

UD-10 (FRONT)

Authority: 1949 PA 300, Sec. 257.622 Compliance: Required MSP UD-10 Penalty: \$100 and/or 90 days (Rev 1/04)		Do Not Use		Page _____ Of _____ Incident # _____ File Class _____	
STATE OF MICHIGAN TRAFFIC CRASH REPORT					
ORI: MI- _____ Department Name _____		Incident Disposition ☐ Open ☐ Closed Reviewer _____			
Crash Date: Month Day Year Crash Time: Hour Minute No. of Units		Crash Type ☐ Single Motor Vehicle ☐ Head On ☐ Head On-Left Turn ☐ Angle ☐ Rear End ☐ Rear End-Left Turn ☐ Rear End-Right Turn ☐ Sideswipe-Same ☐ Sideswipe-Opposite ☐ Other/Unknown		Special Circumstances ☐ None ☐ Deer ☐ School Bus ☐ Hit and Run ☐ Fleeing Police ☐ Local ☐ State Special Study ☐ Clear ☐ Severe Wind Weather (Mark Only One) ☐ Cloudy ☐ Snow/Blowing Snow ☐ Fog/Smoke ☐ Sleet/Hail ☐ Rain ☐ Other/Unknown	
County City/Twp Construction Zone (if applicable) (Mark One From Each Group) Type ☐ Const./Maint. ☐ Lane Closed ☐ Yes ☐ No Activity ☐ On Road ☐ Off Road ☐ None		Relation to Roadway (Location of First Impact) ☐ Shoulder ☐ Outside of Shoulder/Curb ☐ On Road ☐ Median ☐ Gore ☐ Other/Unknown		Special Checks ☐ Fatal (Report All) ☐ Corrected Copy ☐ Replace (Entire Report) ☐ Delete (Entire Report) ☐ Non-Traffic Area ☐ ORV/Snowmobile	
Prefix Road Name Distance ☐ FT ☐ North ☐ East ☐ Beginning of Ramp ☐ MI ☐ South ☐ West ☐ End of Ramp		Divided Roadway ☐ N ☐ S ☐ E ☐ W Road Type Suffix		Area Total Lanes Speed Limit Posted ☐ Yes ☐ No	
Unit Number State Driver License Number Date of Birth Unit Type ☐ MV ☐ B ☐ P ☐ E (train) Name Street Address City State Zip Driver Condition ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 99 Interlock ☐ Yes ☐ No ☐ Refused ☐ Not offered (Submit Results To FARS When Available) Alcohol ☐ Yes ☐ No Test Type ☐ Field ☐ PBT ☐ Breath ☐ Blood ☐ Urine Test Results		License Type ☐ O ☐ CY ☐ M ☐ F ☐ R Sex ☐ M ☐ F Total Occup Hazard Action		Injury ☐ K ☐ A ☐ B ☐ C ☐ O Position Restraint Hospital Ejected ☐ Yes ☐ No Trapped ☐ Yes ☐ No Airbag Deployed ☐ Yes ☐ No Citation Issued ☐ Hazardous ☐ Other	
VIN Location of Greatest Damage First Impact Extent of Damage Driveable ☐ Yes ☐ No		Vehicle Registration State Insurance Towed To/By Vehicle Description Make Model Color Year		Vehicle Type ☐ PA ☐ CY ☐ OR ☐ VA ☐ MO ☐ Other ☐ PU ☐ GC ☐ Truck/Bus ☐ ST ☐ SM (Complete Truck/Bus Section) Vehicle Direction ☐ North ☐ South ☐ East ☐ West Special Vehicles ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Private Trailer Type ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Vehicle Defect ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Vehicle Use ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11	
First Name Middle Last Injury ☐ K ☐ A ☐ B ☐ C ☐ O Airbag Deployed ☐ Yes ☐ No ☐ Not Equipped		Date of Birth Street Address City State Zip Phone Number		Sex ☐ M ☐ F Position Restraint Hospital Ejected ☐ Yes ☐ No Trapped ☐ Yes ☐ No	
First Name Middle Last Injury ☐ K ☐ A ☐ B ☐ C ☐ O Airbag Deployed ☐ Yes ☐ No ☐ Not Equipped		Date of Birth Street Address City State Zip Phone Number		Sex ☐ M ☐ F Position Restraint Hospital Ejected ☐ Yes ☐ No Trapped ☐ Yes ☐ No	
Owner ☐ Uninjured Passenger ☐ Witness ☐ Owner ☐ Uninjured Passenger ☐ Witness Name Phone Number Age Pos. Rest. Address		Name Phone Number Age Pos. Rest. Address		Public ☐ Y ☐ N	
Person Advised of Damaged Traffic Control ☐ Date Time Name		Damaged Property Owner & Phone		Do Not Write or Mark In This Area	
UD-10 SERIAL NUMBER SERIAL #		Serial Override Number		Do Not Write or Mark Below This Line	

