

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

External # 00233282 Crash ID 233282

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 Incident # 120003796 File Class 93001
 Incident Disposition CLOSED
 Reviewer DORSEY (00205)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI8183600		Department Name YPSILANTI PD									
Crash Date 03/19/2012	Crash Time 17:30	No. of Units 2	Crash Type 8-SIDESWIPE-SAME	Special Circumstances <input 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 <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile						
County 81 - WASHTENAW	Traffic Control NONE OF THESE	Relation to Roadway SHOULDER	Special Study	Weather OTHER/UNKNOWN	Area 13-NON-FRWY PARKING						
City/Twp 80 - YPSILANTI	Construction Zone (if applicable) Type	Lane Closed	Activity	Light OTHER/UNKNOWN	Road Condition OTHER/UNKNOWN	Total Lanes 2	Speed Limit 30	Posted YES			
LOCATION	Prefix N	Road Name HURON	Road Type ST	Suffix	Divided Roadway						
	Distance 200 FT N	Traffic Way 4-ONE-WAY TRAFFIC			Access Control 1-NO ACCESS CONTROL						
	Prefix W	Intersecting Road CROSS	Road Type ST	Suffix	Divided Roadway						
UNIT / DRIVER	Unit Number 1	Unit Known N	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action 14-UNKNOWN	
	Unit Type M	Driver Information				Injury	Position 9	Restraint	Hospital NONE		
	Driver Condition <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				Interlock NO	Ejected NO	Trapped NO	Airbag Deployed NOT EQUIPPED	Ambulance NONE		
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered 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 type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other Citation#:		
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN	Vehicle Description	Make	Model	Color			Year	Vehicle Type		
	Location of Greatest Damage 12	First Impact 12	Extent of Damage 0	Driveable YES	Vehicle Direction	Vehicle Use	Action Prior 36-UNKNOWN				
Sequence of Events * 18-PARKED MOTOR VEHICLE (* indicates MOST harmful event)	First	Second	Third	Fourth							
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
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	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC		USDOT	MPSC	
					Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> O <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second	Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
	Owner Information				Owner Information						
	Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:				Damaged Property						
					Public						
					Owner & Phone						