



MIDLAND
COUNTY ROAD COMMISSION
2334 N. MERIDIAN ROAD
SANFORD, MI 48657

Phone (989) 687-9060
Fax (989) 687-9121
www.midlandroads.com

Eastman Road Corridor and Intersection Safety Improvements FY 2017 HRRR Safety Program Application Approval Notification

Application Date: August 13, 2015 • **Approved Notification:** March 2, 2016

Project Details:

Eastman Road from 510 feet south of Schneider Court north to 500 feet north of Bombay Road in Mills and Larkin Townships for a total of 0.50 miles. Construction of a center left turn lane, enclosed drainage and placement of curb and gutter.

Funding Approved:

<i>Construction Costs:</i>	\$600,000.00	90% Federal Funds (capped)
	\$60,000.00	10% Local Matching Funds (minimum)
	<hr/>	
	\$660,000.00	Total Construction Costs

<i>Engineering Costs:</i>	\$34,936.75	50% Federal Funds (capped) **
	\$34,936.75	50% Local Matching Funds (minimum)
	<hr/>	
	\$69,873.50	Total Engineering Costs

Total Federal Funds: \$634,936.75

Total Local Funds: \$94,936.75

Total Funding: \$729,873.50

Investment Time of Return: 5.73 Years

Project Timeline:

Engineering commencing by October 2016 (requested PE advancement 5/24/2016)
Construction commencing in Spring/Summer 2017

MDOT Contact Information:

Pamela Blazo, P.E., Safety Engineer
(517) 335-2224
blazop@michigan.gov

** Authorization and obligation must be completed prior to engineering costs being eligible

LOCAL SAFETY PROGRAM CALL FOR APPLICATIONS FUNDING YEAR 2017

NOTE TO USERS: Please be sure that all information is correct before submitting your application. Emails to MDOT cannot exceed 15mb. Applications received after August 14, 2015 will not be accepted. For assistance, please call (517)373-2224 or (517)335-2744.

Instructions: (This form requires Adobe Acrobat Standard or Professional and is not enabled for use in the free Adobe Reader. If you only have access to Adobe Reader, please submit paper documents.)

1. Complete the required application information below.
2. Click on ADD APPLICATION DOCS button to add your cover letter, 1627 form, UD-10s, TOR or HSM analysis documentation, maps, engineer's estimate and other supporting documents.
3. When you have finished, click on SAVE AS to keep a copy for each safety application you are submitting.
4. Click on SUBMIT to email your application to MDOT-DesignLAP@michigan.gov.

APPLICATION INFORMATION (REQUIRED)

Agency Name: Midland County Road Commission

Location: Eastman Road - 500' north of Bombay Road to 510' south of Schneider Court

Engineer's Estimate: \$699,735

Type of Work: Intersection Safety Improvements

(This form requires Adobe Acrobat Standard or Professional and is not enabled for use in the free Adobe Reader. If you only have access to Adobe Reader, please submit paper documents.)



MIDLAND
COUNTY ROAD COMMISSION
2334 N. MERIDIAN ROAD
SANFORD, MI 48657

Phone (989) 687-9060
Fax (989) 687-9121
www.midlandroads.com

August 12, 2015

Tracie Leix
Local Agency Program Engineer
425 W. Ottawa
Lansing, MI 48909

Re: 2017 Safety Application

Dear Tracie;

Thank you for having Heidi Spangler visit with us and review the safety issues throughout the county. Many of the lower cost fixes are underway with many more next year.

A large one that we are applying for is Eastman Road near Bombay Road. This entire corridor was identified along with the intersection area at Bombay Road.

Open field review and more investigation have shown the center left turn lane is the best fix for this area. At the same time it will fix roadside hazards, access management and correct super-elevations.

We thank you for the opportunity to apply for this grant and would greatly appreciate your support.

Sincerely,

Terence Palmer, P.E.
Managing Director

LOCAL AGENCY PROGRAMS SAFETY PROJECT SUBMITTAL FORM

FUNDING TEMPLATE:

FISCAL YEAR: 2017

LOCAL AGENCY Midland County Road Commission		LOCAL AGENCY CONTACT Russell Inman	
PHONE NO. (989) 687-9060	FAX NO. (989) 687-9121	EMAIL ADDRESS russ@midlandroads.com	
ALTERNATIVE CONTACT Terry Palmer		PHONE NO. (989) 687-9060	FAX NO. (989) 687-9121
EMAIL ADDRESS terry@midlandroads.com		HOUSE DISTRICT 98th District	SENATE DISTRICT 36th District

PROPOSED PROJECT LOCATION, LIMITS AND PROJECT DESCRIPTION

Eastman Road from 510 feet south of Schneider Court north to 500 feet north of Bombay Road in Larkin and Mills Townships for a total of 0.50 miles. Construction of a center left turn lane, enclosed drainage and placement of curb and gutter. Superelevation correction of the curves at the township border and asphalt paving.

PROPOSED COST \$699,735.00	TIME OF RETURN (YEARS) 5.73 years	IMPROVEMENT CATEGORY (CHECK THE CATEGORY THAT APPLIES) <input checked="" type="checkbox"/> Intersection Improvements <input checked="" type="checkbox"/> Roadway and Structure Improvements <input checked="" type="checkbox"/> Roadside Improvements <input checked="" type="checkbox"/> Pedestrian and Bicycle Improvements <input checked="" type="checkbox"/> Other <u>Superelevation and access management</u>
BENEFIT TO COST RATIO	TOWNSHIP/CITY Larkin and Mills Townships	
PLEASE LIST THE CRASH REDUCTION FACTORS USED: Side Swipe, Head on, Horizontal Curve, Rear End, Access Mgmt		
DOES A PROJECT IMPACT A SCHOOL OR OTHER SENSITIVE ORGANIZATION? PLEASE DESCRIBE:		

ROADWAY DATA		CROSS ROAD DATA (If an intersection improvement)	
PRIMARY ROUTE NAME Eastman Road		ROUTE NAME Bombay Road and Schneider Court	
ADT 4,481		ADT 1,240	
PERCENT COMMERCIAL 5.6%	*NO. OF CRASHES 25	PERCENT COMMERCIAL 10.5%	*NO. OF CRASHES 1
* NO. OF FATAL CRASHES	*NO. OF "A" TYPE CRASHES	*NO. OF FATAL CRASHES	*NO. OF "A" TYPE CRASHES
*PERIOD OF CRASH DATA 1/2010 to 12/2014	FUNCTIONAL CLASSIFICATION Major Collector / Primary	*PERIOD OF CRASH DATA 1/2010 to 12/2014	FUNCTIONAL CLASSIFICATION Primary and Local

*Please attach Crash Summary and UD-10's to your project submittal with the most recent 5 years of available data.

EXPLANATION OF HOW THE PROPOSED IMPROVEMENT WILL IMPROVE SAFETY AND REDUCE CRASHES

Access Management for driveways, center left turn lane for main accidents, enclosed drainage for fixed objects, superelevation for back to back curves at Bombay Road, 4' paved shoulders and 2' gutter pan for paved shoulders, and a place for pedestrians to walk and bike.

HAS YOUR LOCAL AGENCY RECEIVED APPROVAL OF A SAFETY PROJECT OR HRRR PROJECT THROUGH MDOT'S LAP UNIT IN THE PAST 5 YEARS?

☐ YES

☒ NO

☐ SAFETY PROJECT

☐ HRRR PROJECT

IF YES, HAVE ALL PROJECTS BEEN COMPLETED?

☐ YES

☐ NO

IF NO, PLEASE EXPLAIN WHY

Last approved safety project was in 2008 and it was built.

OTHER PROJECT CONSIDERATIONS

Just finished a Local Safety Initiative (LSI) and this is very high on the list. Other signing and pavement markings to be done in 2016.

COMPUTED BENEFITS DERIVED THROUGH CRASH REDUCTION

TOR FY 2017 (Local Agency)

Date: 12-Aug-15

Proj: Eastman rd

City/Twp.: Larkin and Mills twps

Prepared by: Terry Palmer

County: Midland

PR Number: 510' s of Schneider ct

PR MP: 500' n of E Bombay rd

The method of evaluating crash costs, used below, is given on page 67 of Roy Jorgensen's report of Highway Safety Improvement Criteria 1966 edition. This same method is given in the Bureau of Public Roads IM21-3-67. In 1994 we have adapted the Q formula to blend Fatalities and A-injuries only. In the following analysis the costs provided by the National Safety Council (NSC) are:

2013 NSC VALUES:

Death	\$1,500,000	=FATCOST
Disabling (A) injury:	\$80,700	=ACOST
B-Injury	\$28,600	=BCOST
PDO and/or Minor Injury Crash:	\$9,300	=PDOCCST

$BTOTAL = ADTa / ADTb \times (Q \times R1 + (BCOST \times R2) + (PDOCCST \times R3))$

WHERE:

BTOTAL=	Total Benefit in Dollars Over Years Used	381315
ADTa =	Average traffic volume after the improvement	1.1
ADTb =	Average traffic volume before the improvement	1.0
R1 =	Reduction in fatalities and A-Injuries Combined.	0.0
R2 =	Reduction in B-injury crashes:	11.0
R3 =	Reduction in PDO and C-injury crashes	3.6
Q =	$[FATCOST + ((I/F) \times ACOST)] / [1 + (I/F)]$	
=	$[1,210,000 + (5.16 \times 62,500)] / [1 + 5.16]$	311,100.0
	for AREA TYPE ERR	
I/F =		5.16

Q-Reference	Q	A-Injuries	Fatalities	I/F
RURAL	311100	6558	1271	5.1597168
URBAN	251200	9435	1288	7.3253106
BETWEEN	276500	15993	2559	6.2497069
Data from Safety Programs Unit, E. Line 5-Year, Statewide, Non-Trunkline crash figures. (From 1-1-10 through 12-31-14) used.				

Time of Return (T.O.R.) is based on 5.0 years of data.

NOINFB = No-Inflation Annual Benefit = BTOTAL / years 76263

With an inflation rate of 2.50%

B = Annual Benefit = Present Value (with Inflation) \$97,623

C = Project Cost \$559,788

TOR = C / B = COST / ANNUAL BENEFIT = 5.73

NUMBER OF CRASHES OR INJURED PERSONS.

		YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
		2010	2011	2012	2013	2014
Sideswipe opposite		20%		%REDUCTION		
Number of Crashes	0	0	0	0	0	1
PDO+C Injury Crashes	0	0	0	0	0	1
B-Injured Persons	0	0	0	0	0	0
A-Injured or Killed Persons	0	0	0	0	0	0
Center left turn land head on		50%		%REDUCTION		
Number of Crashes	0	1	1	2	0	0
PDO+C Injury Crashes	0	0	0	0	0	0
B-Injured Persons	0	3	2	4	0	0
A-Injured or Killed Persons	0	0	0	0	0	0
horizontal curve		30%		%REDUCTION		
Number of Crashes	0	1	1	3	0	0
PDO+C Injury Crashes	0	1	0	3	0	0
B-Injured Persons	0	0	1	0	0	0
A-Injured or Killed Persons	0	0	0	0	0	0
Center left turn lane rear end		80%		%REDUCTION		
Number of Crashes	1	2	2	1	0	0
PDO+C Injury Crashes	1	0	1	0	0	0
B-Injured Persons	0	3	1	2	0	0
A-Injured or Killed Persons	0	0	0	0	0	0
access management driveway related		15%		%REDUCTION		
Number of Crashes	2	3	3	1	1	1
PDO+C Injury Crashes	0	2	2	0	0	0
B-Injured Persons	2	2	2	1	2	2
A-Injured or Killed Persons	0	0	0	0	0	0

A-Injuries: 25 For reference only

Fatalities: 0 For reference only; "Q" accounts
for the risk of a fatality.

PROJECT COST ESTIMATE : \$559,788 If unknown, enter "0" (zero).

ADTb (before-volume) 1.0 You may change these

ADTa (after-volume) 1.1 default ADT values.

NUMBER OF YEARS OF DATA: 5.00 3 to 5 years should be used.

RATE OF INFLATION: 2.50%

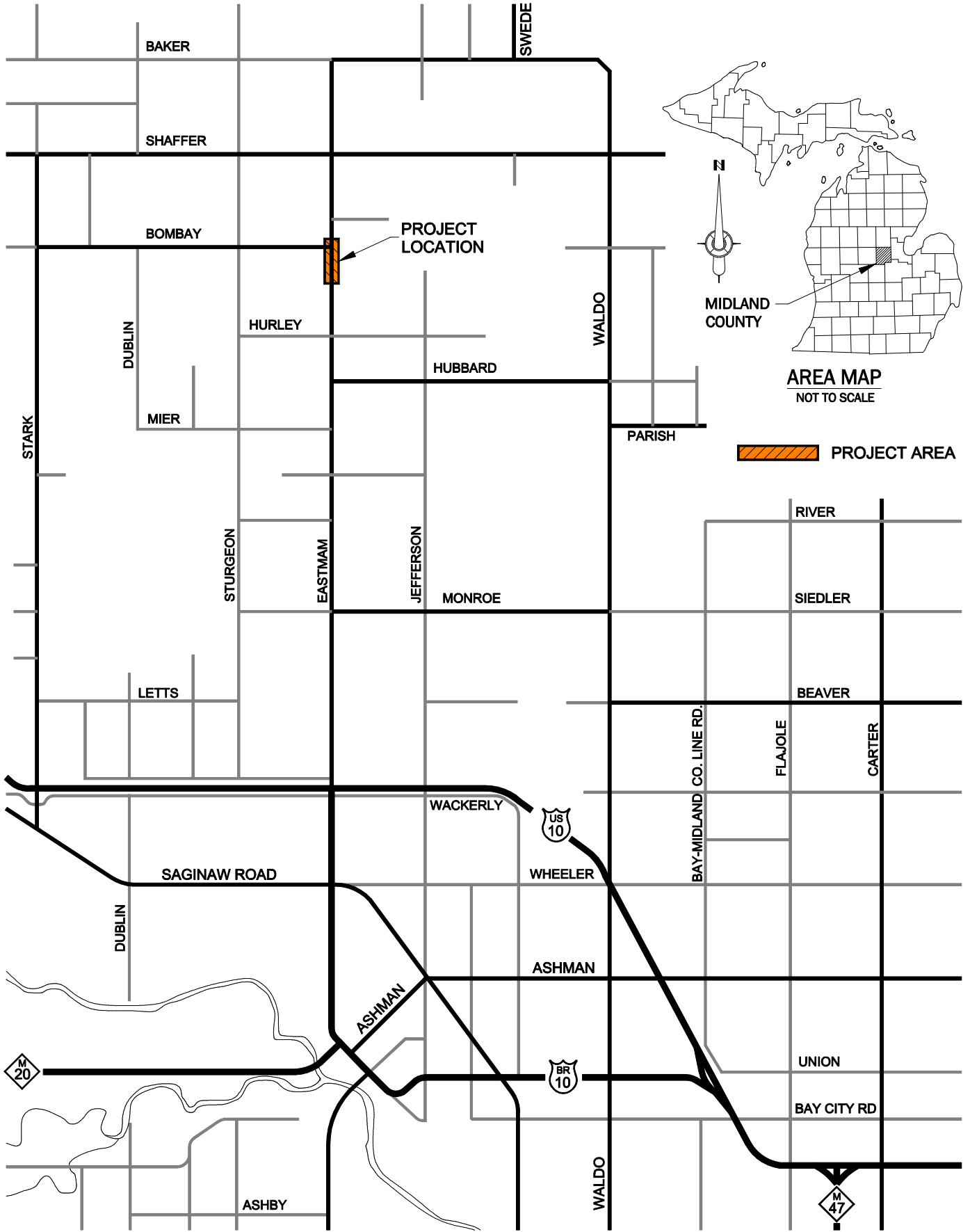
AREA TYPE: 1 (1 = RURAL, 2 = URBAN, 3 = BETWEEN)

