

**STATE OF MICHIGAN**

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**Michigan Department of State Police**



**UD-10**

**Traffic Crash Report  
Instruction Manual**

Revised 2016

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**Revised 2016**

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## UD-10 Instruction Manual

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### Traffic Crash Report

This instruction manual provides guidance for the accurate completion of the UD-10 Traffic Crash Report form (UD-10), as prescribed by the Director of the Department of State Police (MSP), pursuant to Michigan Compiled Law 257.621 and 257.622.

Michigan law requires that the UD-10 be completed in full by the investigating officer and forwarded to the MSP to analyze the cause of the reported crash and prepare information compiled from such reports for public use. A UD-10 shall not be available for use in a court action but shall be for the purpose of furnishing statistical information regarding the number and causes of crashes pursuant to MCL 257.624(1).

Every reasonable effort shall be made to obtain factual information for the completion of the UD-10. If this is not possible, law enforcement shall use their best judgment and record their considered opinions based on their investigation and experience. This should be done even though it may not be possible to substantiate all recorded information or have sufficient evidence to initiate enforcement action.

A police officer may issue a citation to a person who is the operator of a motor vehicle involved in a traffic crash if, based upon the personal investigation; the officer has reasonable cause to believe that the person has committed a misdemeanor in connection with the traffic crash, pursuant to MCL 257.728(8).

Similarly, a police officer may issue a citation to a person who is the driver of a motor vehicle involved in a traffic crash if, based upon the personal investigation; the officer has reasonable cause to believe that the person is responsible for a civil infraction in connection with the traffic crash, pursuant to MCL 257.742(3).

Every year, UD-10s are used to report approximately 300,000 traffic crashes to the MSP for analysis. The instructions in this manual are designed to assist law enforcement in reporting traffic crashes in a complete, accurate and uniform manner so that the information compiled from such reports will be of the greatest value for traffic crash prevention purposes, including:

- Traffic engineers – to redesign unsafe roads and intersections.
- Law enforcement – to assign patrols in high traffic crash areas.
- Department of State – to update driving records to accurately identify drivers in crashes.
- Road commissions – to recover repair costs for damage to public property.
- Federal agencies – to develop safety initiatives, implement safety programs, and contribute to making and changing laws.

## UD-10 Instruction Manual

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### Traffic Crash Definitions

#### **TRAFFIC CRASH**

The UD-10 Traffic Crash Report shall be used to report all traffic related motor vehicle crashes to the State of Michigan.

The Michigan criteria for a crash are: **“DID THE CRASH INVOLVE...”**

1. **a motor vehicle** that
2. was **in transport**, and
3. **on the roadway, that resulted in death, injury or property damage of \$1,000 or more.**

The report is also used to record **any crash** involving a snowmobile or off-road vehicle (ORV), whether traffic or non-traffic related. The property damage for a snowmobile or ORV is \$100.00.

Exclusions of a crash include: Deliberate Intent (i.e., suicide, self-inflicted injury, homicide); Legal Intervention (i.e., pit-maneuver, deliberate acts engaged in by law enforcement.) **Note:** A pit-maneuver that causes the suspect vehicle to collide with another unit would be reported on a UD-10 as a two unit crash.

#### **FATAL CRASHES**

In crashes involving fatalities, the State of Michigan requires that all passengers, injured and uninjured, be listed on the crash report and that the Crash Diagram and Remarks be completed with a thorough description of the crash. Include all supplemental reports relating to this crash. All fatalities occurring on non-public highways (driveways, shopping centers, etc.) shall also be submitted. All fatalities must be reported to MSP Operations via the Law Enforcement Information Network (LEIN) using the format shown in Section 9.

**Note:** All occupants involved in a fatal crash must be recorded on the UD-10.

#### **PARKED VEHICLES**

**Legally Parked Vehicle:** A LEGALLY parked vehicle is a traffic unit on the UD-10. All occupants (including the person sitting behind the steering wheel) of a LEGALLY parked vehicle are passengers. Do NOT include a Driver’s License Number (DLN) of the occupant seated behind the wheel. Michigan law does not require a person to have a driver license in order to sit in a legally parked vehicle. Code the person sitting behind the wheel in the Passenger section in Position “01.”

**Note:** An emergency vehicle with lights activated and on the roadway is considered a Legally Parked Vehicle.

**Illegally Parked Vehicle:** An ILLEGALLY parked vehicle is a traffic unit on the UD-10 and is considered a motor vehicle “in transport.” If the vehicle is ILLEGALLY parked, list the DLN of the occupant seated behind the steering wheel. Notice we have intentionally avoided calling this person the “driver” because the car is PARKED, but the person’s DLN, name, address, etc., should be listed in the Driver section of the UD-10.

**Unoccupied Vehicle:** If the vehicle is UNOCCUPIED (parked legally or illegally), do not list any information in the Driver section.

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# SECTION 1 - ADMINISTRATIVE ELEMENTS

MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622 Compliance: Required Penalty: \$100 and/or 90 days		Revised February 20, 2015				Page _____ of _____	
<b>State of Michigan Traffic Crash Report</b>						Incident # _____	
ORI <b>MI</b> _____				Department Name _____		Investigator(s) _____	
Crash Date MM/DD/YYYY		Crash Time (MIL.) HH:MM		No. of Units _____		Badge # _____	
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"/> Backing <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 <input type="radio"/> Unknown					
Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus		Special Checks <input type="radio"/> Replace <input type="radio"/> Delete <input type="radio"/> Non-Traffic		Weather _____		Light _____	
<input type="radio"/> Fleeing Police <input type="radio"/> Unknown		Animal _____		Road Surface Condition _____		Total Lanes _____	
County _____		City/Twp _____		Area _____		Contributing Circumstances 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____	
Traffic Control _____		Relation to Roadway _____		Work Zone-Activity <input type="radio"/> Const. / Maint. <input type="radio"/> Yes <input type="radio"/> No		Work Zone-Workers Present <input type="radio"/> Yes <input type="radio"/> No	
Work Zone-Location <input type="radio"/> Const. / Maint. <input type="radio"/> Utility		Work Zone-Location _____					
<b>Location</b>							
Prefix _____ Primary Road Name _____				Road Type _____		Suffix _____	
Distance _____ <input type="radio"/> Feet <input type="radio"/> Miles				Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	
Beginning of Ramp <input type="radio"/> End of Ramp <input type="radio"/>				Trafficway <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		Speed Limit _____	
Posted <input type="radio"/> Yes <input type="radio"/> No				Prefix _____ Intersecting Road Name _____			
Road Type _____				Suffix _____		Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	
<b>Unit / Driver</b>							
Unit Number _____		Driver's License State / Number _____		Date of Birth MM/DD/YYYY		Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)	
Sex <input type="radio"/> M <input type="radio"/> F		Name _____					
Street Address _____				City _____ State _____ ZIP _____			
Phone _____				Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O			
Position _____		Restraint _____		Airbag _____		Ejected <input type="radio"/> Trapped <input type="radio"/>	
Condition at Time of Crash 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____		Driver Distracted By _____		Total Occupants _____		Hospital Code _____	
Ambulance Code _____		Citation <input type="radio"/> Hazardous <input type="radio"/> Other					
Hazardous Action _____		Action Prior _____		Sequence of Events (M = Most Harmful Event) 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____			
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine		Test Results _____	
<input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		Interlock Device <input type="radio"/> Yes <input type="radio"/> No		Results Pending <input type="radio"/>			
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results _____	
<input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered		Results Pending <input type="radio"/>				Results Pending <input type="radio"/>	
<b>Vehicle</b>							
Vehicle Registration _____		State _____		Insurance Company _____		Policy Number _____	
Towed By _____				Towed To _____			
VIN _____				Year _____		Make _____ Model _____	
Color _____		Special Vehicles _____		Vehicle Use _____			
Vehicle Type _____		Location of Greatest Damage _____		1 <sup>st</sup> Impact _____		Extent of Damage _____	
Vehicle Direction _____		Private Trailer Type _____		Vehicle Defect _____			
<b>Passengers</b>							
Name _____						Ejected <input type="radio"/>	
Street Address _____				Sex <input type="radio"/> M <input type="radio"/> F		Trapped <input type="radio"/>	
City _____		State _____		ZIP _____		Phone _____	
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Date of Birth MM/DD/YYYY		Position _____		Restraint _____	
Airbag _____		Hospital Code _____		Ambulance Code _____			
Name _____						Ejected <input type="radio"/>	
Street Address _____				Sex <input type="radio"/> M <input type="radio"/> F		Trapped <input type="radio"/>	
City _____		State _____		ZIP _____		Phone _____	
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Date of Birth MM/DD/YYYY		Position _____		Restraint _____	
Airbag _____		Hospital Code _____		Ambulance Code _____			
<input type="radio"/> Owner		Name _____		Address _____		Address _____	
<input type="radio"/> Uninjured Passenger		Phone _____		Age _____		Pos. _____ Rest. _____	
<input type="radio"/> Witness		Name _____		Address _____		Address _____	
<input type="radio"/> Owner		Phone _____		Age _____		Pos. _____ Rest. _____	
<input type="radio"/> Uninjured Passenger		Name _____		Address _____		Address _____	
<input type="radio"/> Witness		Phone _____		Age _____		Pos. _____ Rest. _____	
Reported Date _____		Reported Time _____		Damaged Property _____			
UD-10 SERIAL NUMBER _____		Serial Override Number _____		Owner & Phone _____ / _____ Public <input type="radio"/> Yes <input type="radio"/> No			

# SECTION 2 - LOCATION ELEMENTS

MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622 Compliance: Required Penalty: \$100 and/or 90 days		Revised April 15, 2014		Page _____ of _____	
State of Michigan Traffic Crash Report				Incident #	
ORI <b>MI</b>		Department Name		Investigator(s)	Badge #
Crash Date		Crash Time (MIL)	No. of Units	Crash Type	
Special Circumstances		Special Checks		Weather	Light
County		City/Twp	Area	Traffic Control	Relation to Roadway
Work Zone-Location		Work Zone-Workers Present		Work Zone-Activity	Work Zone-Location
<b>Location</b>					
Prefix	Primary Road Name			Road Type	Suffix
Distance	Direction		Trafficway	Speed Limit	Posted
Prefix	Intersecting Road Name			Road Type	Suffix
<b>Unit / Driver</b>					
Unit Number	Driver's License State / Number		Date of Birth		Unit Type
Name			Sex		Driver is Owner
Street Address			Endorsements		
City		State	ZIP	Phone	
Position	Restraint	Airbag	Ejected	Condition at Time of Crash	Driver Distracted By
Citation		Hazardous Action		Action Prior	
Alcohol Suspected		Contributing Factor		Test Type	
Drug Suspected		Contributing Factor		Test Type	
<b>Vehicle</b>					
Vehicle Registration		State	Insurance Company		Policy Number
VIN		Year	Make	Model	Color
Vehicle Type	Location of Greatest Damage		1 <sup>st</sup> Impact	Extent of Damage	Vehicle Direction
<b>Passengers</b>					
Name					Ejected
Street Address					Sex
City		State	ZIP	Phone	
Date of Birth		Position	Restraint	Airbag	Hospital Code
Name					Ejected
Street Address					Sex
City		State	ZIP	Phone	
Date of Birth		Position	Restraint	Airbag	Hospital Code
Owner / Uninjured Passenger / Witness		Name		Age	Pos.
Owner / Uninjured Passenger / Witness		Name		Age	Pos.
Reported Date		Reported Time		Damaged Property	
UD-10 SERIAL NUMBER		Serial Override Number		Owner & Phone	

# SECTION 3 - UNIT/DRIVER ELEMENTS

MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622 Compliance: Required Penalty: \$100 and/or 90 days		Revised April 15, 2014				Page _____ of _____	
<b>State of Michigan Traffic Crash Report</b>						Incident # _____	
ORI <b>MI</b> _____	Department Name _____			Investigator(s) _____		Badge # _____	
Crash Date MM DD YYYY		Crash Time (MIL) 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"/> Backing <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 <input type="radio"/> Unknown							
Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Fleeing Police <input type="radio"/> Unknown <input type="radio"/> Animal _____			Special Checks <input type="radio"/> Fatal <input type="radio"/> Corrected Copy <input type="radio"/> Replace <input type="radio"/> Delete <input type="radio"/> Non-Traffic <input type="radio"/> ORV/Snowmobile		Weather _____ Light _____ Road Surface Condition _____ Total Lanes _____		
County _____	City/Twp _____	Area _____	Traffic Control _____	Relation to Roadway _____	Work Zone-Type <input type="radio"/> Const. / Maint. <input type="radio"/> Utility	Work Zone-Workers Present <input type="radio"/> Yes <input type="radio"/> No	
Prefix _____			Primary Road Name _____			Road Type _____	
Distance _____			Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Trafficway <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Speed Limit _____	
Prefix _____			Intersecting Road Name _____			Road Type _____	
<b>Location</b>							
Prefix _____			Primary Road Name _____			Road Type _____	
Distance _____			Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Trafficway <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Speed Limit _____	
Prefix _____			Intersecting Road Name _____			Road Type _____	
<b>Unit / Driver</b>							
Unit Number _____	Driver's License State / Number _____			Date of Birth MM DD YYYY		Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)	
Name _____			Sex <input type="radio"/> M <input type="radio"/> F		<input type="radio"/> Driver is Owner   License Type <input type="radio"/> O <input type="radio"/> C <input type="radio"/> M		
Street Address _____			Endorsements <input type="radio"/> CY <input type="radio"/> F <input type="radio"/> R				
City _____		State _____	ZIP _____		Phone _____		
Position _____	Restraint <input type="radio"/> Yes <input type="radio"/> No	Airbag <input type="radio"/> Yes <input type="radio"/> No	Ejected <input type="radio"/> Yes <input type="radio"/> No		Condition at Time of Crash 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____		
Citation <input type="radio"/> Hazardous <input type="radio"/> Other _____			Hazardous Action _____		Action Prior _____		
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No			Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No			Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered		
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O			Total Occupants _____		Hospital Code _____		
Sequence of Events (M = Most Harmful Event) 1 <sup>st</sup> <input type="radio"/> M   2 <sup>nd</sup> <input type="radio"/> M   3 <sup>rd</sup> <input type="radio"/> M   4 <sup>th</sup> <input type="radio"/> M			Ambulance Code _____				
<b>Vehicle</b>							
Vehicle Registration _____		State _____	Insurance Company _____		Policy Number _____		
VIN _____			Year _____		Make _____ Model _____		
Vehicle Type _____			Location of Greatest Damage _____		Color _____		
1 <sup>st</sup> Impact _____		Extent of Damage _____		Vehicle Direction _____		Special Vehicles _____	
Private Trailer Type _____			Vehicle Defect _____				
<b>Passengers</b>							
Name _____						Ejected <input type="radio"/>	
Street Address _____						Sex <input type="radio"/> M <input type="radio"/> F	
City _____						Trapped <input type="radio"/>	
Date of Birth MM DD YYYY		Position _____	Restraint <input type="radio"/> Yes <input type="radio"/> No	Airbag <input type="radio"/> Yes <input type="radio"/> No	Hospital Code _____		
Ambulance Code _____							
Name _____						Ejected <input type="radio"/>	
Street Address _____						Sex <input type="radio"/> M <input type="radio"/> F	
City _____						Trapped <input type="radio"/>	
Date of Birth MM DD YYYY		Position _____	Restraint <input type="radio"/> Yes <input type="radio"/> No	Airbag <input type="radio"/> Yes <input type="radio"/> No	Hospital Code _____		
Ambulance Code _____							
<input type="radio"/> Owner		Name _____		Address _____			
<input type="radio"/> Uninjured Passenger		Phone _____		Age _____	Pos. _____	Rest. _____	
<input type="radio"/> Witness		Name _____		Address _____			
<input type="radio"/> Owner		Name _____		Address _____			
<input type="radio"/> Uninjured Passenger		Phone _____		Age _____	Pos. _____	Rest. _____	
<input type="radio"/> Witness		Name _____		Address _____			
Reported Date _____		Reported Time _____		Damaged Property _____			
UD-10 SERIAL NUMBER _____		Serial Override Number _____		Owner & Phone _____ / _____   Public <input type="radio"/> Yes <input type="radio"/> No			

# SECTION 4 - VEHICLE ELEMENTS

MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622 Compliance: Required Penalty: \$100 and/or 90 days		Revised April 15, 2014		Page _____ of _____	
State of Michigan Traffic Crash Report				Incident # _____	
ORI <b>MI</b> _____		Department Name _____		Investigator(s) _____	
Crash Date MM DD YYYY		Crash Time (MIL) 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"/> Backing <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 <input type="radio"/> Unknown		Special Checks <input type="radio"/> Fatal <input type="radio"/> Corrected Copy <input type="radio"/> Replace <input type="radio"/> Delete <input type="radio"/> Non-Traffic <input type="radio"/> ORV/Snowmobile		Weather Light Road Surface Condition Total Lanes	
Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Fleeing Police <input type="radio"/> Unknown		Animal _____		Contributing Circumstances 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____	
County City/Twp Area		Traffic Control		Relation to Roadway	
Work Zone-Type <input type="radio"/> Const. / Maint. <input type="radio"/> Utility		Work Zone-Workers Present <input type="radio"/> Yes <input type="radio"/> No		Work Zone-Activity	
Work Zone-Location		Work Zone-Location		Contributing Circumstances	
<b>Location</b>					
Prefix Primary Road Name		Road Type		Suffix	
Distance <input type="radio"/> Feet <input type="radio"/> Miles		Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp		Trafficway <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
Prefix Intersecting Road Name		Road Type		Suffix	
<b>Unit / Driver</b>					
Unit Number		Driver's License State / Number		Date of Birth MM DD YYYY	
Name		Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)		Sex <input type="radio"/> M <input type="radio"/> F	
Street Address		City		State ZIP	
Phone		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		License Type <input type="radio"/> O <input type="radio"/> C <input type="radio"/> M	
Position Restraint Airbag		Ejected <input type="radio"/> Ejected <input type="radio"/> Trapped		Condition at Time of Crash 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____	
Citation <input type="radio"/> Hazardous <input type="radio"/> Other		Hazardous Action		Action Prior	
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered	
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered	
Total Occupants		Hospital Code		Ambulance Code	
Sequence of Events (M = Most Harmful Event)		1 <sup>st</sup> <input type="radio"/> M <input type="radio"/> 2 <sup>nd</sup> <input type="radio"/> M <input type="radio"/> 3 <sup>rd</sup> <input type="radio"/> M <input type="radio"/> 4 <sup>th</sup> <input type="radio"/> M		Interlock Device <input type="radio"/> Yes <input type="radio"/> No	
Test Results		Results Pending		Test Results	
<b>Vehicle</b>					
Vehicle Registration		State		Insurance Company	
Towed By		Towed To		Policy Number	
VIN		Year		Make Model Color	
Special Vehicles		Vehicle Use			
Vehicle Type		Location of Greatest Damage		1 <sup>st</sup> Impact	
Extent of Damage		Vehicle Direction		Private Trailer Type	
Vehicle Defect					
<b>Passengers</b>					
Name		Street Address		City State ZIP	
Phone		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Sex <input type="radio"/> M <input type="radio"/> F	
Date of Birth MM DD YYYY		Position Restraint Airbag		Hospital Code	
Ambulance Code		Ejected <input type="radio"/> Ejected <input type="radio"/> Trapped			
Name		Street Address		City State ZIP	
Phone		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Sex <input type="radio"/> M <input type="radio"/> F	
Date of Birth MM DD YYYY		Position Restraint Airbag		Hospital Code	
Ambulance Code		Ejected <input type="radio"/> Ejected <input type="radio"/> Trapped			
<input type="radio"/> Owner		Name		Address	
<input type="radio"/> Uninjured Passenger		Phone		Age Pos. Rest.	
<input type="radio"/> Witness		Name		Address	
<input type="radio"/> Owner		Phone		Age Pos. Rest.	
<input type="radio"/> Uninjured Passenger					
<input type="radio"/> Witness					
Reported Date		Reported Time		Damaged Property _____	
UD-10 SERIAL NUMBER		Serial Override Number		Owner & Phone _____ / _____ Public <input type="radio"/> Yes <input type="radio"/> No	

# SECTION 5 - INVOLVED PARTY ELEMENTS

MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622 Compliance: Required Penalty: \$100 and/or 90 days		Revised April 15, 2014				Page _____ of _____	
<b>State of Michigan Traffic Crash Report</b>						Incident # _____	
ORI <b>MI</b> _____	Department Name _____			Investigator(s) _____		Badge # _____	
Crash Date MM DD YYYY		Crash Time (MIL) HH MM		No. of Units _____		Investigated at Scene <input type="radio"/> Yes <input type="radio"/> No	
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"/> Backing <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 <input type="radio"/> Unknown							
Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Fleeing Police <input type="radio"/> Unknown <input type="radio"/> Animal _____			Special Checks <input type="radio"/> Fatal <input type="radio"/> Corrected Copy <input type="radio"/> Replace <input type="radio"/> Delete <input type="radio"/> Non-Traffic <input type="radio"/> ORV/Snowmobile		Weather _____ Light _____ Road Surface Condition _____ Total Lanes _____		
County _____	City/Twp _____	Area _____	Traffic Control _____	Relation to Roadway _____	Work Zone-Type <input type="radio"/> Const. / Maint. <input type="radio"/> Utility	Work Zone-Workers Present <input type="radio"/> Yes <input type="radio"/> No	
Prefix _____			Primary Road Name _____			Road Type _____	
Distance _____ <input type="radio"/> Feet <input type="radio"/> Miles			Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp		Trafficway <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Speed Limit _____	
Prefix _____			Intersecting Road Name _____			Road Type _____	
Location							
Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W			Suffix _____				
Unit / Driver							
Unit Number _____	Driver's License State / Number _____			Date of Birth MM DD YYYY		Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)	
Name _____						Sex <input type="radio"/> M <input type="radio"/> F	
Street Address _____						Endorsements <input type="radio"/> C Y <input type="radio"/> F <input type="radio"/> R	
City _____	State _____	ZIP _____	Phone _____		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		
Position _____	Restraint _____	Airbag _____	Ejected <input type="radio"/>	Condition at Time of Crash 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____		Driver Distracted By _____	
Citation <input type="radio"/> Hazardous <input type="radio"/> Other _____			Hazardous Action _____		Action Prior _____		
Sequence of Events (M = Most Harmful Event) 1 <sup>st</sup> (M) _____ 2 <sup>nd</sup> (M) _____ 3 <sup>rd</sup> (M) _____ 4 <sup>th</sup> (M) _____							
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		Test Results _____	
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered		Test Results _____	
Vehicle							
Vehicle Registration _____		State _____	Insurance Company _____		Policy Number _____		
VIN _____			Year _____ Make _____ Model _____		Color _____		
Vehicle Type _____		Location of Greatest Damage _____		1 <sup>st</sup> Impact _____	Extent of Damage _____		
Vehicle Direction _____			Private Trailer Type _____		Vehicle Defect _____		
Passengers							
Name _____						Ejected <input type="radio"/>	
Street Address _____						Sex <input type="radio"/> M <input type="radio"/> F	
City _____						Trapped <input type="radio"/>	
Date of Birth MM DD YYYY	Position _____	Restraint _____	Airbag _____	Hospital Code _____		Ambulance Code _____	
Name _____						Ejected <input type="radio"/>	
Street Address _____						Sex <input type="radio"/> M <input type="radio"/> F	
City _____						Trapped <input type="radio"/>	
Date of Birth MM DD YYYY	Position _____	Restraint _____	Airbag _____	Hospital Code _____		Ambulance Code _____	
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness Name _____ Phone _____ Age _____ Pos. _____ Rest. _____						Address _____	
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness Name _____ Phone _____ Age _____ Pos. _____ Rest. _____						Address _____	
Reported Date _____		Reported Time _____		Damaged Property _____			
UD-10 SERIAL NUMBER _____		Serial Override Number _____		Owner & Phone _____ / _____ Public <input type="radio"/> Yes <input type="radio"/> No			

# SECTION 6 - DAMAGED PROPERTY ELEMENTS

MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622 Compliance: Required Penalty: \$100 and/or 90 days		Revised April 15, 2014		Page _____ of _____	
<h2 style="margin: 0;">State of Michigan Traffic Crash Report</h2>				Incident # _____ File Class _____ Investigated at Scene <input type="radio"/> Yes <input type="radio"/> No	
ORI <b>MI</b> _____	Department Name _____		Investigator(s) _____		Badge # _____ Photos <input type="radio"/> Yes <input type="radio"/> No
Crash Date MM DD YYYY		Crash Time (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"/> Backing <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 <input type="radio"/> Unknown
Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Fleeing Police <input type="radio"/> Unknown Animal _____		Special Checks <input type="radio"/> Fatal <input type="radio"/> Corrected Copy <input type="radio"/> Replace <input type="radio"/> Delete <input type="radio"/> Non-Traffic <input type="radio"/> ORV/Snowmobile		Weather _____ Light _____ Road Surface Condition _____ Total Lanes _____	
County _____ City/Twp _____ Area _____	Traffic Control _____	Relation to Roadway _____	Work Zone-Type <input type="radio"/> Const. / Maint. <input type="radio"/> Yes <input type="radio"/> Utility <input type="radio"/> No	Work Zone-Workers Present <input type="radio"/> Yes <input type="radio"/> No	Work Zone-Activity _____ Work Zone-Location _____
<b>Location</b>					
Prefix _____ Primary Road Name _____		Road Type _____ Suffix _____		Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	
Distance _____ <input type="radio"/> Feet <input type="radio"/> Miles		Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp		Trafficway _____ Speed Limit _____	
Prefix _____ Intersecting Road Name _____		Road Type _____ Suffix _____		Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	
<b>Unit / Driver</b>					
Unit Number _____	Driver's License State / Number _____		Date of Birth MM DD YYYY		Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)
Name _____		<input type="radio"/> Driver is Owner		License Type <input type="radio"/> O <input type="radio"/> C <input type="radio"/> M Endorsements <input type="radio"/> CY <input type="radio"/> F <input type="radio"/> R	
Street Address _____		City _____ State _____ ZIP _____		Phone _____ Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	
Position _____ Restraint _____ Airbag _____	Ejected <input type="radio"/> Trapped <input type="radio"/>	Condition at Time of Crash 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____		Driver Distracted By _____ Total Occupants _____ Hospital Code _____ Ambulance Code _____	
Citation <input type="radio"/> Hazardous <input type="radio"/> Other		Hazardous Action _____ Action Prior _____		Sequence of Events (M = Most Harmful Event) 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No	Contributing Factor <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		Test Results _____ Interlock Device <input type="radio"/> Results Pending <input type="radio"/> Yes <input type="radio"/> No	
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No	Contributing Factor <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered		Test Results _____ <input type="radio"/> Results Pending	
<b>Vehicle</b>					
Vehicle Registration _____ State _____		Insurance Company _____		Policy Number _____	
VIN _____		Towed By _____		Towed To _____	
Year _____ Make _____ Model _____		Color _____		Special Vehicles _____ Vehicle Use _____	
Vehicle Type _____	Location of Greatest Damage _____	1 <sup>st</sup> Impact _____	Extent of Damage _____	Vehicle Direction _____	Private Trailer Type _____ Vehicle Defect _____
<b>Passengers</b>					
Name _____				Ejected <input type="radio"/>	
Street Address _____				Sex <input type="radio"/> M <input type="radio"/> F Trapped <input type="radio"/>	
City _____ State _____ ZIP _____		Phone _____		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	
Date of Birth MM DD YYYY	Position _____ Restraint _____ Airbag _____	Hospital Code _____		Ambulance Code _____	
Name _____				Ejected <input type="radio"/>	
Street Address _____				Sex <input type="radio"/> M <input type="radio"/> F Trapped <input type="radio"/>	
City _____ State _____ ZIP _____		Phone _____		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	
Date of Birth MM DD YYYY	Position _____ Restraint _____ Airbag _____	Hospital Code _____		Ambulance Code _____	
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name _____ Phone _____		Age _____	Pos. _____	Rest. _____
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name _____ Phone _____		Age _____	Pos. _____	Rest. _____
Reported Date _____		Reported Time _____		Damaged Property _____	
UD-10 SERIAL NUMBER _____		Serial Override Number _____		Owner & Phone _____ / _____ Public <input type="radio"/> Yes <input type="radio"/> No	



# SECTION 8 - DIAGRAM AND REMARKS

Unit / Driver												
Unit Number		Driver's License State / Number				Date of Birth			Unit Type		Sex	
[ ][ ]		[ ][ ]/[ ][ ][ ][ ][ ][ ]				M M / D D / Y Y Y Y			<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)		<input type="radio"/> M <input type="radio"/> F	
Name						<input type="radio"/> Driver is Owner		License Type				
Street Address								<input type="radio"/> O <input type="radio"/> C <input type="radio"/> M <input type="radio"/> O <input type="radio"/> F <input type="radio"/> R				
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				
Position	Restraint	Airbag	Ejected	Condition at Time of Crash		Driver Distracted By		Total Occupants	Hospital Code		Ambulance Code	
[ ][ ]	[ ][ ]	[ ][ ]	<input type="radio"/>	1 <sup>st</sup> [ ][ ] 2 <sup>nd</sup> [ ][ ]		[ ][ ][ ][ ]		[ ][ ]	[ ][ ][ ][ ]		[ ][ ][ ][ ]	
Citation Issued						Hazardous Action		Action Prior		Sequence of Events (M = Most Harmful Event)		
<input type="radio"/> Hazardous <input type="radio"/> Other						[ ][ ][ ]		[ ][ ][ ]		1 <sup>st</sup> [ ][ ] 2 <sup>nd</sup> [ ][ ] 3 <sup>rd</sup> [ ][ ] 4 <sup>th</sup> [ ][ ] <input type="radio"/> M <input type="radio"/> M <input type="radio"/> M <input type="radio"/> M		
Alcohol Suspected		Contributing Factor		Test Type		Test Results		Interlock Device				
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		[ ][ ][ ]		<input type="radio"/> Yes <input type="radio"/> No				
Drug Suspected		Contributing Factor		Test Type		Test Results						
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered		[ ][ ][ ]						
Vehicle												
Vehicle Registration				State		Insurance Company				Policy Number		
[ ][ ][ ][ ][ ][ ][ ]				[ ][ ]		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]				[ ][ ][ ][ ][ ][ ][ ]		
Towed By						Towed To						
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]						[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]						
VIN				Year	Make		Model		Color	Special Vehicles	Vehicle Use	
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]				[ ][ ]	[ ][ ][ ]		[ ][ ][ ][ ]		[ ][ ]	[ ][ ]	[ ][ ]	
Vehicle Type		Location of Greatest Damage		1 <sup>st</sup> Impact		Extent of Damage		Vehicle Direction		Private Trailer Type	Vehicle Defect	
[ ][ ][ ]		[ ][ ][ ][ ]		[ ][ ][ ]		[ ][ ][ ][ ]		[ ][ ][ ]		[ ][ ]	[ ][ ]	
Passengers												
Name										Ejected		
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]										<input type="radio"/>		
Street Address						Sex		Trapped				
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]						<input type="radio"/> M <input type="radio"/> F		<input type="radio"/>				
City		State		ZIP		Phone		Injury				
[ ][ ][ ]		[ ][ ]		[ ][ ][ ][ ]		[ ][ ][ ][ ][ ][ ][ ]		<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O				
Date of Birth		Position	Restraint	Airbag	Hospital Code		Ambulance Code					
M M D D Y Y Y Y		[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]					
Name										Ejected		
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]										<input type="radio"/>		
Street Address						Sex		Trapped				
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]						<input type="radio"/> M <input type="radio"/> F		<input type="radio"/>				
City		State		ZIP		Phone		Injury				
[ ][ ][ ]		[ ][ ]		[ ][ ][ ][ ]		[ ][ ][ ][ ][ ][ ][ ]		<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O				
Date of Birth		Position	Restraint	Airbag	Hospital Code		Ambulance Code					
M M D D Y Y Y Y		[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]					
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name		Phone		Age	Pos.	Rest.	Address				
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name		Phone		Age	Pos.	Rest.	Address				
Truck / Bus												
Unit #		Carrier Name										
[ ][ ]		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]										
Address												
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]												
City		State		ZIP								
[ ][ ][ ]		[ ][ ]		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]								
GVWR / GCWR												
<input type="radio"/> 10,000 LBS or Less <input type="radio"/> 10,001 - 26,000 LBS <input type="radio"/> 26,001 LBS or More												
Vehicle Configuration		Cargo Body Type		HAZMAT		HAZMAT ID		HAZMAT Class				
[ ][ ][ ]		[ ][ ][ ]		<input type="radio"/> Placard <input type="radio"/> Cargo Spill		[ ][ ][ ][ ]		[ ][ ][ ][ ][ ][ ][ ][ ][ ]				
USDOT			MC			MPSC						
[ ][ ][ ]			[ ][ ][ ]			[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]						
CDL Type				Endorsements								
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> None				<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X								
Medical Card		Exempt		Remarks / Narrative								
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Farm <input type="radio"/> Other		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]								
UD -10 Serial Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]												

North

Crash Diagram

## UD-10 Instruction Manual

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### Instructions for Paper Completion of the UD-10

#### **FORM DESIGN – PAPER**

The UD-10 is a two-sided form designed to record the information pertaining to a traffic related motor vehicle crash involving two (2) units. Additional forms need to be submitted if the crash involves more than two units, or more than one Truck/Bus unit. Unit one (vehicle, driver and passengers) will be entered on the front side of the form and unit two on the back. Bubbled entries and written areas will be entered into the State of Michigan Traffic Crash Records System.

#### **Important reminders to keep in mind when using this form:**

- **When filling out the form:** A No. 2 lead pencil is preferred, but a pen (blue or black ink only) may be used to complete this form. **Do not use** felt tip or gel pens as they have a tendency to bleed through to other data fields.
- **Crash Date and/or Unit Number:** The date must be written as MM/DD/YYYY and the Unit Number is also of special importance so please remember to complete this field for each unit recorded.
- **Special Checks:** Only one may be checked. Also, when submitting a form to correct, replace, or delete, the override field must have the serial number of the original form.
- **Override Number (in the lower left corner):** When submitting a form other than the original or using additional forms because more than two units or more than one truck/bus were involved, the original serial number must be written in the override number field.
- **Damaged forms:** These will be returned to be rewritten. Do not use staples or make any marks on the paper outside the rectangular form (i.e., torn, stapled, taped, coffee stains).
- **Location:** When accurate distances are not received, traffic specialists cannot properly identify areas of concern. Also, do not use familiar local landmarks as locations (i.e., “Ford Plant 7, Gate 2”). The road name and intersecting road name must be the name of a public roadway within the county of the crash.
- **Vehicle Registration and Vehicle Identification Number (VIN) Field:** Print legibly and clearly!
- **Total Number of Units:** Make sure that the total Number of Units matches the completed Number of Units (i.e., Number of Units is three (3), be sure that three (3) separate units are completed and marked as Unit 1, Unit 2, and Unit 3).
- **Single Digit Response:** In a field that has two columns, a zero in the first column must also be filled in (i.e., if the correct response to an item is "3," fill in a "0" in the first column and a "3" in the second column. The result will be "03").

## UD-10 Instruction Manual

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### Instructions for Paper Completion of the UD-10 (continued)

- **Distance:** If recording the distance as a decimal, the decimal point must occupy its own box. See example below:

Distance				
		.	2	5

 Feet  Miles

- **Narrative:** No personal information should be recorded in the narrative (i.e., driver's license number, addresses, telephone numbers).

# UD-10 (Front)

MSP UD - 10 (Rev. 01/2016)  
 Authority: 1949 PA 300, Sec. 257 & 22  
 Compliance: Required  
 Penalty: \$100 and/or 90 days

Revised September 16, 2015

## State of Michigan Traffic Crash Report

Page _____ of _____	Incident # _____
File Class _____	Investigated at Scene <input type="radio"/> Yes <input type="radio"/> No

ORI <b>MI</b>	Department Name _____	Investigator(s) _____	Badge # _____	Photos <input type="radio"/> Yes <input type="radio"/> No	Reviewer _____
Crash Date MM DD YYYY	Crash Time (MSE) 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"/> Backing <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 <input type="radio"/> Unknown		
Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Fleeing Police <input type="radio"/> Unknown <input type="radio"/> Animal _____		Special Checks <input type="radio"/> Replace <input type="radio"/> Delete <input type="radio"/> Non-Traffic <input type="radio"/> ORV/Snowmobile		Weather _____	Light _____
County _____	City/Twp _____	Area _____	Traffic Control _____	Relation to Roadway _____	Work Zone-Type <input type="radio"/> Const. / Maint <input type="radio"/> Utility
Work Zone-Workers Present <input type="radio"/> Yes <input type="radio"/> No			Work Zone-Activity _____	Work Zone-Location _____	Contributing Circumstances 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____
<b>Location</b>					
Prefix _____	Primary Road Name _____			Road Type _____	Suffix _____
Distance _____ Feet <input type="radio"/> _____ Miles <input type="radio"/>	Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp		Trafficway <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Speed Limit _____	Posted <input type="radio"/> Yes <input type="radio"/> No
Prefix _____	Intersecting Road Name _____			Road Type _____	Suffix _____
<b>Unit / Driver</b>					
Unit Number _____	Driver's License State / Number _____	Date of Birth MM DD / YYYY		Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)	Sex <input type="radio"/> M <input type="radio"/> F
Name _____			<input type="radio"/> Driver is Owner	License Type <input type="radio"/> O <input type="radio"/> C <input type="radio"/> M	Endorsements <input type="radio"/> CY <input type="radio"/> F <input type="radio"/> R
Street Address _____			City _____		
State _____	ZIP _____	Phone _____		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	
Position <input type="radio"/> Restraint <input type="radio"/> Airbag <input type="radio"/> Ejected <input type="radio"/> Trapped	Condition at Time of Crash 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____		Driver Distracted By _____	Total Occupants _____	Hospital Code _____
Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		Hazardous Action _____	Action Prior _____	Sequence of Events (M = Most Harmful Event) 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No	Contributing Factor <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered	Test Results <input type="radio"/> Results Pending <input type="radio"/> Interlock Device <input type="radio"/> Yes <input type="radio"/> No		
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No	Contributing Factor <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered	Test Results <input type="radio"/> Results Pending		
<b>Vehicle</b>					
Vehicle Registration _____	State _____	Insurance Company _____	Policy Number _____		
Towed By _____		Towed To _____			
VIN _____	Year _____	Make _____	Model _____	Color _____	Special Vehicles _____
Vehicle Type _____	Location of Greatest Damage _____	1 <sup>st</sup> Impact _____	Extent of Damage _____	Vehicle Direction _____	Private Trailer Type _____
					Vehicle Defect _____
<b>Passengers</b>					
Name _____					Ejected <input type="radio"/>
Street Address _____					Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Trapped <input type="radio"/>
City _____					Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O
Date of Birth MM DD / YYYY	Position _____	Restraint _____	Airbag _____	Hospital Code _____	
Ambulance Code _____					
Name _____					Ejected <input type="radio"/>
Street Address _____					Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Trapped <input type="radio"/>
City _____					Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O
Date of Birth MM DD / YYYY	Position _____	Restraint _____	Airbag _____	Hospital Code _____	
Ambulance Code _____					
<input type="radio"/> Owner Name _____ Address _____ <input type="radio"/> Uninjured Passenger Phone _____ Age _____ Pos. _____ Rest. _____ <input type="radio"/> Witness Name _____ Address _____ <input type="radio"/> Owner Name _____ Address _____ <input type="radio"/> Uninjured Passenger Phone _____ Age _____ Pos. _____ Rest. _____ <input type="radio"/> Witness Name _____ Address _____					
Reported Date _____	Reported Time _____	Damaged Property _____			
UD-10 SERIAL NUMBER _____	Serial Override Number _____	Owner & Phone _____ / _____ Public <input type="radio"/> Yes <input type="radio"/> No			

# UD-10 (Back)

Unit / Driver													
Unit Number		Driver's License State / Number				Date of Birth			Unit Type		Sex		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)		<input type="radio"/> M <input type="radio"/> F		
Name													
<input type="radio"/> Driver is Owner													
Street Address													
License Type <input type="radio"/> O <input type="radio"/> C <input type="radio"/> M Endorsements <input type="radio"/> CY <input type="radio"/> F <input type="radio"/> R													
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			
Position	Restraint	Airbag	Ejected <input type="radio"/>	Condition at Time of Crash		Driver Distracted By		Total Occupants	Hospital Code		Ambulance Code		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		
Citation Issued	<input type="radio"/> Hazardous <input type="radio"/> Other	Hazardous Action	Action Prior	Sequence of Events (M = Most Harmful Event)				<input type="radio"/> Results Pending <input type="radio"/> Results Pending		Interlock Device <input type="radio"/> Yes <input type="radio"/> No			
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
Alcohol Suspected	Contributing Factor	Test Type	<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered	Test Results	<input type="radio"/> Results Pending <input type="radio"/> Results Pending	Interlock Device	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Results Pending	<input type="radio"/> Results Pending	<input type="radio"/> Results Pending	<input type="radio"/> Results Pending	<input type="radio"/> Results Pending	<input type="radio"/> Results Pending		
Vehicle													
Vehicle Registration				State		Insurance Company				Policy Number			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Towed By													
Towed To													
VIN				Year	Make	Model	Color	Special Vehicles		Vehicle Use			
<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>			
Vehicle Type	Location of Greatest Damage		1 <sup>st</sup> Impact	Extent of Damage		Vehicle Direction		Private Trailer Type		Vehicle Defect			
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>			
Passengers													
Name													
Street Address													
<input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/>													
City													
State <input type="text"/> ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
Phone													
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O													
Date of Birth		Position	Restraint	Airbag	Hospital Code			Ambulance Code					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Name													
Street Address													
<input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/>													
City													
State <input type="text"/> ZIP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
Phone													
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O													
Date of Birth		Position	Restraint	Airbag	Hospital Code			Ambulance Code					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name	Phone	Age	Pos.	Rest.	Address							
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness	Name	Phone	Age	Pos.	Rest.	Address							
Name Phone Age Pos. Rest.													
Name Phone Age Pos. Rest.													
Truck / Bus													
Unit #		Carrier Name											
<input type="text"/> <input type="text"/>		<input type="text"/>											
Address													
City			State		ZIP								
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/>		<input type="text"/>								
GVWR / GCWR <input type="radio"/> 10,000 LBS or Less <input type="radio"/> 10,001 - 26,000 LBS <input type="radio"/> 26,001 LBS or More													
Vehicle Configuration	Cargo Body Type		HAZMAT	HAZMAT ID	HAZMAT Class								
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="radio"/> Placard <input type="radio"/> Cargo Spill	<input type="text"/> <input type="text"/>	<input type="text"/>								
USDOT			MC			MPSC							
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/>							
CDL Type	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> None	Endorsements											
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> None	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X											
Medical Card	Exempt	Remarks / Narrative											
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Farm <input type="radio"/> Other	<input type="text"/>											
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Farm <input type="radio"/> Other	<input type="text"/>											
UD -10 Serial Number <input type="text"/>													
UD -10 Serial Number <input type="text"/>													

Crash Diagram

## UD-10 Instruction Manual

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### Instructions for Electronic Completion of the UD-10

#### **FORM DESIGN – ELECTRONIC**

The Electronic Traffic Crash Report (UD-10E) is an electronically generated form designed to capture information about a traffic related motor vehicle crash. Each UD-10E allows for the capture of multiple units and injured/uninjured passengers, as well as multiple truck/bus sections to be completed on one report.

