>O 10,000 lbs or less</td>
</tr>
<tr>
<td>O 10,001 lbs to 26,000 lbs</td>
</tr>
<tr>
<td>O Greater than 26,000 lbs</td>
</tr>
</tbody>
</table>

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 Bus (seats 9-15 incl. Driver)              |
| O Bus (seats 16 or more, incl. Driver)       |
| O Vehicle Towing Motor Vehicle              |
| O Van/Enclosed box                           |
| O Passenger Vehicle                          |
| O Cargo Tank                                 |
| O Flatbed                                    |
| O Gargabe/Refuse                             |
| O Grain/chips/gravels                        |
| O Intermodel                                 |
| O Concrete mixer                             |
| O Pole                                       |
| O Log                                        |
| O Log                                        |
| O Dump                                       |
| O Other                                      |
| 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. **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.

---

**Reporting Hazardous Materials Information**

**ACCURATE REPORTING SAVES LIVES**

Data collected is used to calculate risk assessment, determine response methods, and develop regulations. Vehicles carrying hazardous materials are required to carry shipping papers containing the HM Class and ID number (or name). Your Accident or Collision Report/Supplement may ask the following hazardous materials questions (exact wording will vary by State):

1. **Does the vehicle have a hazardous materials placard?**
   - Yes ☑️
   - No ☐
   
   **Placards should be on all four sides of the vehicle.**
   
   For containers with bulk packages inside, if the required ID# marking is not visible, the transport vehicle must be marked on each side and at each end.

2. **Enter the four-digit number (or name) from the placard.**
   - The four-digit number may be on an orange panel or a white “square-on-point” panel.
   - If no four-digit number appears on the placard, enter “Placard Name.”

3. **Enter the hazardous materials class number from the bottom of the placard.**
   - The Class Number can be a one- or two-digit number with a decimal in the middle. 🎓
   - It is critical for identifying and studying various types of hazardous materials involved in traffic crashes.

4. **Was hazardous cargo released?**
   - Yes ☑️
   - No ☐
   
   The intent of this question is to determine whether any of the placarded material was released or escaped from its transport container into the environment. Fuel or oil carried by the vehicle for its own use is NOT considered cargo and should not be reported in this section.

Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov
The graphic below illustrates the different hazardous material classifications.

![Nine Classes of Hazardous Materials](image)

**C12-HAZMAT RELEASED**

<table>
<thead>
<tr>
<th>HAZMAT RELEASED</th>
<th>O YES</th>
<th>O NO</th>
</tr>
</thead>
</table>

Indicate if any hazardous materials were released as a result of the collision. Fuel spills from tractor tanks are not 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. Usualy 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

<table>
<thead>
<tr>
<th>Bus (9-15 Seats, Including Driver)</th>
<th>Truck/Trailer (Single-Unit Truck Pulling a Trailer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus (16 or More Seats, Including Driver)</td>
<td>Truck Tractor (Bobtail)</td>
</tr>
<tr>
<td>Single-Unit (2 Axles, 6 Tires)</td>
<td>Tractor/Semi Trailer (One Trailer)</td>
</tr>
<tr>
<td>Single-Unit (3 or More Axles)</td>
<td>Truck Tractor/Double (Two Trailers)</td>
</tr>
<tr>
<td></td>
<td>Truck Tractor/Triple (Three Trailers)</td>
</tr>
</tbody>
</table>

Federal Motor Carrier Safety Administration

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www.fmcsa.dot.gov
## APPENDIX A

### COUNTY CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>County</th>
<th>Code</th>
<th>County</th>
<th>Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Adams</td>
<td>29</td>
<td>Itawamba</td>
<td>57</td>
<td>Pike</td>
</tr>
<tr>
<td>02</td>
<td>Alcorn</td>
<td>30</td>
<td>Jackson</td>
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<td>Pontotoc</td>
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<td>Amite</td>
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<td>Benton</td>
<td>33</td>
<td>Jefferson Davis</td>
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<td>Rankin</td>
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<td>Bolivar</td>
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<td>Jones</td>
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<td>Scott</td>
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<td>Calhoun</td>
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<td>Kemper</td>
<td>63</td>
<td>Sharkey</td>
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<td>Carroll</td>
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<td>Lafayette</td>
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<td>Washington</td>
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# APPENDIX B
## TWO-LETTER STATE AND FOREIGN COUNTRY ABBREVIATIONS

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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.

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<td>Disobeyed Red Signal</td>
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<td>Drove Left of Center</td>
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<td>Drove Wrong Side of Divided Road</td>
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<tr>
<td>DUI</td>
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<tr>
<td>Exceeded Lawful Speed</td>
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<td>Fail to Yield Right of Way</td>
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<td>Following too Close</td>
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<td>Hit and Run</td>
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<td>Illegally Crossing Median</td>
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<td>Improper Equipment</td>
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<td>Turning Left at Intersections (Right-of-Way)</td>
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<td>Improper Lane Use</td>
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<td>Speed Too Fast Conditions</td>
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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
0983 Any Louisiana Hospital without a code
0999 Any Mississippi Hospital without a code
0984 Any Tennessee Hospital without a code
0920 Baton Rouge General Medical Center
0911 Children’s Hospital of Alabama
0921 Earl K. Long Medical Center
0922 Medical Center of LA - Charity Campus
0923 Medical Center of LA - University Campus
0923A 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
0913 Univ. of South Alabama Medical Center
0914 Univ. of South Alabama Knollwood Park
0930 University of Arkansas Medical Center
0981 Veteran’s Administration - Jackson
0982 Veteran’s Administration - Gulfport
0987 Veteran’s Administration - Unknown
0915 Univ. of South Alabama Children’s
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
0220 Emergystat - 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
0200 AAA 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