REMARKS:

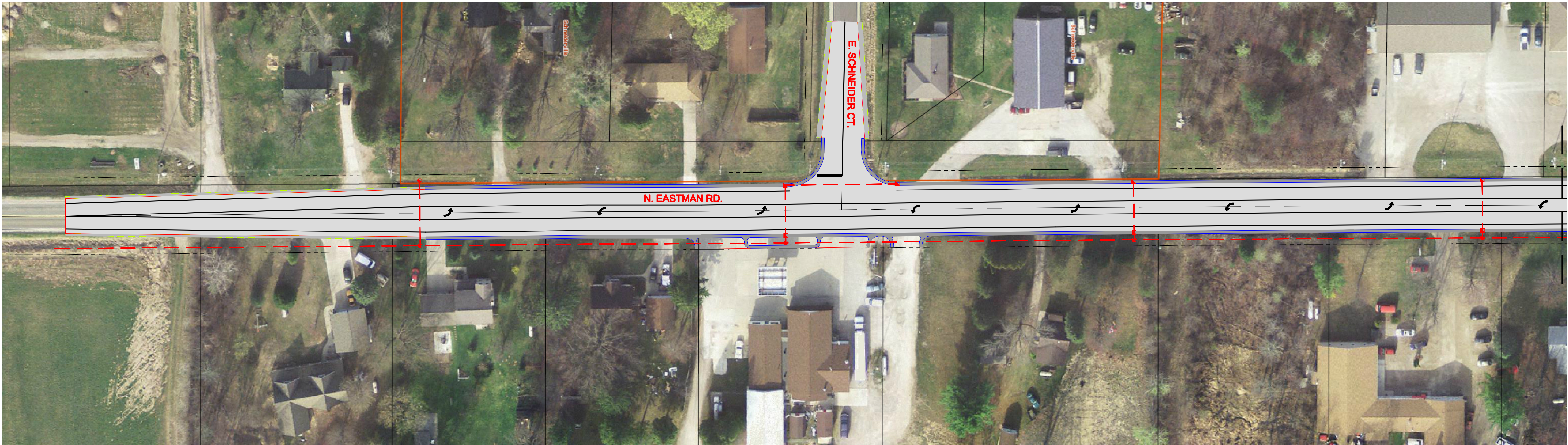
0	Eastman rd .6 miles of widening near e Bombay rd 510' s of Schneider ct 500' n of E Bombay rd Widening for center left turn lane and superelevation corr
---	--

EASTMAN ROAD - 2017 SAFETY GRANT APPLICATION
MIDLAND COUNTY ROAD COMMISSION

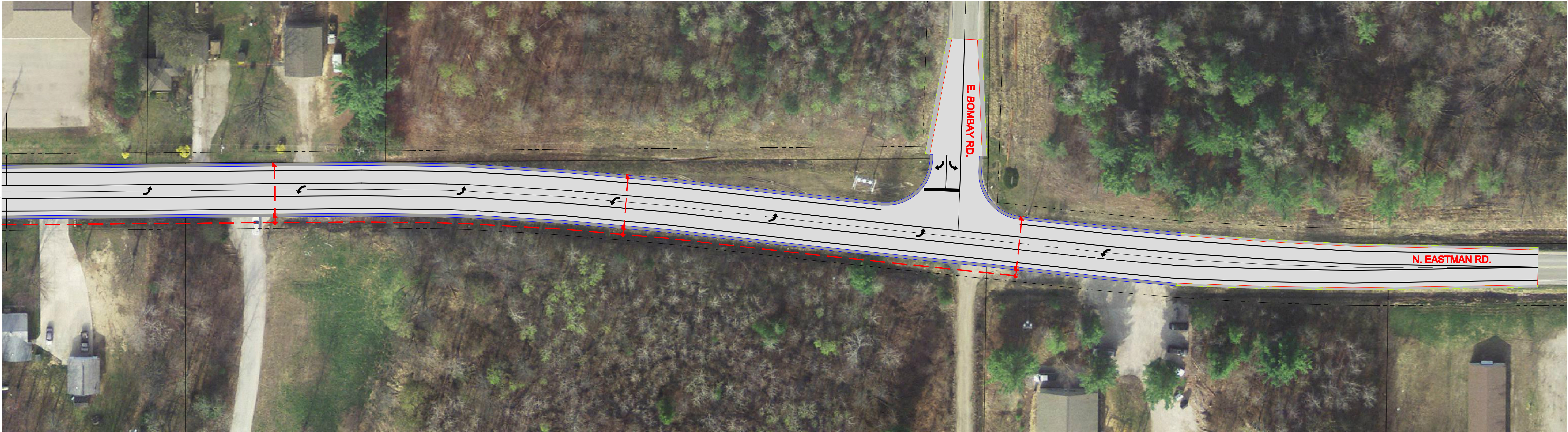
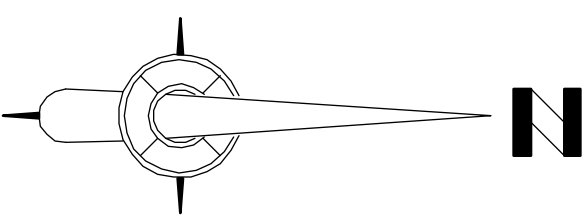
LOCATION MAP



T.15 N. - R.2 E. AND T.16 N. - R.2 E.
LARKIN AND MILLS TOWNSHIPS, MIDLAND COUNTY, MICHIGAN

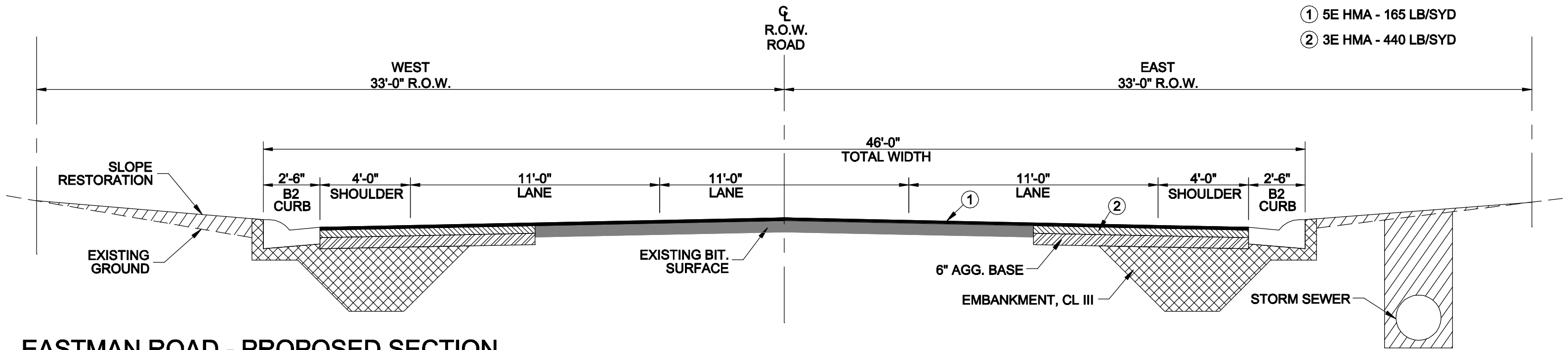


EASTMAN ROAD - PROPOSED PLAN VIEW
 SCALE: NOT TO SCALE



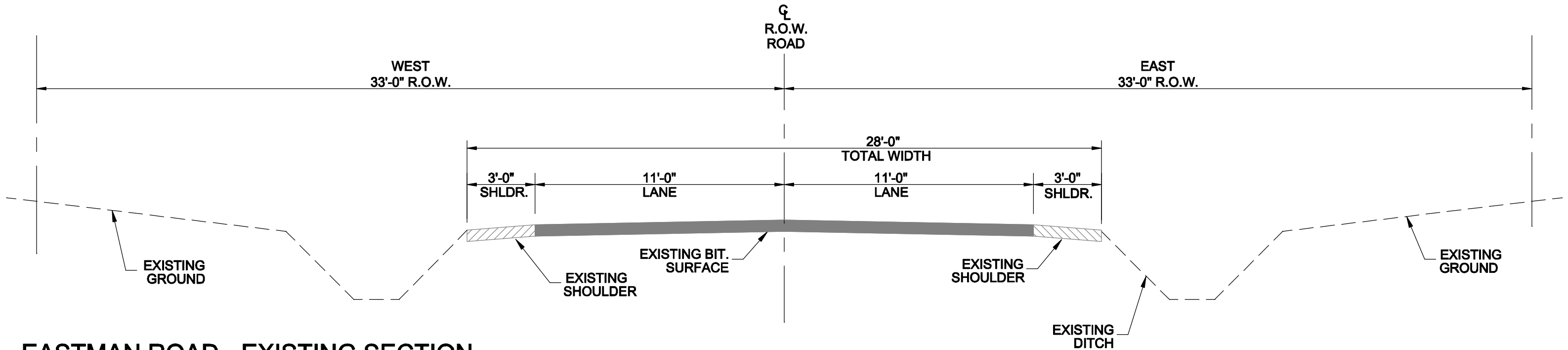
EASTMAN ROAD - PROPOSED PLAN VIEW
 SCALE: NOT TO SCALE

MIDLAND COUNTY ROAD COMMISSION
EASTMAN ROAD PROPOSED COORIDOR
AND INTERSECTION SAFETY IMPROVEMENTS
 SOUTH OF SCHNEIDER COURT TO NORTH OF BOMBAY ROAD
 LARKIN TOWNSHIP - MIDLAND COUNTY



EASTMAN ROAD - PROPOSED SECTION

SCALE: NOT TO SCALE



EASTMAN ROAD - EXISTING SECTION

SCALE: NOT TO SCALE

MIDLAND COUNTY ROAD COMMISSION

EASTMAN ROAD PROPOSED COORIDOR
AND INTERSECTION SAFETY IMPROVEMENTS

SOUTH OF SCHNEIDER COURT TO NORTH OF BOMBAY ROAD
LARKIN AND MILLS TOWNSHIPS - MIDLAND COUNTY

Engineer's Opinion of Costs

Project Number: 12345a
Estimate Number: 2: Eastman road bombay and south
Project Type: Miscellaneous
Location: Eastman Road
 Bombay Road south 1/2 mile
Description: widen to 3 lanes

Project Engineer: tp
Date Created: 8/13/2015
Date Edited: 8/13/2015
Fed/State #:
Fed Item:
Control Section:

Line	Pay Item	Description	Quantity	Units	Unit Price	Total
0001	1027051	_ Pavement Marking / Maintaining Traffic	1.000	LSUM	\$33,320.00	\$33,320.00
0002	1500001	Mobilization, Max. ____	1.000	LSUM	\$60,000.00	\$60,000.00
0003	2050010	Embankment, CIP	9,000.000	Cyd	\$6.00	\$54,000.00
0004	2050016	Excavation, Earth	4,000.000	Cyd	\$5.00	\$20,000.00
0005	3020016	Aggregate Base, 6 inch	7,000.000	Syd	\$6.15	\$43,050.00
0006	3070108	Shoulder, CI I, 6 inch	500.000	Syd	\$3.53	\$1,765.00
0007	4020004	Sewer, CI A, 12 inch, Tr Det A	612.000	Ft	\$32.50	\$19,890.00
0008	4020007	Sewer, CI A, 24 inch, Tr Det A	1,450.000	Ft	\$47.00	\$68,150.00
0009	4030200	Dr Structure, 24 inch dia	12.000	Ea	\$850.00	\$10,200.00
0010	4030210	Dr Structure, 48 inch dia	24.000	Ea	\$1,300.00	\$31,200.00
0011	4040073	Underdrain, Subgrade, 6 inch	8,500.000	Ft	\$3.26	\$27,710.00
0012	5010002	Cold Milling HMA Surface	13,000.000	Syd	\$2.20	\$28,600.00
0013	5010044	HMA, 3E1	1,400.000	Ton	\$70.00	\$98,000.00
0014	5010056	HMA, 5E1	1,250.000	Ton	\$65.00	\$81,250.00
0015	5010061	HMA Approach	200.000	Ton	\$85.00	\$17,000.00
0016	8020016	Curb and Gutter, Conc, Det B2	4,000.000	Ft	\$13.00	\$52,000.00
0017	8160062	Topsoil Surface, Furn, 4 inch	16,000.000	Syd	\$1.78	\$28,480.00
0018	8160100	Slope Restoration, Type A	16,000.000	Syd	\$1.57	\$25,120.00
Estimate Total: \$699,735.00						



MIDLAND
COUNTY ROAD COMMISSION
2334 N. MERIDIAN ROAD
SANFORD, MI 48657

Phone (989) 687-9060
Fax (989) 687-9121
www.midlandroads.com

The Managing Director reviewed the need to apply for a safety grant for Eastman Road from south of Schneider Court north .5 miles to north of E. Bombay Road in Larkin and Mills Townships.

