

**EXAMPLE OF RUN OFF THE ROAD LEFT “TARGET” CRASHES**

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **73001**  
Incident Disposition  Open  Closed  
Review **6.8**

CRF: **MI-6116100**

Department Name **MUSKEGON COUNTY SHERIFF OFFICE**

Crash Date  
Month **01** Day **11** Year **2005**

Crash Time  
Military **0203**

No. of Units **01**

Crash Type  
 Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Sideswipe-Same  
 Sideswipe-Opposite  
 Other/Unknown

Special Circumstances  
 None  Deer  
 School Bus  Hit and Run  Fleeing Police  
 Local  State

County **61**  
City/Twp **04**

Relation to Roadway  
(Location of First Impact)  
 Shoulder  
 Outside of Shoulder/Curb  
 On Road  
 Median  
 Gore  
 Other/Unknown

Special Study  
 Clear  
 Cloudy  
 Fog/Smoke  
 Rain  
 Other/Unknown

Weather (Mark Only One)  
 Clear  
 Cloudy  
 Fog/Smoke  
 Rain  
 Other/Unknown

Special Checks  
 Fatal (Report All)  
 Corrected Copy  
 Replace (Entire Report)  
 Delete (Entire Report)  
 Non-Traffic Area  
 ORV/Snowmobile

Construction Zone (if applicable)  
Type  
 Const./Maint.  
 Utility

Lane Closed  
 Yes  
 No

Activity  
 On Road  
 Off Road  
 None

Light (Mark Only One)  
 Daylight  
 Dawn  
 Dusk  
 Dark-Lighted  
 Dark-Unlighted  
 Other/Unknown

Area **10** Total Lanes **2**  
Speed Limit **55** Posted  Yes  No

Locator  
Prefix **HOLTON** Road Name  
Divided Roadway  N  S  E  W  
Road Type **RD** Suffix  
Distance **3** FT  MI  North  East  Beginning of Ramp  
Trafficway  1  2  3  4  
Access Control  1  2  3

Prefix **SWEETER** Intersecting Road  
Divided Roadway  N  S  E  W  
Road Type **RD** Suffix

Unit Number **1** State **MI**  
Unit Type  
 MV  
 B  
 P  
 E (train)

Date of Birth **1/12/91**  
City **MUSKEGON** State **MI** Zip **49445**

License Type  
 O  CY  
 C  F  
 M  R  
Sex  M  F  
Total Occup **01** Hazard Action **16**

Driver Condition  1  2  3  4  5  6  7  8  9  99  
Interlock  Yes  No  
Alcohol  Yes  No  
Drugs  Yes  No

Injury  K  A  B  C  O  
Position **01** Restraint **04**  
Hospital **NONE**  
Ambulance **NONE**  
Airbag Deployed  Yes  No  
Citation issued  
Hazardous  Other

Location of Greatest Damage  
 1  2  3  4  5  6  7  8  9  10  11  12  
First Impact **02** Extent of Damage **6** Drivable  Yes  No

Vehicle Description **OLDSMOBILE** Make **98** Model **BLU/SUNDR** Year **1991**  
Vehicle Type  
 PA  VA  PU  ST  
 CY  MO  GC  SM  
 OR  Other  Truck/Bus

Special Vehicles  1  2  3  4  5  6  
Private Trailer Type  1  2  3  4  5  6  7  
Vehicle Defect  1  2  3  4  5  6  
Vehicle Use  1  2  3  4  5  6  7  8  9  10  11

Passenger 1  
Date of Birth  
Sex  M  F  
Position  
Restraint  
Hospital  
Ambulance  
Ejected  Yes  No  
Trapped  Yes  No

Passenger 2  
Date of Birth  
Sex  M  F  
Position  
Restraint  
Hospital  
Ambulance  
Ejected  Yes  No  
Trapped  Yes  No

Age Pos. Rest.

Age Pos. Rest.

Damaged Property Public  Y  N

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

**UNIT DRIVER**

Unit Number: [ ] State: [ ]

**NCS**

Unit Type:  MV  B  P  E (train)

City: [ ] State: [ ] Zip: [ ]

Driver Condition: (1) (2) (3) (4) (5) (6) (7) (8) (9) (99)

Interlock:  Yes  No  Refused  Not offered

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results: [ ]

Drugs:  Yes  No Test Type:  Blood  Urine Test Results: [ ]

Vehicle Description: [ ] Make: [ ] Model: [ ] Color: [ ] Year: [ ]

Location of Greatest Damage: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

First Impact: [ ] Extent of Damage: [ ] Driveable:  Yes  No

Vehicle Type:  PA  VA  PU  ST  CY  MO  GC  SM  OR  Other  Truck/Bus

Vehicle Direction:  North  South  East  West

Special Vehicles: (1) (2) (3) (4) (5) (6)

Private Trailer Type: (1) (2) (3) (4) (5) (6) (7)

Vehicle Defect: (1) (2) (3) (4) (5) (6)

Vehicle Use: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

**PASSENGERS**

Injury:  K  A  B  C  O Airbag Deployed:  Yes  No  Not Equipped

Date of Birth: [ ] Sex:  M  F Position: [ ] Restraint: [ ] Hospital: [ ] Ambulance: [ ] Ejected:  Yes  No Trapped:  Yes  No

Age: [ ] Pos: [ ] Rest: [ ]

**Unit Reported on Front**

Action Prior	First	Second	Third	Fourth
01	02	03	35	33

Most Harmful: (M) (M) (M) (M)

**Unit Reported Above**

Action Prior	First	Second	Third	Fourth

Most Harmful: (M) (M) (M) (M)

Unit Number: [ ]

City: [ ] State: [ ] Zip: [ ] GVWR: [ ]

Carrier Source:  Papers  Vehicle  Log Book  Driver

Driver's CDL Type:  A  C  B  None  H  P  T  N  S  X

Interstate:  Intra (MI Only)

CDL Restrictions:  28  29  30

CDL Exempt:  Farm  Other

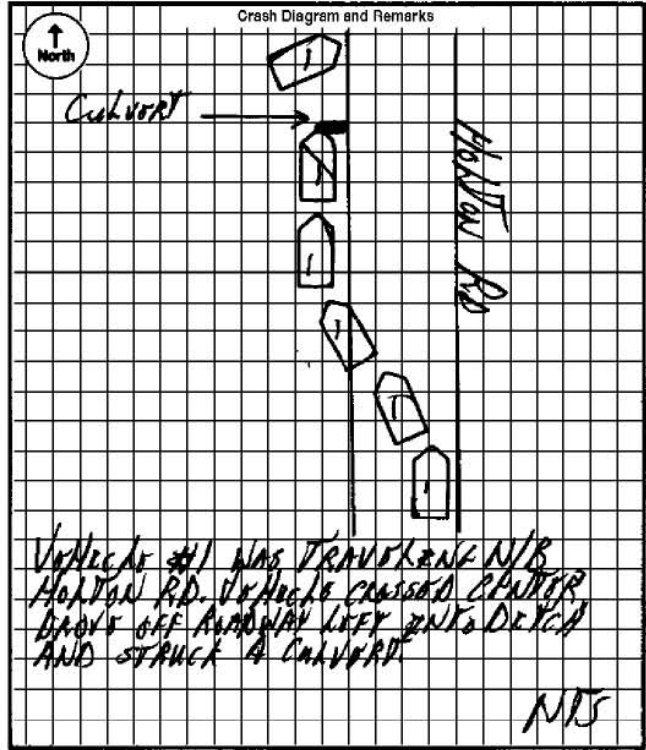
Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

Hazardous Material:  Placard  Cargo Spill

Cargo Body Type: (1) (2) (3) (4) (5) (6) (7) (8)

Investigated at Scene:  (N)



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class

ORI: MI-7417400

Department Name: Saint Clair Co. Sheriff's Office

Incident Disposition:  Open  Closed  
Reviewer

Crash Date: 05/20/2007  
Crash Time: 1537  
No. of Units: 01

Crash Type:  
 Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Sideswipe-Same  
 Sideswipe-Opposite  
 Other/Unknown