UD-10 (BACK)

BACK														
Unit Number					State					Driver License Number				
NCS										Date of Birth MM/DD/YYYY				
Unit Type ☐ MV ☐ B ☐ P ☐ E (train)					Name					License Type ☐ O ☐ CY ☐ C ☐ F ☐ M ☐ R				
Street Address					City					State				
Zip					Phone Number					Sex ☐ M ☐ F				
Driver Condition					1 2 3 4 5 6 7 8 9 99					Total Occup 				
Interlock					☐ Yes ☐ No					Hazard Action 				
Alcohol					☐ Yes ☐ No					Injury ☐ K ☐ A ☐ B ☐ C ☐ O				
Test Type					☐ Blood ☐ Urine					Position ☐ Yes ☐ No				
Test Results										Restrained ☐ Yes ☐ No				
Vehicle Registration					State					Hospital 				
Insurance					Towed To/By					Ambulance 				
VIN					Vehicle Description					Make				
Model					Color					Year				
Location of Greatest Damage					Vehicle Type					Vehicle Direction				
1 2 3 4 5 6 7 8 9 10 11 12					☐ PA ☐ CY ☐ OR ☐ VA ☐ MO ☐ Other ☐ PU ☐ GC ☐ Truck/Bus ☐ ST ☐ SM (Complete Truck/Bus Section)					☐ North ☐ South ☐ East ☐ West				
First Impact					Extent of Damage					Special Vehicles				
☐ Yes ☐ No					Driveable ☐ Yes ☐ No					1 2 3 4 5 6 7				
First Name					Date of Birth					Sex				
					MM/DD/YYYY					☐ M ☐ F				
Middle					Street Address					Position				
Last					City					Restrained				
Injury					Airbag Deployed					Hospital 				
☐ K ☐ A ☐ B ☐ C ☐ O					☐ Yes ☐ No ☐ Not Equipped					Ejected ☐ Yes ☐ No				
First Name					Date of Birth					Sex				
					MM/DD/YYYY					☐ M ☐ F				
Middle					Street Address					Position				
Last					City					Restrained				
Injury					Airbag Deployed					Hospital 				
☐ K ☐ A ☐ B ☐ C ☐ O					☐ Yes ☐ No ☐ Not Equipped					Ejected ☐ Yes ☐ No				
Owner					Name					Address				
Witness					Name					Address				
Uninjured Passenger					Name					Address				
Uninjured Passenger					Name					Address				
Uninjured Passenger					Name					Address				
Uninjured Passenger					Name					Address				
Unit Reported on Front					Unit Reported Above					Crash Diagram and Remarks				
Sequence of Events					Sequence of Events									
First Second Third Fourth					First Second Third Fourth									
Most Harmful					Most Harmful									
Unit Number					Carrier Name									
Address					City									
State					Zip									
GVWR					Carrier Source									
☐ Papers ☐ Vehicle ☐ Log Book ☐ Driver														
ICCMC					Driver's CDL Type									
USDOT					☐ A ☐ C ☐ H ☐ P ☐ T ☐ B ☐ None ☐ N ☐ S ☐ X ☐ Interstate ☐ Intra (MI Only) ☐ 28 ☐ 29 ☐ 30 CDL Exempt ☐ Farm ☐ Other									
MPSC					Vehicle Type									
Type & Axles					☐ AS ☐ AL ☐ BS ☐ CX ☐ AA ☐ AT ☐ BB ☐ BX ☐ Other ☐ AH ☐ AX ☐ BH ☐ CH ☐ AN ☐ AY ☐ BN ☐ CP ☐ AP ☐ AZ ☐ BP ☐ CS									
Per Unit					Medical Card ☐ Y ☐ N									
Cargo Body Type					Hazardous Material ☐ Placard ☐ Cargo Spill									
ID #					Class #									
UD-10 SERIAL NUMBER					Investigated at Scene									
SERIAL #					Reported Date/Time									
Investigator Name(s) & Badge # (Print Only)					Photos By									

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

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Do Not Write or Mark Below This Line

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