MISSOURI UNIFORM ACCIDENT REPORT PREPARATION MANUAL

Revised
January 1, 2002

Prepared Under The Direction Of
The Missouri Traffic Records Committee
MISSOURI UNIFORM ACCIDENT REPORT

LEFT THE SCENE  CLEARED  PROPERTY DAMAGE ONLY  NUMBER INJURED  NUMBER KILLED  REPORT / CASE / INCIDENT NUMBER
[ ] YES  [ ] NO  [ ] YES  [ ] NO  [ ] YES  [ ] NO  [ ] YES  [ ] NO

NUMBER OF VEHICLES INVOLVED  ACCIDENT DATE  ACCIDENT TIME (ML)  TIME NOTIFIED (ML)  TIME ARRIVED (ML)  INVESTIGATION DATE

2 - LOCATION

COUNTRY  MUNICIPALITY  BEAT / ZONE  TRIP / DIST / POT  INVESTIGATED AT SCENE
[ ] YES  [ ] NO

DISTANCE FROM  LOCATION  INTERSECTING STREET OR ROADWAY

ROADWAY DIRECTION  SPEED LIMIT

ROAD MAINTAINED BY
[ ] 1. STATE  [ ] 2. COUNTY  [ ] 3. MUNICIPAL  [ ] 4. PRIVATE PROPERTY  [ ] 5. OTHER

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES

GIVE OWNERS NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.
[ ] NONE

4 - DRIVER'S FULL NAME (LAST, FIRST, MI)

ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER LICENSE NUMBER / ID NUMBER  STATE  TYPE OF LICENSE
[ ] 1. OPERATOR  [ ] 2. CDL  [ ] 3. UNLICENSED  [ ] 3. PERMIT  [ ] 4. MC ONLY  [ ] 5. MC ONLY

PROOF OF INSURANCE  INSURANCE COMPANY  DRIVER
[ ] YES  [ ] NO  [ ] NOT REQUIRED

POLICY NUMBER

YEAR  MAKE  MODEL  COLOR

TOTAL NO. OF OCCUPANTS

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER

ADDRESS (STREET, CITY, STATE, ZIP)  [ ] SAME AS DRIVER

VEHICLE DAMAGE (Circle all damaged areas)

2  1  3  4  5  6  7  8  9

16 - Underside  15 - Windshield  14 - Rear  13 - Towed Unit  12 - Cargo

TOW CO. INFORMATION

5 - DRIVER'S FULL NAME (LAST, FIRST, MI)

ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER LICENSE NUMBER / ID NUMBER  STATE  TYPE OF LICENSE
[ ] 1. OPERATOR  [ ] 2. CDL  [ ] 3. UNLICENSED  [ ] 3. PERMIT  [ ] 4. MC ONLY  [ ] 5. MC ONLY

PROOF OF INSURANCE  INSURANCE COMPANY  DRIVER
[ ] YES  [ ] NO  [ ] NOT REQUIRED

POLICY NUMBER

YEAR  MAKE  MODEL  COLOR

TOTAL NO. OF OCCUPANTS

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER

ADDRESS (STREET, CITY, STATE, ZIP)  [ ] SAME AS DRIVER

VEHICLE DAMAGE (Circle all damaged areas)

2  1  3  4  5  6  7  8  9

16 - Underside  15 - Windshield  14 - Rear  13 - Towed Unit  12 - Cargo

TOW CO. INFORMATION

6 - WITNESS

NONE IDENTIFIED

NAME OF WITNESS  ADDRESS (STREET, CITY, STATE, ZIP)  TELEPHONE NO.
### REPORT # PAGE ___ OF ___

#### 9 - CODES

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<td>ON - Occupant - Unenclosed Load Area</td>
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<td>CP - Commercial Passenger</td>
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<td>SV - Other (Explain in Remarks)</td>
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#### 10 - DRIVERS

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<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>DATE OF BIRTH</th>
<th>M/DD/YY</th>
<th>SEX</th>
<th>Y/E/N/L</th>
<th>SEAT LOC.</th>
<th>INJ</th>
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<th>EJECTION</th>
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#### 11 - OTHER OCCUPANTS & PEDESTRIANS

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#### 12. VEHICLE BODY TYPES

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<td>1.</td>
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<td>20.</td>
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<td>21.</td>
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#### 13. TRAFFIC CONDITIONS

<table>
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<td>3.</td>
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</table>
| 4.   | 4.   |"
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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.

