

State of Michigan Traffic Crash Report

ORI MI	Department Name	Investigator(s)	Badge #	Photos <input type="radio"/> Yes <input type="radio"/> No	Reviewer				
Crash Date MM DD YYYY	Crash Time (MIL) HH MM	No. of Units	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Backing <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other <input type="radio"/> Unknown						
Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Fleeing Police <input type="radio"/> Unknown Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Corrected Copy <input type="radio"/> Replace <input type="radio"/> Delete <input type="radio"/> Non-Traffic <input type="radio"/> ORV/Snowmobile	Weather	Light	Road Surface Condition	Total Lanes				
County	City/Twp	Area	Traffic Control	Relation to Roadway	Work Zone-Type <input type="radio"/> Const. / Maint. <input type="radio"/> Utility	Work Zone-Workers Present <input type="radio"/> Yes <input type="radio"/> No	Work Zone-Activity	Work Zone-Location	Contributing Circumstances 1 st 2 nd

Location

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W
Distance <input type="radio"/> Feet <input type="radio"/> Miles	Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp	Trafficway <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Speed Limit	Posted <input type="radio"/> Yes <input type="radio"/> No
Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W

Unit / Driver

Unit Number	Driver's License State / Number	Date of Birth MM DD YYYY	Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)	Sex <input type="radio"/> M <input type="radio"/> F				
Name	<input type="radio"/> Driver is Owner	License Type <input type="radio"/> O <input type="radio"/> C <input type="radio"/> M	Endorsements <input type="radio"/> CY <input type="radio"/> F <input type="radio"/> R					
Street Address	City	State	ZIP	Phone	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O			
Position	Restraint	Airbag	Ejected <input type="radio"/> Trapped <input type="radio"/>	Condition at Time of Crash 1 st 2 nd	Driver Distracted By	Total Occupants	Hospital Code	Ambulance Code
Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	Hazardous Action	Action Prior	Sequence of Events (M = Most Harmful Event) 1 st 2 nd 3 rd 4 th					
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No	Contributing Factor <input type="radio"/> Yes <input type="radio"/> No	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	Test Results	Interlock Device <input type="radio"/> Yes <input type="radio"/> No				
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No	Contributing Factor <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered	Test Results	Results Pending				

Vehicle

Vehicle Registration	State	Insurance Company	Policy Number			
VIN	Year	Make	Model	Color	Special Vehicles	Vehicle Use
Vehicle Type	Location of Greatest Damage	1 st Impact	Extent of Damage	Vehicle Direction	Private Trailer Type	Vehicle Defect

Passengers

Name	Ejected <input type="radio"/>				
Street Address	Sex <input type="radio"/> M <input type="radio"/> F	Trapped <input type="radio"/>			
City	State	ZIP	Phone	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	
Date of Birth MM DD YYYY	Position	Restraint	Airbag	Hospital Code	Ambulance Code
Name	Ejected <input type="radio"/>				
Street Address	Sex <input type="radio"/> M <input type="radio"/> F	Trapped <input type="radio"/>			
City	State	ZIP	Phone	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	
Date of Birth MM DD YYYY	Position	Restraint	Airbag	Hospital Code	Ambulance Code
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name	Address			
	Phone	Age	Pos.	Rest.	
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name	Address			
	Phone	Age	Pos.	Rest.	
Reported Date	Reported Time	Damaged Property _____			
UD-10 SERIAL NUMBER	Serial Override Number	Owner & Phone _____ / _____ Public <input type="radio"/> Yes <input type="radio"/> No			

Unit / Driver

Unit Number	Driver's License State / Number	Date of Birth	Unit Type	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)	<input type="radio"/> M <input type="radio"/> F
Name			<input type="radio"/> Driver is Owner	License Type <input type="radio"/> O <input type="radio"/> C <input type="radio"/> M
Street Address			Endorsements <input type="radio"/> CY <input type="radio"/> F <input type="radio"/> R	
City	State	Zip	Phone Number	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O
Position	Restraint	Airbag	Ejected <input type="radio"/>	Condition at Time of Crash
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 st <input type="text"/> 2 nd <input type="text"/>
Citation Issued		Hazardous Action	Action Prior	Sequence of Events (M = Most Harmful Event)
<input type="radio"/> Hazardous <input type="radio"/> Other		<input type="text"/>	<input type="text"/>	1 st <input type="text"/> 2 nd <input type="text"/> 3 rd <input type="text"/> 4 th <input type="text"/>
Alcohol Suspected	Contributing Factor	Test Type	Test Results	Interlock Device
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered	<input type="radio"/> Results Pending	
Drug Suspected	Contributing Factor	Test Type	Test Results	Interlock Device
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Blood <input type="radio"/> Urine	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered	<input type="radio"/> Results Pending	

Vehicle

Vehicle Registration	State	Insurance Company	Policy Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIN		Towed By	Towed To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	Make	Model	Color
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Type	Location of Greatest Damage	1 st Impact	Extent of Damage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Direction	Private Trailer Type	Vehicle Defect	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Passengers

Name	Ejected <input type="radio"/>
Street Address	
Sex <input type="radio"/> M <input type="radio"/> F	Trapped <input type="radio"/>
City	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O
Date of Birth	Position
<input type="text"/>	<input type="text"/>
Restraint	Airbag
<input type="text"/>	<input type="text"/>
Hospital Code	Ambulance Code
<input type="text"/>	<input type="text"/>
Name	Ejected <input type="radio"/>
Street Address	
Sex <input type="radio"/> M <input type="radio"/> F	Trapped <input type="radio"/>
City	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O
Date of Birth	Position
<input type="text"/>	<input type="text"/>
Restraint	Airbag
<input type="text"/>	<input type="text"/>
Hospital Code	Ambulance Code
<input type="text"/>	<input type="text"/>
<input type="radio"/> Owner	Name
<input type="radio"/> Uninjured Passenger	Phone
<input type="radio"/> Witness	Age
	Pos.
	Rest.
<input type="radio"/> Owner	Name
<input type="radio"/> Uninjured Passenger	Phone
<input type="radio"/> Witness	Age
	Pos.
	Rest.

Truck / Bus

Unit #	Carrier Name
<input type="text"/>	<input type="text"/>
Address	
City	State
<input type="text"/>	<input type="text"/>
GVWR / GCWR	<input type="radio"/> 10,000 LBS or Less <input type="radio"/> 10,001 - 26,000 LBS <input type="radio"/> 26,001 LBS or More
Vehicle Configuration	Cargo Body Type
<input type="text"/>	<input type="text"/>
HAZMAT	HAZMAT ID
<input type="radio"/> Placard <input type="radio"/> Cargo Spill	<input type="text"/>
HAZMAT Class	
<input type="text"/>	
USDOT	MC
<input type="text"/>	<input type="text"/>
MPSC	
<input type="text"/>	
CDL Type	Endorsements
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> None	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X
Medical Card	Exempt
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Farm <input type="radio"/> Other
Remarks / Narrative	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
UD -10 Serial Number	
<input type="text"/>	

