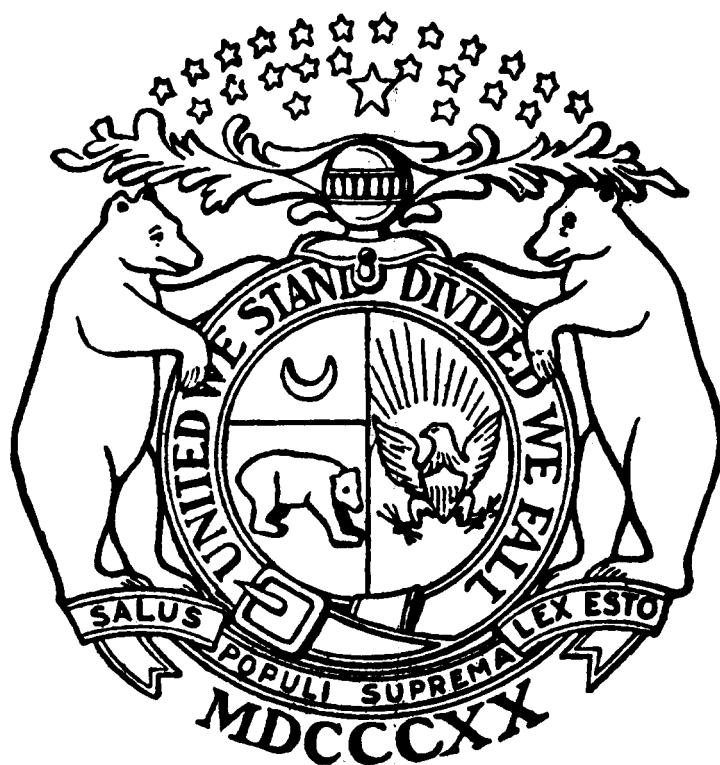


MISSOURI UNIFORM ACCIDENT REPORT PREPARATION MANUAL



Revised
January 1, 2002

Prepared Under The Direction Of
The Missouri Traffic Records Committee

MISSOURI UNIFORM ACCIDENT REPORT

PAGE _____ OF _____

SPACE USED FOR BARCODE				1 - AGENCY NAME AND ORI																							
LEFT THE SCENE CLEARED		ACCIDENT CLASSIFICATION	PROPERTY DAMAGE ONLY		NUMBER INJURED	NUMBER KILLED	REPORT / CASE / INCIDENT NUMBER																				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>																									
NUMBER OF VEHICLES INVOLVED		ACCIDENT DATE	ACCIDENT TIME (MIL)		TIME NOTIFIED (MIL)	TIME ARRIVED (MIL)	INVESTIGATION DATE																				
2 - LOCATION																											
COUNTY		MUNICIPALITY			BEAT / ZONE		TRP / DIST / PCT	INVESTIGATED AT SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO																			
ON			DISTANCE FROM	LOCATION	INTERSECTING STREET OR ROADWAY																						
ROADWAY DIRECTION			FEET	<input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input type="checkbox"/> AT	SPEED LIMIT	GEO - CODE	GPS LONGITUDE																				
ROAD MAINTAINED BY			MILES	<input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL	<input type="checkbox"/> 4. PRIVATE PROPERTY	<input type="checkbox"/> 5. OTHER	LATITUDE																				
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES																											
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT																											
4. DRIVER'S FULL NAME (LAST, FIRST, MI)				ADDRESS (STREET, CITY, STATE, ZIP)																							
DRIVER LICENSE NUMBER / ID NUMBER			STATE	TYPE OF LICENSE	<input type="checkbox"/> 1. OPERATOR CLASS _____ <input type="checkbox"/> 2. CDL CLASS _____	<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED	<input type="checkbox"/> 5. MC ONLY	MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA																			
PROOF OF INSURANCE		INSURANCE COMPANY			<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER																					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED					<input type="checkbox"/> NA																						
YEAR		MAKE		MODEL			COLOR																				
LIC. PLATE NO.		STATE	YEAR	VIN				TOTAL NO. OF OCCUPANTS																			
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER																											
VEHICLE DAMAGE (Circle all damaged areas)				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td>R</td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>		2	3	4	5	6	7	1	15	16	17	8	R	14	13	12	11	10	9	TOWED FROM SCENE	TOW CO. INFORMATION		
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14	13	12	11	10	9																						
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INITIAL IMPACT NO.																											
<input type="checkbox"/> NA																											
5. DRIVER'S FULL NAME (LAST, FIRST, MI)				ADDRESS (STREET, CITY, STATE, ZIP)																							
DRIVERS LICENSE NUMBER / ID NUMBER			STATE	TYPE OF LICENSE	<input type="checkbox"/> 1. OPERATOR CLASS _____ <input type="checkbox"/> 2. CDL CLASS _____	<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED	<input type="checkbox"/> 5. MC ONLY	MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA																			
PROOF OF INSURANCE		INSURANCE COMPANY			<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER																					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED					<input type="checkbox"/> NA																						
YEAR		MAKE		MODEL			COLOR																				
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VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER																											
VEHICLE DAMAGE (Circle all damaged areas)				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td>R</td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>		2	3	4	5	6	7	1	15	16	17	8	R	14	13	12	11	10	9	TOWED FROM SCENE	TOW CO. INFORMATION		
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1	15	16	17	8	R																						
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INITIAL IMPACT NO.																											
<input type="checkbox"/> NA																											
6 - WITNESS <input type="checkbox"/> NONE IDENTIFIED																											
NAME OF WITNESS				ADDRESS (STREET, CITY, STATE, ZIP)					TELEPHONE NO.																		

REPORT # _____

PAGE _____ OF _____

9 - CODES							
SEAT LOCATION XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)		INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	TRANSPORTED (Medical Treatment) 1. No 2. EMS 3. Other 4. Unknown	EJECTION 1. NA 2. No 3. Partially 4. Totally 5. Unknown	AIR BAG FRONT 1. None / NA 2. Deployed 3. Not Deployed	AIR BAG SIDE 1. None / NA 2. Deployed 3. Not Deployed	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint 7. Helmet Used 8. Helmet Not Used 9. Use Unknown
10 - DRIVERS							
NAME ADDRESS		DATE OF BIRTH MM-DD-YYYY	SEX VEH. NO.	SEAT LOC. INJ.	TRANS-PORT	EJEC-TION	AIR BAG F S SAF DEV TELEPHONE NO.
<input type="checkbox"/> NA DRIVER 1 - SAME ADDRESS AS ABOVE			1				
<input type="checkbox"/> NA DRIVER 2 - SAME ADDRESS AS ABOVE			2				
11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)							
<input type="checkbox"/> SAD							
<input type="checkbox"/> SAD							
<input type="checkbox"/> SAD							
<input type="checkbox"/> SAD							
<input type="checkbox"/> SAD							
<input type="checkbox"/> SAD							
<input type="checkbox"/> SAD							
12. VEHICLE BODY TYPES		14. HAZARDOUS MATERIALS					
AUTOMOBILES / SPECIAL VEHICLES V1 V2		<input type="checkbox"/> NA V1 V2 <input type="checkbox"/> <input type="checkbox"/> Placard Displayed 1. Gases in Bulk 2. Solids in Bulk 3. Liquids in Bulk 4. Explosives 5. None A. Hazardous Materials' Cargo Released / Spilled					
<input type="checkbox"/> <input type="checkbox"/> 1. Passenger Car <input type="checkbox"/> <input type="checkbox"/> 2. Station Wagon <input type="checkbox"/> <input type="checkbox"/> 3. Sport Utility Vehicle <input type="checkbox"/> <input type="checkbox"/> 4. Limousine (6-15 for hire) <input type="checkbox"/> <input type="checkbox"/> 5. Van (8 or less with driver) <input type="checkbox"/> <input type="checkbox"/> 6. Small Bus (9-15 with driver) <input type="checkbox"/> <input type="checkbox"/> 7. Bus (16 or more with driver) <input type="checkbox"/> <input type="checkbox"/> 8. School Bus (less than 16 with driver) <input type="checkbox"/> <input type="checkbox"/> 9. School Bus (16 or more with driver) <input type="checkbox"/> <input type="checkbox"/> 10. Motorcycle <input type="checkbox"/> <input type="checkbox"/> 11. ATV <input type="checkbox"/> <input type="checkbox"/> 12. Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 13. Pedalcycle <input type="checkbox"/> <input type="checkbox"/> 14. Motor Home / Camper <input type="checkbox"/> <input type="checkbox"/> 15. Farm Implements <input type="checkbox"/> <input type="checkbox"/> 16. Construction Equipment <input type="checkbox"/> <input type="checkbox"/> 17. Other Transport Device <input type="checkbox"/> <input type="checkbox"/> 18. Unknown <input type="checkbox"/> <input type="checkbox"/> 19. Pick-up <input type="checkbox"/> <input type="checkbox"/> 20. Single-unit Truck: 2 axles, 6 tires <input type="checkbox"/> <input type="checkbox"/> 21. Single-unit Truck: 3 or more axles <input type="checkbox"/> <input type="checkbox"/> A. Vehicle Pulling Another Unit(s) 1-21 only <input type="checkbox"/> <input type="checkbox"/> 22. Truck Tractor With No Units <input type="checkbox"/> <input type="checkbox"/> 23. Truck Tractor With One Unit <input type="checkbox"/> <input type="checkbox"/> 24. Truck Tractor With Two Units <input type="checkbox"/> <input type="checkbox"/> 25. Truck Tractor With Three Units <input type="checkbox"/> <input type="checkbox"/> 26. Other Heavy Truck GCW Rating (not licensed weight) 19-26 only <input type="checkbox"/> <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> <input type="checkbox"/> Greater than 26,000 lbs.		15. ACCIDENT TYPE <input type="checkbox"/> 1. On Roadway <input type="checkbox"/> 2. Off Roadway COLLISION INVOLVING <input type="checkbox"/> 1. Animal <input type="checkbox"/> 2. Pedalcycle <input type="checkbox"/> 3. Fixed Object <input type="checkbox"/> 4. Other Object <input type="checkbox"/> 5. Pedestrian <input type="checkbox"/> 6. Train <input type="checkbox"/> 7. MV in Transport <input type="checkbox"/> 8. MV on Other Roadway <input type="checkbox"/> 9. Parked MV NON-COLLISION <input type="checkbox"/> 10. Overturning <input type="checkbox"/> 11. Other Non-Collision					
13. EMERGENCY VEHICLE INVOLVEMENT V1 V2		16. TRAFFIC CONDITIONS V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Normal <input type="checkbox"/> <input type="checkbox"/> 2. Accident Ahead <input type="checkbox"/> <input type="checkbox"/> 3. Congestion Ahead					
<input type="checkbox"/> <input type="checkbox"/> 1. Police <input type="checkbox"/> <input type="checkbox"/> 2. Fire <input type="checkbox"/> <input type="checkbox"/> 3. Ambulance <input type="checkbox"/> <input type="checkbox"/> 4. Other (must check "A") <input type="checkbox"/> <input type="checkbox"/> A. Emergency Vehicle on Emergency Run		17. VEHICLE ACTION / SEQUENCE OF EVENTS 1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start in Traffic 10. Start From Parked 11. Backing 12. Stopped in Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Crossover Median 17. Crossover Centerline 18. Crossing Road 19. Airborne V1 <input type="checkbox"/> Unknown _____ / _____ / _____ / _____ / _____ / _____ 33. Animal Code _____ 36. Fixed Object Code _____ / _____ / _____ V2 <input type="checkbox"/> Unknown _____ / _____ / _____ / _____ / _____ / _____ 33. Animal Code _____ 36. Fixed Object Code _____ / _____ / _____					
Animal, Fixed Object, and Inattention Codes explained in narrative.							

18. PROBABLE CONTRIBUTING CIRCUMSTANCES		19. PEDESTRIAN INVOLVEMENT	20. VISION OBSCURED	21. TRAFFIC CONTROL	22. ROAD CHARACTER
V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> <input type="checkbox"/> 3. Improperly Stopped on Roadway <input type="checkbox"/> <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> <input type="checkbox"/> 7. Violation Signal / Sign <input type="checkbox"/> <input type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> <input type="checkbox"/> 15. Improper Start From Park <input type="checkbox"/> <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> <input type="checkbox"/> 19. Drugs <input type="checkbox"/> <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> <input type="checkbox"/> 21. Inattention (explain) P1 _____ P2 _____ V1 _____ V2 _____ <input type="checkbox"/> <input type="checkbox"/> 22. None		P1 P2 <input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 3. With Signal <input type="checkbox"/> <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> <input type="checkbox"/> 5. No Signal <input type="checkbox"/> <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> 15. Other Working <input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway	V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Windshield <input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> <input type="checkbox"/> 4. Building <input type="checkbox"/> <input type="checkbox"/> 5. Embankment <input type="checkbox"/> <input type="checkbox"/> 6. Signboards <input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> <input type="checkbox"/> 10. Glare <input type="checkbox"/> <input type="checkbox"/> 11. Other (explain) <input type="checkbox"/> <input type="checkbox"/> 12. Not Obscured	V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> <input type="checkbox"/> 3. School Zone <input type="checkbox"/> <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> <input type="checkbox"/> 11. Signal on School Bus <input type="checkbox"/> <input type="checkbox"/> 12. None	ALIGNMENT <input type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest

27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. CMV CRITERIA Answer the following to determine if this section should be completed.	B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____	E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other
1. Does this accident involve any of the following: 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <input type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - GO TO NUMBER 2	C. HAZARDOUS MATERIAL PLACARD NUMBER V1 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____	
2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1. truck with GCVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (9 or more including driver); or 3. a vehicle with a hazardous materials placard <input type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E	D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided	

28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

29. REPORTING OFFICER SIGNATURE	DSN / BADGE NO.	BEAT / ZONE	TROOP / DIST / PCT
REVIEWING OFFICER 1 SIGNATURE	DSN / BADGE NO.	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

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GENERAL INFORMATION

I. Introduction

The Statewide Traffic Accident Records System (STARS) program began in July 1971 with a grant through the National Highway Traffic Safety Administration. The purpose of STARS is to provide timely and accurate traffic accident information to federal, state, and local users in order to support both operational and management functions in traffic safety. The Missouri State Highway Patrol was selected as the statewide repository for traffic accident reports and was given the responsibility of training police officers throughout the State on completing the STARS accident report form. The Missouri State Highway Patrol provides a means for collecting, processing, and analyzing traffic accident data.

In January 1974, after approximately 2 ½ years of research, development, and testing, the Missouri State Highway Patrol Traffic Division (Traffic Division) began receiving accident reports on a statewide basis. The Traffic Division codes and classifies the reports for entry in the STARS database and supplies contributing agencies, according to their population, with monthly, semi-annual, and annual summaries of accidents investigated by the agency. Each contributing agency also is supplied with an accident locator summary to assist in pin-pointing high accident locations in their area.

There have been four major revisions to STARS since its inception. These revisions have resulted in major changes to the Missouri Uniform Accident Report form, as well as field reporting procedures. To comply with Federal guidelines, revisions occurred in 1984, 1993, 1996, and January 1, 2002.

II. Purpose

All traffic accident reports received by the Traffic Division are archived for permanent preservation and computerized. Where appropriate, hard copies of the reports and / or computerized records are furnished to numerous federal, state, local, and private entities for analysis.

The Traffic Division is responsible for maintaining the official count of **motor vehicle** accident fatalities for the State of Missouri. This information, which is current to the previous midnight, is disseminated daily to other agencies through the Missouri Uniform Law Enforcement System (MULES). Without STARS, it would be almost impossible to keep an up-to-date and accurate count of traffic deaths in Missouri.

III. Authority

STARS' authority and obligation for reporting is specified in the following Missouri statutes:

43.250. *Law enforcement officers to file accident reports with patrol, when.* – Every law enforcement officer who investigates a **vehicle** accident resulting in injury to or death of a person, or total property damage to an apparent extent of five hundred dollars or more to one person, or who otherwise prepares a written report as a result of an investigation either at the time of and at the scene of the accident or thereafter by interviewing the participants or witnesses, shall forward a written report of such accident to the Superintendent of the Missouri State Highway Patrol within ten days after his investigation of the accident, except that upon the approval of the Superintendent of the Missouri State Highway Patrol the report may be forwarded at a time and/or in a form other than as required in this section.

