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-82349

STATE OF MICHIGAN

Traffic Crash Report

Department Name: DETROIT POLICE DEPARTMENT

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	⑥ Other/Unknown	○ 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: 82 City/Twp: 99

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

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

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

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

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

Drugs (Y) Yes (N) 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: 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

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: 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: 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 (Y) (N) | Owner & Phone

ARREST NAME

CHARGE

CT. FILE NO.

CT. DATE

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark In This Area

UD-10 SERIAL NUMBER 0538404

Serial Override Number

ARY MULTIFORMS INC. (616) 942-2574