**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** ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

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** ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Vehicle Registration | State | VIN | Vehicle Description (year, make, color)

Insurance | Towed To/By

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

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

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

**Vehicle Direction** ○ North ○ East ○ South ○ West

**Special Vehicles** ① ② ③ ④ ⑤ ⑥

**Vehicle Use** ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪

**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.

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## ◀ Unit Reported on Front

| Action Prior | Sequence of Events: First | Second | Third | Fourth |
|---|---|---|---|---|
| ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| ① | ① | ① | ① | ① |
| ② | ② | ② | ② | ② |
| ③ | ③ | ③ | ③ | ③ |
| ④ | ④ | ④ | ④ | ④ |
| ⑤ | ⑤ | ⑤ | ⑤ | ⑤ |
| ⑥ | ⑥ | ⑥ | ⑥ | ⑥ |
| ⑦ | ⑦ | ⑦ | ⑦ | ⑦ |
| ⑧ | ⑧ | ⑧ | ⑧ | ⑧ |
| ⑨ | ⑨ | ⑨ | ⑨ | ⑨ |
| Most Harmful: | Ⓐ | Ⓑ | Ⓒ | Ⓓ |

## ▲ Unit Reported Above

| Action Prior | Sequence of Events: First | Second | Third | Fourth |
|---|---|---|---|---|
| ⓪ | ⓪ | ⓪ | ⓪ | ⓪ |
| ① | ① | ① | ① | ① |
| ② | ② | ② | ② | ② |
| ③ | ③ | ③ | ③ | ③ |
| ④ | ④ | ④ | ④ | ④ |
| ⑤ | ⑤ | ⑤ | ⑤ | ⑤ |
| ⑥ | ⑥ | ⑥ | ⑥ | ⑥ |
| ⑦ | ⑦ | ⑦ | ⑦ | ⑦ |
| ⑧ | ⑧ | ⑧ | ⑧ | ⑧ |
| ⑨ | ⑨ | ⑨ | ⑨ | ⑨ |
| Most Harmful: | Ⓐ | Ⓑ | Ⓒ | Ⓓ |

## Crash Diagram and Remarks

↑ North

**TRUCK/BUS INFORMATION**

**Unit No.** ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Carrier Name

Address

City | State | Zip

**Carrier Source** ○ Papers ○ Log Book ○ Vehicle ○ Driver

ICCMC

USDOT

MPSC

○ Interstate ○ Intra (MI Only)

GVWR

**Driver's CDL Type** ○ A ○ H ○ B ○ N ○ C ○ P ○ T ○ None ○ X

**CDL Restrictions** ○ 28 ○ 35 ○ 29 ○ 36 ○ 30

**CDL Exempt** ○ Farm ○ Other

**Medical Card** ○ Y ○ N

**Vehicle Type** ○ AA ○ BB ○ AH ○ BH ○ AN ○ BN ○ AP ○ BP ○ AT ○ BX ○ AX ○ CH ○ AY ○ CP ○ AZ ○ CX ○ AL ○ Other

**Type & Axles Per Unit** First | Second | Third | Fourth

**Hazardous Material** Placard ○ Y ○ N Cargo Spill ○ Y ○ N

ID # | Class #

Cargo Body Type ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

UD-10 SERIAL NUMBER **0014231**

Investigated at Scene ⓨ ⓝ | Reported Date/Time | Photos By | Investigator Name(s) & Badge # (Print Only)