

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 _____

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI- _____

Department Name _____

Incident # _____

File Class _____

Incident Disposition
 Open Closed

Reviewer _____

Crash Date Month Day Year MM DD YYYY		Crash Time Military HH MM		No. of Units	Crash Type <input type="checkbox"/> Single Motor Vehicle <input type="checkbox"/> Head On <input type="checkbox"/> Head On-Left Turn <input type="checkbox"/> Angle <input type="checkbox"/> Rear End <input type="checkbox"/> Rear End-Left Turn <input type="checkbox"/> Rear End-Right Turn <input type="checkbox"/> Sideswipe-Same <input type="checkbox"/> Sideswipe-Opposite <input type="checkbox"/> Other/Unknown	Special Circumstances <input type="checkbox"/> None <input type="checkbox"/> Deer <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run <input type="checkbox"/> Fleeting Police <input type="checkbox"/> Local <input type="checkbox"/> State		Special Checks <input type="checkbox"/> Fatal (Report All) <input type="checkbox"/> Corrected Copy <input type="checkbox"/> Replace (Entire Report) <input type="checkbox"/> Delete (Entire Report) <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile			
County	Traffic Control <input type="checkbox"/> None of These <input type="checkbox"/> Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign		Relation to Roadway (Location of First Impact) <input type="checkbox"/> Shoulder <input type="checkbox"/> Outside of Shoulder/Curb <input type="checkbox"/> On Road <input type="checkbox"/> Median <input type="checkbox"/> Gore <input type="checkbox"/> Other/Unknown			Weather (Mark Only One) <input type="checkbox"/> Clear <input type="checkbox"/> Severe Wind <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow/Blowing Snow <input type="checkbox"/> Fog/Smoke <input type="checkbox"/> Sleet/Hail <input type="checkbox"/> Rain <input type="checkbox"/> Other/Unknown		Light (Mark Only One) <input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dawn <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dusk <input type="checkbox"/> Other/Unknown		Area	Total Lanes
Construction Zone (if applicable) (Mark One From Each Group) Type: <input type="checkbox"/> Const./Maint. <input type="checkbox"/> Utility Lane Closed: <input type="checkbox"/> Yes <input type="checkbox"/> No Activity: <input type="checkbox"/> On Road <input type="checkbox"/> Off Road <input type="checkbox"/> None		Road Condition (Mark Only One) <input type="checkbox"/> Dry <input type="checkbox"/> Snowy <input type="checkbox"/> Debris <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Icy <input type="checkbox"/> Slushy		Speed Limit		Posted <input type="checkbox"/> Yes <input type="checkbox"/> No					

Prefix	Road Name	Divided Roadway (N) (S) (E) (W)				Road Type	Suffix
Distance	<input type="checkbox"/> FT <input type="checkbox"/> MI	<input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West	<input type="checkbox"/> Beginning of Ramp <input type="checkbox"/> End of Ramp	Trafficway (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="checkbox"/> O <input type="checkbox"/> CY <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> R	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Total Occup _____	Hazard Action _____
Unit Type <input type="checkbox"/> MV <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> E (train)	Name		Street Address		Injury <input type="checkbox"/> K <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> O	Position _____	Restraint _____	Hospital _____
Driver Condition (1) (2) (3) (4) (5) (6) (7) (8) (9) (99)		Interlock <input type="checkbox"/> Yes <input type="checkbox"/> No		Refused <input type="checkbox"/> Not offered	Airbag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results				
Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Type <input type="checkbox"/> Blood <input type="checkbox"/> 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)												Vehicle Type <input type="checkbox"/> PA <input type="checkbox"/> VA <input type="checkbox"/> PU <input type="checkbox"/> ST <input type="checkbox"/> CY <input type="checkbox"/> MO <input type="checkbox"/> GC <input type="checkbox"/> SM <input type="checkbox"/> OR <input type="checkbox"/> Other <input type="checkbox"/> Truck/Bus <small>(Complete Truck/Bus Section)</small>		Vehicle Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Use (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)		Vehicle Defect (1) (2) (3) (4) (5) (6)															