Special Circumstances:  None  
 School Bus  
 Hit and Run  
 Deer  
 Fleeing Police  
Special Study:  Local  State  
Weather:  Clear  Severe Wind  
 Cloudy  Snow/Blowing Snow  
 Fog/Smoke  Sleet/Hail  
 Rain  Other/Unknown  
Light:  Daylight  Dark-Lighted  
 Dawn  Dark-Unlighted  
 Dusk  Other/Unknown  
Road Condition:  Dry  Snowy  Debris  
 Wet  Muddy  Other/Unknown  
 Icy  Slushy

Special Checks:  
 Fatal (Report All)  
 Corrected Copy  
 Replace (Entire Report)  
 Delete (Entire Report)  
 Non-Traffic Area  
 ORV/Snowmobile  
Area: 10  
Total Lanes: 2  
Speed Limit: 55  
Posted:  Yes  No

Traffic Control:  None of These  
 Signal  
 Stop Sign  
 Yield Sign  
Relation to Roadway:  Shoulder  
 Outside of Shoulder/Curb  
 On Road  
 Median  
 Gore  
 Other/Unknown  
Construction Zone:  Const./Maint.  Utility  
 Lane Closed:  Yes  No  
 Activity:  On Road  Off Road  None

Location: Prefix: Road Name: EMMETT  
Distance: 5  
Road Type: 20  
Intersecting Road: RYNN  
Road Type: 20

Unit/Driver: Unit Number: 1  
State: MI  
Date of Birth: 07/18/1988  
License Type:  O  CY  C  F  M  R  
Sex:  M  F  
Total Occup: 01  
Hazard Action: 01  
Unit Type:  MV  
Driver Condition:  2  
Alcohol:  Yes  No  
Drugs:  Yes  No  
City: EMMETT  
State: MI  
Zip: 48022

Injury:  K  A  B  C  O  
Position: 01  
Restraint: 04  
Hospital: 740010  
Ambulance: 740003  
Airbag Deployed:  Yes  No  
Citation Issued:  Hazardous  Other

Vehicle Description: FORD TAURUS SEDAN  
Year: 1997  
Color: GRN  
Location of Greatest Damage: 03  
Extent of Damage: 3  
Driveable:  Yes  No  
Vehicle Type:  PA  
Vehicle Direction:  North  
Special Vehicles:  1  2  3  4  5  6  
Private Trailer Type:  1  2  3  4  5  6  7  
Vehicle Defect:  1  2  3  4  5  6  
Vehicle Use:  2  3  4  5  6  7  8  9  10  11

Passengers: Injury:  K  A  B  C  O  
Airbag Deployed:  Yes  No  Not Equipped  
Date of Birth: Sex: Position: Restraint: Hospital: Ambulance: Ejected: Trapped: Yes/No

Age: 18-27-67 Pos: W Rest.

Age: 19-49 Pos: W Rest.

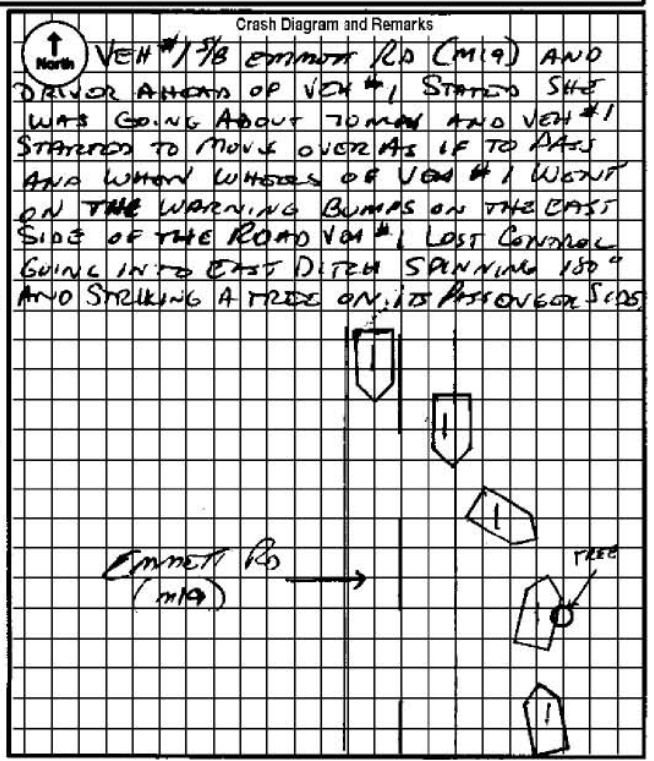
Damaged Property: Public:  Y  N

BACK

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Unit Number	State	Date of Birth	License Type	Sex	Total Occup	Hazard Action
NCS			<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	<input type="radio"/> M <input type="radio"/> F		
Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)	City	State	Zip	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position	Restraint
Driver Condition Interlock <input type="radio"/> Yes <input type="radio"/> No Alcohol <input type="radio"/> Yes <input type="radio"/> No Drugs <input type="radio"/> Yes <input type="radio"/> No	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑨⑨	Refused <input type="radio"/> Not offered	Submit Results To FMIS When Available	Ejected Trapped <input type="radio"/> Yes <input type="radio"/> No	Hospital	Ambulance
Vehicle Description	Make	Model	Color	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>	
Location of Greatest Damage ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫	Vehicle Type <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM <input type="radio"/> OR <input type="radio"/> Other <input type="radio"/> Truck/Bus	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles ① ② ③ ④ ⑤ ⑥	Private Trailer Type ① ② ③ ④ ⑤ ⑥ ⑦	Vehicle Defect ① ② ③ ④ ⑤ ⑥	Vehicle Use ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪
First Impact	Extent of Damage	Driveable <input type="radio"/> Yes <input type="radio"/> No	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F
					Position	Restraint
					Hospital	Ambulance
					Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No
					Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F
					Position	Restraint
					Hospital	Ambulance
					Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No
					Age	Pos. Rest.
					Age	Pos. Rest.

Unit Reported on Front	Unit Reported Above
Action Prior	Action Prior
Sequence of Events	Sequence of Events
17 01 03 39	
Most Harmful	Most Harmful
(M) (M) (M) (M)	(M) (M) (M) (M)
Unit Number	City
	State
Carrier Source	Zip
<input type="radio"/> Papers	GVMR/GCWR
<input type="radio"/> Vehicle	
<input type="radio"/> Log Book	Driver's CDL Type
<input type="radio"/> Driver	<input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T
	<input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X
	<input type="radio"/> Interstate
	<input type="radio"/> Intra (MI Only)
	CDL Restrictions
	<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30
	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	Vehicle Type
	<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX
	<input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other
	<input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH
	<input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP
	<input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS
Type & Axles Per Unit	Medical Card <input type="radio"/> Y <input type="radio"/> N
First Second Third Fourth	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill
① ② ③ ④ ⑤ ⑥ ⑦ ⑧	Class #
Cargo Body Type	Investigated at Scene
① ② ③ ④ ⑤ ⑥ ⑦ ⑧	<input checked="" type="checkbox"/> <input type="checkbox"/> (N)



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 93004

Incident Disposition  Open  Closed  
Reviewer [Signature]

ORI: MI-0209100 Department Name MSP - MANISTIQUE POST

Crash Date Month <u>12</u> Day <u>01</u> Year <u>2008</u>		Crash Time Military <u>1615</u>		No. of Units <u>01</u>	Crash Type <input checked="" type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <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/Unknown		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County <u>77</u>	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign		Relation to Roadway (Location of First Impact) <input type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Other/Unknown		Shoulder <input type="radio"/> Shoulder <input checked="" type="radio"/> Outside of Shoulder/Curb		Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Severe Wind <input type="radio"/> Cloudy <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Fog/Smoke <input type="radio"/> Sleet/Hail <input type="radio"/> Rain <input type="radio"/> Other/Unknown		Light (Mark Only One) <input type="radio"/> Daylight <input type="radio"/> Dark-Lighted <input checked="" type="radio"/> Dawn <input type="radio"/> Dark-Unlighted <input type="radio"/> Dusk <input type="radio"/> Other/Unknown		Area <u>11</u>	Total Lanes <u>2</u>
Construction Zone (if applicable) (Mark One From Each Group)		Lane Closed <input type="radio"/> Yes <input checked="" type="radio"/> No		Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Road Condition (Mark Only One) <input type="radio"/> Dry <input type="radio"/> Snowy <input type="radio"/> Debris <input checked="" type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Other/Unknown <input type="radio"/> Icy <input type="radio"/> Slushy		Speed Limit <u>55</u>		Posted <input type="radio"/> Yes <input checked="" type="radio"/> No		

