

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI- \_\_\_\_\_ Department Name \_\_\_\_\_

Crash Date Month Day Year MM DD YYYY	Crash Time Military 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"/> 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/Unknown	Special Circumstances <input type="radio"/> School Bus <input type="radio"/> Local <input type="radio"/> State <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> 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	Traffic Control <input type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown	Light (Mark Only One) <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Area Total Lanes Speed Limit Posted <input type="radio"/> Yes <input type="radio"/> No
Construction Zone (if applicable) (Mark One From Each Group) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility	Lane Closed <input type="radio"/> Yes <input type="radio"/> No	Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None	Road Condition (Mark Only One) <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		

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  
Trafway (1 2 3 4) Access Control (1 2 3)

Prefix Intersecting Road Divided Roadway (N S E W) Road Type Suffix

Unit Number	State	Driver License Number	Date of Birth MM DD YYYY	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	Sex <input type="radio"/> M <input type="radio"/> F	Total Occup	Hazard Action
Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	Name	Street Address	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
Driver Condition (1 2 3 4 5 6 7 8 9 99)	Interlock <input type="radio"/> Yes <input type="radio"/> No	Refused <input type="radio"/> Not offered	Alcohol <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>
Drugs <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	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)	Extent of Damage	Driveable <input type="radio"/> Yes <input type="radio"/> No	Vehicle Type <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM <input type="radio"/> OR <input type="radio"/> Other <input type="radio"/> Truck/Bus	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> 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	Date of Birth MM DD YYYY	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital
Middle	Street Address	City			Ambulance
Last	State	Zip	Phone Number	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/>			

First Name	Date of Birth MM DD YYYY	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital
Middle	Street Address	City			Ambulance
Last	State	Zip	Phone Number	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/>			

<input type="radio"/> Owner	Name	Address
<input type="radio"/> Uninjured Passenger	Phone Number	Age
<input type="radio"/> Witness	Pos.	Rest.
<input type="radio"/> Owner	Name	Address
<input type="radio"/> Uninjured Passenger	Phone Number	Age
<input type="radio"/> Witness	Pos.	Rest.

Person Advised of Damaged Traffic Control	Date	Time	Name	Damaged Property	Public <input type="radio"/> Y <input type="radio"/> N
				Owner & Phone	

UD-10 SERIAL NUMBER 7707550  
Serial Override Number \_\_\_\_\_  
Do Not Write or Mark In This Area

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Unit Number	State	Driver License Number

Date of Birth MMDDYYYY	License Type O O CY C O F M O R	Sex M F	Total Occup Hospital Ambulance	Hazard Action
Injury K A B C O	Position Ejected Trapped	Restraint Yes No	Airbag Deployed Yes No Not Equipped	
Citation Issued Hazardous Other				

NCS

Unit Type MV B P E (train)	Name	Street Address	City	State	Zip	Phone Number
Driver Condition 1 2 3 4 5 6 7 8 9 99	Interlock Yes No Refused Not offered	Alcohol Yes No	Test Type Field PBT	Breath Blood Urine	Test Results	
Drugs Yes No	Test Type Blood Urine	Test Results				
Vehicle Registration	State	Insurance	Towed To/By			

VIN	Vehicle Description	Make	Model	Color	Year
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 Direction North South East West	Special Vehicles 1 2 3 4 5 6	Private Trailer Type 1 2 3 4 5 6 7
First Impact	Extent of Damage	Driveable Yes No	Vehicle Defect 1 2 3 4 5 6		

First Name	Date of Birth MMDDYYYY	Sex M F	Position	Restraint	Hospital Ambulance
Middle	Street Address				
Last	City				
Injury K A B C O	Airbag Deployed Yes No	Not Equipped			

First Name	Date of Birth MMDDYYYY	Sex M F	Position	Restraint	Hospital Ambulance
Middle	Street Address				
Last	City				
Injury K A B C O	Airbag Deployed Yes No	Not Equipped			

Owner Witness Name Address Phone Number Age Pos. Rest.	Uninjured Passenger
Owner Witness Name Address Phone Number Age Pos. Rest.	Uninjured Passenger

<b>Unit Reported on Front</b>	<b>Unit Reported Above</b>
Action Prior	Action Prior
Sequence of Events First Second Third Fourth	Sequence of Events First Second Third Fourth
Most Harmful (M)	Most Harmful (M)