43.251. *Report form-how provided, contents—approval by superintendent.* – 1. The Missouri Division of Highway Safety shall prepare and, upon request, supply to police departments, sheriffs, and other appropriate agencies or individuals forms for written accident reports as required by sections 43.250 and 43.251. The written reports shall call for sufficiently detailed information to disclose, with reference to a **vehicle** accident, the cause, conditions then existing and the persons and vehicles involved. 2. Every accident report required to be made in writing shall be made on the appropriate form approved by the Superintendent of the Missouri State Highway Patrol and shall contain all the information required therein unless not available.

IV. Missouri Traffic Records Committee

Although STARS has satisfied a great number of traffic accident data requirements since its inception, certain deficiencies were identified which limited its capability. The intent of this committee is to provide the necessary direction and coordination required to make improvements to STARS.

The Standing Committee is appointed by the Superintendent of the Missouri State Highway Patrol and meets as necessary to review the accident report form and related procedures. Additional agencies may be appointed by the Superintendent.

The following agencies are currently represented on the Standing Committee:

AAA – Automobile Club of Missouri
Bridgeton Police Department
Cass County Sheriff's Department
Columbia Police Department
Division of Motor Carrier and Railroad Safety
Federal Highway Administration
Kansas City Police Department
Missouri Department of Health
Missouri Department of Revenue
Missouri Division of Highway Safety
Missouri Department of Transportation
Missouri Safety Center
Missouri Safety Council
Missouri State Highway Patrol
National Highway Traffic Safety Administration
Poplar Bluff Police Department
St. Charles County Sheriff's Department
Springfield Police Department
St. Louis Metropolitan Police Department

GENERAL RULES

I. Reporting Criteria

The investigating agency has the option of using the short form version of the accident report for certain classes of traffic accidents. The decision table below indicates the reporting standards available.

CLASS OF ACCIDENT	TYPE OF REPORT FORM REQUIRED
1. Accident involving a death or a personal injury	Long Form
2. Property damage accidents (\$500 and above) involving the following:	
a. An emergency vehicle	Long Form
b. Hazardous materials	Long Form
c. Damage to government property	Long Form
d. A public conveyance (includes all school buses)	Long Form
e. A driver leaving the scene of an accident	Long Form
f. Completion of Commercial Motor Vehicle Section 27	Long Form
3. All other property damage accidents (\$500 and above)	Long or Short Form
4. All property damage accidents less than \$500	Report not Required for STARS Entry

Agencies have the option of using the long form only. Use of the short form version is strictly voluntary.

SHORT FORM – complete the areas with captions or borders shaded gray. Note these areas are only minimum requirements. Individual departments may require additional fields to be completed for their own use. (See page 40 for a list of short form fields.)

II. General Completion and Submission Procedures

1. All accident reports must be typed or printed. Do not write the report in long hand. Computer generated report forms must be approved by the Missouri State Highway Patrol Traffic Division prior to use.
2. Use an "X" in all cases where a mark is required. A checkmark (✓) is not acceptable.
3. Indicate all dates and times on the report form as follows:
 - a. Date – Month-Day-Year (Example: January 3, 2000 should be shown as 01-03-2000).
 - b. Time – Record as 24-hour clock (military time). Example: Show one-thirty in the afternoon as 1330 hours. (See page 10 for conversion chart.)
4. Continuation and Supplement Forms

Continuation Form – use a continuation form provided by STARS when sufficient space is not available, for example: a three car accident, add another report form as needed. It is not necessary to repeat information; however, the report / case / incident number is required on each page.

Supplement Form – use a supplement form provided by STARS to report additional information not included in the original report. All header fields **must** be completed.

Note: STARS only needs supplement reports involving fatalities or those significantly altering the original report; however, agencies may send any supplements to STARS. These reports must be submitted on forms provided by STARS.

5. All accident reports must be submitted to STARS within 10 days after the initial investigation. It is imperative fatal accidents be reported immediately to the Traffic Division via MULES, followed by the completed report as soon as possible.
6. Upon learning of a **late death**, the department submitting the report will notify the Traffic Division. Late death reporting will include date, time, and location of death. (Example: John Doe died on May 26, 2000 at 1411 hours at St. Mary's Hospital, Jefferson City, MO).
7. If the question asked does not apply, mark the "NA" box when available or neatly enter "NA" (Not Applicable) in the section. If the information is not known, enter "Unknown". **EVERY FIELD MUST HAVE A RESPONSE.** Example:

MUNICIPALITY		NA		BEAT / ZONE	TRP / DIST / PCT	INVESTIGATED A*
		DISTANCE FROM	LOCATION	INTERSECTING STREET OR ROADWAY		
		FEET	<input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input type="checkbox"/> AT	SPEED LIMIT	GEO - CODE	GPS LONGITUDE
SPEED LIMIT		MILES		NA	NA	LATITUDE
<input type="checkbox"/> 2. COUNTY		<input type="checkbox"/> 3. MUNICIPAL		<input type="checkbox"/> 4. PRIVATE PROPERTY		<input type="checkbox"/> 5. OTHER

13. EMERGENCY VEHICLE INVOLVEMENT NA
V1 V2

<input type="checkbox"/>	1. Police
<input type="checkbox"/>	2. Fire
<input type="checkbox"/>	3. Ambulance
<input type="checkbox"/>	4. Other (must check "A")
<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	

When completing the short form version, the "NA" response is necessary only in those sections required on the short form.

8. Direct any problems with interpretation of this manual or the accident report form to the Missouri State Highway Patrol, Traffic Division, P.O. Box 568, Jefferson City, Missouri, 65102 – telephone number 573-526-6113. Questions will be resolved at this level for uniformity and consistency.

III. Collision Diagramming

Each agency will determine the method of collision diagramming used, e.g., the Institute of Transportation Engineers (ITE) symbols, template drawings (See *Diagramming Methods Section*), computer generated drawings, or any combination. For example, the department may elect to use ITE drawings for short form accidents and template drawings for long form accidents. Regardless of the method chosen, **A COLLISION DIAGRAM MUST BE INCLUDED ON EVERY ACCIDENT REPORT EXCEPT WHEN AN INVESTIGATION WAS NOT MADE AT THE SCENE (Delayed report)**.

For accidents not investigated at the scene, include a collision diagram if enough evidence and facts can be obtained. If a collision diagram is not made, *Section 28 – Narrative / Statements* must be completed, fully describing the accident. This includes the Short Form version.

IV. Photos Taken / Reconstruction

Each agency will determine use of these fields on the report form. They are strictly optional; the information will **not** be entered in STARS.

V. Train Accidents

When a train is involved in a reportable accident, record train information on the *Train Accident Continuation / Supplement*.

GLOSSARY OF GENERAL TERMS AND DEFINITIONS

Highlighted terms are defined in this glossary.

The *Manual on Classification of Motor Vehicle Traffic Accidents*, approved by the American National Standards Institute (ANSI D16.1-1996), is used to provide a common language for studying and classifying traffic accidents. Some basic definitions are listed below:

ACCIDENT – An unintended event resulting in property damage, injury, or death.

BRIDGE PARAPET – A low wall which runs along the outermost edge of the roadway or sidewalk on the bridge, usually composed of brick, stone, or concrete.

BULK – Generally, “in bulk” is based on the container’s capacity, not the amount of material in it.

Gas: Any amount of gas vapor being transported in a container with a water capacity greater than 119 gallons / 450 liters.

Solid: Any amount of hazardous material being transported in a container with a maximum net mass greater than 882 pounds / 400 kilograms and a maximum capacity greater than 119 gallons / 450 liters.

Liquid: Any amount of hazardous liquid being transported in a container with a maximum capacity greater than 119 gallons / 450 liters.

CARGO – Goods being transported in the cargo area. Cargo is considered part of the vehicle as long as it is on / in the vehicle, or has become dislodged from the vehicle but remains in motion. Dislodged cargo becomes an object(s), disassociated with any vehicle, once it comes to a complete stop.

CATAclysm – An avalanche, cloudburst, cyclone, earthquake, flood, hurricane, landslide, lightning, tidal wave, tornado, torrential rain, etc. Includes objects put in motion by these events.

CHAIN REACTION ACCIDENT – When, in the same area in time and space, several motor vehicles are involved in a chain of events and it is difficult or impossible to determine whether there has been a stabilized situation, the chain of events should be considered a single accident.

COMMERCIAL CARRIER / COMMERCIAL MOTOR VEHICLE – Any motor vehicle having a hazardous materials placard, a truck with a GCVWR of more than 10,000 lbs. and engaged in commerce, or a bus or school bus with a seating capacity of 9 or more people including the driver. If the vehicle is a commercial carrier / commercial motor vehicle, show the name of the person / firm or corporation who is the current lessee / renter or other lawful user at the time of the accident as the owner. (See Appendix C)

CONGESTION – Traffic flow impeded due to volume of traffic.

CONSTRUCTION ZONE – Generally, orange and black roadside signs identify construction zones. A sign “Road Construction Next XX Miles” marks the beginning and an “End Construction” marks the end of the construction zone. Does not include maintenance or utility zones. (See Other Work Zone definition.)

DELAYED REPORT – Record all investigations not made at the scene as delayed reports.

GCVWR (Gross Combined Vehicle Weight Rating) – The combined weight ratings specified by the manufacturer for each truck and its trailing unit(s); this is not the licensed weight.

HARMFUL EVENT – An occurrence of property damage, injury, or death.

IMPACT ATTENUATOR – A collapsible device used to reduce force or redirect the vehicle from a fixed object. Examples: Sand barrels and collapsible guardrails at the end of guardrails and bridge pillars.

IN COMMERCE – Any instance when the driver and / or vehicle owner is compensated for services rendered.

IN TRANSPORT – The state or condition of a vehicle which is in motion or within the portion of a transport way ordinarily used by similar vehicles.

LATE DEATH – Any death occurring on a date other than the date of the accident, within 30 days, which is a result of an injury sustained from the accident.

LEFT THE SCENE – A person commits the crime of leaving the scene of a **motor vehicle** accident when being the operator or driver of a **vehicle** on the highway or any publicly or privately owned parking lot or parking facility generally open for use by the public, and knowing that an injury has been caused to a person or damage has been caused to property, due to his culpability or to accident, he leaves the place of the injury, damage, or accident without stopping and giving his name, residence, including city and street number, motor vehicle number, and operator's license number, if any, to the injured party or to a police officer, or if no police officer is in the vicinity, to the nearest police station or judicial officer. (See Section 577.060, RSMo.)

LIMOUSINE – Any motor vehicle operating in intrastate commerce having a capacity of 6-15 passengers. Normally a stretched vehicle.

MOTOR VEHICLE – Any mechanically or electrically powered device not operated on rails, by which persons or property may be transported or drawn on a highway. This includes any trailer, coaster, sled, etc., being towed or any device, which when unattached, is set in motion by a motor **vehicle**. The load or occupants upon or in the motor vehicle, or device being towed by the motor vehicle, are considered part of the motor vehicle.

MOTOR VEHICLE IN TRANSPORT – The state or condition of a **vehicle** when it is used primarily for moving persons or property (including the vehicle itself) from one place to another, and is:

1. in motion; or
2. in readiness for motion; or
3. on a **roadway**, but not parked in a designated area.

Examples: **motor vehicle** in traffic on a highway; driverless motor vehicle in motion; motionless motor vehicle abandoned on a roadway; disabled motor vehicle on a roadway; etc. In roadway lanes used for travel during rush hours and parking during off-peak hours, a parked motor vehicle is in transport during periods when parking is forbidden.

MOTOR VEHICLE TRAFFIC ACCIDENT – The following criteria must be present for an event to be classified as a **motor vehicle** traffic accident:

1. Occur on a **trafficway**
2. Involve a **motor vehicle in transport**
3. Cause property damage, injury, or death
4. Be unintentional.

NUMBER OF VEHICLES INVOLVED IN AN ACCIDENT – The number of **motor vehicles** as well as **other transport devices** involved in a traffic accident before the situation stabilizes. Any subsequent contact after the situation stabilizes constitutes a separate accident.

An object set in motion by a motor vehicle or other transport device is considered an extension of the **vehicle** and will be treated as such. EXAMPLE: An object falls from or is set in motion by a moving vehicle causing damage to a second or multiple vehicles before the object comes to rest and stabilizes. Record as a two-vehicle or multiple-vehicle accident.

When a vehicle and / or its driver contribute to an accident without contact, include them in *Section 7 – Collision Diagram* and *Section 28 – Narrative / Statements*, identifying them as "Car A," "Car B," etc. Do not include these vehicles in the "Number of Vehicles Involved" box.

OTHER TRANSPORT DEVICE – A device other than a **motor vehicle** designed primarily for moving persons or property, along with the device itself, from one place to another except (1) a weapon, (2) a device used primarily within the confines of a building and its premises, (3) a human-powered non-motorized device not propelled by pedaling.

OTHER WORK ZONE – Generally, orange and black roadside signs or orange traffic cones identify work zones. The sign could say “Utility Work Ahead,” “Workers on Roadway,” or “Striping Operation” among others. Work zones could be moving operations, such as striping trains and mowing operations. Does not include **construction zones**.

PEDESTRIAN CONVEYANCE – A human-powered device by which a pedestrian may move, or by which a person may move another pedestrian, other than by pedaling. Examples: baby carriage, wagon, push cart, roller skates, scooter, sled, wheel chair, etc.

ROAD – That part of a **trafficway** including both the **roadway** and any shoulder alongside the roadway.

ROADWAY – That part of a **trafficway** designed, improved, and ordinarily used for vehicular travel. In the event the trafficway includes two or more separate roadways, the term “roadway” refers to any such roadway separately but not to all such roadways collectively.

SAFETY DEVICE – A device used to restrain **vehicle** drivers / occupants to minimize injury severity.

SCHOOL BUS – Any automobile, bus, van, utility **vehicle**, truck, or other vehicle used for transporting school pupils at or below the 12th grade level, to or from a public or private school, or school-related activity, or going to pick up or returning from delivering school pupils, and only if it is externally identifiable by the following characteristics:

1. Yellow in color
2. The words “school bus” on front and rear
3. Flashing red lights on front and rear
4. Lettering on both sides identifying the school or district served, or company operating the bus.

A **motor vehicle** is NOT a school bus while it is being used to transport non-school pupils, on trips which involve the transportation exclusively of other passengers such as senior citizens or migrant workers, or exclusively for purposes other than the transportation of school pupils.

SHORT FORM FIELDS – These fields have captions or borders shaded gray. (See page 40 for list of fields.)

STABILIZED SITUATION – Marks the end of an event. Nothing further will occur insofar as the event itself is concerned. Other events may follow because of subsequent actions closely related to the first event. The stabilized situation can be determined between any of the several events.

TRAFFICWAY – Any land way open to the public as a matter of right or custom for moving persons or property from one place to another.

VEHICLE – Any device including **motor vehicles** and **other transport devices** designed primarily for moving persons or property, along with the device itself, from one place to another.

SPECIFIC RULES FOR COMPLETING THE MISSOURI UNIFORM ACCIDENT REPORT

SECTION 1. – GENERAL ACCIDENT INFORMATION

This section is used to record the agency name, left the scene information, accident classification, date, and time of occurrence of the accident.

MISSOURI UNIFORM ACCIDENT REPORT

PAGE _____ OF _____

SPACE USED FOR BARCODE		1 - AGENCY NAME AND ORI					
LEFT THE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEARED <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENT CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED	NUMBER KILLED	REPORT / CASE / INCIDENT NUMBER	
NUMBER OF VEHICLES INVOLVED	ACCIDENT DATE	ACCIDENT TIME (MIL.)	TIME NOTIFIED (MIL.)	TIME ARRIVED (MIL.)	INVESTIGATION DATE		

PAGE ____ OF ____ – The first blank is the page number. The second is the total number of pages. Number additional pages using the same format.

AGENCY NAME AND ORI – Enter agency name and Originating Agency Identifier (ORI) number. Other information pertinent to the department may be shown here.

LEFT THE SCENE – Mark “Yes” if one of the drivers involved left the accident scene.

CLEARED – Complete this section if “Yes” in “Left The Scene” is marked. Each agency will use its own criteria to determine cleared status.

Yes – Mark “Yes” if the status of the “Left The Scene” accident is cleared according to agency criteria.

No – Mark “No” if the status of the “Left The Scene” accident is not cleared.

ACCIDENT CLASSIFICATION –

Property Damage Only – Mark when no person is injured or killed. (When no person is injured or killed and there is no property damage, there is no accident.)

No. Injured – Show number of persons injured (Person Injury Level 2 – 4) in the accident. Do not include fatalities.

