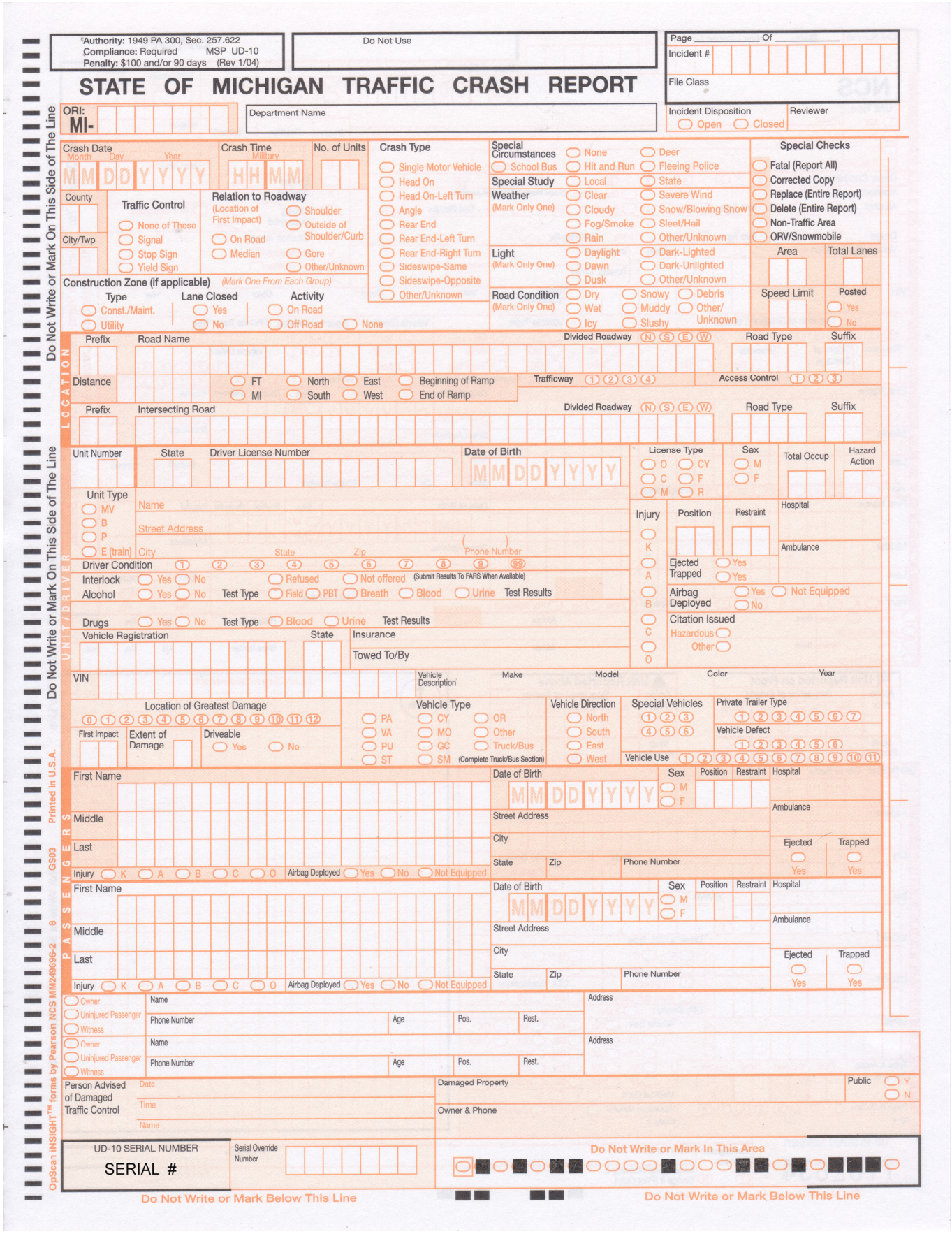
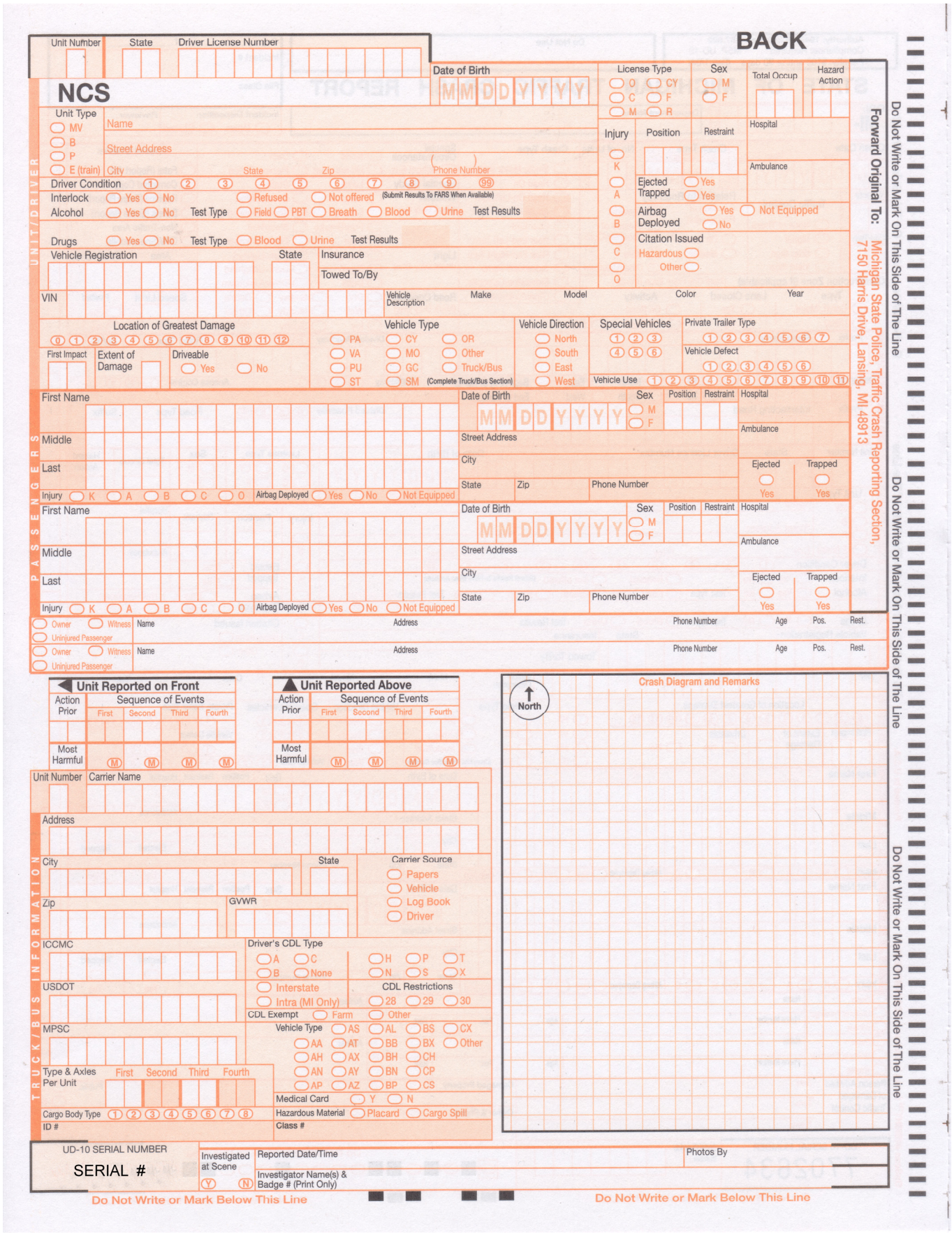
UD-10 (FRONT)


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 Military
No. of Units
Crash Type
Special Circumstances
Special Study
Weather (Mark Only One)
Light (Mark Only One)
Road Condition (Mark Only One)
Special Checks
Fatal (Report All)
Corrected Copy
Replace (Entire Report)
Delete (Entire Report)
Non-Traffic Area
ORV/Snowmobile
County
City/Twp
Traffic Control
Relation to Roadway (Location of First Impact)
Area
Total Lanes
Speed Limit
Posted
Construction Zone (if applicable) (Mark One From Each Group)
Type
Lane Closed
Activity
LOCATION
Prefix
Road Name
Divided Roadway
Road Type
Suffix
Distance
Trafficway
Access Control
Intersecting Road
UNIT/DRIVER
Unit Number
State
Driver License Number
Date of Birth
License Type
Sex
Total Occup
Hazard Action
Unit Type
Name
Street Address
City
State
Zip
Phone Number
Injury
Position
Restraint
Hospital
Ambulance
Driver Condition
Interlock
Alcohol
Test Type
Test Results
Ejected
Trapped
Airbag Deployed
Drugs
Citation Issued
Vehicle Registration
Insurance
Towed To/By
VIN
Vehicle Description
Make
Model
Color
Year