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

<input type="checkbox"/> Owner	Name			Address		
<input type="checkbox"/> Uninjured Passenger	Phone Number	Age	Pos.	Rest.		
<input type="checkbox"/> Witness						
<input type="checkbox"/> Owner	Name			Address		
<input type="checkbox"/> Uninjured Passenger	Phone Number	Age	Pos.	Rest.		
<input type="checkbox"/> Witness						
Person Advised of Damaged Traffic Control		Date	Time			
Name		Address				
Damaged Property		Owner & Phone				
		Public <input type="checkbox"/> Y <input type="checkbox"/> N				

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

Unit Number	State	Driver License Number

Date of Birth

MM	DD	YYYY
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License Type	Sex	Total Occup	Hazard Action
<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	<input type="radio"/> M <input type="radio"/> F		
Injury	Position	Restraint	Hospital
<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Airbag Deployed	Citation Issued		
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Hazardous <input type="radio"/> Other		

NCS

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

VIN	Vehicle Description	Make	Model	Color	Year
Location of Greatest Damage	Vehicle Type	Vehicle Direction	Special Vehicles	Private Trailer Type	
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<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 (Complete Truck/Bus Section)	<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	
First Impact	Extent of Damage	Driveable	Vehicle Defect		
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		

First Name	Date of Birth	Sex	Position	Restraint	Hospital
	MM DD YYYY	<input type="radio"/> M <input type="radio"/> F			
Middle	Street Address				
Last	City				
Injury	State	Zip	Phone Number	Ejected	Trapped
<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

First Name	Date of Birth	Sex	Position	Restraint	Hospital
	MM DD YYYY	<input type="radio"/> M <input type="radio"/> F			
Middle	Street Address				
Last	City				
Injury	State	Zip	Phone Number	Ejected	Trapped
<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O				<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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

Unit Reported on Front

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
Most Harmful	(M)	(M)	(M)	(M)

Unit Reported Above

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
Most Harmful	(M)	(M)	(M)	(M)

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

Crash Diagram and Remarks

UD-10 SERIAL NUMBER	Investigated at Scene	Reported Date/Time	Photos By
7707550	<input type="radio"/> Y <input type="radio"/> N		
	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.		
6.	7.	8.	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

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

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

Fixed Object

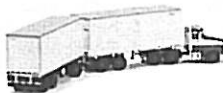
- 22 Bridge/pier/abutment
- 23 Bridge parapet end
- 24 Bridge rail
- 25 Guardrail face
- 26 Guardrail end
- 27 Median barrier
- 28 Highway traffic sign post
- 29 Highway signal post
- 30 Luminaire/light support
- 31 Utility pole
- 32 Other pole
- 33 Culvert
- 34 Curb
- 35 Ditch
- 36 Embankment
- 37 Fence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

**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).

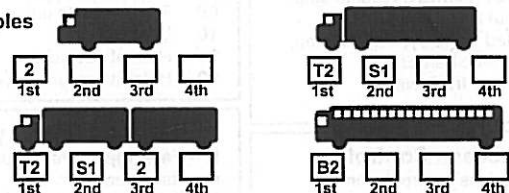
Next, enter the total number of axles for each trailer by entering one trailer per box. Place an "S" before the number of axles if the trailer is a semi-trailer which is designated when a portion of the load is supported by the towing unit.

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+

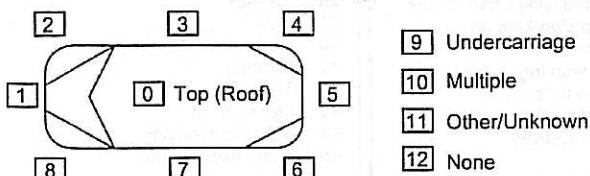
Examples



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 | Truck/Bus = Complete the Truck/Bus Section (includes medium trucks, limousines, and courtesy vans) |
| 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