Unit Number	Carrier Name
Address	
City	State
Zip	GVWR
ICCMC	Carrier Source Papers Vehicle Log Book Driver
USDOT	Driver's CDL Type A C H P T B None N S X Interstate Intra (MI Only) CDL Restrictions 28 29 30
MPSC	CDL Exempt Farm Other
Type & Axles Per Unit	Vehicle Type AS AL BS CX AA AT BB BX Other AH AX BH CH AN AY BN CP AP AZ BP CS
Cargo Body Type 1 2 3 4 5 6 7 8	Medical Card Y N
ID #	Hazardous Material Placard Cargo Spill Class #

Crash Diagram and Remarks
North ↑

UD-10 SERIAL NUMBER 7707550	Investigated at Scene Y N	Reported Date/Time	Photos By
Investigator Name(s) & Badge # (Print Only)			

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

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# STATE OF MICHIGAN TRAFFIC CRASH REPORT

Revised 09/2010

### Crash Type (First Impact)

Single Motor Vehicle  
*Includes Car/Pedestrian, Car/Bicyclist, Car/Animal, Car/Train, Car/Fixed Object*

Head On		Head On-Left Turn		Angle		Rear End	
1. Single Motor Vehicle	2.	3.	4.	5.	6.	7.	8.
Rear End-Left Turn		Rear End-Right Turn		Sideswipe- Opposite Direction		Sideswipe- Same Direction	
9.	10.						

### Special Vehicles

1 Police	4 Ambulance
2 Fire	5 Farm equipment
3 Bus	6 Construction/ maintenance equip.

### Vehicle Use

1 Private
2 Commercial
3 In pursuit/on emergency
4 Farm
5 School/education
6 Club/church (all Y-plates)
7 Military
8 Other government
9 Utility (gas, cable, etc.)
10 Road construction/ road maintenance
11 Other

### Vehicle Defects

1 Brakes	4 Tires/wheels
2 Lights/ reflectors	5 Windows
3 Steering	6 Other

### Area

**Freeway**

- 01 Entrance/exit ramp related
- 02 Median crossing related
- 03 Transition area\*
- 04 Rest area related
- 05 Scale/weigh station related
- 06 All other freeway areas

**Intersection**

- 07 Within intersection
- 08 Intersection driveway related (within 150 feet of intersection)
- 09 Intersection related-other

**Other Non-Freeway Areas**

- 10 Straight roadway Not related to other selections
- 11 Curved roadway Not related to other selections
- 12 Driveway related
- 13 Parking related (legal roadside)
- 14 Transition area\*
- 15 Median crossing related
- 16 Rail crossing related
- 17 Rest area related
- 18 Scale/weigh station related
- 19 Non-traffic area
- 20 Other
- 21 Unknown

\*Increase/decrease in the number of travel

### Position

B Bicycle  
P Pedestrian  
E Engineer (railroad/train)

1-9 Vehicle Interior  
See Representation Below

10 Sleeper section  
11 Other enclosed passenger area/cargo area  
12 Other unenclosed passenger area/cargo area  
13 Riding in/on trailing unit  
14 Riding on vehicle exterior  
15 Unknown

**Motorcycles, snowmobiles, etc. (In-line seating)**

- 1 Driver
- 4 Passenger one
- 7 Passenger two
- 12 Other/unenclosed passenger area/cargo area

### Private Trailer Type

1 Utility
2 Travel trailer
3 Boat trailer
4 Farm equipment
5 Towed auto
6 Recreation double
7 Other

### Trafficway

- 01 Not physically divided (2-way trafficway)
- 02 Divided highway, median strip, without traffic barrier
- 03 Divided highway, median strip, with traffic barrier
- 04 One-way trafficway

### Unit Type

MV Motor Vehicle  
B Bicyclist (all pedalcyclists)  
P Pedestrian  
E Engineer (railroad/train)

### Restraint Use

- 01 No belts available
- 02 Shoulder belt used only
- 03 Lap belt only used
- 04 Shoulder & lap belt used
- 05 No belt used
- 06 Child restraint used
- 07 Child restraint not used, not available or improper
- 08 Restraint failure
- 09 Restraint use unknown
- 10 Helmet worn
- 11 Helmet not worn
- 12 Helmet use unknown

### Action Prior To Crash

**Driver Action**

- 01 Going straight ahead
- 02 Turning left
- 03 Turning right
- 04 Stopped on roadway
- 05 Involved in prior crash at same location
- 06 Changing lanes
- 07 Backing
- 08 Slowing/stopping on roadway
- 09 Slowing/stopping other area
- 10 Starting up on roadway
- 11 Starting up other area
- 12 Entering parking
- 13 Leaving parking
- 14 Entering roadway
- 15 Leaving roadway
- 16 Making U-turn
- 17 Overtaking or passing
- 18 Avoiding object
- 19 Avoiding pedestrian
- 20 Avoiding vehicle (front/back)
- 21 Avoiding vehicle (angle)
- 22 Driverless moving
- 23 Parked
- 35 Other
- 36 Unknown
- 37 Avoiding animal

