

Authority: 1949 PA 300, Sec. 257.622
Compliance: Required
Penalty: \$100 and/or 90 days
STATE OF MICHIGAN
Traffic Crash Report
Crash Date, Crash Time, Department Name, Incident #, File Class, Incident Disposition, Reviewer, No. of Units, Crash Type, Special Circumstances, Weather, Light, Special Checks, Traffic Control, Construction Zone, Activity, Relation to Roadway, Area, Road Condition, Total Lanes, Speed Limit, Unit Number, State, Driver License Number, Date of Birth, License Type, Sex, Hazard Action, Position, Restraint, Ambulance/Hospital, Injury, Ejected Trapped, Citation Issued, Airbag Deployed, Interlock, Alcohol, Drugs, Vehicle Registration, State, VIN, Vehicle Description, Insurance, Towed To/By, Vehicle Direction, Special Vehicles, Location of Greatest Damage, Vehicle Type, Vehicle Use, Vehicle Defect, Private Trailer Type, PASSENGERS, Owner, Witness, Name, Address, Phone Number, Age, Pos., Rest., Person Advised of Damaged Traffic Control, Date, Time, Name, Damaged Property, Public, Owner & Phone, UD-10 SERIAL NUMBER 1636689, Serial Override Number

Unit Number, State, Driver License Number, Date of Birth, License Type, Sex, Hazard Action, First Name, Middle, Last, Position, Restraint, Ambulance/Hospital, Injury, Ejected Trapped, Citation Issued, Airbag Deployed, Alcohol, Test Type, Drugs, Test Type, Vehicle Registration, State, VIN, Vehicle Description (year, make, color), Insurance, Towed To/By, Vehicle Direction, Special Vehicles, Location of Greatest Damage, First Impact, Extent of Vehicle Damage, Drivable, Vehicle Type, Vehicle Use, Vehicle Defect, Private Trailer Type

PASSENGERS, First Name, Middle, Last, Date of Birth, Sex, Ejected Trapped, Injury, Airbag Deployed, Street Address, Phone Number, Pos., Rest., Ambulance/Hospital, First Name, Middle, Last, Date of Birth, Sex, Ejected Trapped, Injury, Airbag Deployed, City, State, Zip

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

Unit Reported on Front, Action Prior, Sequence of Events, Most Harmful, Unit Reported Above, Action Prior, Sequence of Events, Most Harmful

TRUCK/BUS INFORMATION, Unit No., Carrier Name, Address, City, State, Zip, Carrier Source, GVWR, Vehicle Type, Driver's CDL Type, CDL Restrictions, ICCMC, USDOT, MPSC, Medical Card, Type & Axles Per Unit, Hazardous Material, Placard, Cargo Spill, ID #, Class #, Cargo Body Type, UD-10 SERIAL NUMBER, Investigated at Scene, Reported Date/Time

Crash Diagram and Remarks, North arrow, Grid area for diagram and notes

Do Not Write or Mark On This Side of The Line