

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: MM/DD/YYYY _____ Crash Time: HH:MM _____ 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 School Bus Local Weather: Clear Cloudy Fog/Smoke Rain Light: Daylight Dawn Dusk Road Condition: Dry Wet Icy
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: Shoulder Outside of Shoulder/Curb On Road Median Gore Other/Unknown
Construction Zone (if applicable): Const./Maint. Utility Lane Closed Activity On Road Off Road None
Prefix: _____ Road Name: _____ Divided Roadway: (N) (S) (E) (W) Road Type: _____ Suffix: _____

Distance: _____ FT _____ MI _____ North _____ South _____ East _____ West _____ Beginning of Ramp _____ End of Ramp _____
Prefix: _____ Intersecting Road: _____ Divided Roadway: (N) (S) (E) (W) Road Type: _____ Suffix: _____

Unit Number: _____ State: _____ Driver License Number: _____ Date of Birth: MM/DD/YYYY _____
Unit Type: MV B P E (train)
Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
Driver Condition: Interlock Alcohol Test Type: Field PBT Breath Blood Urine
Drugs: Test Type: Blood Urine
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 VA PU ST CY MO GC SM OR Other Truck/Bus
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: _____ Middle: _____ Last: _____ Date of Birth: MM/DD/YYYY _____ Sex: M F
Street Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
Injury: K A B C O Airbag Deployed: Yes No Not Equipped

First Name: _____ Middle: _____ Last: _____ Date of Birth: MM/DD/YYYY _____ Sex: M F
Street Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
Injury: K A B C O Airbag Deployed: Yes No Not Equipped

Owner: Uninjured Passenger Witness
Name: _____ Phone Number: _____ Age: _____ Pos: _____ Rest: _____ Address: _____
Owner: Uninjured Passenger Witness
Name: _____ Phone Number: _____ Age: _____ Pos: _____ Rest: _____ Address: _____

Person Advised of Damaged Traffic Control: Date: _____ Time: _____ Name: _____
Damaged Property: _____ Public: Y N
Owner & Phone: _____

UD-10 SERIAL NUMBER: _____ Serial Override Number: _____
Do Not Write or Mark in This Area

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

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GS03
CLASSIFICATION: B
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