### Sequence of Events/ Most Harmful Events

**Non-Collision**

- 01 Loss of control
- 02 Cross centerline/median
- 03 Ran off roadway-left
- 04 Ran off roadway-right
- 05 Re-enter roadway
- 06 Overturn
- 07 Separation of units
- 08 Fire/explosion
- 09 Immersion
- 10 Jackknife
- 11 Downhill runaway
- 12 Cargo loss/shift
- 13 Individual fell from vehicle
- 14 Other noncollision

### Access Control

- 01 No access control (unlimited access)
- 02 Full access control (ramp entry & exit only)
- 03 Other (partial access control)

### Code of Injury

**K - Fatal Injury** Any injury which results in death.  
**A - Incapacitating Injury** Any injury other than fatal which prevents normal activities and generally requires hospitalization.  
**B - Non-incapacity Injury** Any injury not incapacitating but evident to others at the scene.  
**C - Possible Injury** No visible injury but complaint of pain or momentary unconsciousness.  
**O - No Injury** No indication of injury.

**Had a Collision With**

**Non-Fixed Object**

- 15 Pedestrian
- 16 Bicyclist
- 17 Motor vehicle in transport\*
- 18 Parked motor vehicle
- 19 Engineer (railroad/train)
- 20 Animal
- 21 Other non-fixed object

**Fixed Object**

- 22 Bridge/pier/abutment
- 23 Bridge parapet end
- 24 Bridge rail
- 25 Guardrail face
- 26 Guardrail end
- 27 Median barrier
- 28 Highway traffic sign post
- 29 Highway signal post
- 30 Luminaire/light support
- 31 Utility pole
- 32 Other pole
- 33 Culvert
- 34 Curb
- 35 Ditch
- 36 Embankment
- 37 Fence
- 38 Mailbox
- 39 Tree
- 40 Railroad crossing signal
- 41 Building
- 42 Traffic island
- 43 Fire hydrant
- 44 Impact attenuator
- 45 Other fixed object

### Hazardous Action

- 00 None
- 01 Speed too fast
- 02 Speed too slow
- 03 Failed to yield
- 04 Disregard traffic control
- 05 Drove wrong way
- 06 Drove left of center
- 07 Improper passing
- 08 Improper lane use
- 09 Improper turn
- 10 Improper/no signal
- 11 Improper backing
- 12 Unable to stop in assured clear distance
- 13 Other
- 14 Unknown
- 15 Reckless driving
- 16 Careless/negligent driving

### Driver Condition

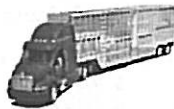
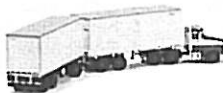
- 01 Appeared normal
- 02 Had been drinking
- 03 Illegal drug use
- 04 Sick
- 05 Fatigue
- 06 Asleep
- 07 Medication
- 08 Driver Distracted
- 09 Driver Using Cellular Phone
- 99 Unknown

\*In transport means a motor vehicle in motion or on a roadway.

## Commercial Motor Vehicle Categories

The vehicle type will be in Group "A,"  
Group "B," Group "C" or Other.

**GROUP "A"** is any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more, provided the gross vehicle weight rating (GVWR) of the vehicle(s) being towed is in excess of 10,000 pounds GVWR.



### Vehicle Type

Code Definition

- AA = Group A vehicle
- AH = Group A vehicle, Hazardous
- AN = Group A vehicle, Tanks
- AP = Group A vehicle, Passenger
- AT = Group A vehicle, Double/Triple
- AX = Group A vehicle, Tank & Hazardous
- AY = Group A vehicle, Tank & Double/Triple
- AZ = Group A vehicle, Hazardous, Double/Triple
- AL = Group A vehicle, Hazardous, Tank, Double/Triple
- AS = Group A vehicle, School Bus

**GROUP "B"** is any single vehicle with a GVWR of 26,001 pounds or more or any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more, provided the gross vehicle weight rating (GVWR) of the vehicle(s) being towed is not in excess of 10,000 pounds GVWR.