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

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:

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.
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.

<table>
<thead>
<tr>
<th>Missouri Uniform Accident Report</th>
<th>Page____ OF____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space Used for Barcode</td>
<td>1 - Agency Name and ORI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Left the Scene</th>
<th>Cleared</th>
<th>Accident Classification</th>
<th>Property Damage Only</th>
<th>Number Injured</th>
<th>Number Killed</th>
<th>Report / Case / Incident Number</th>
<th>Number of Vehicles Involved</th>
<th>Accident Date</th>
<th>Accident Time (M/L)</th>
<th>Time Notified (M/L)</th>
<th>Time Arrived (M/L)</th>
<th>Investigation Date</th>
</tr>
</thead>
</table>

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.

CLEDERED – 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

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

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.

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:

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

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.

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).

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**

<table>
<thead>
<tr>
<th>Check Box</th>
<th>Applicable Class Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Operator</td>
<td>E or F</td>
</tr>
<tr>
<td>2. CDL</td>
<td>A, B, or C; with endorsements</td>
</tr>
<tr>
<td>3. Permit</td>
<td>-------</td>
</tr>
<tr>
<td>4. Unlicensed</td>
<td>-------</td>
</tr>
<tr>
<td>5. MC Only</td>
<td>M</td>
</tr>
</tbody>
</table>

**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.)

**TABLE:**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MAKE</th>
<th>MODEL</th>
<th>COLOR</th>
<th>LIC. PLATE NO.</th>
<th>STATE</th>
<th>YEAR</th>
<th>VIN</th>
<th>VEHICLE OWNER NAME (LAST, FIRST, MI)</th>
<th>COMMERCIAL CARRIER</th>
<th>ADDRESS (STREET, CITY, STATE, ZIP)</th>
<th>TOTAL NO. OF OCCUPANTS</th>
<th>VEHICLE DAMAGE (Circle all damaged areas)</th>
<th>INITIAL IMPACT NO.</th>
<th>TOWED FROM SCENE</th>
<th>TOW CO. INFORMATION</th>
<th>SAME AS DRIVER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oldsmobile</td>
<td>Cutlass</td>
</tr>
<tr>
<td>Chevrolet</td>
<td>Corvette</td>
</tr>
<tr>
<td>Ford</td>
<td>Mustang</td>
</tr>
</tbody>
</table>
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 cannot 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.)

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.)

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.

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.

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.
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).

<table>
<thead>
<tr>
<th>NAME / ADDRESS</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>VEH. NO.</th>
<th>SEAT LOC.</th>
<th>INJ.</th>
<th>EJECTION</th>
<th>AIR BAG</th>
<th>SAFETY DEVICES</th>
<th>TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>DRIVER 1 - SAME ADDRESS AS ABOVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>DRIVER 2 - SAME ADDRESS AS ABOVE</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>SEX</th>
<th>VEH. NO.</th>
<th>SEAT LOC.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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.)

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.

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.

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.

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

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.

**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."

---

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SECTION 14. – HAZARDOUS MATERIALS

This section captures hazardous material involvement.

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.

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

1. Animal – If marked, indicate type of animal in Section 17. – Vehicle Action / Sequence of Events and its disposition in Section 28 – Narrative / Statements.

2. 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:

a. any object attached to or a part of the terrain.
b. 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.
c. 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:

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

An “other object” does NOT include:

a. objects set in motion by aircraft, watercraft, railway, or other motor vehicle.
b. 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”.

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15. ACCIDENT TYPE

- On Roadway
- Off Roadway

COLLISION INVOLVING
- 1. Animal
- 2. Pedalcycle
- 3. Fixed Object
- 4. Other Object
- 5. Pedestrian
- 6. Train
- 7. MV in Transport
- 8. MV on Other Roadway
- 9. Parked MV

NON-COLLISION
- 10. Overturning
- 11. Other Non-Collision

TWO VEHICLE COLLISION
- 60. Head On
- 61. Rear End
- 62. Sideswipe - Meeting
- 63. Sideswipe - Passing
- 64. Angle
- 65. Backed Into
- 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
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.