Moved by Commissioners Terwillegar and Atton to adopt the following resolution:

WHEREAS, under the transportation bill SAFETEA-LU, the Local Safety Program Funds are available under a competitive based consideration, and

WHEREAS, projects are funded at 80% up to an amount not to exceed \$600,000, with a minimum 20% local match, and

WHEREAS, the Midland County Road Commission has selected Eastman Road near E. Bombay Road for widening to three lanes in Larkin and Mills Townships.

THEREFORE BE IT RESOLVED, that the Board of County Road Commissioners, County of Midland, authorizes Terence Palmer, Managing Director, to apply for these funds.

Roll Call.

Yeas: Commissioners Terwillegar, Sagle, Atton

Nays: None

Resolution Adopted.

I, Brenda M. Gordert, Clerk of the Board of County Road Commissioners, County of Midland, State of Michigan, do hereby certify that the foregoing is a true and correct copy of a resolution adopted by a 3/0 yea vote of all the Commissioners present at a regular board meeting of the Midland County Road Commission held on Thursday, August 13, 2015.

Brenda M. Gordert
Brenda M. Gordert, Clerk

August 13, 2015

Metropolitan Planning Organization

Midland Area Transportation Study

220 W. Ellsworth Street, Suite 326
Midland, MI 48640
Phone: (989) 832-6333



Email: info@midlandmpo.com
Website: www.midlandmpo.com

August 12, 2015

Mr. Terry Palmer, P.E.
Managing Director
2334 N. Meridian Road
Sanford, MI 48657

Re: Eastman Road center turn lane Local Safety Grant

Dear Mr. Palmer:

This letter is to state Midland Area Transportation Study's support for the safety grant submitted by the Midland County Road Commission for improvements to Eastman Road from south of Schneider Court to north of Bombay Road.

Eastman Road is one of the county's busiest roadways and a correctable accident pattern has been identified at Bombay Road area. Larkin and Mills Townships are experiencing residential growth which adds more traffic to this area. Constructing a center left turn lane and correcting the super-elevation on the curves will significantly improve the safety in this area.

MATS supports Midland County Road Commission in this application.

Sincerely,

Maja Bolanowska
MATs Director

File Class 93001

Incident Disposition

☐ Open ☒ Closed

Reviewer

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-0903100

Department Name

MSP Bay City Unit #31

Crash Date

Month Day Year
03 21 2010

Crash Time

Military
1717

No. of Units

01

County

56

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

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

☐ School Bus
☐ Hit and Run
☐ Local
☐ State

Weather

(Mark Only One)
☐ Clear
☒ Cloudy
☐ Fog/Smoke
☐ Rain
☐ Daylight
☐ Dawn
☐ Dusk
☐ Severe Wind
☐ Snow/Blowing Snow
☐ Sleet/Hail
☐ Other/Unknown

Light

(Mark Only One)
☒ Dry
☐ Wet
☐ Icy
☐ Snowy
☐ Muddy
☐ Slushy
☐ Debris
☐ 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

Prefix

Road Name

EASTMAN

Divided Roadway

(N) (S) (E) (W)

Road Type

Suffix

Distance

.50

Prefix

Intersecting Road

BOMBAY

Divided Roadway

(N) (S) (E) (W)

Road Type

RD

Suffix

Unit Number

1

State

MI

Date of Birth

07/10/1960

License Type

☒ O ☐ CY
☐ C ☐ F
☐ M ☐ R

Sex

☐ M
☒ F

Total Occup

01

Hazard Action

16

Unit Type

☒ MV
☐ B
☐ P
☐ E (train)

City

BENTLEY

State

MI

Zip

48613

Driver Condition

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 99

Interlock

☐ Yes ☒ No

Test Type

☐ Field ☐ PBT ☐ Breath ☐ Blood ☐ Urine

Test Results

Alcohol

☐ Yes ☒ No

Test Type

☐ Blood ☐ Urine

Test Results

Drugs

☐ Yes ☒ No

Test Type

☐ Blood ☐ Urine

Test Results

Injury

☐ K ☐ A ☐ B ☐ C ☐ O

Position

01

Restraint

04

Hospital

REFUSED

Ambulance

REFUSED

Ejected

☐ Yes ☐ No

Trapped

☐ Yes ☐ No

Airbag

☒ Deployed ☐ Not Equipped

Citation Issued

☒ Hazardous ☐ Other

CAUSELESS DRIVING

NO PROOF OF INSURANCE

Vehicle Description

LINCOLN

Make

LINCOLN

Model

4DR

Color

BLU

Year

2001

Location of Greatest Damage

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

First Impact

62

Extent of Damage

5

Driveside

☐ Yes ☒ No

Vehicle Type

☐ CY ☐ OR
☐ MO ☐ Other
☐ GC ☐ Truck/Bus
☐ 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

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

Date of Birth

Sex

☐ M ☐ F

Position

Restraint

Hospital

Ambulance

Ejected

☐ Yes ☐ No

Trapped

☐ Yes ☐ No

Age

Pos.

Res.

Age

Pos.

Res.

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	
Unit Type		City		State		Zip		Injury		Position		Restrained	
Driver Condition		Interlock		Alcohol		Test Type		Field		PBT		Breath	
Drugs		Test Type		Blood		Urine		Test Results		Ejected		Trapped	
Vehicle Description		Make		Model		Color		Year		Airbag Deployed		Not Equipped	
Location of Greatest Damage		Vehicle Type		Vehicle Direction		Special Vehicles		Private Trailer Type		Vehicle Defect		Vehicle Use	
First Impact		Extent of Damage		Driveable		PA		CY		OR		Other	
Injury		K		A		B		C		0		Airbag Deployed	
Yes		No		Not Equipped		Yes		No		Not Equipped		Yes	
Date of Birth		Sex		Position		Restrained		Hospital		Ambulance		Ejected	
Yes		No		Yes		No		Yes		No		Yes	
Date of Birth		Sex		Position		Restrained		Hospital		Ambulance		Ejected	
Yes		No		Yes		No		Yes		No		Yes	

Unit Reported on Front		Unit Reported Above	
Action Prior		Action Prior	
Sequence of Events		Sequence of Events	
First		First	
Second		Second	
Third		Third	
Fourth		Fourth	
Most Harmful		Most Harmful	
Unit Number		Unit Number	
City		State	
Zip		GVWR/GCWR	
Carrier Source		Driver's CDL Type	
Papers		A	
Vehicle		C	
Log Book		H	
Driver		P	
CDL Exempt		Farm	
Other		Other	
Vehicle Type		AS	
AL		BS	
CX		Other	
Type & Axles		First	
Second		Third	
Fourth		Medical Card	
Cargo Body Type		Hazardous Material	
ID #		Class #	

Crash Diagram and Remarks	
<p>VEH #1 WAS TRAVELING N/S ON EASTMAN WHEN SHE LOOKED DOWN @ SOMETHING IN HER VEH. SHE RAN OFF THE ROAD & HIT A PILE.</p>	
<p>CITED FOR CARELESS DRIVING & NO PROOF OF INSURANCE.</p>	

Investigated at Scene

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office							Reviewer TRACY THOMAS		
Crash Date 09/02/2010		Crash Time 10:35	No. of Units 02	Crash Type Angle		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None Hit and Run <input type="radio"/> Deer Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 56 - Midland		Traffic Control None		Relation to Roadway On Road		Special Study		Weather Cloudy		Area 12 - NON-FRWY Driveway	
City/Twsp 09 - Larkin Twp		Construction Zone (if applicable) Type Lane Closed Activity			Light Daylight		Road Condition Dry		Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 528 Feet S	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 03/09/1937 (73)	License Type ○ Operator ● Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield	
Unit Type MV	Driver Information ##### ##### AUBURN, MI 48611 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 02 03 04 05 06 07 08 09 099				Interlock No	Ejected	Trapped	Airbag Deployed Not Equipped		Ambulance NONE	
Alcohol ○ Yes ● No Test Type ○ Field				○ Refused ● Not offered ○ PBT ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ● Hazardous ○ Other		
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description FORD		Make VAN	Model	Color AME		Year 1995	Vehicle Type Van, motor home	
Location of Greatest Damage 02		First Impact 02	Extent of Damage 1	Driveable Yes	Vehicle Direction S	Vehicle Use 02 - Commercial(business)			Action Prior 14 - Entering roadway	
Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport	Second	Third	Fourth			

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
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		CDL Exempt	CDL Restrictions		
		OH	OP	OT	<input type="checkbox"/> Farm	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36					
		ON	OS	OX	<input type="checkbox"/> Other						
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #	Class #

OWNERS	Owner Information	Owner Information
	#####	
	#####	
	AUBURN, MI (###) ###-####	

Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name: #####		
Contact Date: ##/##/####	Owner & Phone	
Contact Time: ##.##		

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 05/15/1924 (86)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### BAY CITY, MI 48706 (###) ###-####				Injury B	Position 01	Restraint 04	Hospital MIDMICHIGAN MEDICAL CENTER - MIDLAND		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance MID MICHIGAN MEDICAL CENTER EMS		
	Alcohol ○ Yes ● No ○ Refused ● Not offered Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine				Drugs ○ Yes ● No Test Results ○ Blood ○ Urine				Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####	Vehicle Description BUICK	Make	Model LESABRE	Color BLU	Year 2004	Vehicle Type Passenger Car				
	Location of Greatest Damage 07	First Impact 07	Extent of Damage 3	Driveable No	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead		
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
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 ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #	
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes Reported Date (Time) ##/##/#### (##:##) 1st Investigator Name (Badge) ##### (#####) 2nd Investigator Name (Badge) ##### (#####) Photos By #####											
Narrative Unit 2 was southbound on Eastman Road when Unit 1 pulled out of the parking lot of Larkin Food Center at 4350 North Eastman Road and struck Unit 2. Driver of Unit 1 advised he was facing west in the south end of the parking lot and was going to turn south onto Eastman Road. Unit 1 could not make the turn but advised it was clear when he looked. Driver of Unit 1 then backed up to angle the vehicle in a southwest direction. Unit 1 then proceeded forward onto Eastman Road and did not see Unit 2 was coming at this point and struck it.					Diagram <p>North Eastman Road</p> <p>Parking Lot at Larkin Food Center 4350 N Eastman Rd</p>						

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office				Reviewer MIKE GOODALL			
Crash Date 09/14/2010	Crash Time 17:47	No. of Units 02	Crash Type Rear End-Left Turn	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 56 - Midland	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Clear	Area 07 - NON-FRWY in Intersection			
City/Twp 09 - Larkin Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 10 Feet S	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 02/01/1982 (28)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 12 - Unable to stop	
Unit Type MV	Driver Information ##### ##### ALGER, MI 48610 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance NONE		
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ○ PBT ● Not offered ○ Breath ○ Blood ○ Urine				Test Results		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ● Hazardous ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description BUICK		Make Model LESABRE	Color BLK		Year 2001	Vehicle Type Passenger Car		
Location of Greatest Damage 08		First Impact 08	Extent of Damage 2	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
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	CDL Exempt	CDL Restrictions
						OH OP OT ON OS OX		O Farm O Other	O 28 O 29 O 30 O 35 O 36	
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
		First	Second	Third	Fourth			O Placard O Cargo Spill		

OWNERS	Owner Information	Owner Information
	##### ##### (###) ###-####	

Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name: #####	Owner & Phone	
Contact Date: ##/##/####		
Contact Time: ##:##		

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 01/12/1967 (43)	License Type <input type="radio"/> Operator <input checked="" type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 03	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### HOPE, MI 48628 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	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 No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol O Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Test Results				Drugs O Yes <input type="radio"/> No <input type="radio"/> Test Results				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Test Type O Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Towed To/By #####				Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		State MI	Insurance / Policy # #####	Vehicle Make PONTIAC	Model MONTANA	Color WHI	Year 2004	Vehicle Type Passenger Car		
	Location of Greatest Damage 04		First Impact 04	Extent of Damage 1	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 02 - Turning left			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance			
	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 O H O P O T O N O S O 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 #	
OWNERS	Owner Information ##### HOPE, MI 48628 (###) ###-####					Owner Information					
	Witness Information					Witness Information					
WITNESS	Investigated at Scene Yes					Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####
	Narrative Vehicle 2 was north bound on North Eastman Road, and slowing to make a left/east turn on to East Bombay Road. Vehicle 1 was behind Vehicle 2. Driver 1 said he saw Vehicle 2 slow to make the turn, he said that he applied his brakes but that they did not engage immediately. Then suddenly the brakes locked and he began skidding. Vehicle 1 skidded in to the rear of vehicle 2. Vehicle 1 is equipped with anti-lock brakes that were not functioning properly allowing the vehicle to skid. I checked the operation of the brakes after the crash and the vehicle appeared to function properly. Driver 1 was cited for failure to stop in clear and assured distance.					Diagram 					

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office				Reviewer STEPHEN WOODS			
Crash Date 01/29/2011	Crash Time 13:37	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 56 - Midland	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Cloudy	Area 12 - NON-FRWY Driveway			
City/Twsp 13 - Mills Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Slushy	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix E	Road Name BOMBAY	Road Type RD	Suffix	Divided Roadway
	Distance 200 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix N	Intersecting Road EASTMAN	Road Type RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 02/24/1954 (56)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield	
Unit Type MV	Driver Information ##### ##### MIDLAND, MI 48642 (###) ###-####			Injury O	Position 01	Restraint 01	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Not Equipped		Ambulance NONE	
Alcohol ○ Yes ● No ○ Test Type ○ Field ○ Refused ● Not offered ○ PBT ○ Breath ○ Blood ○ Urine				Test Results			Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine		Citation Issued ● Hazardous ○ Other	
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 5	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description KUBOTA	Make B7610	Model ONG	Color ONG	Year	Vehicle Type Other			
Location of Greatest Damage	12	First Impact 02	Extent of Damage 0	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport			Second		Third		Fourth	

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance

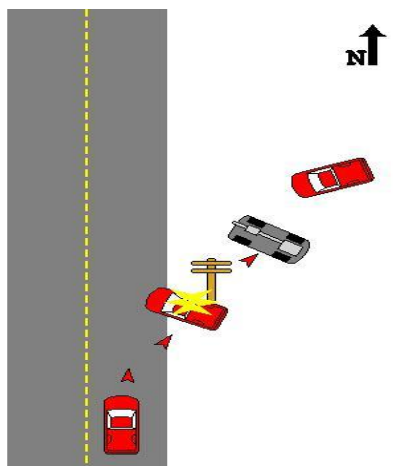
TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
						Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions		
							<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36			
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill			