Prefix	Road Name <u>CR 442</u>	Divided Roadway (N) (S) (E) (W)	Road Type <u>RD</u>	Suffix	
Distance <u>.2</u>	<input type="radio"/> FT <input type="radio"/> North <input checked="" type="radio"/> East <input type="radio"/> Beginning of Ramp <input checked="" type="radio"/> MI <input type="radio"/> South <input type="radio"/> West <input type="radio"/> End of Ramp	Trafficway <input checked="" type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4)	Access Control <input checked="" type="radio"/> (2) <input type="radio"/> (3)		
Prefix	Intersecting Road <u>CR 455</u>	Divided Roadway (N) (S) (E) (W)	Road Type <u>RD</u>	Suffix	

Unit Number <u>1</u>	State <u>MI</u>	Date of Birth <u>04/03/1937</u>	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup <u>01</u>	Hazard Action <u>13</u>
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City <u>Coopers</u>	State <u>MI</u>	Zip <u>49617</u>	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> O	Position <u>01</u>	Restraint <u>04</u>
Driver Condition <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Hospital <u>No</u>		
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No				Ambulance <u>No</u>		

Location of Greatest Damage <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12		Vehicle Description <u>Buick</u>	Make <u>YDL</u>	Model <u>MAX</u>	Color <u>2003</u>	Year
First Impact <u>07</u>	Extent of Damage <u>2</u>	Drivable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input checked="" type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
Vehicle Use <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11			Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6			

Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped		Ambulance	
Ejected <input type="radio"/> Yes <input type="radio"/> No		Trapped <input type="radio"/> Yes <input type="radio"/> No			

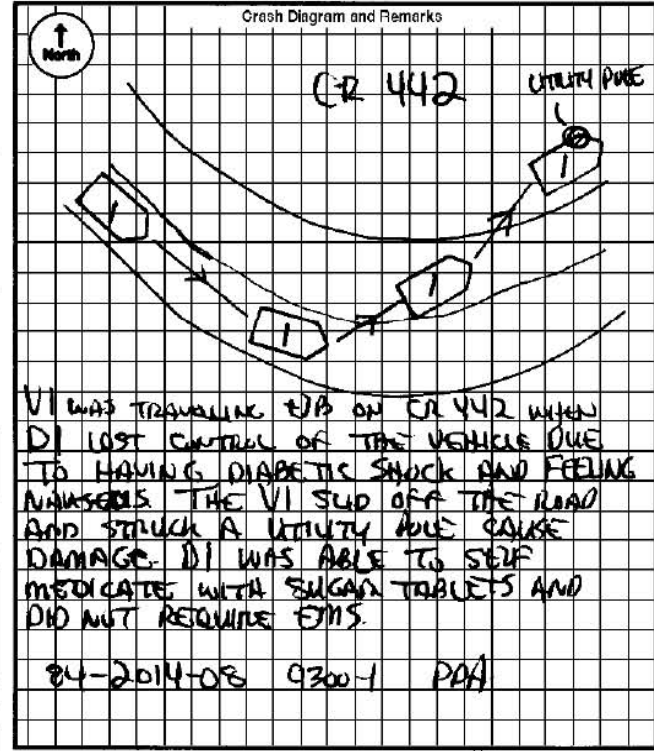
Age	Pos.	Rest.
Age	Pos.	Rest.

Damaged Property CENTRAL POLE/WIRING-CABLE Public  Y  N

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

<b>Unit Number</b>	<b>State</b>	<b>Date of Birth</b>		<b>License Type</b>		<b>Sex</b>		<b>Total Occup</b>		<b>Hazard Action</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> M	<input type="radio"/> C <input type="radio"/> F <input type="radio"/> F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>NCS</b>		<b>Unit Type</b>		<b>Injury</b>		<b>Position</b>		<b>Restraint</b>		<b>Hospital</b>	
<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99		<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>	
<b>Driver Condition</b>		<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Ambulance</b>		<b>Ejected/Trapped</b>	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered		<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	
<b>Alcohol</b>		<b>Test Type</b>		<b>Field</b>		<b>PBT</b>		<b>Breath</b>		<b>Blood</b>	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Blood <input type="radio"/> Urine	
<b>Drugs</b>		<b>Test Type</b>		<b>Blood</b>		<b>Urine</b>		<b>Test Results</b>		<b>Test Results</b>	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Blood <input type="radio"/> Urine	
<b>Vehicle Description</b>		<b>Make</b>		<b>Model</b>		<b>Color</b>		<b>Year</b>		<b>Vehicle Use</b>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>Location of Greatest Damage</b>		<b>Vehicle Type</b>		<b>Vehicle Direction</b>		<b>Special Vehicles</b>		<b>Private Trailer Type</b>		<b>Vehicle Defect</b>	
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12		<input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM		<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
<b>First Impact</b>		<b>Extent of Damage</b>		<b>Driveable</b>		<b>Vehicle Use</b>		<b>Vehicle Defect</b>		<b>Vehicle Use</b>	
<input type="text"/>		<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11	

<b>Unit Reported on Front</b>				<b>Unit Reported Above</b>			
<b>Action Prior</b>				<b>Action Prior</b>			
<b>Sequence of Events</b>				<b>Sequence of Events</b>			
<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"/>
<b>Most Harmful</b>				<b>Most Harmful</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Unit Number</b>				<b>City</b>			
<input type="text"/>				<input type="text"/>			
<b>State</b>				<b>Carrier Source</b>			
<input type="text"/>				<input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver			
<b>Zip</b>				<b>GVWR</b>			
<input type="text"/>				<input type="text"/>			
<b>Driver's CDL Type</b>				<b>CDL Restrictions</b>			
<input type="radio"/> A <input type="radio"/> C <input type="radio"/> B <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"/> Interstate <input type="radio"/> Intra (MI Only)				<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30			
<b>CDL Exempt</b>				<b>Vehicle Type</b>			
<input type="radio"/> Farm <input type="radio"/> Other				<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS			
<b>Type &amp; Axles Per Unit</b>				<b>Medical Card</b>			
<input type="text"/>				<input type="radio"/> Y <input type="radio"/> N			
<b>Cargo Body Type</b>				<b>Hazardous Material</b>			
<input type="text"/>				<input type="radio"/> Placard <input type="radio"/> Cargo Spill			
<b>ID #</b>				<b>Class #</b>			
<input type="text"/>				<input type="text"/>			
<b>Investigated at Scene</b>				<input type="radio"/> <input type="radio"/> N			



**EXAMPLE OF RUN OFF THE ROAD RIGHT “TARGET” CRASHES**



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: **MI-6406600** Department Name: **MSP HART**

File Class: **9300-1**  
Incident Disposition:  Open  Closed  
Reviewer: **[Signature]**

Crash Date Month Day Year <b>02/22/2008</b>		Crash Time Military <b>2210</b>		No. of Units <b>011</b>	Crash Type <input checked="" type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <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/Unknown		Special Circumstances <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State <input type="radio"/> Deer <input type="radio"/> None		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County <b>53</b>	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign		Relation to Roadway (Location of First Impact) <input checked="" type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input type="radio"/> Clear <input checked="" type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Glac/I/ hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input checked="" type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Area <b>10</b>	Total Lanes <b>2</b>
Construction Zone (If applicable) (Mark One From Each Group) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility		Lane Closed <input type="radio"/> Yes <input type="radio"/> No		Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Road Condition (Mark Only One) <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		Speed Limit <b>55</b>	Posted <input type="radio"/> Yes <input checked="" type="radio"/> No	