**\* The contents of this manual refer to both paper UD-10 submission and electronic UD-10 submission (referred to as UD-10E). However, there are specific items that refer to electronic submission only and those will be noted with the**



**symbol.**

#### **IMPORTANT REMINDERS – ELECTRONIC**



1. No personal information should be recorded in the narrative (i.e., drivers license number, addresses, telephone numbers).
2. If any information is unknown, leave field blank. Do not enter Hit and Run, Unknown, N/A, None, Unk, X's, etc.
3. If a unit is a parked vehicle, do not enter “parked” in the driver or vehicle fields.
4. The number of units that can be recorded is up to 99.
5. The number of involved parties that can be recorded is up to 999.
6. Location: When accurate distances are not received, traffic specialists cannot properly identify areas of concern. Also, do not use familiar local landmarks as locations (i.e., “Ford Plant 7, Gate 2”). The road name and intersecting road name must be the name of a public roadway within the county of the crash.
7. Entering Driver License Number, vehicle registration, and VIN: When entering a vehicle registration or VIN, make sure that you are entering a zero and not an alpha “O”. Do not use the drag and drop method to enter vehicle registration as it picks up the state and current registration year and adds it to the vehicle registration number. Enter only the vehicle registration number.

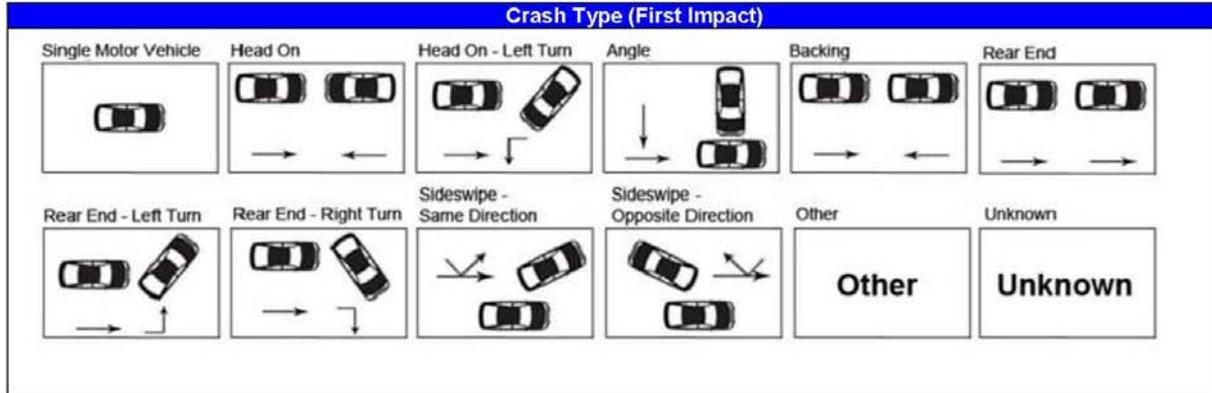




# UD-10 Guide (Page 1)

## STATE OF MICHIGAN TRAFFIC CRASH REPORT GUIDE

Revised 10/16/15

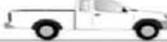
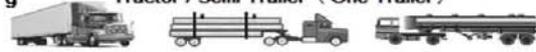
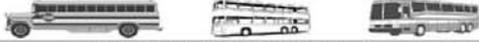
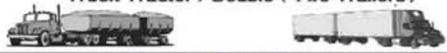


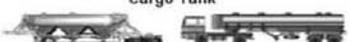
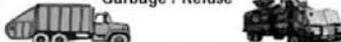
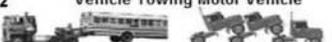
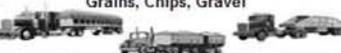
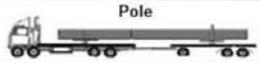
<p style="text-align: center;"><b>Animal</b></p> <ol style="list-style-type: none"> <li>1. Deer</li> <li>2. Turkey</li> <li>3. Elk</li> <li>4. Moose</li> <li>5. Bear</li> <li>97. Animal (Other)</li> <li>98. Animal (Unknown)</li> </ol>	<p style="text-align: center;"><b>Area</b></p> <p>► <b>Freeway</b></p> <ol style="list-style-type: none"> <li>1. Entrance / Exit Ramp Related</li> <li>2. Authorized Median Crossover Related</li> <li>3. Transition Area / Increase or Decrease in Travel Lanes</li> <li>4. Rest Area Related</li> <li>5. Scale / Weigh Station Related</li> <li>20. Curved Roadway</li> <li>6. All Other Freeway Areas</li> </ol> <p>► <b>Intersection</b></p> <ol style="list-style-type: none"> <li>7. Within Intersection</li> <li>8. Driveway Related within 150 ft. of Nearest Edge of Intersection</li> <li>9. Intersection Related-Other</li> <li>21. Roundabout</li> </ol> <p>► <b>Other Non-Freeway Areas</b></p> <ol style="list-style-type: none"> <li>10. Straight Roadway Not Related to Other Selections</li> <li>11. Curved Roadway Not Related to Other Selections</li> <li>12. Driveway Related Not within 150 ft. of Intersection</li> <li>13. Parking Related Legal Roadside</li> <li>14. Transition Area / Increase or Decrease in Travel Lanes</li> <li>15. Median Crossing Related</li> <li>16. Railroad Crossing Related</li> <li>17. Rest Area Related</li> <li>18. Scale / Weigh Station Related</li> <li>19. Non-Traffic Area</li> <li>97. Other</li> <li>98. Unknown</li> </ol>	<p style="text-align: center;"><b>Work Zone - Location</b></p> <ol style="list-style-type: none"> <li>1. Before the First Work Zone Warning Sign</li> <li>2. Between the First and Last Work Zone Warning Sign</li> <li>3. No Warning Signs</li> </ol> <p style="text-align: center;"><b>Contributing Circumstances</b></p> <ol style="list-style-type: none"> <li>1. Prior Crash</li> <li>2. Backup Due to Regular Congestion</li> <li>3. Backup Due to Other Incident</li> <li>4. Glare</li> <li>5. Traffic Control Device Inoperative, Missing or Obscured</li> <li>6. Shoulders (None, Low, Soft, High)</li> <li>96. None</li> <li>97. Other</li> <li>98. Unknown</li> </ol>	<p style="text-align: center;"><b>Position</b></p> <p><b>B</b> Bicyclist <b>P</b> Pedestrian <b>E</b> Engineer (Railroad / Train)</p> <p>13. Sleeper Section 14. Other Enclosed Passenger / Cargo Area 15. Other Unenclosed Passenger / Cargo Area 16. Riding In / On Trailing Unit 17. Riding On Vehicle Exterior 98. Unknown</p> <p>► <b>Motorcycles, Snowmobiles, Etc. (In-Line Seating)</b></p> <ol style="list-style-type: none"> <li>1. Driver</li> <li>4. Passenger One</li> <li>7. Passenger Two</li> <li>15. Other Unenclosed Passenger / Cargo Area</li> </ol>	
<p style="text-align: center;"><b>Weather</b></p> <ol style="list-style-type: none"> <li>1. Clear</li> <li>2. Cloudy</li> <li>3. Fog</li> <li>4. Rain</li> <li>5. Snow</li> <li>6. Severe Crosswinds</li> <li>7. Sleet / Hail</li> <li>8. Blowing Snow</li> <li>9. Blowing Sand, Soil, Dirt</li> <li>10. Smoke</li> <li>98. Unknown</li> </ol>	<p style="text-align: center;"><b>Light</b></p> <ol style="list-style-type: none"> <li>1. Daylight</li> <li>2. Dawn</li> <li>3. Dusk</li> <li>4. Dark-Lighted</li> <li>5. Dark-Unlighted</li> <li>97. Other</li> <li>98. Unknown</li> </ol>	<p style="text-align: center;"><b>Road Surface Condition</b></p> <ol style="list-style-type: none"> <li>1. Dry</li> <li>2. Wet</li> <li>3. Ice</li> <li>4. Snow</li> <li>5. Mud, Dirt, Gravel</li> <li>6. Slush</li> <li>7. Debris</li> <li>8. Water (Standing / Moving)</li> <li>9. Sand</li> <li>10. Oily</li> <li>97. Other</li> <li>98. Unknown</li> </ol>	<p style="text-align: center;"><b>Traffic Control</b></p> <ol style="list-style-type: none"> <li>1. Signal</li> <li>2. Stop Sign</li> <li>3. Stop Sign with Flashing Beacon</li> <li>4. Yield Sign</li> <li>96. None</li> </ol> <p style="text-align: center;"><b>Work Zone - Activity</b></p> <ol style="list-style-type: none"> <li>1. Lane Closure</li> <li>2. Lane Shift / Crossover</li> <li>3. Work on Shoulder or Median</li> <li>4. Intermittent or Moving Work</li> <li>97. Other</li> </ol>	
		<p style="text-align: center;"><b>Relation to Roadway</b></p> <ol style="list-style-type: none"> <li>1. On the Road</li> <li>2. Median</li> <li>3. Shoulder</li> <li>4. Outside of Shoulder / Curb</li> <li>5. Gore</li> <li>6. On-Street Parking</li> <li>7. Off Roadway (Non-Traffic)</li> <li>8. Sidewalk</li> <li>9. Bicycle Lane</li> <li>98. Unknown</li> </ol>	<p style="text-align: center;"><b>Trafficway</b></p> <ol style="list-style-type: none"> <li>1. Not Physically Divided (Two-Way Traffic)</li> <li>2. Divided Highway without Traffic Barrier</li> <li>3. Divided Highway with Traffic Barrier</li> <li>4. One-Way Traffic</li> <li>5. Non-Traffic</li> <li>6. Two-Way, Not Divided, with a Continuous Left Turn Lane</li> </ol>	<p style="text-align: center;"><b>Restraint Use</b></p> <ol style="list-style-type: none"> <li>1. No Belts Available</li> <li>2. Shoulder Belt Only Used</li> <li>3. Lap Belt Only</li> <li>4. Shoulder and Lap Belt</li> <li>5. No Belts Used</li> <li>6. Child Restraint System – Forward Facing</li> <li>7. Child Restraint Not Used or Improperly Used</li> <li>8. Child Restraint System – Rear Facing</li> <li>9. Child Restraint System – Booster Seat</li> <li>10. Restraint Failure</li> <li>11. Restraint Use Unknown</li> <li>12. Helmet Worn</li> <li>13. Helmet Not Worn</li> <li>14. Helmet Use Unknown</li> </ol>

## UD-10 Guide (Page 2)

<p style="text-align: center; background-color: purple; color: white; margin: 0;"><b>Airbag</b></p> <ol style="list-style-type: none"> <li>1. Deployed-Front</li> <li>2. Not Deployed</li> <li>3. Not Equipped</li> <li>4. Deployed-Side</li> <li>5. Deployed-Curtain</li> <li>6. Deployed-Other (Knee, Air Belt, Etc.)</li> <li>7. Deployed-Combination</li> <li>98. Unknown</li> </ol>	<p style="text-align: center; background-color: purple; color: white; margin: 0;"><b>Action Prior to Crash</b></p> <p>► <b>Driver Action</b></p> <ol style="list-style-type: none"> <li>1. Going Straight Ahead</li> <li>2. Turning Left</li> <li>3. Turning Right</li> <li>4. Stopped on Roadway</li> <li>5. Involved in Prior Crash at Same Location</li> <li>6. Changing Lanes</li> <li>7. Backing</li> <li>8. Slowing / Stopping on Roadway</li> <li>9. Slowing / Stopping Other Area</li> <li>10. Starting Up on Roadway</li> <li>11. Starting Up in Other Area</li> <li>12. Entering Parking</li> <li>13. Leaving Parking</li> <li>14. Entering Roadway</li> <li>15. Leaving Roadway</li> <li>16. Making U-Turn</li> <li>17. Overtaking or Passing</li> <li>18. Avoiding Object</li> <li>19. Avoiding Pedestrian</li> <li>20. Avoiding Vehicle (Front / Back)</li> <li>21. Avoiding Vehicle (Angle)</li> <li>22. Driverless Moving</li> <li>23. Parked</li> <li>35. Other</li> <li>36. Unknown</li> <li>37. Avoiding Animal</li> <li>38. Negotiating a Curve</li> </ol> <p>► <b>Pedestrian Action</b></p> <ol style="list-style-type: none"> <li>24. Crossing at Intersection</li> <li>25. Crossing Not at Intersection</li> <li>26. Getting On / Off Vehicle</li> <li>27. In Roadway with Traffic</li> <li>28. In Roadway Against Traffic</li> <li>29. Standing / Lying in Roadway</li> <li>30. Pushing / Working on Vehicle</li> <li>31. Other Working in Roadway</li> <li>32. Playing in Roadway</li> <li>33. In Roadway Other Reason</li> <li>34. Not in Roadway</li> <li>35. Other</li> <li>36. Unknown</li> </ol>	<p style="text-align: center; background-color: purple; color: white; margin: 0;"><b>Sequence of Events (cont.)</b></p> <ol style="list-style-type: none"> <li>48. Work Zone / Maintenance Equipment</li> <li>49. Cargo Falling / Shifting / or Anything Set in Motion (SIM) By a Motor Vehicle</li> <li>19. Engineer (Railroad / Train)</li> <li>20. Animal</li> <li>21. Other Non-Fixed Object</li> </ol> <p>► <b>Collision with Fixed Object</b></p> <ol style="list-style-type: none"> <li>22. Bridge Pier / Support</li> <li>24. Bridge Rail</li> <li>50. Bridge Overhead Structure</li> <li>25. Guardrail Face</li> <li>26. Guardrail End</li> <li>51. Cable Barrier</li> <li>27. Concrete Barrier</li> <li>28. Traffic Sign / Post</li> <li>29. Traffic Signal Equipment</li> <li>30. Utility Pole / Light Support</li> <li>32. Other Post / Pole / Support</li> <li>33. Culvert</li> <li>34. Curb</li> <li>35. Ditch</li> <li>36. Embankment</li> <li>37. Fence</li> <li>38. Mailbox</li> <li>39. Tree</li> <li>40. Railroad Crossing Signal</li> <li>41. Building</li> <li>42. Traffic Island</li> <li>43. Fire Hydrant</li> <li>44. Impact Attenuator / Crash Cushion</li> <li>45. Other Fixed Object</li> </ol> <p><small>* In transport means a motor vehicle in motion or on a roadway.</small></p>	<p style="text-align: center; background-color: purple; color: white; margin: 0;"><b>Vehicle Use (cont.)</b></p> <ol style="list-style-type: none"> <li>7. Military</li> <li>8. Other Government</li> <li>9. Utility</li> <li>10. Road Construction / Other Maintenance</li> <li>11. Other</li> </ol>
<p style="text-align: center; background-color: purple; color: white; margin: 0;"><b>Condition at Time of Crash</b></p> <ol style="list-style-type: none"> <li>1. Appeared Normal</li> <li>4. Sick</li> <li>5. Fatigued or Asleep</li> <li>7. Medication</li> <li>10. Physically Disabled</li> <li>11. Emotional</li> <li>97. Other</li> <li>99. Unknown</li> </ol>	<p style="text-align: center; background-color: purple; color: white; margin: 0;"><b>Driver Distracted By</b></p> <ol style="list-style-type: none"> <li>1. Not Distracted</li> <li>2. Manually Operating an Electronic Communications Device (Texting, Typing, Dialing)</li> <li>3. Talking on Hands-Free Electronic Device</li> <li>4. Talking on Hand-Held Electronic Device</li> <li>5. Other Activity, Electronic Device (Book Player, Navigation Aid)</li> <li>6. Passenger</li> <li>7. Other Activity Inside the Vehicle (Eating, Personal Hygiene)</li> <li>8. Outside the Vehicle (Includes Unspecified External Distractions)</li> <li>98. Unknown</li> </ol>	<p style="text-align: center; background-color: purple; color: white; margin: 0;"><b>Sequence of Events</b></p> <p>► <b>Non-Collision</b></p> <ol style="list-style-type: none"> <li>1. Loss of Control</li> <li>2. Cross Centerline</li> <li>46. Cross Median</li> <li>3. Ran Off Roadway - Left</li> <li>4. Ran Off Roadway - Right</li> <li>5. Re-enter Roadway</li> <li>6. Overturn</li> <li>7. Separation of Units</li> <li>8. Fire / Explosion</li> <li>9. Immersion</li> <li>10. Jackknife</li> <li>11. Downhill Runaway</li> <li>12. Cargo Loss / Shift</li> <li>13. Individual Fell from Vehicle</li> <li>47. Equipment Failure (Blown Tire, Brake Failure, Etc.)</li> <li>14. Other Non-Collision</li> </ol> <p>► <b>Collision with Non-Fixed Object</b></p> <ol style="list-style-type: none"> <li>15. Pedestrian</li> <li>16. Bicyclist</li> <li>17. Motor Vehicle in Transport*</li> <li>18. Parked Motor Vehicle</li> </ol>	<p style="text-align: center; background-color: yellow; margin: 0;"><b>Vehicle Type</b></p> <ol style="list-style-type: none"> <li>1. Passenger Car, SUV, Van</li> <li>2. Motor Home</li> <li>3. Pickup Truck</li> <li>4. Small Truck (Under 10,000 lbs)</li> <li>5. Motorcycle</li> <li>6. Moped / Goped</li> <li>7. Go-Cart / Golf Cart</li> <li>8. Snowmobile</li> <li>9. Off Road Vehicle (ATV Type)</li> <li>10. Other</li> <li>11. Truck / Bus</li> </ol>
<p style="text-align: center; background-color: yellow; margin: 0;"><b>Location of Greatest Damage / First Impact</b></p> <div style="text-align: center;"> <p style="margin: 0;">1 2 3 4 5 6 7 8 9 10 Top (Roof)</p> </div> <ol style="list-style-type: none"> <li>9. Undercarriage</li> <li>10. Multiple</li> <li>11. None</li> <li>98. Unknown</li> </ol>			<p style="text-align: center; background-color: yellow; margin: 0;"><b>Extent of Damage</b></p> <ol style="list-style-type: none"> <li>1. No Damage</li> <li>2. Minor Damage</li> <li>3. Functional Damage</li> <li>4. Disabling Damage</li> <li>98. Unknown</li> </ol>
<p style="text-align: center; background-color: purple; color: white; margin: 0;"><b>Injury</b></p> <p><b>K - Fatal Injury:</b> Any injury which results in death</p> <p><b>A - Suspected Serious Injury:</b> Any injury other than fatal which prevents normal activities and generally requires hospitalization</p> <p><b>B - Suspected Minor Injury:</b> Any minor injury that is evident to others at the scene</p> <p><b>C - Possible Injury:</b> Any possible injury that is reported or claimed</p> <p><b>O - No Injury:</b> No indication of injury</p>			<p style="text-align: center; background-color: yellow; margin: 0;"><b>Vehicle Direction</b></p> <ol style="list-style-type: none"> <li>1. North</li> <li>2. South</li> <li>3. East</li> <li>4. West</li> </ol>
<p style="text-align: center; background-color: yellow; margin: 0;"><b>Special Vehicles</b></p> <ol style="list-style-type: none"> <li>1. Police</li> <li>2. Fire</li> <li>3. Bus</li> <li>4. Ambulance</li> <li>5. Farm Equipment</li> <li>6. Construction / Maintenance Equipment</li> <li>7. Tow Truck / Wrecker</li> </ol>			<p style="text-align: center; background-color: yellow; margin: 0;"><b>Private Trailer Type</b></p> <ol style="list-style-type: none"> <li>1. Utility</li> <li>2. Travel Trailer</li> <li>3. Boat Trailer</li> <li>4. Farm Equipment</li> <li>5. Towed Auto</li> <li>6. Recreational Double</li> <li>7. Other</li> </ol>
<p style="text-align: center; background-color: purple; color: white; margin: 0;"><b>Hazardous Action</b></p> <ol style="list-style-type: none"> <li>0. None</li> <li>1. Speed Too Fast</li> <li>2. Speed Too Slow</li> <li>3. Failed to Yield</li> <li>4. Disregard Traffic Control</li> <li>5. Drove Wrong Way</li> <li>6. Drove Left of Center</li> <li>7. Improper Passing</li> <li>8. Improper Lane Use</li> <li>9. Improper Turn</li> <li>10. Improper / No Signal</li> <li>11. Improper Backing</li> <li>12. Unable to Stop in Assured Clear Distance</li> <li>13. Other</li> <li>14. Unknown</li> <li>15. Reckless Driving</li> <li>16. Careless Driving</li> </ol>			<p style="text-align: center; background-color: yellow; margin: 0;"><b>Vehicle Defects</b></p> <ol style="list-style-type: none"> <li>1. Brakes</li> <li>2. Lights</li> <li>3. Steering</li> <li>4. Tires / Rims</li> <li>5. Windows / Windshield</li> <li>6. Truck Coupling / Trailer Hitch / Safety Chains</li> <li>97. Other</li> </ol>
<p style="text-align: center; background-color: yellow; margin: 0;"><b>Vehicle Use</b></p> <ol style="list-style-type: none"> <li>1. Private</li> <li>2. Commercial (Business)</li> <li>3. In Pursuit / On Emergency</li> <li>4. Farm</li> <li>5. School / Education</li> <li>6. Club / Church</li> </ol>			

# UD-10 Guide (Page 3)

Vehicle Configuration	
<p><b>1</b> Passenger Car ( Only if Vehicle Has HM Placard )</p> 	<p><b>7</b> Truck/Trailer ( Single-Unit Truck Pulling a Trailer )</p> 
<p><b>2</b> Light Truck ( Only if Vehicle Has HM Placard )</p> 	<p><b>8</b> Truck Tractor ( Bobtail )</p> 
<p><b>3</b> Bus ( 9-15 Seats, Including Driver )</p> 	<p><b>9</b> Tractor / Semi Trailer ( One Trailer )</p> 
<p><b>4</b> Bus ( 16 or More Seats, Including Driver )</p> 	<p><b>10</b> Truck Tractor / Double ( Two Trailers )</p> 
<p><b>5</b> Single-Unit ( 2 Axles, 6 Tires )</p> 	<p><b>11</b> Truck Tractor / Triple ( Three Trailers )</p> 
<p><b>6</b> Single-Unit ( 3 or More Axles )</p> 	<p><b>99</b> Unknown Heavy Truck &gt; 10,000 lbs – Unclassified ( Not Listed Above )</p>

Cargo Body Type		
<p><b>1</b> Van / Enclosed Box</p> 	<p><b>6</b> Auto Transporter</p> 	<p><b>11</b> Log</p> 
<p><b>2</b> Cargo Tank</p> 	<p><b>7</b> Garbage / Refuse</p> 	<p><b>12</b> Vehicle Towing Motor Vehicle</p> 
<p><b>3</b> Flat Bed</p> 	<p><b>8</b> Grains, Chips, Gravel</p> 	<p><b>13</b> Bus (9-15 Seats, Including Driver)</p> 
<p><b>4</b> Dump</p> 	<p><b>9</b> Pole</p> 	<p><b>14</b> Bus (16 or More Seats, Including Driver)</p> 
<p><b>5</b> Concrete Mixer</p> 	<p><b>10</b> Intermodal Chassis</p> 	<p><b>15</b> No Cargo Body</p> 
		<p><b>97</b> Other</p>

Hazardous Materials				
<p><b>CLASS 1</b> Explosives: Divisions 1.1, 1.2, 1.3, 1.4, 1.5, 1.6</p> 	<p><b>CLASS 2</b> Gases: Divisions 2.1, 2.2, 2.3</p> 	<p><b>CLASS 3</b> Flammable Liquid and Combustible Liquid</p> 	<p><b>CLASS 4</b> Flammable Solid, Spontaneously Combustible, and Dangerous When Wet: Divisions 4.1, 4.2, 4.3</p> 	<p><b>CLASS 5</b> Oxidizer, Organic Peroxide: Divisions 5.1 and 5.2</p> 
<p><b>CLASS 6</b> Poison (Toxic) Poison Inhalation Hazard, Infectious Substance: Divisions 6.1 and 6.2</p> 	<p><b>CLASS 7</b> Radioactive</p> 	<p><b>CLASS 8</b> Corrosive</p> 	<p><b>CLASS 9</b> Miscellaneous Hazardous Material</p> 	

Endorsements		
H. Hazardous	P. Passenger	T. Double/Triple
N. Tank	S. School Bus	X. Tank and Hazardous

Contact Information
<p><i>For any questions, please contact the Criminal Justice Information Center at <a href="mailto:CrashTCRS@michigan.gov">CrashTCRS@michigan.gov</a>.</i></p>

## Administrative Elements

*Administrative Elements are those fields that are consistent throughout the UD-10 and apply to the entire traffic crash report.*

### Page Number

Page	of
------	----

Each UD-10 is able to capture up to two vehicles (units). A single UD-10 shall be numbered Page 1 of 1.

Since there is the possibility that more than one UD-10 will be used to report a traffic crash, each form must be numbered in sequence. For example, if five vehicles are involved in a crash, three UD-10s must be completed. The first UD-10 will be numbered Page 1 of 3, the second UD-10 will be numbered Page 2 of 3, and the third UD-10 would be Page 3 of 3. See Serial Override Number for instructions on how to add additional UD-10s.



Electronic version will automatically number your pages based on the number of units being recorded.

### Incident Number

Incident #														
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Enter the agency's alpha numeric incident number, not to exceed 10 characters.

Note: When giving the incident number to parties involved in a crash, the incident number must be identified **exactly** as written on the UD-10.



Do not give out the External Crash ID number.

## File Class

<b>File Class</b>
-------------------

Enter the appropriate File Class for the crash.

5400-1	Hit and Run Motor Vehicle Accident
5400-2	Operating Under Influence of Liquor or Drugs
9300-1	Accident, Traffic
9300-2	Accident, Non-Traffic

## Investigated at Scene

Investigated at Scene <input type="radio"/> Yes <input type="radio"/> No
---

Indicate whether or not the crash was investigated at the scene.

## ORI (Originating Agency Number)

ORI								
<b>MI</b>								

Enter the law enforcement agency's nine character ORI that is reporting the crash. The first two characters **MI** are preprinted on the form. The remaining seven digits will need to be completed. Mark only one digit per box. The ORI is a unique identifier for every law enforcement agency. It is important that this be complete and correct.

 Electronic version will automatically default to your agency's ORI.
---

## Department Name

Department Name
-----------------

Enter the full name of the law enforcement agency that is reporting the crash. The type of agency may be abbreviated, e.g. Police Department (PD), Sheriff Department (SD) and Michigan State Police (MSP), but please do not abbreviate the agency's name.

The Michigan State Police must also identify their non-abbreviated post location. The post number may be listed in addition to the post name.

 Electronic version will automatically default to your agency's Department Name.
---

## Investigator(s) and Badge Number(s)

Investigator(s)	Badge #
-----------------	---------

Enter the Name(s) and Badge Number(s) of the Investigating Officer(s).

## Photos

Photos <input type="radio"/> Yes <input type="radio"/> No
---

Indicate whether or not photographs were taken at the crash scene.

## Reviewer

Reviewer
----------

Enter the initials of the person who reviewed the crash report.

## Crash Date

Crash Date							
M	M	D	D	Y	Y	Y	Y

Enter the date the crash occurred using the MM/DD/YYYY format. A future date is not valid.

If the date is unknown and cannot be reasonably estimated, enter the date the crash was reported by the complainant or the date it was reported to you.

## Crash Time

Crash Time (Milit.)			
H	H	M	M

Enter the military time the crash occurred. All military time must include four digits. Mark only one digit per box.

To convert standard time to military time, simply add 12 to any hour past 1:00 p.m. For example, 1:00 p.m. equals 1300 military time ( $1:00+12:00=1300$ ), similarly 2:25 p.m. equals 1425 military time ( $2:25+12:00=1425$ ), and likewise 10:05 p.m. equals 2205 military time ( $10:05+12:00=2205$ ).

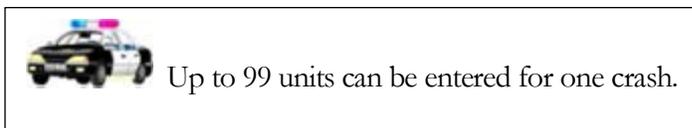
Midnight is entered as 0000 and noon is 1200.

If the time is unknown and cannot be reasonably estimated, enter the time the crash was reported by the complainant or the time it was reported to you.

## Number of Units

No. of Units		

Enter the total Number of Units (Motor Vehicles, Pedestrians, Bicycles and Engineers [railroad/train]) that were physically involved, up to a maximum of nine. Each unit counted in a crash must have a separate unit section completed. Mark one digit with a leading zero (e.g., 01-09).



Example: A crash involving a car that strikes two pedestrians would be listed as three units.

Example: All persons riding in an Amish buggy are considered pedestrians.

Example: All of the following would be crashes involving two units:

- Car/train
- Car/moped
- Car/pedestrian
- Car/snowmobile
- Car/bicycle
- Car/farm tractor
- Car/snowplow

Example: A police officer used the push-bumper of the patrol car to push a disabled vehicle, Unit 1. The “operator” of Unit 1 hit another car, Unit 2. This would be a two unit crash. The police officer would be listed as the Driver of Unit 1, and the disabled vehicle would be listed as a trailer. Even though the “operator” of Unit 1 may have steered into Unit 2, the police officer driving the patrol car is listed as the Driver of Unit 1 because the patrol car was supplying the power.

Example: A car/animal crash or car/tree crash would involve only one unit because an animal or tree is not a Motor Vehicle, Bicycle, Pedestrian or Engineer (railroad/train).

Note: Do not include non-contact vehicles in the total number of units. Non-contact units can be described in the Crash Diagram and Remarks. Do not include personal information.

Example: If one car forces another off the road and into a collision with another object, this would be a one unit crash.

Note: If one vehicle sets an object in motion, such as a stone, piece of metal, loose tire or other debris that damages another vehicle, this would be a two unit crash. There may be very little or no information about the vehicle that initially set the object in motion. Even though there was no direct contact between the vehicles, an object was set in motion that made contact and caused damage. Further explain such occurrences in the Crash Diagram and Remarks.

### **More Than Nine (9) Units (applies to paper only)**

If a crash involves more than nine units, the same incident number may be used. Record any additional units as a second crash with the same DATE, TIME and LOCATION. The first form of this second crash must be completed in its entirety since it is a “new” crash. Do not enter the UD-10 Serial numbers in the Crash Diagram and Remarks on the reverse side of each form. This will be explained later in Serial Override Number.

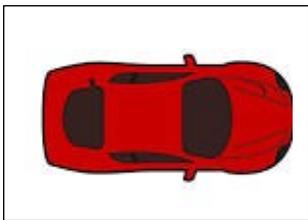
Example: A crash involving ten motor vehicles and one pedestrian would have eleven units. For reporting purposes, the units in this crash would be divided into two distinct crashes. Up to nine units could be reported in the first crash with the remainder being reported in the second crash.

## Crash Type

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"/> Backing	<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	<input type="radio"/> Unknown

Crash type describes how the vehicles involved in the crash made contact with the other unit(s). For multiple impact crashes, record only the first crash type.

### Single Motor Vehicle



A single motor vehicle crash involves only one motor vehicle as defined in this manual. This includes those cases in which a motor vehicle was the only traffic unit and the only motor vehicle involved that collided with a bicyclist, pedestrian, engineer (railroad train), animal or any other non-motorized object.

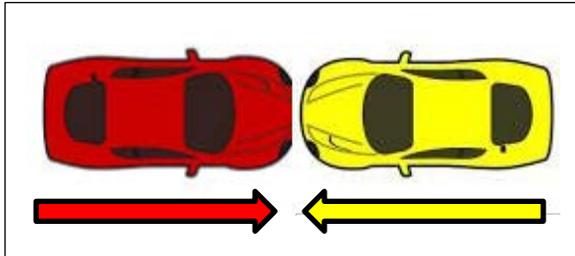
Any motorized vehicle or device is considered a "motor vehicle" even though the vehicle or device may not be defined as a motor vehicle in the Michigan

Motor Vehicle Code or other applicable legislation. In that manner, traffic units such as ORVs, snowmobiles, ATVs, mopeds, farm tractors, garden tractors and motorized wheelchairs are motor vehicles for the purposes of completing this form. Please see Unit Type for a complete description of motorized vehicles.

Examples of Single Motor Vehicle Crashes:

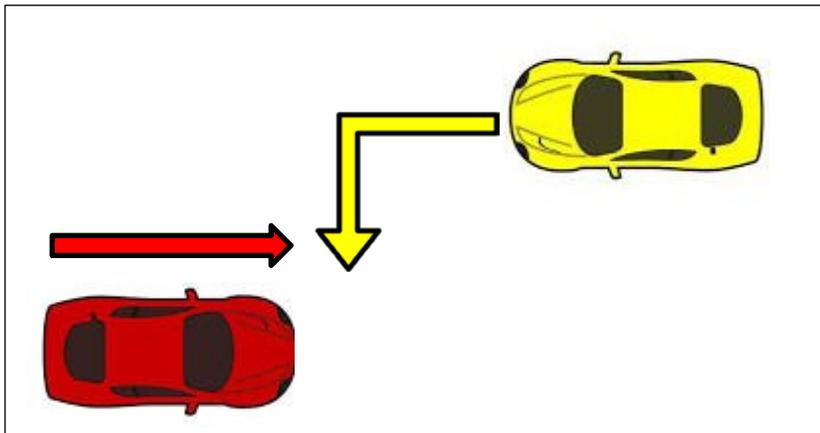
- One motor vehicle and one or more pedestrians (each pedestrian is considered a unit).
- One motor vehicle and one horse drawn wagon (every injured person on the horse drawn wagon should be listed as a pedestrian).
- One motor vehicle and a railroad train.
- One motor vehicle and a bicycle (tandem bicycle would be considered as two separate bicycle units).
- While in transport, a wheel on a vehicle caught fire. If a fire occurs in or on any part of a vehicle while in transport on a roadway resulting in death, injury or property damage of \$1,000 or more.

### Head On



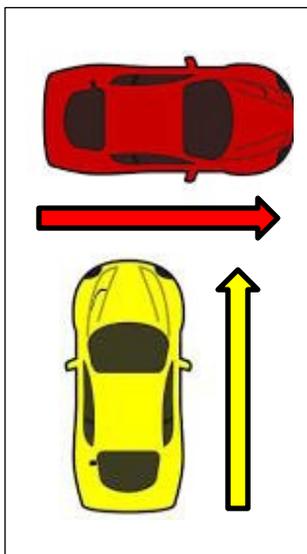
The direction of travel of both vehicles must be toward each other. The determining factors are not the direction that the vehicles are facing when they come to rest or the points of impact on the vehicles.

### Head On-Left Turn



When two vehicles are approaching head on and at least one is attempting a left turn.

### Angle

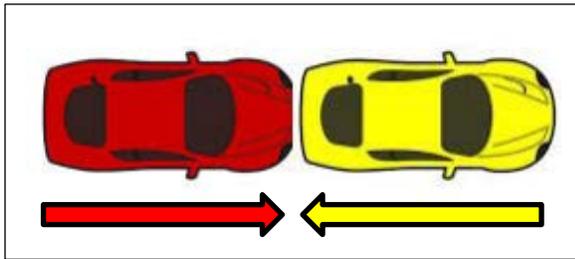


This will be selected when the direction of travel is basically perpendicular for both drivers and there is a side impact of approximately 90 degrees.

An angle crash is a more direct impact and may stop the forward movement of one vehicle.

Do not select Angle if a side impact takes place during a Head On-Left Turn, Rear End-Left Turn, or Rear End-Right Turn.

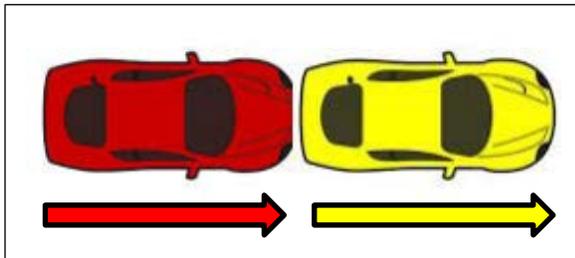
### Backing



Example: A motor vehicle has stopped directly in the middle of a pedestrian walkway at an intersection, puts the vehicle in reverse and strikes the motor vehicle behind it.

Example: A motor vehicle backing out of a driveway and strikes a vehicle in the roadway.

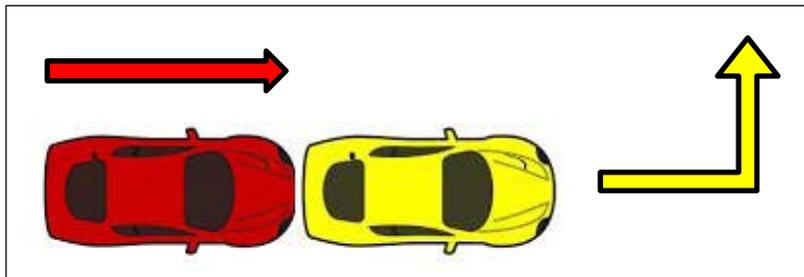
### Rear End



When the vehicles are traveling in the same direction, one behind the other, and no turn is involved. Area of damage on the vehicles is not the determining factor.

Note: Any crash involving a vehicle backing up into another vehicle is not considered a Rear End crash. This type of crash would be considered Backing.