OWNERS	Owner Information	Owner Information
	##### ##### MIDLAND, MI 48642 (###) ###-####	

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ###/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
--	---------------------------------------	--------

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 05/11/1994 (16)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### ##### BEAVERTON, MI 48612 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol ○ Yes ● No ○ Refused ● Not offered ○ PBT ○ Breath ○ Blood ○ Urine				Test Results		Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine		Test Results Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description JEEP		Make CHEROKEE	Model BLK	Color 1996	Vehicle Type Passenger Car		
	Location of Greatest Damage 01		First Impact 01	Extent of Damage 2	Driveable No	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)									
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
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 ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #
OWNERS	Owner Information ##### ##### BEAVERTON 48612 (###) ###-####					Owner Information				
WITNESS	Witness Information					Witness Information				
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####		
Narrative Unit 1 was just finishing up plowing out a driveway. Unit 1's bucket was facing out towards the road. Unit 1 said that he looked both ways and didn't see any traffic. Unit 1 then proceeded to back out of where he was stacking snow and crossed into the westbound lane. Unit 2 then struck unit 1. According to the driver of unit 2, unit 1 was was stacking snow at the end of the driveway and was already out into the eastbound traffic lane. Unit 2 slowed down to 20 mph because he wasn't sure what Unit 1 was doing. As Unit 2 continued on, Unit 1 then pulled into westbound traffic lane. Unit 2 slammed on the brakes but couldn't stop. Unit 1 was a Kubota tractor with no registration on it. Unit 1 driver was issued a fail to yield ticket S362280.					Diagram 					

Authority: 1949 PA 300, Sec.257 622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)				External # #####				Crash ID 7938922				Page 01 of 01 Incident # ##### File Class 93001										
STATE OF MICHIGAN TRAFFIC CRASH REPORT												Incident Disposition Closed										
ORI: MI 5615600				Department Name Midland Co Sheriff's Office								Reviewer GREG HALL										
Crash Date 02/11/2011		Crash Time 21:11		No. of Units 01		Crash Type Single Motor Vehicle		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run				Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile										
County 56 - Midland		Traffic Control None		Relation to Roadway Outside of shoulder/curb		Special Study		Weather Snow/Blowing Snow		Area 10 - NON-FRWY Straight roadway												
City/Twsp 09 - Larkin Twp		Construction Zone (if applicable) Type Lane Closed Activity				Light Dark-Unlighted		Road Condition Snowy		Total Lanes 02		Speed Limit 55		Posted Yes								
LOCATION	Prefix N		Road Name EASTMAN				Road Type RD		Suffix		Divided Roadway											
	Distance 1,320 Feet N		Traffic Way 01 - Not physically divided				Access Control 01 - No access control															
	Prefix N		Intersecting Road HURLEY				Road Type RD		Suffix		Divided Roadway											
UNIT/DRIVER	Unit Number 01		Unit Known Yes		State MI		Driver License Number #####		Date of Birth (Age) 01/09/1986 (25)		License Type <input checked="" type="radio"/> Operator <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex M		Total Occupants 01		Hazardous Action 01 - Speed too fast			
	Unit Type MV		Driver Information ##### BAY CITY, MI 48708 (###) ###-####						Injury B		Position 01		Restraint 04		Hospital MIDMICHIGAN MEDICAL CENTER - MIDLAND							
	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 No		Ejected		Trapped		Airbag Deployed Yes		Ambulance MID MICHIGAN MEDICAL CENTER EMS							
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <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 <input type="radio"/> Test <input type="radio"/> Blood <input type="radio"/> Urine		Test Results						Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration #####		State MI		Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0		Private Trailer Type		Vehicle Defect									
	VIN #####		Vehicle Description CHEVROLET		Make SILVERADO		Model RED		Year 2003		Vehicle Type Pickup truck											
	Location of Greatest Damage 00		First Impact 00		Extent of Damage 6		Driveable No		Vehicle Direction N		Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead									
	Sequence of Events (• indicates MOST harmful event)						First 01 - Loss of control		Second 04 - Ran off roadway-right		Third 06 - Overturn		Fourth •31 - Utility pole									
	PASSENGERS	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital				
										Injury		Airbag Deployed		Ejected		Trapped		Ambulance				
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital						
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance						
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital						
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance						
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital						
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance						
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital						
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance						
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"/> N <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 CONSUMERS POLE								Public No					
									Owner & Phone ##### (###) ###-####													

UNIT / DRIVER	Unit Number	Unit Known	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	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital		
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance		
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration		State	Insurance / Policy #		Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect
	VIN		Vehicle Description	Make	Model	Color	Year	Vehicle Type			
PASSENGERS	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior			
	Sequence of Events (● indicates MOST harmful event)				First	Second	Third	Fourth			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
TRUCK / BUS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
OWNERS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC		
	Driver's CDL Type				Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036				
WITNESS	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						
WITNESS	Witness Information				Witness Information						
	Investigated at Scene	Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)	2nd Investigator Name (Badge) ##### (#####)	Photos By #####					
Narrative Unit 1 nb eastman. Lost control on roadway, ran off roadway right, began to roll, struck telephone with roof of truck shearing pole in half, continued to roll over and came to rest in field.					Diagram 						

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office							Reviewer STEPHEN WOODS			
Crash Date 03/01/2011		Crash Time 11:44	No. of Units 02	Crash Type Head On-Left Turn		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None Hit and Run <input type="radio"/> Deer Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 56 - Midland		Traffic Control None		Relation to Roadway On Road		Special Study		Weather Clear		Area 12 - NON-FRWY Driveway		
City/Twsp 09 - Larkin Twp		Construction Zone (if applicable) Type Lane Closed			Activity		Light Daylight	Road Condition Dry		Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 2 Feet N	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road SCHNEIDER	Road Type CT	Suffix	Divided Roadway

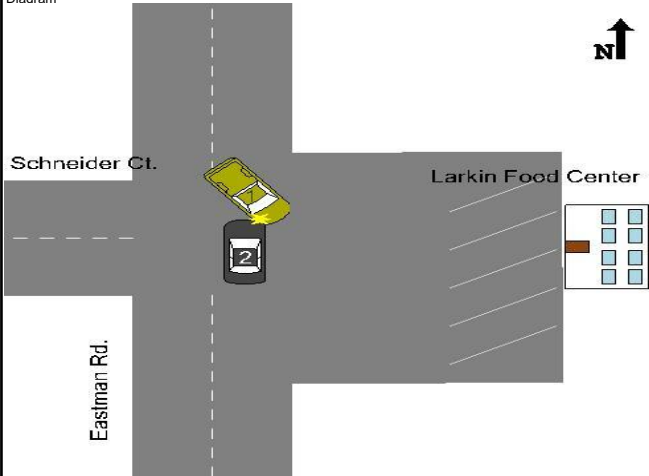
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 05/03/1986 (24)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield	
Unit Type MV	Driver Information ##### ##### GLADWIN, MI 48624 (###) ###-####			Injury ○	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes ● No Test Type ○ Field				○ Refused ● Not offered ○ PBT ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ● Hazardous ○ Other		
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description FORD		Make SRW	Model SUPER DUTY	Color TAN		Year 2002	Vehicle Type Pickup truck	
Location of Greatest Damage 02		First Impact 02		Extent of Damage 3	Driveable No	Vehicle Direction S	Vehicle Use 01 - Private		Action Prior 02 - Turning left	
Sequence of Events ● 17 - Motor veh in transport (● 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
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
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		CDL Exempt	CDL Restrictions	
		OH	OP	OT	<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36					
		ON	OS	OX							
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name: #####		
Contact Date: ##/##/####	Owner & Phone	
Contact Time: ##.##		

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 10/25/1987 (23)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### BEAVERTON, MI 48612 (###) ###-####				Injury C	Position 01	Restraint 04	Hospital MIDMICHIGAN MEDICAL CENTER - MIDLAND		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance MID MICHIGAN MEDICAL CENTER EMS		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				Drugs ○ Yes ● No Test Type ○ Blood ○ Urine				Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description CHEVROLET		Model MALIBU	Color GRY		Year 2004	Vehicle Type Passenger Car		
	Location of Greatest Damage 02		First Impact 02	Extent of Damage 5	Driveable No	Vehicle Direction N	Vehicle Use 02 - Commercial(business)		Action Prior 01 - Going Straight Ahead		
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information ##### MIDLAND, MI 48642 (###) ###-####				Date of Birth (Age) 07/06/1974 (36)	Sex F	Position 03	Restraint 04	Hospital MIDMICHIGAN MEDICAL CENTER - MIDLAND	
				Injury C	Airbag Deployed Yes	Ejected	Trapped	Ambulance MID MICHIGAN MEDICAL CENTER EMS			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
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 ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #	
OWNERS	Owner Information ##### BEAVERTON, MI 48612 (###) ###-####					Owner Information					
	Witness Information					Witness Information					
WITNESS	Investigated at Scene Yes					Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####
	Narrative 2 car pia Driver 1 stated he was SB on Eastman heading to Larkin Food Center. He stated that he didn't see the northbound unit 2 because of its gray color. Driver 1 stated that he began his left turn into the parking lot of the business and was struck by unit 2. Driver 1 admitted fault. Driver 2 stated that she was NB on Eastman heading to a home health patient visit when unit 1 turned in front of them. Impact was in the center of the northbound lane of Eastman Rd. right at Schneider Ct. Driver 2 had an obvious hand/wrist injury. Bruised, punctured and immobile possibly broken. Passenger in unit 2 complained of stomach and rib pain. Driver 1 cited for Fail to Yield during left hand turn.										
Diagram 											

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office				Reviewer TRACY THOMAS			
Crash Date 05/18/2011	Crash Time 07:40	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 56 - Midland	Traffic Control None	Relation to Roadway Shoulder		Special Study	Weather Cloudy	Area 10 - NON-FRWY Straight roadway			
City/Twp 09 - Larkin Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 20 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road SCHNEIDER	Road Type CT	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 06/09/1992 (18)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield		
Unit Type MV	Driver Information ##### ##### MIDLAND, MI 48642 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE				
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance NONE			
Alcohol ○ Yes ● No ○ Refused ● Not offered Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine				Test Results			Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ● Hazardous ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
VIN #####		Vehicle Description OLDSMOBILE		Make 4 DOOR		Color SIL		Year 1999	Vehicle Type Passenger Car		
Location of Greatest Damage 02		First Impact 02	Extent of Damage 3	Driveable No	Vehicle Direction S	Vehicle Use 01 - Private			Action Prior 02 - Turning left		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport			Second			Third			Fourth

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
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	CDL Exempt	CDL Restrictions
						<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
		First	Second	Third	Fourth			<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information
	#####	
	##### (###) ###-####	

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
---	-----------------------------------	--------

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	01/21/1974 (37)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	03	Hazardous Action	00 - None
	Unit Type	MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####								Injury	C	Position	01	Restraint	04	Hospital MIDMICHIGAN MEDICAL CENTER - MIDLAND			
	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	No	Ejected		Trapped		Airbag Deployed	Yes	Ambulance MID MICHIGAN MEDICAL CENTER EMS			
	Alcohol O Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Test Results								Drugs O Yes <input type="radio"/> No <input type="radio"/> Test Results				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other							
	Test Type O Field <input type="radio"/> O PBT <input type="radio"/> O Breath <input type="radio"/> O Blood <input type="radio"/> O Urine																			
	Vehicle Registration		#####	State	MI	Insurance / Policy #		#####	Towed To/By		#####	Special Vehicles	0	Private Trailer Type		Vehicle Defect				
	VIN		#####	Vehicle Description		FORD	Make	TAURUS	Model		Color	SIL	Year	1998	Vehicle Type		Passenger Car			
	Location of Greatest Damage		01	First Impact	01	Extent of Damage	4	Driveable	No	Vehicle Direction	N	Vehicle Use	01 - Private	Action Prior		01 - Going Straight Ahead				
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport								Second		Third		Fourth							

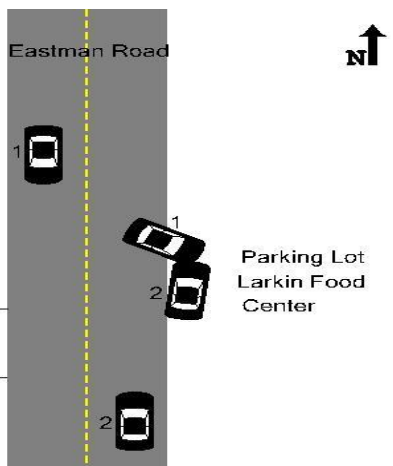
PASSENGERS	Passenger Information		Date of Birth (Age)		11/01/2006 (4)	Sex	M	Position	04	Restraint	06	Hospital		MIDMICHIGAN MEDICAL CENTER - MIDLAND
	Injury		C	Airbag Deployed		Not Equipped		Ejected		Trapped		Ambulance		MID MICHIGAN MEDICAL CENTER EMS
	Passenger Information		Date of Birth (Age)		11/19/2005 (5)	Sex	M	Position	06	Restraint	06	Hospital		MIDMICHIGAN MEDICAL CENTER - MIDLAND
	Injury		C	Airbag Deployed		Not Equipped		Ejected		Trapped		Ambulance		MID MICHIGAN MEDICAL CENTER EMS
	Passenger Information		Date of Birth (Age)			Sex		Position		Restraint		Hospital		
	Injury			Airbag Deployed				Ejected		Trapped		Ambulance		
	Passenger Information		Date of Birth (Age)			Sex		Position		Restraint		Hospital		
	Injury			Airbag Deployed				Ejected		Trapped		Ambulance		
	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	CDL Exempt	CDL Restrictions							
					O H <input type="radio"/> O P <input type="radio"/> O T <input type="radio"/> O N <input type="radio"/> O S <input type="radio"/> O X <input type="radio"/>	<input type="radio"/> Farm <input type="radio"/> Other	O 28 <input type="radio"/> O 29 <input type="radio"/> O 30 <input type="radio"/> O 35 <input type="radio"/> O 36 <input type="radio"/>							
Interstate/Intrastate		Vehicle Type	Type & Axle Per Unit		First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
											O Placard <input type="radio"/> O Cargo Spill <input type="radio"/>			

OWNERS	Owner Information				Owner Information			
	##### MIDLAND, MI 48642 (###) ###-####							

WITNESS	Witness Information				Witness Information			
	##### HOPE, MI 48628 (###) ###-####							

Investigated at Scene	Yes	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
-----------------------	-----	----------------------	--------------------	-------------------------------	---------------	-------------------------------	---------------	-----------	-------

Narrative	Diagram
Vehicle #2 was traveling northbound. Vehicle #1 attempted to turn left into the Larkin Food Center and turned in front of Vehicle #2. Vehicle #2 and Vehicle #1 crashed into each other. Driver of Vehicle #1 was issued fail to yield citation#S367709 Witness (Lake) confirmed Vehicle #1 turned left in front of Vehicle #2. Witness was traveling behind Vehicle #1.	