No. Killed – Show number of persons killed (Person Injury Level 1) in the accident. A number in this space indicates a fatal accident.

REPORT / CASE / INCIDENT NUMBER – Enter report, case, or incident number assigned by the submitting agency, if applicable.

NUMBER OF VEHICLES – Indicate number of **motor vehicles** and **other transport devices** in the accident.

Examples of other transport devices include: horse with rider, bicyclist, or snowmobile operating on a **trafficway**. A motor vehicle or other transport device is involved in an accident only when:

- it has sustained or caused damage, and / or
- at least one of its occupants was injured or killed, or
- the motor vehicle struck a pedestrian.

Note: There must be at least one motor vehicle in the accident.

ACCIDENT DATE – Enter date accident occurred. (Use MM-DD-YYYY format.)

ACCIDENT TIME – Using military time, enter time accident occurred (see *General Rules* for proper format).

To accurately record accident date, give special attention to those accidents occurring just before or after midnight. (12 noon is 1200 hours, 12 midnight is 0000 hours, and 5 minutes after midnight is 0005 hours).

TIME CHART

ORDINARY TIME	MILITARY TIME	ORDINARY TIME	MILITARY TIME
1 a.m.	0100	1 p.m.	1300
2 a.m.	0200	2 p.m.	1400
3 a.m.	0300	3 p.m.	1500
4 a.m.	0400	4 p.m.	1600
5 a.m.	0500	5 p.m.	1700
6 a.m.	0600	6 p.m.	1800
7 a.m.	0700	7 p.m.	1900
8 a.m.	0800	8 p.m.	2000
9 a.m.	0900	9 p.m.	2100
10 a.m.	1000	10 p.m.	2200
11 a.m.	1100	11 p.m.	2300
Noon	1200	Midnight	0000

NOTE: For 12:00 a.m. – 12:59 a.m., the hour is “00.”

TIME NOTIFIED – Using military time, enter time officer was notified or witnessed the accident.

TIME ARRIVED – Using military time, enter time officer arrived at the scene of the accident.

INVESTIGATION DATE – Enter date officer initiates investigation.

NOTE:

- Enter same time in “Accident Time,” “Time Notified,” and “Time Arrived” fields when the officer witnesses the accident.
- Enter same time in “Time Notified” and “Time Arrived” fields when the officer discovers the accident scene before being notified.
- If officer does not go to the accident scene, enter “NA.”

SECTION 2. – LOCATION OF ACCIDENT

This section describes the location of the first event causing property damage / injury / death.

2 - LOCATION					
COUNTY	MUNICIPALITY			BEAT / ZONE	TRP / DIST / PCT
ON		DISTANCE FROM	LOCATION	INTERSECTING STREET OR ROADWAY	
ROADWAY DIRECTION		SPEED LIMIT	FEET — • — MILES	<input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input type="checkbox"/> AT	SPEED LIMIT GEO - CODE GPS LONGITUDE LATITUDE
ROAD MAINTAINED BY		<input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL	<input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER		

COUNTY – Enter name of county in which accident occurred. Exception: City of St. Louis.

MUNICIPALITY – Enter name of incorporated city, town, or village in which accident occurred. (If the area is unincorporated, enter “NA”).

BEAT / ZONE – Enter appropriate number(s) or letter(s) to indicate beat / zone in which accident occurred. If not applicable, enter “NA.”

TRP / DIST / PCT – Enter appropriate number(s) or letter(s) to indicate troop, district, or precinct in which accident occurred. If not applicable, enter “NA.”

INVESTIGATED AT SCENE – Mark “Yes” if any on-scene investigation was made. If an investigation was not made at the scene, a collision diagram may not be necessary.

ON (street or highway) – Enter route designation (IS, US, MO, RT, LP, SP, etc.) and number or letter designation (70, 50, 127, A, etc.) of road, street, or highway on which accident occurred as listed in the MoDOT Location Book. Example: IS 70, US 63, MO 13, RT A, etc. When the road does not have a number or letter designation but has a name, insert name in this space. When highway designations or street names are not appropriate, other designations may be “private lane or road,” “alley,” “city street (unnamed),” etc.

The officer may indicate exact address of the accident in the “On” field. The “Distance From”, “Location”, and “Intersecting Street or Roadway” fields must be completed.

When entering highway information, the following codes must be used:

IS	Interstate	CO	Connector For Wye Leg
US	U.S. Highway	EOR	East Outer Road
MO	State Numbered	NOR	North Outer Road
RT	State Lettered	SOR	South Outer Road
AL	Alternate Route	WOR	West Outer Road
LP	Loop	PVT	Private Road
BU	Business Route	RV	Reversible
SP	Spur	RA	Rest Area
CST	City Street	WS	Weigh Station
RP	Ramp	ALY	Alley
CRD	County Road	BRIDGE	Bridge

ROADWAY DIRECTION – Enter route direction (N, S, E, or W) in this field. The route direction is listed in the MoDOT Location Book along with associated intersecting routes. All even numbered routes are east / west, and all odd numbered routes are north / south; this includes circumferential routes such as IS 435, IS 270, etc. The lettered route direction, i.e., RT A, is determined by the overall direction of the route from beginning to end. The direction of travel can be determined by comparing intersections in the MoDOT Location Book with intersections on the route where the crash occurred.

SPEED LIMIT – Enter posted speed limit pertaining to **roadway** shown.

DISTANCE FROM – Enter distance to accident scene from nearest intersecting street, roadway, or landmark in the MoDOT Location Book. If the accident occurred in an intersection or at the listed landmark, leave this box blank and mark “AT” in “Location”. Enter distances in feet or miles. If entered in miles, distances should be reported in tenths.

LOCATION – Indicate accident location from intersecting street, roadway, or landmark by marking “After” or “Before” the referenced intersection / landmark. If the accident is within the confines of the intersection or at the landmark, mark “AT.”

INTERSECTING STREET OR ROADWAY – The intersecting street or roadway name MUST match the name listed in the MoDOT Location Book. Examples:

- All intersecting roadways – both route designation and number or letter designations are required (MO 52, RT A, CST Main St, CRD 369).
- Bridges used as intersecting street or roadway – the word “BRIDGE” and the bridge number are required (BRIDGE S05041). When locating accidents on or referenced to a bridge, the bridge number in the MoDOT Location Book identifies the beginning of the bridge structure in conjunction with the direction of the travelway. Therefore, accidents should be referenced to the BEGINNING of bridge structures, not the END.
- More than one intersection with the same route in the same county – include the appropriate letters to indicate the junction being referenced: (NJ) – North Junction; (SJ) – South Junction; (EJ) – East Junction; (WJ) – West Junction; (MJ) – Middle Junction.

SPEED LIMIT – When an accident occurs within an intersection, enter posted speed limit pertaining to intersecting street or **roadway**.

GEO-CODE – Enter appropriate accident location geo-code if required by agency.

GPS (GLOBAL POSITIONING SYSTEM) – Enter appropriate accident location longitude and latitude coordinates if required by agency.

ROAD MAINTAINED BY – Enter an “X” in the appropriate box indicating who maintains the **roadway** on which the accident occurred. Interstate and U.S. highways, including their ramps, are state-maintained roads. Use “Other” for accidents on roadways maintained by the Corps of Engineers, National Forest Service, or any other federally owned property.

NOTE: PRIVATE PROPERTY ACCIDENTS – Locate private property accidents by street address; if no address can be determined, use most descriptive method possible. In those cases where the “Location” and “Roadway Direction” fields are inappropriate, write “NA”.

Scenario 1: An accident occurs in a large parking lot at 2487 W. Williamsburg Blvd. in front of the Wal-Mart building entrance, 157 feet west of Williamsburg Blvd. Complete these fields in the following manner:

ON – “Parking lot at 2487 W. Williamsburg Blvd”

ROADWAY DIRECTION – “NA”

DISTANCE FROM – “157” feet

LOCATION – “NA”

INTERSECTING STREET OR ROADWAY – “West of Williamsburg Blvd”

Scenario 2: An accident occurs on an unmarked private road between two fescue fields 210 feet north of Route V and 1.2 miles west of Route F. There is no known address for the location. Complete these fields in the following manner:

ON – “Unmarked private road”

ROADWAY DIRECTION – “NA”

DISTANCE FROM – “210” feet

LOCATION – “NA”

INTERSECTING STREET OR ROADWAY – “North of Rt. V, 1.2 miles west of Rt. F”

SECTION 3. – DAMAGE TO PROPERTY OTHER THAN **VEHICLES**

List all damaged property not qualifying for entry in *Sections 4 and 5 – Drivers and Vehicles*. The object and ownership are more important than the amount of damage. Show injury to domestic animals, or damage to trees, shrubs, property of determinable value, and government property such as highway signs, guard rails, lamp poles, etc. When government property is involved, send a copy of the accident report to the appropriate agency.

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES		<input type="checkbox"/> NONE
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.		
<input type="checkbox"/> MoDOT		

NONE – Mark “None” if there is no damage to property other than **vehicles**.

MoDOT – Mark “MoDOT” and list description and damage if property is owned by Missouri Department of Transportation. MoDOT’s address is not necessary.

OWNER'S NAME AND ADDRESS – Enter owner's name and address; not necessary if "MoDOT" is marked.

DESCRIPTION OF PROPERTY – Describe damaged property.

DAMAGE – Enter nature of property damage.

SECTIONS 4. – 5. – DRIVER INFORMATION

This section contains information about **motor vehicle** drivers and **other transport device** operators in the accident. Exception: show train information on the *Train Accident Continuation / Supplement*. Use additional report forms as continuation reports for accidents involving more than two **vehicles**. (Instructions for *Train Accident Continuation / Supplement* on page 38).

D R I V E R 1	4. DRIVER'S FULL NAME (LAST, FIRST, MI)			ADDRESS (STREET, CITY, STATE, ZIP)				
	DRIVER LICENSE NUMBER / ID NUMBER		STATE	TYPE OF LICENSE	<input type="checkbox"/> 1. OPERATOR CLASS _____	<input type="checkbox"/> 3. PERMIT	<input type="checkbox"/> 5. MC ONLY	MC ENDORSEMENT
				<input type="checkbox"/> 2. CDL CLASS _____	<input type="checkbox"/> 4. UNLICENSED		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
	PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY		<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER <input type="checkbox"/> NA		

DRIVER'S FULL NAME & ADDRESS (STREET, CITY, STATE, ZIP) – Enter vehicle driver's / other transport device operator's name and most current address. Use last name, first name, middle name or initial format. Enter name and address exactly as on the Driver License, unless it is determined the name and / or address is incorrect. If a person has no middle name or initial, enter an "X" in parentheses, e.g., Johnson, Joe (X).

DRIVER LICENSE / ID NUMBER – Enter complete driver license or identification number from driver license / identification card.

STATE – Enter state issuing driver license / identification card using standard NCIC two letter abbreviation. Enter "XX" for licenses issued by entities not listed in *Appendix B – United States, Canada, and Mexico Abbreviations*.

TYPE OF LICENSE – Mark appropriate box indicating type of license displayed. Enter appropriate license class from table below, if applicable.

1. **Operator Class** – Mark this box if driver has a valid operator license. Enter appropriate class code listed on license. Do not list endorsement or restriction codes. If class code is not listed on an out-of-state license, write "NA."
2. **CDL Class** – Mark this box if driver has a valid CDL. Enter appropriate class code listed on license. Do not list endorsement or restriction codes. If class code is not listed on an out-of-state license, write "NA." Refer to instructions for the "Unlicensed" box if driver has a valid CDL, but does not have the proper endorsement for type of vehicle being operated.
3. **Permit** – Mark this box if driver has a valid permit and is complying with restrictions of the permit. If driver is not complying with restrictions of the permit, mark "Unlicensed."
4. **Unlicensed** – Mark this box if any of the following conditions apply:
 1. No valid license
 2. License is suspended, revoked, or expired
 3. Driver is disqualified for **commercial motor vehicle**
 4. Driver is unqualified to operate **vehicle** (no endorsement for vehicle)
 5. Driver has a permit, but is not in compliance with permit restrictions.
5. **MC Only** – Mark this box if driver is licensed for a motorcycle ONLY. If driver has a license to operate another type of **motor vehicle** and has a motorcycle endorsement, mark one of the other license types, then mark appropriate box in "MC Endorsement" section.

- 6. MC Endorsement** – Mark appropriate box to indicate whether motorcycle operator has a motorcycle endorsement. Mark “NA” if driver was not operating a motorcycle or has a motorcycle only license.

MISSOURI DRIVER LICENSE CODES	
Check Box	Applicable Class Codes
1. Operator	E or F
2. CDL	A, B, or C; with endorsements
3. Permit	-----
4. Unlicensed	-----
5. MC Only	M

PROOF OF INSURANCE – Mark “Yes” or “No” to indicate whether proof of vehicle or driver liability insurance as required by law was shown to investigating officer. Mark “Not Required” for out-of-state registered non-commercial vehicles, government owned vehicles, and vehicles not required to be insured.

INSURANCE COMPANY – Enter insurance company’s name as shown on insurance card. If liability insurance proof is not required, insurance company’s name should be shown to facilitate claim processing by accident victims. Enter “None” if vehicle or driver fails to show proof or has no liability insurance.

DRIVER - Mark to indicate the driver's insurance policy covers any vehicle he/she drives, but the vehicle is not insured.

VEHICLE - Mark to indicate the vehicle is insured as required.

POLICY NUMBER – Enter insurance policy number as shown on insurance card. Enter “NA” if the vehicle or driver is uninsured or the driver fails to show proof of liability insurance.

SECTIONS 4. – 5. – VEHICLE INFORMATION

This section contains pertinent information about motor vehicles and other transport devices in the accident. Include information about towed units in *Section 28 – Narrative / Statements*. Exception: show train information on the *Train Accident Continuation / Supplement*. (Instructions for *Train Accident Continuation / Supplement* on page 38.)

V E H I C L E	YEAR	MAKE			MODEL		COLOR	
	LIC. PLATE NO.	STATE	YEAR	VIN				TOTAL NO. OF OCCUPANTS
	VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER				ADDRESS (STREET, CITY, STATE, ZIP)			<input type="checkbox"/> SAME AS DRIVER
	VEHICLE DAMAGE (Circle all damaged areas)				18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo		TOWED FROM SCENE	TOW CO. INFORMATION
	<input type="checkbox"/> NONE <input type="checkbox"/> NA <input type="checkbox"/> INITIAL IMPACT NO.				R E A R	<input type="checkbox"/> YES <input type="checkbox"/> NO		

YEAR – Enter four-digit vehicle model year. If in doubt, use year indicated on title or as obtained from Department of Revenue.

MAKE – Enter vehicle make. Some vehicles may have two make indicators, such as Datsun-Nissan, Renault-AMC. Either is acceptable, but not both. No abbreviations.

MODEL – Enter manufacturer’s vehicle model designation. No abbreviations. See examples below:

Make	Model
Oldsmobile	Cutlass
Chevrolet	Corvette
Ford	Mustang

COLOR – Enter vehicle color(s) starting at the top. No abbreviations. EXAMPLE: Black / Red indicates vehicle is predominately black on top and red on bottom.

LICENSE PLATE NUMBER – Enter license plate number. If a vehicle has no plates or “Homemade” plates, i.e., substitutes for lost or stolen plates, enter “None.” When a towed unit is involved, enter license plate number of power unit (vehicle pulling the trailer). Enter “No License Required” when an accident involves a **Vehicle** not required by law to be licensed i.e., government owned vehicles, self-propelled construction equipment, well-driller, etc. Enter "TEMP" if vehicle has valid temporary license.

STATE – Enter standard NCIC two-letter designation for state issuing the license. Enter “XX” for licenses issued by entities not listed in *Appendix B – US, Canada, and Mexico Abbreviations*.

YEAR – Enter four-digit year designation of plate.

VIN – Enter Vehicle Identification Number (VIN) as shown on vehicle. Normally, the VIN on cars and trucks is located on the left front dashboard adjacent to the windshield.

TOTAL NO. OF OCCUPANTS – Enter total number of vehicle occupants. Include driver and persons in or on vehicle when accident occurred.

VEHICLE OWNER / COMMERCIAL CARRIER – Enter vehicle owner’s name and address. If driver and owner are the same, mark “Same As Driver”; no further information is required.