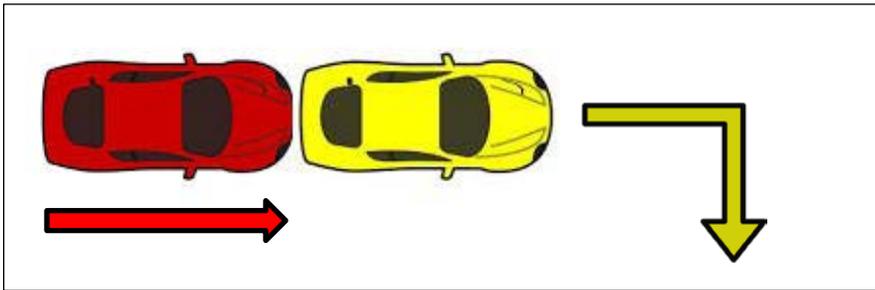
### Rear End-Left Turn



When the intention of one driver was to make a left turn and was struck by a following vehicle not necessarily in the same lane, Rear End-Left Turn will be marked.

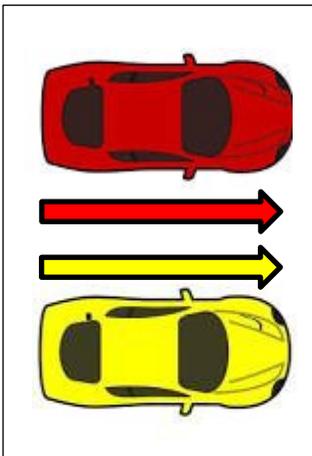
Note: Initial impact damage to the turning vehicle may not necessarily be to the rear end.

### Rear End-Right Turn



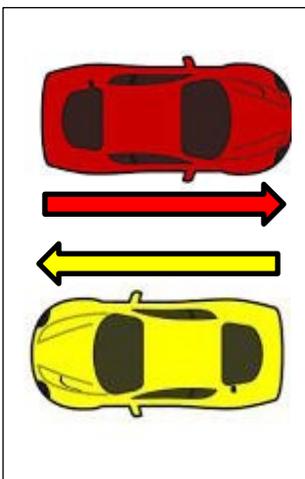
Same as Rear End-Left Turn except involving right turns.

### Sideswipe-Same



Vehicles traveling in the same direction making side contact will be Sideswipe-Same. If a vehicle spins out of control and makes contact with another vehicle traveling in the same direction, Sideswipe-Same will still be selected regardless of points of contact on the vehicles. Sideswipe crashes differ from Angle crashes in that a Sideswipe is a glancing impact and should not in itself stop the forward movement of the vehicle. (An angle crash is a more direct impact and may stop the forward movement of one vehicle.)

### Sideswipe-Opposite



This will be selected when vehicles are traveling in opposite directions and they make a glancing side impact. Instructions for Sideswipe-Same also apply to this selection.

**Other**

This will be selected if it is determined the crash does not fit in one of the above selections.

Any crash involving two or more motor vehicles will require a Crash Type, depending upon the profile of the collision.

**Unknown**

This will be selected if no information is available for Crash Type and the officer cannot make a reasonable attempt at determining how the crash occurred.

**Special Circumstances**

<b>Special Circumstances</b>	<input type="radio"/> None	<input type="radio"/> Hit and Run	<input type="radio"/> School Bus
<input type="radio"/> Fleeing Police	<input type="radio"/> Unknown	Animal	<input type="checkbox"/>

This field is used to indicate any special circumstances that were in any way involved in or associated with the crash. At least one selection must be made. More than one may be selected if circumstances warrant.

**None**

Select this if no special circumstances exist. If **None** is selected, no other selections can be made.

**Hit and Run**

If the crash was a hit and run (File Class 5400-1), select **Hit and Run**.

**School Bus**

School Bus shall be selected in situations where a school bus is related to the crash in any way. This includes situations where the school bus was a contact vehicle or where other units crashed due to the presence and influence of a school bus, even though the bus itself was not a contact unit.

Example: A school bus is hit by another vehicle. The school bus is actually involved in the crash. Select **School Bus**.

Example: An automobile that has stopped for a school bus is struck by another vehicle. The school bus was not involved in this crash but was associated with it. Select **School Bus**.

Example: A school bus has stopped. While a student is crossing the road, a driver disregards the bus's flashing lights and hits the student. The bus was associated with the incident but not involved. Select **School Bus**.

## **Fleeing Police**

If a police pursuit situation causes other vehicles to crash. Select **Fleeing Police**.

Example: A patrol car collides with a vehicle it is pursuing. Select **Fleeing Police**.

Example: A patrol car is in pursuit of a vehicle that disregards a red traffic signal and collides with another vehicle. Select **Fleeing Police**.

Example: A patrol car is pursuing vehicle #1. Vehicle #1's erratic driving causes two other vehicles to collide, but vehicle #1 is not a contact vehicle in that crash, nor is the patrol car. Select **Fleeing Police**.

Example: A vehicle being pursued by police collides with a school bus. Select **School Bus** and **Fleeing Police**.

## **Unknown**

If information is unknown to the reporting officer, **Unknown** would apply.

Example: When a person has been involved in a crash and reports it to the local law enforcement agency at a later date. An officer has not investigated the crash at the scene, **Unknown** would be applicable.

## **Animal**

If an animal is involved in a crash or is a contributing factor in a crash. Select the appropriate animal.

Example: A driver swerves to miss an animal, loses control and collides with an oncoming vehicle. This is an animal associated crash. Select the appropriate **Animal**.

Animal
1. Deer
2. Turkey
3. Elk
4. Moose
5. Bear
97. Animal (Other)
98. Animal (Unknown)

## Special Checks

Special Checks	<input type="radio"/> Fatal	<input type="radio"/> Corrected Copy
<input type="radio"/> Replace	<input type="radio"/> Delete	<input type="radio"/> Non-Traffic
<input type="radio"/> ORV/Snowmobile		

Indicate if a **Special Check** applies to the crash. If applicable, more than one bubble can be selected.

### **Fatal**

Select **Fatal** when a fatality is known to have occurred as of the date the report is submitted. Also select the Injury code **K** for the deceased person.

If a person dies after the report has been submitted, a corrected copy **must** also be submitted. **Select the Fatal bubble and the Corrected Copy bubble and write the original serial number in the override box.** See guidelines on submitting a Corrected Copy and Serial Override Number.



If a person dies after the report has been submitted, correct the injury code and select **Fatal** under **Special Checks** and resubmit report as a **Replace**.

### **All fatalities must be submitted with a “K” injury.**

Fatalities will be submitted under four categories:

1. REGULAR Fatalities: Deaths that occur within 30 days as the result of injuries sustained in a traffic crash.
2. NON-COUNT Fatalities: Deaths that occur more than 30 days after the crash date. Notify the FARS personnel if a death occurs after the 30 days. These deaths are not counted statistically.
3. MEDICAL Fatalities: Deaths that occur from medical causes not related to the crash. Indicate the medical examiner’s findings in the narrative portion of the UD-10. These deaths are not counted statistically. If the medical examiner determines the cause of death was from a medical issue and not the traffic crash, please notify the FARS personnel.
4. NON-TRAFFIC Fatalities: Deaths that occur in or on areas not publicly maintained and/or open to the public for thru traffic; i.e., parking lots, fields, lake surfaces, etc. Non-traffic snowmobile and ORV crashes are required by state law to be submitted and compiled. These deaths are not counted statistically.

BUS or TRAIN Fatalities: When reporting a fatal bus or train crash, include all injured passengers and the driver. This is the only time you would exclude uninjured persons in a fatal crash.

### **Corrected Copy (A change to a paper form previously submitted)**

Select **Corrected Copy** to submit a change to a crash form **previously submitted** to the Michigan State Police. The corrected copy requires certain information in addition to the content item(s) being changed or added. The following items **must** be submitted on all corrected copies submitted:

#### Required Data Elements for a Corrected Copy

- Agency ORI.
- Department Name.
- Original Incident Number.
- Crash Date (previously submitted).
- Number of Units.
- Special Checks (corrected copy).
- County/City/Township.
- Unit Number.
- The preprinted serial number of the original traffic crash report being corrected.

**Do not write over, cross out or white-out the pre-printed serial number.**

When using the **Corrected Copy** option, start by filling in the **Corrected Copy** bubble under **Special Checks** at the top of the front page. Mark the appropriate unit number needing the correction. **Start on the front page, even if it's Unit 2 thru 9.**

If changes are being made to an area that does not relate to a unit number, a **1** must be placed in the unit number box. This allows a link of information between the corrected copy and the original.

Example: **Crash Type** is being changed from **Other/Unknown** to **Head On**. The Unit Number 1 must still be filled in.

**No correction will be made, if the unit number field is not completed.**

Note: Units or passengers **cannot** be added or deleted via the corrected copy process. Use the **Replace** process for this type of change.

**In order to change the date of a crash previously reported, first delete the original crash and then submit a new UD-10 crash form.**



Corrected Copy is not an option for electronic submission.

### **Replace (Replace an entire report previously submitted)**

When changing the number of units, identity of a driver, the passengers or crash date, a new report must be submitted.

If an investigation of a crash reveals a major change in the circumstances known to have occurred in that crash, resubmit an entire rewritten report to supersede the initial report submitted. The completely rewritten report must include the preprinted serial number of the traffic crash report being replaced in the override serial # box. See Serial Override Number. **The entire report must be replaced. A single page of a report cannot be replaced.**

Example: The investigation reveals the number of units reported was inaccurate on a previously submitted crash report. To correct the number of units, replace the original UD-10 crash report with a rewritten, updated report.

Example: In a previously submitted report, John Jones was listed as the driver of a vehicle. Later, he is determined to have been a passenger instead. This change will require a **Replace** of the original UD-10 crash report because the driver information is changing.



When changing any information including the number of units, the identity of the driver or crash date, make the necessary corrections on the previously filed submission then submit as a **Replace**.

**Paper UD-10s have three items that tie that particular incident together: ORI Number, Serial Number and Crash Date. These three elements must be consistently correlated.**

## **Delete (Delete an entire report from system)**

Select **Delete** to delete an **entire** report from the system.

### **Required Data Elements for a Delete (paper only)**

- Agency ORI.
- Department Name.
- Original Incident Number.
- Crash Date (previously submitted).
- Number of Units.
- Special Checks (delete).
- County/ City/Township.
- Unit Number.
- Preprinted serial number of the previously submitted traffic crash report being deleted.

Example: A previously submitted hit and run crash is determined to be a false police report.

Example: A traffic crash proves to be the result of an intentional act; i.e., an assault.

## **Non-Traffic**

**Except for the following situations**, non-traffic crashes **are not** required to be submitted to the state records system:

1. Non-traffic snowmobile crashes.
2. Non-traffic Off Road Vehicle (ORV) crashes.
3. Fatal non-traffic crashes.

Please remember when submitting the above types of non-traffic crashes that **Area** must be marked **19-Non-Traffic Area**.

## **ORV/Snowmobile**

The State of Michigan requires that both traffic crashes and non-traffic crashes involving snowmobiles and ORVs be reported. This requirement applies whenever an ORV or snowmobile is involved in a crash resulting in a fatality, personal injury, or property damage estimated at **\$100 or more**.

There is no state law requiring the reporting of non-traffic crashes, however, the State of Michigan requests that **Fatal Non-Traffic** crashes be reported on the UD-10 Traffic Crash Report as well as the LEIN Fatal Crash Notification shown in the FARS Section.

**Remember, more than one selection can be made in Special Checks.**

**Example:** A fatal crash occurs in a shopping center parking lot, select **Fatal and Non-Traffic**.

**Example:** A snowmobile fatally injures a pedestrian in an off-road collision on private property, select **Fatal, Non-Traffic, and ORV/Snowmobile**.

## Weather

Weather	

Even though several weather conditions in Michigan can exist simultaneously, select the one most significant weather condition at the time of the crash. Other weather conditions can be noted in the **Crash Diagram** and **Remarks Section**.

Weather
1. Clear
2. Cloudy
3. Fog
4. Rain
5. Snow
6. Severe Crosswinds
7. Sleet / Hail
8. Blowing Snow
9. Blowing Sand, Soil, Dirt
10. Smoke
98. Unknown

## Light

Light	

Light
1. Daylight
2. Dawn
3. Dusk
4. Dark-Lighted
5. Dark-Unlighted
97. Other
98. Unknown

Select the one most significant lighting condition at the time of the crash. Other lighting conditions can be noted in the **Crash Diagram** and **Remarks Section**.

## Road Surface Condition

Road Surface Condition	

Even though several road surface conditions in Michigan can exist simultaneously, select the one most significant road surface condition that describes the crash scene. Other road surface conditions may be noted in the **Crash Diagram** and **Remarks Section**.

Road Surface Condition
1. Dry
2. Wet
3. Ice
4. Snow
5. Mud, Dirt, Gravel
6. Slush
7. Debris
8. Water (Standing / Moving)
9. Sand
10. Oily
97. Other
98. Unknown

## Total Lanes

Total Lanes	

Record the total number of lanes that are legally open for travel, which includes flare lanes and center turn lanes. Legal parking lanes, whether occupied or not, shall not be counted.

If the crash occurred on a divided roadway, record the number of lanes available to a single direction of travel at the point where the first impact of the crash took place.

If the crash did not occur on a roadway, mark “00”.

## County

County	

Enter the county number in which the crash occurred. This is a required field and the crash cannot be processed if not completed properly.

If you are policing a crash for a neighboring jurisdiction, be sure to enter the county code where the first impact took place.

See Appendix A for a list of the county codes.

## City/Township

City/Twp	

Enter the City/Township number in which the crash occurred. This is a required field and the crash cannot be processed if not completed properly.

If you are policing a crash for a neighboring jurisdiction, be sure to enter the City/Township code where the first impact took place.

See Appendix A for a list of the City/Township codes.

## Area

Area	

This section is used to describe the nature of the area where the crash occurred. The basic distinction is between freeway, intersection and non-freeway areas. Select the one option that most clearly describes the nature of the area where the crash occurred. Select one digit per box.

Area
<p>► <b>Freeway</b></p> <p>1. Entrance / Exit Ramp Related</p> <p>2. Authorized Median Crossover Related</p> <p>3. Transition Area / Increase or Decrease in Travel Lanes</p> <p>4. Rest Area Related</p> <p>5. Scale / Weigh Station Related</p> <p>20. Curved Roadway</p> <p>6. All Other Freeway Areas</p> <p>► <b>Intersection</b></p> <p>7. within Intersection</p> <p>8. Driveway Related within 150 ft. of Nearest Edge of Intersection</p> <p>9. Intersection Related-Other</p> <p>21. Roundabout</p> <p>► <b>Other Non-Freeway Areas</b></p> <p>10. Straight Roadway Not Related to Other Selections</p> <p>11. Curved Roadway Not Related to Other Selections</p> <p>12. Driveway Related Not within 150 ft. of Intersection</p> <p>13. Parking Related Legal Roadside</p> <p>14. Transition Area / Increase or Decrease in Travel Lanes</p> <p>15. Median Crossing Related</p> <p>16. Railroad Crossing Related</p> <p>17. Rest Area Related</p> <p>18. Scale / Weigh Station Related</p> <p>19. Non-Traffic Area</p> <p>97. Other</p> <p>98. Unknown</p>

Example: A collision occurs on a freeway between a vehicle on the freeway and another vehicle attempting to merge into thru traffic from a half-mile long acceleration lane. The crash occurs in an area marked with “Lane Ends” warning signs, select **03- Transition Area /Increase or Decrease in Travel Lanes.**

Example: A car fails to negotiate a freeway curve, leaves the roadway and overturns down an embankment. It does not occur near an exit ramp, rest area, or weigh station. Select **06-All Other Freeway Areas.**

Example: A car exiting a service station driveway collides with a passing vehicle. The driveway is 100 feet from the nearest edge of the intersection. Select **08-Driveway Related within 150 feet of Nearest Edge of Intersection.**

Example: A car traveling on a 4-lane freeway with two lanes in each direction collides with a car illegally parked in the right lane, Select **06-All Other Freeway Areas.** Option **13- Parking Related Legal Roadside** would not be marked because the vehicle struck was illegally parked.

Example: In a downtown area, on a straight road near an intersection, a motorist opens their driver’s door to exit their legally parked vehicle. A passing car collides with the open door. The most descriptive code is **13-Parking Related Legal Roadside**, since that is more significant than the roadway being straight or the impact occurring near an intersection.

Example: A fatal car-pedestrian crash takes place in an off- street parking lot. Select **19-Non-Traffic Area.** In this case, also make sure that **Non-Traffic** and **Fatal** are marked under **Special Checks.**

## Traffic Control

Traffic Control		

If a traffic control device was relevant to the crash, select which type of traffic control was present. If the crash occurred within 150 feet of an intersection and a traffic control device was a contributing factor in the crash, indicate which type of traffic control was present at the intersection. If a traffic control device was not involved, select **96-None**.

Traffic Control
1. Signal
2. Stop Sign
3. Stop Sign with Flashing Beacon
4. Yield Sign
96. None

A traffic signal is a 3-light (red-yellow-green) device that alternately assigns right of way. If the signal is in a red-yellow flashing pattern, it is still considered a signal. Select **1-Signal** regardless of whether or not the traffic signal was operating properly at the time of the crash.

A single light overhead beacon that flashes red or yellow is not a traffic signal, but would be considered either a **2-Stop Sign** or **4-Yield Sign**.

A stop sign with flashing beacon can be one of the following two occurrences. The first being a traditional stop sign with a flashing red beacon affixed to the top of the sign. The second would be a traditional stop sign accompanied by a flashing red beacon device suspended over the intersection.

Note: If a person is holding a sign and is officially directing traffic, select the appropriate sign. For example, the crossing guard at a school holding a stop sign to allow children to cross the street. Select **2-Stop Sign**.

Note: A police officer using hand signals is not considered a traffic control device. Select **96-None**.

In the event of a traffic signal outage, then it becomes an uncontrolled intersection, subject to the basic right-of-way rules from MCL 257.649. The intersection does not become a four-way stop. It should be coded as an open intersection (no traffic controls). A note can be made in the narrative that there was a signal without power. If temporary stop or yield signs are erected by the road authority having jurisdiction, then the intersection can be coded appropriately, and the temporary signs described in the narrative.

## Relation to Roadway

Relation to Roadway	

Identify the location of the first impact of the crash in relation to the roadway. Choose only one selection.

Relation to Roadway
1. On the Road
2. Median
3. Shoulder
4. Outside of Shoulder / Curb
5. Gore
6. On-Street Parking
7. Off Roadway (Non-Traffic)
8. Sidewalk
9. Bicycle Lane
98. Unknown

### 1. On the Road

An **On the Road** crash is one of two circumstances. Either a collision crash in which the initial point of contact between the colliding units in the first harmful event is within a roadway or a non-collision crash in which the road vehicle involved was partly or entirely on the roadway at the time of the first harmful event.

Example: A crash occurs in the normally traveled area of the roadway, including left turn lanes and right and left turn flares. Select **1-On the Road**.

Example: A car leaves the thru lane, moves to the right into a parking lane, and strikes a parked car. The parked car is on the road, not on the shoulder. Select **1-On the Road**.

Example: A flatbed truck carrying machine parts fails to negotiate a sharp curve and spills its load on the roadway, resulting in damage over \$1000. Select **1-On the Road**.

### 2. Median

A Median is an area of the trafficway between parallel roads, separating travel in opposite directions.

Example: A car drives into the area between the inside left-hand pavement edges of a divided highway striking a bridge abutment. Select **2-Median**.

### **3. Shoulder**

A shoulder is that part of a trafficway adjoining with the roadway for emergency use, for accommodation of stopped road vehicles and for lateral support of the roadway structure.

Example: A car drifts out of the normally traveled lanes, striking a car parked on the shoulder. Select **3-Shoulder**.

### **4. Outside of Shoulder/Curb**

The outside of a shoulder or curb area would be that area to the right of the shoulder or past the curb.

Example: A driver avoids a collision in an intersection by swerving off the road and striking a culvert end. Select **4-Outside of Shoulder/Curb**.

### **5. Gore**

The gore is the narrow area between the main roadway and an exit or entrance ramp where the two completely separate or come together. The area is bounded on both sides by the edges of the roadways that join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. See Ramps in Section 2 for gore examples.

Example: A driver attempts to exit a freeway; however, the car goes off into the gore area and overturns. Select **5-Gore**.

### **6. On Street Parking**

On street parking refers to the designated area on the roadway, which allows spaces for vehicles to park adjacent to the roadway. On street parking can be parallel, angled or perpendicular to the roadway.

Example: A vehicle attempts to parallel-park along the roadway and strikes the parked vehicle next to it. Select **6-On Street Parking**.

### **7. Off Roadway (Non-Traffic)**

Off roadway would be any non-traffic area that is not designed or open for regular vehicular traffic.

Example: A snowmobile traveling down a trail strikes a tree and kills the driver. Select **7-Off Roadway (Non-Traffic)**.

## 8. Sidewalk

The sidewalk is the paved area adjacent to the roadway, primarily designed for pedestrian traffic.

Example: A car traveling down the road loses its front tire, runs off the road and strikes a pedestrian walking on the sidewalk. Select **8-Sidewalk**.

## 9. Bicycle Lane

A bicycle lane is that area of the roadway, usually furthest to the right, which is marked and designated exclusively for bicycle traffic.

Example: A truck drifts out of its travel lane and strikes a subject riding a bike in the designated bicycle lane. Select **9-Bicycle Lane**.

## 99. Unknown

If the relation to roadway is in question and the officer cannot make a reasonable determination based on their investigation, select **99-Unknown**.

## Work Zone

Work Zone-Type	Work Zone-Workers Present	Work Zone-Activity	Work Zone-Location
<input type="radio"/> Const. / Maint. <input type="radio"/> Utility	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

All four fields must be completed if the crash occurred in a work zone (construction zone).

### Work Zone-Type:

1. Construction/Maintenance refers to roadway construction or repair. The building of the roadway itself, or any roadway related features (e.g. overhead signs, signals, etc.)
2. Utility refers to any work on facilities other than the roadway such as telephone, electrical, TV cable, water, sewer, etc.

Note: Only one choice can be made.

**Work Zone-Workers Present:**

Indicate whether or not workers were present in the work zone at the time of the crash. If the zone is several miles long, indicate if workers were present in the general vicinity of the crash.

Note: Only one choice can be made.

**Work Zone-Activity:**

Work Zone - Activity
<ol style="list-style-type: none"> <li>1. Lane Closure</li> <li>2. Lane Shift / Crossover</li> <li>3. Work on Shoulder or Median</li> <li>4. Intermittent or Moving Work</li> <li>97. Other</li> </ol>

Indicate what type of activity was being performed within the work zone.

Examples:



**Work Zone-Location:**

Work Zone - Location
<ol style="list-style-type: none"> <li>1. Before the First Work Zone Warning Sign</li> <li>2. Between the First and Last Work Zone Warning Sign</li> <li>3. No Warning Signs</li> </ol>

Indicate where, within the work zone, the crash occurred.

Examples:



## Contributing Circumstances

Contributing Circumstances			
1 <sup>st</sup>	<input type="text"/>	<input type="text"/>	2 <sup>nd</sup>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

These are apparent external conditions (outside the vehicle) that may have contributed to the crash. More than one choice can be made if the situation warrants.

### Contributing Circumstances

1. Prior Crash
2. Backup Due to Regular Congestion
3. Backup Due to Other Incident
4. Glare
5. Traffic Control Device Inoperative, Missing or Obscured
6. Shoulders (None, Low, Soft, High)
96. None
97. Other
98. Unknown

Contributing circumstances are not meant to replace the blame of the at fault driver, but only to address other conditions that may have contributed to the crash. These circumstances are important to determine if specific conditions exist that may need to be addressed through traffic improvement projects.

## Reported Date and Time

Reported Date	Reported Time
<input type="text"/>	<input type="text"/>

Enter the date (month, day, and year) and military time that the crash was reported to the law enforcement agency. This may not necessarily be the date and time the crash occurred.

## Serial Override Number (Paper Only)

Serial Override Number							
---------------------------	--	--	--	--	--	--	--

Each form is designed to record traffic crash information for up to two units. Space is provided on each form for two injured passengers or up to four uninjured passengers, per unit. If there are more than two units involved in the crash, or more than one Truck/Bus unit, additional forms shall be used.

The use of an additional form makes it necessary to override the preprinted serial number of the additional form(s) being used. Enter the preprinted serial number of the first form in the Serial Override Number box on all additional forms submitted for a particular crash. This will override the preprinted serial number in the lower left corner of each subsequent form.

When using additional pages, certain administrative fields do not need to be repeated. Only the following fields are required for the top portion of additional UD-10 pages: **Agency Name** and **ORI, Original Incident Number, Crash Date, Number of Units, County** and **City/Township**.

Do not whiteout, cross out or make any **marks** on the preprinted UD-10 serial number.

Example: A five (5) vehicle crash is being reported:

Units 1 and 2 are reported on Form 1811700. This will become Page 1 of 3 in the upper right corner of the front page of the report.

Units 3 and 4 are reported on Form 1811701; however, on that form enter 1811700 in the Serial Override Number box. This form is now marked Page 2 of 3 on the front page of the report.

Unit 5 will be reported on form 1811702; and 1811700 is also entered in the Serial Override Number box of this form. This form becomes Page 3 of 3.

All three forms are now considered UD-10 Traffic Crash Form 1811700.

Example: Two commercial vehicles collide. Since each form provides space to record only one commercial vehicle driver and one commercial vehicle, two UD-10 forms for this crash will need to be used. The preprinted serial number of the first form will be entered in the Serial Override Number box of the second form.

In the upper right hand corner of the UD-10, enter Page 1 of 2 on the first form and Page 2 of 2 on the second form.

Section  
2

## Location Elements

*This section describes the physical location of the traffic crash, along with other roadway attributes as they relate to the point of first impact.*

### Location

Prefix	Primary Road Name																				Road Type	Suffix	Divided Roadway
																							<input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W
Distance			<input type="radio"/> Feet <input type="radio"/> Miles		Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp		Trafficway <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6				Speed Limit [ ] [ ]		Posted <input type="radio"/> Yes <input type="radio"/> No										
Prefix	Intersecting Road Name																				Road Type	Suffix	Divided Roadway
																							<input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W

The location of the crash is defined by the following factors:

- The primary road name on which the crash occurred.
- The intersecting road name.
- The distance and direction from the point of impact to the intersecting road.

### Primary Road Name

Primary Road Name																			

Record the formal name of the primary road on which the crash occurred.

Note: Be sure to use the local road name in the jurisdiction in which the crash occurred, for example **M** roads often change names several times as they pass through a county.

Example: Clinton Road (M-50) should be recorded as:

Prefix	Primary Road Name	Road Type	Suffix
	C L I N T O N	R D	

Example: CR 524 should be recorded as:

Prefix	Primary Road Name	Road Type	Suffix
	C O U N T Y R O A D 5 2 4		

## Intersecting Road Name

Intersecting Road Name

Record the closest intersecting road to the crash location. The primary and intersecting roads need not physically touch each other as in the case of bridges, overpasses and underpasses. Landmarks, highway mile markers, private roadways, addresses or factory gate numbers shall never be used as reference points to identify the location of a crash.

Note: If the crash is close to a county line, the intersecting road you select must be within the county of the crash.

Note: Locations for private property and non-traffic crashes can be recorded using the following examples: 123 Main Street, Sue’s Restaurant parking lot, trail 57, etc.

Note: Public railroad crossings have an Emergency Notification System (ENS) placard attached to the railroad crossing support or the cross-buck at the grade crossing. The ENS placard lists the owner of the rail line, railroad emergency phone number and the National Inventory (NI) number of the crossing. When locating crashes at or near a railroad crossing, the NI number can be used as a reference point just as a street name could. The NI number has a maximum of six numbers followed by a letter and is displayed in this format: 233-106 P. When using the NI in the location area, record it as the intersecting road name on the UD-10 with the following format: RR233106P.

## Prefix and Suffix

Prefix	Suffix

The Prefix (N, S, E, W) and Suffix (NE, NW, SE, SW) shall be recorded in their respective areas, only if they are part of the formal road name.

Example: North Kentview Drive Northeast should be recorded as:

Prefix	Primary Road Name	Road Type	Suffix
N	K E N T V I E W	D R	N E

Note: When a freeway includes a compass direction as part of the formal road name, enter that direction as part of the road name and not as a prefix.

Example: East I-94

Prefix	Primary Road Name	Road Type	Suffix
	E I - 9 4		

Example: South US-127

Prefix	Intersecting Road Name	Road Type	Suffix
	S U S - 1 2 7		

## Road Type

Road Type			

The abbreviation for the road type shall be recorded in this area.

Examples:

RD Road

ST Street

AVE Avenue

CT Court

Example: Saginaw Street should be recorded as:

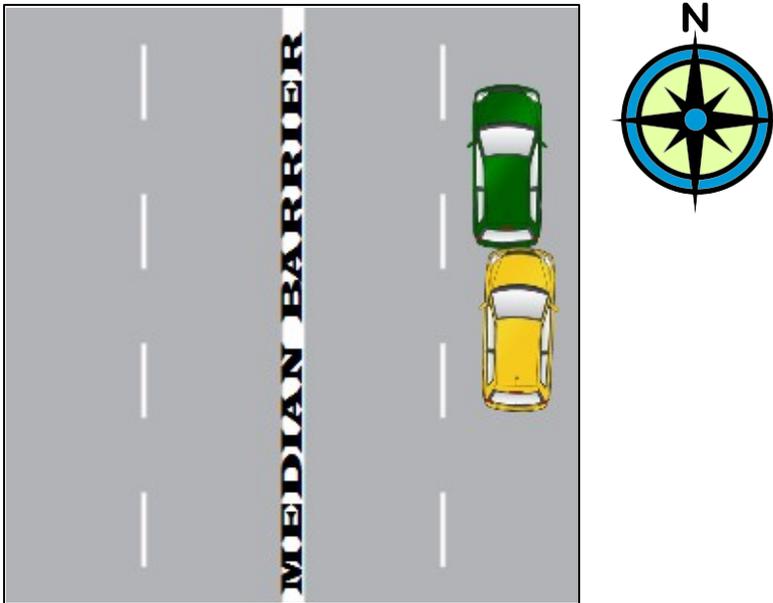
Prefix	Primary Road Name	Road Type	Suffix
	S A G I N A W	S T	

## Divided Roadway

Divided Roadway	
<input type="radio"/> N	<input type="radio"/> S
<input type="radio"/> E	<input type="radio"/> W

If the crash occurred on a divided roadway, select the direction of travel in which the crash occurred. A divided roadway is any roadway that is physically divided to provide travel in opposite directions. This can include concrete, guardrail, cable barriers, curbs, medians, etc.

Example:



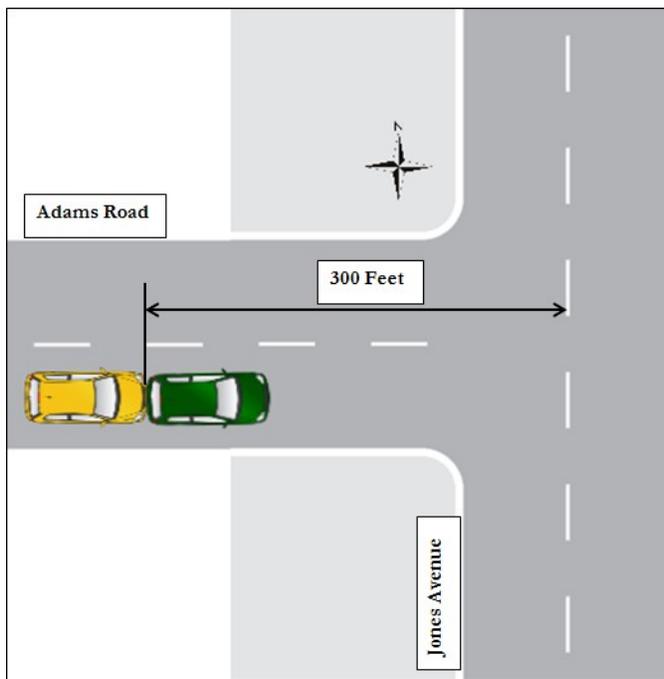
The divided roadway in this example should be selected as N (North), since the roadway is divided by a median barrier and the crash occurred on the northbound side of the roadway.

# Distance

Distance					<input type="radio"/> Feet	<input type="radio"/> Miles
<input type="text"/>						

Locate all crashes by measuring from the point of first impact to the center of the intersecting road. Document the distance in feet using whole numbers, or in miles using decimal numbers. Never use hyphens, dashes or slashes to indicate a fraction.

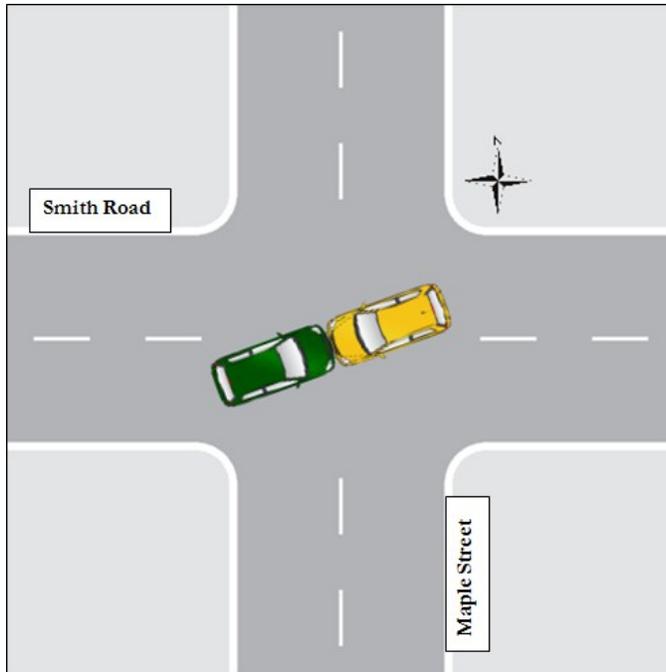
It's very important that these measurements be as accurate as possible so that the crash can be recorded at its actual location.



Prefix	Primary Road Name															Road Type		Suffix				
<input type="text"/>	A	D	A	M	S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	R	D	<input type="text"/>	<input type="text"/>	
Distance			Direction			Trafficway						Speed Limit										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Feet	<input type="radio"/> Miles	<input type="radio"/> North	<input type="radio"/> South	<input type="radio"/> East	<input checked="" type="radio"/> West	<input type="radio"/> Beginning of Ramp	<input type="radio"/> End of Ramp	<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="text"/>	<input type="text"/>				
Prefix	Intersecting Road Name															Road Type		Suffix				
<input type="text"/>	J	O	N	E	S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A	V	E	<input type="text"/>	<input type="text"/>

Note: Remember to measure from the point of first impact to the center of the intersecting road.

A location “X” is at the exact center of an intersection. In this instance, although rare, the letter “X” can be recorded in the distance box as shown below. Also notice for this example, feet, miles and direction are left blank.



Prefix	Primary Road Name																		Road Type	Suffix			
	S	M	I	T	H															R	D		
Distance				Direction				Trafficway				Speed Limit											
			X	<input type="radio"/> Feet	<input type="radio"/> Miles	<input type="radio"/> North	<input type="radio"/> South	<input type="radio"/> East	<input type="radio"/> West	<input type="radio"/> Beginning of Ramp	<input type="radio"/> End of Ramp	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6						
Prefix	Intersecting Road Name																		Road Type	Suffix			
	M	A	P	L	E															S	T		

## Direction

**Direction**

North    South    East    West

Beginning of Ramp    End of Ramp

When measuring the distance, select the compass direction starting from the center of the intersecting road, and measuring back to the first point of impact for the crash. Two **Direction** bubbles can be selected to indicate Northeast, Southwest, etc.

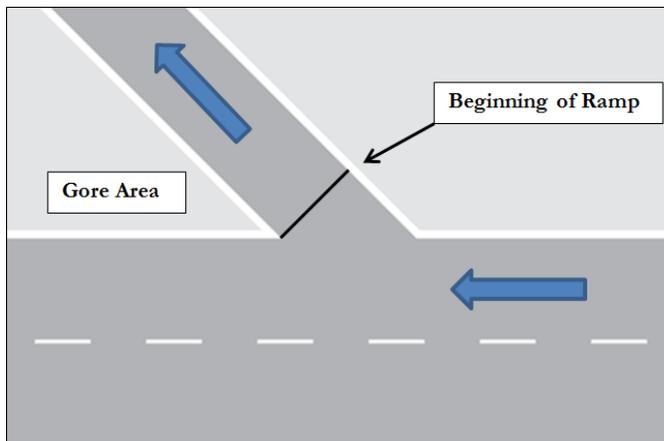
## Ramps

Direction				
<input type="radio"/> North	<input type="radio"/> South	<input type="radio"/> East	<input type="radio"/> West	
<input type="radio"/> Beginning of Ramp	<input type="radio"/> End of Ramp			

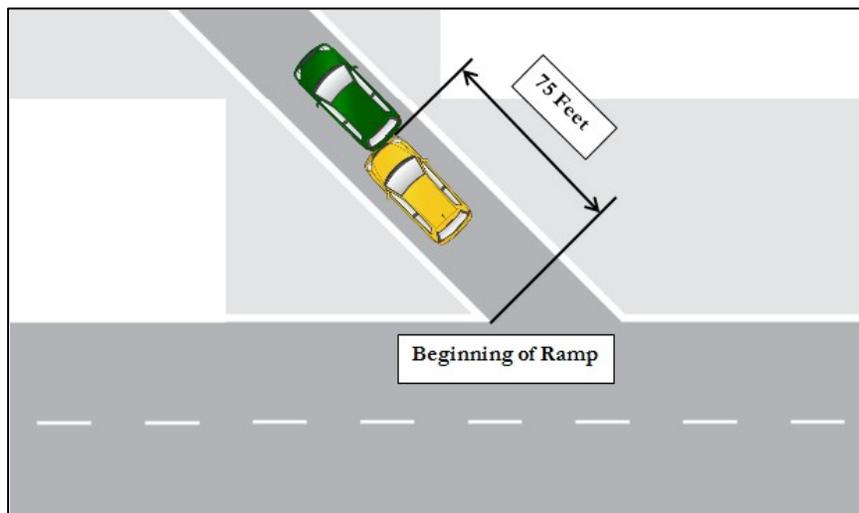
The **Beginning of Ramp** and **End of Ramp** selections shall only be used when the crash occurs on an entrance or exit ramp. Your distance measurement should be from the point of impact to either the beginning of ramp or end of ramp, whichever distance is shorter. Only one ramp direction can be selected.

The beginning of ramp and end of ramp is determined from the point of the Gore, and runs perpendicular across the ramp as show in the following examples. The gore is explained further under Relation to Roadway in Section 1.

### Exit Ramps



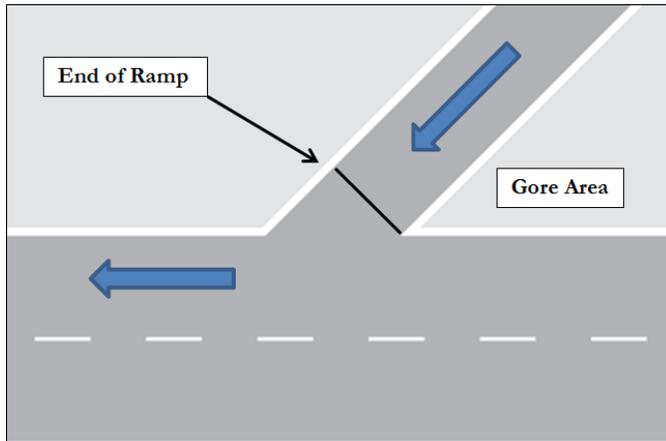
For this example, use **Beginning of Ramp** if the crash is closer to where the ramp begins.