Prefix	Road Name <b>PERE MARQUETTE</b>	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type <b>Highway</b>	Suffix
Distance <b>.25</b>	<input type="radio"/> FT <input checked="" type="radio"/> MI	<input type="radio"/> North <input type="radio"/> East <input type="radio"/> Beginning of Ramp <input type="radio"/> South <input type="radio"/> West <input type="radio"/> End of Ramp	Trafficway <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Access Control <input checked="" type="radio"/> 2 <input type="radio"/> 3

Prefix	Intersecting Road <b>US 31</b>	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type	Suffix
--------	-----------------------------------	--	-----------	--------

Unit Number <b>1</b>	State <b>MI</b>	Date of Birth <b>03/24/1965</b>	License Type <input type="radio"/> O <input type="radio"/> CY <input checked="" type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup <b>03</b>	Hazard Action <b>01</b>
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City <b>SCOTTVILLE</b>	Zip <b>49451</b>	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <b>01</b>	Restraint <b>04</b>	Hospital <b>NA</b>
Driver Condition <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation Issued Hazardous Other <b>8054</b>	Ambulance <b>NA</b>	

Vehicle Description <b>JEEP</b>	Make <b>JDR</b>	Model <b>RED</b>	Color <b>RED</b>	Year <b>95</b>
Location of Greatest Damage <b>03</b>	Vehicle Type <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input checked="" type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM	Vehicle Direction <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
First Impact	Extent of Damage	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Use <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11

Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital
							Ambulance
							Ejected <input type="radio"/> Yes <input type="radio"/> No
							Trapped <input type="radio"/> Yes <input type="radio"/> No

Age	Pos.	Rest.
Age	Pos.	Rest.

Damaged Property <b>N/A</b>	Public <input type="radio"/> Y <input checked="" type="radio"/> N
--------------------------------	--

BACK

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

**UNIT DRIVER**

Unit Number: \_\_\_\_\_ State: \_\_\_\_\_

**NCS**

Unit Type:  MV  B  P  E (train)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver Condition: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

Interlock:  Yes  No  Refused  Not offered

Alcohol:  Yes  No  Field  PET  Breath  Blood  Urine  Test Results

Drugs:  Yes  No  Blood  Urine  Test Results

Vehicle Description: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Type:  PA  CY  OR  VA  MO  Other  PU  GC  Truck/Bus  SM  ST

Vehicle Direction:  North  South  East  West

Special Vehicles: ① ② ③ ④ ⑤ ⑥

Private Trailer type: ① ② ③ ④ ⑤ ⑥ ⑦

Vehicle Use: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

**PASSENGERS**

Injury: K A B C O Airbag Deployed:  Yes  No  Not Equipped

Date of Birth: \_\_\_\_\_ Sex:  M  F Position: \_\_\_\_\_ Restraint: \_\_\_\_\_ Hospital: \_\_\_\_\_ Ambulance: \_\_\_\_\_ Ejected:  Yes  No Trapped:  Yes  No

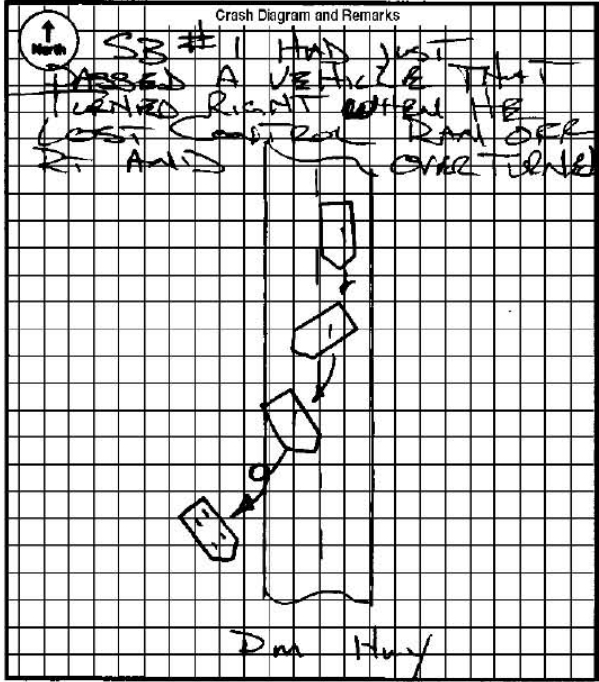
Age: \_\_\_\_\_ Pts: \_\_\_\_\_ Rest: \_\_\_\_\_

**Unit Reported on Front**

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
	17	01	04	06
Most Harmful	(M)	(M)	(M)	(M)

**Unit Reported Above**

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



**TRUCK/BUS INFORMATION**

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ GVWR: \_\_\_\_\_

Carrier Source:  Papers  Vehicle  Log Book  Driver

Driver's CDL Type:  A  C  H  P  T  B  None  N  S  X

CDL Restrictions:  Interstate  Intra (MI Only)  28  29  30

CDL Exempt:  Farm  Other

Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

Hazardous Material:  Placard  Cargo Spill Class # \_\_\_\_\_

Type & Axles Per Unit: First Second Third Fourth

Cargo Body Type: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

Investigated at Scene  (N)

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: **MI-0310300**

Department Name: **Allegan Co. Sheriff's Office**

Incident Disposition:  Open  Closed  
Reviewer: *Kov*

Crash Date Month: <u>11</u> Day: <u>10</u> Year: <u>2006</u>		Crash Time Military: <u>2118</u>		No. of Units <u>01</u>		Crash Type <input checked="" type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <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/Unknown		Special Circumstances <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Local <input type="radio"/> State <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input checked="" type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown <input type="radio"/> Dark-Lighted <input checked="" type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown <input type="radio"/> Dry <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Icy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County: <u>03</u>	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Shoulder <input checked="" type="radio"/> Outside of Shoulder/Curb <input type="radio"/> On Road <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Construction Zone (if applicable) (Mark One From Each Group) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input checked="" type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Area: <u>10</u> Total Lanes: <u>2</u>		Speed Limit: <u>55</u> Posted: <input type="radio"/> Yes <input checked="" type="radio"/> No			

Prefix: <u>M40</u>	Road Name: <u>M40</u>	Divided Roadway: <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type: <u>Hwy</u>	Suffix: <u></u>
Distance: <u>.25</u>	<input type="radio"/> FT <input type="radio"/> North <input checked="" type="radio"/> East <input type="radio"/> Beginning of Ramp	Trafficway: <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Access Control: <input checked="" type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> Mi <input checked="" type="radio"/> South <input type="radio"/> West <input type="radio"/> End of Ramp
Prefix: <u>142ND</u>	Intersecting Road: <u>142ND</u>	Divided Roadway: <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type: <u>Ave</u>	Suffix: <u></u>

Unit Number: <u>1</u>	State: <u>MI</u>	Date of Birth: <u>02071990</u>	License Type: <input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup: <u>01</u>	Hazard Action: <u>01</u>
Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City: <u>HOLLAND</u> State: <u>MI</u> Zip: <u>49423</u>	Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position: <u>01</u>	Restraint: <u>04</u>	Hospital: <u>NONE</u>	Ambulance: <u>NONE</u>
Driver Condition: <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered	Ejected: <input type="radio"/> Yes <input type="radio"/> No	Trapped: <input type="radio"/> Yes <input type="radio"/> No	Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation Issued: <input checked="" type="radio"/> Hazardous <u>207-627</u> <input type="radio"/> Other <u>SD67444</u>	
Alcohol: <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type: <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Drugs: <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type: <input type="radio"/> Blood <input type="radio"/> Urine			

Vehicle Description: <u>HONDA</u> Make: <u>HONDA</u> Model: <u>4 DR</u> Color: <u>BLACK</u> Year: <u>1989</u>	Location of Greatest Damage: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Vehicle Type: <input checked="" type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM	Vehicle Direction: <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
First Impact: <u>07</u>	Extent of Damage: <u>3</u>	Driveable: <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Defect: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Use: <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11	

Date of Birth: <u></u>	Sex: <input type="radio"/> M <input type="radio"/> F	Position: <u></u>	Restraint: <u></u>	Hospital: <u></u>	Ambulance: <u></u>	Ejected: <input type="radio"/> Yes <input type="radio"/> No	Trapped: <input type="radio"/> Yes <input type="radio"/> No
Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped						