**NON-COLLISION**

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

10. **Overturing** – Accident where overturning was first harmful event.

11. **Other Non-collision** – Accident involving a motor vehicle in transport, other than overturning or collision. Includes accidental:

a. poisoning from carbon monoxide generated by a motor vehicle in transport.

b. breakage of any part of motor vehicle, resulting in injury or in further property damage.

c. explosion of any motor vehicle part.

d. fire starting in motor vehicle.

e. fall, jump, or being pushed from motor vehicle.

f. occupant hit by an object in, or thrown against some part of a motor vehicle.

g. injury or damage from moving part of same motor vehicle.

h. object falling from, or in, motor vehicle.

i. object thrown towards, in, or on, motor vehicle.

j. object falling on motor vehicle (not as a result of a cataclysm).

k. toxic or corrosive chemicals leaking out of motor vehicle.

l. 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.

m. 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:

a. carbon monoxide poisoning in a motor vehicle not in transport.

b. breakage of any part, such as a fan belt or axle, with no additional damage or injury.

c. 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.

- **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.

<table>
<thead>
<tr>
<th>16. TRAFFIC CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
</tr>
<tr>
<td>☐</td>
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<tr>
<td>☐</td>
</tr>
</tbody>
</table>

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.

**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 Involving 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.

<table>
<thead>
<tr>
<th>Animal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 Deer</td>
</tr>
<tr>
<td>61 Farm Animal</td>
</tr>
<tr>
<td>62 Dog</td>
</tr>
<tr>
<td>63 Other Animal</td>
</tr>
<tr>
<td>64 Unknown</td>
</tr>
</tbody>
</table>
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
21 Embankment, Driveway, Ground, Median
22 Guardrail Face
23 Utility Pole
24 Fence
25 Street Light Support
26 Culvert
27 Highway Traffic Sign Post
28 Bridge – Pier, Abutment, Column, Overhead Support
29 Curb
30 Mail Box
31 Concrete Traffic Barrier
32 Building
33 Traffic Signal Support
34 Impact Attenuator
35 Fire Hydrant
36 Other
37 Bridge Parapet End
38 Bridge Rail
39 Guardrail End
40 Median Barrier
41 Overhead Sign Support
42 Ditch
43 Other Post
44 Wall
45 Bridge Pier / Abutment / Column / Overhead Support
46 Street Light Support
47 Median Barrier
48 Overhead Sign Support
49 Other Post
50 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.

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.
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.

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.

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.

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 – 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

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

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

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.
SECTION 27 – COMMERCIAL MOTOR VEHICLE

27 A. CMV CRITERIA – 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.
• **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.

![](image)

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

<table>
<thead>
<tr>
<th>29. REPORTING OFFICER SIGNATURE</th>
<th>DSN / BADGE NO.</th>
<th>BEAT / ZONE</th>
<th>TROOP / DIST / PCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVIEWING OFFICER 1 SIGNATURE</td>
<td>DSN / BADGE NO.</td>
<td>REVIEWING OFFICER 2 SIGNATURE</td>
<td>DSN / BADGE NO.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>MISSOURI UNIFORM ACCIDENT REPORT</th>
<th>PAGE _____ OF _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARRATIVE / STATEMENTS</td>
<td></td>
</tr>
<tr>
<td>AGENCY NAME AND ORI</td>
<td></td>
</tr>
<tr>
<td>ORIGINAL REPORT / CASE / INCIDENT NUMBER</td>
<td>ADDITIONAL SUPPLEMENT NO.</td>
</tr>
<tr>
<td>SUPPLEMENTAL REPORT DATE</td>
<td>ACCIDENT DATE</td>
</tr>
<tr>
<td>TRP / DIST / PCT / COUNTY</td>
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</tr>
<tr>
<td>Reporting Officer Signature</td>
<td>DSN / Badge No.</td>
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<tr>
<td>SUPPLEMENTAL REVIEWING OFFICER SIGNATURE</td>
<td>DSN / Badge No.</td>
</tr>
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</table>