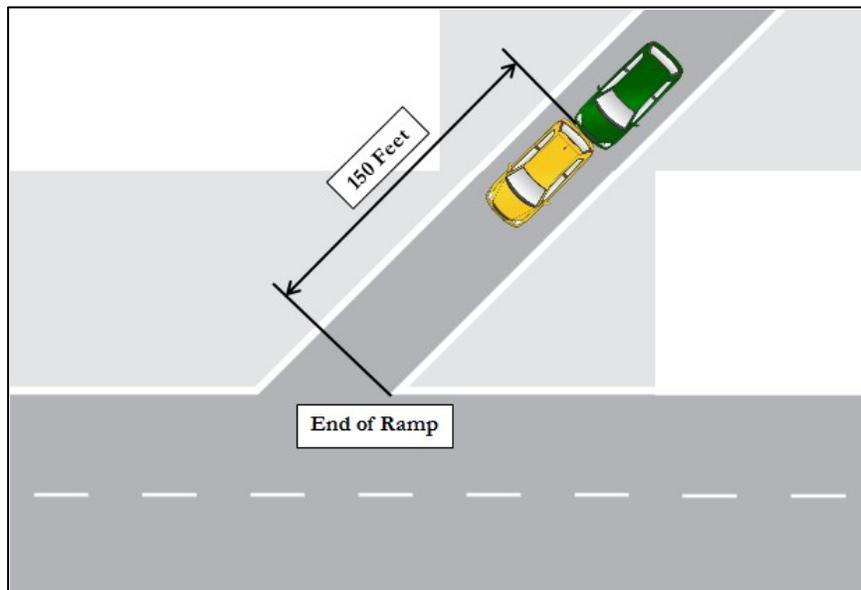
For this example the distance would be recorded as 75 Feet, with the **Beginning of Ramp** bubble selected.

Note: A compass direction is not needed for ramp crashes.

Entrance Ramps



For this example, use **End of Ramp** if the crash is closer to where the ramp ends.



For this example the distance would be recorded as 150 feet, with the **End of Ramp** bubble selected.

Note: A compass direction is not needed for ramp crashes.

## Trafficway

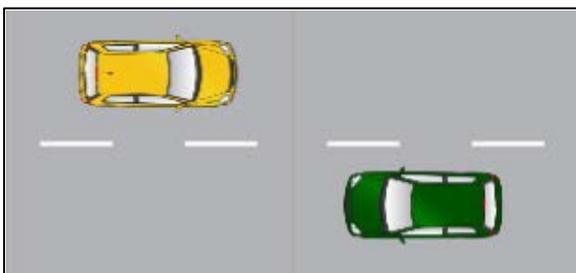
Trafficway					
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

Trafficway is a term used to indicate whether or not a roadway is divided and whether it serves one-way or two-way traffic. Select the type of trafficway division that best describes the area of the crash.

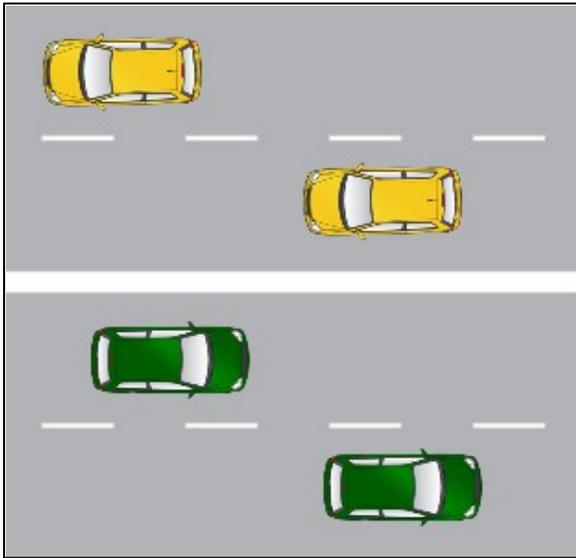
Trafficway
<ol style="list-style-type: none"> <li>1. Not Physically Divided (Two-Way Traffic)</li> <li>2. Divided Highway without Traffic Barrier</li> <li>3. Divided Highway with Traffic Barrier</li> <li>4. One-Way Traffic</li> <li>5. Non-Traffic</li> <li>6. Two-Way, Not Divided, with a Continuous Left Turn Lane</li> </ol>

Note: A traffic barrier is a device that provides a physical limitation through which a motor vehicle would not normally pass and is designed to contain or re-direct an errant motor vehicle. A traffic barrier would include guardrails, cement barriers and cable barriers. Medians with or without curbs would not be considered a traffic barrier.

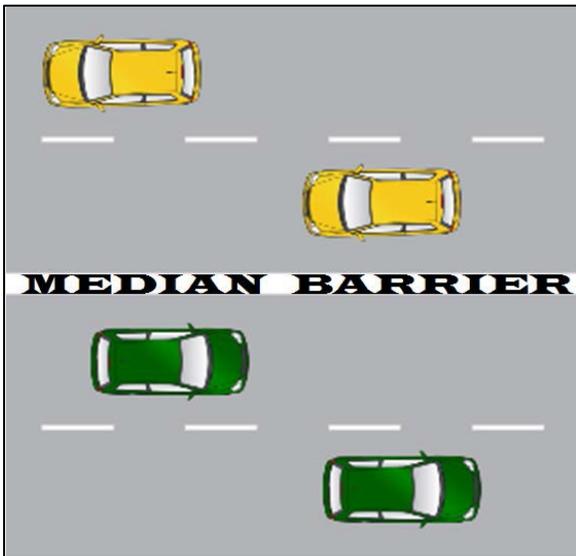
Examples:



1. Not Physically Divided (two-way traffic).



2. Divided Highway, without Traffic Barrier.



3. Divided Highway with Traffic Barrier.



If area **19-Non-Traffic Area** is selected, then **Trafficway** must be **5-Non-Traffic**. The electronic version will catch this and prompt you if a change is necessary.

## Speed Limit

Speed Limit	

Indicate the speed of the road on which the crash occurred, not the speed of the vehicle. If the crash occurred within an intersection, enter the highest speed limit of the roads involved. For all exit and entrance ramp crashes, use the posted speed limit of the freeway.

## Posted

Posted	
<input type="radio"/>	Yes
<input type="radio"/>	No

Indicate whether or not the speed limit was posted.

### Posted Roadways



Posted speed limits are those speed limits posted through the use of regulatory signs (black numbers on a white background) or on electronic variable message signs.



Do not use advisory speeds as posted speed limits. Advisory speed limits are the black numbers on yellow background signs posted underneath advance warning signs such as **Curve Ahead** signs. Advisory speeds should be noted in the crash diagram and remarks.

### Un-posted Roadways

Do not estimate a safe speed limit based upon Basic Speed Law and the conditions existing at the time and place of the crash. Refer to MCL 257.627-629, re: prima facie speed limits in (un-posted) business, residential and park districts for additional information.

Examples of un-posted roadways would include a rural roadway (55 MPH), or a residential neighborhood (25 MPH).

*This page intentionally left blank.*

**Driver License Number**

Enter the driver license number (DLN) of the driver. If no DLN is available, leave blank and make notation in the Remarks section. If the DLN is longer than the spaces provided, enter as much as the space allows. Do not record a DLN for a Bicyclist, Pedestrian, or train Engineer. The engineer of a train must provide their Railroad Engineer Certificate in lieu of their driver's license.

The driver is considered the person behind the wheel in physical control of the vehicle, or unit providing the power. A person seated behind the steering wheel of a towed vehicle is not a driver because they are not in control of the power unit. They would be considered a passenger in a trailing unit position **16-Riding In/On Trailing Unit**. The vehicle would be a **5-Towed Auto**, under Private Trailer Type.

Note: If there is not a driver of the vehicle, leave the field blank. Do not write hit and run, unknown, parked, etc., in this field. Never list driver information for an unoccupied parked vehicle.

**State**

Enter the state in which the driver's license was issued.

**UNITED STATES ABBREVIATIONS**

Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
Florida	FL	North Dakota	ND
Georgia	GA	Ohio	OH
Hawaii	HI	Oklahoma	OK
Idaho	ID	Oregon	OR
Illinois	IL	Pennsylvania	PA
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI
Missouri	MO	Wyoming	WY

## Unit/Driver Elements

*This section is used to capture the driver information of a particular vehicle or the unit information for a pedestrian, bicyclist or train engineer.*

### Unit Number

Unit Number		

Every unit involved in a crash must be given a unit number. Each of these units will be described as a Motor Vehicle (including a parked vehicle), Bicycle, Pedestrian or Engineer (train) as outlined in **Unit Type**. Animals (horse, deer, cow, dog, etc.) are NOT considered traffic units.

Note: A non-contact unit that may have caused the crash is not listed as a unit, but should be mentioned in the Crash Diagram and Remarks Section without recording any of the driver's personal information.

If a horseback rider is involved in a crash, the rider will be entered as a pedestrian unit; but the horse will not be considered a unit. If a horse and buggy are involved in a crash, each human occupant of the buggy will be listed as a separate pedestrian unit.

If one vehicle loses its cargo or sets in motion an object which strikes another motor vehicle, these are considered two-unit crashes. You may have very little or no information about the vehicle which initially lost its cargo or set something in motion.

Note: Remember, only nine units can be recorded for a single crash.

### Driver's License Number

Driver's License State / Number															

**CANADIAN TERRITORIES**

Alberta	AB	Nunavut	NU
British Columbia	BC	Ontario	ON
Manitoba	MB	Prince Edward Island	PE
New Brunswick	NB	Quebec	PQ
Newfoundland/Labrador	NF	Saskatchewan	SK
Northwest Territories	NT	Yukon Territory	YT
Nova Scotia	NS		

**MEXICAN STATES**

Aguascalientes	AG	Moreos	MR
Baja California Norte	BN	Nayarit	NA
Baja California Sur	BS	Nuevo Leon	NL
Campeche	CP	Oaxace	OA
Chiapas	CS	Puebla	PU
Chihuahua	CI	Queretero de Arteaga	QE
Coahuila de Zaragoza	CH	Quintanta Roo	QI
Colima	CL	San Luis Potosi	SL
Distrito Federal	DF	Sinaloa	SI
Durango	DO	Sonora	SO
Guanajuato	GJ	Tabasco	TB
Guerrero	GE	Tamaulipas	TA
Hidalgo	HD	Tlaxcala	TL
Jalisco	JA	Veracruz-Llava	VC
Mexico	MX	Yucatan	YU
Michoacan de Ocampo	MC	Zacatecas	ZA

**INTERNATIONAL**

International	XX
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**Name, Address and Phone Number**

Name			
Street Address			
City	State	ZIP	Phone

**Name**

Enter the full name of a driver, bicyclist, pedestrian or train engineer.

**Address**

Enter the complete street address, city/township, state and zip code of the person/driver. If the zip code is five digits, only enter the five digits. If the zip code is the extended nine-digit code, enter all nine digits.

Note: For the Engineer of a Train, enter their terminal address and not their home address.

### Phone Number

Enter the area code and phone number where the person/driver is most likely to be contacted.

### Date of Birth

Date of Birth							
M	M	/	D	D	/	Y	Y

Enter the person's/driver's date of birth. There must be a total of eight digits.

### Unit Type

Unit Type			
<input type="radio"/> MV	<input type="radio"/> B	<input type="radio"/> P	<input type="radio"/> E (Train)

For each unit involved in the crash, a **Unit Type** must be selected from the following choices:

- MV** Motor Vehicle
- B** Bicycle
- P** Pedestrian
- E** Engineer (Train)

### Sex

Sex	
<input type="radio"/> M	<input type="radio"/> F

Indicate the gender of the person/driver, M or F.

### Driver is Owner

<input type="radio"/> Driver is Owner
---------------------------------------

Select this field if the driver of the vehicle is also the owner of the vehicle. This area is helpful when releasing a vehicle from an impound lot to quickly verify if the driver involved in the crash is also the registered owner of that vehicle.

## License Type / Endorsements

Mark only one **License Type**, but a driver can have several **Endorsements**.

License Type	Endorsement
<b>O</b> Operator	<b>CY</b> Cycle
<b>C</b> Chauffeur	<b>F</b> Farm
<b>M</b> Moped	<b>R</b> Recreational Double

Note: **License Type** and **Endorsements** are further explained in Appendix D.

## Injury

Injury	<input type="radio"/> K	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> O
--------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

An **Injury** selection must be made for each driver/person that's recorded as a unit. The injury recorded should be based on the latest information available at the time the report was completed.

Injury
<p><b>K - Fatal Injury:</b> Any injury which results in death</p> <p><b>A - Suspected Serious Injury:</b> Any injury other than fatal which prevents normal activities and generally requires hospitalization</p> <p><b>B - Suspected Minor Injury:</b> Any minor injury that is evident to others at the scene</p> <p><b>C - Possible Injury:</b> Any possible injury that is reported or claimed</p> <p><b>O - No Injury:</b> No indication of injury</p>

Note: Any injured passengers involved in the crash must be recorded in the **Involved Party Section**.

- K** Fatal Injury is any injury that results in death due to a motor vehicle traffic crash. Also be sure to select **Fatal** under **Special Checks**. Fatal injuries are further explained in Section 1.
- A** Suspected Serious Injury is any injury, other than fatal, that prevents the injured person from walking, driving, or normally continuing the activities which he or she was capable of performing prior to the motor vehicle traffic crash.

**Includes:** Severe lacerations/broken or distorted limbs/skull fracture/crushed chest/ internal injuries/unconscious when taken from the crash scene/unable to leave crash scene without assistance/significant burns/paralysis.

**Excludes:** Momentary unconsciousness.

**General:** Determinations are made at the time the injured person leaves the crash scene. It is not necessary to consult with doctors or hospitals unless information is not otherwise available. Apparent condition immediately after the crash does not govern classification because the person may recover from hysteria quickly or may begin to feel the effects of internal or other injuries between the time of the crash and time of leaving the scene.

- a. Medical treatment at the crash scene or later makes no difference. What the person does at the scene is important.
- b. Hospitalization normally will be required for serious injuries.
- c. Duration of the disability after injury makes no difference. Incapacitation is important.
- d. Developments after leaving the scene make no difference, except in case of death.

**B** **Suspected Minor Injury** is any minor injury that is evident at the scene of the crash, other than fatal and serious injuries.

**Includes:** Lump on head/abrasion/minor lacerations.

**Excludes:** Limping (the injury cannot be seen).

**C** **Possible Injury** is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury.

**Includes:** Momentary unconsciousness/claim of injuries not evident/limping/complaint of pain or nausea.

**General:** Possible injuries are those which are claimed or reported, or indicated by behavior, but no wounds or injuries are readily evident.

**O** **No Injury** is a situation where there is no reason to believe that the person received any bodily harm from the traffic crash.

**Note:** Uninjured passengers are not required to be listed in the injury section with the exception of a fatality occurring within the crash, at which point all involved parties must be listed.



Please list all passengers whether injured or uninjured. An exception to this rule is bus passengers, then only the injured need to be listed.

## Position

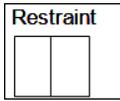
Position

Enter the seating position of the driver based on the descriptions and/or diagrams.

Position
<p><b>B</b> Bicyclist  <b>P</b> Pedestrian  <b>E</b> Engineer (Railroad / Train)</p>
<p><b>13.</b> Sleeper Section  <b>14.</b> Other Enclosed Passenger / Cargo Area  <b>15.</b> Other Unenclosed Passenger / Cargo Area  <b>16.</b> Riding In / On Trailing Unit  <b>17.</b> Riding On Vehicle Exterior  <b>98.</b> Unknown</p> <p>► <b>Motorcycles, Snowmobiles, Etc. (In-Line Seating)</b></p> <p><b>1.</b> Driver  <b>4.</b> Passenger One  <b>7.</b> Passenger Two  <b>15.</b> Other Unenclosed Passenger / Cargo Area</p>

If the unit is a Bicyclist enter **B**, if the unit is a Pedestrian enter **P**, and if the unit is an Engineer (train) enter **E** in the Position field. A parked car without a driver/occupant does not have a position code. Mail carriers and garbage truck drivers can also be Position **03**. For all vehicles with in-line seating, such as motorcycles and snowmobiles, the driver is in position **01**.

## Restraint



Restraint Use
1. No Belts Available
2. Shoulder Belt Only Used
3. Lap Belt Only
4. Shoulder and Lap Belt
5. No Belts Used
6. Child Restraint System – Forward Facing
7. Child Restraint Not Used or Improperly Used
8. Child Restraint System – Rear Facing
9. Child Restraint System – Booster Seat
10. Restraint Failure
11. Restraint Use Unknown
12. Helmet Worn
13. Helmet Not Worn
14. Helmet Use Unknown

The typical seatbelt design is **4-Shoulder and Lap Belt**, where the two are combined together as a single device.

**6-Child Restraint System-Forward Facing** is for toddlers.

**8-Child Restraint System-Rear Facing** is for infants.

**9-Child Restraint System-Booster Seat** is for older kids not tall enough or old enough for the adult seat belt.

Note: For an Engineer (train), select **1-No Belts Available**.

Note: For Pedestrians, select **1-No Belts Available**.

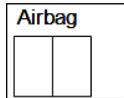
List the type of restraint used by the driver, or if appropriate, whether or not a helmet was worn. Helmet use is not based off the requirement to wear a helmet, but whether or not one was worn.

If unit type is B (Bicyclist), restraint must be **12-Helmet Worn**, **13-Helmet Not Worn** or **14-Helmet Use Unknown**.

If vehicle type is Motorcycle, Moped/Goped, Snowmobile or Off Road Vehicle, restraint must be **12-Helmet Worn**, **13-Helmet Not Worn** or **14-Helmet Use Unknown**.

Refrain from using **11-Restraint Use Unknown** and **14-Helmet Use Unknown**, unless you truly do not know if a restraint or helmet was used based upon your investigation.

## Airbag



Select the type of airbag that was deployed during the crash, based on the visual observation of each occupant at the scene. If the vehicle airbags were not deployed, select **2-Not Deployed**. For older model vehicles without airbags installed, select **3-Not Equipped**. If more than one type of airbag was deployed for a single vehicle, select **7-Deployed Combination**.

Airbag
1. Deployed-Front
2. Not Deployed
3. Not Equipped
4. Deployed-Side
5. Deployed-Curtain
6. Deployed-Other (Knee, Air Belt, Etc.)
7. Deployed-Combination
98. Unknown

Note: For seating positions 2, 5, 8, or 11 select **3-Not Equipped**.

Note: If vehicle type is Motorcycle, Moped, Snowmobile or ORV, select **3-Not Equipped**.

Note: If unit is a Pedestrian, Bicyclist or Engineer (train), select **3-Not Equipped**.

## Ejected/Trapped

Ejected	<input type="radio"/>
Trapped	<input type="radio"/>

If the occupant was ejected or partially ejected from the vehicle, select **Ejected**.

If the occupant was trapped as a result of the crash and mechanical means were needed to extricate the driver, select **Trapped**.

It may be appropriate to mark **Ejected and Trapped**, e.g., a driver whose body is found hanging outside the driver door but whose feet are pinned in to the point where mechanical means must be used to free them.

## Condition at Time of Crash

Condition at Time of Crash			
1st	<input type="text"/>		<input type="text"/>
	<input type="text"/>	2nd	<input type="text"/>
	<input type="text"/>		<input type="text"/>

Select the physical and/or emotional condition of the driver at the time of the crash. This is important for evaluating the effects that driver fatigue, medications, physical disabilities, or emotional conditions have on the crash.

Based on your opinion and investigation, indicate the apparent condition of the driver at the time of the crash. Medical tests or documentation are not required to indicate a condition. More than one condition may be selected if the situation warrants.

Condition at Time of Crash
1. Appeared Normal
4. Sick
5. Fatigued or Asleep
7. Medication
10. Physically Disabled
11. Emotional
97. Other
99. Unknown

Note: If **1-Appeared Normal** is selected, no other selections should be made. If **99-Unknown** is selected, no other selections should be made.

Note: **Condition at Time of Crash** and **Driver Distracted By** are independent of each other. A driver can appear normal and still be distracted by one of the choices under **Driver Distracted By**.

Note: An emotional driver, among other things, may appear angry, depressed or disturbed.

## Driver Distracted By

Driver Distracted By	

If the driver is distracted by any of the following, select the distraction that may have contributed to the crash.

Driver Distracted By
<ol style="list-style-type: none"> <li>1. Not Distracted</li> <li>2. Manually Operating an Electronic Communications Device (Texting, Typing, Dialing)</li> <li>3. Talking on Hands-Free Electronic Device</li> <li>4. Talking on Hand-Held Electronic Device</li> <li>5. Other Activity, Electronic Device (Book Player, Navigation Aid)</li> <li>6. Passenger</li> <li>7. Other Activity Inside the Vehicle (Eating, Personal Hygiene)</li> <li>8. Outside the Vehicle (Includes Unspecified External Distractions)</li> <li>98. Unknown</li> </ol>

Distractions are internal (inside the vehicle) or external (outside the vehicle) variables which may have influenced the drivers performance.

## Total Occupants

Total Occupants	

List the total number of occupants for that particular unit. If the number of occupants is unknown, leave blank. Each person on a bicycle is considered a separate unit. (e.g., child riding on the handlebars)

If the unit is a Pedestrian, mark **00**. If the unit is a Bicyclist, mark **01**.

## Hospital/Ambulance Codes

Hospital Code	Ambulance Code
<input type="text"/>	<input type="text"/>

Enter the hospital code of the hospital where the individual was taken for treatment. Other valid entries are listed below:

<b><u>Code</u></b>	<b><u>Hospital Name</u></b>
HOSPT	Generic Hospital Code
MORGUE	Morgue (generic for any area)
NONE	None
OUTSTE	Out of State Hospital (generic for any out of state hospital)
REFUSD	Refused Medical Treatment
OTHR	Some other Hospital not listed

Enter the ambulance code of the ambulance company that was notified. Other valid entries are listed below:

<b><u>Code</u></b>	<b><u>Ambulance Name</u></b>
AIRLFT	Airlift Flight Service (generic for any area)
AMB	Generic Ambulance Service
NONE	None
OUTSTE	Out of State Ambulance (generic for any out of state ambulance)
REFUSD	Refused Medical Attention
OTHR	Some other ambulance not listed
LAW	Law Enforcement, if patient driven by the police

Contact the Criminal Justice Information Center (CJIC) staff to obtain a list of hospital and ambulance codes for your area.



If the hospital/ambulance code is not listed or is unknown, choose the generic code. The valid entries listed above for hospital and ambulance should appear as an option within your program.

## Citation Issued

Citation Issued	
<input type="radio"/> Hazardous	_____
<input type="radio"/> Other	_____

If a citation was issued, indicate whether the offense was Hazardous, Other, or both. In the space provided record the offense code(s) using the MCL number and write in the actual violation.

## Hazardous Action

Hazardous Action	
<input type="checkbox"/>	<input type="checkbox"/>

Hazardous action coding reflects whether, in the investigating officer's opinion, a person is "at fault" in any way; i.e., did the person's action(s) contribute to the crash?

Choose the most significant **Hazardous Action** that applies. Select **0-None** if a hazardous action doesn't exist for this unit or driver.

Hazardous Action
0. None
1. Speed Too Fast
2. Speed Too Slow
3. Failed to Yield
4. Disregard Traffic Control
5. Drove Wrong Way
6. Drove Left of Center
7. Improper Passing
8. Improper Lane Use
9. 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 Driving

Note: Since **Hazardous Action** and **Citation Issued** are completely independent of each other, a coded entry shall be made regardless of whether a citation was issued or a physical arrest was made.

Note: **Citation Issued** is where you record what tickets were issued to the driver and **Hazardous Action** refers to the driver's actions that contributed to or caused the crash.

Note: Hazardous Action **13-Other** and **14-Unknown** should rarely be used. Hazardous Action **13-Other** would be used to describe some other action that is not listed as a choice. Hazardous Action **14-Unknown** would be used if the officer truly cannot determine, based on their investigation, if the driver's actions contributed to or caused the crash.

## Action Prior

Action Prior	
<input type="text"/>	<input type="text"/>

**Action Prior** records what occurred immediately prior to the crash. Choose the one option that best describes the action of this unit just prior to the first harmful event. The choices are separated by **Driver Action** and **Pedestrian Action**.

Action Prior to Crash
<p>► <b>Driver Action</b></p> <ol style="list-style-type: none"> <li>1. Going Straight Ahead</li> <li>2. Turning Left</li> <li>3. Turning Right</li> <li>4. Stopped on Roadway</li> <li>5. Involved in Prior Crash at Same Location</li> <li>6. Changing Lanes</li> <li>7. Backing</li> <li>8. Slowing / Stopping on Roadway</li> <li>9. Slowing / Stopping Other Area</li> <li>10. Starting Up on Roadway</li> <li>11. Starting Up in Other Area</li> <li>12. Entering Parking</li> <li>13. Leaving Parking</li> <li>14. Entering Roadway</li> <li>15. Leaving Roadway</li> <li>16. Making U-Turn</li> <li>17. Overtaking or Passing</li> <li>18. Avoiding Object</li> <li>19. Avoiding Pedestrian</li> <li>20. Avoiding Vehicle (Front / Back)</li> <li>21. Avoiding Vehicle (Angle)</li> <li>22. Driverless Moving</li> <li>23. Parked</li> <li>35. Other</li> <li>36. Unknown</li> <li>37. Avoiding Animal</li> <li>38. Negotiating a Curve</li> </ol>

### Driver Actions

Example: Two vehicles crash in an intersection. If Unit 1 was engaged in making a left turn just prior to impact occurring, then select **2-Turning Left**. If Unit 2 was being driven straight ahead at impact, then select **1-Going Straight Ahead**.

Example: A driver tried to avoid an object in the road, Action Prior would be **18-Avoiding Object**.

Note: A Motor Vehicle, Bicyclist and Engineer (train) can only have Driver Actions 1-23 and 35-38.

Action Prior to Crash	
<b>► Pedestrian Action</b>	
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 / Lying in 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

**Pedestrian Actions**

Describe the action of the pedestrian just prior to the crash or first harmful event.

Note: Pedestrians can only have Actions 24-36.

## Sequence of Events

Sequence of Events (M = Most Harmful Event)											
1 <sup>st</sup>			2 <sup>nd</sup>			3 <sup>rd</sup>			4 <sup>th</sup>		
M			M			M			M		

**Sequence of Events** records step-by-step what happened during the crash. Up to four events may be recorded for each unit. The collective codes in **Action Prior** and **Sequence of Events** should reveal, from left to right the events immediately prior to and during the crash. Complete a separate **Action Prior** and **Sequence of Events** box for each unit (Motor Vehicle, Bicyclist, Pedestrian, and Engineer). You can select up to four events per unit.

If more than four occurred, only record those that were most significant in the officer’s opinion. The sequence of events must be in order in which they occurred.

The Sequence of Events is separated into three distinct areas:

- Non-Collision Events.
- Collision with Non-Fixed Objects.
- Collision with Fixed Objects.

### Sequence of Events

#### ► Non-Collision

1. Loss of Control
2. Cross Centerline
46. Cross Median
3. Ran Off Roadway - Left
4. Ran Off Roadway - Right
5. Re-enter Roadway
6. Overturn
7. Separation of Units
8. Fire / Explosion
9. Immersion
10. Jackknife
11. Downhill Runaway
12. Cargo Loss / Shift
13. Individual Fell from Vehicle
47. Equipment Failure (Blown Tire, Brake Failure, Etc.)
14. Other Non-Collision

### Non-Collision Events

Note: **07-Separation of Units** refers to when a power unit separates from the trailer or towed vehicle. (Not when two vehicles collide and separate from each other).

Note: **13-Individual Fell from Vehicle** is not when someone is ejected from the vehicle.

Note: **09-Immersion** refers to a vehicle or unit entering a body of water.

### Sequence of Events

#### ► Collision with Non-Fixed Object

15. Pedestrian
16. Bicyclist
17. Motor Vehicle in Transport\*
18. Parked Motor Vehicle

### Collision with Non-Fixed Object

\*17-**Motor Vehicle in Transport** means a motor vehicle in motion or on a roadway.

48. Work Zone / Maintenance Equipment
49. Cargo Falling / Shifting / or Anything Set in Motion (SIM) By a Motor Vehicle
19. Engineer (Railroad / Train)
20. Animal
21. Other Non-Fixed Object

Sequence of Events	
<b>► Collision with Fixed Object</b>	
22.	Bridge Pier / Support
24.	Bridge Rail
50.	Bridge Overhead Structure
25.	Guardrail Face
26.	Guardrail End
51.	Cable Barrier
27.	Concrete Barrier
28.	Traffic Sign / Post
29.	Traffic Signal Equipment
30.	Utility Pole / Light Support
32.	Other Post / Pole / Support
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 / Crash Cushion
45.	Other Fixed Object
<i>* In transport means a motor vehicle in motion or on a roadway.</i>	

**Collision with Fixed Objects**

Example: A car hits the curb, rolls over and then catches on fire, which injures the occupants. The Sequence of Events would be completed as follows:

First	<b>34 – Curb</b>
Second	<b>06 – Overtum</b>
Third	<b>08 – Fire/Explosion</b>

The third event was the most harmful to a human being so **08-Fire/Explosion** would be selected as the Most Harmful Event.

Note: A pothole should be coded as **45-Other Fixed Object**.

## Sequence of Events (Most Harmful Event)

Sequence of Events (M = Most Harmful Event)											
1 <sup>st</sup>			2 <sup>nd</sup>			3 <sup>rd</sup>			4 <sup>th</sup>		
(M)			(M)			(M)			(M)		

The **Most Harmful Event** bubble records which event, in the officer’s opinion, was most harmful to a human being. If no injury, select the event that caused the most property damage.

Note: **01-Loss of Control** should never be selected as the Most Harmful Event because it’s considered a Non-Collision Event, and does not cause any injury or damage.



## Drugs

<b>Drug Suspected</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Contributing Factor</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Test Type</b> <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered	<b>Test Results</b> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <input type="radio"/> Results Pending			

The Drugs section is divided into the following four distinct areas.

**Drug Suspected**  
 Yes  No

Indicate if you believe the driver of this unit was suspected of using drugs.

**Contributing Factor**  
 Yes  No

Indicate if you believe drugs were a contributing factor to the crash.

**Note:** In order for the driver to have a drug related crash posted to their driving record, both **Drug Suspected** and **Contributing Factor** must be selected “Yes”.

**Test Type**  
 Blood  Urine  
 Field  Refused  Not Offered

For the Test Type indicate what type of test, if any, was offered to the driver of this unit.

**Test Results**

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 Results Pending

Record any drug test results that are known at this time. Select **Results Pending** if the test sample is awaiting laboratory analysis.

**Note:** The FARS Unit requests that information on the blood alcohol/drug test results of all persons involved in fatal crashes be submitted if available (including surviving drivers, passengers, pedestrians and bicyclists).

**Note:** If the test results change your original opinion for alcohol or drugs, a correction should be submitted.

*This page intentionally left blank.*

## Vehicle Elements

*This section is used to capture the vehicle information for a particular unit involved in the crash.*

### Vehicle Registration

Vehicle Registration	State
<input type="text"/>	<input type="text"/>

Enter the vehicle registration number and the two-letter abbreviation for the State where the vehicle is registered. If the registration is improper or none is displayed at the time of the crash, locate the actual registered license plate information and enter this on the UD-10. If the license plates are improper or if no plate is displayed, record this information in the Crash Diagram and Remarks Section.

**XX--International**

**US--U.S. Federal Government**

**UK--Unknown**

For local, municipal, county or state government plates, use the state the plate was issued in. For the United States, Canada and Mexico use the abbreviation tables in Section 1.

For vehicles with trailers enter only the registration of the towing vehicle. **Do not** enter the registration for the trailer in this space. Trailer registration data may be entered in the Crash Diagram and Remarks Section.

Note: For Municipal (X), Church (Y) and Dealer (D) plates, this letter must be included as part of the Vehicle Registration number.

Note: Do not enter TEMP, PAPER, N/A, UNK, etc.

### Insurance Information

Insurance Company	Policy Number
<input type="text"/>	<input type="text"/>

Enter the insurance company name and policy number for the vehicle.

## Towed By

Towed By
----------

If the vehicle is towed, record the name of the wrecker service that towed the vehicle. If towed by the owner, enter **Owner**.

## Towed To

Towed To
----------

If the vehicle is towed, record where the vehicle was towed to. In many instances it may be the same as **Towed By**. **Towed To** can include home, impound lot, auto body shop, scrap yard, etc.



If the Extent of Damage is **4-Disabling Damage**, then **Towed By** and **Towed To** are required fields.

## Vehicle Identification Number (VIN)

VIN																				
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

Enter the Vehicle Identification Number from the VIN plate on the driver's side dashboard, driver's door or adjacent doorpost. Do not rely on the vehicle registration certificate for this information.

On rare occasions, for VIN numbers that consist of 18 characters, drop the first digit and enter the remaining 17 characters.

## Vehicle Description

Year	Make	Model	Color

Describe the vehicle's year, make, model and color i.e. (2011, Ford, F150, Red)

## Special Vehicles

Special Vehicles	

Special Vehicles
1. Police
2. Fire
3. Bus
4. Ambulance
5. Farm Equipment
6. Construction / Maintenance Equipment
7. Tow Truck / Wrecker

Indicate whether the vehicle involved in the crash is one of the Special Vehicles listed below. If the vehicle is not one of these, leave blank.

- 1. Police:** Select **1-Police** if the vehicle is owned by a governmental law enforcement agency. Select **1-Police** in all cases where the vehicle is being used for routine patrol, in pursuit of a fleeing vehicle, or responding to an emergency call.
- 2. Fire:** Select **2-Fire** only when the vehicle is owned by a fire department (including volunteer fire department).

Example: A volunteer fire fighter was involved in a crash while responding to a fire call. They were using their personal vehicle, including emergency lights and siren. Leave the Special Vehicle section blank. The vehicle is not considered a fire vehicle since it is not a fire department-owned vehicle.

Example: If a city or township owned fire truck was involved in a traffic crash, select **2-Fire**.

- 3. Bus:** Select **3-Bus** if the vehicle is a government, commercial, private, church or school bus. See the Glossary in Section 10 for the definition of bus and school bus.

Example: An old commercial bus that was converted into a motor home was involved in a traffic crash. Leave Special Vehicles blank in this instance because the vehicle no longer meets the definition of a bus, it is now considered a motor home.

- 4. Ambulance:** Select **4-Ambulance** when the vehicle is a privately or publicly owned ambulance.
- 5. Farm Equipment:** Select **5-Farm Equipment** if the vehicle is an implement of husbandry that cannot be registered with the Secretary of State, (i.e., farm tractors and combines). Farm owned pickup trucks and truck-tractor/semi-trailer combination vehicles can be registered, and therefore are not considered Farm Equipment.

6. **Construction/Maintenance Equipment:** Select **6-Construction/Maintenance Equipment** when the vehicle involved in the crash is a type of construction equipment or road maintenance equipment that would fit the definition of Special Mobile Equipment as defined by MCL 257.62.
7. **Tow Truck/Wrecker:** Select **7-Tow Truck/Wrecker** when the vehicle involved in the crash is designed to tow or carry another vehicle, excluding car carriers.

## Vehicle Use

Vehicle Use	

Select the option that best identifies the Vehicle Use (operation) at the time of the crash.

Vehicle Use
1. Private
2. Commercial (Business)
3. In Pursuit / On Emergency
4. Farm
5. School / Education
6. Club / Church
7. Military
8. Other Government
9. Utility
10. Road Construction / Other Maintenance
11. Other

1. **Private:** A vehicle privately owned and not part of any commercial enterprise.
2. **Commercial (Business):** Any vehicle that is used for business or commercial purposes.

Example: If a driver is using a personal vehicle to deliver items (e.g., pizza, mail, newspapers, etc.) and is involved in a crash, select **2-Commercial (Business)** because the driver was engaged in a commercial/business function at the time.

Example: A commercial truck is involved in a crash, select **2-Commercial (Business)**. If it is learned that the truck was borrowed or rented for purposes of moving personal goods, the correct use would be **1-Private**.

3. **In Pursuit/On Emergency:** Any police, fire, or ambulance that is in pursuit or on an emergency at the time of the crash.

Example: A volunteer fireman driving his personal vehicle (with lights and siren on) to a fire will be listed as **3-In Pursuit/On Emergency**. This vehicle would not be listed as **8-Other Government** use.

Example: A patrol car involved in a crash while pursuing another vehicle would be recorded as **3-In Pursuit/On Emergency**. A crash while in a non-pursuit or non-emergency response mode would be **8-Other Government** use.

4. **Farm:** Any vehicle that is used for farm purposes, but not part of a commercial enterprise (for profit).
5. **School/Education:** Any vehicle owned and operated by a school.
6. **Club/Church:** Any vehicle displaying a “Y” registration plate and being used for that function.
7. **Military:** Any vehicle owned and operated by military personnel.
8. **Other Government:** Any federal, state, or local government owned police or fire vehicle when not in pursuit or on emergency.
9. **Utility:** Gas, electric, cable TV, etc.
10. **Road Construction/Other Maintenance:** MDOT, county and local road commissions, etc.

Note: If a police officer is involved in an on-duty crash, that crash will appear on the **Unedited** version (LEIN 47:42 inquiry) of the police officer’s driving record. That crash will not appear on the **Edited** version (LEIN 47:36 inquiry) which is sent to the insurance companies. This provision also applies to on-duty firefighters. Michigan law prohibits the release of such information to non-government agencies. This law applies only to vehicles **Owned** by a government agency. So, for example, a volunteer firefighter driving their personal vehicle does not qualify for this provision.

## Vehicle Type

Vehicle Type	

Select the type of vehicle being reported.

Vehicle Type
1. Passenger Car, SUV, Van
2. Motor Home
3. Pickup Truck
4. Small Truck (Under 10,000 lbs)
5. Motorcycle
6. Moped / Goped
7. Go-Cart / Golf Cart
8. Snowmobile
9. Off Road Vehicle (ATV Type)
10. Other
11. Truck / Bus

Note: A Truck/Bus unit is defined as any of the following:

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

## Location of Greatest Damage

Location of Greatest Damage	

Select the location of the most severe damage to the power unit. If more than one area sustains equal damage, select **10-Multiple**.

Location of Greatest Damage / First Impact
<p>9. Undercarriage</p> <p>10. Multiple</p> <p>11. None</p> <p>98. Unknown</p>

Example: Vehicle 2 is rear-ended by Vehicle 1, pushing Vehicle 2 into the back of Vehicle 3. If the damage to the front and rear of Vehicle 2 is equal or near equal, select **10-Multiple**.

Example: A car leaves a roadway, enters a ditch, and strikes the far slope and overturns. The right front corner has minor damage from contacting the far slope, but the entire roof is crushed in the rollover. The Location of Greatest Damage for this example would be **0-Top (Roof)**.

Note: In combination vehicles, if a towed or trailering unit is the only item damaged, then the Location of Greatest Damage is **11-None**.

## First Impact

1st Impact

--	--

Location of Greatest Damage / First Impact	
2	3
4	0
1	Top (Roof)
5	6
8	7
<p>9. Undercarriage</p> <p>10. Multiple</p> <p>11. None</p> <p>98. Unknown</p>	

Indicate the location of the first point of impact, using the same diagram and choices used for the Location of Greatest Damage.

Note: In combination vehicles, if a towed or trailering unit is the only item damaged, then the location of greatest damage is **11-None**.

## Extent of Damage

Extent of Damage

--	--

Extent of Damage
1. No Damage
2. Minor Damage
3. Functional Damage
4. Disabling Damage
98. Unknown

In this field select the Extent of Damage the vehicle sustained in the crash.

- Select **1-No Damage** if there is no apparent damage done to the vehicle.
- **2-Minor Damage** is cosmetic in nature and does not affect the functionality of the vehicle.
- **3-Functional Damage** is damage that affects some functionality of the vehicle, but the vehicle is still able to be driven from the scene.
- **4-Disabling Damage** is severe damage to a vehicle, and because of this, the vehicle has to be towed from the scene.

Example: If a vehicle is involved in a rear end collision and the trunk will not open due to the damage, and the vehicle is still drivable, select **03-Functional Damage**.

## Vehicle Direction

Vehicle Direction	
<input type="text"/>	<input type="text"/>

Vehicle Direction
1. North
2. South
3. East
4. West

Select the direction the unit was traveling just prior to the crash, loss of control or turning movement.

Example: Vehicle 1 is traveling northbound and turns left in front of Vehicle 2, which is traveling southbound. The Crash Type would be coded as a Head On-Left Turn crash showing the direction of Vehicle 1 as North and the direction of Vehicle 2 as South.

## Private Trailer Type

Private Trailer Type	
<input type="text"/>	<input type="text"/>

Only personal trailers should be listed in this section. It is also the design of the trailer rather than its use at the time of the crash that is being sought here. If the trailer is designed specifically for farm use, such as a hay wagon, then it will be listed in this section. If two trailers on this list make up a recreational double, select **6-Recreational Double**. If a tractor/trailer combination is used commercially and its GCWR surpasses the 10,000 weight limit, then the Truck/Bus section needs to be completed.