- Include vehicle owner information in narrative when owner is not included in this section but is pertinent to the accident.
- If vehicle is a Commercial Carrier / **Commercial Motor Vehicle**, show name of person / firm / corporation that is current lessee / renter or other lawful user as owner. (See Appendix C)

VEHICLE DAMAGE

When a **vehicle** and / or its driver contribute to an accident without contact, include it in *Section 7 – Collision Diagram* and *Section 28 – Narrative / Statements*, identifying it as “Car A,” “Car B,” etc. Do not include this vehicle and / or its driver in *Section 4 – Driver* and *Section 5 – Vehicle*.

Instructions for Vehicle Damage Section When Impact Occurred.

None – Mark “None” if vehicle, including towed unit and / or **cargo**, was not damaged.

Vehicle Damage – Circle number(s) corresponding to damaged areas of vehicle. If there was damage to the towed unit, circle #21; if there was damage to the cargo, circle #22.

Initial Impact No. – Enter number corresponding to initial impact point. If initial impact was to the towed unit, enter #21; if initial impact was to the cargo, enter #22.

Note: Cargo is part of a vehicle as long as it is on / in the vehicle, or has become disengaged from the vehicle but has not come to a complete stop. Disengaged cargo becomes an “other object” once it comes to rest.

Instructions for Vehicle Damage Section When NO Impact Occurred.

None – Mark “None” if vehicle, including towed unit and / or **cargo**, was not damaged.

Vehicle Damage – Circle number(s) corresponding to damaged areas of the vehicle. Generally where no impact occurred, no damage other than that caused by burning should exist. Therefore, only “20. – Burned” should be circled (do not include arson).

Initial Impact No. – Mark “NA” if there was no impact, e.g., an occupant falls from a vehicle and is injured but there was no vehicle impact.

TOWED FROM SCENE – Mark appropriate box to indicate whether vehicle was towed from scene because of damages sustained in the accident. Vehicles driven from the scene under their own power can not be listed as towed.

TOW COMPANY – Enter tow company name if damaged vehicle was towed from the scene; tow company address and / or phone number should be added to facilitate recovery of vehicle.

SECTION 6. – WITNESSES

Complete this section with names, addresses, and phone numbers of persons witnessing accident. Use *Witness Continuation / Supplement* if there are more witnesses than space provided. (Instructions for continuation / supplement on page 36.)

6 - WITNESS	<input type="checkbox"/> NONE IDENTIFIED
NAME OF WITNESS	ADDRESS (STREET, CITY, STATE, ZIP)

NONE IDENTIFIED – Mark if there are no witnesses.

SECTION 7. – COLLISION DIAGRAM

This section contains the collision diagram and blocks for showing direction of travel and estimated speed of vehicles. (Estimated vehicle speed necessary on fatal accidents only.)

7. COLLISION DIAGRAM	Direction Prior to Impact (circle one)	V1 N E S W	V2 N E S W	V3 N E S W	V4 N E S W	Est. Speed - Fatal Only V1 V2 V3 V4
						INDICATE NORTH
INDICATE ROAD NAMES	REQUIRED UNLESS DELAYED REPORT				DIAGRAM NOT TO SCALE	

WHEN TO COMPLETE A DIAGRAM – A collision diagram MUST be included except on delayed reports. Delayed report diagrams are optional; however, include a collision diagram if enough evidence and facts can be obtained to adequately depict the accident scene. If a diagram is not made, write "None" in Section 7 – Collision Diagram and fully describe accident in Section 28 – Narrative / Statements .

DIAGRAMMING OPTIONS – The diagramming method (template or ITE) is a departmental decision. Do not combine the two collision diagramming methods on the same report. Law enforcement agencies may use predrawn diagrams describing a specific location. It also is acceptable to use an additional separate sheet. For a listing of template and ITE symbols refer to Appendix A.

DIRECTION PRIOR TO IMPACT – Circle letter designating each involved vehicle's true direction of travel prior to the first harmful event. Example: if a vehicle is facing north but backing south, the direction prior to the first harmful event is south. If vehicle is parked or stopped, enter direction vehicle is facing.

ESTIMATED SPEED – Required on fatal accidents only. Enter estimated speed of each vehicle involved. This is the investigating officer's estimate based on available information.

INDICATE NORTH – Indicate north by drawing an arrow in the upper right corner.

NOTE: If diagram is to scale, cross out "Not" in "Diagram Not to Scale."

SECTION 8. – PHOTOS / RECONSTRUCTION

Enter photograph and / or reconstruction information as required by submitting agency. This information will **not** be entered in STARS. These fields are optional.

B. EVIDENTIARY PHOTOS TAKEN		
<input type="checkbox"/> YES <input type="checkbox"/> NO BY WHOM		
AVAILABLE FROM		
RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)		
<input type="checkbox"/> YES <input type="checkbox"/> NO BY WHOM		

EVIDENTIARY PHOTOS TAKEN – Mark appropriate box to indicate photos were taken as part of the accident investigation, either by, or at the direction of, the investigator.

BY WHOM – Enter photographer's name.

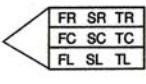
AVAILABLE FROM – Enter department, division, or officer storing photos and negatives.

RECONSTRUCTION – Mark appropriate box to indicate whether the accident was reconstructed. A reconstruction report should include a narrative, diagram, and photos.

BY WHOM – Enter reconstructionist's name.

SECTION 9. – CODES

Use these codes as appropriate in *Section 10. – Drivers* and *Section 11. – Occupants and Pedestrians*.

9 - CODES							
SEAT LOCATION	INJURY	TRANSPORTED (Medical Treatment)	EJECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES	
XX - Not Known							
P - Pedestrian							
B - Bicycle							
M - Motorcycle							
OE - Occupant - Enclosed Load Area							
OU - Occupant - Unenclosed Load Area							
CP - Commercial Passenger							
SV - Other (Explain in Remarks)							
	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	1. No 2. EMS 3. Other 4. Unknown	1. NA 2. No 3. Partially 4. Totally 5. Unknown	1. None / NA 2. Deployed 3. Not Deployed	1. None / NA 2. Deployed 3. Not Deployed	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint	7. Helmet Used 8. Helmet Not Used 9. Use Unknown

SEAT LOCATION – Enter one of the following codes to indicate each occupant's seating location in / on the vehicle, or identify an involved pedestrian or cyclist.

FR, FC, FL – Shows seat location of driver / other front row occupants in passenger vehicles and trucks.

SR, SC, SL – Shows seat location of second row occupants in passenger vehicles.

TR, TC, TL – Shows seat location of third row occupants in passenger vehicles.

XX – Shows undetermined seat location.

P – Shows a pedestrian. When two or more pedestrians are involved, they should be identified as P-1, P-2, etc. Identify them in the same manner in the diagram, making sure number used is the same as in this section.

B – Shows seat location of bicycle and pedalcycle drivers.

M – Shows seat location of motorcycle drivers.

OE – Shows location of occupants riding in enclosed cargo / bed area of vehicle.

OU – Shows location of occupants riding in open cargo / bed area of vehicle.

CP – Shows occupants, other than driver, on commercial passenger-carrying vehicles, i.e., bus, school bus, train, etc.

SV – Explain all locations shown as SV in *Section 28 – Narrative / Statements*. Shows seat location of occupants:

- in fourth and subsequent rows in non-commercial passenger vehicles, i.e., van, etc.
- riding on any part of a vehicle not specifically addressed in this section.
- when motor vehicle is so constructed it does not fit the normal arrangement for identifying seat positions of occupants other than driver.
- on motorcycles, bicycles, and pedalcycles (other than driver).

NOTES:

- When one occupant is sitting on another occupant's lap, enter same seat location code for both and explain in *Section 28 – Narrative / Statements*.
- Identify driver's seat location on every vehicle or other transport device, if known, even though position of other occupants is marked "SV" or "CP".
- See definition of "bicyclist-pedalcyclist" and "pedestrian" in *Section 15 – Accident Type*.

INJURY – Enter one code to indicate each involved person's injury severity.

1. **Fatal** – Dead or dies within 30 days of accident date from accident related injuries.
2. **Disabling** – When observed at the scene, non-fatal injuries that prevent walking, driving, or continuing activities the person was capable of performing before the accident.
3. **Evident – Not Disabling** – When observed at the scene, visible injuries which are neither fatal nor disabling, e.g., cut, bruise, etc.
4. **Probable – Not Apparent** – Any injury claimed at the scene, but not visible. The investigating officer has no medical competency to deny the existence of claimed injuries.
5. **None Apparent** – No apparent or claimed injury.
6. **Unknown** – Injuries could not be determined, e.g., the person left the scene or is unavailable for questioning.

NOTE: According to *ANSI D16.1-1996*, a person is any living human. Within the context of this manual, a fetus is considered to be part of a pregnant woman rather than a separate individual.

TRANSPORTED – Enter one code to indicate whether and how a person was transported from scene to a medical facility for treatment of accident-related injuries. For any person transported to a medical facility, list name of transporting agency or person, and medical facility in *Section 28 – Narrative / Statements*.

1. **No** – Not transported from scene for medical treatment.
2. **EMS** – Transported from scene by ambulance / other emergency medical service vehicle / aircraft.
3. **Other** – Transported by any means other than EMS.
4. **Unknown** – Transportation from scene for medical treatment is unknown.

EJECTION – Enter one code to indicate whether a driver or occupant was ejected from vehicle or section is not applicable. Show ejection code for all vehicles, including motorcyclists, bicyclists, and other transport devices.

NOTE: All Fatality Accidents – Identify ejection path (windshield, door, t-top, etc.) of all ejected drivers and occupants, regardless of injury status, in *Section 28 – Narrative / Statements*. Not applicable for cyclists.

1. **NA** – Ejection information is not applicable or the person was a pedestrian.
2. **No** – Person was not ejected from vehicle.
3. **Partially** – Person was partially ejected from vehicle.
4. **Totally** – Person was totally ejected from vehicle.
5. **Unknown** – It is unknown whether person was ejected from vehicle.

AIR BAG – This field has two sub-categories, front and side. Consider each sub-category as it relates to seat locations. For example: a vehicle equipped with front and side airbags has two airbags related to driver's seat (front and left side); however, it only has one airbag related to an occupant in the front center seat

(front airbag), and no airbags related to the occupant in the rear center seat. As this section is completed, consider the airbag related to each seat location. Enter one code in each sub-category to indicate whether vehicle was equipped with air bags relative to that seat location and airbag deployment status.

1. **None / NA** – Vehicle is not equipped with airbags; is equipped with airbags but had no airbag in the sub-category related to the occupied seat location; or entire category is not applicable (pedestrian, cyclist, etc.).
2. **Deployed** – Vehicle is equipped with an airbag in sub-category related to the occupied seat position, and airbag deployed.
3. **Not Deployed** – Vehicle is equipped with an airbag in sub-category related to the occupied seat position, but airbag did not deploy.

SAFETY DEVICES – Enter one code to indicate type of safety device used by each vehicle driver/ occupant.

Seat Belt Codes – Codes one through six pertain to seat belts. Not used with cyclists.

1. **None** – Vehicle not equipped with seat belts.
2. **Not Used** – Vehicle was equipped with seat belts; belts were not in use at time of accident.
3. **Shoulder Belt Only** – Vehicle was equipped with seat belts; only shoulder belt was in use at time of accident.
4. **Lap Belt Only** – Vehicle was equipped with seat belts; only lap belt was in use at time of accident.
5. **Shoulder and Lap Belt** – Vehicle was equipped with seat belts; both shoulder and lap belts were in use at time of accident.
6. **Child Restraint** – Vehicle was equipped with a child restraint device; it was being properly used at time of accident.

Cyclist Codes – Codes seven and eight pertain to helmet usage by cyclists.

7. **Helmet Used** – Cyclist was wearing a helmet.
8. **Helmet Not Used** – Cyclist was not wearing a helmet.

Code nine pertains to all safety devices

9. **Use Unknown** – Safety device use could not be determined.

SECTION 10. – DRIVERS

This section contains information about drivers in the accident. Refer to *Section 9 – Codes*, for descriptive information. (Some fields have been preprinted to save time).

10 - DRIVERS											
NAME ADDRESS		DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS- PORT	EJEC- TION	AIR BAG F S	SAF DEV	TELEPHONE NO.
<input type="checkbox"/> NA	DRIVER 1 - SAME ADDRESS AS ABOVE			1							
<input type="checkbox"/> NA	DRIVER 2 - SAME ADDRESS AS ABOVE			2							

NA – Check “NA” when no driver was involved, i.e., parked car. When “NA” is marked, leave remaining driver information fields blank.

NAME / ADDRESS – Drivers’ name and address fields are preprinted on the form. When more than two vehicles are involved, mark out preprinted driver number and enter appropriate number on additional pages as shown below in Vehicle No. example.

DATE OF BIRTH – Enter month, day, and year (mm-dd-yyyy) of birth.

SEX – Enter “M” for male or “F” for female.

VEHICLE NO. – Vehicle number is preprinted on the form in Drivers section. When more than two vehicles are involved, mark out preprinted number and enter appropriate number on additional pages. Example:

	SEX	VEH. NO.	SEAT LOC.
		X 3	
		Z 4	

TELEPHONE NUMBER – Enter driver's phone number (include area code).

SECTION 11. – OTHER OCCUPANTS AND PEDESTRIANS

This section contains names and personal information of pedestrians and occupants other than drivers. Enter name, address, and descriptive information of these persons. Refer to *Section 9 – Codes*, for descriptive information. Use the *Other Occupants & Pedestrians Continuation / Supplement* if additional space is necessary. (Instructions for continuation / supplement on page 36.)

11 - OTHER OCCUPANTS & PEDESTRIANS		(SAD = SAME AS DRIVER)						
<input type="checkbox"/> SAD								
<input type="checkbox"/> SAD								
<input type="checkbox"/> SAD								
<input type="checkbox"/> SAD								
<input type="checkbox"/> SAD								
<input type="checkbox"/> SAD								
<input type="checkbox"/> SAD								

NAME / ADDRESS – Enter name and address of each occupant / pedestrian on lines provided.

SAD (Same as Driver) – Mark “SAD” and don't enter address if person has same address as **Vehicle** driver. Vehicle number for both driver and occupant must match in the **Vehicle Number** section.

DATE OF BIRTH – Enter month, day, and year (mm-dd-yyyy) of birth.

SEX – Enter “M” for male or “F” for female.

VEHICLE NO. –

Occupants of Vehicles – Enter vehicle number in which person was an occupant.

Pedestrians – Enter vehicle number initially striking pedestrian.

Notes:

- Total number killed / injured in *Accident Classification* section must equal total number killed / injured in *Sections 10 and 11*. For example, if five were listed as killed in *Accident Classification* section, five must be listed as killed in *Drivers* and / or *Other Occupants and Pedestrians* sections.
- When total number of persons involved exceeds space provided, use the *Other Occupants and Pedestrian Continuation / Supplement*. (Instructions for continuation / supplement on page 36.)

SECTION 12. – VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES

This section identifies body types of all vehicles involved. Body type identification is based on vehicle design, **NOT** how it is licensed.

Self-explanatory fields are not listed.

12. VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES	
V1	V2
<input type="checkbox"/> <input type="checkbox"/> 1. Passenger Car	
<input type="checkbox"/> <input type="checkbox"/> 2. Station Wagon	
<input type="checkbox"/> <input type="checkbox"/> 3. Sport Utility Vehicle	
<input type="checkbox"/> <input type="checkbox"/> 4. Limousine (6-15 for hire)	
<input type="checkbox"/> <input type="checkbox"/> 5. Van (8 or less with driver)	
<input type="checkbox"/> <input type="checkbox"/> 6. Small Bus (9-15 with driver)	
<input type="checkbox"/> <input type="checkbox"/> 7. Bus (16 or more with driver)	
<input type="checkbox"/> <input type="checkbox"/> 8. School Bus (less than 16 with driver)	
<input type="checkbox"/> <input type="checkbox"/> 9. School Bus (16 or more with driver)	
<input type="checkbox"/> <input type="checkbox"/> 10. Motorcycle	<input type="checkbox"/> <input type="checkbox"/> 2 Wh. <input type="checkbox"/> <input type="checkbox"/> 3 Wh. <input type="checkbox"/> <input type="checkbox"/> 4 Wh. <input type="checkbox"/> <input type="checkbox"/> 5 Wh. or More <input type="checkbox"/> <input type="checkbox"/> Unknown
<input type="checkbox"/> <input type="checkbox"/> 11. ATV	
<input type="checkbox"/> <input type="checkbox"/> 12. Motorized Bicycle	
<input type="checkbox"/> <input type="checkbox"/> 13. Pedalcycle	
<input type="checkbox"/> <input type="checkbox"/> 14. Motor Home / Camper	
<input type="checkbox"/> <input type="checkbox"/> 15. Farm Implements	
<input type="checkbox"/> <input type="checkbox"/> 16. Construction Equipment	
<input type="checkbox"/> <input type="checkbox"/> 17. Other Transport Device	
<input type="checkbox"/> <input type="checkbox"/> 18. Unknown	
<input type="checkbox"/> <input type="checkbox"/> 19. Pick-up	
<input type="checkbox"/> <input type="checkbox"/> 20. Single-unit Truck: 2 axles, 6 tires	
<input type="checkbox"/> <input type="checkbox"/> 21. Single-unit Truck: 3 or more axles	
<input type="checkbox"/> <input type="checkbox"/> A. Vehicle Pulling Another Unit(s) 1-21 only	
<input type="checkbox"/> <input type="checkbox"/> 22. Truck Tractor With No Units	
<input type="checkbox"/> <input type="checkbox"/> 23. Truck Tractor With One Unit	
<input type="checkbox"/> <input type="checkbox"/> 24. Truck Tractor With Two Units	
<input type="checkbox"/> <input type="checkbox"/> 25. Truck Tractor With Three Units	
<input type="checkbox"/> <input type="checkbox"/> 26. Other Heavy Truck	
GCVW Rating (not licensed weight) 19-26 only	
<input type="checkbox"/> <input type="checkbox"/> Less than or equal to 10,000 lbs.	
<input type="checkbox"/> <input type="checkbox"/> 10,001-26,000 lbs.	
<input type="checkbox"/> <input type="checkbox"/> Greater than 26,000 lbs.	

1. **Passenger Car** – Includes sedans, hardtops, hatchbacks, and convertibles.
3. **Sport Utility Vehicle** – Includes vehicles like Geo Tracker, Jeep CJ-5, Landrover, Blazer, Bronco, Durango, Pathfinder, Explorer, Excursion, Suburban, Travelall, Wagoneer, etc.
4. **Limousine** – Any motor vehicle operating in intrastate commerce having a capacity of 6-15 passengers. Normally a stretched vehicle.
5. **Van** – Designed to carry 8 or less occupants including driver.
6. **Small Bus** – Designed to carry 9 to 15 occupants including driver, excluding **school bus**.
7. **Bus** – Designed to carry 16 or more occupants including driver, excluding school bus.
8. & 9. **School Bus (both occupancy quantities)** – See glossary.
- *10. **Motorcycle** – A **motor vehicle** operated on two or three wheels. Includes a motorcycle operating with any conveyance, temporary or otherwise, requiring use of a third wheel (except a vehicle towed by the motorcycle).
- *11. **ATV** – For reporting purposes, an all-terrain vehicle (ATV) is a three- or more-wheeled vehicle primarily designed for off-road use, e.g., John Deere Gator, Kawasaki Mule, Honda Four-Trax, Polaris, Arctic-Cat, etc.

* Indicate wheel configuration for **ATV's and Motorcycles**.

<input type="checkbox"/> <input type="checkbox"/> 2 Wh.
<input type="checkbox"/> <input type="checkbox"/> 3 Wh.
<input type="checkbox"/> <input type="checkbox"/> 4 Wh.
<input type="checkbox"/> <input type="checkbox"/> 5 Wh. or More
<input type="checkbox"/> <input type="checkbox"/> Unknown

12. **Motorized Bicycle (MOPED)** – Any two- or three-wheeled device having an automatic transmission and a motor with a cylinder capacity of not more than fifty cubic centimeters, capable of producing less than three gross brake horsepower, and propelling the device no faster than thirty miles per hour on level ground.
17. **Other Transport Device** – Includes horse with rider, snowmobile, golf cart, go-cart, etc., while operating on a **trafficway**, or a train involved with a **motor vehicle in transport**.

19. – 26. – Mark type of truck involved. Pick-up includes truck-based and auto-based pick-ups (El Camino, Ranchero, Caballero).

A. Vehicle Pulling Another Unit(s) – Mark this item only if vehicle(s) noted in items 1 – 21 was pulling another unit.

<input type="checkbox"/> <input type="checkbox"/> 22. Truck Tractor With No Units	
<input type="checkbox"/> <input type="checkbox"/> 23. Truck Tractor With One Unit	
<input type="checkbox"/> <input type="checkbox"/> 24. Truck Tractor With Two Units	
<input type="checkbox"/> <input type="checkbox"/> 25. Truck Tractor With Three Units	
<input type="checkbox"/> <input type="checkbox"/> 26. Other Heavy Truck	
GCWR Rating (not licensed weight) 19-26 only	
<input type="checkbox"/> <input type="checkbox"/> Less than or equal to 10,000 lbs.	
<input type="checkbox"/> <input type="checkbox"/> 10,001 - 26,000 lbs.	
<input type="checkbox"/> <input type="checkbox"/> Greater than 26,000 lbs.	

If box 19, 20, 21, 22, 23, 24, 25, or 26 is marked, indicate **GCVWR** (Gross Combined Vehicle Weight Rating) for vehicle combination.

12. VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES
<input checked="" type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4
<input type="checkbox"/> <input type="checkbox"/> 1. Passenger Car
<input type="checkbox"/> <input type="checkbox"/> 2. Station Wagon
<input type="checkbox"/> <input type="checkbox"/> 3. Sport Utility Vehicle

If more than two vehicles are involved, use a second Accident Report form and change the vehicle number above the column of boxes accordingly. SEE EXAMPLE AT LEFT.

SECTION 13. – EMERGENCY VEHICLE INVOLVEMENT

This section captures emergency vehicle (defined in Section 304.022, RSMo.) involvement.

13. EMERGENCY VEHICLE INVOLVEMENT
V1 V2 <input type="checkbox"/> NA
<input type="checkbox"/> <input type="checkbox"/> 1. Police
<input type="checkbox"/> <input type="checkbox"/> 2. Fire
<input type="checkbox"/> <input type="checkbox"/> 3. Ambulance
<input type="checkbox"/> <input type="checkbox"/> 4. Other (must check "A")
<input type="checkbox"/> <input type="checkbox"/> A. Emergency Vehicle on Emergency Run

NA – Mark “NA” when no emergency vehicle was involved. Mark nothing else in this section.

1. - 3. – Mark the appropriate box regardless of emergency vehicle operation status.

4. – “Other” includes tow trucks and vehicles operated by a public utility or public service corporation while performing emergency service, etc.

A. Emergency Vehicle on Emergency Run – If vehicle was on emergency run, mark “A.”

SECTION 14. – HAZARDOUS MATERIALS

This section captures hazardous material involvement.

14. HAZARDOUS MATERIALS		<input type="checkbox"/> NA
V1	V2	
<input type="checkbox"/> <input checked="" type="checkbox"/> Placard Displayed		
<input type="checkbox"/> <input checked="" type="checkbox"/> 1. Gases in Bulk		
<input type="checkbox"/> <input checked="" type="checkbox"/> 2. Solids in Bulk		
<input type="checkbox"/> <input checked="" type="checkbox"/> 3. Liquids in Bulk		
<input type="checkbox"/> <input checked="" type="checkbox"/> 4. Explosives		
<input type="checkbox"/> <input checked="" type="checkbox"/> 5. None		
<input type="checkbox"/> <input checked="" type="checkbox"/> A. Hazardous Materials' Cargo Released / Spilled		

NA – Mark “NA” when no hazardous materials / placards were involved. Mark nothing else in this section.

PLACARD DISPLAYED – Mark to indicate whether a hazardous materials placard was displayed on **vehicle**. When a vehicle is displaying a placard, but not carrying hazardous materials, mark “Placard Displayed” and “None”.

1.– 4. (Hazardous Materials) – Mark appropriate box(es) to indicate vehicle was carrying hazardous materials in **bulk** and type of material being transported. This information is required regardless of whether the material was spilled or contributed to the accident. Most vehicles carrying hazardous materials will be designated by a placard denoting whether the material transported is hazardous. If a vehicle has unloaded the hazardous materials, but has not been cleaned and purged, it is still considered to be transporting hazardous materials.

5. None – Mark “None” only when a placard was displayed, but no hazardous materials in bulk or explosives were being transported.

BOX A (Hazardous Material's Cargo Released / Spilled) – Mark this box if hazardous materials cargo was released or spilled.

SECTION 15. – ACCIDENT TYPE

This section classifies **motor vehicle** accidents by type of occurrence associated with first harmful event.

15. ACCIDENT TYPE	
<input type="checkbox"/> 1. On Roadway	
<input type="checkbox"/> 2. Off Roadway	
COLLISION INVOLVING	
<input type="checkbox"/> 1. Animal	
<input type="checkbox"/> 2. Pedalcycle	
<input type="checkbox"/> 3. Fixed Object	
<input type="checkbox"/> 4. Other Object	
<input type="checkbox"/> 5. Pedestrian	
<input type="checkbox"/> 6. Train	
<input type="checkbox"/> 7. MV in Transport	
<input type="checkbox"/> 8. MV on Other Roadway	
<input type="checkbox"/> 9. Parked MV	
NON-COLLISION	
<input type="checkbox"/> 10. Overturning	
<input type="checkbox"/> 11. Other Non-Collision	
TWO VEHICLE COLLISION	
<input type="checkbox"/> 60. Head On	
<input type="checkbox"/> 61. Rear End	
<input type="checkbox"/> 62. Sideswipe - Meeting	
<input type="checkbox"/> 63. Sideswipe - Passing	
<input type="checkbox"/> 64. Angle	
<input type="checkbox"/> 65. Backed Into	
<input type="checkbox"/> 67. Other	

ON / OFF ROADWAY – Accidents are categorized in relation to roadway at time of first harmful event. Mark appropriate box to indicate whether event occurred on or off roadway.

Select one category from “Collision Involving” or “Non-collision” to best describe the accident type. A description of each accident type is listed below:

COLLISION INVOLVING

- Animal** – If marked, indicate type of animal in Section 17. – **Vehicle Action / Sequence of Events** and its disposition in Section 28 – **Narrative / Statements**.
- Pedalcycle** – Mark when cyclist was **in transport** at time of accident. A stopped pedalcycle is in transport if it is attended and in readiness for motion, such as stopped at a stop sign, traffic light, or waiting in traffic. The cyclist need not be occupying the riding saddle, but cannot be pushing the pedalcycle. A person pushing a pedalcycle is a pedestrian. A coasting pedalcycle with a rider is in transport.

- 3. Fixed Object** – A fixed object is any object not in motion and attached to, or part of the terrain. Indicate fixed object struck in *Section 17 – Vehicle Action / Sequence of Events*. Describe damaged property, other than vehicles, in *Section 3 – Damage To Property Other Than Vehicles*.

A “fixed object” includes:

- any object attached to or a part of the terrain.
- tree, embankment, utility pole, fence, street light support, culvert / ditch, traffic sign post, pier / abutment, curb or wall, mailbox, traffic barrier, building, traffic signal support, **impact attenuator**, fire hydrant, guard rail face, guard rail end, **bridge parapet** end, bridge rail, median barrier.
- any object intentionally placed for an official purpose: traffic barricades, road machinery, construction machinery, construction materials, or similar objects placed on or along the **roadway**.

- 4. Other Object** – An object which is moveable or moving, but not fixed. Describe other objects struck in *Section 28 – Narrative / Statements* and list damaged property in *Section 3 – Damage to Property Other Than Vehicles*.

An “other object” includes:

- animal-drawn vehicle (any type)
- animal carrying a person
- street car
- objects dropped from **motor vehicle** or other vehicle, but not in motion
- special devices not considered **in transport** or fixed objects
- fallen tree or stone
- landslide or avalanche materials not in motion
- pedalcycle not in transport
- railway devices moved by human power
- non-motorized devices not set in motion by railway train or railway vehicle

An “other object” does NOT include:

- objects set in motion by aircraft, watercraft, railway, or other motor vehicle.
 - objects set in motion by **cataclysm**.
- 5. Pedestrian** – Includes persons afoot, i.e., walking, sitting, lying, or working on a land way or place. Persons in, or operating, a **pedestrian conveyance**.
- 6. Train** – Railway train or railway vehicle is any device, with or without coupled cars, designed for transport on a railway. Includes any device designed to operate on railway tracks under its own power, such as a **motor vehicle** equipped with flanged wheels. A non-motorized device, unattached from the power unit, or not set in motion by the power unit, is not a railway train or vehicle, e.g., boxcar sitting on rails not attached to an engine is an “other object”.

15. ACCIDENT TYPE	
<input type="checkbox"/> 1. On Roadway	
<input type="checkbox"/> 2. Off Roadway	
COLLISION INVOLVING	
<input type="checkbox"/> 1. Animal	
<input type="checkbox"/> 2. Pedalcycle	
<input type="checkbox"/> 3. Fixed Object	
<input type="checkbox"/> 4. Other Object	
<input type="checkbox"/> 5. Pedestrian	
<input type="checkbox"/> 6. Train	
<input type="checkbox"/> 7. MV in Transport	—
<input type="checkbox"/> 8. MV on Other Roadway	—
<input type="checkbox"/> 9. Parked MV	—
NON-COLLISION	
<input type="checkbox"/> 10. Overturning	—
<input type="checkbox"/> 11. Other Non-Collision	—
TWO VEHICLE COLLISION	
<input type="checkbox"/> 60. Head On	
<input type="checkbox"/> 61. Rear End	
<input type="checkbox"/> 62. Sideswipe - Meeting	
<input type="checkbox"/> 63. Sideswipe - Passing	
<input type="checkbox"/> 64. Angle	
<input type="checkbox"/> 65. Backed Into	
<input type="checkbox"/> 67. Other	

***7. Motor Vehicle in Transport** – Accident involving at least two motor vehicles in transport on the same roadway or on roadways within an intersection. Includes collision with motor vehicle stopped, disabled, or abandoned on a roadway other than areas designated for parking. Excludes collision with motor vehicle on other roadway.

***8. Motor Vehicle on Other Roadway** – Accident in which a motor vehicle in transport leaves the roadway on which it is in transport and collides with another motor vehicle in transport on another roadway. This includes:

- a. crossing median and colliding on opposite roadway.
- b. crossing barrier and colliding on collector-distributor roadway.
- c. crossing shoulder and colliding on outer roadway.

This excludes:

- a. crossing center line of multiple-lane roadway.
- b. leaving roadway and returning to same roadway.
- c. collision at intersecting roadway.

***9. Parked Motor Vehicle** – Accident involving a motor vehicle in transport and a motor vehicle not in transport. This includes:

- a. vehicle parked in a place designated for parking, even though the permitted time period may have expired.
- b. motor vehicle stopped or parked along roadway where normal usage permits such stopping or parking, including parking adjacent to curbs and parking on trafficway shoulders.
- c. motor vehicle stopped or parked illegally, but outside roadway traffic lanes, such as blocking driveway, beside fire hydrant, or in loading zone.
- d. motor vehicle stopped, disabled, or abandoned off roadway.
- e. load falling from parked motor vehicle.

This excludes:

- a. vehicle stopped or parked in traffic lanes where parking is prohibited, such as double parked, on side of street where there is no parking at any time along the length of the street, in tunnels, or on bridges required to be clear for traffic.
- b. stopped or parked self-propelled machinery even though such machinery is considered a motor vehicle when in transport.
- c. load that has fallen from a parked motor vehicle.

* **Two Vehicle Collision** – If 7, 8, or 9 is marked, mark appropriate box to further define first harmful event in situations where one motor vehicle in transport collides with another motor vehicle.

- a. **Head On** – The front end of one vehicle collides with the front end of another while the two vehicles are traveling in opposite directions. Also applies when direction of travel was opposite immediately preceding a collision. Example: Two vehicles are traveling in opposite directions. One

15. ACCIDENT TYPE	
<input type="checkbox"/> 1. On Roadway	
<input type="checkbox"/> 2. Off Roadway	
COLLISION INVOLVING	
<input type="checkbox"/> 1. Animal	
<input type="checkbox"/> 2. Pedalcycle	
<input type="checkbox"/> 3. Fixed Object	
<input type="checkbox"/> 4. Other Object	
<input type="checkbox"/> 5. Pedestrian	
<input type="checkbox"/> 6. Train	
<input type="checkbox"/> 7. MV in Transport — — —	
<input type="checkbox"/> 8. MV on Other Roadway — — —	
<input type="checkbox"/> 9. Parked MV — — —	
NON-COLLISION	
<input type="checkbox"/> 10. Overturning	
<input type="checkbox"/> 11. Other Non-Collision	
TWO VEHICLE COLLISION	
<input type="checkbox"/> 60. Head On	
<input type="checkbox"/> 61. Rear End	
<input type="checkbox"/> 62. Sideswipe - Meeting	
<input type="checkbox"/> 63. Sideswipe - Passing	
<input type="checkbox"/> 64. Angle	
<input type="checkbox"/> 65. Backed Into	
<input type="checkbox"/> 67. Other	

vehicle slides into the path of the other, hitting at an angle. Although the actual impact was not head-on, this is a head-on collision because the vehicles were traveling in opposite directions.

