Compliance:	49 PA 300, Sec. 257. Required MSF) and/or 90 days (R	P UD-10	Do Not Use			Page	Of
STATE	E OF M	MICHIGAN	TRAFFIC	CRASH	REPORT	File Class	
ORI:		Department Name				Incident Disposition Open Clo	Reviewer
Crash Date Month Day	Year Y Y Y	Crash Time No.	of Units Crash Type Single Motor Head On	Special Circumstan School Special Stu	Bus Hit and Run (Deer Fleeing Police State	Special Checks Fatal (Report All) Corrected Copy
	fic Control (Lo	lation to Roadway cation of Should st Impact) Outside On Road Should	Head On-L	.eft Turn Weather (Mark Only C	Clear (Cloudy (Fog/Smoke (Severe Wind Snow/Blowing Snow	Peplace (Entire Report) Delete (Entire Report) Non-Traffic Area ORV/Snowmobile
	Yield Sign	Mark One From Each Group) sed Activity	Rear End- Sideswipe Sideswipe Other/Unk	-Same (Mark Only C	One) Dawn (Dusk (Dark-Lighted Dark-Unlighted Other/Unknown Snowy Debris	Area Total Lane Speed Limit Posted
Const./Ma	I No		None	(Mark Only C		Muddy Other/ Slushy Unknown	Yes No
Prefix F	Road Name				Divided Roadway (N S E W Roa	d Type Suffix
Distance		FT North	○ East ○ Begin	ning of Ramp Tr	rafficway 1 2 3 (4 Access Cor	trol 1 2 3
Prefix I	Intersecting Road	MI South	West End o	of Ramp	Divided Roadway (N S E W Roa	d Type Suffix
Unit Number	State Driv	ver License Number		Date of Birth		License Type Sex	Total Occup Hazard
Unit Type				M M D D	YYYY	O O CY O M O C O F O F	Action
O MV	Name Street Address					jury Position Restraint	Hospital
P E (train) (City	State)	Zip (7) (() Phone Number 8) (9) (99)		K Ejected Yes	Ambulance
Interlock (Yes No	Refused	Not offered (Submit R	esults To FARS When Available)		A Trapped Yes	Not Favinged
2			T Breath Blood Urine Test Results	Urine Test Resu		Airbag Yes Deployed No Citation Issued	Not Equipped
Vehicle Regis		State			(C Hazardous Other O	
VIN			Vehicle Descrip	Make	Model	Color	Year
0120	Location of Greates (3) (4) (5) (6) (7)	t Damage (8) (9) (10) (11) (12)	Vehicl	e Type	1	ecial Vehicles Private Traile 1 2 3 1 2	r Type (3) (4) (5) (6) (7)
First Impact Ext		able) Yes No	O VA O M	C Truck/Bus	South (Vehicle Defection	3456
First Name			ST OS	M (Complete Truck/Bus Section Date of Birth		Sex Position Restraint	6 7 8 9 10 1 Hospital
✓ Middle				Street Addres		YOM	- Ambulance
Last				City			Ejected Trapped
ت ع		C O Airbag Deploye	ed Yes No No	State State	Zip Phone	e Number	Yes Yes
First Name				Date of Birth		Sex Position Restraint	
Middle				Street Addres	SS Y	▼ ○ F	- Ambulance
Last				City	7in Dhan	a Niversia au	Ejected Trapped
Injury K (A B Name	C O Airbag Deploye	ed Yes No No	ot Equipped State	Zip Phone	e Number	Yes Yes
Uninjured Passenger Witness	Phone Number		Age	Pos. Rest.			
Owner	Name				Address		
Uninjured Passanger	Phone Number		Age	Pos. Rest.			
Uninjured Passenger Witness Person Advised	Date		Ir	amaged Property			Public
Witness Person Advised of Damaged —	Date Time			lamaged Property			Public

	lumber	State	e D	river Lice	nse num	inei		T T						BAC	N		
										Date of Birth		License Type		Total Occu	Hazard		_
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