Private Trailer Type
1. Utility
2. Travel Trailer
3. Boat Trailer
4. Farm Equipment
5. Towed Auto
6. Recreational Double
7. Other

Example: If a commercial truck-tractor with a flatbed semi-trailer is being used in farm operations, it will not be listed in this section. It will be listed in the Truck/Bus section.

Example: A pickup truck involved in a crash was pulling a fifth-wheel travel trailer and a boat trailer. This combination would be a recreational double. Select **6-Recreational Double**.

Example: A car towing another car is involved in a crash. The towed car is struck from the rear. Select **5-Towed Auto**.

Example: A pickup truck pulling a farm-type flatbed trailer is involved in a crash. Select **4-Farm Equipment** in this instance. If the farmer loaned the trailer for use in a parade, it would still be a **4-Farm Equipment** because the design of the trailer is the key factor, not the use at the time of the crash.

## Vehicle Defect

Vehicle Defect	
<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Defects
1. Brakes
2. Lights
3. Steering
4. Tires / Rims
5. Windows / Windshield
6. Truck Coupling / Trailer Hitch / Safety Chains
97. Other

If the investigating officer believes a vehicle defect may have contributed to the crash, select the appropriate choice for the most significant defect. Other defects may be noted in the Crash Diagram and Remarks section. If no defect is detected then no selection is required.

*This page intentionally left blank.*

## Involved Party Elements

*This section is used to capture any injured or uninjured passengers for a particular unit involved in the crash. This section is also used to record vehicle owner information or a witness to the crash.*

### Passenger Name, Address and Phone Number

Name			
Street Address			
City	State	ZIP	Phone

#### **Name**

Enter the full name of the passenger.

#### **Address**

Enter the complete street address, city/township, state and zip code of the passenger. If the zip code is five digits, only enter the five digits. If the zip code is the extended nine-digit code, enter all nine digits.

#### **Phone Number**

Enter the area code and phone number where the passenger is most likely to be contacted.

### Passenger Sex

Sex	<input type="radio"/> M	<input type="radio"/> F
-----	-------------------------	-------------------------

Indicate the gender of the passenger, M or F.

## Passenger Ejected/Trapped

Ejected	<input type="radio"/>
Trapped	<input type="radio"/>

If the passenger was ejected or partially ejected from the vehicle, select **Ejected**.

If the passenger was trapped as a result of the crash and mechanical means were needed to extricate the passenger, select **Trapped**.

It may be appropriate to mark **Ejected** and **Trapped**, e.g., a passenger whose body is found hanging outside the door but whose feet are pinned in to the point where mechanical means must be used to free them.

## Passenger Injury

Injury	<input type="radio"/> K	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> O
--------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Injury
<p><b>K - Fatal Injury:</b> Any injury which results in death</p> <p><b>A - Suspected Serious Injury:</b> Any injury other than fatal which prevents normal activities and generally requires hospitalization</p> <p><b>B - Suspected Minor Injury:</b> Any minor injury that is evident to others at the scene</p> <p><b>C - Possible Injury:</b> Any possible injury that is reported or claimed</p> <p><b>O - No Injury:</b> No indication of injury</p>

An Injury selection must be made for each injured passenger of the involved unit. The injury recorded should be based on the latest information available at the time the report was completed.

- K** **FATAL INJURY** is any injury that results in death due to a motor vehicle traffic crash. Also be sure to select Fatal under Special Checks. Fatal injuries are further explained in Section 1.
- A** **SUSPECTED SERIOUS INJURY** is any injury, other than fatal, that prevents the injured person from walking, driving, or normally continuing the activities which he or she was capable of performing prior to the motor vehicle traffic crash.

**Includes:** Severe lacerations/broken or distorted limbs/skull fracture/crushed chest/internal injuries/unconscious when taken from the crash scene/unable to leave crash scene without assistance/significant burns/paralysis

**Excludes:** Momentary unconsciousness

**General:** Determinations are made at the time the injured person leaves the crash scene. It is not necessary to consult with doctors or hospitals unless information is not otherwise available. Apparent condition immediately after the crash does not govern classification because the person may recover from hysteria quickly or may begin to feel the effects of internal or other injuries between the time of the crash and time of leaving the scene.

- a. Medical treatment at the crash scene or later makes no difference. What the person does at the scene is important.
- b. Hospitalization normally will be required for serious injuries.
- c. Duration of the disability after injury makes no difference. Incapacitation is important.
- d. Developments after leaving the scene make no difference, except in case of death.

**B** **SUSPECTED MINOR INJURY** is any minor injury that is evident at the scene of the crash, other than fatal and serious injuries.

**Includes:** Lump on head/abrasion/minor lacerations.

**Excludes:** Limping (the injury cannot be seen).

**C** **POSSIBLE INJURY** is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury.

**Includes:** Momentary unconsciousness/claim of injuries not evident/limping/complaint of pain or nausea.

**General:** Possible injuries are those which are claimed or reported, or indicated by behavior, but no wounds or injuries are readily evident.

**O** **NO INJURY** is a situation where there is no reason to believe that the person received any bodily harm from the traffic crash.

**Note:** Uninjured passengers are not required to be listed in the injury section with the exception of a fatality occurring within the crash at which point all involved parties must be listed.



Please list all passengers whether injured or uninjured. An exception to this rule is bus passengers, then only the injured need to be listed.

## Passenger Date of Birth

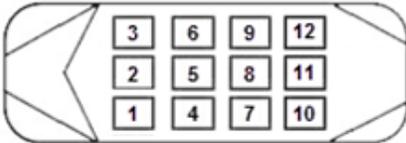
Date of Birth									
M	M	/	D	D	/	Y	Y	Y	Y

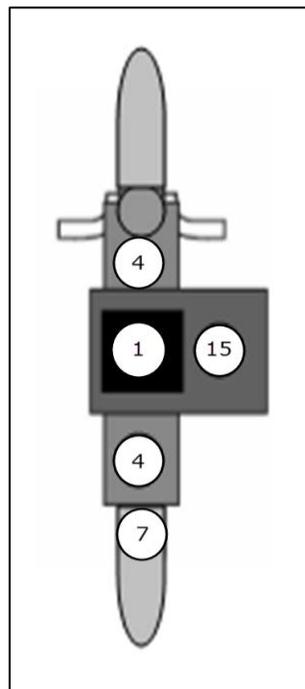
Enter the passenger's date of birth. There must be a total of eight digits.

## Passenger Position

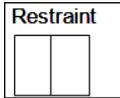
Position	

Enter the seating position of the passenger, based on the descriptions and/or the diagrams.

Position	
<b>B</b>	Bicyclist
<b>P</b>	Pedestrian
<b>E</b>	Engineer (Railroad / Train)
	
<b>13.</b>	Sleeper Section
<b>14.</b>	Other Enclosed Passenger / Cargo Area
<b>15.</b>	Other Unenclosed Passenger / Cargo Area
<b>16.</b>	Riding In / On Trailing Unit
<b>17.</b>	Riding On Vehicle Exterior
<b>98.</b>	Unknown
<b>► Motorcycles, Snowmobiles, Etc. (In-Line Seating)</b>	
<b>1.</b>	Driver
<b>4.</b>	Passenger One
<b>7.</b>	Passenger Two
<b>15.</b>	Other Unenclosed Passenger / Cargo Area



## Passenger Restraint



Restraint Use
1. No Belts Available
2. Shoulder Belt Only Used
3. Lap Belt Only
4. Shoulder and Lap Belt
5. No Belts Used
6. Child Restraint System – Forward Facing
7. Child Restraint Not Used or Improperly Used
8. Child Restraint System – Rear Facing
9. Child Restraint System – Booster Seat
10. Restraint Failure
11. Restraint Use Unknown
12. Helmet Worn
13. Helmet Not Worn
14. Helmet Use Unknown

The typical seatbelt design is **4-Shoulder and Lap Belt**, where the two are combined together as a single device.

**6-Child Restraint System-Forward Facing** is for toddlers.

**8-Child Restraint System-Rear Facing** is for infants.

**9-Child Restraint System-Booster Seat** is for older kids not tall enough or old enough for the adult seat belt.

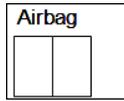
Note: For an Engineer (train), select **1-No Belts Available**.

List the type of restraint used by the passenger, or if appropriate, whether or not a helmet was worn. Helmet use is not based off the requirement to wear a helmet, but whether or not one was worn.

If vehicle type is Motorcycle, Moped/Goped, Snowmobile or Off Road Vehicle, restraint must be **12-Helmet Worn**, **13-Helmet Not Worn** or **14-Helmet Use Unknown**.

Refrain from using **11-Restraint Use Unknown** and **14-Helmet Use Unknown**, unless you truly do not know if a restraint or helmet was used based upon your investigation.

## Passenger Airbag



Select the type of airbag that was deployed during the crash, based on the visual observation of each occupant at the scene. If the vehicle airbags were not deployed, select **02-Not Deployed**. For older model vehicles without airbags installed, select **03-Not Equipped**. If more than one type of airbag was deployed for a single vehicle, select **07-Deployed Combination**.

Airbag
1. Deployed-Front
2. Not Deployed
3. Not Equipped
4. Deployed-Side
5. Deployed-Curtain
6. Deployed-Other (Knee, Air Belt, Etc.)
7. Deployed-Combination
98. Unknown

Note: For seating positions 2, 5, 8, or 11 select **3-Not Equipped**.

Note: If vehicle type is Motorcycle, Moped, Snowmobile or ORV, select **3-Not Equipped**.

Note: If the unit is an Engineer (train), select **3-Not Equipped**.

## Passenger Hospital/Ambulance Codes

Hospital Code	Ambulance Code
<input type="text"/>	<input type="text"/>

Enter the Hospital Code of the hospital where the individual was taken for treatment. Other valid entries are listed below:

<u>Code</u>	<u>Hospital Name</u>
HOSPT	Generic Hospital Code
MORGUE	Morgue (generic for any area)
NONE	None
OUTSTE	Out of State Hospital (generic for any out of state hospital)
REFUSD	Refused Medical Treatment
OTHR	Some other Hospital not listed

Enter the Ambulance Code of the ambulance company that was notified. Other valid entries are listed below:

<u>Code</u>	<u>Ambulance Name</u>
AIRLFT	Airlift Flight Service (generic for any area)
AMB	Generic Ambulance Service
NONE	None
OUTSTE	Out of State Ambulance (generic for any out of state ambulance)
REFUSD	Refused Medical Attention
OTHR	Some other ambulance not listed
LAW	Law Enforcement, if patient driven by the police

Contact the CJIC staff to obtain a list of Hospital and Ambulance codes for your area.



If the Ambulance/Hospital code is not listed or is unknown, choose the generic code. The valid entries listed above for Ambulance & Hospital should appear as an option within your program.

## Owner/Uninjured Passenger/Witness

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

This area is used to capture the vehicle Owner, Witness or Uninjured Passenger information. Do not use this area for recording information on injured passengers.

Indicate whether the information being entered is for an owner, witness to the crash, or an uninjured passenger, by selecting the appropriate bubble. Complete the name, address, and phone number information for this person.

If this individual is an uninjured passenger, complete the age, position (seating), and restraint fields.

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## Damaged Property Elements

*This section is used to capture damage to property, other than vehicle damage, that occurred during the traffic crash.*

### Damaged Property

<b>Damaged Property</b> _____
<b>Owner &amp; Phone</b> _____ / _____ <b>Public</b> <input type="radio"/> Yes <input type="radio"/> No

Describe the property that was damaged, and record the name and phone number of the person who owns that property.

### Public

Indicate whether or not the damaged property was publically owned.

*This page intentionally left blank.*

## Truck/Bus Elements

*This section is used to capture commercial vehicle information as it pertains to a truck or bus unit.*

### Definition of a Truck/Bus Unit

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

Note: If an individual rents a moving truck that is above 10,001 GVWR or GCWR from a commercial company for personal use, the unit information will be added in the truck bus portion of the UD-10. The carrier name field should be written as “Individual” (do not write his/her name). Areas to leave blank are the address and USDOT/ICCMC/MPSC. Complete all vehicle identifiers such as Vehicle Configuration, Cargo Body Type, GVWR/GCWR, driver’s license information and Hazardous Materials.

### Unit Number

Unit #	

Select the unit number that corresponds to the truck or bus assigned in the Unit Number.

A truck or bus may be reported in any unit area on the UD-10(E). If the crash involves more than one truck or bus, they must have different unit numbers. However, only one truck or bus may be reported per paper UD-10 form.

## Carrier Name

Carrier Name
--------------

List one of the following in the Carrier Name:

1. The carrier is the person, agency, or corporation that controls the movement of the cargo. The carrier's name can be obtained from any of the following:

- Shipping papers and bills of lading.
- Side of the power unit (permanently or temporarily displayed) keeping in mind that this company is not always the Carrier for the cargo being transported.
- Drivers daily log.
- From interviewing the driver.

Note: The carrier name can be different than the actual owner of the truck.

Note: Use the vehicle registration for information as a last resort.

2. For government owned and operated vehicles, either federal, state or local agencies, list the government entity as displayed on the vehicle, i.e., Mason Public Schools, Ingham County Road Commission, U.S. Army, etc. If an address is given on the vehicle or the registration, list it in the address section.
3. For moving trucks, such as a U-Haul, Penske or Ryder trucks over 10,000 pounds, record the word "INDIVIDUAL" as the Carrier Name and leave the address blank when the truck is being used for personal use.

Note: It is very important that the carrier name be listed exactly as it appears on the documents used to identify that carrier. Do not abbreviate the name in any way except for the abbreviations that appear on the documents.

## Carrier Address

Address		
City	State	Zip

Enter the address of the carrier, company, agency or individual listed in the **Carrier Name** field. Be sure to enter the zip code. Only record a five digit or nine digit zip code. For a five digit code, do not prefill or backfill with zeros.

## GVWR/GCWR

<b>GVWR / GCWR</b>	<input type="radio"/> 10,000 LBS or Less	<input type="radio"/> 10,001 - 26,000 LBS	<input type="radio"/> 26,001 LBS or More
--------------------	--	---	--

GVWR (Gross Vehicle Weight Rating) is for a single unit truck or bus. GCWR (Gross Combined Weight Rating) is for a truck or bus pulling a trailer(s).

Select the GVWR or GCWR weight range for the vehicle. This information can normally be found on the power unit inside the driver's side door frame or within the cab. For a trailer, the information will normally be found half way down the driver side of the trailer. Both are normally a metal plate, but it can also be stamped into the metal or on a sticker.

To determine if the unit is included in the Truck/Bus section, determine if the GCWR is over 10,000 lbs. and for hire (commercial purposes). Once that is determined, you must add the GVWR of the power unit to the GVWR of all the trailers to determine the GCWR. If the trailer is not displaying a GVWR plate, there are three options to determine its GVW (Gross Vehicle Weight):

1. Check all paperwork for indications of the GVWR.
2. The trailer and its load can be weighed by scales.
3. The method least preferred is to utilize the registration weight from the Michigan Department of State (SOS). If no weight is listed on the registration, leave this area blank.

If the GVWR plate or sticker cannot be found on the power unit, enter the weight listed on the registration, see below. If no weight appears on the registration, leave it blank.

<b>MICHIGAN REGISTRATION</b>		<b>RUTH JOHNSON</b> Secretary of State	
Plate: <b>AB23455</b>	Expires: <b>02/28/2015</b>		
<b>RENEWAL OF AB23455</b>			
<b>2003 CHEVROLET</b>	<b>STAKE</b>		
Vehicle No.: <b>1GBC4E1EX3F248501</b>	Fee Cat. or Wt.: <b>026000</b>		
<b>C</b>	County: <b>OAKLAND</b>		
<b>JOHNSON EXCAVATING</b>	<b>MI 48083</b>	 <b>AB23455 J</b>	
<b>5328 LACROSSE DR</b>			
<b>TROY</b>		License Fee: <b>558.00</b>	
<b>10012014 AN C274 096 0001</b>	<b>558.00</b>		

# Vehicle Configuration

Vehicle Configuration	

Indicate the Vehicle Configuration from the choices below that best describe the Truck/Bus unit being reported. If a vehicle is not listed on the chart and is over 10,000 lbs., select 99. Make only one selection from the following:

1. Passenger Car (only if vehicle has Hazmat placard).
2. Light Truck (only if vehicle has Hazmat placard).
3. Bus (9-15 seats, including driver).
4. Bus (16 or more seats, including driver).
5. Single Unit (2 axles, 6 tires).
6. Single Unit (3 or more axles).
7. Truck/Trailer (single unit truck pulling a trailer).
8. Truck Tractor (bobtail).
9. Tractor/Semi Trailer (one trailer).
10. Truck Tractor/Double (two trailers).
11. Truck Tractor/Triple (three trailers).
99. Unknown Heavy Truck > 10,000 lbs.

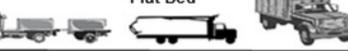
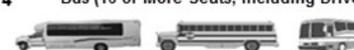
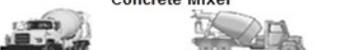
Vehicle Configuration	
<p><b>1</b> Passenger Car ( Only if Vehicle Has HM Placard )</p> 	<p><b>7</b> Truck/Trailer ( Single-Unit Truck Pulling a Trailer )</p> 
<p><b>2</b> Light Truck ( Only if Vehicle Has HM Placard )</p> 	<p><b>8</b> Truck Tractor ( Bobtail )</p> 
<p><b>3</b> Bus ( 9-15 Seats, Including Driver )</p> 	<p><b>9</b> Tractor / Semi Trailer ( One Trailer )</p> 
<p><b>4</b> Bus ( 16 or More Seats, Including Driver )</p> 	<p><b>10</b> Truck Tractor / Double ( Two Trailers )</p> 
<p><b>5</b> Single-Unit ( 2 Axles, 6 Tires )</p> 	<p><b>11</b> Truck Tractor / Triple ( Three Trailers )</p> 
<p><b>6</b> Single-Unit ( 3 or More Axles )</p> 	<p><b>99</b> Unknown Heavy Truck &gt; 10,000 lbs - Unclassified ( Not Listed Above )</p>

## Cargo Body Type

Cargo Body Type	

Indicate the Cargo Body Type from the choices below that best describe the truck/bus unit being reported. Make only one selection from the following:

- |                           |   |
|---------------------------|---|
| 1. Van (enclosed box).    | 9. Pole.                                      |
| 2. Cargo tank.            | 10. Intermodal Chassis.                       |
| 3. Flatbed/platform.      | 11. Log.                                      |
| 4. Dump.                  | 12. Vehicle Towing Motor Vehicle.             |
| 5. Concrete Mixer.        | 13. Bus (9-15 seats, including driver).       |
| 6. Auto transporter.      | 14. Bus (16 or more Seats, including driver). |
| 7. Garbage/refuse.        | 15. No Cargo Body.                            |
| 8. Grains, Chips, Gravel. | 97. Other.                                    |

Cargo Body Type		
1  Van / Enclosed Box	6  Auto Transporter	11  Log
2  Cargo Tank	7  Garbage / Refuse	12  Vehicle Towing Motor Vehicle
3  Flat Bed	8  Grains, Chips, Gravel	13  Bus (9-15 Seats, Including Driver)
4  Dump	9  Pole	14  Bus (16 or More Seats, Including Driver)
5  Concrete Mixer	10  Intermodal Chassis	15  No Cargo Body
		97 Other

**Example:** A dump truck towing a lowboy trailer with a dozer would be listed as a **Dump Truck**. However, a truck-tractor towing a lowboy semi-trailer with a dozer will be listed as a **Flatbed/Platform** because the truck tractor has no cargo body.

Van (enclosed box) is meant to be used with the normal enclosed cargo box whether it be a semi-trailer or a straight truck body. This category was not meant for use with a bus.

Cargo Tank means a completely enclosed tank type body designed to transport liquid, gaseous, and flowable solid material (powder, granular, etc.).

Auto Transporter is only used for truck/trailer auto transport vehicles. Straight trucks transporting vehicles will be listed under **Flatbed/Platform**, as appropriate.

There are several types of vehicles that best fit in the “Other” category. These include such vehicles as tow trucks without a flatbed, utility and line trucks, and special use vehicles not otherwise listed.

## Hazardous Materials

HAZMAT	
<input type="radio"/>	Placard
<input type="radio"/>	Cargo Spill

### **Placard**

If the vehicle had hazardous material placards displayed, select “Yes.” This does not include “Drive Safely” or other similarly worded placards.

### **Cargo Spill**

If hazardous materials were spilled or released from the vehicle during the crash, select “Yes.” Materials that spill, but are contained within the vehicle and not released to the outside, will not be considered as spilled/released for this report.

**Only the cargo is to be considered for this question.** This does not include fuel from the vehicle fuel tanks or other hazardous material spilled from a fixed containment that was struck by any of the vehicles during the crash.

If there is more than one type of hazardous material placard displayed on a motor vehicle, record the information of the hazardous material spilled. If no material was spilled, record the material with the highest quantity of material transported. Any other placard or hazardous material information can be mentioned in the **Remarks Section**.

The presence of any hazardous material should be reported. For any questions about a hazardous material spill, please contact the Michigan State Police, Commercial Vehicle Enforcement Division, Hazardous Material Section at 517-241-0551. Section investigators will assist with mitigating the incident and will check the motor carrier for hazmat regulation compliance. A section investigator may be reached at all times by calling Michigan State Police Operations at 517-241-8000.

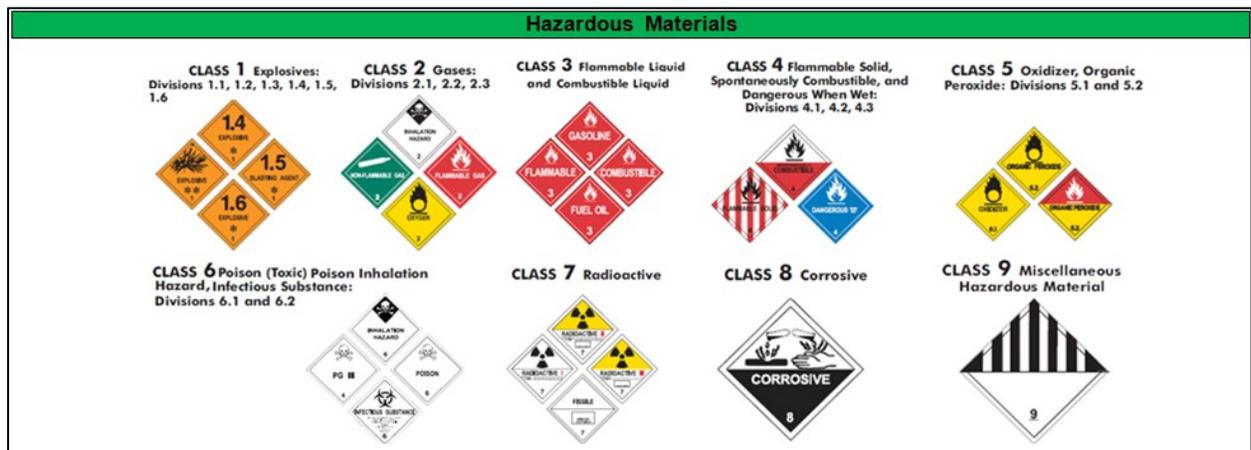
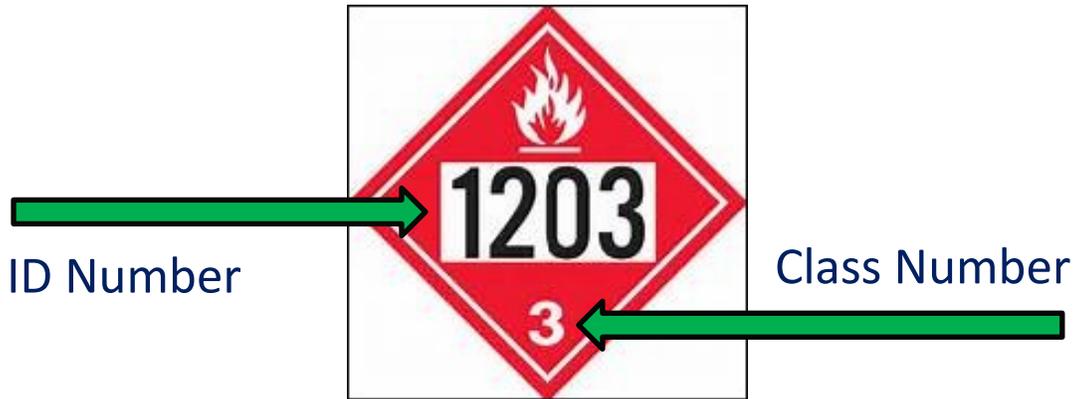
## Hazmat ID and Class Number

HAZMAT ID				HAZMAT Class	
<input type="text"/>					

If a Hazardous Material Placard is displayed, select the four-digit identification number that appears in the center of the diamond-shaped placard or orange panel, whichever is applicable. If more than one placard appears on the panel, list the most hazardous material.

Hazardous Material placards will typically display a single digit International Classification Number in the bottom corner. If a number is displayed, record it in this section.

Note: Some class numbers may contain two digits and will be displayed as a decimal number.



## Carrier Licensing Numbers

USDOT	MC	MPSC
-------	----	------

There are three types of carrier numbers that may be found on trucks and buses. Carrier licensing numbers are found on the power unit. Record the carrier numbers that are associated with the carrier name that controls the movement of the cargo.

1. Interstate Commerce Commission Motor Carrier (ICCMC), commonly referred to as “MC.”



2. United States Department of Transportation (USDOT).



3. Michigan Public Service Commission (MPSC).



## Driver CDL Type and Endorsements

<b>CDL Type</b> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> None	<b>Endorsements</b> <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X
---	--

For commercial drivers, record the Commercial Driver License (CDL) type and CDL endorsements as displayed in the “CDL Type” box on the driver’s license. Only one “CDL Type” bubble can be selected, although multiple endorsements can be recorded.

Note: If the driver does not have a CDL, select “None.”

<u>Group</u>		<u>Endorsements</u>
A, B, C	with	H, P, T, N, S, X

The following is a list of required license endorsements and types for the specific vehicle driven. This list is a helpful tool for traffic enforcement. Continue to document what the driver is issued on their driver’s license.

Available CDL Type/Endorsement combinations are:

Group A vehicle	A
Group A vehicle, Hazardous	AH
Group A vehicle, Tank	AN
Group A vehicle, Passenger	AP
Group A vehicle, Double/Triple	AT
Group A vehicle, Tank & Hazardous	AX
Group A vehicle, Tank & Double/Triple	ANT
Group A vehicle, Hazardous, Double/Triple	AHT
Group A vehicle, Hazardous Tank, Double/Triple	ATX
Group A vehicle, School Bus	APS
Group B vehicle	B
Group B vehicle, Hazardous	BH
Group B vehicle, Tank	BN
Group B vehicle, Passenger	BP
Group B vehicle, Tank & Hazardous	BX
Group B vehicle, School Bus	BPS
Group C vehicle, Hazardous	CH
Group C vehicle, Passenger	CP
Group C vehicle, Tank & Hazardous	CX
Group C vehicle, School Bus	CPS

Note: For more CDL information, refer to Appendices C and D.

# Medical Card

<p>Medical Card</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--

Drivers of trucks with a gross vehicle weight greater than 10,000 pounds (4,537 kilograms) **actual weight or GVWR**; or interstate commercial buses designed for carrying 16 or more passengers including the driver; or any vehicle requiring placards for hazardous materials must be medically qualified and carry the below Medical Examiners Certificate.

<b>MEDICAL EXAMINER'S CERTIFICATE</b>				
I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:				
<input type="checkbox"/> wearing corrective lenses		<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)		
<input type="checkbox"/> wearing hearing aid		<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)		
<input type="checkbox"/> accompanied by a _____ waiver/exemption		<input type="checkbox"/> qualified by operation of 49 CFR 391.64		
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.				
SIGNATURE OF MEDICAL EXAMINER		TELEPHONE		DATE
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant		<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		NATIONAL REGISTRY NO.		
SIGNATURE OF DRIVER		INTRASTATE ONLY	CDL	DRIVER'S LICENSE NO.
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF DRIVER				
MEDICAL CERTIFICATION EXPIRATION DATE				

## CDL Exempt

Exempt
<input type="radio"/> Farm
<input type="radio"/> Other

If the driver is operating a commercial vehicle that requires a CDL but has no CDL, it **must** be determined if that driver is exempt from the CDL. That determination is made by the investigating officer and is based on the operation being performed. Exemptions are not listed on the driver's license.

### Exemptions:

Select **Farm**, if the driver is farm exempt, is within a 150 mile radius of the farm, and is not for hire.

The **Other** exemptions to the CDL requirements are:

- Qualified military drivers of military vehicles.
- Qualified firefighters operating authorized emergency vehicles.
- Persons operating a vehicle used exclusively to transport personal possessions or family members for non-business purposes.

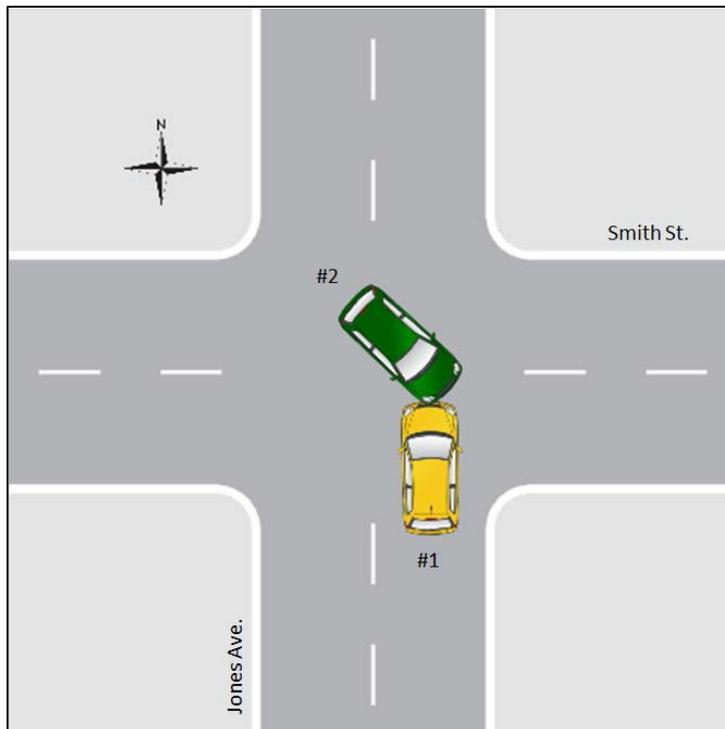
Exemptions are listed in MCL Section 257.302 and 257.312e.

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## Crash Diagram and Remarks

*This section is used to illustrate a diagram of the crash, and to also provide the officer's remarks that further describe the crash. The Crash Diagram and Remarks is extremely important and is the most used field by traffic safety experts.*

### Crash Diagram



In the space provided, draw the crash scene to include the roadway and any units involved. The diagram should represent a complete picture of the actual events leading up to the crash through the time period when the events have stabilized.

This drawing need not be to scale, but should provide a visual aid that recreates the action prior and sequence of events for the unit(s) involved.

For fatal crashes, use this section to diagram the event and add any necessary remarks to explain what occurred. The Federal Fatality Analysis Reporting System (FARS) requires this information.

**A Crash Diagram and Remarks is strongly suggested on all crashes and is required for all fatal and injury crashes.**

## Remarks

	Remarks / Narrative
	Vehicle #2 failed to yield while turning left at the intersection and struck the front of vehicle #1. Nobody was injured, and both vehicles were drivable.

Use this section to write a brief narrative of how the crash occurred. **Never include any personal information in the Remarks section.** The Remarks section can be used to record a witness statement, a non-contact unit that was involved or may have contributed to the crash, or any other information that will help you recall the details of the crash.

Other information that can be included in the Remarks section:

- If drugs or alcohol were involved but were not a contributing factor, please make a note of it in the Remarks section.
- List anything that might help to remind you what happened if you need to appear in court.
- List advisory speed limits.
- List any trailer or towed vehicle that was damaged during the crash.

The more detailed the diagram and remarks, the more it assists engineers and road commissions to make better decisions in their efforts to minimize crash numbers and/or severity.

**Never include any personal information in the Remarks Section.**

## Fatality Analysis Reporting System (FARS)

*This section is used to illustrate a diagram of the crash and to include the officer's remarks that further describe the crash.*

The Fatality Analysis Reporting System (FARS) gathers data on the most severe traffic crashes that occur each year - those that result in loss of human life.

The system was conceived, designed, and developed by the National Center for Statistics and Analysis (NCSA) of the National Highway Traffic Safety Administration (NHTSA). It is intended to provide an overall measure of highway safety, to help identify traffic safety problems, to suggest solutions, and to help provide an objective basis on which to evaluate the effectiveness of motor vehicle safety standards and highway safety programs.

FARS became operational in 1975 and contains data on fatal traffic crashes within the 50 States, the District of Columbia, and Puerto Rico. To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway open to the public, and must result in the death of a person (vehicle occupants or non-motorist). Any fatal crash involving a snowmobile or ORV shall be submitted to FARS, regardless of where it occurred.

The FARS file contains descriptions, in a standard format, of each fatal crash reported. Each crash has more than 100 different coded data elements that characterize the crash, the vehicles, and the people involved. The specific data elements may be modified slightly each year to conform to changing user needs, vehicle characteristics, and highway safety emphasis areas. The FARS analyst reviews the UD-10 to complete all data elements reported on five forms:

The **Crash Form** contains specific information such as the time and location of the crash, the first harmful event, whether it is a hit and run crash, whether a school bus was involved, the number of vehicles and people involved, and weather conditions.

The **Vehicle Form** contains data on each vehicle involved in the crash. Specific data include the vehicle type, role in the crash, initial and principal impact points, and the most harmful event.

The **Driver Form** contains the driver's record and license status, including mandated CDL information.

The **Person Form** contains data on each person involved in the crash: his or her age and sex, role in the crash (driver, passenger, non-motorist), alcohol and drug involvement, injury severity, and restraint use.

The **Pre-Crash Form** contains data describing roadway attributes, driver's actions, and details prior to the first harmful event.

The data collected within FARS does not include any personal identifying information such as names, addresses, or social security numbers. Thus, any data kept in FARS files are made available to the public to fully conform to the Privacy Act laws. An overview of FARS data is published in various fact sheets and in an annual report. These are all available to the public. The annual report contains a comprehensive analysis of the year's data and includes some past year's data with comparative analyses.

Michigan has participated in the FARS program since its inception. The FARS analyst gathers, translates and enters data directly into NHTSA's central computer data file. Data is automatically checked when entered for acceptable range values and for consistency.

FARS data is used extensively within NHTSA and requests are received from sources such as state and local governments, research organizations, private citizens, the auto and insurance industries, Congress, and the media. Specific FARS data uses include the evaluation of:

- Alcohol related legislation.
- Motorcycle helmet legislation.
- Restraint usage legislation.
- Speed limit laws.
- Vehicle safety designs.
- Large truck safety.
- Air bag effectiveness.

FARS data can be accessed at the state level by the FARS analyst to respond to state safety issues. Users may request specific data from the center at no charge for most requests; generally within two weeks allowing more time for complex or lengthy reports. Also users can obtain a file on computer tape in one of several formats amenable to analysis. This will allow

processing of the data using the law enforcement agency's computer system. The FARS website address is: [www-fars.nhtsa.dot.gov](http://www-fars.nhtsa.dot.gov).

To request FARS information, contact:

FARS Analyst  
Michigan State Police  
Criminal Justice Information Center  
P.O. Box 30634  
Lansing, MI 48909

Lorie Sierra                    [SierraL@michigan.gov](mailto:SierraL@michigan.gov)  
Angela Stanton                [StantonA@michigan.gov](mailto:StantonA@michigan.gov)





## Glossary

*Some definitions given are for purposes of UD-10 Traffic Crash Report completion only and should not be used for enforcement or prosecution purposes.*

### At-intersection Crash

A traffic crash where the first harmful event occurs at the exact intersecting point of the centerlines of the two roadways.

### Bicycle

Bicycle means a device propelled by human power upon which a person may ride, having either two or three wheels in a tandem or tricycle arrangement, all of which are over 14 inches in diameter. MCL 257.4.

### Bridge Abutment

Vertical support structure that retains the earth supporting the bridge ends.

### Bridge Parapet End

The end of a bridge or bridge rail, as opposed to the “facing” which is that portion of the bridge rail beyond its end.

### Bridge Pier

A freestanding column that supports the weight of a bridge. The column is not enclosed or backed by earth.

### Bus

Any passenger-carrying vehicle used for hire and used to transport nine (9) or more passengers, including the driver.

## Carrier

The person, agency or corporation that controls the movement of the cargo for a Truck/Bus unit.

## Commercial Motor Vehicle

Any motor vehicle used for the transportation of goods, property or people in interstate or intrastate commerce.

## Contributing Circumstances

These are apparent external (outside the vehicle) conditions that may have contributed to the crash.

## Crash

An unstabilized situation that includes at least one harmful event resulting in property damage, injury or death.

## Culvert

An enclosed structure providing free passage of water under a roadway.

## Divided Roadway

A roadway that is physically divided to provide travel in opposite directions.

## Engineer, Railroad

A person who operates a train engine.

## Extent of Damage, Disabling

Damage to a vehicle that is so severe that it must be towed from the scene.

## Extent of Damage, Functional

Damage to a vehicle that is not disabling, but affects some function of the vehicle.

## Extent of Damage, Minor

Damage to a vehicle that is cosmetic in nature.

## Farm Tractor

Farm tractor means every motor vehicle designed and used primarily as a farm implement for drawing plows, mowing machines, and other implements of husbandry. MCL 257.16

## Fifth Wheel Travel Trailer

A trailer designed for recreational use that is normally towed by a pickup truck. The fifth wheel hitch has an upper and lower coupling device; the lower half is mounted in the bed of the towing unit. The upper half consists of a plate and kingpin, which is attached to the towed vehicle (fifth wheel travel trailer). A fifth wheel travel trailer is the only type of travel trailer that meets the requirement for use as the first towed unit in recreational doubles.

## Gore

Gore means an area of land where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways that join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. The gore is considered to start or end at the point where the painted pavement edge lines of the two roadways diverge or converge.

## Gross Combination Weight Rating (GCWR)

The value specified by the manufacturer as the maximum loaded weight of a combination vehicle. In the absence of a label, the GCWR can be calculated by adding the GVWR of the power unit to the GVWR of the vehicle(s) or trailer(s) being towed.

## Gross Vehicle Weight Rating (GVWR)

The maximum rated loaded weight in pounds of a single vehicle. Vehicle manufacturers specify the GVWR and this can be found on the vehicle certification label.

## Harmful Event

An occurrence of injury or damage.

## Highway or Street

Highway or street means the entire width between the boundary lines of every way publicly maintained when any part thereof is open to the use of the public for purposes of vehicular travel. MCL 257.20

## Ignition Interlock Devices

Ignition Interlock Device means an alcohol concentration measuring device that prevents a motor vehicle from being started at any time without first determining through a deep lung sample the operators breath alcohol level. MCL 257.625L.

## Immersion

The act of plunging into a liquid (water).

## Impact Attenuator

A protective device that protects errant vehicles from impacting fixed-object hazards by either gradually decelerating the vehicle or by redirecting its path of travel away from the fixed object.

## Implement of Husbandry

Implement of Husbandry means a vehicle or trailer in use for the exclusive function of serving agriculture, horticulture or livestock operations. Implement of Husbandry includes a farm tractor, self-propelled application-type vehicle, farm wagon, farm trailer, a vehicle or trailer adapted for lifting or carrying another implement of husbandry, or any substantially similar equipment used to transport products necessary for agricultural production. MCL 257.21.

## Intersection

Intersection means:

- (a) The area embraced within the prolongation or connection of the lateral curb lines, or, if none, then the lateral boundary lines of the roadways of 2 highways that join one another at, or approximately at, right angles, or the area within which vehicles traveling upon different highways joining at any other angle may come in conflict.
- (b) Where a highway includes two roadways 30 feet or more apart, then every crossing of each roadway of such divided highway shall be regarded as a separate intersection. In the event such intersecting highway also includes two roadways 30 feet or more apart, then every crossing of two roadways of such highways shall be regarded as a separate intersection MCL 257.22.
- (c) An area within the extended pavement lines at points where two highways join or cross (from Dictionary of Civil Engineering).