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<tr>
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<th>PAGE _____ OF _____</th>
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<td></td>
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<tr>
<td>AGENCY NAME AND ORI</td>
<td></td>
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<tr>
<td>ORIGINAL REPORT / CASE / INCIDENT NUMBER</td>
<td>ADDITIONAL SUPPLEMENT NO.</td>
</tr>
<tr>
<td>SUPPLEMENTAL REPORT DATE</td>
<td>ACCIDENT DATE</td>
</tr>
<tr>
<td>TRP / DIST / PCT / COUNTY</td>
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<tr>
<td>Reporting Officer Signature</td>
<td>DSN / Badge No.</td>
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<tr>
<td>SUPPLEMENTAL REVIEWING OFFICER SIGNATURE</td>
<td>DSN / Badge No.</td>
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<table>
<thead>
<tr>
<th>MISSOURI UNIFORM ACCIDENT REPORT</th>
<th>PAGE _____ OF _____</th>
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</thead>
<tbody>
<tr>
<td>OTHER OCCUPANTS &amp; PEDESTRIANS</td>
<td></td>
</tr>
<tr>
<td>AGENCY NAME AND ORI</td>
<td></td>
</tr>
<tr>
<td>ORIGINAL REPORT / CASE / INCIDENT NUMBER</td>
<td></td>
</tr>
<tr>
<td>SUPPLEMENTAL REPORT DATE</td>
<td>ACCIDENT DATE</td>
</tr>
<tr>
<td>TRP / DIST / PCT / COUNTY</td>
<td></td>
</tr>
<tr>
<td>Reporting Officer Signature</td>
<td>DSN / Badge No.</td>
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<tr>
<td>SUPPLEMENTAL REVIEWING OFFICER SIGNATURE</td>
<td>DSN / Badge No.</td>
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<table>
<thead>
<tr>
<th>SEAT LOCATION</th>
<th>INJURY</th>
<th>TRANSPORTED (Medical Treatment)</th>
<th>EJECTION</th>
<th>AIR BAG</th>
<th>AIR BAG</th>
<th>SAFETY DEVICES</th>
</tr>
</thead>
</table>

(SAD = SAME AS DRIVER)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>DATE OF BIRTH</th>
<th>MM-DD-YYYY</th>
<th>SEX</th>
<th>VEH. NO.</th>
<th>VEH. LOC.</th>
<th>INL. TRANSPORT</th>
<th>EJEC. TION</th>
<th>AIR BAG</th>
<th>AIR BAG</th>
<th>SAFETY DEVICES</th>
<th>TELEPHONE NO.</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

37
Complete and submit *Train Accident Continuation / Supplement* any time a train is involved in a reportable motor vehicle accident.

---

**MISSOURI UNIFORM ACCIDENT REPORT**

<table>
<thead>
<tr>
<th>TRAIN ACCIDENT</th>
<th>CONTINUATION</th>
<th>SUPPLEMENT</th>
<th>AGENCY NAME AND ORI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORIGINAL REPORT / CASE / INCIDENT NUMBER</td>
<td>ADDITIONAL SUPPLEMENT NO.</td>
<td>SUPPLEMENTAL REPORT DATE</td>
<td>ACCIDENT DATE</td>
</tr>
<tr>
<td>TRP / DST / PCT</td>
<td>COUNTY</td>
<td>REPORTING OFFICER SIGNATURE</td>
<td>DSN / BADGE NO.</td>
</tr>
<tr>
<td>SUPPLEMENTAL REVIEWING OFFICER SIGNATURE</td>
<td>DSN / BADGE NO.</td>
<td>TRAIN INFORMATION</td>
<td>LEAD ENGINE NO.</td>
</tr>
<tr>
<td>LEAD ENGINE SERIAL NO.</td>
<td>MAKE</td>
<td>MODEL</td>
<td></td>
</tr>
<tr>
<td>HEADLIGHT WORKING</td>
<td>HORN WORKING</td>
<td>BELL WORKING</td>
<td>TRAIN DAMAGE (Circle all damaged areas)</td>
</tr>
<tr>
<td>NO. OF CARS</td>
<td>SPEED</td>
<td>DISTANCE FROM IMPACT POINT TO FRONT OF LEAD ENGINE</td>
<td></td>
</tr>
<tr>
<td>INITIAL IMPACT NO.</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAILROAD CO. - TRACKS</td>
<td>NAME &amp; ADDRESS (STREET, CITY, STATE, ZIP)</td>
<td>RAILROAD CO. - TRAIN</td>
<td>NAME &amp; ADDRESS (STREET, CITY, STATE, ZIP)</td>
</tr>
<tr>
<td>CROSSING SIGNALS</td>
<td>UPON INVESTIGATING OFFICER'S ARRIVAL AT SCENE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CROSSING GATES DOWN</td>
<td>LIGHTS FLASHING</td>
<td>BELLS RINGING</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>OTHER CROSSING CHARACTERISTICS</td>
<td>ADVANCE WARNING SIGNS IN PLACE</td>
<td>DISTANCE FROM SIGN TO NEAREST RAIL</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>CROSSING SURFACE (Rubber, asphalt, etc.)</td>
<td>DOT / AAR CROSSING ID NO.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAFETY DEVICES</td>
<td>ENGINEER &amp; CONDUCTOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td>ADDRESS</td>
<td>DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>SEX</td>
<td>VEH. NO.</td>
<td>SEAT LOC.</td>
<td></td>
</tr>
<tr>
<td>ILN.</td>
<td>TRANSPORT</td>
<td>EJECTION</td>
<td></td>
</tr>
<tr>
<td>AIR BAG FRONT</td>
<td>AIR BAG SIDE</td>
<td>SAFETY DEVICES</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE NO.</td>
<td>TRAIN CREW MEMBERS - List Train Passengers in Section 11 - Other Occupants and Pedestrians on Page 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

