

UD-10E (Front)

Authority: 1949 PA 300, Sec. 257.622
 Compliance: Required MSP UD-10E
 Penalty: \$100 and/or 90 days (Rev 11/2006)

External # A000000 Crash ID 1

Page 01 of 01
 Incident # File Class

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI:		Department Name					Reviewer	
Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances <input type="checkbox"/> School Bus <input type="checkbox"/> None <input type="checkbox"/> Deer <input type="checkbox"/> Hit and Run <input type="checkbox"/> Fleeting Police			Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> CRV/Snowmobile	
County	Traffic Control	Relation to Roadway		Special Study	Weather	Area		
City/Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light	Road Condition	Total Lanes Speed Limit Posted	

LOCATION	Prefix	Road Name	Road Type	Suffix	Divided Roadway
	Distance		Traffic Way	Access Control	
	Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 00	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital		
	Driver Condition <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99					Interlock	Ejected	Trapped	Airbag Deployed	Ambulance	
	Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test Type <input type="checkbox"/> Field		<input type="checkbox"/> Refused <input type="checkbox"/> Not offered <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 <input type="checkbox"/> Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect
	VIN		Vehicle Description		Make	Model	Color	Year	Vehicle Type		
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use		Action Prior		
	Sequence of Events ● indicates MOST harmful event		First		Second		Third		Fourth		

PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital	
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital	
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
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	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital	
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance	

Carrier Information			Carrier Source	GVWR	ICCMC	USDOT	MPSC
Interstate/Intrastate		Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	
		Drivers CDL Type		Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
						ID #	Class #

OWNERS	Owner Information		Owner Information	
	Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:		Damaged Property Owner & Phone	
			Public	











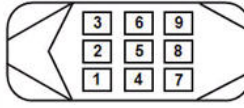
UD-10E (Back)

UNIT / DRIVER	Unit Number 00	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex	Total Occupants	Hazardous Action		
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	Sequence of Events (● indicates MOST harmful event)				First	Second	Third	Fourth				
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TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC			
					Drivers CDL Type	Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		ID #	Class #		
OWNERS	Owner Information				Owner Information							
WITNESS	Witness Information				Witness Information							
Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)			2nd Investigator Name (Badge)			Photos By				
Narrative					Diagram							

UD-10 Help Sheet (Front)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Revised 06/2010