Date of Birth: <u></u>	Sex: <input type="radio"/> M <input type="radio"/> F	Position: <u></u>	Restraint: <u></u>	Hospital: <u></u>	Ambulance: <u></u>	Ejected: <input type="radio"/> Yes <input type="radio"/> No	Trapped: <input type="radio"/> Yes <input type="radio"/> No
Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped						

Age: <u></u>	Pos: <u></u>	Rest: <u></u>
--------------	--------------	---------------

Age: <u></u>	Pos: <u></u>	Rest: <u></u>
--------------	--------------	---------------

Damage Property: <u></u>	Public: <input type="radio"/> Y <input type="radio"/> N
--------------------------	---

BACK

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Unit Number: [ ] State: [ ]

**NCS**

Unit Type:  MV  B  P  E (train)

City: [ ] State: [ ] Zip: [ ]

Driver Condition: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑨⑨

Interlock:  Yes  No  Refused  Not offered (Submit Results To FARS When Available)

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results: [ ]

Drugs:  Yes  No Test Type:  Blood  Urine Test Results: [ ]

Vehicle Description: Make [ ] Model [ ] Color [ ] Year [ ]

Location of Greatest Damage: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

Extent of Damage: [ ] Driveable:  Yes  No

Vehicle Type:  PA  VA  PU  ST  CY  MO  GC  SM  OR  Other  Truck/Bus  Complete Restriction Section

Vehicle Direction:  North  South  East  West

Special Vehicles: ① ② ③ ④ ⑤ ⑥

Private Trailer Type: ① ② ③ ④ ⑤ ⑥ ⑦

Vehicle Defect: ① ② ③ ④ ⑤ ⑥

Vehicle Use: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪

Passenger Information (Repeating):

Name: [ ] Date of Birth: [ ] Sex:  M  F Position: [ ] Restraint: [ ] Hospital: [ ] Ambulance: [ ] Ejected:  Yes  No Trapped:  Yes  No

**Unit Reported on Front**

Action Prior	First	Second	Third	Fourth
	01	01	02	04
Most Harmful	(M)	(M)	(M)	(M)

**Unit Reported Above**

Action Prior	First	Second	Third	Fourth
Most Harmful	(M)	(M)	(M)	(M)

Unit Number: [ ]

City: [ ] State: [ ] Zip: [ ]

Carrier Source:  Papers  Vehicle  Log Book  Driver

Driver's CDL Type:  A  C  B  None  H  P  T  N  S  O  X

CDL Restrictions:  Interstate  Intra (MI Only)  28  29  30

CDL Exempt:  Farm  Other

Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

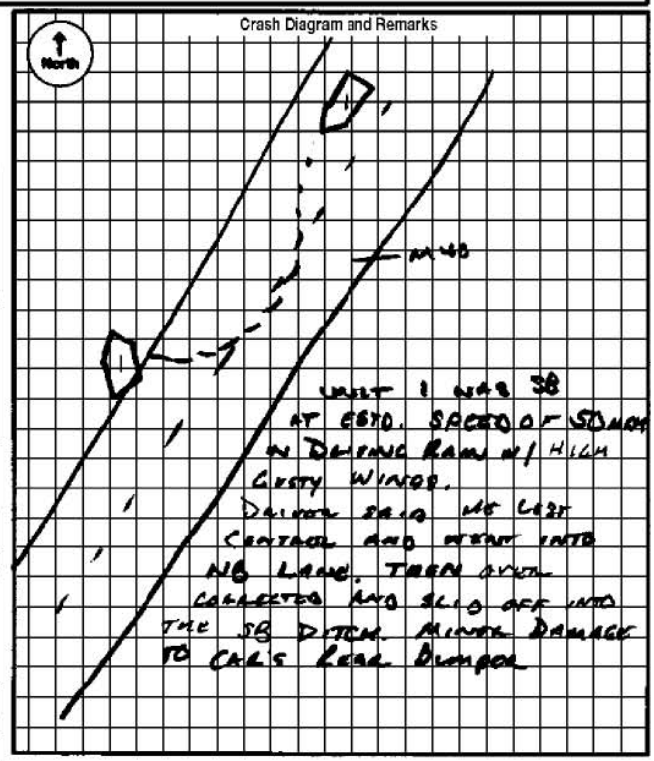
Hazardous Material:  Placard  Cargo Spill Class # [ ]

Truck/Bus Information (Repeating):

Type & Axles Per Unit: [ ] [ ] [ ] [ ]

Cargo Body Type: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

Investigated at Scene:   N



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **9301**

ORI: **MI-3203300**

Department Name  
**Michigan State Police, BAR #24-33**

Incident Disposition  
 Open  Closed

Review **B**

Crash Date  
Month **06** Day **17** Year **2007**  
Crash Time  
Military **1455** No. of Units **01**

Crash Type  
 Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Sideswipe-Same  
 Sideswipe-Opposite  
 Other/Unknown

Special Circumstances  
 None  
 School Bus  
 Hit and Run  
 Fleeing Police  
 Local  
 State  
Weather  
(Mark Only One)  
 Clear  
 Cloudy  
 Fog/Smoke  
 Rain  
 Other/Unknown  
Light  
(Mark Only One)  
 Daylight  
 Dawn  
 Dusk  
 Dark-Lighted  
 Dark-Unlighted  
 Other/Unknown  
Road Condition  
(Mark Only One)  
 Dry  
 Wet  
 Icy  
 Snowy  
 Muddy  
 Slushy  
 Debris  
 Other/Unknown

Special Checks  
 Fatal (Report All)  
 Corrected Copy  
 Replace (Entire Report)  
 Delete (Entire Report)  
 Non-Traffic Area  
 ORV/Snowmobile  
Area **10** Total Lanes **2**  
Speed Limit **55** Posted  Yes  No

Traffic Control  
 None of These  
 Signal  
 Stop Sign  
 Yield Sign  
Relation to Roadway  
(Location of First Impact)  
 Shoulder  
 Outside of Shoulder/Curb  
 On Road  
 Median  
 Gore  
 Other/Unknown

Construction Zone (if applicable)  
(Mark One From Each Group)  
Type  
 Const./Maint.  
 Utility  
Lane Closed  
 Yes  
 No  
Activity  
 On Road  
 Off Road  
 None

Prefix **M53** Road Name  
Distance **5** FT  North  East  Beginning of Ramp  
 MI  South  West  End of Ramp

Divided Roadway  (N)  (S)  (E)  (W)  
Road Type **Road** Suffix  
Trafficway  2  3  4  
Access Control  2  3

Prefix **Bach** Intersecting Road  
Divided Roadway  (N)  (S)  (E)  (W)  
Road Type **Road** Suffix

Unit Number **1** State **MI** Date of Birth **07/07/1962**  
Unit Type  
 MV  
 B  
 P  
 E (train)  
City **Fran** State **MI** Zip **48026**

License Type  
 O  CY  
 C  F  
 M  R  
Sex  
 M  
 F  
Total Occup **04** Hazard Action **00**  
Injury  
 K  
 A  
 B  
 C  
 O  
Position **01** Restraint **04**  
Hospital **None**  
Ambulance **None**  
Ejected  Yes  No  
Trapped  Yes  No  
Airbag Deployed  Yes  No  
Citation Issued  
Hazardous   
Other

Driver Condition  
 Yes  No  
Interlock  Yes  No  
Alcohol  Yes  No  
Test Type  Field  PBT  Breath  Blood  Urine Test Results

Drugs  Yes  No  
Test Type  Blood  Urine Test Results  
Vehicle Description  
Make **Chevy** Model **W0N** Color **Blk** Year **07**  
Vehicle Type  
 PA  CY  OR  
 VA  MO  Other  
 PU  GC  Truck/Bus  
 ST  SM  
Vehicle Direction  
 North  
 South  
 East  
 West  
Special Vehicles  1  2  3  
 4  5  6  
Private Trailer Type  1  2  3  4  5  6  7  
Vehicle Defect  1  2  3  4  5  6  
Vehicle Use  2  3  4  5  6  7  8  9  10  11