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8112859

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Special Circumstances <input type="checkbox"/> School Bus <input type="checkbox"/> None <input type="checkbox"/> Deer <input type="checkbox"/> Fleeing Police		Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile	
Crash Date 09/19/2011	Crash Time 08:46	No. of Units 02	Crash Type Rear End				
County 56 - Midland	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Rain	Area 10 - NON-FRWY Straight roadway		
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type Lane Closed Activity		Light Daylight	Road Condition Wet	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 50 Feet N	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road SCHNEIDER	Road Type CT	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 02/18/1990 (21)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex M	Total Occupants 02	Hazardous Action 12 - Unable to stop
	Unit Type MV	Driver Information ##### DETROIT, MI 48234 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	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 No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	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		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description CHRYSLER		Make 4DR	Model	Color BLK	Year 2005	Vehicle Type Passenger Car	
	Location of Greatest Damage 01	First Impact 01	Extent of Damage 3	Driveable Yes	Vehicle Direction S	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
	Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport		Second		Third	

PASSENGERS	Passenger Information ##### DETROIT, MI 48217 (###) ###-####				Date of Birth (Age) 03/30/1963 (48)	Sex F	Position 03	Restraint 04	Hospital NONE	
	Injury C				Airbag Deployed Not Equipped		Ejected	Trapped	Ambulance NONE	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	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"/> N <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 #

OWNERS	Owner Information ##### BEVERLY HILLS, MI 48025 (###) ###-####				Owner Information			

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##				Damaged Property Owner & Phone				Public
---	--	--	--	-----------------------------------	--	--	--	--------

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	05/20/1971 (40)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	01	Hazardous Action	00 - None	
	Unit Type	MV	Driver Information ##### ##### BEAVERTON, MI 48612 (###) ###-####							Injury	C	Position	01	Restraint	04	Hospital	NONE				
	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	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE			
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input checked="" type="radio"/> Not offered								Test Results				Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other				
	Vehicle Registration		#####	State	MI	Insurance / Policy #				#####	Towed To/By				#####	Special Vehicles	0	Private Trailer Type		Vehicle Defect	
	VIN		#####	Vehicle Description		GMC		Make	SIERRA		Model	Color		GRY		Year	2010	Vehicle Type			Pickup truck
	Location of Greatest Damage		05	First Impact	05	Extent of Damage	1	Driveable	Yes	Vehicle Direction	S	Vehicle Use		01 - Private		Action Prior		04 - Stopped on roadway			
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport								First		Second		Third		Fourth						

PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	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"/> N <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 #

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	No	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
-----------------------	----	----------------------	--------------------	-------------------------------	---------------	-------------------------------	---------------	-----------	-------

Narrative	Diagram
Both units southbound. Unit 2 was stopped on roadway for a vehicle in front of her that was turning. Unit 1 rear ended Unit 2. Unit 2 pulled into Larkin Food Center to make contact with the other driver. Unit 1 continued south and did not stop. Ofc. Mayer 121 located vehicle in city and pulled him over on US10 near Eastman. He was arrested for suspended. VBSL citation issued.	

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8193338

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 0903100		Department Name MSP Bay City		Crash Date 11/21/2011		Crash Time 16:10		No. of Units 01		Crash Type Single Motor Vehicle		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 56 - Midland		Traffic Control None		Relation to Roadway Outside of shoulder/curb		Special Study		Weather Clear		Area 10 - NON-FRWY Straight roadway							
City/Twsp 09 - Larkin Twp		Construction Zone (if applicable) Type		Lane Closed		Activity		Light Daylight		Road Condition Dry		Total Lanes 02		Speed Limit 55		Posted Yes	

LOCATION	Prefix	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 1,200 Feet S	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 05/08/1965 (46)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 02	Hazardous Action 00 - None		
	Unit Type MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE			
	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 No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE			
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <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			Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect		
	VIN #####		Vehicle Description BUICK		Make RENEZVOUS	Model RED	Year 2006	Vehicle Type Passenger Car				
	Location of Greatest Damage 04		First Impact 01	Extent of Damage 1	Driveable No	Vehicle Direction S	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead				

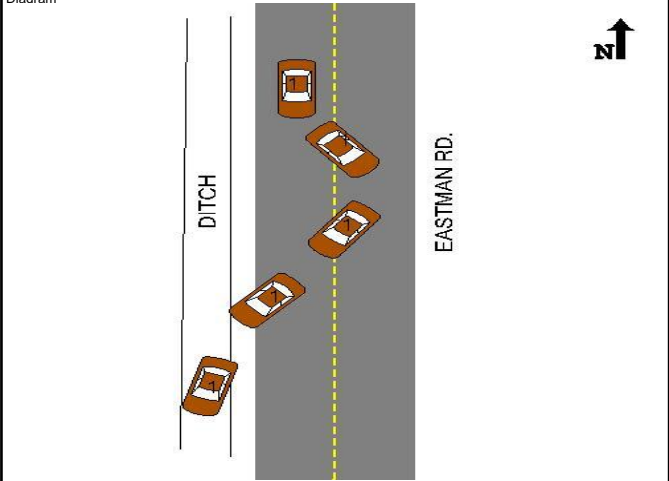
Sequence of Events (• indicates MOST harmful event)		First 01 - Loss of control	Second 02 - Cross centerline/median	Third 04 - Ran off roadway-right	Fourth • 35 - Ditch
--	--	-------------------------------	--	-------------------------------------	------------------------

PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	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"/> N <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 #

OWNERS	Owner Information		Owner Information	
	Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##		Damaged Property Owner & Phone	

Public	
--------	--

UNIT / DRIVER	Unit Number	Unit Known	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			
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital							
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance							
	Alcohol 0 Yes 0 No 0 Refused 0 Not offered Test Type 0 Field 0 PBT 0 Breath 0 Blood 0 Urine				Test Results				Drugs 0 Yes 0 No 0 Test Type 0 Blood 0 Urine				Test Results		Citation Issued 0 Hazardous 0 Other	
	Vehicle Registration	State	Insurance / Policy #			Towed To/By				Special Vehicles	Private Trailer Type	Vehicle Defect				
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type							
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior						
	Sequence of Events (● 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							
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital							
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance								
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital							
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance								
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital							
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance								
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital							
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance								
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 0 H 0 P 0 T 0 N 0 S 0 X		CDL Exempt 0 Farm 0 Other	CDL Restrictions 0 28 0 29 0 30 0 35 0 36				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card		Hazardous Material 0 Placard 0 Cargo Spill		ID #	Class #				
OWNERS	Owner Information						Owner Information									
WITNESS	Witness Information						Witness Information									
Investigated at Scene		Yes	Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)				Photos By #####					
Narrative VEHICLE #1 WAS S/B ON EASTMAN RD. WHEN THE PASSENGER REAR TIRE BROKE LOSE CAUSING THE DRIVER TO LOSE CONTROL. THE VEHICLE CROSSED OVER THE CENTER LINE AND THEN BACK INTO IT'S LANE BEFORE ENDING UP IN THE WEST DITCH. VEHICLE TOWED BY BEEHRS.																
Diagram 																

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8212490

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Reviewer GREG HALL	
Crash Date 12/10/2011	Crash Time 21:48	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> None <input type="checkbox"/> Hit and Run <input type="checkbox"/> Deer <input type="checkbox"/> Fleeing Police	Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile
County 56 - Midland	Traffic Control	Relation to Roadway On Road	Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Dark-Unlighted	Road Condition Dry
		Total Lanes 02	Speed Limit 55	Posted No	

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 1,320 Feet N	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix E	Intersecting Road HURLEY	Road Type RD	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 02/27/1982 (29)	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 13 - Other
	Unit Type MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Not offered <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Test Results		Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Test Results		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description DODGE		Make DURANGO	Model WHI	Year 2005	Vehicle Type Passenger Car		
	Location of Greatest Damage 02		First Impact 02	Extent of Damage 3	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead		

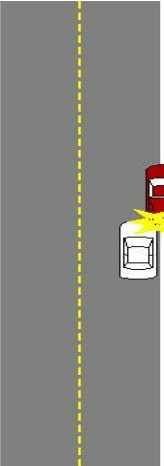
Sequence of Events (• indicates MOST harmful event)	First • 17 - Motor veh in transport	Second	Third	Fourth
--	--	--------	-------	--------

PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	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 OH OP OT ON OS OX	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

Person Advised of Damaged Traffic Control		Damaged Property	Public
Contact Name: #####			
Contact Date: ####/####		Owner & Phone	
Contact Time: ##:##			

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 11/01/1984 (27)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None											
	Unit Type MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####				Injury A	Position 01	Restraint 04	Hospital NONE												
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE												
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				○ Refused ○ Not offered ○ Breath ○ Blood ○ Urine		Test Results		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other										
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect										
	VIN #####	Vehicle Description CHEVROLET		Make 1500	Model	Color RED	Year 1988	Vehicle Type Pickup truck													
	Location of Greatest Damage 06	First Impact 06	Extent of Damage 2	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private			Action Prior 04 - Stopped on roadway												
	Sequence of Events ● 17 - Motor veh in transport (● 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												
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital													
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance													
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital													
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance													
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital													
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance													
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital													
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance													
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 ○ H ○ P ○ T ○ N ○ S ○ X		CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36											
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #										
OWNERS	Owner Information					Owner Information															
WITNESS	Witness Information					Witness Information															
<table><tr><td>Investigated at Scene Yes</td><td>Reported Date (Time) ##/##/#### (##:##)</td><td colspan="3">1st Investigator Name (Badge) ##### (#####)</td><td colspan="3">2nd Investigator Name (Badge) ##### (#####)</td><td colspan="3">Photos By #####</td></tr></table>											Investigated at Scene Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)			2nd Investigator Name (Badge) ##### (#####)			Photos By #####		
Investigated at Scene Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)			2nd Investigator Name (Badge) ##### (#####)			Photos By #####													
Narrative unit 2 experienced mechanical difficulties and had pulled off the roadway to the right. The left side of unit 2 was on left side of fog stripe by 1.5'. Unit 1 nb eastman ran into rear of unit 2.					Diagram 																

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8274445

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Reviewer TRACY THOMAS	
Crash Date 02/14/2012	Crash Time 06:36	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 56 - Midland	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Snow/Blowing Snow	Area 10 - NON-FRWY Straight roadway
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Dark-Unlighted	Road Condition Snowy
Total Lanes 02		Speed Limit 55	Posted No		

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 10 Feet S	Traffic Way 01 - Not physically divided	Access Control 01 - No access control		
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 12/04/1987 (24)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 01 - Speed too fast
	Unit Type MV	Driver Information ##### HOPE, MI 48628 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	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 No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <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		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description PONTIAC		Make GRAND PRIX	Model BLK	Year 1996	Vehicle Type Passenger Car		
	Location of Greatest Damage 01	First Impact 01	Extent of Damage 2	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
	Sequence of Events (• indicates MOST harmful event)				First • 17 - Motor veh in transport	Second	Third	Fourth		

PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	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"/> N <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 #

OWNERS	Owner Information ##### HOPE, MI 48628 (###) ###-####		Owner Information	
--------	---	--	-------------------	--

Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Owner & Phone	

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 04/18/1990 (21)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				● Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description HYUNDAI		Make TIBURON	Model BLK	Color 2007	Vehicle Type Passenger Car			
	Location of Greatest Damage 04		First Impact 04	Extent of Damage 2	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 04 - Stopped on roadway		
	Sequence of Events ● 17 - Motor veh in transport (● 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		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
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 ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information ##### ##### (###) ###-####					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####			
Narrative Vehicle #2 was northbound on N. Eastman Road and stopped, waiting for traffic to clear so she could turn westbound onto E. Bombay Road. Vehicle #1 was traveling northbound on N. Eastman Road behind vehicle #2. Vehicle #1 approached vehicle #2, which was stopped, and was unable to slow down and stop. Vehicle #1 rear ended vehicle #2.						Diagram 					

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8278384

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Reviewer STEPHEN WOODS	
Crash Date 02/19/2012	Crash Time 08:50	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 56 - Midland	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Dry
Total Lanes 02		Speed Limit 55	Posted No		

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 1,320 Feet S	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 04/25/1963 (48)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield
	Unit Type MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	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 No	Ejected	Trapped	Airbag Deployed Yes	Ambulance MID MICHIGAN MEDICAL CENTER EMS	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <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		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description MERCURY		Make MARINER	Model LBL	Year 2010	Vehicle Type Passenger Car		
	Location of Greatest Damage 10		First Impact 03	Extent of Damage 4	Driveable No	Vehicle Direction S	Vehicle Use 01 - Private	Action Prior 02 - Turning left		

Sequence of Events
(● indicates MOST harmful event)

First
● 17 - Motor veh in transport

Second

Third

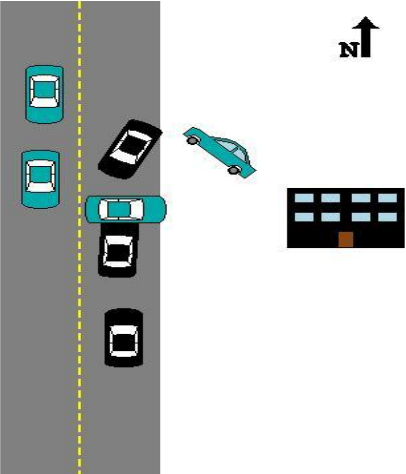
Fourth

PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	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"/> N <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 #

OWNERS	Owner Information		Owner Information	
	Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##		Damaged Property Owner & Phone	

