

UD-10 (FRONT)

Authority: 1949 PA 300, Sec. 257.622 Compliance: Required Penalty: \$100 and/or 90 days		Do Not Use		Form _____ Of _____ UD-10 (1/94)	
ORI: MI- _____		STATE OF MICHIGAN		Complaint # _____	
Crash Date Month Day Year 9 00 00		Crash Time Military 00 00 00		File Class _____	
Department Name _____		Complaint Disposition <input type="radio"/> Open <input type="radio"/> Closed		Reviewer _____	
No. of Units 1 2 3 4 5 6 7 8 9		Crash Type <input type="radio"/> 1. Single Motor Vehicle <input type="radio"/> 2. Head On <input type="radio"/> 3. Head On-Left Turn <input type="radio"/> 4. Angle <input type="radio"/> 5. Rear End <input type="radio"/> 6. Rear End-Left Turn <input type="radio"/> 7. Rear End-Right Turn <input type="radio"/> 8. Sideswipe-Same <input type="radio"/> 9. Sideswipe-Opposite <input type="radio"/> 10. Other/Unknown		Special Circumstances <input type="radio"/> 1. None <input type="radio"/> 2. Deer <input type="radio"/> 3. School Bus <input type="radio"/> 4. Hit and Run <input type="radio"/> 5. Fleeing Police Special Study <input type="radio"/> 1. Local <input type="radio"/> 2. State	
Weather (Mark Only One) <input type="radio"/> 1. Clear <input type="radio"/> 2. Cloudy <input type="radio"/> 3. Fog/Smoke <input type="radio"/> 4. Rain <input type="radio"/> 5. Snow/Blowing Snow <input type="radio"/> 6. Severe Wind <input type="radio"/> 7. Sleet/Hail <input type="radio"/> 8. Other/Unknown		Light (Mark Only One) <input type="radio"/> 1. Daylight <input type="radio"/> 2. Dawn <input type="radio"/> 3. Dusk <input type="radio"/> 4. Dark-Lighted <input type="radio"/> 5. Dark-Unlighted <input type="radio"/> 6. Other/Unknown		Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County _____ City/Twp _____		Traffic Control <input type="radio"/> 1. Signal <input type="radio"/> 2. Stop Sign <input type="radio"/> 3. Yield Sign <input type="radio"/> 4. None of These		Construction Zone (if applicable) (Mark One From Each Group) Type Lane Closed <input type="radio"/> 1. Const./Maint. <input type="radio"/> 1. Yes <input type="radio"/> 2. Utility <input type="radio"/> 2. No	
Location on Name: _____ <input type="checkbox"/> FT <input type="checkbox"/> MI <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Beginning of Ramp <input type="checkbox"/> End of Ramp		Activity <input type="radio"/> 1. On Road <input type="radio"/> 2. Off Road <input type="radio"/> 3. None		Relation to Roadway (Location of First Impact) <input type="radio"/> 1. On Road <input type="radio"/> 2. Median <input type="radio"/> 3. Shoulder <input type="radio"/> 4. Outside of Shoulder/Curb <input type="radio"/> 5. Gore <input type="radio"/> 6. Other/Unknown	
Area _____		Road Condition (Mark Only One) <input type="radio"/> 1. Dry <input type="radio"/> 2. Wet <input type="radio"/> 3. Icy <input type="radio"/> 4. Snowy <input type="radio"/> 5. Muddy <input type="radio"/> 6. Slushy <input type="radio"/> 7. Debris <input type="radio"/> 8. Other/Unknown		Total Lanes _____ Speed Limit _____	
Unit Number _____		State _____ Driver License Number _____		Date of Birth Month Day Year	
First Name _____ Middle _____ Last _____		Position _____ Restraint _____ Ambulance/Hospital _____		License Type <input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	
Street Address _____ Phone Number _____		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Ejected Trapped <input type="radio"/> Yes <input type="radio"/> No	
City _____ State _____ Zip _____		Citation Issued <input type="radio"/> 1. Hazardous <input type="radio"/> 2. Other		Airbag Deployed <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Not Equipped	
Alcohol HBD <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Breath <input type="radio"/> Field <input type="radio"/> Urine <input type="radio"/> Blood		Test Results <input type="radio"/> Refused <input type="radio"/> Not Offered	
Vehicle Registration _____ State _____ VIN _____		Vehicle Description (year, make, color) _____		Total Occup _____	
Insurance _____ Towed To/By _____		Vehicle Direction <input type="radio"/> North <input type="radio"/> East <input type="radio"/> South <input type="radio"/> 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 <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		Vehicle Use 1 2 3 4 5 6 7 8 9 10 11	
First Impact _____ Extent of Vehicle Damage _____ Driveable <input type="radio"/> Yes <input type="radio"/> No		Vehicle Defect 1 2 3 4 5 6		Private Trailer Type 1 2 3 4 5 6 7	
First Name _____ Middle _____ Last _____		Date of Birth Month Day Year		Sex <input type="radio"/> M <input type="radio"/> F	
Street Address _____ Phone Number _____		Pos. _____ Rest. _____ Ambulance/Hospital _____		Ejected Trapped <input type="radio"/> Yes <input type="radio"/> No	
City _____ State _____ Zip _____		Date of Birth Month Day Year		Sex <input type="radio"/> M <input type="radio"/> F	
First Name _____ Middle _____ Last _____		Pos. _____ Rest. _____ Ambulance/Hospital _____		Airbag Deployed <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Not Equipped	
Street Address _____ Phone Number _____		Date of Birth Month Day Year		Sex <input type="radio"/> M <input type="radio"/> F	
City _____ State _____ Zip _____		Pos. _____ Rest. _____ Ambulance/Hospital _____		Ejected Trapped <input type="radio"/> Yes <input type="radio"/> No	
Witness <input type="radio"/> Owner <input type="radio"/> Name _____ Address _____ Phone Number _____ Age _____ Pos. _____ Rest. _____		Witness <input type="radio"/> Owner <input type="radio"/> Name _____ Address _____ Phone Number _____ Age _____ Pos. _____ Rest. _____		Witness <input type="radio"/> Owner <input type="radio"/> Name _____ Address _____ Phone Number _____ Age _____ Pos. _____ Rest. _____	
Person Advised of Damaged Traffic Control Date _____ Time _____ Name _____		Damaged Property _____		Public Owner & Phone <input type="radio"/> Y <input type="radio"/> N	
Do Not Write or Mark In This Area		UD-10 Form Number _____		Form Override Number _____	