## In Transport

The term in transport denotes the state or condition of a vehicle that is in motion or within the portion of a way ordinarily used by similar vehicles. When applied to motor vehicles, in transport means in motion or on a roadway.

### Inclusions:

- Motor vehicle in traffic on a highway
- Driverless motor vehicle in motion
- Motionless motor vehicle abandoned on a roadway
- Disabled motor vehicle on a roadway
- And others

A parked motor vehicle in roadway lanes used for travel during rush hours and parking during off-peak periods is in transport during periods when parking is forbidden.

## Luminaire/Light Support

A complete lighting unit, consisting of lamp(s), support pole and wiring

## Median

The median is the distance or area between the inside left-hand pavement edges of a divided highway.

## Moped

A Moped is a 2- or 3-wheeled vehicle to which both of the following apply:

- (a) It is equipped with a motor that does not exceed 100 cubic centimeters piston displacement and cannot propel the vehicle at a speed greater than 30 miles per hour on a level surface.
- (b) Its power drive system does not require the operator to shift gears. MCL 257.32b.

## Motorcycle

Motorcycle means every motor vehicle having a saddle or seat for the use of the rider and designed to travel on not more than three wheels in contact with the ground but excluding a tractor. MCL 257.31.

## Motor Home

Motor home means a motor vehicle constructed or altered to provide living quarters, including permanently installed cooking and sleeping facilities, and is used for recreation, camping, or other non-commercial use. MCL 257.32a.

## Motor Vehicle

Motor vehicle is any motorized road vehicle not operated on rails.

## Non-profit Organization Registration

A vehicle registration issued to certain non-profit organizations such as Civil Air Patrol, churches, and civic clubs. Sometimes referred to as a Y-Plate. MCL 257.224.

## Non-Traffic Area

An area not designed for purposes of through vehicular travel. Generally, an area with roadways that is not part of the state, county, or local road system. Non-traffic areas include shopping center parking areas and service-access roads, parking ramps, parklands and school properties.

## ORV

ORV is a motor-driven, off-road recreation vehicle capable of cross-country travel without benefit of a road or trail, on or immediately over land, snow, ice, marsh, swampland, or other natural terrain.

A multi-track or multi-wheel drive vehicle, a motorcycle or related two-wheel vehicle, a vehicle with three or more wheels, an amphibious machine, a ground effect air cushion vehicle, or other means of transportation may be an ORV. An ATV is an ORV.

ORV or vehicle does not include a registered snowmobile, a farm vehicle being used for farming, a vehicle used for military, fire, emergency, or law enforcement purposes, a vehicle owned and operated by a utility company or an oil or gas company when performing maintenance on its facilities or on property over which it has an easement, a construction or logging vehicle used in performance of its common function, or a registered aircraft. MCL 324.81101.

## Parking

Parking means standing a vehicle, whether occupied or not, upon a highway, when not loading or unloading, except when making necessary repairs. MCL 257.38.

## Pedalcycle

A non-motorized vehicle propelled by pedaling. It includes unicycles, bicycles, tricycles, pedal cars, etc.

## Pedestrian

Person on foot; person on skis, skates or roller blades; rider of a horse; horse and buggy (each occupant, including the driver, will be listed as a separate pedestrian unit); non-motorized wheel chair.

## Ramp

An auxiliary roadway used for entering or leaving thru-traffic lanes.

## Recreational Double

Pulling vehicle equipped with fifth wheel and/or pulling two trailers, used for recreation and personal travel, as opposed to commercial use.

## Roadway

Roadway means that portion of a highway improved, designed, or ordinarily used for vehicular travel. In the event a highway includes two (2) or more separate roadways, the term roadway, as used herein, shall refer to any such roadway separately, but not to all such roadways collectively. MCL 257.55.

## School Bus

School bus means every motor vehicle, except station wagons, with a manufacturer's rated seating capacity of 16 or more passengers, including the driver, owned by a public, private, or governmental agency, and operated for the transportation of children to or from school, or privately owned and operated for compensation for the transportation of children to or from school.

School bus does not include buses operated by a municipally owned transportation system or by a common passenger carrier certificated by the state transportation department. MCL 257.57.

## Semi-trailer

Semi-trailer means every vehicle with or without motive power, other than a pole-trailer, designed for carrying persons or property and for being drawn by a motor vehicle, and so constructed that some part of its weight and that of its load rests upon, or is carried by another vehicle. Semi-trailer does not include any implement of husbandry. MCL 257.59.

## Shoulder and Ditch Slope

Shoulder means that portion of the highway contiguous to the roadway generally extending the contour of the roadway, not designed for vehicular travel, but maintained for the temporary accommodation of disabled or stopped vehicles otherwise permitted on the roadway.

Ditch slope is that portion of the highway adjacent to the shoulder if one exists or adjacent to the roadway on roads without shoulders, extending to the bottom of the roadside ditch and is not constructed or maintained for the use of any vehicles except those engaged in construction or maintenance. MCL 257.59a.

## Snowmobile

Snowmobile means any motor driven vehicle designed for travel primarily on snow or ice of a type which utilizes sled runners or skis, or an endless belt tread or any combination of these or other similar means of contact with the surface upon which it is operated; but is not a vehicle which must be registered under Act No. 300 of the Public Acts of 1949, as amended, being sections 257.1 to 257.923 of the Michigan Compiled Laws. MCL 324.82101.

## Special Mobile Equipment

Special mobile equipment means every vehicle not designed or used primarily for the transportation of persons or property and incidentally operated or moved over the highways, including farm tractors, road construction or maintenance machinery, mobile office trailers, mobile tool shed trailers, mobile trailer units used for housing stationary construction equipment, ditch-digging apparatus, well-boring and well-servicing apparatus. The foregoing enumeration shall be deemed partial and shall not operate to exclude other such vehicles which are within the general terms of this definition. MCL 257.62.

## Street or Highway

Street or highway means the entire width between boundary lines of every way publicly maintained when any part thereof is open to the use of the public for purposes of vehicular travel. MCL 257.64.

## Thru Highway

Thru highway means every state trunk line highway, or any other highway at the entrance to which vehicular traffic from an intersecting highway is required by law to stop before entering or crossing the same. MCL 257.68.

## Towed Vehicle

Vehicle being pulled or pushed by a tow truck or other motor vehicle, where some tires of the towed vehicle touch the road surface (does not include vehicles being transported on flat-bed truck).

## Traffic

Traffic means pedestrians, ridden or herded animals, vehicles, street cars and other conveyances, either singly or together, while using any highway for purposes of travel. MCL 257.69.

## Traffic Barrier

A device that provides a physical limitation through which a motor vehicle would not normally pass and is designed to contain or redirect an errant motor vehicle. A traffic barrier would include guardrail, cement barriers, and cable barriers.

## Traffic Control Device

Traffic control devices means all signs, signals, markings, and devices not inconsistent with this act, placed or erected by authority of a public body or official having jurisdiction, for the purpose of regulating, warning or guiding traffic. MCL 257.70.

## Traffic Crash

An incident involving a motor vehicle, in transport, on a roadway, that resulted in death, injury or property damage of \$1,000 or more. Also used to report any crash involving a snowmobile or ORV, whether traffic or non-traffic related, that results in damage over \$100.00.

## Trafficway

Trafficway is any land way open to the public as a matter of right or custom for moving persons or property from one place to another. The Trafficway field is used to indicate whether or not a roadway is divided and if it serves one-way or two-way traffic.

## Trailer

Trailer means every vehicle with or without motive power, other than a pole-trailer, designed for carrying property or persons, and for being drawn by a motor vehicle and so constructed that no part of its weight rests upon the towing vehicle. Trailer does not include any implement of husbandry. MCL 257.73.

## Transition Area

Area of the roadway where the number of travel lanes increases or decreases.

## Truck

Truck means every motor vehicle designed, used, or maintained primarily for the transportation of property. MCL 257.75.

## Truck/Bus Unit

A commercial truck or truck/trailer having a GVWR or GCWR of more than 10,000 pounds, any vehicle displaying a hazardous material placard, or any bus or school bus designed to transport nine (9) or more passengers including the driver.

## Truck Tractor

Truck tractor means every motor vehicle designed and used primarily for drawing other vehicles, and not so constructed as to carry a load other than a part of the weight of the vehicle and load so drawn, except that a truck tractor and semi-trailer engaged in the transportation of automobiles may transport motor vehicles on part of the power unit. MCL 257.77.

## Unstabilized Situation

Set of events not under human control. It starts when control is lost and ends when (1) control is regained, or (2) in the absence of persons who are able to regain control, when all persons and property are at rest.

## Vehicle

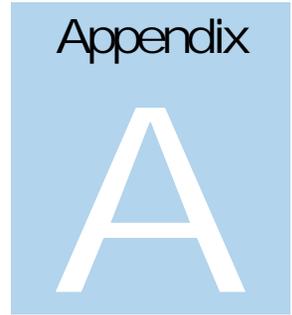
Vehicle means every device in, upon, or by which any person or property is or may be transported or drawn upon a highway, except devices exclusively moved by human power or used exclusively upon stationary rails or tracks and except a mobile home. MCL 257.79.

## Within-intersection Crash

Traffic crash where the first harmful event occurs within the limits (corners) of the intersection.

*Sources: Motor Vehicle Code, ORV Act, Snowmobile Act, ANSI D16.1-2007 American National Standard Manual on Classification of Motor Vehicle Traffic Accidents and the Model Minimum Uniform Crash Criteria Guideline 4<sup>th</sup> edition.*

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# County/City/ Township Codes

## 01 – Alcona County

<u>County</u>	<u>Township/City/Village</u>
01	01 Alcona Twp
01	02 Caledonia Twp
01	03 Curtis Twp
01	04 Greenbush Twp
01	05 Gustin Twp
01	06 Harrisville Twp
01	07 Hawes Twp
01	08 Haynes Twp
01	09 Mikado Twp
01	10 Millen Twp
01	11 Mitchell Twp
01	29 Harrisville
01	30 Lincoln

## 02 – Alger County

<u>County</u>	<u>Township/City/Village</u>
02	01 Au Train Twp
02	02 Burt Twp
02	03 Grand Island Twp
02	04 Limestone Twp
02	05 Mathias Twp
02	06 Munising Twp
02	07 Onota Twp
02	08 Rock River Twp
02	29 Chatham
02	46 Munising

## 3 – Allegan County

<u>County</u>	<u>Township/City/Village</u>
03	01 Allegan Twp
03	02 Casco Twp
03	03 Cheshire Twp
03	04 Clyde Twp
03	05 Dorr Twp
03	06 Fillmore Twp

03	07 Ganges Twp
03	08 Gunplain Twp
03	09 Heath Twp
03	10 Hopkins Twp
03	11 Laketown Twp
03	12 Lee Twp
03	13 Leighton Twp
03	14 Manlius Twp
03	15 Martin Twp
03	16 Monterey Twp
03	17 Otsego Twp
03	18 Overisel Twp
03	19 Salem Twp
03	20 Saugatuck Twp
03	21 Trowbridge Twp
03	22 Valley Twp
03	23 Watson Twp
03	24 Wayland Twp
03	29 Douglas
03	30 Fennville
03	31 Hopkins
03	32 Martin
03	33 South Haven
03	39 Saugatuck
03	40 Wayland
03	46 Allegan
03	47 Otsego
03	48 Plainwell
03	80 Holland

## 4 – Alpena County

<u>County</u>	<u>Township/City/Village</u>
04	01 Alpena Twp
04	02 Green Twp
04	03 Long Rapids Twp
04	04 Maple Ridge Twp
04	05 Ossineke Twp
04	06 Sanborn Twp
04	07 Wellington Twp
04	08 Wilson Twp

04 29 Hillman  
04 66 Alpena

**05 – Antrim County**

<u>County</u>	<u>Township/City/Village</u>
05	01 Banks Twp
05	02 Central Lake Twp
05	03 Chestonia Twp
05	04 Custer Twp
05	05 Echo Twp
05	06 Elk Rapids Twp
05	07 Forest Home Twp
05	08 Helena Twp
05	09 Jordan Twp
05	10 Kearney Twp
05	11 Mancelona Twp
05	12 Milton Twp
05	13 Star Twp
05	14 Torch Lake Twp
05	15 Warner Twp
05	29 Bellaire
05	30 Central Lake
05	31 Ellsworth
05	39 Elk Rapids
05	40 Mancelona

**06 – Arenac County**

<u>County</u>	<u>Township/City/Village</u>
06	01 Adams Twp
06	02 Arenac Twp
06	03 Au Gres Twp
06	04 Clayton Twp
06	05 Deep River Twp
06	06 Lincoln Twp
06	07 Mason Twp
06	08 Moffatt Twp
06	09 Sims Twp
06	10 Standish Twp
06	11 Turner Twp
06	12 Whitney Twp
06	29 Au Gres
06	30 Omer
06	31 Sterling
06	32 Turner
06	33 Twining
06	39 Standish

**07 – Baraga County**

<u>County</u>	<u>Township/City/Village</u>
07	01 Arvon Twp
07	02 Baraga Twp
07	03 Covington Twp
07	04 L'anse Twp
07	05 Spurr Twp
07	39 Baraga
07	46 L'anse

**08 – Barry County**

<u>County</u>	<u>Township/City/Village</u>
08	01 Assyria Twp
08	02 Baltimore Twp
08	03 Barry Twp
08	04 Carlton Twp
08	05 Castleton Twp
08	06 Hastings Twp
08	07 Hope Twp
08	08 Irving Twp
08	09 Johnstown Twp
08	10 Maple Grove Twp
08	11 Orangeville Twp
08	12 Prairieville Twp
08	13 Rutland Twp
08	14 Thornapple Twp
08	15 Woodland Twp
08	16 Yankee Springs Twp
08	29 Freeport
08	30 Woodland
08	39 Middleville
08	40 Nashville
08	60 Hastings

**09 – Bay County**

<u>County</u>	<u>Township/City/Village</u>
09	01 Bangor Twp
09	02 Beaver Twp
09	03 Frankenlust Twp
09	04 Fraser Twp
09	05 Garfield Twp
09	06 Gibson Twp
09	07 Hampton Twp

09	08	Kawkawlin Twp
09	09	Merritt Twp
09	10	Monitor Twp
09	11	Mt. Forest Twp
09	12	Pinconning Twp
09	13	Portsmouth Twp
09	14	Williams Twp
09	39	Auburn
09	40	Pinconning
09	46	Essexville
09	80	Bay City
09	81	Midland

**10 – Benzie County**

<u>County</u>	<u>Township/City/Village</u>
10	01 Almira Twp
10	02 Benzonia Twp
10	03 Blaine Twp
10	04 Colfax Twp
10	05 Crystal Lake Twp
10	06 Gilmore Twp
10	07 Homestead Twp
10	08 Inland Twp
10	09 Joyfield Twp
10	10 Lake Twp
10	11 Platte Twp
10	12 Weldon Twp
10	29 Benzonia
10	30 Beulah
10	31 Elberta
10	32 Honor
10	33 Lake Ann
10	34 Thompsonville
10	39 Frankfort

**11 – Berrien County**

<u>County</u>	<u>Township/City/Village</u>
11	01 Bainbridge Twp
11	02 Baroda Twp
11	03 Benton Twp
11	04 Berrien Twp
11	05 Bertrand Twp
11	06 Buchanan Twp
11	07 Chikaming Twp
11	08 Coloma Twp

11	09 Galien Twp
11	10 Hagar Twp
11	11 Lake Twp
11	12 Lincoln Twp
11	13 New Buffalo Twp
11	14 Niles Twp
11	15 Oronoko Twp
11	16 Pipestone Twp
11	17 Royalton Twp
11	18 St. Joseph Twp
11	19 Sodus Twp
11	20 Three Oaks Twp
11	21 Watervliet Twp
11	22 Weesaw Twp
11	29 Baroda
11	30 Eau Claire
11	31 Galien
11	32 Grand Beach
11	33 Michiana
11	34 Shoreham
11	39 Berrien Springs
11	40 Bridgman
11	41 Coloma
11	42 Stevensville
11	43 Three Oaks
11	44 Watervliet
11	46 Buchanan
11	47 New Buffalo
11	66 Benton Harbor
11	67 Niles
11	68 St. Joseph

**12 – Branch County**

<u>County</u>	<u>Township/City/Village</u>
12	01 Algansee Twp
12	02 Batavia Twp
12	03 Bethel Twp
12	04 Bronson Twp
12	05 Butler Twp
12	06 California Twp
12	07 Coldwater Twp
12	08 Gilead Twp
12	09 Girard Twp
12	10 Kinderhook Twp
12	11 Matteson Twp
12	12 Noble Twp

12	13	Ovid Twp
12	14	Quincy Twp
12	15	Sherwood Twp
12	16	Union Twp
12	29	Sherwood
12	39	Bronson
12	40	Quincy
12	41	Union City
12	60	Coldwater

**13 – Calhoun County**

<u>County</u>		<u>Township/City/Village</u>
13	01	Albion Twp
13	02	Athens Twp
13	04	Bedford Twp
13	05	Burlington Twp
13	06	Clarence Twp
13	07	Clarendon Twp
13	08	Convis Twp
13	09	Eckford Twp
13	10	Emmett Twp
13	11	Fredonia Twp
13	12	Homer Twp
13	13	Lee Twp
13	14	Leroy Twp
13	15	Marengo Twp
13	16	Marshall Twp
13	17	Newton Twp
13	18	Pennfield Twp
13	19	Sheridan Twp
13	20	Tekonsha Twp
13	29	Athens
13	30	Burlington
13	31	Tekonsha
13	39	Homer
13	41	Union City
13	46	Springfield
13	60	Marshall
13	66	Albion
13	80	Battle Creek

**14 – Cass County**

<u>County</u>		<u>Township/City/Village</u>
14	01	Calvin Twp
14	02	Howard Twp
14	03	Jefferson Twp

14	04	Lagrange Twp
14	05	Marcellus Twp
14	06	Mason Twp
14	07	Milton Twp
14	08	Newberg Twp
14	09	Ontwa Twp
14	10	Penn Twp
14	11	Pokagon Twp
14	12	Porter Twp
14	13	Silver Creek Twp
14	14	Volinia Twp
14	15	Wayne Twp
14	29	Vandalia
14	39	Cassopolis
14	40	Edwardsburg
14	41	Marcellus
14	60	Dowagiac
14	67	Niles

**15 – Charlevoix County**

<u>County</u>		<u>Township/City/Village</u>
15	01	Bay Twp
15	02	Boyne Valley Twp
15	03	Chandler Twp
15	04	Charlevoix Twp
15	05	Evangeline Twp
15	06	Eveline Twp
15	07	Hayes Twp
15	08	Hudson Twp
15	09	Marion Twp
15	10	Melrose Twp
15	11	Norwood Twp
15	12	Peanine Twp
15	13	St. James Twp
15	14	South Arm Twp
15	15	Wilson Twp
15	29	Boyne Falls
15	39	East Jordan
15	46	Boyne City
15	47	Charlevoix

**16 – Cheboygan County**

<u>County</u>		<u>Township/City/Village</u>
16	01	Aloha Twp
16	02	Beaugrand Twp
16	03	Benton Twp

16	04	Burt Twp
16	05	Ellis Twp
16	06	Forest Twp
16	07	Grand Twp
16	08	Hebron Twp
16	09	Inverness Twp
16	10	Koehler Twp
16	12	Mackinaw Twp
16	13	Mentor Twp
16	14	Mullett Twp
16	15	Munro Twp
16	16	Nunda Twp
16	17	Tuscarora Twp
16	18	Walker Twp
16	19	Waverly Twp
16	20	Wilmot Twp
16	29	Mackinaw City
16	30	Wolverine
16	60	Cheboygan

**17 – Chippewa County**

<u>County</u>	<u>Township/City/Village</u>
17	01 Bay Mills Twp
17	02 Bruce Twp
17	03 Chippewa Twp
17	04 Dafter Twp
17	05 Detour Twp
17	06 Drummond Twp
17	07 Hulbert Twp
17	08 Kinross Twp
17	09 Pickford Twp
17	10 Raber Twp
17	11 Rudyard Twp
17	12 Soo Twp
17	13 Sugar Island Twp
17	14 Superior Twp
17	15 Trout Lake Twp
17	16 Whitefish Twp
17	29 Detour
17	66 Sault Ste Marie

**18 – Clare County**

<u>County</u>	<u>Township/City/Village</u>
18	1 Arthur Twp
18	2 Franklin Twp
18	3 Freeman Twp

18	4	Frost Twp
18	5	Garfield Twp
18	6	Grant Twp
18	7	Greenwood Twp
18	8	Hamilton Twp
18	9	Hatton Twp
18	10	Hayes Twp
18	11	Lincoln Twp
18	12	Redding Twp
18	13	Sheridan Twp
18	14	Summerfield Twp
18	15	Surrey Twp
18	16	Winterfield Twp
18	30	Farwell
18	39	Harrison
18	46	Clare

**19 – Clinton County**

<u>County</u>	<u>Township/City/Village</u>
19	1 Bath Twp
19	2 Bengal Twp
19	3 Bingham Twp
19	4 Dallas Twp
19	5 Dewitt Twp
19	6 Duplain Twp
19	7 Eagle Twp
19	8 Essex Twp
19	9 Greenbush Twp
19	10 Lebanon Twp
19	11 Olive Twp
19	12 Ovid Twp
19	13 Riley Twp
19	14 Victor Twp
19	15 Watertown Twp
19	16 Westphalia Twp
19	29 Eagle
19	30 Elsie
19	31 Hubbardston
19	32 Maple Rapids
19	33 Westphalia
19	39 Dewitt
19	40 Fowler
19	41 Ovid
19	60 St. Johns
19	61 Grand Ledge
19	80 East Lansing

**20 – Crawford County**

<u>County</u>	<u>Township/City/Village</u>
20	1 Beaver Creek Twp
20	2 Frederic Twp
20	3 Grayling Twp
20	4 Lovells Twp
20	5 Maple Forest Twp
20	6 South Branch Twp
20	39 Grayling

**21 – Delta County**

<u>County</u>	<u>Township/City/Village</u>
21	1 Baldwin Twp
21	2 Bark River Twp
21	3 Bay De Noc Twp
21	4 Brampton Twp
21	5 Cornell Twp
21	6 Ensign Twp
21	7 Escanaba Twp
21	8 Fairbanks Twp
21	9 Ford River Twp
21	10 Garden Twp
21	11 Maple Ridge Twp
21	12 Masonville Twp
21	13 Nahma Twp
21	14 Wells Twp
21	29 Garden
21	60 Gladstone
21	66 Escanaba

**22 – Dickinson County**

<u>County</u>	<u>Township/City/Village</u>
22	1 Breen Twp
22	2 Breitung Twp
22	3 Felch Twp
22	4 Norway Twp
22	5 Sagola Twp
22	6 Waucedah Twp
22	7 West Branch Twp
22	46 Norway
22	60 Iron Mountain
22	61 Kingsford

**23 – Eaton County**

<u>County</u>	<u>Township/City/Village</u>
23	1 Bellevue Twp
23	2 Benton Twp
23	3 Brookfield Twp
23	4 Carmel Twp
23	5 Chester Twp
23	6 Delta Twp
23	7 Eaton Twp
23	8 Eaton Rapids Twp
23	9 Hamlin Twp
23	10 Kalamo Twp
23	11 Oneida Twp
23	12 Roxand Twp
23	13 Sunfield Twp
23	14 Vermontville Twp
23	15 Walton Twp
23	16 Windsor Twp
23	29 Dimondale
23	30 Mulliken
23	31 Sunfield
23	32 Vermontville
23	39 Bellevue
23	40 Olivet
23	41 Potterville
23	46 Eaton Rapids
23	60 Charlotte
23	61 Grand Ledge
23	95 Lansing

**24 – Emmet County**

<u>County</u>	<u>Township/City/Village</u>
24	1 Bear Creek Twp
24	2 Bliss Twp
24	3 Carp Lake Twp
24	4 Center Twp
24	5 Cross Village Twp
24	6 Friendship Twp
24	7 Littlefield Twp
24	8 Little Traverse Twp
24	9 Mckinley Twp
24	10 Pleasant View Twp
24	11 Maple River Twp
24	12 Readmond Twp
24	13 Resort Twp
24	14 Springvale Twp

24	15	Wawatam Twp
24	16	West Traverse Twp
24	29	Alanson
24	30	Mackinaw City
24	31	Pellston
24	39	Harbor Springs
24	60	Petoskey

**25 – Genesee County**

<b><u>County</u></b>		<b><u>Township/City/Village</u></b>
25	1	Argentine Twp
25	2	Atlas Twp
25	4	Clayton Twp
25	5	Davison Twp
25	6	Fenton Twp
25	7	Flint Twp
25	8	Flushing Twp
25	9	Forest Twp
25	10	Gaines Twp
25	11	Genesee Twp
25	12	Grand Blanc Twp
25	13	Montrose Twp
25	14	Mt. Morris Twp
25	15	Mundy Twp
25	16	Richfield Twp
25	17	Thetford Twp
25	18	Vienna Twp
25	29	Gaines
25	30	Goodrich
25	31	Otter Lake
25	32	Otisville
25	34	Lennon
25	39	Clio
25	40	Linden
25	41	Montrose
25	46	Mt. Morris
25	47	Swartz Creek
25	60	Davison
25	61	Fenton
25	62	Flushing
25	63	Grand Blanc
25	80	Burton
25	95	Flint

**26 – Gladwin County**

<b><u>County</u></b>		<b><u>Township/City/Village</u></b>
26	1	Beaverton Twp
26	2	Bentley Twp
26	3	Billings Twp
26	4	Bourret Twp
26	5	Buckeye Twp
26	6	Butman Twp
26	7	Clement Twp
26	8	Gladwin Twp
26	9	Grim Twp
26	10	GROUT Twp
26	11	Hay Twp
26	12	Sage Twp
26	13	Secord Twp
26	15	Sherman Twp
26	16	Tobacco Twp
26	29	Beaverton
26	39	Gladwin

**27 – Gogebic County**

<b><u>County</u></b>		<b><u>Township/City/Village</u></b>
27	1	Bessemer Twp
27	3	Erwin Twp
27	4	Ironwood Twp
27	5	Marenisco Twp
27	6	Wakefield Twp
27	7	Watersmeet Twp
27	46	Bessemer
27	47	Wakefield
27	60	Ironwood

**28 – Grand Traverse County**

<b><u>County</u></b>		<b><u>Township/City/Village</u></b>
28	1	Acme Twp
28	2	Blair Twp
28	3	East Bay Twp
28	4	Fife Lake Twp
28	5	Garfield Twp
28	6	Grant Twp
28	7	Green Lake Twp
28	8	Long Lake Twp
28	9	Mayfield Twp
28	10	Peninsula Twp
28	11	Paradise Twp
28	12	Union Twp

28	13	White Water Twp
28	29	Fife Lake
28	30	Kingsley
28	66	Traverse City

**29 – Gratiot County**

<u>County</u>		<u>Township/City/Village</u>
29	1	Arcadia Twp
29	2	Bethany Twp
29	3	Elba Twp
29	4	Emerson Twp
29	5	Fulton Twp
29	6	Hamilton Twp
29	7	Lafayette Twp
29	8	Newark Twp
29	9	New Haven Twp
29	10	North Shade Twp
29	11	North Star Twp
29	12	Pine River Twp
29	13	Seville Twp
29	14	Sumner Twp
29	15	Washington Twp
29	16	Wheeler Twp
29	29	Ashley
29	30	Perrinton
29	39	Breckenridge
29	46	Ithaca
29	47	St. Louis
29	60	Alma

**30 – Hillsdale County**

<u>County</u>		<u>Township/City/Village</u>
30	1	Adams Twp
30	2	Allen Twp
30	3	Amboy Twp
30	4	Cambria Twp
30	5	Camden Twp
30	6	Fayette Twp
30	7	Hillsdale Twp
30	8	Jefferson Twp
30	9	Litchfield Twp
30	10	Moscow Twp
30	11	Pittsford Twp
30	12	Ransom Twp
30	13	Reading Twp
30	14	Scipio Twp

30	15	Somerset Twp
30	16	Wheatland Twp
30	17	Woodbridge Twp
30	18	Wright Twp
30	29	Allen
30	30	Camden
30	31	Montgomery
30	32	North Adams
30	33	Waldrom
30	39	Jonesville
30	40	Litchfield
30	41	Reading
30	60	Hillsdale

**31 – Houghton County**

<u>County</u>		<u>Township/City/Village</u>
31	1	Adams Twp
31	2	Calumet Twp
31	3	Chassell Twp
31	4	Duncan Twp
31	5	Elm River Twp
31	6	Franklin Twp
31	7	Hancock Twp
31	8	Laird Twp
31	9	Osceola Twp
31	10	Portage Twp
31	11	Quincy Twp
31	12	Stanton Twp
31	13	Schoolcraft Twp
31	14	Torch Lake Twp
31	29	Copper City
31	30	South Range
31	39	Calumet
31	40	Lake Linden
31	46	Hancock
31	47	Laurium
31	60	Houghton

**32 – Huron County**

<u>County</u>		<u>Township/City/Village</u>
32	1	Bingham Twp
32	2	Bloomfield Twp
32	3	Brookfield Twp
32	4	Caseville Twp

32	5	Chandler Twp
32	6	Colfax Twp
32	7	Dwight Twp
32	8	Fair Haven Twp
32	9	Gore Twp
32	10	Grant Twp
32	11	Hume Twp
32	12	Huron Twp
32	13	Lake Twp
32	14	Lincoln Twp
32	15	McKinley Twp
32	16	Meade Twp
32	17	Oliver Twp
32	18	Paris Twp
32	19	Pte Aux Barques Twp
32	20	Port Austin Twp
32	21	Rubicon Twp
32	22	Sand Beach Twp
32	23	Sebewaing Twp
32	24	Sheridan Twp
32	25	Sherman Twp
32	26	Sigel Twp
32	27	Verona Twp
32	28	Windsor Twp
32	29	Caseville
32	30	Elkton
32	31	Kinde
32	32	Owendale
32	33	Port Austin
32	34	Port Hope
32	35	Ubley
32	39	Harbor Beach
32	40	Pigeon
32	41	Sebewaing
32	46	Bad Axe

**33 – Ingham County**

<u>County</u>	<u>Township/City/Village</u>
33	1 Alaiedon Twp
33	2 Aurelius Twp
33	3 Bunker Hill Twp
33	4 Delhi Twp
33	5 Ingham Twp
33	6 Lansing Twp
33	7 Leroy Twp
33	8 Leslie Twp

33	9	Locke Twp
33	10	Meridian Twp
33	11	Onondaga Twp
33	12	Stockbridge Twp
33	13	Vevay Twp
33	14	Wheatfield Twp
33	15	White Oak Twp
33	16	Williamston Twp
33	29	Dansville
33	39	Leslie
33	40	Stockbridge
33	41	Webberville
33	46	Williamston
33	60	Mason
33	80	East Lansing
33	95	Lansing

**34 – Ionia County**

<u>County</u>	<u>Township/City/Village</u>
34	1 Berlin Twp
34	2 Boston Twp
34	3 Campbell Twp
34	4 Danby Twp
34	5 Easton Twp
34	6 Ionia Twp
34	7 Keene Twp
34	8 Lyons Twp
34	9 North Plains Twp
34	10 Odessa Twp
34	11 Orange Twp
34	12 Orleans Twp
34	13 Otisco Twp
34	14 Portland Twp
34	15 Ronald Twp
34	16 Sebewa Twp
34	29 Clarksville
34	30 Hubbardston
34	31 Lyons
34	32 Muir
34	33 Pewamo
34	39 Lake Odessa
34	40 Saranac
34	46 Portland
34	60 Belding
34	61 Ionia

**35 – Iosco County**

<b><u>County</u></b>	<b><u>Township/City/Village</u></b>
35	1 Alabaster twp
35	2 Au Sable Twp
35	3 Baldwin Twp
35	4 Burleigh Twp
35	5 Grant Twp
35	6 Oscoda Twp
35	7 Plainfield Twp
35	8 Reno Twp
35	9 Sherman Twp
35	10 Tawas Twp
35	11 Wilber Twp
35	29 Whittemore
35	39 East Tawas
35	40 Tawas City

**36 – Iron County**

<b><u>County</u></b>	<b><u>Township/City/Village</u></b>
36	1 Bates Twp
36	2 Crystal Falls Twp
36	3 Hematite Twp
36	4 Iron River Twp
36	5 Mansfield Twp
36	6 Mastodon Twp
36	7 Stambaugh Twp
36	29 Alpha
36	30 Gaastra
36	39 Caspian
36	40 Crystal Falls
36	46 Iron River

**37 – Isabella County**

<b><u>County</u></b>	<b><u>Township/City/Village</u></b>
37	1 Broomfield Twp
37	2 Chippewa Twp
37	3 Coe Twp
37	4 Coldwater Twp
37	5 Deerfield Twp
37	6 Denver Twp
37	7 Fremont Twp
37	8 Gilmore Twp
37	9 Isabella Twp
37	10 Lincoln Twp
37	11 Nottawa Twp
37	12 Rolland Twp

37	13 Sherman Twp
37	14 Union Twp
37	15 Vernon Twp
37	16 Wise Twp
37	29 Rosebush
37	30 Lake Isabella
37	39 Shepherd
37	46 Clare
37	67 Mt Pleasant

**38 – Jackson County**

<b><u>County</u></b>	<b><u>Township/City/Village</u></b>
38	1 Blackman Twp
38	2 Columbia Twp
38	3 Concord Twp
38	4 Grass Lake Twp
38	5 Hanover Twp
38	6 Henrietta Twp
38	7 Leoni Twp
38	8 Liberty Twp
38	9 Napoleon Twp
38	10 Norvell Twp
38	11 Parma Twp
38	12 Pulaski Twp
38	13 Rives Twp
38	14 Sandstone Twp
38	15 Spring Arbor Twp
38	16 Springport Twp
38	17 Summit Twp
38	18 Tompkins Twp
38	19 Waterloo Twp
38	29 Cement City
38	30 Concord
38	31 Hanover
38	32 Parma
38	33 Springport
38	39 Brooklyn
38	40 Grass Lake
38	80 Jackson

**39 – Kalamazoo County**

<b><u>County</u></b>	<b><u>Township/City/Village</u></b>
39	1 Alamo Twp
39	2 Brady Twp
39	3 Charleston Twp
39	4 Climax Twp

39	5	Comstock Twp
39	6	Cooper Twp
39	7	Kalamazoo Twp
39	8	Oshtemo Twp
39	9	Pavilion Twp
39	10	Prairie Rhonde Twp
39	11	Richland Twp
39	12	Ross Twp
39	13	Schoolcraft Twp
39	14	Texas Twp
39	15	Wakeshma Twp
39	29	Climax
39	30	Richland
39	39	Augusta
39	40	Galesburg
39	41	Parchment
39	42	Schoolcraft
39	43	Vicksburg
39	80	Portage
39	89	Kalamazoo

**40 – Kalamazoo County**

<u>County</u>		<u>Township/City/Village</u>
40	1	Blue Lake Twp
40	2	Boardman Twp
40	3	Clearwater Twp
40	4	Cold Springs Twp
40	5	Excelsior Twp
40	6	Garfield Twp
40	7	Kalkaska Twp
40	8	Oliver Twp
40	9	Orange Twp
40	10	Rapid River Twp
40	11	Springfield Twp
40	13	Bear Lake Twp
40	39	Kalkaska

**41 – Kent County**

<u>County</u>		<u>Township/City/Village</u>
41	1	Ada Twp
41	2	Algoma Twp
41	3	Alpine Twp
41	4	Bowne Twp
41	5	Byron Twp
41	6	Cannon Twp
41	7	Caledonia Twp

41	8	Cascade Twp
41	9	Courtland Twp
41	10	Gaines Twp
41	11	Grand Rapids Twp
41	12	Grattan Twp
41	13	Lowell Twp
41	14	Nelson Twp
41	15	Oakfield Twp
41	17	Plainfield Twp
41	18	Solon Twp
41	19	Sparta Twp
41	20	Spencer Twp
41	21	Tyrone Twp
41	22	Vergennes Twp
41	29	Caledonia
41	30	Casnovia
41	31	Kent City
41	32	Sand Lake
41	39	Cedar Springs
41	40	Rockford
41	46	Lowell
41	47	Sparta
41	66	East Grand Rapids
41	67	Grandville
41	68	Kentwood
41	69	Walker
41	89	Wyoming
41	95	Grand Rapids

**42 – Keweenaw County**

<u>County</u>		<u>Township/City/Village</u>
42	1	Allouez Twp
42	2	Eagle Harbor Twp
42	3	Grant Twp
42	4	Houghton Twp
42	5	Sherman Twp
42	29	Ahmeek

**43 – Lake County**

<u>County</u>		<u>Township/City/Village</u>
43	1	Chase Twp
43	2	Cherry Valley Twp
43	3	Dover Twp
43	4	Eden Twp
43	5	Elk Twp
43	6	Ellsworth Twp

43	7	Lake Twp
43	8	Newkirk Twp
43	9	Peacock Twp
43	10	Pinora Twp
43	11	Pleasant Plains Twp
43	12	Sauble Twp
43	13	Sweetwater Twp
43	14	Webber Twp
43	15	Yates Twp
43	29	Baldwin
43	30	Luther

**44 – Lapeer County**

<u>County</u>		<u>Township/City/Village</u>
44	1	Almont Twp
44	2	Arcadia Twp
44	3	Attica Twp
44	4	Burlington Twp
44	5	Burnside Twp
44	6	Deerfield Twp
44	7	Dryden Twp
44	8	Elba Twp
44	9	Goodland Twp
44	10	Hadley Twp
44	11	Imlay Twp
44	12	Lapeer Twp
44	13	Marathon Twp
44	14	Mayfield Twp
44	15	Metamora Twp
44	16	North Branch Twp
44	17	Oregon Twp
44	18	Rich Twp
44	29	Clifford
44	30	Columbiaville
44	31	Dryden
44	32	Metamora
44	33	North Branch
44	34	Otter Lake
44	39	Almont
44	40	Imlay City
44	41	Brown City
44	60	Lapeer

**45 – Leelanau County**

<u>County</u>		<u>Township/City/Village</u>
45	1	Bingham Twp

45	2	Centerville Twp
45	3	Cleveland Twp
45	4	Elmwood Twp
45	5	Empire Twp
45	6	Glen Arbor Twp
45	7	Kasson Twp
45	8	Leelanau Twp
45	9	Leland Twp
45	10	Solon Twp
45	11	Suttons Bay Twp
45	29	Empire
45	30	Northport
45	31	Suttons Bay
45	66	Traverse City

**46 – Lenawee County**

<u>County</u>		<u>Township/City/Village</u>
46	1	Adrian Twp
46	2	Blissfield Twp
46	3	Cambridge Twp
46	4	Clinton Twp
46	5	Deerfield Twp
46	6	Dover Twp
46	7	Fairfield Twp
46	8	Franklin Twp
46	9	Hudson Twp
46	10	Macon Twp
46	11	Madison Twp
46	12	Medina Twp
46	13	Ogden Twp
46	14	Palmyra Twp
46	15	Raisin Twp
46	16	Ridgeway Twp
46	17	Riga Twp
46	18	Rollin Twp
46	19	Rome Twp
46	20	Seneca Twp
46	21	Tecumseh Twp
46	22	Woodstock Twp
46	29	Addison
46	30	Britton
46	31	Cement City
46	32	Clayton
46	33	Deerfield
46	34	Onsted
46	39	Clinton

46	40	Morenci
46	46	Blissfield
46	47	Hudson
46	60	Tecumseh
46	66	Adrian

**47 – Livingston County**

<u>County</u>		<u>Township/City/Village</u>
47	1	Brighton Twp
47	2	Cohoctah Twp
47	3	Conway Twp
47	4	Deerfield Twp
47	5	Genoa Twp
47	6	Green Oak Twp
47	7	Hamburg Twp
47	8	Handy Twp
47	9	Hartland Twp
47	10	Howell Twp
47	11	Iosco Twp
47	12	Marion Twp
47	13	Osceola Twp
47	14	Putnam Twp
47	15	Tyrone Twp
47	16	Unadilla Twp
47	29	Pinckney
47	39	Brighton
47	40	Fowlerville
47	60	Howell
47	65	Fenton

**48 – Luce County**

<u>County</u>		<u>Township/City/Village</u>
48	1	Columbus Twp
48	2	Lakefield Twp
48	3	McMillan Twp
48	4	Pentland Twp
48	39	Newberry