Location of Greatest Damage  
 0  1  2  3  4  5  6  7  8  9  10  11  12  
First Impact **08** Extent of Damage **1** Drivable  Yes  No

Injury  K  A  B  C  O  
Airbag Deployed  Yes  No  Not Equipped

Date of Birth  
Sex  M  F  
Position  
Restraint  
Hospital  
Ambulance  
Ejected  Yes  No  
Trapped  Yes  No

Injury  K  A  B  C  O  
Airbag Deployed  Yes  No  Not Equipped

Date of Birth  
Sex  M  F  
Position  
Restraint  
Hospital  
Ambulance  
Ejected  Yes  No  
Trapped  Yes  No

Injury  K  A  B  C  O  
Airbag Deployed  Yes  No  Not Equipped

Date of Birth  
Sex  M  F  
Position  
Restraint  
Hospital  
Ambulance  
Ejected  Yes  No  
Trapped  Yes  No

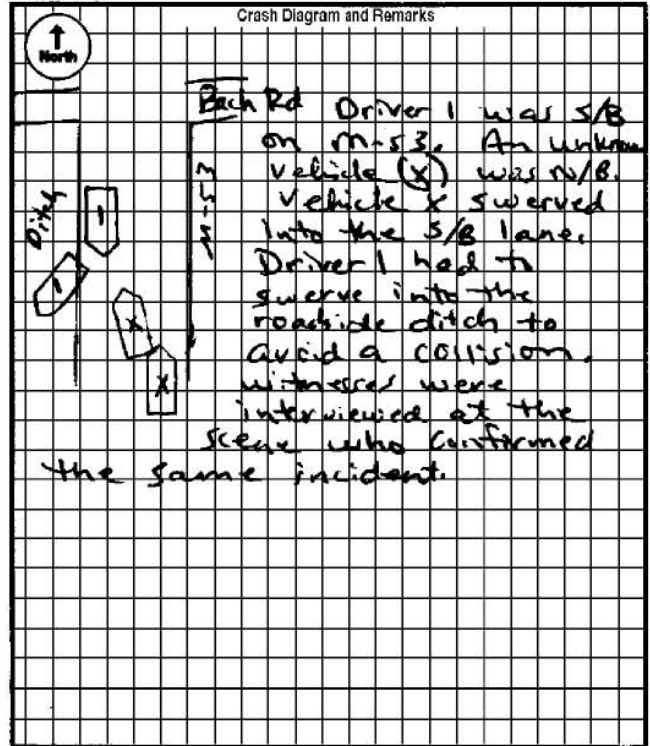
Age Pos Rest  
Age Pos Rest

Damaged Property Public  Y  N

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Unit Number	State	Date of Birth		License Type	Sex	Total Occup	Hazard Action
<b>NCS</b>				<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	<input type="radio"/> M <input type="radio"/> F		
Unit Type				Injury	Position	Restraint	Hospital
<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)				<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Driver Condition				Ejected Trapped			Ambulance
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				<input type="radio"/> Yes <input type="radio"/> No			
Interlock				Airbag Deployed			Citation Issued
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Hazardous <input type="radio"/> Other
Alcohol				Test Type			
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine			
Drugs				Test Results			
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Blood <input type="radio"/> Urine			
Vehicle Description		Make	Model	Color	Year		
Location of Greatest Damage				Vehicle Type	Vehicle Direction	Special Vehicles	Private Trailer Type
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12				<input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section)	<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
First Impact	Extent of Damage	Driveable					
		<input type="radio"/> Yes <input type="radio"/> No					
Date of Birth		Sex	Position	Restraint	Hospital		
		<input type="radio"/> M <input type="radio"/> F			Ambulance		
Injury		Ejected	Trapped				
<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No				
Airbag Deployed							
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped							
Date of Birth		Sex	Position	Restraint	Hospital		
		<input type="radio"/> M <input type="radio"/> F			Ambulance		
Injury		Ejected	Trapped				
<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No				
Airbag Deployed							
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped							
Age		Pos.	Rest.				

<p><b>Unit Reported on Front</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Action Prior</th> <th colspan="4">Sequence of Events</th> </tr> <tr> <td></td> <td>First</td> <td>Second</td> <td>Third</td> <td>Fourth</td> </tr> <tr> <td></td> <td>01</td> <td>20</td> <td>35</td> <td></td> </tr> <tr> <td>Most Harmful</td> <td>(M)</td> <td>(M)</td> <td>(M)</td> <td>(M)</td> </tr> </table>	Action Prior	Sequence of Events					First	Second	Third	Fourth		01	20	35		Most Harmful	(M)	(M)	(M)	(M)	<p><b>Unit Reported Above</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Action Prior</th> <th colspan="4">Sequence of Events</th> </tr> <tr> <td></td> <td>First</td> <td>Second</td> <td>Third</td> <td>Fourth</td> </tr> <tr> <td>Most Harmful</td> <td>(M)</td> <td>(M)</td> <td>(M)</td> <td>(M)</td> </tr> </table>	Action Prior	Sequence of Events					First	Second	Third	Fourth	Most Harmful	(M)	(M)	(M)	(M)
Action Prior	Sequence of Events																																			
	First	Second	Third	Fourth																																
	01	20	35																																	
Most Harmful	(M)	(M)	(M)	(M)																																
Action Prior	Sequence of Events																																			
	First	Second	Third	Fourth																																
Most Harmful	(M)	(M)	(M)	(M)																																
Unit Number																																				
City				State																																
Zip				GVWR																																
Carrier Source																																				
<input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver																																				
Driver's CDL Type																																				
<input type="radio"/> A <input type="radio"/> C <input type="radio"/> B <input type="radio"/> None <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only)		<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X																																		
CDL Exempt		CDL Restrictions																																		
<input type="radio"/> Farm <input type="radio"/> Other		<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30																																		
Vehicle Type																																				
<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS																																				
Medical Card																																				
<input type="radio"/> Y <input type="radio"/> N		Hazardous Material																																		
		<input type="radio"/> Placard <input type="radio"/> Cargo Spill																																		
Class #																																				
Type & Axles Per Unit																																				
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8																																				
Cargo Body Type																																				
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8																																				
Investigated at Scene																																				
<input type="radio"/> Yes <input type="radio"/> No																																				



**EXAMPLE OF ANGLE “TARGET” CRASHES**

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1

ORI: MI-2918900

Department Name BRATNOT CO. SHERIFF'S OFFICE

Incident Disposition:  Open  Closed  
Reviewer

Crash Date: 01/07/2005  
Crash Time: 1630  
No. of Units: 02

Crash type:  
 Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Sideswipe-Same  
 Sideswipe-Opposite  
 Other/Unknown

Special Circumstances:  None  Deer  School Bus  Hit and Run  Fleeing Police  
Special Study:  Local  State  
Weather: (Mark Only One)  Clear  Severe Wind  Cloudy  Snow/Blowing Snow  Fog/Smoke  Sleet/Hail  Rain  Other/Unknown  
Light: (Mark Only One)  Daylight  Dark-Lighted  Dawn  Dark-Unlighted  Dusk  Other/Unknown  
Road Condition: (Mark Only One)  Dry  Snowy  Debris  Wet  Muddy  Other/Unknown  Icy  Slushy

Special Checks:  
 Fatal (Report All)  
 Corrected Copy  
 Replace (Entire Report)  
 Delete (Entire Report)  
 Non-Traffic Area  
 ORV/Snowmobile  
Area: 10 Total Lanes: 2  
Speed Limit: 55 Posted:  Yes  No

County: 29  
City/twp: 12  
Traffic Control:  None of These  
 Signal  
 Stop Sign  
 Yield Sign  
Relation to Roadway: (Location of First Impact)  Shoulder  Outside of Shoulder/Curb  
 On Road  Median  Gore  Other/Unknown  
Construction Zone (if applicable): (Mark One From Each Group)  
Type:  Const./Maint.  Utility  
Lane Closed:  Yes  No  
Activity:  On Road  Off Road  None

Prefix: Road Name: MONROE  
Divided Roadway: (N) (S) (E) (W)  
Road Type: RD  
Distance: 1  
Intersecting Road: ENNIS  
Road Type: RD

Unit Number: 1  
State: MI  
Date of Birth: 08/02/1931  
License Type:  O  CY  C  F  M  R  
Sex:  M  F  
Total Occup: 01  
Hazard Action: 16  
Injury:  K  A  B  C  O  
Position: 01  
Restraint: 04  
Hospital: 290010  
Ambulance: 291007  
Airbag Deployed:  Yes  No  
Citation Issued:  Hazardous  Other

Vehicle Description: DODGE CARAVAN Burgandy 2002  
Location of Greatest Damage: 03  
Vehicle Type:  PA  CY  OR  VA  MO  Other  PU  GC  Truck/Bus  ST  SM  
Vehicle Direction:  North  South  East  West  
Special Vehicles: 1 2 3 4 5 6  
Private Trailer Type: 1 2 3 4 5 6 7  
Vehicle Defect: 1 2 3 4 5 6  
Vehicle Use: 1 2 3 4 5 6 7 8 9 10 11

Passengers:  
Injury:  K  A  B  C  O  
Airbag Deployed:  Yes  No  Not Equipped  
Date of Birth: Sex: Position: Restraint: Hospital: Ambulance: Ejected: Trapped: Yes/No

Age Pos. Rest.