Public

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 11/01/1989 (22)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### MIDLAND, MI 48640 (###) ###-####				Injury C	Position 01	Restraint 04	Hospital MIDMICHIGAN MEDICAL CENTER - MIDLAND		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance MID MICHIGAN MEDICAL CENTER EMS		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				● Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description FORD		Make TAURUS	Model BLK	Color 2003	Vehicle Type Passenger Car			
	Location of Greatest Damage 01		First Impact 01	Extent of Damage 4	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
Injury						Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
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 ○ H ○ P ○ T ○ N ○ S ○ X		Endorsements ○ Farm ○ Other	CDL Exempt ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	CDL Restrictions	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####			
Narrative Unit 1 southbound. Unit 2 northbound. Driver of unit 1 stated that he was going to turn into Larkin Food Center. The sun was in his eyes and did not see the northbound vehicle. Unit 2 collided with Unit 1. Unit 1 flipped up on its side in the parking lot of Larkin Food Center. Fail to yield citation issued.					Diagram 						

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8378924

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Reviewer MIKE GOODALL	
Crash Date 06/26/2012	Crash Time 16:48	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 56 - Midland	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Dry
		Total Lanes 02	Speed Limit 55	Posted No	

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 50 Feet S	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 06/30/1985 (26)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input checked="" type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 12 - Unable to stop
	Unit Type MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####				Injury A	Position 01	Restraint 11	Hospital MIDMICHIGAN MEDICAL CENTER-MIDLAND	
	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 No	Ejected	Trapped	Airbag Deployed Not Equipped	Ambulance MID MICHIGAN MEDICAL CENTER EMS	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <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		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description HAR DAVIDSON		Model MOTORCYCLE	Color PLE	Year 1998	Vehicle Type Cycle		
	Location of Greatest Damage 01	First Impact 01	Extent of Damage 4	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
	Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport					

PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	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 #

OWNERS	Owner Information				Owner Information			

Person Advised of Damaged Traffic Control				Damaged Property				Public
Contact Name: #####				Owner & Phone				
Contact Date: ####/####								
Contact Time: ##:##								

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	04/29/1965 (47)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	M	Total Occupants	01	Hazardous Action	00 - None				
	Unit Type	MV	Driver Information ##### ##### MIDLAND, MI 48642 (###) ###-####								Injury	O	Position	01	Restraint	04	Hospital	NONE						
	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	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE						
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input checked="" 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 checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other							
	Vehicle Registration		#####	State	MI	Insurance / Policy #				#####	Towed To/By				#####	Special Vehicles	0	Private Trailer Type		Vehicle Defect				
	VIN		#####	Vehicle Description		CHEVROLET				Model	TAHOE K1500				Color	WHI				Year	2007		Vehicle Type	Passenger Car
	Location of Greatest Damage		04	First Impact	04	Extent of Damage	2		Driveable	Yes		Vehicle Direction	N		Vehicle Use	01 - Private				Action Prior	04 - Stopped on roadway			
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)								Second				Third				Fourth							

PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
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	CDL Exempt	CDL Restrictions		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Yes	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
-----------------------	-----	----------------------	--------------------	-------------------------------	---------------	-------------------------------	---------------	-----------	-------

Narrative	Diagram
Both Units were northbound. Unit 2 was stopped on the roadway waiting to turn west onto Bombay. Unit 1 stated that he thought that his back tire popped. He stated that he began to fishtail and lost control. He then rear ended Unit 2. VBSL citation issued. Driver of Unit 1 had a broken leg and would be going into surgery at MMMC	

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office				Reviewer DANIEL TEER			
Crash Date 07/19/2012	Crash Time 21:30	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 56 - Midland	Traffic Control None	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Rain	Area 10 - NON-FRWY Straight roadway			
City/Twp 09 - Larkin Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Unlighted	Road Condition Wet	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 1,056 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix E	Intersecting Road HURLEY	Road Type RD	Suffix	Divided Roadway

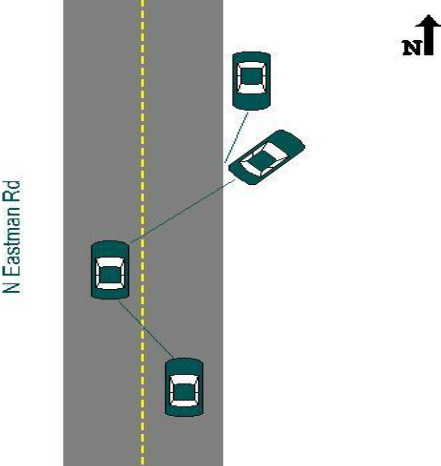
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 08/25/1992 (19)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 02	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### MIDLAND, MI 48642 (###) ###-####			Injury B	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance NONE		
Alcohol ○ Yes ● No ○ Refused ● Not offered Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine				Drugs ○ Yes ● No Test Type ○ Blood ○ Urine			Citation Issued ○ Hazardous ○ Other			
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description BUICK		Make CENTURY	Color BLU		Year 1994	Vehicle Type Passenger Car		
Location of Greatest Damage 06		First Impact 01	Extent of Damage 5	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second 04 - Ran off roadway-right		Third ● 35 - Ditch		Fourth		

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
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	CDL Exempt	CDL Restrictions
						<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
		First	Second	Third	Fourth			<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name: #####	Owner & Phone	
Contact Date: ##/##/####		
Contact Time: ##:##		

UNIT / DRIVER	Unit Number	Unit Known	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	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital					
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance					
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect			
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type					
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior				
	Sequence of Events (● 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						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
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 OH OP OT ON OS OX		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 #			
OWNERS	Owner Information						Owner Information							
WITNESS	Witness Information						Witness Information							
Investigated at Scene		Yes	Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####					
Narrative Driver was northbound and ran off the road onto the muddy shoulder. This sucked him off the roadway and into the ditch. Driver suffered abrasion to his face from the airbags.							Diagram 							

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8394138

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
Crash Date 07/30/2012	Crash Time 10:10	No. of Units 01	Crash Type Single Motor Vehicle						
County 56 - Midland	Traffic Control None	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway			
City/Twp 09 - Larkin Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 10 Feet S	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix E	Intersecting Road SCHNEIDER	Road Type CT	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 03/14/1965 (47)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### ##### COLEMAN, MI 48618 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	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 No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <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		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description FORD	Make ESCAPE	Model BLU	Year 2009	Vehicle Type Passenger Car				
	Location of Greatest Damage 09	First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 21 - Avoiding vehicle angle			

Sequence of Events (• indicates MOST harmful event)	First 04 - Ran off roadway-right	Second • 45 - Other fixed object	Third	Fourth
--	-------------------------------------	-------------------------------------	-------	--------

PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	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 OH OP OT ON OS OX	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 #

OWNERS	Owner Information		Owner Information	

Person Advised of Damaged Traffic Control		Damaged Property		Public
Contact Name: #####		ROCK GARDEN & SIGN DAMAGED		No
Contact Date: ##/##/####		Owner & Phone		
Contact Time: ##:##		##### (###) ###-####		

UNIT / DRIVER	Unit Number	Unit Known	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	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital		
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance		
	Alcohol Test Type <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Drugs Test Type <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect
	VIN		Vehicle Description	Make	Model	Color	Year	Vehicle Type			
	Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior		
Sequence of Events (● indicates MOST harmful event)		First		Second		Third		Fourth			

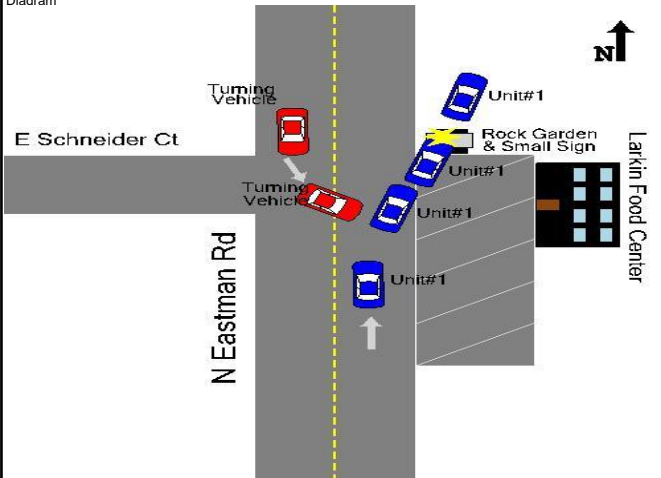
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	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"/> 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 #		

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)	2nd Investigator Name (Badge) ##### (#####)	Photos By #####
-----------------------	-----	--	--	--	--------------------

<p>Narrative</p> <p>Unit#1 was northbound on N Eastman Rd. Unit#1 ran off the roadway right avoiding a vehicle that was southbound that was making a left turn in front of Unit#1. Unit#1 had the right of way and swerved to avoid this vehicle. Unit#1 then struck a small sign and rock garden area around a gas station business sign. Unit#1 had problems with the a/c unit after the collision with the sign and rocks. The driver of the other vehicle was Janice Lynn Macleod 8/18/59, 1684 Ashwood Dr Reese MI 48757, (989)868-4699. MI REG#7HQV59, Red 1996 Chevrolet Camero VIN#2G1FP22P0T2156711, Insurance Emil Rummel - Michigan Insurance Policy#PPP009375606</p>	<p>Diagram</p> 
--	---

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office					Reviewer GREG HALL		
Crash Date 08/24/2012	Crash Time 19:14	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 56 - Midland		Traffic Control None	Relation to Roadway On Road		Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway		
City/Twp 03 - Greendale Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 200 Feet S	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

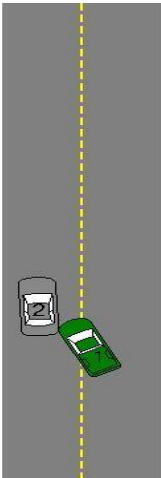
Unit Number 01	Unit Known No	State #####	Driver License Number #####	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants 00	Hazardous Action 00 - None	
Unit Type MV	Driver Information ##### ##### (###) ###-####			Injury	Position	Restraint	Hospital NONE			
Driver Condition <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed		Ambulance NONE	
Alcohol <input type="radio"/> Yes <input checked="" 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			Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####		State	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description			Make	Model	Color GRN	Year	Vehicle Type	
Location of Greatest Damage 00		First Impact 08	Extent of Damage 0	Driveable No	Vehicle Direction W	Vehicle Use			Action Prior 02 - Turning left	
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport				Second		Third		
								Fourth		

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
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	CDL Exempt	CDL Restrictions
						OH OP OT ON OS OX		O Farm O Other	O 28 O 29 O 30 O 35 O 36	
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
		First	Second	Third	Fourth			O Placard O Cargo Spill		

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
---	---------------------------------------	--------

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 06/24/1961 (51)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### STANDISH, MI 48658 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				● Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description DODGE		Make CARAVAN	Model SIL	Color 2002	Year 2002		Vehicle Type Van, motor home		
	Location of Greatest Damage 04	First Impact 04	Extent of Damage 2	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 17 - Overtaking or passing			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				Second		Third		Fourth		
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
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 ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #	
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####			
Narrative Vehicle 1 pulled onto the roadway in front of vehicle 2. Vehicle 2 swerved into the southbound lane to avoid a collision and began passing vehicle 1. Vehicle 1 then turned left into the rear passenger side of vehicle 2 then continued into a yard. Vehicle 1 then left the scene southbound. Driver of vehicle 2 believed that the suspect vehicle may have been a green Chevrolet S-10 pickup.					Diagram 						

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8412016

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input checked="" type="radio"/> ORV/Snowmobile		
Crash Date 08/25/2012	Crash Time 01:11	No. of Units 01	Crash Type Single Motor Vehicle					
County 56 - Midland	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway			
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Dark-Unlighted	Road Condition Dry	Total Lanes 02	Speed Limit 55	Posted Yes

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 1,320 Feet S	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

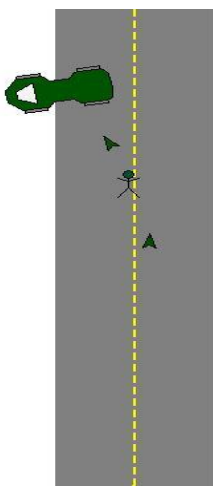
UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 12/03/1989 (22)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 13 - Other
	Unit Type MV	Driver Information ##### MIDLANDCITY, MI 48642 (###) ###-####				Injury A	Position 01	Restraint 11	Hospital MIDMICHIGAN MEDICAL CENTER-MIDLAND	
	Driver Condition <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"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed Not Equipped	Ambulance MID MICHIGAN MEDICAL CENTER EMS	
	Alcohol <input checked="" type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Breath <input checked="" 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		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description HONDA		Make TRX420FE	Model GRN	Year 2007	Vehicle Type ORV (Off road vehicle)		
Location of Greatest Damage 00		First Impact 00	Extent of Damage 2	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second ● 06 - Overturn		Third		Fourth		

PASSENGERS	Passenger Information		Date of Birth (Age)		Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)		Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)		Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)		Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)		Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	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"/> N <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 #

OWNERS	Owner Information		Owner Information	

Person Advised of Damaged Traffic Control		Damaged Property	Public
Contact Name: #####		Owner & Phone	
Contact Date: ####/####			
Contact Time: ##:##			

UNIT / DRIVER	Unit Number	Unit Known	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	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital					
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance					
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Test Type <input type="radio"/> Field <input type="radio"/> PBT		<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				<input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine							
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles		Private Trailer Type	Vehicle Defect		
	VIN		Vehicle Description		Make	Model		Color		Year	Vehicle Type			
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior				
	Sequence of Events (● 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					
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	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"/> N <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 #		
OWNERS	Owner Information						Owner Information							
WITNESS	Witness Information						Witness Information							
Investigated at Scene		Yes	Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####					
Narrative Unit 1 was four wheeled ORV. Lone driver nb Eastman south of Bombay. Driver lost control rolling ORV in middle of roadway. Passerby found driver with head injury lying in roadway.							Diagram 							

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8625611

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Reviewer GREG HALL	
Crash Date 05/06/2013	Crash Time 19:41	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 56 - Midland	Traffic Control None	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Clear
Area 10 - NON-FRWY Straight roadway					
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Dry
Total Lanes 02	Speed Limit 55	Posted No			

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 150 Feet N	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix E	Intersecting Road SCHNEIDER	Road Type CT	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 10/30/1968 (44)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 02	Hazardous Action 01 - Speed too fast	
	Unit Type MV	Driver Information ##### HOPE, MI 48628 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	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 No	Ejected	Trapped	Airbag Deployed Not Equipped	Ambulance NONE		
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <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		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description CHEVROLET		Make CAMRO	Model BLU	Year 1972	Vehicle Type Passenger Car			
	Location of Greatest Damage 10		First Impact 02	Extent of Damage 3	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
	Sequence of Events (• indicates MOST harmful event)				First 01 - Loss of control	Second 03 - Ran off roadway-left	Third •35 - Ditch	Fourth			

PASSENGERS	Passenger Information ##### HOPE, MI 48628 (###) ###-####				Date of Birth (Age) 01/02/1971 (42)	Sex F	Position 03	Restraint 04	Hospital NONE	
	Injury O				Airbag Deployed Not Equipped		Ejected	Trapped	Ambulance NONE	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	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 N <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 #

OWNERS	Owner Information				Owner Information			
	Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##				Damaged Property			Public
					Owner & Phone			

UNIT / DRIVER	Unit Number	Unit Known	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	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital		
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance		
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type		
	Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior		
Sequence of Events (● 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	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	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 OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036	
	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 #

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)	2nd Investigator Name (Badge) ##### (#####)	Photos By #####
-----------------------	-----	--	--	--	--------------------

Narrative	Diagram
PDA/Larkin Twp. VEH1 traveling N/B on N Eastman Rd, after leaving a gas station at Eastman/Schneider. VEH1 loss control and ran off the roadway to the left. VEH1 hit the ditch and came to rest. No injuries. The driver of VEH1 advised that his recently purchased classic muscle car got away from him and he was unable to regain control prior to hitting the ditch. The driver of VEH1 was issued a citation for VBSL: S378583.	