**49 – Mackinac County**

<u>County</u>		<u>Township/City/Village</u>
49	1	Bois Blanc Twp
49	2	Brevort Twp
49	3	Clark Twp
49	4	Garfield Twp
49	5	Hendricks Twp
49	6	Hudson Twp

49	7	Marquette Twp
49	8	Moran Twp
49	9	Newton Twp
49	10	Portage Twp
49	11	St. Ignace Twp
49	29	Mackinac Island
49	46	St. Ignace

**50 – Macomb County**

<u>County</u>		<u>Township/City/Village</u>
50	1	Armada Twp
50	2	Bruce Twp
50	3	Chesterfield Twp
50	4	Clinton Twp
50	5	Harrison Twp
50	6	Lenox Twp
50	7	Macomb Twp
50	8	Ray Twp
50	9	Richmond Twp
50	11	Shelby Twp
50	12	Washington Twp
50	13	Lake Twp
50	39	Armada
50	40	Memphis
50	41	New Haven
50	46	Grosse Pte Shores
50	47	New Baltimore
50	48	Richmond
50	49	Romeo
50	50	Utica
50	66	Center Line
50	67	Fraser
50	68	Mt. Clemens
50	80	Eastpointe
50	89	Roseville
50	90	St. Clair Shores
50	91	Sterling Heights
50	95	Warren

**51 – Manistee County**

<u>County</u>		<u>Township/City/Village</u>
51	1	Arcadia Twp
51	2	Bear Lake Twp
51	3	Brown Twp
51	4	Cleon Twp
51	5	Dickson Twp

51	6	Filer Twp
51	7	Manistee Twp
51	8	Maple Grove Twp
51	9	Marilla Twp
51	10	Norman Twp
51	11	Onekama Twp
51	12	Pleasanton Twp
51	13	Springdale Twp
51	14	Stronach Twp
51	29	Bear Lake
51	30	Copemish
51	31	Eastlake
51	32	Kaleva
51	33	Onekama
51	60	Manistee

**52 – Marquette County**

<u>County</u>	<u>Township/City/Village</u>
52	1 Champion Twp
52	2 Chocolay Twp
52	3 Ely Twp
52	4 Ewing Twp
52	5 Forsyth Twp
52	6 Humboldt Twp
52	7 Ishpeming Twp
52	8 Marquette Twp
52	9 Michigamme Twp
52	10 Negaunee Twp
52	11 Powell Twp
52	12 Republic Twp
52	13 Richmond Twp
52	14 Sands Twp
52	15 Skandia Twp
52	16 Tilden Twp
52	17 Turin Twp
52	18 Wells Twp
52	19 West Branch Twp
52	60 Ishpeming
52	61 Negaunee
52	66 Marquette

**53 – Mason County**

<u>County</u>	<u>Township/City/Village</u>
53	1 Amber Twp
53	2 Branch Twp
53	3 Custer Twp

53	4	Eden Twp
53	5	Freesoil Twp
53	6	Grant Twp
53	7	Logan Twp
53	8	Hamlin Twp
53	9	Meade Twp
53	10	Pere Marquette Twp
53	11	Riverton Twp
53	12	Sheridan Twp
53	13	Sherman Twp
53	14	Summit Twp
53	15	Victory Twp
53	29	Custer
53	30	Fountain
53	31	Freesoil
53	39	Scottville
53	60	Ludington

**54 – Mecosta County**

<u>County</u>	<u>Township/City/Village</u>
54	1 Aetna Twp
54	2 Austin Twp
54	3 Big Rapids Twp
54	4 Chippewa Twp
54	5 Colfax Twp
54	6 Deerfield Twp
54	7 Fork Twp
54	8 Grant Twp
54	9 Green Twp
54	10 Hinton Twp
54	11 Martiny twp
54	12 Mecosta Twp
54	13 Millbrook Twp
54	14 Morton Twp
54	15 Sheridan Twp
54	16 Wheatland Twp
54	29 Barryton
54	30 Mecosta
54	31 Morley
54	32 Stanwood
54	66 Big Rapids

**55 – Menominee County**

<u>County</u>	<u>Township/City/Village</u>
55	1 Cedarville Twp
55	2 Daggett Twp

55	3	Faithorn Twp
55	4	Gourley Twp
55	5	Harris Twp
55	6	Holmes Twp
55	7	Ingallston Twp
55	8	Lake Twp
55	9	Mellen Twp
55	10	Menominee Twp
55	11	Meyer Twp
55	12	Nadeau Twp
55	13	Spalding Twp
55	14	Stephenson Twp
55	29	Daggett
55	30	Powers
55	31	Stephenson
55	32	Carney
55	66	Menominee

**56 – Midland County**

<u>County</u>		<u>Township/City/Village</u>
56	1	Edenville Twp
56	2	Geneva Twp
56	3	Greendale Twp
56	4	Homer Twp
56	5	Hope Twp
56	6	Ingersoll Twp
56	7	Jasper Twp
56	8	Jerome Twp
56	9	Larkin Twp
56	10	Lee Twp
56	11	Lincoln Twp
56	12	Midland Twp
56	13	Mills Twp
56	14	Mt Haley Twp
56	15	Porter Twp
56	16	Warren Twp
56	29	Sanford
56	39	Coleman
56	80	Midland

**57 – Missaukee County**

<u>County</u>		<u>Township/City/Village</u>
57	1	Aetna Twp
57	2	Bloomfield Twp
57	3	Butterfield Twp
57	4	Caldwell Twp

57	5	Clam Union Twp
57	6	Enterprise Twp
57	7	Forest Twp
57	8	Holland Twp
57	9	Lake Twp
57	10	Norwich Twp
57	11	Pioneer Twp
57	12	Reeder Twp
57	13	Richland Twp
57	14	Riverside Twp
57	15	West Branch Twp
57	29	Lake City
57	30	McBain

**58 – Monroe County**

<u>County</u>		<u>Township/City/Village</u>
58	1	Ash Twp
58	2	Bedford Twp
58	3	Berlin Twp
58	4	Dundee Twp
58	5	Eric Twp
58	6	Exeter Twp
58	7	Frenchtown Twp
58	8	Ida Twp
58	9	LaSalle Twp
58	10	London Twp
58	11	Milan Twp
58	12	Monroe Twp
58	13	Raisinville Twp
58	14	Summerfield Twp
58	15	Whiteford Twp
58	29	Estral Beach
58	30	Maybee
58	39	Carleton
58	40	Dundee
58	41	Luna Pier
58	42	Petersburg
58	43	South Rockwood
58	46	Milan
58	66	Monroe

**59 – Montcalm County**

<u>County</u>		<u>Township/City/Village</u>
59	1	Belvidere Twp
59	2	Bloomer Twp
59	3	Bushnell Twp

59	4	Cato Twp
59	5	Crystal Twp
59	6	Day Twp
59	7	Douglass Twp
59	8	Eureka Twp
59	9	Evergreen Twp
59	10	Fairplain Twp
59	11	Ferris Twp
59	12	Home Twp
59	13	Maple Valley Twp
59	14	Montcalm Twp
59	15	Pierson Twp
59	16	Pine Twp
59	17	Reynolds Twp
59	18	Richland Twp
59	19	Sidney Twp
59	20	Winfield Twp
59	29	McBride
59	30	Pierson
59	31	Sheridan
59	39	Carson City
59	40	Edmore
59	41	Howard City
59	42	Lakeview
59	43	Stanton
59	60	Greenville

**60 – Montmorency County**

<u>County</u>		<u>Township/City/Village</u>
60	1	Albert Twp
60	2	Avery Twp
60	3	Briley Twp
60	4	Hillman Twp
60	5	Loud Twp
60	6	Montmorency Twp
60	7	Rust Twp
60	8	Vienna Twp
60	29	Hillman

**61 – Muskegon County**

<u>County</u>		<u>Township/City/Village</u>
61	1	Blue Lake Twp
61	2	Casnovia Twp
61	3	Cedar Creek Twp
61	4	Dalton Twp
61	5	Egelston Twp

61	6	Fruitland Twp
61	7	Fruitport Twp
61	8	Holton Twp
61	9	Laketon Twp
61	10	Montague Twp
61	11	Moorland Twp
61	12	Muskegon Twp
61	14	Ravenna Twp
61	15	Sullivan Twp
61	16	Whitehall Twp
61	17	White River Twp
61	29	Casnovia
61	30	Lakewood Club
61	39	Fruitport
61	40	Montague
61	41	Ravenna
61	46	North Muskegon
61	47	Roosevelt Park
61	48	Whitehall
61	66	Muskegon Heights
61	67	North Shores
61	80	Muskegon

**62 – Newaygo County**

<u>County</u>		<u>Township/City/Village</u>
62	1	Ashland Twp
62	2	Barton Twp
62	3	Beaver Twp
62	4	Big Prairie Twp
62	5	Bridgeton Twp
62	6	Brooks Twp
62	7	Croton Twp
62	8	Dayton Twp
62	9	Denver Twp
62	10	Ensley Twp
62	11	Everett Twp
62	12	Garfield Twp
62	13	Goodwell Twp
62	14	Grant Twp
62	15	Home Twp
62	16	Lilley Twp
62	17	Lincoln Twp
62	18	Merrill Twp
62	19	Monroe Twp
62	20	Norwich Twp
62	21	Sheridan Twp

62	22	Sherman Twp
62	23	Troy Twp
62	24	Wilcox Twp
62	29	Grant
62	30	Hesperia
62	39	Newaygo
62	40	White Cloud
62	46	Fremont

**63 – Oakland County**

<u>County</u>	<u>Township/City/Village</u>
63	1 Addison Twp
63	3 Bloomfield Twp
63	4 Brandon Twp
63	5 Commerce Twp
63	7 Groveland Twp
63	8 Highland Twp
63	9 Holly Twp
63	10 Independence Twp
63	11 Lyon Twp
63	12 Milford Twp
63	13 Novi Twp
63	14 Oakland Twp
63	15 Orion Twp
63	16 Oxford Twp
63	18 Rose Twp
63	19 Royal Oak Twp
63	20 Springfield Twp
63	21 Waterford Twp
63	22 West Bloomfield Twp
63	23 White Lake Twp
63	24 Southfield Twp
63	29 Bingham Farms
63	30 Lake Angelus
63	31 Leonard
63	32 Ortonville
63	39 Clarkston
63	40 Orchard Lake
63	41 Sylvan Lake
63	42 Wixom
63	46 Bloomfield Hills
63	47 Franklin
63	48 Holly
63	49 Keego Harbor
63	50 Lake Orion
63	51 Lathrup Village

63	52	Milford
63	53	Oxford
63	54	Pleasant Ridge
63	55	South Lyon
63	56	Walled Lake
63	57	Wolverine Lake
63	60	Huntington Woods
63	61	Northville
63	62	Novi
63	63	Rochester
63	64	Fenton
63	66	Berkley
63	67	Beverly Hills
63	68	Clawson
63	69	Farmington
63	70	Hazel Park
63	80	Birmingham
63	81	Ferndale
63	82	Madison Heights
63	83	Oak Park
63	84	Troy
63	85	Farmington Hills
63	89	Pontiac
63	90	Royal Oak
63	91	Southfield
63	92	Rochester Hills/Avon Twp
63	93	Auburn Hills/Pontiac Twp

**64 – Oceana County**

<u>County</u>	<u>Township/City/Village</u>
64	1 Benona Twp
64	2 Clay Banks Twp
64	3 Colfax Twp
64	4 Crystal Twp
64	5 Elbridge Twp
64	6 Ferry Twp
64	7 Golden Twp
64	8 Grant Twp
64	9 Greenwood Twp
64	10 Hart Twp
64	11 Leavitt Twp
64	12 Newfield Twp
64	13 Otto Twp
64	14 Pentwater Twp
64	15 Shelby Twp
64	16 Weare Twp

64	29	Hesperia
64	30	New Era
64	31	Pentwater
64	32	Rothbury
64	33	Walkerville
64	39	Hart
64	40	Shelby

**65 – Ogemaw County**

<u>County</u>		<u>Township/City/Village</u>
65	1	Churchill Twp
65	2	Cumming Twp
65	3	Edwards Twp
65	4	Foster Twp
65	5	Goodar Twp
65	6	Hill Twp
65	7	Horton Twp
65	8	Klacking Twp
65	9	Logan Twp
65	10	Mills Twp
65	11	Ogemaw Twp
65	12	Richland Twp
65	13	Rose Twp
65	14	West Branch Twp
65	29	Prescott
65	30	Rose City
65	39	West Branch

**66 – Ontonagon County**

<u>County</u>		<u>Township/City/Village</u>
66	1	Bergland Twp
66	2	Bohemia Twp
66	3	Carp Lake Twp
66	4	Greenland Twp
66	5	Haight Twp
66	6	Interior Twp
66	7	Matchwood Twp
66	8	McMillan Twp
66	9	Ontonagon Twp
66	10	Rockland Twp
66	11	Stannard Twp
66	39	Ontonagon

**67 – Osceola County**

<u>County</u>		<u>Township/City/Village</u>
67	1	Burdell Twp

67	2	Cedar Twp
67	3	Ewart Twp
67	4	Hartwick Twp
67	5	Hersey Twp
67	6	Highland Twp
67	7	LeRoy Twp
67	8	Lincoln Twp
67	9	Marion Twp
67	10	Middle Branch Twp
67	11	Orient Twp
67	12	Osceola Twp
67	13	Richmond Twp
67	14	Rose Lake Twp
67	15	Sherman Twp
67	16	Sylvan Twp
67	29	Hersey
67	30	LeRoy
67	31	Marion
67	32	Tustin
67	39	Ewart
67	40	Reed City

**68 – Oscoda County**

<u>County</u>		<u>Township/City/Village</u>
68	1	Big Creek Twp
68	2	Clinton Twp
68	3	Comins Twp
68	4	Elmer Twp
68	5	Greenwood Twp
68	6	Mentor Twp

**69 – Otsego County**

<u>County</u>		<u>Township/City/Village</u>
69	1	Bagley Twp
69	2	Charlton Twp
69	3	Chester Twp
69	4	Corwith Twp
69	5	Dover Twp
69	6	Elmira Twp
69	7	Hayes Twp
69	8	Livingston Twp
69	9	Otsego Lake Twp
69	29	Vanderbilt
69	46	Gaylord

**70 – Ottawa County**

<u>County</u>	<u>Township/City/Village</u>
70	1 Allendale Twp
70	2 Blendon Twp
70	3 Chester Twp
70	4 Crockery Twp
70	5 Georgetown Twp
70	6 Grand Haven Twp
70	7 Holland Twp
70	8 Jamestown Twp
70	9 Olive Twp
70	10 Park Twp
70	11 Polkton Twp
70	12 Port Sheldon Twp
70	13 Robinson Twp
70	14 Spring Lake Twp
70	15 Tallmadge Twp
70	16 Wright Twp
70	17 Zeeland Twp
70	39 Coopersville
70	40 Ferrysburg
70	46 Hudsonville
70	47 Spring Lake
70	48 Zeeland
70	66 Grand Haven
70	80 Holland

**71 – Presque Isle County**

<u>County</u>	<u>Township/City/Village</u>
71	1 Allis Twp
71	2 Bearinger Twp
71	3 Belknap Twp
71	4 Bismarck Twp
71	5 Case Twp
71	6 Krakow Twp
71	7 Metz Twp
71	8 Moltke Twp
71	9 North Allis Twp
71	10 Ocqueoc Twp
71	11 Posen Twp
71	12 Presque Isle Twp
71	13 Pulawski Twp
71	14 Rogers Twp
71	29 Millersburg
71	30 Posen

71	39 Onaway
71	46 Rogers City

**72 – Roscommon County**

<u>County</u>	<u>Township/City/Village</u>
72	1 Au Sable Twp
72	2 Backus Twp
72	3 Denton Twp
72	4 Gerrish Twp
72	5 Higgins Twp
72	6 Lake Twp
72	7 Lyon Twp
72	8 Markey Twp
72	9 Nester Twp
72	10 Richfield Twp
72	11 Roscommon Twp
72	29 Roscommon

**73 – Saginaw County**

<u>County</u>	<u>Township/City/Village</u>
73	1 Albee Twp
73	2 Birch Run Twp
73	3 Blumfield Twp
73	4 Brady Twp
73	5 Brant Twp
73	6 Bridgeport Twp
73	7 Buena Vista Twp
73	8 Carrollton Twp
73	9 Chapin Twp
73	10 Chesaning Twp
73	11 Frankenmuth Twp
73	12 Fremont Twp
73	13 James Twp
73	14 Jonesfield Twp
73	15 Kochville Twp
73	16 Lakefield Twp
73	17 Maple Grove Twp
73	18 Marion Twp
73	19 Richland twp
73	20 Saginaw Twp
73	21 St. Charles Twp
73	22 Spaulding Twp
73	23 Swan Creek Twp
73	24 Taymouth Twp
73	25 Tittabawassee Twp
73	26 Thomas Twp

73	27	Zilwaukee Twp
73	29	Birch Run
73	30	Merrill
73	31	Oakley
73	39	St. Charles
73	40	Zilwaukee
73	41	Reese
73	46	Chesaning
73	47	Frankenmuth
73	89	Saginaw

**74 – St. Clair County**

<b><u>County</u></b>		<b><u>Township/City/Village</u></b>
74	1	Berlin Twp
74	2	Brockway Twp
74	3	Burtchville Twp
74	4	Casco Twp
74	5	China Twp
74	6	Clay Twp
74	7	Clyde Twp
74	8	Columbus Twp
74	9	Cottrellville Twp
74	10	East China Twp
74	11	Emmett Twp
74	12	Fort Gratiot Twp
74	13	Grant Twp
74	14	Greenwood Twp
74	15	Ira Twp
74	16	Kenockee Twp
74	17	Kimball Twp
74	18	Lynn Twp
74	19	Mussey Twp
74	20	Port Huron Twp
74	21	Riley Twp
74	22	St. Clair Twp
74	23	Wales Twp
74	29	Emmett
74	39	Capac
74	40	Memphis
74	41	Yale
74	46	Algonac
74	47	Marine City
74	48	Richmond
74	49	St. Clair
74	60	Marysville
74	80	Port Huron

**75 – St. Joseph County**

<b><u>County</u></b>		<b><u>Township/City/Village</u></b>
75	1	Burr Oak Twp
75	2	Colon Twp
75	3	Constantine twp
75	4	Fabius Twp
75	5	Fawn River Twp
75	6	Florence Twp
75	7	Flowerfield Twp
75	8	Leondias Twp
75	9	Lockport Twp
75	10	Mendon Twp
75	11	Mottville Twp
75	12	Nottawa Twp
75	13	Park Twp
75	14	Sherman Twp
75	15	Sturgis Twp
75	16	White Pigeon Twp
75	29	Burr Oak
75	30	Mendon
75	39	Centreville
75	40	Colon
75	41	Constantine
75	42	White Pigeon
75	60	Sturgis
75	61	Three Rivers

**76– Sanilac County – Cont.**

<b><u>County</u></b>		<b><u>Township/City/Village</u></b>
76	11	Forester Twp
76	12	Fremont Twp
76	13	Greenleaf Twp
76	14	Lamotte Twp
76	15	Lexington Twp
76	16	Maple Valley Twp
76	17	Marion Twp
76	18	Marlette Twp
76	19	Minden Twp
76	20	Moore Twp
76	21	Sanilac Twp
76	22	Speaker Twp
76	23	Washington Twp
76	24	Watertown Twp
76	25	Wheatland Twp
76	26	Worth Twp

76	29	Applegate	78	29	Bancroft
76	30	Carsonville	78	30	Byron
76	31	Deckerville	78	31	Morrice
76	32	Forestville	78	32	New Lothrop
76	33	Lexington	78	33	Vernon
76	34	Melvin	78	34	Lennon
76	35	Minden City	78	39	Laingsburg
76	36	Peck	78	40	Perry
76	37	Port Sanilac	78	41	Ovid
76	39	Brown City	78	46	Corunna
76	40	Croswell	78	47	Durand
76	41	Marlette	78	66	Owosso
76	42	Sandusky			

**77 – Schoolcraft County**

<b><u>County</u></b>	<b><u>Township/City/Village</u></b>	
77	1	Doyle Twp
77	2	Germfask Twp
77	3	Hiawatha Twp
77	4	Inwood Twp
77	5	Manistique Twp
77	6	Mueller Twp
77	7	Seney Twp
77	8	Thompson Twp
77	46	Manistique

**78 – Shiawassee County**

<b><u>County</u></b>	<b><u>Township/City/Village</u></b>	
78	1	Antrim Twp
78	2	Bennington Twp
78	3	Burns Twp
78	4	Caledonia Twp
78	5	Fairfield Twp
78	6	Hazelton Twp
78	7	Middlebury Twp
78	8	New Haven Twp
78	9	Owosso Twp
78	10	Perry Twp
78	11	Rush Twp
78	12	Sciota Twp
78	13	Shiawassee Twp
78	14	Venice Twp
78	15	Vernon Twp
78	16	Woodhull Twp

**79 – Tuscola County**

<b><u>County</u></b>	<b><u>Township/City/Village</u></b>	
79	1	Akron Twp
79	2	Almer Twp
79	3	Arbela Twp
79	4	Columbia Twp
79	5	Dayton Twp
79	6	Denmark Twp
79	7	Elkland Twp
79	8	Ellington Twp
79	9	Elmwood Twp
79	10	Fairgrove Twp
79	11	Fremont Twp
79	12	Gilford Twp
79	13	Indian Fields Twp
79	14	Juniata Twp
79	15	Kingston Twp
79	16	Koylton Twp
79	17	Millington Twp
79	18	Novesta Twp
79	19	Tuscola Twp
79	20	Vassar Twp
79	21	Watertown Twp
79	22	Wells Twp
79	23	Wisner Twp
79	29	Akron
79	30	Fairgrove
79	31	Gagetown
79	32	Kingston
79	33	Mayville
79	34	Unionville
79	39	Cass City

79	40	Millington
79	41	Reese
79	46	Caro
79	47	Vassar

**80 – Van Buren County**

<u>County</u>		<u>Township/City/Village</u>
80	1	Almena Twp
80	2	Antwerp Twp
80	3	Arlington Twp
80	4	Bangor Twp
80	5	Bloomingtondale Twp
80	6	Columbia Twp
80	7	Covert Twp
80	8	Decatur Twp
80	9	Geneva Twp
80	10	Hamilton Twp
80	11	Hartford Twp
80	12	Keeler Twp
80	13	Lawrence Twp
80	14	Paw Paw Twp
80	15	Pine Grove Twp
80	16	Porter Twp
80	17	South Haven Twp
80	18	Waverly Twp
80	29	Bloomingtondale
80	30	Breedsville
80	31	Gobles
80	32	Lawrence
80	39	Bangor
80	40	Decatur
80	41	Lawton
80	42	Mattawan
80	46	Hartford
80	47	Paw Paw
80	60	South Haven

**81 – Washtenaw County – Cont.**

<u>County</u>		<u>Township/City/Village</u>
81	6	Lima Twp
81	7	Lodi Twp
81	8	Lyndon Twp
81	9	Manchester Twp
81	10	Northfield Twp
81	11	Pittsfield Twp

81	12	Salem Twp
81	13	Saline Twp
81	14	Scio Twp
81	15	Sharon Twp
81	16	Superior Twp
81	17	Sylvan Twp
81	18	Webster Twp
81	19	York Twp
81	20	Ypsilanti Twp
81	29	Barton Hills
81	39	Dexter
81	41	Manchester
81	46	Chelsea
81	47	Milan
81	48	Saline
81	80	Ypsilanti
81	89	Ann Arbor

**82 – Wayne County**

<u>County</u>		<u>Township/City/Village</u>
82	1	Brownstown Twp
82	2	Canton Twp
82	4	Grosse Ile Twp
82	5	Grosse Pointe Twp
82	6	Huron Twp
82	8	Northville Twp
82	9	Plymouth Twp
82	10	Redford Twp
82	12	Sumpter Twp
82	14	Van Buren Twp
82	39	Belleville
82	46	Gibraltar
82	47	Grosse Pte Shores
82	48	Rockwood
82	49	Wood Haven
82	60	Flat Rock
82	61	Grosse Pointe
82	63	Northville
82	66	Ecorse
82	67	Grosse Pte Farms
82	68	Grosse Pte Park
82	69	Grosse Pte Woods
82	70	Harper Woods
82	71	Melvindale
82	72	Plymouth
82	73	River Rouge

82	74	Riverview
82	75	Romulus
82	76	Trenton
82	77	Wayne
82	80	Allen Park
82	81	Garden City
82	82	Hamtramck
82	83	Highland Park
82	84	Inkster
82	85	Southgate
82	86	Wyandotte
82	89	Dearborn Heights
82	90	Lincoln Park
82	91	Taylor
82	92	Westland
82	95	Dearborn
82	96	Livonia
82	99	Detroit

**83 – Wexford County**

<b><u>County</u></b>	<b><u>Township/City/Village</u></b>	
83	1	Antioch Twp
83	2	Boon Twp
83	3	Cedar Creek Twp
83	4	Cherry Grove Twp
83	5	Clam Lake Twp
83	6	Colfax Twp
83	7	Greenwood Twp
83	8	Haring Twp
83	9	Hanover Twp
83	10	Henderson Twp
83	11	Liberty Twp
83	12	Selma Twp
83	13	Slagle Twp
83	14	South Branch Twp
83	15	Springville Twp
83	16	Wexford Twp
83	29	Buckley
83	30	Harrietta
83	31	Mesick
83	39	Manton
83	60	Cadillac

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# Drug Index

## Appendix

# B

<b>A</b>			
Acetaminophen + Codeine	100	Anabolic Steroid, Type	
Acetorphine	101	Unknown	895
Acetyl-alpha-methylfentanyl	102	Androstanedione	834
Acetyldihydrocodeine	103	Androstenediol	835
Acetylmethadol	104	Androstenedione	836
Aerosols (hydrocarbon)	940	Anesthetic Gases	920
Alfentanil	105	Anileridine	112
Allylprodine	106	APC + Codeine	113
Alpha, Beta-dihydroxy-		Aprobarbital	379
Alphaandrostane	828	Aspirin + Codeine	114
Alphacetylmethadol	220		
Alpha-Ethyltryptamine	523	<b>B</b>	
Alpha-meprodine	109	Barbital	302
Alpha-methyl-alpha-beta-		Barbiturates	303
dihydroxy-alpha-androstane	829	Barbituric Acid Derivative	380
Alpha-methyl-beta-beta-dihydroxy-		Benzethidine	115
alpha-androstane	830	Benzodiazepines	304
Alpha-methyl-beta-beta-dihydroxy-		Benzoylecgonine	402
androstene	831	Benzphetamine	403
Alpha-methyl-delta 1-		Benzylfentanyl	305
dihydrotestosterone	832	Benzylmorphine	117
Alpha-Methylfentanyl	107	Beta, beta-dihydroxy-	
Alpha-methylhydroxynandrolone	833	alpha-androstane	837
Alphamethythiofentanyl	108	Beta-hydroxy-3-methylfentanyl	221
Alpha-methyltryptamine	534	Beta-hydroxyfentanyl	118
Alphamethadol	110	Beta-meprodine	120
Alphaprodine	111	Betacetylmethadol	119
Alprazolam	300	Betamethadol	121
Aminorex	428	Betaprodine	122
Amobarbital	301	Beziramide	123
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active ingred.	378	Boldenone	800
Amobarbital suppository		Bromo-dimethoxyamphetamine	524
dosage form	388	Bromo-dimethoxyphenethylamine	525
Amphetamine	401	Bromazepam	306
Amphetamine Sulfate	400	Bufotenine	501
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Calusterone	839	Dextromoramide	131
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Carisoprodol	376	Diethylpropion	409
Cathine (Norpseudoephedrine)	404	Diethylthiambutene	134
Cathinone	429	Diethyltryptamine (DET)	503
Chloral betaine	311	Difenoxin	135
Chloral Hydrate	312	Difenoxin 1 mg/25ug AtSO4/du	242
Chlordiazepoxide	313	Difenoxin preparations – 0.5 mg/25 ug AtSO4/du	243
Chlorhexadol	314	Dihydrocodeine	136
Chloroform	926	Dihydrocodeine combination product 90 mg/du	244
Chlorotestosterone	801	Dihydrocodeine preparations 10 mg/100 ml or 100 gm	245
Chlorphentermine	405	Dihydroetorphine	226
Clobazam	315	Dihydromorphine	137
Clonazepam	316	Dihydrotestosterone	804
Clonitazene	126	Dimenoxadol	138
Clorazepate Dipotassium	317	Dimepheptanol (Racemethadol)	139
Clortermine	406	Dimethoxyamphetamine (DMA)	504
Clostebol	827	Dimethoxyethylamphetamine	535
Clotiazepam	318	Dimethoxy-(n)- Propylthiophenethylamine	536
Cloxazolam	319	Dimethylthiambutene	140
Coca Leaves	430	Dimethyltryptamine (DMT)	505
Cocaine	407	Dioxaphetyl Butyrate	141
Codeine	128	Diphenoxylate	142
Codeine combination product 90 mg/du	240	Diphenoxylate preparations 2.5 mg/25 ug AtSO4	246
Codeine preparations – 200 mg/ 100 ml or 100 gm	241	Dipipanone	143
Codeine & Isoquinoline	222	Diprenorphine	227
Codeine methylbromide	127	Diprenorphine Hydrochloride	144
Codeine-N-oxide	223	Dronabinol	507
Cyprenorphine	129	Drostanolone	805
<b>D</b>		Drotebanol	145
Dehydrochloromethyltestosterone	803		
Delorazepam	320		
Delta 1-dihydrotestosterone	840		
Delta 9	600		

<b>E</b>		<b>H</b>	
Ecgonine	410	Hair spray	941
Embutramide	390	Halazepam	331
Estazolam	322	“Hallucinogens, Type Unknown”	595
Ethchlorvynol	323	Haloxazolam	332
Ether	925	Hashish	602
Ethinamate	324	Hashish Oil	601
Ethyl loflazepate	325	Heroin (Diacetylmorphine)	154
Ethylmorphine combination product 15 mg/du	247	Hexobarbital	333
Ethylmorphine preparations mg/100 ml or 100 gm	100 248	Hydrocodone	155
Ethylamine	700	Hydrocodone & isoquinoline alkaloid<15 mg/du	249
Ethylestrenol	806	Hydrocodone combination product<15 mg/du	250
Ethylmethylthiambutene	146	Hydromorphinol	156
Ethylmorphine	147	Hydromorphone	157
Etonitazene	148	Hydroxy-Nortestosterone	842
Etorphine	149	Hydroxypethidine	158
Etoxidine	150	Hydroxytestosterone	843
		Hydroxyzine	334
<b>F</b>		<b>I</b>	
Fencamfamin	411	Ibogaine	509
Fenethylamine	412	“Inhalants, Type Unknown”	995
Fenfluramine	413	Insecticides	942
Fenproporex	414	Isomethadone	159
Fentanyl	151		
Fiorinal + Codeine	152	<b>K</b>	
Fiorinal	326	Ketamine	522
Fludiazepam	327	Ketazolam	335
Flunitrazepam	328	Ketobemidone	160
Fluoxymesterone	807		
Flurazepam	384	<b>L</b>	
Formebolone (Formebolone)	808	Lacquer Thinners	904
Frying Pan Lubricants	944	Levo-alphaacetylmethadol	228
Furazabol	841	Levomoramide	161
Furethidine	153	Levophenacetylmorphan	162
		Levomethorphan	163
<b>G</b>		Levorphanol	229
Gamma Hydroxybutyric (GHB)	377	Levorphanol Tartrate	164
Gamma Hydroxybutyric Acid preparations	391	Lisdexamfetamine	436
Glass Chillers	943	Loprazolam	336
Glutethimide	330	Lorazepam	337
		Lormetazepam	338
		Lysergic Acid	511

Lysergic Acid Amide	527	Methylenedioxy-	
Lysergic Acid Diethylamide (LSD)	528	Nethylamphetamine	531
<b>M</b>		Methylenedioxyamphetamine	
Marijuana/Marihuana	603	(MDA)	515
Marinol	604	Methylenedioxymethamphetamine	
Mazindol	415	(MDMA)	513
Mebutamate	339	Methylfentanyl	170
Mecloqualone	340	Methylone	435
Medazepam	341	Methylphenidate	418
Mefenorex	416	Methyl-phenylpropionoxypiperidine	
Meperidine (Pethidine)	165	(MPPP)	171
Meperidine intermediate-A	251	Methyltestosterone	815
Meperidine intermediate-B	252	Methylthiofentanyl	230
Meperidine intermediate-C	253	Methyltrienolone	846
Mephobarbital		Methyprylon	347
(Methylphenobarbital)	342	Metopon	172
Meprobamate	343	Mibolerone	816
Mescaline	512	Midazolam	348
Mestanolone	844	Modafinil	433
Mesterolone	809	Moramide – intermediate	173
Metazocine	166	Morpheridine	174
Methadone	167	Morphine	177
Methadone intermediate	254	Morphine combination product/ 50 mg/100 ml or gm	255
Methamphetamine	417	Morphine methylbromide	176
Methandienone	810	Morphine methylsulfonate	175
Methandranone	811	Morphine-N-oxide	231
Methandriol	812	Myrophine	178
Methandrosthenolone	813	<b>N</b>	
Methaqualone	344	Nabilone	516
Metharbital	345	Nalorphine	179
Methcathinone	432	Nandrolone	817
Methenolone	814	“Narcotics, Type Unknown”	295
Methohexital	346	N-Benzylpiperazine	439
Methoxyamphetamine (PMA)	514	N-Ethyl-1-phenylcyclohexylamine	
Methoxy-			533
Methylenedioxyamphetamine	437	N-Ethyl-3piperdyl benzilate	508
Methoxy-NN-		N-Ethylamphetamine	419
Disopropyltryptamine	537	N-Hydroxymethylenedioxyamphetamine	
Methylaminorex	442		538
Methyl-desorphine	168	Nicocodeine	180
Methyldienolone	845	Nicomorphine	181
Methyldihydromorphine	169	Nimetazepam	349
Methyl-dimethoxyamphetamine	530	Nitrazepam	350

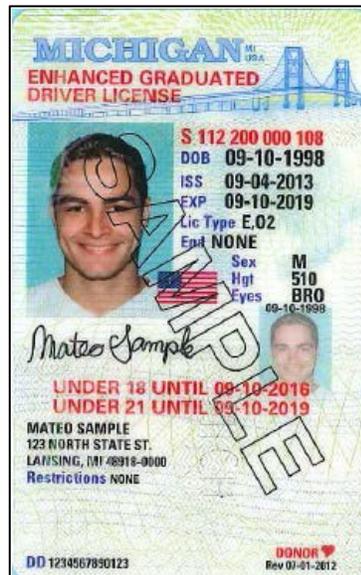
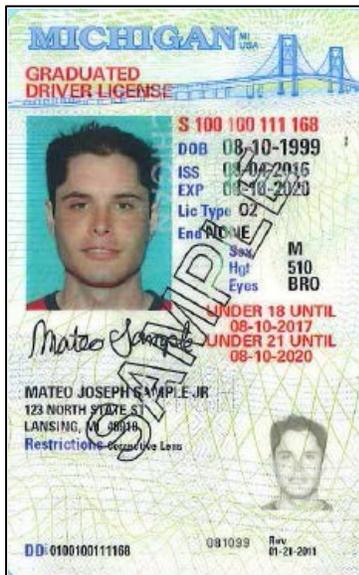
Nitrous Oxide	924	Parepectolin	192
N-Methylpiperidyl benzilate	539	“PCP, Type Unknown”	795
N, N-Dimethylamphetamine (Dimethylamphetamine)	438	Pemoline	420
Noracymethadol	182	Pentazocine	193
Norandrostenediol	847	Pentobarbital	355
Norandrostenedione	848	Pentobarbital & noncontrolled active ingred.	393
Norbolethone	849	Pentobarbital suppository	
Norclostebol	850	dosage form	394
Nordiazepam	351	Petrichloral	356
Norethandrolone	818	“Petroleum Products (gasoline, kerosene)”	903
Norlevorphanol	183	Peyote	517
Normethadone	184	Phenadoxone	195
Normethandrolone	851	Phenampromide	196
Normorphine	185	Phenanthrine	197
Norpipanone	186	Phenazocine	198
<b>O</b>		Phencyclidine	702
Opium	187	Phencyclidine Analogs	703
Opium combination product 25 mg/du	256	Phenylcyclohexyl-Pyrrolidine	709
Opium extract	232	Phenylethyl-phenylacetoxypiperidine (PEPAP)	236
Opium fluid extract	233	Phencyclohexylamine	357
Opium, granulated	258	Phendimetrazine	421
Opium Poppy	234	Phenmetrazine	422
Opium, powdered	259	Phenobarbital	358
Opium preparations – 100 mg/ 100 ml or 100 gm	257	Phenomorphan	199
Opium Tincture	235	Phenoperidine	200
Oripavine	260	Phentermine	423
“Other”	996	Phenylacetone (P2P)	518
Oxandrolone	819	Phenylcyclohexylamine	704
Oxazepam	352	Pholcodine	202
Oxazolam	353	Piminodine	203
Oxycodone	189	Pinazepam	359
Oxymesterone	820	Piperidinocyclohexanecarbonitrile (PCC)	705
Oxymetholone	821	Pipradrol	424
Oxymorphone	188	Piritramide	204
<b>P</b>		Plastic Cement (airplane glue)	901
Paint and Paint Removers	902	Poppy Straw	237
Para-fluorofentanyl	190	Poppy Straw Concentrate	238
Parahexyl (Synhexyl)	701	Prazepam	360
Paraldehyde	354	Pregabalin	396
Paregoric	191	Proheptazine	205
		Properidine	206

Propiram	207	Temazepam	367
Propoxyphene (Dextropropoxyphene, bulk (non-dosage forms))	208	Tested; Drugs Found; type	998
Propylhexedrine	425	Tested; Results unknown	997
Psilocybin	519	Testolactone	824
Psilocyn	520	Testosterone	825
Pyrovalerone	426	Tetrahydrocannabinols (THC)	605
“Pyrrolidine (PCPy, PHP, TCPy)”	706	Tetrahydrogestrinone	853
		Tetrazepam	368
<b>Q</b>		Thebacon	213
Quazepam	361	Thebaine	214
		Thenylfentanyl	369
<b>R</b>		Thiamylal	370
Racemethorphan	209	Thienylcyclohexyl]piperidine	708
Racemoramide	210	Thienyl Cyclohexyl Pyrrolidine	710
Racemorphan	211	Thiofentanyl	215
Remifentanil	239	Thiopental(Pentothal)	371
		Thiophene	707
<b>S</b>		Tiletamine/Zolazepam (Telazol)	372
Secobarbital	362	Tilidine	216
Secobarbital & noncontrolled active ingred.	397	Traizolam	373
Secobarbital suppository		Tetrahydrocannabinols (THC)	605
dosage form	398	Trenbolone	826
Sibutramine	385	Trimeperidine	217
SPA	427	Trimethoxy amphetamine	521
Stanolone	822	Tybamate	374
Stanozolol	823		
Stenbolone	852	<b>U</b>	
Stimulant compounds		Unknown If Tested For Drugs	999
previously excepted	440		
“Stimulants, Type Unknown”	495	<b>V</b>	
Sufentanil	212	Vinbarbital	434
Sulfondiethylmethane	363	Volatile Solvents (toluene)	900
Sulfonethylmethane	364		
Sulfonmethane	365	<b>Z</b>	
		Zaleplon	386
<b>T</b>		Zolpidem	387
Talbutal	366	Zopiclone	399

## C

## Driver License Types

### Graduated Driver's License (GDL)



On or after April 1, 1997, students who enroll in an approved driver education course will fall under the provisions of the graduated driver license law, which established three levels of licensure.

#### Level 1

A person who is not less than 14 years and nine (9) months of age may be issued a Level 1 graduated licensing status to operate a motor vehicle if the person has satisfied all of the following conditions:

- Passed a vision test and met health standards as prescribed by the secretary of state.
- Successfully completed Segment 1 of a driver education course, including a minimum of six (6) hours of on-the-road driving time with the instructor.
- Received written approval of a parent or legal guardian.
- May operate a motor vehicle only when accompanied either by a licensed parent or legal guardian, or with the permission of the parent or legal guardian, a licensed driver 21 years of age or older for not less than six (6) months.