- b. **Rear End** – The front end of one vehicle collides with the rear end of another vehicle while the two vehicles are traveling the same direction. Also applies when the direction of travel was the same immediately preceding a collision. Example: Two vehicles traveling the same direction. One vehicle loses control, spins around, and is struck by the vehicle following it. Although actual impact was not rear-end, this is a rear-end collision because direction of travel was the same.

15. ACCIDENT TYPE
<input type="checkbox"/> 1. On Roadway
<input type="checkbox"/> 2. Off Roadway
COLLISION INVOLVING
<input type="checkbox"/> 1. Animal
<input type="checkbox"/> 2. Pedalcycle
<input type="checkbox"/> 3. Fixed Object
<input type="checkbox"/> 4. Other Object
<input type="checkbox"/> 5. Pedestrian
<input type="checkbox"/> 6. Train
<input type="checkbox"/> 7. MV in Transport — — —
<input type="checkbox"/> 8. MV on Other Roadway — — —
<input type="checkbox"/> 9. Parked MV — — —
NON-COLLISION
<input type="checkbox"/> 10. Overturning
<input type="checkbox"/> 11. Other Non-Collision
TWO VEHICLE COLLISION
<input type="checkbox"/> 60. Head On
<input type="checkbox"/> 61. Rear End
<input type="checkbox"/> 62. Sideswipe - Meeting
<input type="checkbox"/> 63. Sideswipe - Passing
<input type="checkbox"/> 64. Angle
<input type="checkbox"/> 65. Backed Into
<input type="checkbox"/> 67. Other

NON-COLLISION

An accident involving a motor vehicle in transport in a manner other than collision.

- 10. Overturning** – Accident where overturning was first harmful event.
- 11. Other Non-collision** – Accident involving a motor vehicle in transport, other than overturning / collision. Includes accidental:
- poisoning from carbon monoxide generated by a motor vehicle in transport.
 - breakage of any part of motor vehicle, resulting in injury or in further property damage.
 - explosion of any motor vehicle part.
 - fire starting in motor vehicle.
 - fall, jump, or being pushed from motor vehicle.
 - occupant hit by an object in, or thrown against some part of a motor vehicle.
 - injury or damage from moving part of same motor vehicle.
 - object falling from, or in, motor vehicle.
 - object thrown towards, in, or on, motor vehicle.
 - object falling on motor vehicle (not as a result of a cataclysm).
 - toxic or corrosive chemicals leaking out of motor vehicle.
 - injury or damage involving only motor vehicle of a non-collision nature, such as a bridge giving way under the weight of a motor vehicle or driving into water, without overturning or collision.
 - other injury or damage originating on or in motor vehicle, excluding events not a hazard of transport, such as a fight between occupants, occupant injured by a burning cigarette, or similar events.

This excludes:

- carbon monoxide poisoning in a motor vehicle not in transport.
- breakage of any part, such as a fan belt or axle, with no additional damage or injury.
- injury or damage resulting from working on motor vehicle not in transport.

SECTION 16. – TRAFFIC CONDITIONS

This section describes traffic conditions at time of accident. Mark one for each vehicle.

16. TRAFFIC CONDITIONS
V1 V2
<input type="checkbox"/> <input type="checkbox"/> 1. Normal
<input type="checkbox"/> <input type="checkbox"/> 2. Accident Ahead
<input type="checkbox"/> <input type="checkbox"/> 3. Congestion Ahead

Normal – Includes normal traffic flow for roadway type and location.

Accident Ahead – Includes instances where congestion is caused by a traffic accident and contributes to this accident.

Congestion Ahead – Includes instances where congestion is not caused by a traffic accident but contributes to this accident.

SECTION 17. – VEHICLE ACTION / SEQUENCE OF EVENTS

This section describes vehicle action(s) from first unstabilized event to final rest. All sequence of events, animal codes, and fixed object codes must be explained in narrative.

17. VEHICLE ACTION / SEQUENCE OF EVENTS	
1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start in Traffic 10. Start From Parked 11. Backing 12. Stopped in Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Crossover Median 17. Crossover Centerline 18. Crossing Road 19. Airborne	20. Ran Off Road - Right 21. Ran Off Road - Left 22. Overturn/Rollover 23. Fire/Explosion 24. Immersion 25. Jackknife 26. Cargo Loss/Shift 27. Equipment Failure 28. Separation of Units 29. Returned to Road 30. Collision Inv. Pedestrian 31. Collision Inv. Pedalcycle 32. Collision Inv. Train 33. Collision Inv. Animal (enter code-explain) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked Motor Vehicle 36. Collision Inv. Fixed Object (enter code-explain) 37. Collision Inv. Other Object (explain) 38. Other - Non Collision
V1 <input type="checkbox"/> Unknown	/ / / / / / /
33. Animal Code _____	
36. Fixed Object Code _____	
V2 <input type="checkbox"/> Unknown	/ / / / / / /
33. Animal Code _____	
36. Fixed Object Code _____	
Animal, Fixed Object, and Inattention Codes explained in narrative.	

VEHICLE ACTION / SEQUENCE OF EVENTS – Starting with vehicle's first unstabilized event, identify up to seven chronological events associated with each vehicle. When more than seven events occur, list first seven and explain remainder in *Section 28 – Narrative / Statements*. To identify first event for vehicle #1, enter number associated with event description on first line for vehicle #1; to identify second event enter number associated with event description on second line for vehicle #1.

Example: A vehicle strikes a dog, runs off right side of road, and strikes a tree. Complete section as follows – find code for striking animal (“33. Collision Inv. Animal”) and enter “33” on first line; find code for runs off right side of road (“20. Ran Off Road – Right”) and enter “20” on second line; find code for strikes tree (“36. Collision Inv. Fixed Object”) and enter “36” on third line. See example below left.

Unknown – Mark if vehicle's sequence of events is undeterminable.

15. Avoiding – If marked, explain what driver was avoiding or attempting to avoid in *Section 28 – Narrative / Statements*.

33. Collision Involving Animal – If marked, enter appropriate animal code from list below. In example above, enter “62” on Animal Code line.

- 60 Deer
- 61 Farm Animal
- 62 Dog
- 63 Other Animal
- 64 Unknown

V2 <input type="checkbox"/> Unknown	/ / / / / / /
33. 20. 36. _____	
33. Animal Code 62. _____	
36. Fixed Object Code 20. _____	
Animal, Fixed Object, and Inattention Codes explained in narrative.	

36. Collision Involving Fixed Object – Codes –

If "36. Collision Involving Fixed Object" is marked, enter appropriate code from list below. Identify up to three fixed objects for each vehicle. Enter object codes in chronological order. In example on page 27 enter "20" on first Fixed Object Code line.

20 Tree / Stump	28 Bridge – Pier, Abutment, Column, Overhead Support	36 Other
21 Embankment, Driveway, Ground, Median	29 Curb	37 Bridge Parapet End
22 Guardrail Face	30 Mail Box	38 Bridge Rail
23 Utility Pole	31 Concrete Traffic Barrier	39 Guardrail End
24 Fence	32 Building	40 Median Barrier
25 Street Light Support	33 Traffic Signal Support	41 Overhead Sign Support
26 Culvert	34 Impact Attenuator	42 Ditch
27 Highway Traffic Sign Post	35 Fire Hydrant	43 Other Post
		44 Wall
		99 Unknown

SECTION 18. – PROBABLE CONTRIBUTING CIRCUMSTANCES

This section is used to record contributing driver errors, vehicle defects, and miscellaneous circumstances. Criterion here should not be whether an arrest was made, but circumstances existed in the investigator's judgment. Mark **at least one, but not more than five**, boxes per vehicle. If a pedestrian is involved, mark **at least one, but not more than four**, boxes under "P". Some circumstances are explained below.

18. PROBABLE CONTRIBUTING CIRCUMSTANCES	
V1	V2
<input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> 3. Improperly Stopped on Roadway <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> 7. Violation Signal / Sign <input type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> 15. Improper Start From Park <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> 19. Drugs <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> 21. Inattention(explain)	
P1	P2
P1 _____ P2 _____ V1 _____ V2 _____ <input type="checkbox"/> None	

1. **Vehicle Defects** – Includes vehicle defects that may have contributed to the accident. Generally, defective headlights would not be marked for daytime accidents; however, defective brake lights might be. When vehicle defects is marked, include type of defect in Section 28 – Narrative / Statements.
2. **Traffic Control Inoperable or Missing** – Traffic control device missing or not functioning properly.
3. **Improperly Stopped on Roadway** – Stopping on roadway inappropriately, or when not directed to do so by a traffic control device. Abandoning vehicle on any portion of roadway.
4. **Speed – Exceeded Limit** and **5. Too Fast For Conditions** – When speed is both "too fast for conditions" and a violation of a speed limit, mark only 4. *Speed – Exceeded Limit*.
7. **Violation Signal / Sign** – Includes electric signal, stop sign, officer / flagman, yield sign.
8. **Wrong Side (not passing)** – Includes veering across centerline or driving on wrong side of two-way street. Does not include driving wrong way on one-way street.
16. **Improperly Parked** – Includes vehicle improperly parked in place normally designated for parking; **motor vehicle** improperly parked along or outside roadway traffic lanes, such as blocking driveway, beside fire hydrant, or in loading zone; or motor vehicle disabled or abandoned off roadway.

18. PROBABLE CONTRIBUTING CIRCUMSTANCES			
V1	V2		
<input type="checkbox"/>	<input type="checkbox"/>	1. Vehicle Defects (explain)	
<input type="checkbox"/>	<input type="checkbox"/>	2. Traffic Control Inoperable or Missing	
<input type="checkbox"/>	<input type="checkbox"/>	3. Improperly Stopped on Roadway	
<input type="checkbox"/>	<input type="checkbox"/>	4. Speed - Exceeded Limit	
<input type="checkbox"/>	<input type="checkbox"/>	5. Too Fast for Conditions	
<input type="checkbox"/>	<input type="checkbox"/>	6. Improper Passing	
<input type="checkbox"/>	<input type="checkbox"/>	7. Violation Signal / Sign	
<input type="checkbox"/>	<input type="checkbox"/>	8. Wrong Side (not passing)	
<input type="checkbox"/>	<input type="checkbox"/>	9. Following Too Close	
<input type="checkbox"/>	<input type="checkbox"/>	10. Improper Signal	
<input type="checkbox"/>	<input type="checkbox"/>	11. Improper Backing	
<input type="checkbox"/>	<input type="checkbox"/>	12. Improper Turn	
<input type="checkbox"/>	<input type="checkbox"/>	13. Improper Lane Usage / Change	
<input type="checkbox"/>	<input type="checkbox"/>	14. Wrong Way (One-Way)	
<input type="checkbox"/>	<input type="checkbox"/>	15. Improper Start From Park	
<input type="checkbox"/>	<input type="checkbox"/>	16. Improperly Parked	
<input type="checkbox"/>	<input type="checkbox"/>	17. Failed to Yield	
<input type="checkbox"/>	<input type="checkbox"/>	18. Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	19. Drugs	
<input type="checkbox"/>	<input type="checkbox"/>	20. Physical Impairment (explain)	
<input type="checkbox"/>	<input type="checkbox"/>	21. Inattention (explain)	
P1	P2	P1 _____	P2 _____ V1 _____ V2 _____
<input type="checkbox"/>	<input type="checkbox"/>	22. None	

17. Failed to Yield – Includes vehicle movements concerning right-of-way when there are no signs present specifically designating right-of-way; pedestrian failing to yield to traffic and crossing against traffic; and vehicle failing to yield to emergency vehicle.

18. Alcohol – Includes instances when, in the investigating officer's judgment, use of alcohol contributed to the accident. Does not indicate intoxication, only indicates alcohol contributed to the accident.

19. Drugs – Includes instances when, in the investigating officer's judgment, use of drugs (legal or illegal) contributed to the accident. Does not indicate drug intoxication, only indicates drugs contributed to the accident.

20. Physical Impairment – Includes instances when, in the investigating officer's judgment, driver physical condition or physical impairment contributed to the accident. Includes fatigue, asleep, and illness. Wearing glasses should not be considered an impairment. When marked, explain impairment in *Section 28 – Narrative / Statements*.

21. Inattention – When inattention is a factor, enter code from following list. Explain the cause of the inattention in *Section 28 – Narrative / Statements*.

- 1 – Cell Phone
- 2 – Stereo / Audio / Video Equipment
- 3 – Computer Equipment / GPS / Electronic Game / etc.
- 4 – Passenger
- 5 – Tobacco Use
- 6 – Eating / Drinking
- 7 – Reading
- 8 – Grooming
- 9 – Other

22. None – Mark only if, in the investigating officer's opinion, driver / vehicle / pedestrian did not contribute to accident or there was not enough evidence at scene to ascertain who or what contributed. If officer cannot determine cause, explain in *Section 28 – Narrative / Statements*. It is unlikely "None" would be marked for all involved people.

SECTION 19. – PEDESTRIAN INVOLVEMENT

This section includes pedestrian action at time of accident. Mark up to two boxes. Mark either box 1 or box 2, and up to three remaining boxes.

19. PEDESTRIAN INVOLVEMENT	
P1	P2
<input type="checkbox"/> <input type="checkbox"/> 1. At Intersection	
<input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection	
CROSSING ROAD	
<input type="checkbox"/> <input type="checkbox"/> 3. With Signal	
<input type="checkbox"/> <input type="checkbox"/> 4. Against Signal	
<input type="checkbox"/> <input type="checkbox"/> 5. No Signal	
<input type="checkbox"/> <input type="checkbox"/> 6. Diagonally	
<input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk	
<input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk	
<input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car	
<input type="checkbox"/> <input type="checkbox"/> 10. With Traffic	
<input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic	
<input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle	
<input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road	
<input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle	
<input type="checkbox"/> <input type="checkbox"/> 15. Other Working	
<input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road	
<input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway	
<input type="checkbox"/> NA	

NA – Mark “NA” if no pedestrians were involved.

1.& 2. Intersection – Mark either box 1 or box 2 to indicate whether involved pedestrian was at intersection.

3. through 17. – Mark up to three boxes describing each pedestrian's action(s).

3. through 8. – This subsection indicates how or where each pedestrian was crossing road. Mark item 5 or 6 to show a pedestrian crossing the road at a location other than a crosswalk.

9. through 17. – This subsection indicates pedestrian actions or locations, other than crossing the road, at time of accident.

9. Behind / In Front of Parked Car – Includes instances where pedestrian stepped from behind or in front of a parked **motor vehicle**. When driver's vision obscured by parked motor vehicle, also mark *Section 20. – Vision Obscured*, item 8. – Parked Cars.

17. Off Roadway – Includes vehicle striking pedestrian not on roadway, e.g., driver loses control and strikes pedestrian on sidewalk / shoulder.

SECTION 20. – VISION OBSCURED

This section identifies vision obstructions. Mark most appropriate box.

20. VISION OBSCURED	
V1	V2
<input type="checkbox"/> <input type="checkbox"/> 1. Windshield	
<input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle	
<input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush	
<input type="checkbox"/> <input type="checkbox"/> 4. Building	
<input type="checkbox"/> <input type="checkbox"/> 5. Embankment	
<input type="checkbox"/> <input type="checkbox"/> 6. Signboards	
<input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest	
<input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars	
<input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars	
<input type="checkbox"/> <input type="checkbox"/> 10. Glare	
<input type="checkbox"/> <input type="checkbox"/> 11. Other (explain)	
<input type="checkbox"/> <input type="checkbox"/> 12. Not Obscured	

1. through 11. – Mark to indicate whether driver's vision was obscured and what the obstruction was.

11. Other – If marked, explain what obscured driver's vision in *Section 28 – Narrative / Statements*.

12. Not Obscured – Mark to indicate driver's vision was not obscured.

SECTION 21. – TRAFFIC CONTROL

This section identifies the traffic control associated with vehicles and transport devices in the accident. Mark appropriate box for each motor vehicle or transport device. Construction Zone, Other Work Zone, or School Zone may be marked in addition to any other box.

