

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-

Department Name

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
Special Study ☐ Local ☐ State
Weather (Mark Only One) ☐ Clear ☐ Severe Wind
☐ Cloudy ☐ Snow/Blowing Snow
☐ Fog/Smoke ☐ Sleet/Hail
☐ Rain ☐ Other/Unknown
Light (Mark Only One) ☐ Daylight ☐ Dark-Lighted
☐ Dawn ☐ Dark-Unlighted
☐ Dusk ☐ Other/Unknown
Road Condition (Mark Only One) ☐ Dry ☐ Snowy ☐ Debris
☐ Wet ☐ Muddy ☐ Other/
☐ Icy ☐ Slushy ☐ Unknown

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

County

Traffic Control
☐ None of These
☐ Signal
☐ Stop Sign
☐ Yield Sign

Relation to Roadway
(Location of First Impact)
☐ Shoulder
☐ Outside of Shoulder/Curb
☐ On Road
☐ Median
☐ Gore
☐ Other/Unknown

Construction Zone (if applicable) (Mark One From Each Group)
Type ☐ Const./Maint. ☐ Lane Closed ☐ Yes ☐ No ☐ Activity ☐ On Road ☐ Off Road ☐ None
☐ Utility

Prefix

Road Name

Divided Roadway ☐ N ☐ S ☐ E ☐ W

Road Type

Suffix

Distance ☐ FT ☐ North ☐ East ☐ Beginning of Ramp
☐ MI ☐ South ☐ West ☐ End of Ramp

Trafficway (1) (2) (3) (4)

Access Control (1) (2) (3)

Prefix

Intersecting Road

Divided Roadway ☐ N ☐ S ☐ E ☐ W

Road Type

Suffix

Unit Number

State

Driver License Number

Date of Birth

License Type ☐ O ☐ CY ☐ M ☐ C ☐ F ☐ M ☐ R

Sex ☐ M ☐ F

Total Occup

Hazard Action

Unit Type
☐ MV
☐ B
☐ P
☐ E (train)

Name

Street Address

City

State

Zip

Phone Number

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

Drugs ☐ Yes ☐ No Test Type ☐ Blood ☐ Urine Test Results

Vehicle Registration

State

Insurance

Towed To/By

VIN

Vehicle Description

Make

Model

Color

Year

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

First Impact

Extent of Damage

Driveable ☐ Yes ☐ No

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

Date of Birth

Sex ☐ M ☐ F

Position

Restraint

Hospital

Middle

Street Address

Last

City

State

Zip

Phone Number

Ejected ☐ Yes ☐ No

Trapped ☐ Yes ☐ No

First Name

Date of Birth

Sex ☐ M ☐ F

Position

Restraint

Hospital

Middle

Street Address

Last

City

State

Zip

Phone Number

Ejected ☐ Yes ☐ No

Trapped ☐ Yes ☐ No

Injury ☐ K ☐ A ☐ B ☐ C ☐ O Airbag Deployed ☐ Yes ☐ No ☐ Not Equipped

First Name

Middle

Last

Injury ☐ K ☐ A ☐ B ☐ C ☐ O Airbag Deployed ☐ Yes ☐ No ☐ Not Equipped

First Name

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First Name

Middle

Last

Injury ☐ K ☐ A ☐ B ☐ C ☐ O Airbag Deployed ☐ Yes ☐ No ☐ Not Equipped

First Name

Middle

Last

Injury ☐ K ☐ A ☐ B ☐ C ☐ O Airbag Deployed ☐ Yes ☐ No ☐ Not Equipped

BACK							
Unit Number	State	Driver License Number	Date of Birth	License Type	Sex	Total Occup	Hazard Action
NCS		MMDDYYYY		<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	<input type="radio"/> M <input type="radio"/> F		
Unit Type		Name		Injury		Position	
<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)		Street Address		<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		<input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No	
City		State		Hospital		Ambulance	
Zip		Phone Number		Ejected		Trapped	
Driver Condition		Interlock		Airbag Deployed		Citation Issued	
<input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (99)		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped	
Alcohol		Test Type		Airbag Deployed		Hazardous	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Other	
Drugs		Test Type		Citation Issued			
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Yes <input type="radio"/> No			
Vehicle Registration		State		Towed To/By			
VIN		Insurance		Vehicle Description		Make	
				Model		Color	
Location of Greatest Damage		Vehicle Type		Vehicle Direction		Special Vehicles	
<input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) <input type="radio"/> (12)		<input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM		<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		<input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7)	
First Impact		Extent of Damage		Vehicle Defect		Private Trailer Type	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11)		<input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6)	
First Name		Date of Birth		Sex		Position	
		MMDDYYYY		<input type="radio"/> M <input type="radio"/> F		<input type="radio"/> Yes <input type="radio"/> Yes	
Middle		Street Address		Hospital		Ambulance	
Last		City		Ejected		Trapped	
Injury		State		Zip		Phone Number	
<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
First Name		Date of Birth		Sex		Position	
		MMDDYYYY		<input type="radio"/> M <input type="radio"/> F		<input type="radio"/> Yes <input type="radio"/> Yes	
Middle		Street Address		Hospital		Ambulance	
Last		City		Ejected		Trapped	
Injury		State		Zip		Phone Number	
<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Owner		Witness		Name		Address	
<input type="radio"/> Owner <input type="radio"/> Witness		<input type="radio"/> Owner <input type="radio"/> Witness		<input type="radio"/> Owner <input type="radio"/> Witness		<input type="radio"/> Owner <input type="radio"/> Witness	
Phone Number		Age		Pos.		Rest.	

Unit Reported on Front				
Action Prior	Sequence of Events			
	First	Second	Third	Fourth
Most Harmful	(M)	(M)	(M)	(M)

Unit Reported Above				
Action Prior	Sequence of Events			
	First	Second	Third	Fourth
Most Harmful	(M)	(M)	(M)	(M)

Unit Number		Carrier Name	
Address		City	
State		Zip	
GVWR		Carrier Source	
<input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver			
ICCMC		Driver's CDL Type	
USDOT		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	
MPSC		CDL Restrictions	
<input type="radio"/> Interstate <input type="radio"/> Intra (MI Only)		<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30	
Type & Axles		CDL Exempt	
<input type="radio"/> First <input type="radio"/> Second <input type="radio"/> Third <input type="radio"/> Fourth		<input type="radio"/> Farm <input type="radio"/> Other	
Cargo Body Type		Vehicle Type	
<input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8)		<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS	
Medical Card		Hazardous Material	
<input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Class #			

Crash Diagram and Remarks	
<div style="text-align: center;"> <p>North</p> </div>	

UD-10 SERIAL NUMBER		Investigated at Scene		Reported Date/Time		Photos By	
SERIAL #		<input type="radio"/> Y <input type="radio"/> N		Investigator Name(s) & Badge # (Print Only)			

UD-10 SERIAL NUMBER		Investigated at Scene		Reported Date/Time		Photos By	
SERIAL #		<input type="radio"/> Y <input type="radio"/> N		Investigator Name(s) & Badge # (Print Only)			