Location of Greatest Damage
First Impact
Extent of Damage
Driveable
Vehicle Type
Vehicle Direction
Special Vehicles
Private Trailer Type
Vehicle Defect
Vehicle Use
PASSENGERS
First Name
Middle
Last
Date of Birth
Sex
Position
Restraint
Hospital
Ambulance
Street Address
City
State
Zip
Phone Number
Ejected
Trapped
Injury
Airbag Deployed
Owner
Uninjured Passenger
Witness
Name
Address
Phone Number
Age
Pos.
Rest.
Person Advised of Damaged Traffic Control
Date
Time
Name
Damaged Property
Public
Owner & Phone
UD-10 SERIAL NUMBER
SERIAL #
Serial Override Number
Do Not Write or Mark In This Area
Do Not Write or Mark Below This Line
Do Not Write or Mark Below This Line
Do Not Write or Mark On This Side of The Line
Do Not Write or Mark On This Side of The Line
OpScan INSIGHT™ forms by Pearson NCS MM249696-2 8 GS03 Printed in U.S.A.

UD-10 (BACK)


BACK
NCS
Unit Number
State
Driver License Number
Date of Birth
License Type
Sex
Total Occup
Hazard Action
UNIT/DRIVER
Unit Type
MV
B
P
E (train)
Name
Street Address
City
State
Zip
Phone Number
Driver Condition
Interlock
Alcohol
Drugs
Test Type
Test Results
Vehicle Registration
Insurance
Towed To/By
VIN
Vehicle Description
Make