21. TRAFFIC CONTROL	
V1	V2
<input type="checkbox"/>	<input type="checkbox"/> 1. Construction Zone
<input type="checkbox"/>	<input type="checkbox"/> 2. Other Work Zone
<input type="checkbox"/>	<input type="checkbox"/> 3. School Zone
<input type="checkbox"/>	<input type="checkbox"/> 4. Stop Sign
<input type="checkbox"/>	<input type="checkbox"/> 5. Electric Signal
<input type="checkbox"/>	<input type="checkbox"/> 6. RR Signal / Gate
<input type="checkbox"/>	<input type="checkbox"/> 7. Yield Sign
<input type="checkbox"/>	<input type="checkbox"/> 8. Officer / Flagman
<input type="checkbox"/>	<input type="checkbox"/> 9. No Passing Zone
<input type="checkbox"/>	<input type="checkbox"/> 10. Turn Restricted
<input type="checkbox"/>	<input type="checkbox"/> 11. Signal on School Bus
<input type="checkbox"/>	<input type="checkbox"/> 12. None

Construction Zone, Other Work Zone, or School Zone – Mark one, if applicable, to indicate accident occurred within construction, other work, or school zone.

12. None – Mark if no traffic control device present at accident scene.

SECTIONS 22. – 25. – ACCIDENT ENVIRONMENT

The following sections describe accident location environment. These sections include: (22) Road Character, (23) Light Condition, (24) Weather Condition, (25) Road Condition, and (26) Road Surface.

22. ROAD CHARACTER	
ALIGNMENT	
<input type="checkbox"/>	1. Straight
<input type="checkbox"/>	2. Curve
PROFILE	
<input type="checkbox"/>	1. Level
<input type="checkbox"/>	2. Grade
<input type="checkbox"/>	3. Hillcrest

22. – ROAD CHARACTER

ALIGNMENT – Mark one box to indicate whether road was straight or curved.

PROFILE – Mark one box to indicate whether the portion of the road was level, a grade, or a hillcrest. “Grade” includes hills and slopes. “Hillcrest” is top of hill.

23. LIGHT CONDITION	
<input type="checkbox"/>	1. Daylight
<input type="checkbox"/>	2. Dark with Street Lights On
<input type="checkbox"/>	3. Dark with Street Lights Off
<input type="checkbox"/>	4. Dark - No Street Lights
<input type="checkbox"/>	5. Indeterminate (explain)

23. – LIGHT CONDITION

Indicate light condition at time of accident. If accident occurred in darkness, mark box 2, 3, or 4. Daylight is considered to be 30 minutes before sunrise to 30 minutes after sunset.

24. – WEATHER CONDITION

24. WEATHER CONDITION

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet
- 6. Freezing (temp.)
- 7. Fog / Mist
- 8. Indeterminate (explain)

Mark up to two prevailing weather condition(s) at time of accident. When pertinent weather condition is not listed, explain in *Section 28 – Narrative / Statements*.

8. **Indeterminate** – If marked, explain in *Section 28 – Narrative / Statements*. Indeterminate cannot be marked if any other condition is marked.

25. ROAD CONDITION

- 1. Dry
- 2. Wet
- 3. Snow
- 4. Ice
- 5. Slush
- 6. Mud
- 7. Standing Water
- 8. Moving Water
- 9. Other (explain)

25. – ROAD CONDITION

Mark up to two boxes best describing road condition at time of accident.

9. **Other** – If marked, explain in *Section 28 – Narrative / Statements*.

26. – ROAD SURFACE

Indicate primary surface of highway or street at accident location. A concrete road with dirt or sand washed on it is still a concrete road. “Multi-surface” includes highways with more than one type of surface. Bituminous and asphalt are the same.

26. ROAD SURFACE

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> 1. Concrete | <input type="checkbox"/> 3. Brick | <input type="checkbox"/> 5. Dirt / Sand |
| <input type="checkbox"/> 2. Asphalt | <input type="checkbox"/> 4. Gravel | <input type="checkbox"/> 6. Multi-Surface |

SECTION 27 – COMMERCIAL MOTOR VEHICLE

27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)			
A. CMV CRITERIA Answer the following to determine if this section should be completed. 1. Does this accident involve any of the following: 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1. a truck with GCVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (9 or more including driver); or 3. a vehicle with a hazardous materials placard <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - COMPLETE SECTIONS B - E	B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____	C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA V1 4-Digit Placard Number from Diamond/Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond/Box _____ Number From Bottom of Diamond _____	
D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided			
			E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> 4. Dump <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> 10. Other

27 A. CMV CRITRIA – Complete to identify whether remainder of **Commercial Motor Vehicle** Section must be completed.

1. Accident Criteria

- Examine **Vehicle** information in *Sections 4 and 5* for each vehicle involved to determine if any were towed from scene.
- Examine *Sections 10 and 11 – Drivers and Other Occupants and Pedestrians* to determine if any person was killed or transported for medical attention.

NO – If no vehicle was towed and no person fatally injured or transported for medical attention, mark “NO” and STOP. Do not complete remainder of *Section 27*.

YES – If vehicle was towed or person was fatally injured or transported for medical attention, mark “YES” and proceed to number 2. – *Commercial Vehicle Criteria*.

2. Commercial Vehicle Criteria

- Examine *Section 12 – Vehicle Body Types* and *Section 14 – Hazardous Materials* for each vehicle.
- Determine if any vehicle was:
 - a. a truck with Gross Combined Vehicle Weight Rating (**GCVWR**) of more than 10,000 pounds and engaged in commerce, or
 - b. a bus or **school bus** with seating capacity of 9 or more occupants, including driver, or
 - c. a vehicle displaying hazardous materials placard.

NO – If none of these were involved, mark “NO” and STOP. Do not complete remainder of *Section 27*.

YES – If any of these were involved, mark “YES.” Complete remainder of *Section 27* for each commercial motor vehicle.

27 B. CARRIER ID NUMBER

Identify and record USDOT Number and ICC Number, when available.

Normally, these numbers are on the driver's side of the power unit – on the door, sleeper, fuel tank cowling, etc.

- ICC Number has a prefix of “MC”. ICC Number is a unique number assigned to each carrier by the Interstate Commerce Commission.
- USDOT Number is a unique number assigned to each carrier by the U.S. Department of Transportation.
- The USDOT Number may have the suffix "MO" that indicates intrastate carriers.

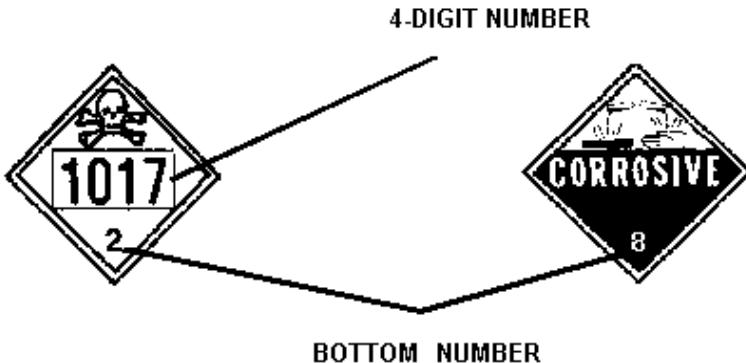
27 C. HAZARDOUS MATERIAL PLACARD NUMBER

NA – Mark if commercial motor vehicle has no placard displayed.

4-digit Placard Number from Diamond Box – Enter four-digit hazardous materials number found in middle of placard, if applicable. (See examples below). Number should be located on vehicles transporting hazardous materials in tank cars, cargo tanks, portable tanks, enclosed vans, open vans, or other containers.

27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)		
A. CMV CRITERIA Answer the following to determine if this section should be completed. <p>1. Does this accident involve any of the following:</p> <ol style="list-style-type: none"> 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <p><input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - GO TO NUMBER 2</p> <p>2. Examine each vehicle to determine if it is a commercial vehicle based on the following:</p> <ol style="list-style-type: none"> 1. a truck with GCVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (9 or more including driver); or 3. a vehicle with a hazardous materials placard <p><input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - COMPLETE SECTIONS B - E</p>		B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____ C. HAZARDOUS MATERIAL PLACARD NUMBER V1 4-Digit Placard Number from Diamond/Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond/Box _____ Number From Bottom of Diamond _____ D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other

- **Number From Bottom of Diamond** – Enter hazardous materials class number found on bottom of diamond placard, if applicable. (See examples below). If more than one placard is displayed, enter only one value.



27 D. TRAFFICWAY – Mark to best describe trafficway configuration at accident location.

27 E. CARGO BODY TYPE – Mark to indicate commercial motor vehicle cargo body type.

SECTION 28. – NARRATIVE / STATEMENTS

Investigating Officer uses this section to give an objective view of accident. Use *Narrative / Statements Continuation / Supplement* if additional space is necessary. (Instructions for continuation / supplement on page 36.)

Clearly separate investigating officer's statement from those of others. Include vehicle owner information in narrative when owner is not included on report but is pertinent to investigation.

SECTION 29. – REPORTING OFFICER / REVIEWING OFFICER

29. REPORTING OFFICER SIGNATURE	DSN / BADGE NO.	BEAT / ZONE	TROOP / DIST / PCT
REVIEWING OFFICER 1 SIGNATURE	DSN / BADGE NO.	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

Reporting Officer – Reporting officer signs and enters DSN (Department Serial Number) / Badge Number, Beat / Zone, and Troop / Dist / Pct, when applicable.

Reviewing Officer 1 Signature – The reviewing officer signs and enters DSN / Badge Number.

Reviewing Officer 2 Signature – Optional field. May be used for signature such as reviewing reconstructionist, supervising lieutenant, watch commander, etc.

MISSOURI UNIFORM ACCIDENT REPORT CONTINUATION / SUPPLEMENT

General Information

The Missouri Uniform Accident Report has five different continuation / supplement forms.

1. Original four-page accident report modified to indicate additional vehicles and drivers.
2. Narrative / Statements Continuation / Supplement
3. Witness Continuation / Supplement
4. Other Occupants & Pedestrians Continuation / Supplement
5. Train Accident Continuation / Supplement

With exception of *Train Accident Continuation / Supplement*, forms are completed according to related field instructions in original report. Instructions for *Train Accident Continuation / Supplement* begin on page 38.

Continuation – Use continuations provided by STARS to record additional information when space allowed on standard four page report is insufficient. Submit continuations with original report as one package. It is not necessary to repeat most information; however, report / case / incident number is required on each page.

Supplement – Use supplements provided by STARS to record additional information not included in original report. Complete all header fields.

Note: **STARS only needs supplement reports** involving fatalities or those significantly altering original report; however, agencies may send any supplements to STARS. **Reports must be submitted on forms provided by STARS.**

Specific Field Instructions

Follow instructions in front of manual for fields not listed below.

PAGE ____ OF ____ – First blank is page number. Second blank is total number of pages. Number additional report pages in same manner.

CONTINUATION / SUPPLEMENT CHECK BOXES – Mark continuation or supplement.

AGENCY NAME AND ORI – Enter agency name and Originating Agency Identifier (ORI) number. Show other information pertinent to the department here.

ORIGINAL REPORT / CASE / INCIDENT NUMBER – Enter submitting agency's report / case / incident number, if applicable.

ADDITIONAL SUPPLEMENT NO. – Enter submitting agency's additional supplement number, if applicable.

SUPPLEMENT REPORT DATE – Enter date supplement completed. Unnecessary on continuations.

ACCIDENT DATE – Enter date accident occurred.

TRP / DIST / PCT – Enter number(s) or letter(s) to indicate troop, district, or precinct in which accident occurred. (If not applicable, enter "NA.")

COUNTY – Enter county in which accident occurred.

REPORTING OFFICER SIGNATURE – Reporting officer signs.

DSN / BADGE NUMBER – Reporting officer enters DSN (Department Serial Number) or Badge Number.

SUPPLEMENTAL REVIEWING OFFICER SIGNATURE – If supplemental, reviewing officer signs.
Unnecessary on continuations.

DSN / BADGE NUMBER – If supplemental, reviewing officer enters DSN (Department Serial Number) or Badge Number, if applicable. Unnecessary on continuations.

MISSOURI UNIFORM ACCIDENT REPORT

PAGE _____ OF _____

NARRATIVE / STATEMENTS		<input type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT	AGENCY NAME AND ORI			
ORIGINAL REPORT / CASE / INCIDENT NUMBER	ADDITIONAL SUPPLEMENT NO.					
SUPPLEMENTAL REPORT DATE	ACCIDENT DATE		TRP / DIST / PCT	COUNTY		
REPORTING OFFICER SIGNATURE		DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE			DSN / BADGE NO.

MISSOURI UNIFORM ACCIDENT REPORT

PAGE _____ OF _____

WITNESS		<input type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT	AGENCY NAME AND ORI			
ORIGINAL REPORT / CASE / INCIDENT NUMBER	ADDITIONAL SUPPLEMENT NO.					
SUPPLEMENTAL REPORT DATE	ACCIDENT DATE		TRP / DIST / PCT	COUNTY		
REPORTING OFFICER SIGNATURE		DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE			DSN / BADGE NO.
NAME OF WITNESS		ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE NO.	

MISSOURI UNIFORM ACCIDENT REPORT

PAGE _____ OF _____

OTHER OCCUPANTS & PEDESTRIANS		<input type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT	AGENCY NAME AND ORI									
REPORT / CASE / INCIDENT NUMBER												
SUPPLEMENTAL REPORT DATE	ACCIDENT DATE		TRP / DIST / PCT	COUNTY								
REPORTING OFFICER SIGNATURE		DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE				DSN / BADGE NO.					
SEAT LOCATION		INJURY	TRANSPORTED (Medical Treatment)	EJECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES					
XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)		FR SR TR FC SC TC FL SL TL	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	1. No 2. EMS 3. Other 4. Unknown	1. NA 2. No 3. Partially 4. Totally 5. Unknown	1. None / NA 2. Deployed 3. Not Deployed	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint					
(SAD = SAME AS DRIVER)												
NAME ADDRESS			DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS- PORT	EJEC- TION	AIR BAG F S	SAF DEV	TELEPHONE NO.
<input type="checkbox"/> SAD												
<input type="checkbox"/> SAD												

Train Accident Continuation / Supplement

Complete and submit *Train Accident Continuation / Supplement* any time a train is involved in a reportable motor vehicle accident.

MISSOURI UNIFORM ACCIDENT REPORT

PAGE _____ OF _____

TRAIN ACCIDENT		<input type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT		AGENCY NAME AND ORI										
ORIGINAL REPORT / CASE / INCIDENT NUMBER		ADDITIONAL SUPPLEMENT NO.												
SUPPLEMENTAL REPORT DATE		ACCIDENT DATE		TRP / DIST / PCT		COUNTY								
REPORTING OFFICER SIGNATURE			DSN / BADGE NO.		SUPPLEMENTAL REVIEWING OFFICER SIGNATURE				DSN / BADGE NO.					
TRAIN INFORMATION														
TRAIN ID NO.			LEAD ENGINE NO.			LEAD ENGINE SERIAL NO.								
MAKE				MODEL										
HEADLIGHT WORKING		HORN WORKING		BELL WORKING		TRAIN DAMAGE (Circle all damaged areas)								
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NONE						INITIAL IMPACT NO. <input type="checkbox"/> NA		
NO. OF CARS		SPEED		DISTANCE FROM IMPACT POINT TO FRONT OF LEAD ENGINE								1 2 3 4 5 6 7 R 18 - Undercarriage 15 16 17 8 E 19 - Windshield 14 13 12 11 10 9 A 20 - Burned 21 - Towed Unit 22 - Cargo		
RAILROAD CO. - TRACKS										NAME & ADDRESS (STREET, CITY, STATE, ZIP)				
RAILROAD CO. - TRAIN										NAME & ADDRESS (STREET, CITY, STATE, ZIP)				
CROSSING SIGNALS														
<input type="checkbox"/> 1. LIGHT / GATE / BELL COMBINATION			<input type="checkbox"/> 3. LIGHT / GATE			<input type="checkbox"/> 5. PASSIVE WARNING (CROSBUCKS ONLY)			<input type="checkbox"/> 7. PAVEMENT MARKINGS					
<input type="checkbox"/> 2. LIGHT / BELL COMBINATION			<input type="checkbox"/> 4. LIGHT ONLY			<input type="checkbox"/> 6. WIG-WAG TYPE			<input type="checkbox"/> 8. NONE					
UPON INVESTIGATING OFFICER'S ARRIVAL AT SCENE:			CROSSING GATES DOWN			LIGHTS FLASHING			BELLS RINGING					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA					
OTHER CROSSING CHARACTERISTICS										DOT / AAR CROSSING ID NO.				
ADVANCE WARNING SIGNS IN PLACE			DISTANCE FROM SIGN TO NEAREST RAIL			CROSSING SURFACE (Rubber, asphalt, etc.)								
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> FEET <input type="checkbox"/> MILES											
SEAT LOCATION		INJURY		TRANSPORTED (Medical Treatment)		EJECTION		AIR BAG FRONT		AIR BAG SIDE		SAFETY DEVICES		
XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)		1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown		1. No 2. EMS 3. Other 4. Unknown		1. NA 2. No 3. Partially 4. Totally 5. Unknown		1. None / NA 2. Deployed 3. Not Deployed		1. None / NA 2. Deployed 3. Not Deployed		1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint		
ENGINEER & CONDUCTOR														
NAME ADDRESS				DATE OF BIRTH MM-DD-YYYY		SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS- PORT	EJEC- TION	AIR BAG F S	SAF DEV	TELEPHONE NO.
ENGINEER														
CONDUCTOR														
TRAIN CREW MEMBERS - List Train Passengers in Section 11 - Other Occupants and Pedestrians on Page 3														
COMMENTS														

SHP-215A 04/02

TRAIN INFORMATION

TRAIN ID NO. – Enter train identification number. Available from conductor.