### Vehicle Type

- BB = Group B vehicle
- BH = Group B vehicle, Hazardous
- BN = Group B vehicle, Tank
- BP = Group B vehicle, Passenger
- BX = Group B vehicle, Tank & Hazardous
- BS = Group B vehicle, School Bus

**GROUP "C"** is any single vehicle with a GVWR of less than 26,001 pounds or a combination of vehicles having a combined GCWR under 26,001 pounds when the vehicle is required to display placards for hazardous material. Group "C" can also include any vehicle used to transport passengers with a seating capacity of 9 or more including the driver.



### Vehicle Type

- CH = Group C vehicle, Hazardous
- CP = Group C vehicle, Passenger
- CX = Group C vehicle, Tank & Hazardous
- CS = Group C vehicle, School Bus

**"OTHER"** is any vehicle being used for commercial purposes and does not fall into the categories of Group A, B or C but is over 10,001 pounds and less than 26,001 pounds. Vehicle type must be marked as Truck/Bus, and the Truck/Bus section must be completed. **Within the Truck/Bus section, vehicle type should be marked "Other."**



## Truck/Bus

### Truck or Bus Definition

The Truck/Bus information box located on the back of the form must be completed for each of these vehicles regardless of whether a CDL is issued. Do not report motor homes or implements of husbandry.

1. A truck or truck/trailer having a Gross Vehicle Weight Rating (GVWR) of more than 10,000 pounds.
2. Any vehicle that displays a hazardous materials placard including automobiles and vans.
3. Any bus or school bus designed or used to transport 9 or more passengers including the driver (this includes courtesy vans and limousines).

### Cargo Body Type

- |                       |                   |
|-----------------------|-------------------|
| 1. Van (enclosed box) | 5. Concrete mixer |
| 2. Cargo tank         | 6. Auto transport |
| 3. Flatbed/platform   | 7. Garbage/refuse |
| 4. Dump               | 8. Other/unknown  |

### Type and Axles Per Unit

Enter the total number of axles for the truck or bus in the first box. Include the steering axle. There will always be at least two axles. Include axles whether they are on the ground or raised. Place the letter "T" before the number of axles if the truck is a truck tractor (equipped with a fifth wheel for towing, semi-trailer and there is no cargo body mounted on the truck).

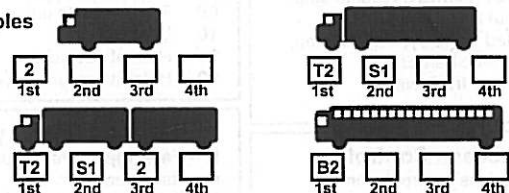
Next, enter the total number of axles for each trailer by entering one trailer per box. Place an "S" before the number of axles if the trailer is a semi-trailer which is designated when a portion of the load is supported by the towing unit.

**NOTE:** A bus (commercial or school) is designated by the number of seats in the vehicle (including the driver's) and will not list the number of axles.

Use the following rules:

1. Mark Truck/Bus in Vehicle Type in the Unit section and mark appropriate vehicle type in the Truck/Bus section.
2. For Type and Axles:
  - a. Enter B1 in the first box if a bus has seating of 9 to 15 including driver
  - b. Enter B2 in the first box if a bus has seating 16+

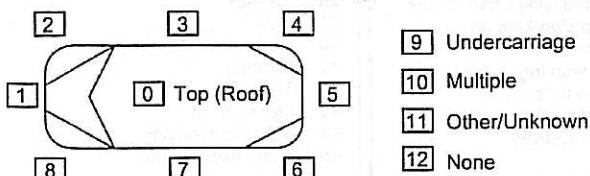
### Examples



### Vehicle Type

- |                                      |                                                                                                           |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PA = Passenger car & station wagon   | OR = Off road vehicle (ATV type)                                                                          |
| VA = Van, motor home                 | Other = Non-registered vehicles (e.g., farm equip., trains, front-end loader)                             |
| PU = Pickup truck                    | <b>Truck/Bus = Complete the Truck/Bus Section (includes medium trucks, limousines, and courtesy vans)</b> |
| ST = Small truck (under 10,000 lbs.) |                                                                                                           |
| CY = Cycle                           |                                                                                                           |
| MO = Moped                           |                                                                                                           |
| GC = Go-cart                         |                                                                                                           |
| SM = Snowmobile                      |                                                                                                           |

### Location of Greatest Damage/First Impact



For each vehicle, select the degree of severity. "1" being least severe and "7" most severe, with "0" representing no damage. When a vehicle has multiple areas of damage, all damage should be considered.

### Extent of Vehicle Damage