38
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.

1. LIGHT / GATE / BELL COMBINATION
2. LIGHT / BELL COMBINATION
3. LIGHT / GATE
4. LIGHT ONLY

5. PASSIVE WARNING (CROSSBUCKS ONLY)
6. WIG-WAG TYPE
7. PAVEMENT MARKINGS
8. 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


**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

**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

**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.
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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Passenger Vehicle or Van at Final Rest</td>
</tr>
<tr>
<td>2</td>
<td>Passenger Vehicle or Van in Motion</td>
</tr>
<tr>
<td></td>
<td>Passenger Vehicle Overturned on Top</td>
</tr>
<tr>
<td></td>
<td>Passenger Vehicle Overturned on Side</td>
</tr>
<tr>
<td>3</td>
<td>Pickup Truck</td>
</tr>
<tr>
<td></td>
<td>Straight Truck or Dump Truck</td>
</tr>
<tr>
<td></td>
<td>Passenger Bus or Recreational Vehicle</td>
</tr>
<tr>
<td></td>
<td>Cabover Truck Tractor</td>
</tr>
<tr>
<td></td>
<td>Truck Tractor &amp; Trailer Combination with Conventional Tractor Unit</td>
</tr>
<tr>
<td></td>
<td>Box Trailer, House Trailer, or Camper Trailer</td>
</tr>
<tr>
<td></td>
<td>Boat Trailer</td>
</tr>
<tr>
<td></td>
<td>Tanker Trailer</td>
</tr>
<tr>
<td></td>
<td>Locomotive Train Engine</td>
</tr>
<tr>
<td></td>
<td>Farm Tractor</td>
</tr>
<tr>
<td>Image</td>
<td>Description</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>Motorcycle on Side</td>
</tr>
<tr>
<td>Bicycle</td>
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</tr>
<tr>
<td>Tricycle</td>
<td></td>
</tr>
<tr>
<td>Body</td>
<td></td>
</tr>
<tr>
<td>Direction Arrow</td>
<td></td>
</tr>
<tr>
<td>Direction of Grade Arrow</td>
<td></td>
</tr>
<tr>
<td>Utility Pole</td>
<td></td>
</tr>
<tr>
<td>Fence</td>
<td></td>
</tr>
<tr>
<td>Guardrail</td>
<td></td>
</tr>
<tr>
<td>Wall Abutment or Concrete Barrier</td>
<td></td>
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<tr>
<td>Highway Sign</td>
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<tr>
<td>Electric Signal</td>
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<tr>
<td>Embankment</td>
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</tr>
<tr>
<td>Rock Cut or Bluff Face</td>
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</tr>
<tr>
<td>Water Filled Ditch or Canal</td>
<td></td>
</tr>
<tr>
<td>Ditch, Dry or Muddy</td>
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</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
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<tr>
<td><img src="image" alt="Tree" /></td>
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<tr>
<td><img src="image" alt="Bush or Shrub" /></td>
<td>Bush or Shrub</td>
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<td><img src="image" alt="Railway Tracks" /></td>
<td>Railway Tracks</td>
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<td><img src="image" alt="Pavement Edge or Curb Line" /></td>
<td>Pavement Edge or Curb Line</td>
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<tr>
<td><img src="image" alt="Broken Pavement Edge, Gravel or Dirt Road Edge" /></td>
<td>Broken Pavement Edge, Gravel or Dirt Road Edge</td>
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<tr>
<td><img src="image" alt="Center Line" /></td>
<td>Center Line</td>
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<tr>
<td><img src="image" alt="Center Line with No Passing Zone" /></td>
<td>Center Line with No Passing Zone</td>
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<td><img src="image" alt="Shoulder Line" /></td>
<td>Shoulder Line</td>
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<tr>
<td><img src="image" alt="Skid Mark" /></td>
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<tr>
<td><img src="image" alt="Impact" /></td>
<td>Impact</td>
</tr>
<tr>
<td>Reflects Initial Impact</td>
<td>Type of Collision</td>
</tr>
<tr>
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<tr>
<td>□□□□□□□□□□□□□□□□□□□□</td>
<td>Rear End</td>
</tr>
<tr>
<td>□</td>
<td>Right Angle</td>
</tr>
<tr>
<td>□□□□□□□□□□□□□□□□□□□□</td>
<td>Head On</td>
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<tr>
<td>□□□□□□□□□□□□□□□□□□□□</td>
<td>Sideswipe</td>
</tr>
<tr>
<td>□□□□□□□□□□□□□□□□□□□□</td>
<td>Sideswipe</td>
</tr>
<tr>
<td>□□□□□□□□□□□□□□□□□□□□</td>
<td>Both Left Turn</td>
</tr>
<tr>
<td>□□□□□□□□□□□□□□□□□□□□</td>
<td>Left Turn</td>
</tr>
<tr>
<td>□□□□□□□□□□□□□□□□□□□□</td>
<td>Left Turn</td>
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APPENDIX B
UNITED STATES, CANADA, & MEXICO ABBREVIATIONS

