Co	thority: 1949 P mpliance: Req nalty: \$100 an	uired	MSP	622 9 UD-10E (Rev 11/20	20)		C	Crash ID						Page 01 of 01 File Class								
S	TAT						FIC (CRA	Sł	I RE	ΞP	POF	RT				Incider	nt #				
OF	રા					Department Na	ame										Reviev	wer				
Сг	ash Date		C	Crash Time	No. of Units	Crash Type		Special Ci O None O Fleei	rcumst ng Poli	tances O l ice O	Hit an Unkno	d Run wn	0 S 0 A	School Bus		Special C O Fatal		O Non-Traffi	c Area	O ORV	//Snowmobile	
Co	ounty			Traffic Cor	ntrol	•	Relation	to Roadway	/		We	eather			A	rea						
Cit	ty/Twsp			Contributir 1st	ig Circumstance		2nd			Light				Road Surfa	ce Con	dition		Total Lan	es Sp	beed Limit	Posted	
W	ork Zone (if ap Type	plicable)		Wor	kers Present	Activ	vity				Loca	tion										
N O	Prefix		Pri	mary Road N	ame			Road	Туре					S	uffix			Divide	d Road	lway		
ATI	Distance	/ Directi	ion				Traffic	way														
LOCATION	Prefix		Inte	ersecting Roa	d Name			Road	Туре					S	uffix			Divide	d Road	way		
	Unit Number 00	Unit Kn	iown S	State Driver L	icense Number		Date of Bir	th (Age)		License T O Oper O Chau O Mope	rator uffeur	0	ndorsen O Cycle O Farm O Recre		Sex	Race	Total	l Occupants	Hazaro	dous Action		
	Unit Type Driver Information								er is Owner Injury			Positio	'n		•	Restraint						
	Driver Conditi 1st	iver Condition at Time of Crash 2nd								acted By				Ejecte		d Trapped		Airbag Deployed				
2	Hospital									Ambular	nce											
B 	Alcohol Suspe	ected	Contribut	ting Factor		Blood O Urine	ohol Te D Pend							rlock Device								
<u>/</u> DR	Drug Suspect	ed (Contribut	ting Factor	Drug Test Type O Blood O	Urine	O Refused O Not Offered Prug Test O Pendi Sed O Not Offered				ng Test Results: C					ntion Issued D Hazardous D Other						
⊢ 	Vehicle Registration State Vehicle Year Make Description										Model						Color					
	VIN	Special V	pecial Vehicles Private Trai					Trailer T	Type Vehicle Defect													
	Automation System(s) in Vehicle Automation System Level in Vehicle Automation System Level Eng														Engage	aged at Time of Crash						
	Insurance Co	mpany			Insi	urance Policy #	ance Policy #					Towed By					Towed To					
	Location of First Impact Extent of Dama Greatest Damage					e (Power Unit and/or	ehicle Direc	Direction Vehicle Use							Actio	on Prior						
	Sequence of Events (• indicates N	//OST ha	armful ev	First				Third						Fourth								
F	Passenger Information Date of Birth (Age) Sex Race Position															Restraint						
SS							Injury	/ Ejecte	d Ti	rapped A	irbag	Deploye	d									
ы В	Hospital	Ambulance																				
PASSENGERS	Passenger Inf	of Birth (Ag	e)	Sex	Sex Race Position					Restraint												
ΡAS	Injury Ejected Trapped Airbag Deployed																					
	Hospital Ambulance																					
S	Carrier Inform	Carrier Information USDOT													MPSC							
K/B1	Driver's CDL Type Endorsements OH OP OT													DL Exempt O Farm O Other								
TRUCK/BU	GVWR/GCWR C 0 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.							ON OS OX Cargo Body Type Medical Card					O Other Hazardous Material O Placard O Cargo				ID #	Class #				
										Owner Information												
OWNERS																						
=	amaged Proper	ty						Publi	c	Owner & F	Phone	!										

	Unit Number 00	Unit Kno	own	State Driver License Number				Date of	of Birth (Age	L	O Operator O Chauffeur O Moped		E	Endorsements O Cycle O Farm O Recreation		Sex	Race	Total Oc	ccupants	Hazardous	s Action		
	Unit Type	Driver Information									Driver	r is Owr	ner Inju	ıry	Positior	1			Restraint				
		Condition at Time of Crash 1st 2nd Drive										racted By Ejected Trapped Airbag Deployed								red			
ш									Ambula														
R <	Alcohol Suspected Contributing Factor Alcohol Test Type O Breath O Blood O Urine O Refused Alcohol Test O Pendir Drug Suspected Contributing Factor Drug Test Type O Blood O Vrine O Vrine O Refused O Not Offered Drug Factor Drug Test Type O Blood O Urine O Field Drug Test F O Pendir											est Res	ults:		Interloc	k Device							
– D /												Te	est Resi	ults:		Citation O Ha O Oth	zardous						
⊢ - 7	Vehicle Registration State Vehicle Year Make Description													Model			Color						
	VIN Vehicle Type Special Vehicles											Private	Trailer T	ype		V	ehicle De	efect					
	Automation Sy	stem(s)	in Veh	icle Autor	nation Syster	n Level in Ve	ehicle							Auto	mation Sy	/stem Lev	el Engageo	l at Time o	of Crash				
	Insurance Company Insurance Policy #									Towed							ed To						
	Location of First Impact Extent of Damage (Power Unit and/or Trailers) Vehicle Direction V Greatest Damage							on Ve	ehicle U	se					Action								
Sequence of First Second Events (● indicates MOST harmful event)											Thir	rd		Fou	Fourth								
	Passenger Information Date of Birth (Age)										Sex	Race	Positio	on				Re	estraint				
RS	Injury Ejected T								Tra	pped	Airbag	Deploye	ed										
N G E	Hospital										Ambulance												
ш	Passenger Information Date of Birth (Age)										Sex	Sex Race Position							estraint				
PASS	00 ≪ Injury Ejected T									Tra	pped Airbag Deployed												
Hospital										Ambulance													
\Box	Carrier Informa	ation										USDO	Т				MC		MPSC				
: K / B										Driver's	s CDL T	уре	ОН	ements OPOI OSO)	· c	L Exempt Farm O Other	ipt						
TRUC	GVWR/GCWR GVUR/GCWR 0 10,000 lbs. or Less 0 10,001 - 26,000 lbs. 0 Greater than 26,000 lbs.								Cargo Body Type Medical Card H						Haza		card O Cargo Spill						
ERS	Owner Informa	ition										Owner Information											
OWNE																							
0 Witness Information												Witness Information											
WITNES																							
	Investigated Reported Date (Time) 1st Investigator Name (Badge) 2									2nd	Investig	gator Na	ame (Ba	adge)			Ph	otos					
Na	Narrative										Diagram												