

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI		Department Name							
Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances <input type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County	Traffic Control		Relation to Roadway		Weather		Area		
City/Twsp	Contributing Circumstances 1st		2nd		Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Work Zone (if applicable) Type		Workers Present	Activity		Location				

LOCATION	Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
	Distance / Direction				
	Trafficway				
Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway	

UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Race	Total Occupants	Hazardous Action	
	00											
	Unit Type	Driver Information				Driver is Owner	Injury	Position		Restraint		
	Driver Condition at Time of Crash 1st					2nd		Driver Distracted By		Ejected	Trapped	Airbag Deployed
	Hospital					Ambulance						
	Alcohol Suspected	Contributing Factor	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device		
	Drug Suspected	Contributing Factor	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration	State	Vehicle Description	Year	Make	Model		Color				
	VIN	Vehicle Type		Special Vehicles		Private Trailer Type		Vehicle Defect				
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash					
	Insurance Company			Insurance Policy #			Towed By		Towed To			
	Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)		Vehicle Direction	Vehicle Use		Action Prior				
Sequence of Events		First		Second		Third		Fourth				
(● indicates MOST harmful event)												

PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint			
				Injury	Ejected	Trapped	Airbag Deployed					
Hospital				Ambulance								

TRUCK / BUS	Carrier Information				USDOT		MC	MPSC			
					Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> N <input type="radio"/> P <input type="radio"/> S <input type="radio"/> T <input type="radio"/> O <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #

OWNERS	Owner Information				Owner Information			

Damaged Property				Public	Owner & Phone			