Model
Color
Year
Injury
Position
Restraint
Hospital
Ambulance
Ejected
Trapped
Airbag Deployed
Not Equipped
Citation Issued
Hazardous
Other
Forward Original To:
Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913
Location of Greatest Damage
First Impact
Extent of Damage
Driveable
Vehicle Type
Vehicle Direction
North
South
East
West
Special Vehicles
Private Trailer Type
Vehicle Defect
Vehicle Use
PASSENGERS
First Name
Middle
Last
Owner
Witness
Uninjured Passenger
Unit Reported on Front
Unit Reported Above
Action Prior
Sequence of Events
First
Second
Third
Fourth
Most Harmful
Crash Diagram and Remarks
North
TRUCK/BUS INFORMATION
Unit Number
Carrier Name
Address
City
State
Zip
GVWR
Carrier Source
Papers
Vehicle
Log Book
Driver
ICCMC
USDOT
MPSC
Driver's CDL Type
Interstate
Intra (MI Only)
CDL Restrictions
CDL Exempt
Farm
Other
Vehicle Type
Type & Axles Per Unit
Cargo Body Type
ID #
Medical Card
Hazardous Material
Placard
Cargo Spill
Class #
UD-10 SERIAL NUMBER
SERIAL #
Investigated at Scene
Reported Date/Time
Investigator Name(s) & Badge # (Print Only)
Photos By
Do Not Write or Mark Below This Line
Do Not Write or Mark On This Side of The Line