Do Not Write or Mark On This Side of The Line

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

Do Not Use

Form ____ Of ____ UD-10 (1/94)

Complaint #

File Class

Complaint Disposition | Reviewer

ORI: MI-

STATE OF MICHIGAN

Traffic Crash Report

Department Name

Crash Date Month	Day	Year	Crash Time Military
		9	

No. of Units	Crash Type	Special Circumstances	Weather (Mark Only One)	Light (Mark Only One)
	1. Single Motor Vehicle	1. None	1. Clear	1. Daylight
	2. Head On	2. Deer	2. Cloudy	2. Dawn
	3. Head On-Left Turn	3. School Bus	3. Fog Smoke	3. Dusk
	4. Angle	4. Hit and Run	4. Rain	4. Dark Lighted
	5. Rear End	5. Fleeing Police	5. Snow Blowing Snow	5. Dark-Unlighted
	6. Rear End-Left Turn		6. Severe Wind	
	7. Rear End-Right Turn		7. Sleet, Hail	
	8. Sideswipe-Same		8. Other Unknown	6. Other Unknown
	9. Sideswipe-Opposite			
	10. Other Unknown			

Special Study: 1. Local 2. State

- Fatal (Report All)
- Corrected Copy
- Replace (Entire Report)
- Delete (Entire Report)
- Non-Traffic Area
- ORV/ Snowmobile

County	City/Twp	Traffic Control	Construction Zone (If applicable) Mark One From Each Group: Type	Lane Closed	Activity
0 0	0 0	1. Signal	1. Const. Maint	1. Yes	1. On Road
1 1	1 1	2. Stop Sign	2. Utility	2. No	2. Off Road
2 2	2 2	3. Yield Sign			3. None
3 3	3 3	4. None of These			
4 4	4 4				
5 5	5 5				
6 6	6 6				
7 7	7 7				
8 8	8 8				
9 9	9 9				

Location on

Name: _____

FT MI | North South | East West | Beginning of Ramp End of Ramp

Intersection: _____

Relation to Roadway (Location of First Impact)	Area	Road Condition Mark Only One	Total Lanes	Speed Limit
1. On Road	0 0	1. Dry	0	0 0
2. Median	1 1	2. Wet	1	1
3. Shoulder	2 2	3. Icy	2	2
4. Outside of Shoulder/Curb	3	4. Snowy	3	3
5. Gore	4	5. Muddy	4	4
6. Other Unknown	5	6. Slushy	5	5 5
	6	7. Debris	6	6
	7	8. Other	7	Posted
	8	Unknown	8	Yes
	9		9	No

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◀Unit Number: 1 2 3 4 5 6 7 8 9

State | Driver License Number

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

First Name | Middle | Last

Street Address | Phone Number

City | State | Zip

Position | Restraint | Ambulance/Hospital

Unit Type: MV B P Estimate

Injury: K A B C O

Ejected: Yes

Trapped: Yes

Citation Issued: 1. Hazardous 2. Other

Alcohol: HBD Yes No

Test Type: Breath Field Urine PBT Blood

Test Results _____ (Submit Results To FARS When Available)

Refused Not Offered

Airbag Deployed: 1. Yes 2. No 3. Not Equipped

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

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

Vehicle Direction: North East South West

Vehicle Use: 1 2 3 4 5 6 7 8 9 10 11

Special Vehicles: 1 2 3 4 5 6

Vehicle Defect: 1 2 3 4 5 6

Private Trailer Type: 1 2 3 4 5 6 7

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

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 A B 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 A B C

Pos. | Rest. | Ambulance/Hospital

Airbag Deployed: 1. Yes 2. No 3. Not Equipped

Witness Name | Address | Phone Number | Age | Pos. | Rest.

Witness Name | Address | Phone Number | Age | Pos. | Rest.

Person Advised of Damaged Traffic Control | Damaged Property | Public Y N | Owner & Phone

Do Not Write or Mark In This Area

UD-10 Form Number 5981323

Form Override Number

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

MDI DATA MULTIFORMS INC. (616) 942-2574

Unit Number | State | Driver License Number | Date of Birth (Month / Day / Year) | License Type | Sex | Hazard Action

First Name | Middle | Last | Position | Restraint | Ambulance/Hospital

Street Address | Phone Number

Unit Type | City | State | Zip | Injury | Ejected Trapped | Citation Issued

Alcohol HBD Yes No | Test Type | Test Results (Submit Results To FARS When Available) | Airbag Deployed 1. Yes 2. No 3. Not Equipped

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

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 | Date of Birth (Month / Day / Year) | Sex M F | Ejected Trapped Yes

Street Address | Phone Number | Injury K B O A C

City | State | Zip | Pos. | Rest. | Ambulance/Hospital | Airbag Deployed 1. Yes 2. No 3. Not Equipped

First Name | Middle | Last | Date of Birth (Month / Day / Year) | Sex M F | Ejected Trapped Yes

Street Address | Phone Number | Injury K B O A C

City | State | Zip | Pos. | Rest. | Ambulance/Hospital | Airbag Deployed 1. Yes 2. No 3. Not Equipped

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

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

Unit Reported on Front

Action Prior	Sequence of Events: First	Second	Third	Fourth
0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3
4	4 4	4 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:	M	M	M	M

Unit Reported Above

Action Prior	Sequence of Events: First	Second	Third	Fourth
0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3
4	4 4	4 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:	M	M	M	M

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

GVWR

Driver's CDL Type: A B C D E F H N P T

CDL Restrictions: 28 35 29 36 30

CDL Exempt: Farm Other

Medical Card

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

Type & Axles Per Unit

Hazardous Material: Placard Y N; Cargo Spill Y N; Type #; Class #

Cargo Body Type 1 2 3 4 5 6 7 8

UD-10 Form Number 5981323 | Investigated at Scene Y N | Reported Date/Time | Photos By | Investigator Name(s) & Badge # (Print Only)

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Forward Original To: Michigan Department of State Police, Criminal Justice Data Center, 7150 Harris Drive, Lansing, MI 48913