<p>Crash Type (First Impact)</p> <p>Single Motor Vehicle <i>Includes Car/Pedestrian, Car/Bicyclist, Car/Animal, Car/Train, Car/Fixed Object</i></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>1. Single Motor Vehicle</p>  </div> <div style="text-align: center;"> <p>2. Head On</p>  </div> <div style="text-align: center;"> <p>3. Head On-Left Turn</p>  </div> <div style="text-align: center;"> <p>4. Angle</p>  </div> <div style="text-align: center;"> <p>5. Rear End</p>  </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>6. Rear End-Left Turn</p>  </div> <div style="text-align: center;"> <p>7. Rear End-Right Turn</p>  </div> <div style="text-align: center;"> <p>8. Sideswipe-Same Direction</p>  </div> <div style="text-align: center;"> <p>9. Sideswipe-Opposite Direction</p>  </div> <div style="text-align: center;"> <p>10. Other/Unknown</p>  </div> </div>		<p>Special Vehicles</p> <table style="width:100%;"> <tr> <td>1 Police</td> <td>4 Ambulance</td> </tr> <tr> <td>2 Fire</td> <td>5 Farm equipment</td> </tr> <tr> <td>3 Bus</td> <td>6 Construction/ maintenance equip.</td> </tr> </table>	1 Police	4 Ambulance	2 Fire	5 Farm equipment	3 Bus	6 Construction/ maintenance equip.	<p>Vehicle Use</p> <ol style="list-style-type: none"> 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
1 Police	4 Ambulance								
2 Fire	5 Farm equipment								
3 Bus	6 Construction/ maintenance equip.								
<p>Area</p> <p>Freeway</p> <ol style="list-style-type: none"> 01 Entrance/exit ramp related 02 Median crossing related 03 Transition area* 04 Rest area related 05 Scale/weight station related 06 All other freeway areas <p>Intersection</p> <ol style="list-style-type: none"> 07 Within intersection 08 Intersection driveway related (within 150 feet of intersection) 09 Intersection related-other <p>Other Non-Freeway Areas</p> <ol style="list-style-type: none"> 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/weight station related 19 Non-traffic area 20 Other 21 Unknown <p><small>*Increased/decrease in the number of travel</small></p>		<p>Position</p> <p>B Bicycle P Pedestrian E Engineer (railroad/train)</p> <p style="text-align: center;">1-9 Vehicle Interior See Representation Below</p> 	<p>Motorcycles, snowmobiles, etc. (In-line seating)</p> <ol style="list-style-type: none"> 2 Driver 4 Passenger one 7 Passenger two 12 Other/unenclosed passenger 	<p>Private Trailer Type</p> <ol style="list-style-type: none"> 1 Utility 2 Travel trailer 3 Boat trailer 4 Farm equipment 5 Towed auto 6 Recreation double 7 Other 					
<p>Trafficway</p> <ol style="list-style-type: none"> 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 		<p>Unit Type</p> <p>MV Motor Vehicle B Bicyclist (all pedalcyclists) P Pedestrian E Engineer (railroad/train)</p>	<p>Action Prior To Crash</p> <p>Driver Action</p> <ol style="list-style-type: none"> 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 	<p>Sequence of Events/ Most Harmful Events</p> <p>Non-Collision</p> <ol style="list-style-type: none"> 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 non collision 					
<p>Access Control</p> <ol style="list-style-type: none"> 01 No access control (unlimited access) 02 Full access control (ramp entry & exit only) 03 Other (partial access control) 		<p>Code of Injury</p> <p>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.</p>	<p>Restraint Use</p> <ol style="list-style-type: none"> 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 	<p>Had a Collision With Non-Fixed Object</p> <ol style="list-style-type: none"> 15 Pedestrian 16 Bicyclist 17 Motor vehicle in transport* 18 Parked motor vehicle 19 Engineer (railroad/train) 20 Animal 21 Other non-fixed object 					
<p>Hazardous Action</p> <ol style="list-style-type: none"> 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 		<p>Driver Condition</p> <ol style="list-style-type: none"> 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 	<p>Pedestrian Action</p> <ol style="list-style-type: none"> 24 Crossing at intersection 25 Crossing not at intersection 26 Getting on/off vehicle 27 In roadway with traffic 28 In roadway against traffic 29 Standing/flying on roadway 30 Pushing/working on vehicle 31 Other working in roadway 32 Playing in roadway 33 In roadway other reason 34 Not in roadway 35 Other 36 Unknown 	<p>Fixed Object</p> <ol style="list-style-type: none"> 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.

UD-10 Help Sheet (Back)

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

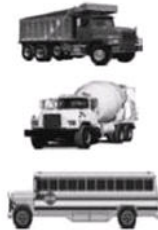
Code **Definition**
 AA = Group A vehicle
 AH = Group A vehicle, Hazardous
 AN = Group A vehicle, Tanks
 AP = Group A vehicle, Passenger
 AT = Group A vehicle, Double/Triple
 AX = Group A vehicle, Tank & Hazardous
 AY = Group A vehicle, Tank & Double/Triple
 AZ = Group A vehicle, Hazardous, Double/Triple
 AL = Group A vehicle, Hazardous, Tank, Double/Triple



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



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 or designed to carry 16 passengers (including driver). Group "C" is also any vehicle carrying 15 or less people (including driver) transporting children to or from school and home on a regular basis for compensation.

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 = Small commercial vehicle that does not fit into the other



"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)
2. Cargo tank
3. Flatbed/platform
4. Dump
5. Concrete mixer
6. Auto transport
7. Garbage/refuse
8. Other/unknown

Type and Axles Per Unit

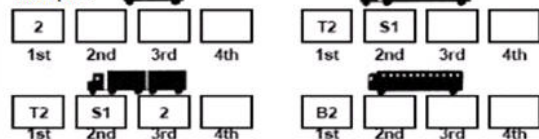
Enter the total number of axles for the truck or bus in the first box. Include the steering axle. There will always be at least two axles. Include axles whether they are on the ground or raised. Place the letter "T" before the number of axles if the truck is a truck tractor (equipped with a fifth wheel 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+

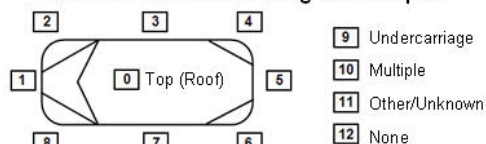
Examples



Vehicle Type

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

Location of Greatest Damage/First Impact



Extent of Vehicle Damage

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.



Questions concerning the UD-10 should be directed to the Traffic Crash Reporting Section at (517) 241-1699.