UD-10 (BACK)

Unit Number 1 2 3 4 5	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	Position	Restraint	Ambulance/Hospital					
6	Street Address			Phone Number							
7	City			State	Zip						
8	Alcohol			Test Type	Breath	Test Results	(Submit Results To FARS When Available)				
9	HBD			Field	Urine						
	Yes No			PBT	Blood	Refused	Not Offered				
	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 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		Vehicle Defect 1 2 3 4 5 6		Private Trailer Type 1 2 3 4 5 6 7	
	First Impact			Extent of Vehicle Damage		Driveable Yes No					
	0 1 2 3 4 5 6 7			0 1 2 3 4 5 6 7							
PASSENGERS	First Name			Middle	Last	Date of Birth Month Day Year			Sex M F	Ejected Yes No	
	Street Address			Phone Number		Pos. Rest. Ambulance/Hospital			Airbag Deployed 1. Yes 2. No 3. Not Equipped		
	City			State	Zip						
	First Name			Middle	Last	Date of Birth Month Day Year			Sex M F	Ejected Yes No	
	Street Address			Phone Number		Pos. Rest. Ambulance/Hospital			Airbag Deployed 1. Yes 2. No 3. Not Equipped		
	City			State	Zip						
	Name			Address		Phone Number			Age	Pos. Rest.	
	Witness Owner										
	Uninjured Passenger										
	Name			Address		Phone Number			Age	Pos. Rest.	
	Witness Owner										
	Uninjured Passenger										

Unit Reported on Front				
Action Prior	First	Second	Third	Fourth
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
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	First	Second	Third	Fourth
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
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)				

Truck/Bus Information	
Carrier Name	Unit No. 1 2 3 4 5 6 7 8 9
Address	
City	State Zip
Carrier Source Papers Log Book Vehicle Driver	GVWR Driver's CDL Type A H 28 35 B N 29 36 C P 30 T None X Medical Card Farm Y N Other
ICCMC	Vehicle Type AA BB AH BH AN BN AP BP AT BX AX CH AY CP AZ CX AL Other
USDOT	
MPSC	
Interstate Intra (MI Only)	
Type & Axles Per Unit First Second Third Fourth	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	Investigated at Scene Reported Date/Time

North

Crash Diagram and Remarks

Photos By

Investigator Name(s) & Badge # (Print Only)

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 On This Side of The Line

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

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