Age Pos. Rest.

Damaged Property Public:  Yes  No



Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Unit Number 2 State MI

**NCS**

Unit Type:  MV  B  P  E (train)

City ALMA State MI Zip 48801

Driver Condition:  1  2  3  4  5  6  7  8  9  10

Interlock:  Yes  No  Refused  Not offered

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine

Drugs:  Yes  No Test Type:  Blood  Urine

Date of Birth: 10071985 License Type:  O  CY  C  F  M  R Sex:  M  F Total Occup: 01 Hazard Action: 00

Injury:  K  A  B  C  O Ejected:  Yes  No Trapped:  Yes  No

Airbag Deployed:  Yes  No Citation Issued:  Hazardous  Other

Vehicle Description: FORD Model: TEMPO Color: BLUE Year: 1994

Location of Greatest Damage:  1  2  3  4  5  6  7  8  9  10  11  12

First Impact: 01 Extent of Damage: 7 Drivable:  Yes  No

Vehicle Type:  PA  VA  PU  ST  CY  MO  GC  SM  OR  Other  Truck/Bus  Complete Truck/Bus Section

Vehicle Direction:  North  South  East  West

Special Vehicles:  1  2  3  4  5  6 Private Trailer Type:  1  2  3  4  5  6  7

Vehicle Defect:  1  2  3  4  5  6

Vehicle Use:  1  2  3  4  5  6  7  8  9  10  11

Injury:  K  A  B  C  O Airbag Deployed:  Yes  No  Not Equipped

Date of Birth: Sex: Position: Restraint: Hospital: Ambulance: Ejected: Trapped:

Age Pos. Rest. Age Pos. Rest.

**Unit Reported on Front**

Action Prior	First	Second	Third	Fourth
	0	1	0	2
Most Harmful	(M)	(M)	(M)	(M)

**Unit Reported Above**

Action Prior	First	Second	Third	Fourth
	0	1	1	7
Most Harmful	(M)	(M)	(M)	(M)

Unit Number: 2

City: ALMA State: MI Zip: 48801

Carrier Source:  Papers  Vehicle  Log Book  Driver

Driver's CDL Type:  A  C  B  None  H  P  T  N  S  X

CDL Exempt:  Farm  Other

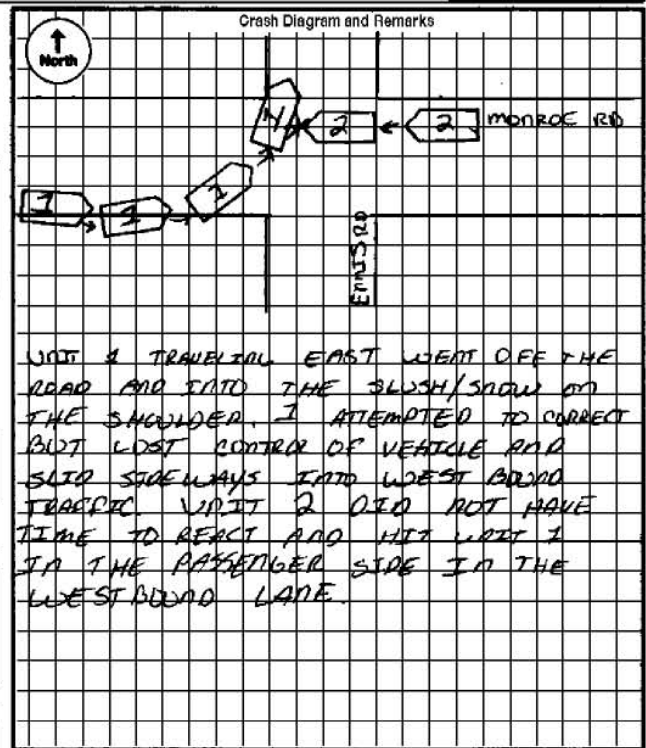
Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

Hazardous Material:  Placard  Cargo Spill

Class #

Investigated at Scene:  (N)



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-8307600

Department Name MI STATE POLICE #76

Incident Disposition:  Open  Closed  
Reviewer: [Signature]

Crash Date Month: 01 Day: 15 Year: 2007		Crash Time Military: 1945		No. of Units 02		Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input checked="" type="radio"/> Angle <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/Unknown		Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County: 83	Traffic Control <input type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign		Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input checked="" type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Area: 10		Total Lanes: 2
Construction Zone (if applicable) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Road Condition (Mark Only One) <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input checked="" type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		Speed Limit: 55		Posted: <input type="radio"/> Yes <input type="radio"/> No					

Prefix: M-55		Road Name		Divided Roadway: (N) (S) (E) (W)		Road Type		Suffix		
Distance: 1/2	<input type="radio"/> FT <input checked="" type="radio"/> MI		<input type="radio"/> North <input checked="" type="radio"/> East <input type="radio"/> South <input type="radio"/> West		Beginning of Ramp <input type="radio"/> End of Ramp		Tollway: ① ② ③ ④		Access Control: ① ② ③	
Prefix: 7 MI		Intersecting Road		Divided Roadway: (N) (S) (E) (W)		Road Type		Suffix		

Unit Number: 1	State: MI	Date of Birth: 12/2/1953	License Type: <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup: 02	Hazard Action: 01
Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City: MT. PLEASANT	State: MI	Zip: 48858	Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> O	Position: 01	Restraint: 04
Driver Condition: ②	Interlock: <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused: <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered: <input type="radio"/> Yes <input checked="" type="radio"/> No	Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No	Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No
Alcohol: <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type: <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Drugs: <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type: <input type="radio"/> Blood <input type="radio"/> Urine	Citation Issued: <input type="radio"/> Hazardous <input type="radio"/> Other	Hospital: MERCY E.R.	
				Ambulance: NORTHFLIGHT EMS		

Vehicle Description: FORD PICKUP		Color: BLUE	Year: 2004	Vehicle Type: <input type="radio"/> PA <input type="radio"/> VA <input checked="" type="radio"/> PU <input type="radio"/> ST		Vehicle Direction: <input type="radio"/> North <input type="radio"/> South <input checked="" type="radio"/> East <input type="radio"/> West		Special Vehicles: ① ② ③ ④ ⑤ ⑥		Private Trailer Type: ① ② ③ ④ ⑤ ⑥ ⑦	
Location of Greatest Damage: ③		First Impact: 03		Extent of Damage: 6		Driveable: <input type="radio"/> Yes <input checked="" type="radio"/> No		Vehicle Defect: ① ② ③ ④ ⑤ ⑥		Vehicle Line: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪	
Date of Birth: 11/14/1985		Sex: <input type="radio"/> M <input checked="" type="radio"/> F	Position: 03	Restraint: 04	Hospital: MERCY ER		Ambulance: NORTHFLIGHT EMS		Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No		Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No
Date of Birth:		Sex: <input type="radio"/> M <input type="radio"/> F	Position:	Restraint:	Hospital:		Ambulance:		Ejected: <input type="radio"/> Yes <input checked="" type="radio"/> No		Trapped: <input type="radio"/> Yes <input checked="" type="radio"/> No