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office				Reviewer GREG HALL			
Crash Date 06/17/2013	Crash Time 17:42	No. of Units 02	Crash Type Other/Unknown	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 56 - Midland		Traffic Control None	Relation to Roadway On Road		Special Study	Weather Cloudy	Area 10 - NON-FRWY Straight roadway		
City/Twsp 13 - Mills Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Wet	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 1,320 Feet N	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

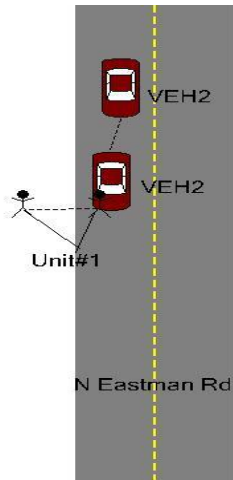
Unit Number 01	Unit Known Yes	State Driver License Number #####		Date of Birth (Age) 08/20/2001 (11)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex F	Total Occupants 00	Hazardous Action 03 - Failed to yield
Unit Type P	Driver Information ##### ##### MIDLAND, MI 48642 (###) ###-####				Injury C	Position P	Restraint 01	Hospital NONE				
Driver Condition ● 1 02 03 04 05 06 07 08 09 099					Interlock No	Ejected	Trapped	Airbag Deployed Not Equipped		Ambulance MID MICHIGAN MEDICAL CENTER EMS		
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		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
Vehicle Registration #####		State	Insurance / Policy # #####			Towed To/By #####				Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description		Make	Model	Color			Year 0	Vehicle Type		
Location of Greatest Damage 12		First Impact 12		Extent of Damage 0	Driveable No	Vehicle Direction		Vehicle Use		Action Prior 25 - Crossing not at Intersect		
Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport		Second		Third		Fourth		

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
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		CDL Exempt	CDL Restrictions		
		OH	OP	OT	<input type="checkbox"/> Farm	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36					
		ON	OS	OX	<input type="checkbox"/> Other						
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #	Class #

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name: #####		
Contact Date: ##/##/####	Owner & Phone	
Contact Time: ##.##		

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	12/04/1951 (61)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	01	Hazardous Action	00 - None						
	Unit Type	MV	Driver Information ##### RHODES, MI 48652 (###) ###-####							Injury	<input type="radio"/> O	Position	01	Restraint	04	Hospital	NONE									
	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	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE								
	Alcohol Test Type <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine								Test Results				Drugs Test Type <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other									
	Vehicle Registration		#####	State	MI	Insurance / Policy #				#####	Towed To/By				#####	Special Vehicles	0	Private Trailer Type		Vehicle Defect						
	VIN		#####	Vehicle Description		CHEVROLET		Model		MALIBU		Color		MAR		Year	2006	Vehicle Type				Passenger Car				
	Location of Greatest Damage		12	First Impact	02	Extent of Damage	0	Driveable	Yes	Vehicle Direction	S	Vehicle Use				01 - Private				Action Prior	19 - Avoiding pedestrian					
	Sequence of Events <input checked="" type="radio"/> 15 - Pedestrian								First				Second				Third				Fourth					
	(• indicates MOST harmful event)																									
	PASSENGERS	Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital											
								Injury			Airbag Deployed		Ejected	Trapped	Ambulance											
Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital													
								Injury			Airbag Deployed		Ejected	Trapped	Ambulance											
Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital													
								Injury			Airbag Deployed		Ejected	Trapped	Ambulance											
Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital													
								Injury			Airbag Deployed		Ejected	Trapped	Ambulance											
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"/> N <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 #													
OWNERS	Owner Information										Owner Information															
WITNESS	Witness Information ##### MIDLAND, MI 48642 (###) ###-####										Witness Information															
Investigated at Scene		Yes	Reported Date (Time)		##/##/#### (##:##)		1st Investigator Name (Badge)				##### (#####)				2nd Investigator Name (Badge)				##### (#####)				Photos By		#####	
Narrative										Diagram																
<p>Minor Car/Pedestrian PIA in Mills Twp. Unit#1 is the 11-year-old female pedestrian. Unit#1 was crossing N Eastman Rd near 4660 N Eastman Rd. Unit#1 was on the west side of the roadway crossing back to the east side, where her residence is located. VEH2 was traveling S/B on N Eastman Rd. The driver of VEH2 advised that she saw the female on the side of the roadway and started to slow down, but didn't think she was going to cross in front of her vehicle. Unit#1 advised that she checked for N/B traffic, but didn't look for S/B traffic for some reason. Unit#1 attempted to cross in front of VEH2, VEH2 tried to avoid Unit#1 but couldn't. VEH2 hit Unit#1. The driver of VEH2 advised that she was going very slow at the time of the accident. Unit#1 was evaluated at the scene by EMS. Unit#1 sustained apparent very minor bumps/scratches. The witness to the incident was Unit#1's father.</p>																										

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office				Reviewer STEPHEN WOODS			
Crash Date 06/20/2013	Crash Time 16:15	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <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 56 - Midland	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Clear	Area 09 - Intersection related-othr			
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 10 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road SCHNEIDER	Road Type CT	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 04/19/1994 (19)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 03 - Failed to yield	
Unit Type MV	Driver Information ##### ##### SANFORD, MI 48657 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes ● No ○ Refused ● Not offered Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine					Drugs ○ Yes ● No Test Type ○ Blood ○ Urine			Citation Issued ● Hazardous ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description PONTIAC		Make G5	Model	Color BLK	Year 2008	Vehicle Type Passenger Car		
Location of Greatest Damage 05		First Impact 04	Extent of Damage 4	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 02 - Turning left		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
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	CDL Exempt	CDL Restrictions
						<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
		First	Second	Third	Fourth			<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information
	#####	
	##### SANFORD, MI 48657 (###) ###-####	

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
---	-----------------------------------	--------

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 03/16/1964 (49)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input checked="" type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### RHODES, MI 48652 (###) ###-####				Injury A	Position 01	Restraint 10	Hospital MIDMICHIGAN MEDICAL CENTER-MIDLAND		
	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 No	Ejected Yes	Trapped	Airbag Deployed Not Equipped	Ambulance MID MICHIGAN MEDICAL CENTER EMS		
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT				Test Results <input type="radio"/> Refused <input checked="" type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description HAR DAVIDSON		Make FLSTF ANNIV.	Model BLK	Color 1998	Vehicle Type Cycle			
	Location of Greatest Damage 10		First Impact 01	Extent of Damage 5	Driveable No	Vehicle Direction S	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
Injury				Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Injury				Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Injury				Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Injury				Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Injury				Airbag Deployed	Ejected	Trapped	Ambulance				
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"/> N <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 #	
OWNERS	Owner Information					Owner Information					
	Witness Information					Witness Information					
WITNESS	Investigated at Scene Yes					Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####
	Narrative Unit 1 driving North on N. Eastman Rd. and was in the process of turning left onto Schneider Ct. The driver of Unit 1 did not see Unit 2 as it was traveling South. Unit 2 struck Unit 1 in the rear right quarter panel. The driver of Unit 2 was thrown from the motorcycle. Unit 2 had his headlight on. We measured from the initial impact and Unit 2 came to rest 157 feet South on N Eastman Rd. Citation for failure to yield was issued to the driver of Unit 1. .					Diagram 					

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office					Reviewer GREG HALL		
Crash Date 10/20/2013	Crash Time 22:22	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 56 - Midland	Traffic Control None	Relation to Roadway Shoulder		Special Study	Weather Cloudy	Area 10 - NON-FRWY Straight roadway			
City/Twsp 13 - Mills Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Lighted	Road Condition Wet	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 300 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

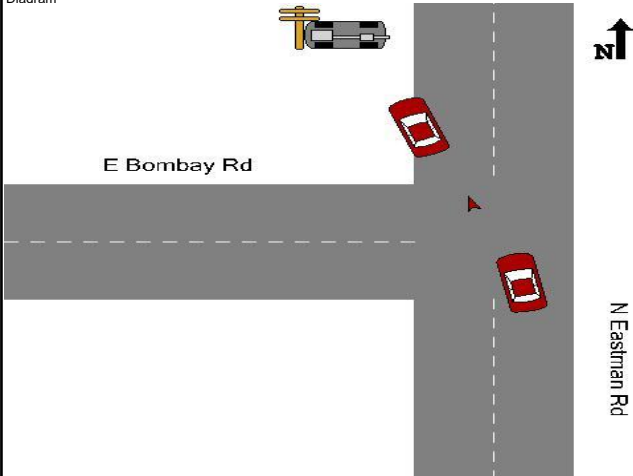
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 09/20/1991 (22)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### MIDLAND, MI 48642 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ● 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				Test Results ● Not offered ○ Breath ○ Blood ○ Urine			Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ● Hazardous ○ Other	
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEVROLET		Make LUMINA	Model MAR	Color 1995	Year Passenger Car		Vehicle Type	
Location of Greatest Damage 10		First Impact 01	Extent of Damage 6	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second 03 - Ran off roadway-left		Third 06 - Overturn		Fourth ● 31 - Utility pole		

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	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		CDL Exempt	CDL Restrictions	
							<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36		
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information
	#####	
	##### RHODES, MI 48652 (###) ### ####	

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property POWER POLE Owner & Phone ##### (###) ###-####	Public No
---	--	--------------

UNIT / DRIVER	Unit Number	Unit Known	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	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital					
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance					
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect			
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type					
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior				
	Sequence of Events (● 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					
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
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 OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036		
	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 #				
OWNERS	Owner Information						Owner Information							
WITNESS	Witness Information						Witness Information							
Investigated at Scene		Yes	Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####					
Narrative Unit #1 NB on Eastman, lost control, ran off roadway left, overturned and struck power pole.						Diagram 								

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8804484

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> ORV/Snowmobile	
Crash Date 11/25/2013	Crash Time 19:49	No. of Units 02	Crash Type Head On	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 56 - Midland	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Rain	Area 10 - NON-FRWY Straight roadway
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Dark-Unlighted	Road Condition Icy
		Total Lanes 02	Speed Limit 55	Posted No	

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 150 Feet S	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 03/27/1995 (18)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 02	Hazardous Action 01 - Speed too fast
	Unit Type MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####				Injury B	Position 01	Restraint 04	Hospital MIDMICHIGAN MEDICAL CENTER-MIDLAND	
	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 No	Ejected	Trapped	Airbag Deployed No	Ambulance MID MICHIGAN MEDICAL CENTER EMS	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <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		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description CHEVROLET		Make MALIBU	Model DGR	Year 2002	Vehicle Type Passenger Car		
	Location of Greatest Damage 02		First Impact 02	Extent of Damage 5	Driveable No	Vehicle Direction S	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead		

Sequence of Events (• indicates MOST harmful event)	First 01 - Loss of control	Second 02 - Cross centerline/median	Third • 17 - Motor veh in transport	Fourth
--	-------------------------------	--	--	--------

PASSENGERS	Passenger Information ##### MIDLAND, MI 48642 (###) ###-####		Date of Birth (Age) 07/19/1995 (18)	Sex M	Position 03	Restraint 04	Hospital MIDMICHIGAN MEDICAL CENTER-MIDLAND
			Injury B	Airbag Deployed No	Ejected	Trapped	Ambulance MID MICHIGAN MEDICAL CENTER EMS
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	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"/> N <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 #

OWNERS	Owner Information ##### MIDLAND, MI 48642 (###) ###-####		Owner Information	
--------	--	--	-------------------	--

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##		Damaged Property	Public
		Owner & Phone	

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	12/31/1950 (62)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	01	Hazardous Action	00 - None		
	Unit Type	MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####							Injury	A	Position	01	Restraint	04	Hospital MIDMICHIGAN MEDICAL CENTER-MIDLAND						
	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	No	Ejected		Trapped		Airbag Deployed	Yes	Ambulance MID MICHIGAN MEDICAL CENTER EMS					
	Alcohol Test Type <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> PBOT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine								Test Results				Drugs Test Type <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine				Test Results				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration		#####	State	MI	Insurance / Policy # #####				Towed To/By #####				Special Vehicles	0	Private Trailer Type		Vehicle Defect				
	VIN		#####	Vehicle Description		HONDA		Make	Model		ODYSSEY		Color	GRY		Year	2001		Vehicle Type Passenger Car			
	Location of Greatest Damage		08	First Impact	08	Extent of Damage	5	Driveable	No		Vehicle Direction	N		Vehicle Use		01 - Private		Action Prior		01 - Going Straight Ahead		
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)																					
PASSENGERS	Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital								
									Injury			Airbag Deployed		Ejected	Trapped	Ambulance						
	Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital								
									Injury			Airbag Deployed		Ejected	Trapped	Ambulance						
	Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital								
									Injury			Airbag Deployed		Ejected	Trapped	Ambulance						
	Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital								
									Injury			Airbag Deployed		Ejected	Trapped	Ambulance						
	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"/> N <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 #									
OWNERS	Owner Information										Owner Information											
WITNESS	Witness Information ##### MIDLAND, MI 48642 (###) ###-####										Witness Information											
Investigated at Scene		Yes	Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)					2nd Investigator Name (Badge) ##### (#####)					Photos By #####							
Narrative 2-vehicle PIA. Driver of unit 1 advised he was traveling southbound when he lost control of his vehicle due to ice covered road surface. Driver of unit 1 stated that his vehicle began to fishtail and this caused vehicle to cross double yellow line/center line. Unit 1 then struck unit 2. Driver of unit 2 advised she was traveling northbound when she observed unit 1 traveling southbound enter into northbound lane of travel. Driver of unit 2 was not able to avoid on coming unit 1. Unit 1 then struck unit 2. Witness to crash observed unit 1 begin to fishtail and lose control of vehicle. Witness advised unit 1 entered into northbound lane of travel and struck unit 2. Both occupants of unit 1 and lone occupant of unit 2 transported to the E.R. for non life-threatening injuries. Driver of unit 1 cited for VBSL-failure to maintain control of vehicle.										Diagram 												