Enter “XX” for foreign countries not listed below.

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| Alberta            |        |                   |        |
| British Columbia   |        |                   |        |
| Manitoba           |        |                   |        |
| New Brunswick      |        |                   |        |
| Newfoundland (includes Labrador) |        |
| Northwest Territories |        |
| Nova Scotia        |        |                   |        |
| Ontario            |        |                   |        |
| Prince Edward Island |       |
| Quebec             |        |                   |        |
| Saskatchewan       |        |                   |        |
| Yukon (Territory)  |        |                   |        |

| MEXICO             | AG     |                   |        |
| Aguascalientes     |        |                   |        |
| Baja California (Northern Section) |       |
| Baja California Sur (Southern Section) | B |
| Campeche           |        |                   |        |
| Chiapas            |        |                   |        |
| Chihuahua          |        |                   |        |
| Coahuila           |        |                   |        |
| Colima             |        |                   |        |
| Distrito Federal (Mexico, D. F.) |       |
| Durango            |        |                   |        |
| Guanajuato         |        |                   |        |
| Guerrero           |        |                   |        |
| Hidalgo            |        |                   |        |
| Jalisco            |        |                   |        |
| Mexico, D.F. (Distrito Federal) |       |
| Mexico (State)     |        |                   |        |
| Michoacan          |        |                   |        |
| Morelos            |        |                   |        |
| Nayarit            |        |                   |        |
| Nunavut            |        |                   |        |
| Nuevo Leon         |        |                   |        |
| Oaxaca             |        |                   |        |
| Puebla             |        |                   |        |
| Queretaro          |        |                   |        |
| Quintana Roo       |        |                   |        |
| San Luis Potosi    |        |                   |        |
| Sinaloa            |        |                   |        |
| Sonora             |        |                   |        |
| Tabasco            |        |                   |        |
| Tamaulipas         |        |                   |        |
| Tlaxcala           |        |                   |        |
| Veracruz           |        |                   |        |
| Yucatan            |        |                   |        |
| Zacatecas          |        |                   |        |

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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.

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"

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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.

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