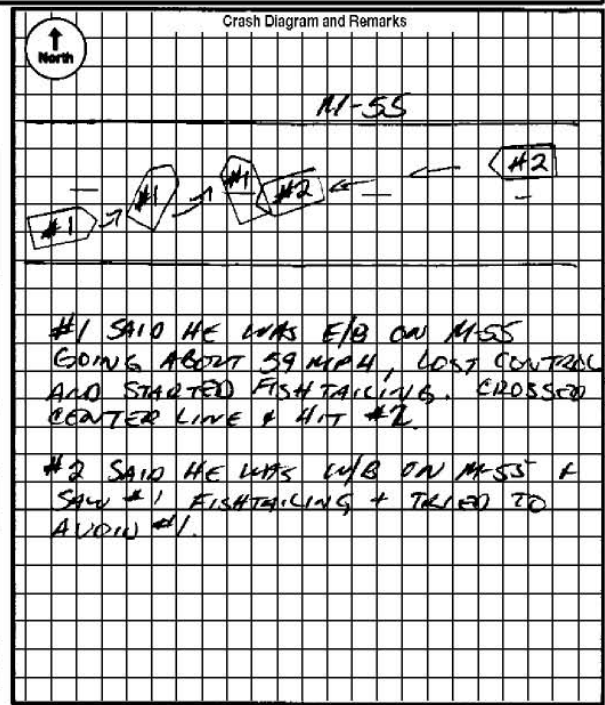
Age:	Pos.:	Rest.:
Age:	Pos.:	Rest.:
Damaged Property:		Public: <input type="radio"/> Y <input type="radio"/> N

BACK

Unit Number <u>2</u> State <u>MI</u>		Date of Birth <u>02/14/1953</u>	License Type <input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup <u>01</u>	Hazard Action <u>00</u>
<b>NCS</b>		Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <u>01</u>	Restraint <u>04</u>	Hospital <input type="radio"/> Yes <input type="radio"/> No
City <u>KALAMAZOO</u> State <u>MI</u> Zip <u>49014</u>		Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Ejected Trapped <input type="radio"/> Yes <input type="radio"/> No	Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No	Citation Issued <input type="radio"/> Yes <input type="radio"/> No	Ambulance <input type="radio"/> Yes <input type="radio"/> Not Equipped
Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No		Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Hazardous <input type="radio"/> Other <input type="radio"/>	
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results			
Vehicle Description <u>GMC</u> Make <u>VAN</u> Model <u>BT4</u> Color <u>2004</u> Year		Location of Greatest Damage <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input checked="" type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Vehicle Type <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM <input type="radio"/> OR <input type="radio"/> Other	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input checked="" type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
First Impact <u>02</u> Extent of Damage <u>6</u> Driveable <input type="radio"/> Yes <input checked="" type="radio"/> No		Vehicle Use <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11		Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
UNIT/DRIVER		Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint
PASSENGERS		Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped		Ejected <input type="radio"/> Yes <input type="radio"/> No		Trapped <input type="radio"/> Yes <input type="radio"/> No
		Age		Pos.	Rest.	
		Age		Pos.	Rest.	

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

<b>Unit Reported on Front</b>		<b>Unit Reported Above</b>	
Action Prior	Sequence of Events	Action Prior	Sequence of Events
<u>01</u>	<u>01 02 17</u>	<u>01</u>	<u>17</u>
Most Harmful	<input checked="" type="radio"/> (M) <input type="radio"/> (B) <input type="radio"/> (H)	Most Harmful	<input checked="" type="radio"/> (M) <input type="radio"/> (B) <input type="radio"/> (H)
Unit Number	City	State	Carrier Source
			<input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver
Zip	GVWR	Driver's CDL Type	CDL Restrictions
		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30
Type & Axles Per Unit	Medical Card	Vehicle Type	Hazardous Material
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS	<input type="radio"/> Placard <input type="radio"/> Cargo Spill
Cargo Body Type	Class #		
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8			
Investigated at Scene			
<input checked="" type="radio"/> <input type="radio"/> (N)			



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **9300-1**

ORI: **MI-7017000**

Department Name  
**Ottawa Co Sheriff's Office**

Incident Disposition  Open  Closed  
 Reviewer **MTD**

Crash Date Month <b>03</b> Day <b>10</b> Year <b>2005</b>	Crash Time Military <b>1540</b>	No. of Units <b>02</b>	Crash Type <input type="radio"/> Singl Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input checked="" type="radio"/> Angle <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/Unknown	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State	Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County <b>70</b>	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input checked="" type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown	Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Area <b>10</b>
Construction Zone (if applicable) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility	Lane Closed <input type="radio"/> Yes <input type="radio"/> No	Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None	Road Condition (Mark Only One) <input type="radio"/> Dry <input type="radio"/> Wet <input checked="" type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	Speed Limit <b>55</b>	Posted <input type="radio"/> Yes <input type="radio"/> No

Prefix	Road Name <b>LAKEMICHIGAN</b>	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type <b>DR</b>	Suffix
Distance <b>200</b>	<input checked="" type="radio"/> FT <input type="radio"/> MI <input type="radio"/> North <input checked="" type="radio"/> East <input type="radio"/> South <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp	Trafficway <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Access Control <input checked="" type="radio"/> 2 <input type="radio"/> 3	
Prefix	Intersecting Road <b>120 TH</b>	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type <b>AVC</b>	Suffix

Unit Number <b>1</b>	State <b>MI</b>	Date of Birth <b>0130/981</b>	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup <b>01</b>	Hazard Action <b>01</b>
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City <b>GRAND RAPIDS</b>	State <b>MI</b>	Zip <b>49503</b>	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <b>01</b>	Restraint <b>04</b>
Driver Condition <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered <input type="radio"/> Yes <input checked="" type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation issued Hazardous <input checked="" type="radio"/> Yes <input type="radio"/> No	Other <b>Too Fast</b>
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	

Vehicle Description <b>Honda Civic</b>	Make <b>Honda</b>	Model <b>Civic</b>	Color <b>Grey</b>	Year <b>1986</b>
Location of Greatest Damage <b>05</b>	Extent of Damage <b>5</b>	Driveable <input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West
Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Use <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11	Date of Birth
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Equipped	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint
Hospital	Ambulance	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No	

Age	Pos.	Rest.	
Age	Pos.	Rest.	
Damaged Property			Public <input type="radio"/> Y <input type="radio"/> N

BACK

Unit Number <b>2</b>	State <b>MI</b>	Date of Birth <b>09/10/1960</b>	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup <b>01</b>	Hazard Action <b>00</b>
<b>NCS</b>						
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City <b>GRANDHAVEN</b>	State <b>MI</b>	Zip <b>49417</b>	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <b>01</b>	Restraint <input type="radio"/> Yes <input type="radio"/> No
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered <input type="radio"/> Yes <input checked="" type="radio"/> No	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No	Hospital <input type="radio"/> Yes <input type="radio"/> No
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	Ambulance <input type="radio"/> Yes <input type="radio"/> No
Location of Greatest Damage <input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	First Impact <b>02</b>	Extent of Damage <b>2</b>	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Description <b>CHRY</b>	Make <b>SILVERADO</b>	Model <b>BLU</b>
Vehicle Type <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST	Vehicle Direction <input type="radio"/> North <input checked="" type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	Vehicle Use <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Year <b>1995</b>
Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance
Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance
Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

<b>Unit Reported on Front</b> Action Prior: <b>01</b> Sequence of Events: <b>0117</b> Most Harmful: <b>(M) (M) (M) (M)</b>		<b>Unit Reported Above</b> Action Prior: <b>0117</b> Sequence of Events: <b>0117</b> Most Harmful: <b>(M) (M) (M) (M)</b>	
Unit Number	City	State	Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver
Zip	GVWR	Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> B <input type="radio"/> None	CDL Restrictions <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only)
Type & Axles Per Unit	First	Second	Third
Cargo Body Type ID #	1	2	3
Investigated at Scene <input checked="" type="radio"/> <input type="radio"/> (N)			