SANITIZED

Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8806021

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> ORV/Snowmobile	
Crash Date 11/17/2013	Crash Time 14:55	No. of Units 02	Crash Type Rear End	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 56 - Midland	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Cloudy	Area 10 - NON-FRWY Straight roadway
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Dry
		Total Lanes 02	Speed Limit 55	Posted No	

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 1,056 Feet S	Traffic Way 01 - Not physically divided	Access Control 01 - No access control		
	Prefix E	Intersecting Road BOMBAY	Road Type RD	Suffix	Divided Roadway

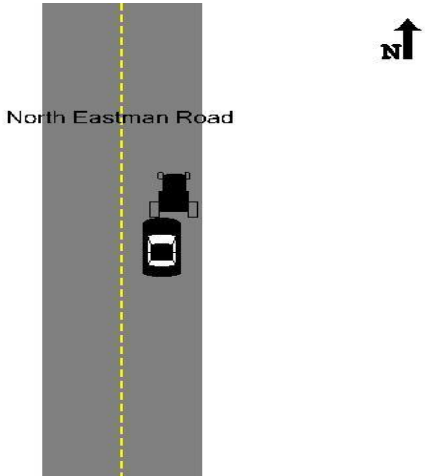
UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 01/03/1990 (23)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 02	Hazardous Action 12 - Unable to stop
	Unit Type MV	Driver Information ##### FERNDAL, MI 48220 (###) ###-####				Injury B	Position 01	Restraint 04	Hospital MIDMICHIGAN MEDICAL CENTER-MIDLAND	
	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 No	Ejected	Trapped	Airbag Deployed Yes	Ambulance MID MICHIGAN MEDICAL CENTER EMS	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <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		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description FORD		Make FOCUS	Model BLU	Year 2000	Vehicle Type Passenger Car		
Location of Greatest Damage 01		First Impact 01	Extent of Damage 2	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
Sequence of Events (# indicates MOST harmful event)		First 01 - Loss of control		Second 17 - Motor veh in transport		Third		Fourth		

PASSENGERS	Passenger Information ##### HOPE, MI 48628 (###) ###-####		Date of Birth (Age) 04/20/1992 (21)	Sex M	Position 03	Restraint 04	Hospital NONE
			Injury O	Airbag Deployed Yes	Ejected	Trapped	Ambulance NONE
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	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"/> N <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 #

OWNERS	Owner Information ##### HOPE, MI 48628 (###) ###-####		Owner Information	
--------	---	--	-------------------	--

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##		Damaged Property	Public
		Owner & Phone	

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 09/01/1980 (33)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 13 - Other
	Unit Type MV	Driver Information ##### MIDLAND, MI 48642 (###) ###-####				Injury B	Position 01	Restraint 01	Hospital MIDMICHIGAN MEDICAL CENTER-MIDLAND	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Not Equipped	Ambulance MID MICHIGAN MEDICAL CENTER EMS	
	Alcohol ○ Yes ● No ○ Refused ● Not offered ○ PBT ○ Breath ○ Blood ○ Urine				Test Results		Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine		Test Results Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 5	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description JOHN DEERE		Make 40 / TRACTOR	Model GRN	Color GRN	Year 1955	Vehicle Type Other	
	Location of Greatest Damage 05		First Impact 05	Extent of Damage 4	Driveable No	Vehicle Direction N	Vehicle Use 04 - Farm use		Action Prior 01 - Going Straight Ahead	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)									
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
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 ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #
OWNERS	Owner Information ##### MIDLAND, MI 48642 (###) ###-####					Owner Information				
WITNESS	Witness Information ##### MIDLAND, MI 48642 (###) ###-####					Witness Information				
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####			
Narrative Driver 1 said that he was north bound on Eastman Road when a vehicle exited the Larkin Food Center in front of him and turned left/south on to Eastman Road. This drew his attention for a second, after the vehicle cleared Driver 1 noticed a tractor in the roadway traveling north on Eastman Road. Driver 1 applied his brakes and slid in to the rear of the tractor. The tractor was an older John Deere tractor. The owner, Sandow, was not able to provide a VIN number and provided vehicle information verbally. The tractor did not have a slow moving vehicle sign attached. Driver 1 was cited for VBSL - failure to stop in assured clear distance. Driver 2 was cited for operating a tractor on the roadway without a slow moving vehicle sign. Report was updated on December 13, 2013					Diagram 					

SANITIZED
SANITIZED
SANITIZED

Authority: 1949 PA 300, Sec.257 622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)				External # #####				Crash ID 8818645				Page 01 of 01 Incident # ##### File Class 93001								
STATE OF MICHIGAN TRAFFIC CRASH REPORT												Incident Disposition Closed								
ORI: MI 5615600				Department Name Midland Co Sheriff's Office								Reviewer T MILLARD								
Crash Date 12/26/2013		Crash Time 11:51		No. of Units 01		Crash Type Single Motor Vehicle		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police				Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile								
County 56 - Midland		Traffic Control None		Relation to Roadway Outside of shoulder/curb		Special Study		Weather Cloudy		Area 10 - NON-FRWY Straight roadway										
City/Twsp 13 - Mills Twp		Construction Zone (if applicable) Type Lane Closed Activity				Light Daylight		Road Condition Snowy		Total Lanes 02		Speed Limit 55		Posted No						
LOCATION	Prefix N		Road Name EASTMAN				Road Type RD		Suffix		Divided Roadway									
	Distance 250 Feet N		Traffic Way 01 - Not physically divided				Access Control 01 - No access control													
	Prefix E		Intersecting Road BOMBAY				Road Type RD		Suffix		Divided Roadway									
UNIT/DRIVER	Unit Number 01		Unit Known Yes		State MI		Driver License Number #####		Date of Birth (Age) 11/04/1982 (31)		License Type <input checked="" type="radio"/> Operator <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation <input type="radio"/> Chauffeur <input type="radio"/> Moped		Endorsements		Sex F		Total Occupants 05		Hazardous Action 01 - Speed too fast	
	Unit Type MV		Driver Information ##### ALGER, MI 48610 (###) ###-####						Injury O		Position 01		Restraint 04		Hospital NONE					
	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 No		Ejected		Trapped		Airbag Deployed No		Ambulance NONE					
	Alcohol <input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results					
	Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other																			
	Vehicle Registration #####		State MI		Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0		Private Trailer Type		Vehicle Defect							
	VIN #####		Vehicle Description PONTIAC		Make GRAND PRIX		Model WHI		Color 2004		Vehicle Type Passenger Car									
	Location of Greatest Damage 06		First Impact 11		Extent of Damage 3		Driveable No		Vehicle Direction N		Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead							
	Sequence of Events (• indicates MOST harmful event)		First 01 - Loss of control				Second 04 - Ran off roadway-right				Third •35 - Ditch				Fourth 06 - Overturn					
	PASSENGERS	Passenger Information ##### ALGER, MI 48610 (###) ###-####						Date of Birth (Age) 01/23/1980 (33)		Sex M		Position 03		Restraint 04		Hospital NONE				
Injury O						Airbag Deployed No		Ejected		Trapped		Ambulance NONE								
Passenger Information ##### ALGER, MI 48610 (###) ###-####						Date of Birth (Age) 12/19/2000 (13)		Sex M		Position 04		Restraint 04		Hospital NONE						
Injury O						Airbag Deployed Not Equipped		Ejected		Trapped		Ambulance NONE								
Passenger Information ##### ALGER, MI 48610 (###) ###-####						Date of Birth (Age) (13)		Sex M		Position 05		Restraint 04		Hospital NONE						
Injury O						Airbag Deployed Not Equipped		Ejected		Trapped		Ambulance NONE								
Passenger Information ##### ALGER, MI 48610 (###) ###-####						Date of Birth (Age) (11)		Sex F		Position 06		Restraint 04		Hospital NONE						
Injury O						Airbag Deployed Not Equipped		Ejected		Trapped		Ambulance NONE								
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"/> N <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 #					
OWNERS	Owner Information						Owner Information													
	Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##						Damaged Property						Public							
						Owner & Phone														

UNIT / DRIVER	Unit Number	Unit Known	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	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital					
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance					
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect			
	VIN		Vehicle Description		Make	Model	Color		Year	Vehicle Type				
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior				
	Sequence of Events (● 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						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
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 OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036			
	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 #			
OWNERS	Owner Information						Owner Information							
WITNESS	Witness Information						Witness Information							
Investigated at Scene		Yes	Reported Date (Time) ##/###/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####					
Narrative Unit#1 lost control on slushy roadway and ran off of the roadway right striking a ditch and overturning. Unit#1 driver was issued a Hazardous Action Citation.														
Diagram <p>N Eastman Rd</p> <p>Unit#1</p> <p>Unit#1</p> <p>Unit#1</p> <p>ditch</p> <p>Not to Scale</p>														

Page 01 of 01
Incident # 14-001382 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office				Reviewer JEFF KOZAK			
Crash Date 02/27/2014	Crash Time 13:51	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 56 - Midland	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Clear	Area 12 - NON-FRWY Driveway			
City/Twp 13 - Mills Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 5 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix E	Intersecting Road SCHNEIDER	Road Type CT	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (56)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield
Unit Type MV	Driver Information ##### ##### MIDLAND, MI 48642 (###) ###-####			Injury C	Position 01	Restraint 04	Hospital NONE		
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance NONE	
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ● Not offered ○ PBT ○ Breath ○ Blood ○ Urine				Test Results			Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ● Hazardous ○ Other
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By BEEHRS			Special Vehicles 0	Private Trailer Type Vehicle Defect
VIN #####	Vehicle Description FORD		Make EXPLORER		Color RED		Year 2005	Vehicle Type Passenger Car	
Location of Greatest Damage 01	First Impact 02	Extent of Damage 3	Driveable No	Vehicle Direction S	Vehicle Use 01 - Private			Action Prior 02 - Turning left	
Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)									

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	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	CDL Exempt	CDL Restrictions	
								OH OP OT ON OS OX	<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:	Damaged Property Owner & Phone	Public
--	---------------------------------------	--------

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (56)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### ##### BEAVERTON, MI 48612 (###) ###-####				Injury B	Position 01	Restraint 04	Hospital MIDMICHIGAN MEDICAL CENTER-MIDLAND		
	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 No	Ejected	Trapped	Airbag Deployed Yes	Ambulance MID MICHIGAN MEDICAL CENTER EMS		
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input checked="" type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By BEEHRS			Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description FORD		Make FOCUS	Model BLU	Color 2001	Vehicle Type Passenger Car			
	Location of Greatest Damage 01		First Impact 01	Extent of Damage 5	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)										
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	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"/> N <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 #	
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) 02/27/2014 (14:00)		1st Investigator Name (Badge) JASON BRANDT (4243)		2nd Investigator Name (Badge)		Photos By			
Narrative Driver of vehicle 1 stated that he was headed south on Eastman Road. He was turning into a private drive and did not see vehicle 2 traveling north. Vehicle 1 turned in front of vehicle 2. Driver of vehicle 1 was issued a citation for fail to yield.					Diagram 						

Page 01 of 01
Incident # 14-006025 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 5615600		Department Name Midland Co Sheriff's Office				Reviewer TRACY THOMAS			
Crash Date 08/16/2014	Crash Time 13:03	No. of Units 02	Crash Type Sideswipe-Opposite	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 56 - Midland	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Cloudy	Area 09 - Intersection related-othr			
City/Twsp 09 - Larkin Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 55	Posted No

LOCATION	Prefix N	Road Name EASTMAN	Road Type RD	Suffix	Divided Roadway
	Distance 50 Feet S	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix E	Intersecting Road SCHNEIDER	Road Type CT	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (26)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield	
Unit Type MV	Driver Information ##### ##### MIDLAND, MI 48640 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
Driver Condition ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ● 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes ● No ○ Refused ● Not offered Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine					Drugs ○ Yes ● No Test Type ○ Blood ○ Urine			Citation Issued ● Hazardous ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description GMC		Make JIMMY	Model	Color WHI	Year 1993	Vehicle Type Passenger Car		
Location of Greatest Damage 04		First Impact 04	Extent of Damage 1	Driveable Yes	Vehicle Direction SE	Vehicle Use 01 - Private		Action Prior 02 - Turning left		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
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	CDL Exempt	CDL Restrictions
						<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
		First	Second	Third	Fourth			<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information
	#####	
	#####	
	#####, ## #####-#### (###) ###-####	

Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name:	Owner & Phone	
Contact Date:		
Contact Time:		

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (55)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### ##### MIDLAND, MI 48642 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				● Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description CHEVROLET		Model SONIC	Color SIL	Year 2013	Vehicle Type Passenger Car		
	Location of Greatest Damage 02		First Impact 02	Extent of Damage 2	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)									
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	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 ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #
OWNERS	Owner Information					Owner Information				
WITNESS	Witness Information					Witness Information				
Investigated at Scene Yes										
Reported Date (Time) 08/16/2014 (13:04)										
1st Investigator Name (Badge) JESSEE MILKS (4269)										
2nd Investigator Name (Badge)										
Photos By										
Narrative Unit 1 was southbound, Unit 2 was northbound. Driver of Unit 2 stated that Unit 1 turned left into the Larkin Food Center without looking right in front of her. She stated that she slammed on her brakes to avoid a collision, but struck Unit 1 in the passenger side rear. She further advised that Unit 1 was on his cell phone talking. Unit 1 stated that he turned into the Food Center and had plenty of time. He advised that she hit him. He did admit to talking on the phone. Impede traffic citation issued to Unit 1.					Diagram 