Authority: 1949 PA 300, Sec. 257.622
Compliance: Required
Penalty: $100 and/or 90 days

Do Not Use

Page ____ Of ____ UD-10 (1/99)

Incident #

File Class

Incident Disposition ○ Open ○ Closed

Reviewer

ORI: MI-

STATE OF MICHIGAN

Traffic Crash Report

Department Name

Do Not Write or Mark On This Side of The Line

Crash Date Month Day Year

Crash Time Military

No. of Units	Crash Type	Special Circumstances	Weather (Mark Only One)	Light (Mark Only One)	Special Checks
○ 1	① Single Motor Vehicle	① None	① Clear	① Daylight	○ Fatal (Report All)
○ 2	② Head On	② Deer	② Cloudy	② Dawn	○ Corrected Copy
○ 3	③ Head On-Left Turn	③ School Bus	③ Fog/Smoke	③ Dusk	○ Replace (Entire Report)
○ 4	④ Angle	④ Hit and Run	④ Rain	④ Dark-Lighted	○ Delete (Entire Report)
○ 5	⑤ Rear End	⑤ Fleeing Police	⑤ Snow/ Blowing Snow	⑤ Dark-Unlighted	○ Non-Traffic Area
○ 6	⑥ Rear End-Left Turn	**Special Study**	⑥ Severe Wind		○ ORV/ Snowmobile
○ 7	⑦ Rear End-Right Turn	① Local	⑦ Sleet/Hail		
○ 8	⑧ Sideswipe-Same	② State	⑧ Other/Unknown		
○ 9	⑨ Sideswipe-Opposite				
	⑩ Other/Unknown				

County City/Twp

Traffic Control
① Signal
② Stop Sign
③ Yield Sign
④ None of These

Construction Zone (if applicable) (Mark One From Each Group)
Type: ① Const./Maint. ② Utility
Lane Closed: ① Yes ② No
Activity: ① On Road ② Off Road ③ None

LOCATION

Road Name — Divided Roadway N S E W

Distance ○ FT ○ MI ○ North ○ South ○ East ○ West ○ Beginning of Ramp ○ End of Ramp

Intersecting Road — Divided Roadway N S E W

Trafficway ① ② ③ ④ Access Control ① ② ③

Relation to Roadway (Location of First Impact)
① On Road ② Median ③ Shoulder ④ Outside of Shoulder/Curb ⑤ Gore ⑥ Other/ Unknown

Area

Road Condition (Mark Only One)
① Dry ② Wet ③ Icy ④ Snowy ⑤ Muddy ⑥ Slushy ⑦ Debris ⑧ Other/ Unknown

Total Lanes ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

Speed Limit Posted ○ Yes ○ No

◀ **Unit Number** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

State Driver License Number

First Name Middle Last

Street Address Phone Number

City State Zip

Unit Type ○ MV ○ P ○ B ○ E (train)

Driver Condition ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Interlock Ⓨ Yes Ⓝ No ○ Refused ○ Not offered (Submit Results To FARS When Available)

Alcohol Ⓨ Yes Ⓝ No Test Type: ○ Field ○ PBT ○ Breath ○ Blood ○ Urine Test Results

Drugs Ⓨ Yes Ⓝ No Test Type: ○ Blood ○ Urine Test Results

Date of Birth Month Day Year

License Type ○ O ○ CY ○ C ○ F ○ M ○ R

Sex ○ M ○ F

Hazard Action

Position Restraint Ambulance/Hospital

Injury ○ K ○ A ○ B ○ C ○ O

Ejected ○ Yes **Trapped** ○ Yes

Airbag Deployed ① Yes ② No ③ Not Equipped

Citation Issued ① Hazardous ② Other

Total Occup

Vehicle Registration State VIN

Vehicle Description (year, make, color)

Insurance

Towed To/By

Vehicle Direction ○ North ○ East ○ South ○ West

Special Vehicles ① ② ③ ④ ⑤ ⑥

Location of Greatest Damage ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

Vehicle Type ○ PA ○ CY ○ OR ○ VA ○ MO ○ Other ○ PU ○ GC ○ Truck/Bus ○ ST ○ SM (Complete Truck/Bus Section)

Vehicle Use ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪

First Impact **Extent of Vehicle Damage** ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ **Driveable** ○ Yes ○ No

Vehicle Defect ① ② ③ ④ ⑤ ⑥

Private Trailer Type ① ② ③ ④ ⑤ ⑥ ⑦

PASSENGERS

First Name Middle Last

Street Address Phone Number

City State Zip

Date of Birth Month Day Year

Sex ○ M ○ F

Ejected ○ Yes Trapped ○ Yes

Injury ○ K ○ B ○ O ○ A ○ C

Pos. Rest. Ambulance/Hospital

Airbag Deployed ① Yes ② No ③ Not Equipped

First Name Middle Last

Street Address Phone Number

City State Zip

Date of Birth Month Day Year

Sex ○ M ○ F

Ejected ○ Yes Trapped ○ Yes

Injury ○ K ○ B ○ O ○ A ○ C

Pos. Rest. Ambulance/Hospital

Airbag Deployed ① Yes ② No ③ Not Equipped

○ Owner ○ Witness ○ Uninjured Passenger — Name Address Phone Number Age Pos. Rest.

○ Owner ○ Witness ○ Uninjured Passenger — Name Address Phone Number Age Pos. Rest.

Person Advised of Damaged Traffic Control — Date Time Name

Damaged Property

Public Ⓨ Ⓝ

Owner & Phone

Do Not Write or Mark In This Area

UD-10 SERIAL NUMBER **0014231**

Serial Override Number

TARY MULTIFORMS INC. (616) 942-2074