LEAD ENGINE NO. – Enter lead engine number. Not the same as Train ID Number.

LEAD ENGINE SERIAL NO. – Enter lead engine serial number.

MAKE – Enter lead engine manufacturer. If not available or unknown, enter “Unknown”.

MODEL – Enter lead engine model name or number. If not available or unknown, enter “Unknown”.

HEADLIGHT WORKING – Mark to indicate whether lead engine’s headlight was in working condition upon investigating officer’s arrival.

HORN WORKING – Mark to indicate whether lead engine’s horn was in working condition upon investigating officer’s arrival.

BELL WORKING – Mark to indicate whether lead engine’s bell was in working condition upon investigating officer’s arrival.

NO. OF CARS – Enter total number of cars in train. Available from conductor.

SPEED – Enter estimated speed of train at time of collision. Available from engineer.

DISTANCE FROM IMPACT POINT TO FRONT OF LEAD ENGINE – Measure and record distance from impact point to front of lead engine at its final resting position.

TRAIN DAMAGE - Mark “None” if train (including engine and cars) was not damaged.

Vehicle Damage - Circle number(s) corresponding to damaged areas of train lead engine. If there was damage to other engines or cars, circle #21.

Initial Impact No. - Enter number corresponding to initial point of impact. If initial impact was to other train engines or cars, enter #21. If initial impact was to the cargo, enter #22.

RAILROAD CO. – TRACKS – Enter railroad track owner’s name and address. Available from conductor.

RAILROAD CO. – TRAIN – Enter train owner’s name and address. Available from conductor.

CROSSING SIGNALS – Mark up to four types of crossing signals present at scene.

- | | |
|--|--|
| <ol style="list-style-type: none">1. LIGHT / GATE / BELL COMBINATION2. LIGHT / BELL COMBINATION3. LIGHT / GATE4. LIGHT ONLY | <ol style="list-style-type: none">5. PASSIVE WARNING (CROSBUCKS ONLY)6. WIG-WAG TYPE7. PAVEMENT MARKINGS8. NONE |
|--|--|

UPON INVESTIGATING OFFICER’S ARRIVAL AT SCENE:

CROSSING GATES DOWN – Indicate whether crossing gates were down. Mark “NA” if no crossing gates.

LIGHTS FLASHING – Indicate whether crossing lights were flashing. Mark “NA” if no lights.

BELLS RINGING – Indicate whether crossing bells were ringing. Mark “NA” if no crossing bells.

OTHER CROSSING CHARACTERISTICS

ADVANCE WARNING SIGNS IN PLACE – Indicate whether there were signs warning that a railroad crossing was ahead.

DISTANCE FROM SIGN TO NEAREST RAIL – If advance railroad warning signs were present, measure and enter distance from nearest rail to farthest warning sign based on involved vehicle’s travel

direction. Enter "None" if no signs.

CROSSING SURFACE – Identify and enter surface type within crossing, i.e., rubber, wood, asphalt, concrete, etc.

DOT / AAR CROSSING ID NUMBER – Enter DOT / AAR Crossing Identification Number located on control box. Enter "None" if no number.

ENGINEER INFORMATION – Enter complete information on engineer according to instructions for drivers in Sections 10 & 11.

CONDUCTOR INFORMATION – Enter complete information on conductor according to instructions for drivers in Sections 10 & 11.

TRAIN CREW MEMBERS – Enter complete information on additional crew members according to instructions for vehicle occupants.

TRAIN PASSENGERS (Non-crew) - List all commercial train passengers in Section 11 - *Other Occupants and Pedestrians* and *Other Occupants & Pedestrians Continuation / Supplement*, using code "CP" in seat location field.

Short Form Information

SHORT FORM REQUIRED FIELDS - Following is a list of required short form fields. These fields have captions or borders shaded gray.

Section 1

Agency Name and ORI
Property Damage Only
Complaint / Report / Incident Number
No. of **Vehicles** Involved
Accident Date
Accident Time
Time Notified
Time Arrived
Investigation Date

Vehicle Damage Information

Initial Vehicle Impact
Towed – Yes or No

Section 7

Collision Diagram
Direction Prior to Impact

Section 9

Driver's Date of Birth
Driver's Air Bag
Driver's **Safety Device**

Section 12

Vehicle Body Types

Section 15

Accident Type

Section 16

Traffic Conditions

Section 17

Vehicle Action / Sequence of Events

Section 18

Probable Contributing Circumstances

Section 21

Traffic Control

Section 23

Light Condition

Section 25

Road Condition

Section 27A

Commercial Motor Vehicle CMV Criteria

Section 29

Reporting Officer Name, DSN / Badge No.

Beat / Zone, and Trp / Dist / Pct

Reviewing Officer Name, DSN / Badge No.

Section 2

County
Municipality
Beat / Zone
Trp / Dist / Pct
Investigated at Scene
On (street)
Distance From
Location
Intersecting Street or **Roadway**
Roadway Direction
Road Maintained By

Section 3

Damage to Property Other Than Vehicles

Section 4 & 5

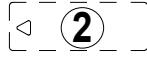
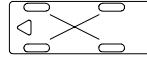
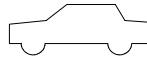
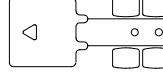
Driver's Full Name & Driver's Address
Proof of Insurance
Insurance Company
License Plate Number
License Plate State
VIN

DIAGRAMMING METHODS

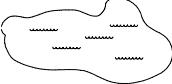
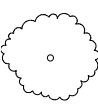
A departmental decision will be made as to type of diagramming method used. An agency may use the Institute of Transportation Engineers (ITE) symbols or template drawings. See Appendix A for legends and examples of diagramming procedures.

APPENDIX A

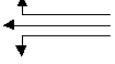
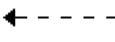
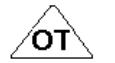
TEMPLATE LEGEND

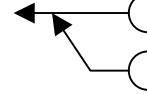
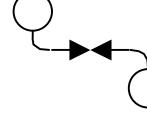
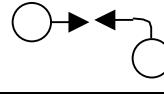
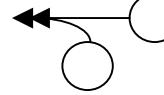
	Passenger Vehicle or Van at Final Rest
	Passenger Vehicle or Van in Motion
	Passenger Vehicle Overturned on Top
	Passenger Vehicle Overturned on Side
	Pickup Truck
	Straight Truck or Dump Truck
	Passenger Bus or Recreational Vehicle
	Cabover Truck Tractor
	Truck Tractor & Trailer Combination with Conventional Tractor Unit
	Box Trailer, House Trailer, or Camper Trailer
	Boat Trailer
	Tanker Trailer
	Locomotive Train Engine
	Farm Tractor

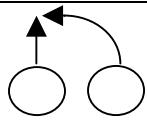
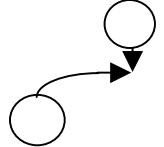
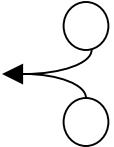
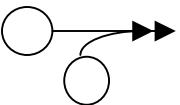
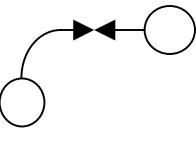
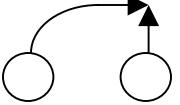
	Motorcycle
	Motorcycle on Side
	Bicycle
	Tricycle
	Body
	Direction Arrow
	Direction of Grade Arrow
	Utility Pole
	Fence
	Guardrail
	Wall Abutment or Concrete Barrier
	Highway Sign
	Electric Signal
	Embankment
	Rock Cut or Bluff Face
	Water Filled Ditch or Canal
	Ditch, Dry or Muddy

	Pond
	Tree
	Bush or Shrub
	Railway Tracks
	Pavement Edge or Curb Line
	Broken Pavement Edge, Gravel or Dirt Road Edge
	Center Line
	Center Line with No Passing Zone
	Shoulder Line
	Skid Mark
	Impact

ITE SYMBOL LEGEND

<u>Unit Symbol</u>		<u>Movement Description</u>
1	Vehicle	
1	Parked Vehicle	
A	Animal	
B	Bicycle	
F	Fixed Object	
O	Other Object	
P	Pedestrian	
T	Train	Indicate Point of Initial Contact

Reflects Initial Impact	Type of Collision	Direction
	Rear End	Same
	Right Angle	Angle
	Head On	Opposite
	Sideswipe	Meeting
	Sideswipe	Passing
	Both Left Turn	Opposite
	Left Turn	Opposite
	Left Turn	Angle Left
	Left Turn	Angle Right

	Left Turn	Same
	Right Turn	Opposite
	Left Turn / Right Turn	Opposite
	Right Turn	Angle Left
	Right Turn	Angle Right
	Right Turn	Same

APPENDIX B

UNITED STATES, CANADA, & MEXICO ABBREVIATIONS

Enter "XX" for foreign countries not listed below.

UNITED STATES			
Alabama	AL	Alberta	AB
Alaska	AK	British Columbia	BC
Arizona	AZ	Manitoba	MB
Arkansas	AR	New Brunswick	NK
California	CA	Newfoundland (includes Labrador)	NF
Colorado	CO	Northwest Territories	NT
Connecticut	CT	Nova Scotia	NS
Delaware	DE	Ontario	ON
District of Columbia	DC	Prince Edward Island	PE
Florida	FL	Quebec	PQ
Georgia	GA	Saskatchewan	SN
Hawaii	HI	Yukon (Territory)	YT
Idaho	ID		
Illinois	IL	MEXICO	
Indiana	IN	Aguascalientes	AG
Iowa	IA	Baja California (Northern Section)	BA
Kansas	KS	Baja California Sur (Southern Section)	BJ
Kentucky	KY	Campeche	CE
Louisiana	LA	Chiapas	CI
Maine	ME	Chihuahua	CH
Maryland	MD	Coahuila	CU
Massachusetts	MA	Colima	CL
Michigan	MI	Distrito Federal (Mexico, D. F.)	DF
Minnesota	MN	Durango	DO
Mississippi	MS	Guanajuato	GU
Missouri	MO	Guerrero	GR
Montana	MT	Hidalgo	HL
Nebraska	NB	Jalisco	JL
Nevada	NV	Mexico, D.F. (Distrito Federal)	DF
New Hampshire	NH	Mexico (State)	MX
New Jersey	NJ	Michoacan	MC
New Mexico	NM	Morelos	MR
New York	NY	Nayarit	NA
North Carolina	NC	Nunavut	
North Dakota	ND	Nuevo Leon	NL
Ohio	OH	Oaxaca	OA
Oklahoma	OK	Puebla	PB
Oregon	OR	Queretaro	QU
Pennsylvania	PA	Quintana Roo	QR
Rhode Island	RI	San Luis Potosi	SL
South Carolina	SC	Sinaloa	SI
South Dakota	SD	Sonora	SO
Tennessee	TN	Tabasco	TB
Texas	TX	Tamaulipas	TA
Utah	UT	Tlaxcala	TL
Vermont	VT	Veracruz	VC
Virginia	VA	Yucatan	YU
Washington	WA	Zacatecas	ZA
West Virginia	WV		
Wisconsin	WI		
Wyoming	WY		

CANADA

APPENDIX C

How to find the correct U.S. DOT/ICC # and Carrier Name



SIDE OF VEHICLE

This is good in 90% of the cases for name and number. Look for a number preceded by the letters: USDOT ----- and/or ICC-MC -----
...BUT...



DON'T STOP

Keep on moving—The information on the side of the truck may not be the U.S. DOT/ICC #, name or address of the responsible motor carrier.



DRIVER INTERVIEW

1. Is the vehicle leased or rented?
2. Who is the motor carrier responsible for this load?
3. Who is directing & controlling the movement of this vehicle?
4. Where is the motor carrier's principal place of business?



LEASE AGREEMENT

Identifies the name of the lessee.



DRIVER'S LOG

Contains the name of the motor carrier, city, and state for the principal place of business.



SHIPPING PAPERS

Provide the name of the motor carrier responsible for the load.



VEHICLE REGISTRATION

Generally good for identifying the owner and/or registrant.

CAREFUL—This may not be the responsible carrier!

YOU CAN MAKE A DIFFERENCE!

All roadside inspection and accident reports are uploaded to FHWA's SAFETYNET which monitors motor carriers' Out-of-Service and Accident rates.

By properly identifying the motor carrier on this report, YOU will provide the important data needed to determine the motor carrier's US DOT Safety Rating.

IMPORTANT

The more items that "match" or agree, the better chance of properly identifying the motor carrier!!

U.S. DOT/FHWA, Office of Motor Carriers—"OMC National Information Improvement Team"

HOW TO FIND THE CORRECT U.S. DOT/ICC # AND CARRIER NAME (Carrier Identification Reference Card)

This sheet has been designed as a quick reference to aid any inspector or state officer in correctly identifying the motor carrier and/or U.S. DOT number for purposes of reporting accidents or inspections.

It was created so that when a commercial motor vehicle inspection report and/or accident report is filled out, the correct motor carrier will receive credit (good or bad) for the inspection and/or accident. The Federal Highway Administration and States use the inspection and/or accident reports in determining safety fitness ratings of motor carriers and targeting unsafe motor carriers for in-depth investigations. To avoid improperly identifying the name and address of a motor carrier, you should rely on **more than a single document or item when identifying the motor carrier**. You should review as many of the following items as possible to determine the name and address of the motor carrier.

- **SIDE OF THE VEHICLE**—The correct name, address and US DOT #/ ICC # of the motor carrier may or may not be marked on the side of the vehicle. If the marking on the side of the vehicle matches the name on the other items, you've probably identified the correct motor carrier.

- **DRIVER INTERVIEW**—Ask questions such as:

Is the vehicle leased or rented?

Who is the motor carrier that is responsible for this load?

Who is directing and controlling the movement of this vehicle?

Where is the motor carrier's principal place of business? (generally the corporate headquarters)

- **LEASE AGREEMENT**—This document is excellent for identifying the name of the lessee.

- **DRIVER'S LOG**—When logs are required, they will contain the name of the motor carrier and the city and state where the motor carrier's principal place of business is located.

- **SHIPPING PAPERS (BILL OF LADING)**—Generally this document will provide you with the name of the motor carrier who is responsible for the load. The shipping papers are the written transportation contract between the shipper and the carrier. They identify the freight, who is to receive it, and the place of delivery and give the terms of the agreement.

- **VEHICLE REGISTRATION**—These documents are good for identifying the owner and/or registrant who may or may not be the responsible motor carrier. Even when the registration identifies the responsible motor carrier, it may or may not show the address of the motor carrier's principal place of business because carriers with terminals in multiple states generally register their vehicles in the state of domicile. Therefore, the address may be a terminal address.

YOU CAN MAKE A DIFFERENCE!

All roadside inspection and accident reports are uploaded to FHWA's SAFETYNET which monitors motor carriers' Out-of-Service and Accident rates. By properly identifying the motor carrier on this report, YOU will provide the important data needed to determine the motor carrier's U.S.DOT Safety Rating.

*This "Carrier Identification Reference Card" was created by the U. S. Department of Transportation,
Office of Motor Carriers National Information Improvement Team.*