**Level 2**

A person may be issued a Level 2 graduated licensing status to operate a motor vehicle if the person has satisfied all of the following conditions:

- (a) Had a Level 1 graduated licensing status for not less than six (6) months.
- (b) Successfully completed Segment 2 of a driver education course.
- (c) Not incurred a moving violation resulting in a conviction or civil infraction involved in an accident.
- (d) Has accumulated a total of not less than 50 hours of behind-the-wheel experience including not less than 10 nighttime hours
- (e) Successfully completed a secretary of state approved driving skills test.

A person issued a Level 2 graduated licensing status shall not operate a vehicle under the following circumstances:

- (a) Between the hours of 10:00 p.m. and 5:00 a.m. This does not apply if either of the following applies:
  - The person is accompanied by a parent or legal guardian or a licensed driver 21 years of age or older designated by the parent or legal guardian.
  - The person is operating the vehicle in the course of his or her employment or while going to or from employment or while going to or from an authorized activity.
- (b) With more than one (1) passenger in the vehicle who is less than 21 years of age. This does not apply if any of the following apply:
  - The person is accompanied by a parent or legal guardian or a licensed driver 21 years of age or older designated by the parent or legal guardian.
  - Any additional passengers who are less than 21 years of age are members of his or her immediate family.
  - The person is operating the vehicle in the course of his or her employment or while going to or from employment or while going to or from an “authorized activity.”

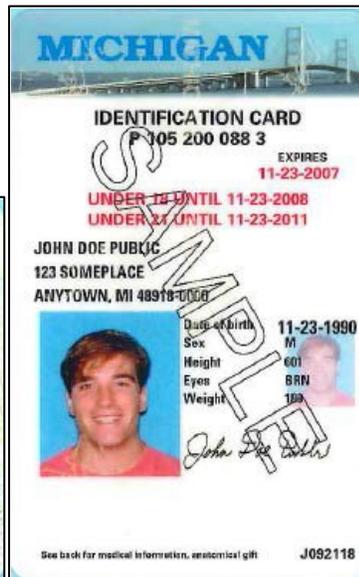
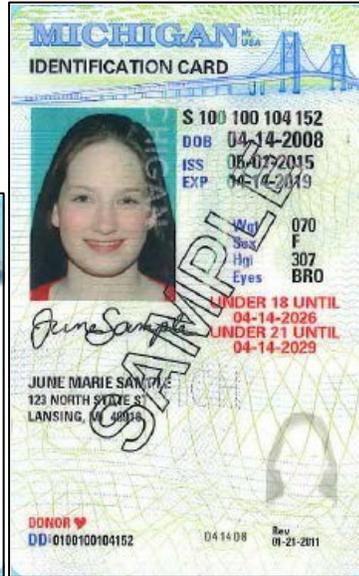
An “authorized activity” means any of the following:

- (a) A school or a school-sanctioned event or activity. For purposes of this subdivision, school means a public or private school, including a home school.
- (b) A sporting event or activity, or extracurricular event or activity, that is not school-sanctioned but that is part of an official sports league or association or an official extracurricular club, or that is paid for as a service offered by a business specializing in those events or activities or training for those events or activities.
- (c) A class or program of vocational instruction offered by a college, community college, nonprofit association, or unit of government or by a business specializing in vocational training.
- (d) An event or activity sponsored by a religious organization that is tax-exempt under federal law.
- (e) Transporting an individual in need of immediate emergency care or personal protection to a health care professional, hospital, police station, domestic violence shelter, or public safety location.

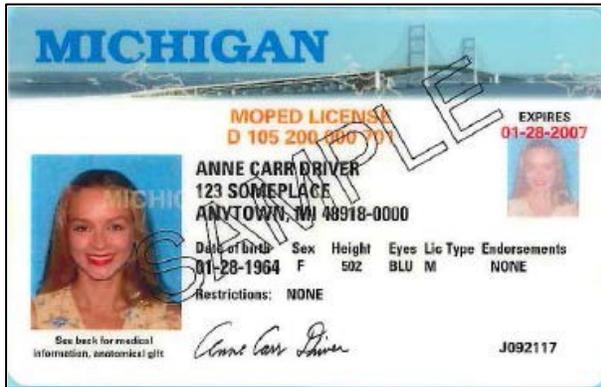
**Level 3**

A person who is not less than 17 years of age may be issued a Level 3 graduated licensing status, if the person has completed 12 consecutive months without a moving violation, an accident in which a moving violation resulted, accident, suspension, or restricted period violation while the person was issued a Level 2 graduated licensing status.

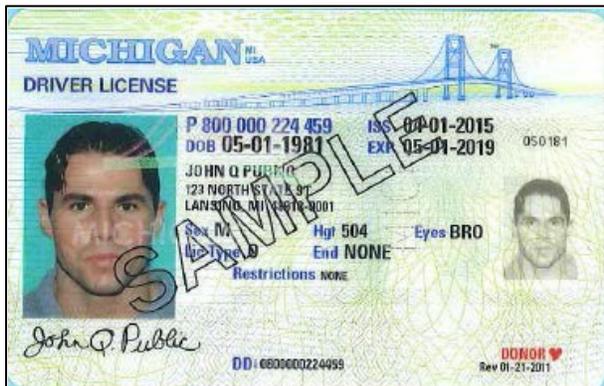
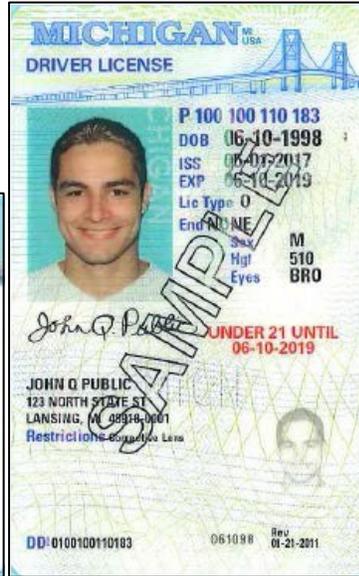
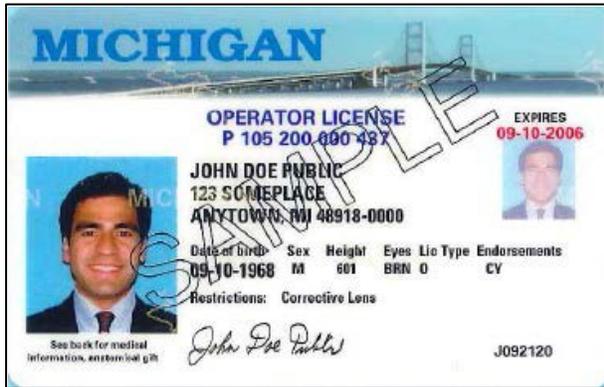
# ID Cards



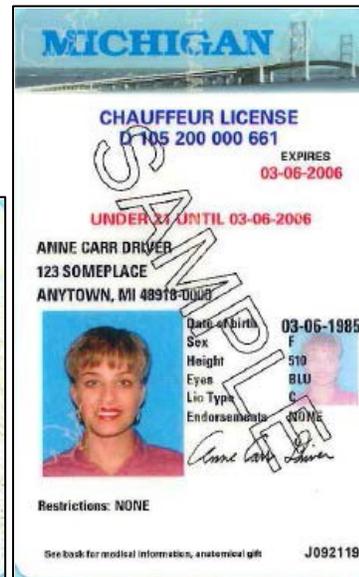
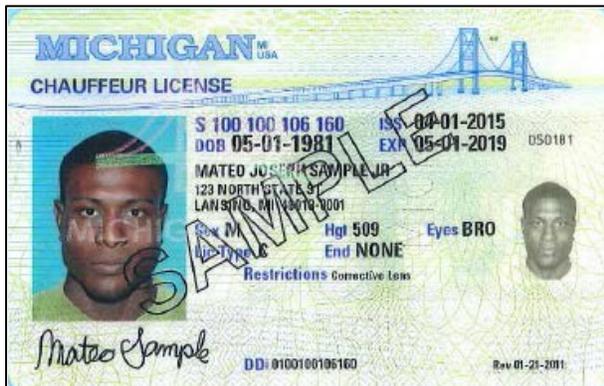
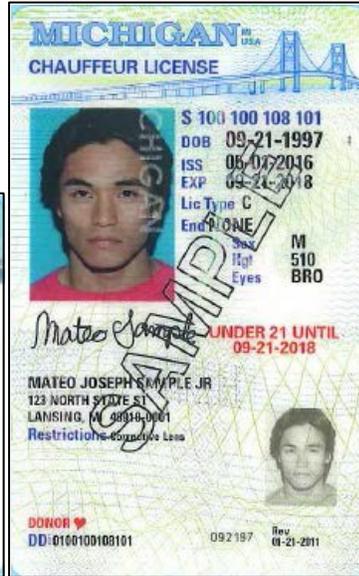
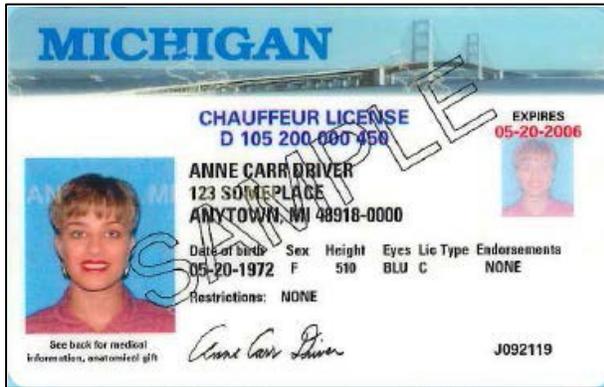
# Moped License



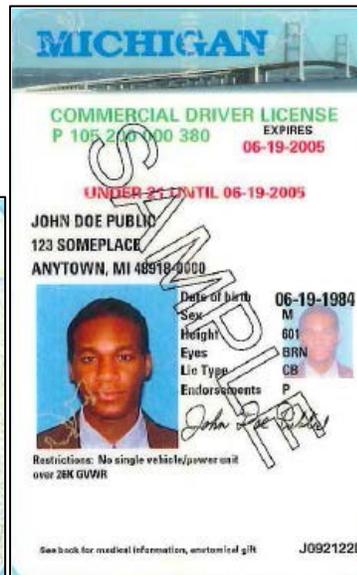
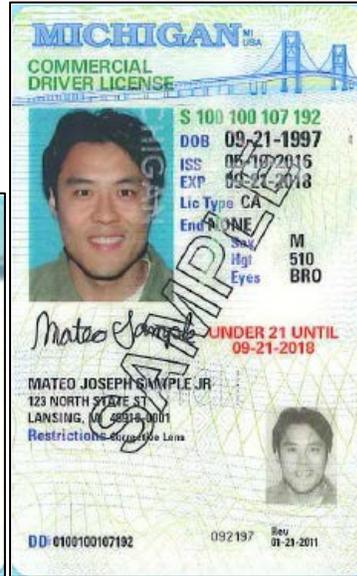
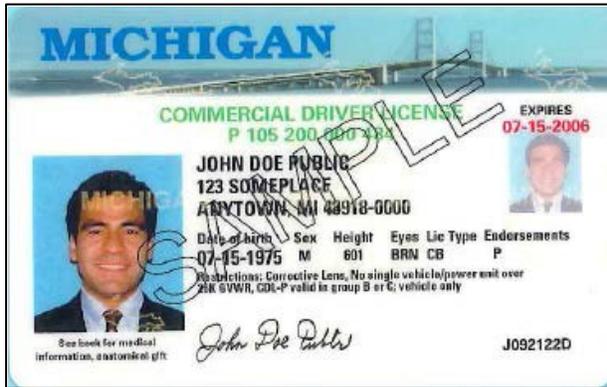
# Operator's License



# Chauffeur's License



# Commercial Driver's License (CDL)



**CDL Group Designations**

**Group A:** Needed to operate any combination of vehicles with a GCWR\* of 26,001 pounds or more including a towed trailer or vehicle with a GVWR\*\* of more than 10,000 pounds.

**Group B:** Needed to operate any single vehicle having a GVWR of 26,001 pounds or more or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.

**Group C:** Needed to operate a single vehicle with a GVWR under 26,001 pounds or a combination of vehicles having a combined GVWR under 26,001 lbs. when the vehicle is required to display a hazardous material placard, or designed to transport 16 or more passengers including the driver.

\*Gross Combination Weight Rating (GCWR) means the value specified by the manufacturer as the maximum loaded weight of a combination vehicle. In the absence of a label, the GCWR can be calculated by adding the GVWR of the power unit to the GVWR of the vehicle(s) or trailer(s) being towed.

\*\*Gross Vehicle Weight Rating (GVWR) is the recommended maximum total weight of the vehicle and load as designated by the vehicle manufacturer. The GVWR label is usually found on the driver side door post of the power unit and on the front left side of the trailer. The GVWR should not be confused with the elected gross vehicle weight (GVW) which is declared by the vehicle owner for registration purposes.

**Endorsements**

**H – Hazardous Materials:** To carry hazardous materials in amounts requiring placards. Before applying for this endorsement, you must have a Federal Security Threat Assessment.

**P – Passenger:** For vehicles which are designed to carry 16 or more people (including the driver).

**T – Double or Triple Trailers:** (Triple trailer combinations are not permitted in Michigan.)

**N – Tank Vehicles:** For vehicles designed to haul liquids or liquefied gases in bulk in permanently mounted tanks or portable tanks rated at 1,000 gallons or more.

**S – School Bus:** For commercial motor vehicles used to transport pre-primary, primary, or secondary school students from home to school, school to home, or to and from school-sponsored events.

**X –** This X-endorsement code will appear on the license instead of the **H** and **N** codes when an applicant receives both the Tank and Hazardous Materials endorsements.

## D

## Driving Record Information for Crashes

### MDR

The Master Driver Record (MDR) File identifies each Michigan driver and maintains the history of their driving record. The MDR File is a historical driving record for each individual licensed in Michigan, and for each non-licensed Michigan resident having driving information reported to the Department of State (non-licensed drivers having been involved in accidents and/or convicted of traffic violations). The MDR File also contains information regarding out-of-state drivers having Failure to Comply with Court actions related to alcohol involvement.

Driver record information originates from license branch offices, police agencies, courts, other states, internally from within the Department of State, Department of Public Health, and Department of Education.

A driver record includes: current license application information, convictions for traffic violations, civil infraction determinations, failure to answer court judgments, accidents, and license withdrawal actions or restrictions on driving privileges.

### Driver License Number

The driver license number is a unique number assigned by the Department of State to an individual, upon application for a Michigan driver license, or is assigned by the department when processing an abstract from a court pertaining to a non-licensed individual.

### License Issued

The MDR File specifies whether the current license application on file is an original, renewal, duplicate, or correction. If the driver does not have an application on file, the record will show “No License.”

O = Original	C = Correction
R = Renewal	D = Duplicate

License Application codes may be preceded by:

E = Extension. The last application renewal was by mail.  
P = Probation. The driver is a probationary driver.

## Probationary

The MDR file contains an indicator for probationary drivers. A license issued to a person not previously licensed in Michigan or another state is designated as probationary for three years after the original license date.

## Driver License Type

The Department of State issues two basic types of driver licenses - Operator and Chauffeur. A Motorcycle, Farm, and/or Recreational endorsement may be added to the operator or chauffeur license. Less frequently used are Moped and Minor Restricted licenses. Commercial Driver License Group and CDL endorsements may be added to an operators or chauffeur license. The requirements for a Chauffeur license do not change; however, upon application for a Chauffeur license, determination is made if a CDL is necessary. A chauffer base license is required when a person is; employed for the principal purpose of operating a motor vehicle or combination of vehicles with a gross vehicle weight rating (GVWR) 10,000 pounds or more; operating a motor vehicle as a carrier of passengers or as a common or contract carrier of property; operating a school bus, bus, taxi or limousine.

## Driver License Type Codes

<b>CHAF</b>	=	Chauffeur's License
<b>CHAF-CY</b>	=	Chauffeur's License with cycle endorsement
<b>MINOR-REST</b>	=	Minor Restricted License
<b>MOPED</b>	=	Moped License
<b>OPER</b>	=	Operator's License
<b>OPER-CY</b>	=	Operator's License with cycle endorsement
May be followed by:		
<b>TIP</b>	=	Temporary Instruction Permit allows the holder to practice driving for up to 180 days with a licensed adult.
May be followed by:		
<b>F</b> = Farm Endorsement	<b>R</b> = Recreational Endorsement	<b>CY</b> = Motorcycle
License type may be followed by CDL Group code:		
<b>A</b> = CDL Group A	<b>B</b> = CDL Group B	<b>C</b> = CDL Group C
CDL Group code may be followed by CDL Endorsement code:		
<b>H</b> = Hazardous Cargo	<b>N</b> = Tank	
<b>P</b> = Passenger	<b>T</b> = Double/Triple Trailers	
<b>S</b> = School Bus	<b>X</b> = Tank and Hazardous Cargo	

## License Expiration

The license expiration year shown on a driver license and on the MDR File, is the year in which the current driver license expires on the driver's birthdate.

## Name/Birthdate

A driver's name for license application, and the name maintained on the MDR File must be the full legal name of the driver, as verified by acceptable legal documents. The birthdate on the driver license application must be the driver's legally recorded date of birth.

## Description of Driver

A driver's height, weight, and eye color are retained on the MDR File once this data is collected from license applications.

## Address

The driver's address must be a physical address, not a P.O. Box. A P.O. Box will be listed on the driving record.

## Driver Moved Out-of-State

The MDR File maintains an indicator of a driver having moved out-of-state and becoming licensed in another state. The indicator specifies the issuing state upon transferring from Michigan.

Example:      A-123-456-789-012      OUT OF STATE ARKANSAS

## Special Restrictions

The MDR File reflects "special restriction" on an individual's driving privilege when that driver has need for special equipment and/or restricted time of day, or radius of driving limitations. These special restrictions are an effort toward safe operation of motor vehicles by drivers, including those having artificial limbs or physical disabilities requiring special steering knobs, cushions, hand controls, and/or sight problems. Also, there are special restrictions that place limitations on some CDLs.

Example:      SPECIAL REST. DAYLIGHT DRIVING ONLY  
ALL HAND CONTROLS

## Change of Address – Address History

A history of all address changes for any individual is maintained, through access to microfilm and microfiche, up to the three most current changes prior to the current license address. The date of change is the date on which the driver actually notified the department of the address change.

Example: ADDRESS HISTORY: C352D 12/18/2014 Z256856 09/13/2011

## Previous Name/Alias Name

A previous name other than the name of an individual, if currently licensed, is a name changed by marriage or court order. A previous name is maintained on the master file for four years subsequent to the posting of the name change. An alias name, or assumed name, is a name used for licensing purposes by an individual, not resulting from marriage or court order.

Example: PREV NAME: JOHN SMITH S-530-429-000-013

## Convictions & Civil Infraction Determinations

Conviction and civil infraction records include date of court finding, arrest date, court location, name of offense, miles per hour (if offense was speeding), if more than one violation was reported at the “same incident,” if the abstract was “late received” by the department from the court, and the type of vehicle used at time of violation.

Example: 08/25/2013 DETROIT 07/30/2013 FAILURE TO OBEY TRAFFIC  
CONTROL DEVICE OR  
ENFORCEMENT OFFICIAL AT  
RAILROAD CROSSING -LATE  
RECD ABST –BB [2452] 3  
TICKET: TEST84488 TRIAL: P  
DATE RECEIVED: 09/10/2013 CDL HOLDER: Y

## Failure to Answer Citation and Comply with Court

Courts notify the Department of State if a driver has failed to answer the court after 40 days subsequent to the date of prescribed hearing. The notice from the court is the notice for this department to suspend the driver’s license, and to notify the driver of the suspension by regular mail. Records of failing to comply with a court contain: violation date, hearing date, location place of arrest, type of offense, miles per hour (if the violation was speeding) date of suspension and the court date or the court file number. Upon compliance with the court, the court subsequently notifies the department that the driver did appear, a determination was made, and if convicted, whether or not the driver paid the required reinstatement fee to the court.

Example: 09/16/2014 SUSPENSION \*\*\*\* 04/08/2014 FAC #1201406CT HIGHLAND PARK  
 11/13/2014 SUSP TERMINATED DROVE WHILE LICENSE  
 SUSP/REV/DENIED [3200]  
 DATE RECEIVED: 09/16/2014 CDL HOLDER: N

## Crashes

Crash information retained on the MDR File includes: date of crash, number of vehicles involved in the incident, number of persons injured, number persons killed, if any; policing agency, police agency report number. Crash information is reported to the Department of State by the Michigan State Police. All other police agencies report crashes to MSP, and they subsequently submit crash information to this department (See Crash Codes).

Example: ACCIDENT 10/14/2013 061-8507 RICHMOND PD  
 1 VEH/UNIT 1 INJ 0 KILLED  
 V01 X4 PA

## Court Actions

When District Courts take action against an individual's driving privilege, they notify the Department of State by abstract of conviction. District courts may order revocations, suspensions and/or restrictions. Circuit Courts submit to this department decisions on appeals of departmental actions, and additions to or amendments to previous court actions (suspensions, revocations, restrictions, or denials). Court action information includes: type of action, occurrence date, dates on which the action is effective and termination intended, reason(s) for the action, and court name.

Example: 01/09/2006 CIRCUIT COURT HEARING  
 01/09/2006, ACTION OF  
 10/27/1999 AMENDED TO  
 TEMPORARY RESTRICTED LICENSE  
 FROM 01/09/2006 THROUGH  
 MIDNIGHT OF 03/10/2006. MUST  
 REAPPEAR AT CIRCUIT COURT.  
 NO DRIVING PRIVILEGES AFTER  
 03/10/2006, MAY DRIVE ONLY  
 TO AND FROM PERSONS  
 RESIDENCE AND PLACE OF  
 EMPLOYMENT, AND IN THE  
 COURSE OF EMPLOYMENT, MAY  
 DRIVE FOR MEDICAL REASONS,  
 MAY DRIVE TO AND FROM  
 SUBSTANCE ABUSE TREATMENT  
 PROGRAM AND/OR SUPPORT GROUP  
 MEETINGS

IGNITION INTERLOCK NO LONGER REQUIRED LICENSE EXTENSION TO NEW COURT DATE

## Departmental Actions

Actions taken by the Department of State Bureau of Driver Assessment are: Warning Letters, reexamination interviews with the driver, license cancellation, restricted licenses, suspensions, suspension with restrictions, revocation, or denial of driver license. The department's licensing branch offices may deny issuance of a license based upon license application test results. Departmental actions are maintained on the MDR File with the reason(s) for the actions, their effective and termination dates, and whether the required reinstatement fee has been paid (see Referral Reasons).

Example: 09/05/2014 REEXAMINATION DATE  
09/05/2014, RESTRICTED  
LICENSE FROM 09/10/2014  
THROUGH MIDNIGHT OF  
03/09/2015 AND UNTIL PAYMENT  
OF REINSTATEMENT FEE, FROM  
REFERRAL OF 08/13/2014,  
UNSATISFACTORY DRIVING  
RECORD, MAY DRIVE ONLY TO  
AND FROM PERSONS RESIDENCE  
AND PLACE OF EMPLOYMENT, AND  
IN THE COURSE OF EMPLOYMENT,  
MAY DRIVE FOR MEDICAL  
REASONS, MAY DRIVE TO AND  
FROM EDUCATIONAL  
INSTITUTION, NO OTHER  
DRIVING SAFETY BELT USE REQUIRED.

## Financial Responsibility Action (Fr)

The Department of State is notified by courts to take action on a driver's eligibility to be licensed to drive, upon judgment arising out of ownership, maintenance, or use of a motor vehicle. Detailed information pertaining to Financial Responsibility is maintained on a separate FR File, although the action information is recorded, maintained, and accessed via the MDR File.

Example: 10/14/2013 FINANCIAL RESPONSIBILITY

## Coded Information on Driving Records

### Warning Letters

DI Correspondence	<b>H</b> = (0 to 3 points)
DI Correspondence	<b>D</b> = (4 to 7 points)
DI Warning Letter	<b>D</b> = (8 to 11 points)
DI Warning Letter	<b>E</b> = (0 to 7 points and “violation of corrective lens restriction”)
DI Warning Letter	<b>PH</b> = (4 to 8 points within two years after probation)

### Referral Reasons For Departmental Review Or Action

#### Abbrev.    Explanation

<b>A</b>	Unable To Pass Test (road, sign, vision, or written)
<b>D</b>	Unsatisfactory Driving Record
<b>E</b>	Violation of Restrictions
<b>H</b>	UDR During Probationary License Period

## Standard Abbreviations

#### Abbrev.    Explanation

ACC	Accident
ADDL	Additional
ADMIN	Administrative
AHSP	Alcohol Highway Safety Program
APP	Application
APPR	Approved
APT	Apartment
AUTH	Authority, Authorized
BDIC	Basic Driver Improvement Course
CDL	Commercial Driver License
CDSS	County Driver Safety School
CF #	Court File Number
CIRC	Circuit (Court)
CIR CT	Circuit Court
CONTD	Continued
DEPT	Department
DI	Driver Improvement
DIAG	Diagnostic
DLAD	Driver License Appeal Division

#### Abbrev.    Explanation

MAND	Mandatory
MCL	Michigan Compiled Laws
MED	Medical
MS	Mandatory Suspension
MSP	Michigan State Police
MTR	Motor
MUN	Municipal (Court)
NEG	Negligent
NUM	Number
ORIG	Original
OUCS	Operating Under Influent Controlled Substance
OUIL	Operating Under Influent of Liquor
OWI	Operating While Impaired
P.D.	Property Damage
PD	Police Department
PET	Petitioner
P.I.	Personal Injury
PROB	Probation
RD	Road

DR STMT	Doctor's Statement	RECOM	Recommend(Ed)
DRF	Driver Responsibility Fee	REFD	Referred
EFF	Effective	REQ	Requirements
ELIG	Eligible	RESP	Responsible or Responsibility
EMERG	Emergency	REST	Restrictions or Restricted
EQUIP	Equipment	RETD	Returned
FAC	Failure To Appear In Court	REV	Revocation
FCA	Failure To Change Address	SO	Sheriff's Office
FCJ	Failure To Comply With Judgment	SOS	Secretary Of State
FCPV	Failure To Clear Parking Violations	SPEC	Special
FED	Federal	ST	Street
FR	Financial Responsibility	STMT	Statement
FTA	Failed To Appear	SUBJ	Subject
GRP	Group	SUPT	Superintendent
GVW	Gross Vehicle Weight	SUSP	Suspension
HOSP	Hospital	TEMP	Temporary
HWY	Highway	TERM	Terminate
INC	Incorporated	TIP	Temporary Instruction Permit
INDEF	Indefinitely	TRAF	Traffic (Court)
INFO	Information	UA	Under Age (Under 21)
INFL	Influence	UBAC	Unlawful Body Alcohol Content
INJ	Injured	UDAA	Unlawfully Driving Away Auto
INSTR	Instruction	UDR	Unsatisfactory Driving Record
INTOX	Intoxicated	UJ	Unsatisfied Judgment
LATE RECD	Late Received Abstract	UUA	Unlawful Use of Motor Vehicle
LIC	License	VEH	Vehicle
LIQ	Liquor	VIOL	Violation
MAG	Magistrate (Court)	W/O	Without
		X-WAY	Expressway or Freeway
		YR	Year

## Traffic Crash Codes

Crash information retained on the MDR File includes: date of crash, number of vehicles involved in the incident, number of persons injured, number persons killed, if any; policing agency, police agency report number. Crash information is reported to the Department of State by the Michigan State Police. All other police agencies report crashes to MSP, and they subsequently submit crash information to MDOS/SOS.

**V Codes**

Violation/Hazardous Action codes indicate if the driver was given a citation for the crash.

<b>V01</b> = Speed too fast	<b>V09</b> = Improper turn
<b>V02</b> = Speed too slow	<b>V10</b> = Improper signal
<b>V03</b> = Failed to yield	<b>V11</b> = Improper backing
<b>V04</b> = Disregard traffic-control	<b>V12</b> = Unable stop in assured clear distance
<b>V05</b> = Drove wrong way	<b>V13</b> = Other
<b>V06</b> = Drove left of center	<b>V14</b> = Unknown
<b>V07</b> = Improper passing	<b>V15</b> = Reckless Driving
<b>V08</b> = Improper lane use	<b>V16</b> = Careless/Negligent Driving

**Example:**

1. D-616-067-108-888
2. ANNE CARR DRIVER 11/20/1962 F 5-05 130 BRO IMAGE
3. 7064 CROWNER DR C-CHAF-ANPT 09/19/2013 421 11/20/2017
4. LANSING MI 48912 33 \*\*\*\_\*\*\_\*\*\*\*
  
5. 07/09/2015 WOODHAVEN 06/18/2015 SPEED 75/70 -PA 2
6. ACCIDENT 05/24/2012 083-7345 ALMA PD
7. VEH/UNIT 0 INJ 0 KILLED  
V07 X4 PU
8. MI SOS (PREPARED IN COMPLIANCE WITH MCL 257.733)  
(FOR GOVERNMENTAL OR INDIVIDUAL DRIVERS USE ONLY)

**Explanation:**

- Line 1 Driver License Number
- Line 2 Name; Date of Birth; Sex; Height; Weight; and Eye Color, Image
- Line 3 Street Address; Type of License; Transaction Date; and Year of Expiration
- Line 4 City; Zip Code; and County Code, Voter Registration; the SSN redacted; Restrictions (Corrective Lens)
- Line 5 Date of Conviction, Place of Conviction, Date of Offense, Violation Type, Type of Vehicle and Points Accessed (if any)
- Line 6 Accident Date; Police Report Number; and Police location
- Line 7 Counts (vehicles involved, persons injured, persons killed, and drink/drug indicator, violation code and vehicle type)
- Line 8 This statement is displayed to indicate the end of the transaction log (end of the record).

**X Codes**

These codes indicate whether or not Alcohol and/or Drugs were involved in the crash.

<b>X0</b>	Not used
<b>X3</b>	Had been drinking
<b>X4</b>	Had NOT been drinking or using drugs
<b>X5</b>	Not stated
<b>X6</b>	Had been using drugs
<b>X7</b>	Had been drinking AND using drugs

Example: ACCIDENT 07/12/2015 15-9876 LANSING PD  
2 VEH 3 INJ 0 KILLED V05 X7 PA

Drove wrong way (V05) and had been drinking and using drugs (X7).

## Vehicle Type Codes

The following list shows codes for the type of vehicle being driven when a crash occurred or when a citation was issued:

AA	=	Group A Vehicle
AH	=	Group A Vehicle Hauling Hazardous Materials
AL	=	Group A Tank Vehicle with Double/Triple Trailers and Hauling Hazardous Materials
AN	=	Group A Tank Vehicle
AP	=	Group A Passenger Vehicle
AS	=	Group A School Bus
AT	=	Group A Vehicle with Double/Triple Trailers
AX	=	Group A Tank Vehicle Hauling Hazardous Materials
AY	=	Group A Tank Vehicle with Double/Triple Trailers
AZ	=	Group A Vehicle with Double/Triple Trailers Hauling Hazardous Materials
BB	=	Group B Vehicle
BH	=	Group B Vehicle Hauling Hazardous Materials
BN	=	Group B Tank Vehicle
BP	=	Group B Passenger Vehicle
BS	=	Group B School Bus
BX	=	Group B Tank Vehicle Hauling Hazardous Materials
BU	=	Bus
CH	=	Group C Vehicle Hauling Hazardous Materials
CP	=	Group C Passenger Vehicle
CS	=	Group C School Bus
CV	=	Commercial Vehicle
CX	=	Group C Tank Vehicle Hauling Hazardous Materials
CY	=	Motorcycle
GC	=	Go Cart
*H1	=	Cargo Truck (Single Vehicle) Hauling Hazardous Materials

\*H2 = Tractor Trailer Combination Hauling Hazardous Materials  
 \*H3 = Tractor Trailer with Double Bottom Trailer  
 HV = Commercial Vehicle Hauling Hazardous Materials  
 MD = Medium Duty Truck  
 MO = Moped  
 NC = Non-Commercial Vehicle  
 OR = Off Road Vehicle  
 PA = Passenger Vehicle  
 PU = Pickup Truck  
 SB = School Bus  
 SM = Snowmobile  
 ST = Small Truck (GVWR Under 10,000 lbs.)  
 \*T1 = Truck/Single Vehicle  
 \*T2 = Tractor Trailer  
 \*T3 = Tractor Trailer Plus Double Bottom Trailer  
 VA = Van  
 WC = Watercraft

\*These codes are now obsolete but may be seen on older driving records.

Example: ACCIDENT 10/11/2014 14-1234 LANSING PD  
3 VEH 1 INJ 0 KILLED V07 X4 PA

The vehicle involved was a passenger car (PA).

## Complete Driving Records

### **EDITED (47:36)**

This response provides convicted driver accident and traffic violations. This response does not include accident, traffic, and other actions for which SOS has no violation conviction information. **DO NOT** attempt to determine current status from this response; use the 47:35 response for driver eligibility checks.

### **UNEDITED (47:42)**

This response includes all driver accident and traffic information and other actions (conviction and non-conviction violations). This record is to be obtained only on a need to know basis. **DO NOT** attempt to determine current status from this response; use the 47:35 response for driver eligibility checks.

Example:

A-123-456-789-012  
 JOHN DOE SMITH 01/10/1986 M 5-05 130 BRO IMAGE  
 123 MAIN ST APT 1 ER-OPER-CY-AHNT10/01/2003 11/20/2017  
 LANSING MI 48915 82 VOTER \*\*\*.\*\*.\*\*\*\* CORRECTIVE LENS

EDL STATUS: ISSUED

02/08/10	MIDLAND	01/15/10	DISOBEY STOP SIGN	-PA	
06/28/10	DETROIT	05/26/10	FAILED TO YIELD	-PA	
					**** 08/02/10
					**** 12/02/10

REINSTATEMENT FEE REQUIRED, FROM  
 REFERRAL OF 08/02/2010  
 UNSATISFACTORY DIVING RECORD,  
 ADMIN REVIEW

\*\*\*\* 02/07/12 REINSTATEMENT FEE PAID 02/7/2012

09/16/2013	SUSPENSION ****	04/08/2013	FAC #1201406CT HIGHLAND PARK	
11/13/2013	SUSP TERMINATED		DROVE WHILE LICENSE	
			SUSP/REV/DENIED	
			DATE RECEIVED: 09/16/2013 CDL HOLDER: Y	
08/28/2013	OHIO	07/26/2013	LIMITED ACCESS SPEED 80/70	1
			-LATE RECD ABST	
10/25/2013	MIDLAND	07/19/2013	DISOBEY TRAFFIC SIGNAL	3
	ACCIDENT	07/19/2013	061-8507 MIDLAND PD	
			2 VEH/UNIT 1 INJ 0 KILLED	
			V04 X4 PA	
01/27/2015	MIO	11/13/2014	OPERATING WHILE INTOXICATED	6
	****		SUSPENSION FROM 02/20/2015	
			THROUGH MIDNIGHT OF	
			03/21/2015 AND RESTRICTED LICENSE	
			FROM 03/22/2015	
			THROUGH MIDNIGHT OF	
			08/18/2015 AND UNTIL PAYMENT	
			OF REINSTATEMENT FEE, FROM	
			ACTIVITY OF 01/27/2015,	
			MANDATORY ACTION CONVICTION,	
			MAY DRIVE TO AND FROM	
			RESIDENCE AND EMPLOYMENT,	
			DURING EMPLOYMENT, TO	
			TRTMENT AND/OR SUPPORT GROUP	

MTGS, TO REGULARLY SCHEDULED  
 TRTMENT FOR SERIOUS MEDICAL  
 CONDITION, TO PROBATION,  
 COMMUNITY SERVICE AND  
 SCHOOL, MUST CARRY PROOF OF  
 DESTINATIONS AND HOURS,  
 SHALL NOT DRIVE A VEHICLE  
 REQUIRING A COMMERCIAL  
 DRIVER LICENSE

\*\*\*BDIC\*\*\* - LETTER SENT – 02/01/2012\*\*\*\*\*PASSED – 02/25/2012 - \*\*\*\*\*  
 01/30/2012 MASON 01/09/2012 SPEED 40/35 –PA  
 TICKET: 12I090904

MI SOS (PREPARED IN COMPLIANCE WITH MCL 257.733)

The preceding sample driver record would be interpreted as follows:

**Line 1** Displays the Driver License Number and any of the following status information

- Expired – the driver license is no longer valid and must be renewed.
- Out of State “other state name” –The driver surrendered their MI license to obtain a license in another state.
- Deceased – driver is marked as deceased.
- GDL (Graduated Driver License) Level – indicates the driver is under the graduated driver license program.

Examples of how each would read:

A-123-456-789-012 EXPIRED  
 A-123-456-789-012 OUT OF STATE ARKANSAS  
 A-123-456-789-012 DECEASED  
 A-123-456-789-012 GDL LEVEL: 2

**Line 2** Driver’s legal name, date of birth, sex code (M or F), height, weight, eye color and the word IMAGE. “IMAGE” means the driver has a digital driver’s photo and/or signature on file with the Secretary of State.

**Line 3** Street address, license type and application (renewal chauffeur license with cycle endorsement, with CDL Group A, and endorsements to haul hazardous cargo, operate tank, passenger, or double/triple trailers), license issue date and year of expiration.

**Line 4** Residence address city, state, and zip code, county code – county in which the customer lives, “Voter” – will only display if the customer is registered to vote. Also “\*\*\*\_\*\*\_\*\*\*” the asterisk

represent the SSN – all driving records have the SSN redacted – if there are no asterisk then there is not SSN on file and “Corrective Lens” will display if the customer needs to wear corrective lens while driving.

**Line 5** Displays if the customer has or had an enhanced driver license (EDL):

EDL Status – There are 3 different statuses that can display here:

1. Issued – currently has an EDL card
2. New issuance in process – new EDL card is being processed
3. Cancelled – EDL card was cancelled

Note: An enhanced driver’s license can be used in lieu of U.S. Citizenship documentation, such as a passport when crossing the Canadian or Mexican border.

**Line 6** Issued citation on 01/15/2010 for Disobey Stop Sign while operating a passenger vehicle. Was convicted of violation on 02/08/2010 in Midland.

**Line 7** Issued ticket on 05/26/2010 for failure to yield. Was convicted on 06/28/2010 in Detroit.

**Line 8** Was referred on 08/02/2010 for re-exam by Driver Assessment for unsatisfactory driving record. Was issued a suspension at an administrative review by DA on 12/02/2010 effective from 12/07/2010 through 04/06/2011.

**Line 9** indicates a paid reinstatement fee on 02/07/2012 to reinstate driving privilege.

**Line 10 & 11** Displays Fail to Appear in Court (FAC) suspension and termination information which includes the start date of the suspension, date the violation/citation was issued, court ticket or file number, court name. If the suspension is terminated it will display the date the suspension was terminated, and “CDL Holder” – is a yes/no field that indicates if the driver held a commercial driver’s license at the time of the violation.

**Line 12** Displays a Conviction from Ohio for a Limited Access Speed violation on 07/26/2013. Was late received abstract and assessed one point for violation.

**Line 13** Disobeyed traffic signal violation on 07/19/2013, convicted on 10/25/2013 in Midland, and assessed three (3) points.

**Line 14** Involved in accident on 07/19/2013 in Midland involving two (2) vehicles, one injury. Accident was caused because of disregard of traffic control (V04) and the driver had not been drinking (X4).

**Line 15** involves an Operated While Intoxicated violation on 11/13/2014, convicted on 01/27/2015 in Mio and assessed six (6) points. Suspension from 02/20/2015 through 03/21/2015 with restrictions from 03/21/2015 through 08/18/2015.

**Line 16** is a Conviction that qualifies for the Basic Driver Improvement Course (BDIC). The Basic Driver Improvement Course (BDIC) offers qualifying individuals a one-time opportunity to avoid the points from certain moving violations by successfully completing a course.

**Line 17** End of record (MI SOS) and authority statement.

For more detailed information about interpreting driving records, refer to the LEIN Operations Manual. It can be found in MiCJIN at the Communities link on the left side of the main screen, or at [www.leo.gov](http://www.leo.gov), or by contacting LEIN Field Services for a CD at [MSPLEINFSS@michigan.gov](mailto:MSPLEINFSS@michigan.gov).

OR

Visit the SOS Web site at: [http://www.michigan.gov/documents/howtoreaddr\\_19352\\_7.pdf](http://www.michigan.gov/documents/howtoreaddr_19352_7.pdf)  
Or contact SOS at 888-767-6424.