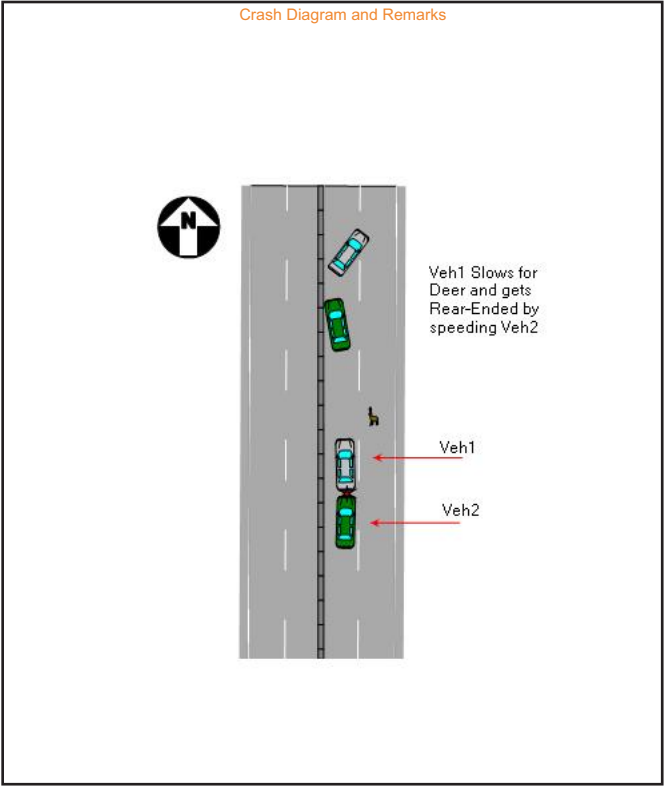


Unit Number 2	State MI	Driver License Number 902380	Date of Birth 08091945	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup 02	Hazard Action 01
NCS				Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)			
Name ROGER KYLE KENNEDY							
Street Address 9-1889 PERRY RD							
City FLINT State MI Zip 41584 (502) 4813181							
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 (Submit Results to FARS When Available)							
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 Registration 32342D3D553 State MI Insurance BB&R							
Towed To/By N/A							
VIN 15489816153861381 Vehicle Description HONDA Civic Model GREEN Year 2002							
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							
First Impact <input checked="" type="radio"/> 1 Extent of Damage <input checked="" type="radio"/> 2 <input type="radio"/> Yes <input type="radio"/> No							
Vehicle Type <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)							
Vehicle Direction <input checked="" 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 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							
Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped							
Citation Issued Hazardous <input type="radio"/> Other <input checked="" type="radio"/> SPEEDING							
First Name LEE				Date of Birth 0219950			
Middle MARGARET				Sex <input checked="" type="radio"/> M <input type="radio"/> F			
Last TAYLOR				Position 0303			
Street Address 9-1889 PERRY RD							
City FLINT							
State MI Zip 41584 Phone Number 5024813181							
Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No							
Hospital N/A Ambulance N/A							
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> O							
Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped							
First Name							
Date of Birth							
Sex <input type="radio"/> M <input type="radio"/> F							
Position							
Street Address							
City							
State Zip Phone Number							
Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No							
Hospital Ambulance							
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							
<input type="radio"/> Owner <input type="radio"/> Witness Name Address Phone Number Age Pos. Rest. <input type="radio"/> Uninjured Passenger <input type="radio"/> Owner <input type="radio"/> Witness Name Address Phone Number Age Pos. Rest. <input type="radio"/> Uninjured Passenger							

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

Do Not Write or Mark On This Side of The Line

Unit Reported on Front Action Prior 01 Sequence of Events First 20 Most Harmful <input checked="" type="radio"/> (M) <input type="radio"/> (M) <input type="radio"/> (M)		Unit Reported Above Action Prior 06 Sequence of Events First 012134 Most Harmful <input type="radio"/> (M) <input checked="" type="radio"/> (M) <input type="radio"/> (M)	
Unit Number			
Carrier Name			
Address			
City		State	
Zip		GVWR	
Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver			
ICCMC		Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> B <input type="radio"/> None	
USDOT		<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	
MPSC		CDL Restrictions <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30	
Type & Axles Per Unit		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
First Second Third Fourth		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	
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		Medical Card <input type="radio"/> Y <input type="radio"/> N	
ID #		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Class #			



UD-10 SERIAL NUMBER 6483185	Investigated at Scene <input checked="" type="radio"/> (N)	Reported Date/Time 5/13/2005 1540	Photos By TRENT HARDAKER
Investigator Name(s) & Badge # (Print Only) TRENT HARDAKER		C99	