

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

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:

Construction Costs:	\$600,000.00	90% Federal Funds (capped)
	\$60,000.00	10% Local Matching Funds (minimum)
	\$660,000.00	Total Construction Costs
Engineering Costs:	\$34,936.75	50% Federal Funds (capped) **
	\$34,936.75	50% Local Matching Funds (minimum)
	\$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 <u>blazop@michigan.gov</u>

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

CONDOT Department of **Transportation**

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 <u>August 14, 2015</u> 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 <u>MDOT-DesignLAP@michigan.gov</u>.

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 superelevations.

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

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)
BENEFIT TO COST RATIO	TOWNSHIP/CITY Larkin and Mills Townships	✓ Intersection Improvements
PLEASE LIST THE CRASH REDUC Side Swipe, Head on, Horizonta	TION FACTORS USED: al Curve, Rear End, Access Mgnt	 Roadway and Structure Improvements Roadside Improvements
DOES A PROJECT IMPACT A SCH ORGANIZATION? PLEASE DESCR		 Pedestrian and Bicycle Improvements Other Superelevation and access management

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

	LOCAL AGENCY F	RECEIVED APPRO	OVAL OF A SAFETY PROJECT OR H	RRR PROJECT THROUGH MDOT'S	_AP UNIT IN THE PAST 5
YEARS?	I YES	✓ _{NO}	SAFETY PROJECT	HRRR PROJECT	
IF YES, HAV		BEEN COMPLET	ED?		
IF NO, PLEA	SE EXPLAIN WH	Y			
Last appro	ved safety proje	ct was in 2008 ar	nd it was built.		
OTHER PRO	JECT CONSIDEF	RATIONS			

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)

Proj: Eastman rd Prepared by: Terry Palmer PR Number: 510's of Schneider ct

Date: 12-Aug-15 City/Twp.: Larkin and Mills twps County: Midland

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/ADTbx(QxR1+(BCOSTxR2)+(PDOCCSTxR3))

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)xACOST)]/[1+(I/F)]	
=	[1,210,000+(5.16 x 62,500)] / [1+5.16]	311,100.0
	for AREA TYPE ERR	
I/F =		5.16

I/F =

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

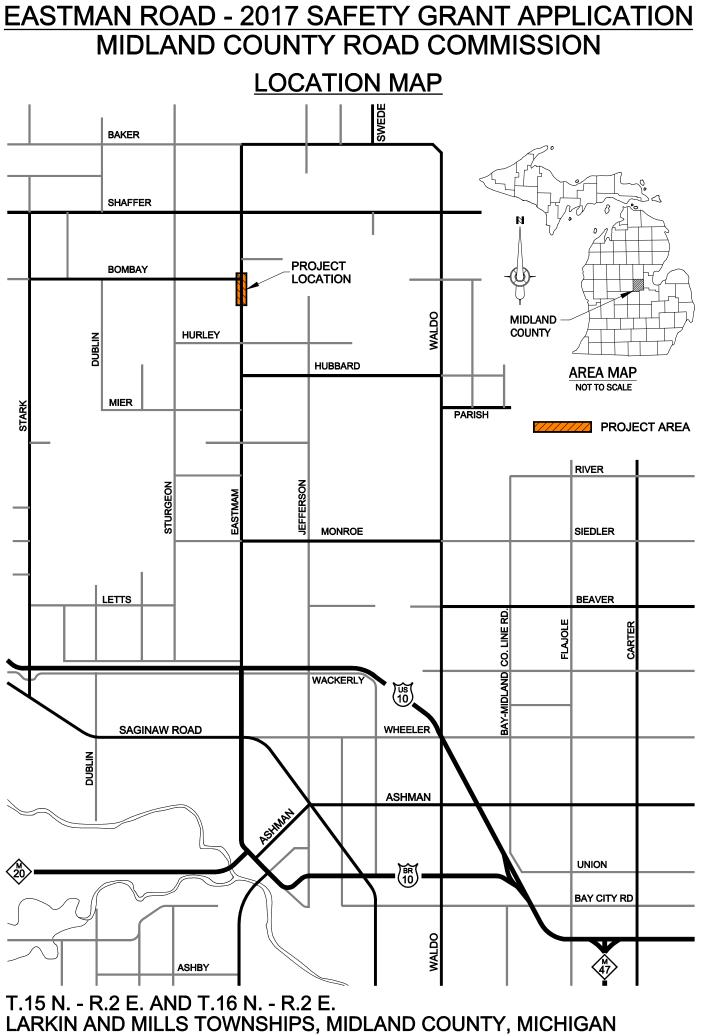
NUMBER OF CRASHES OR INJURED PERSONS.

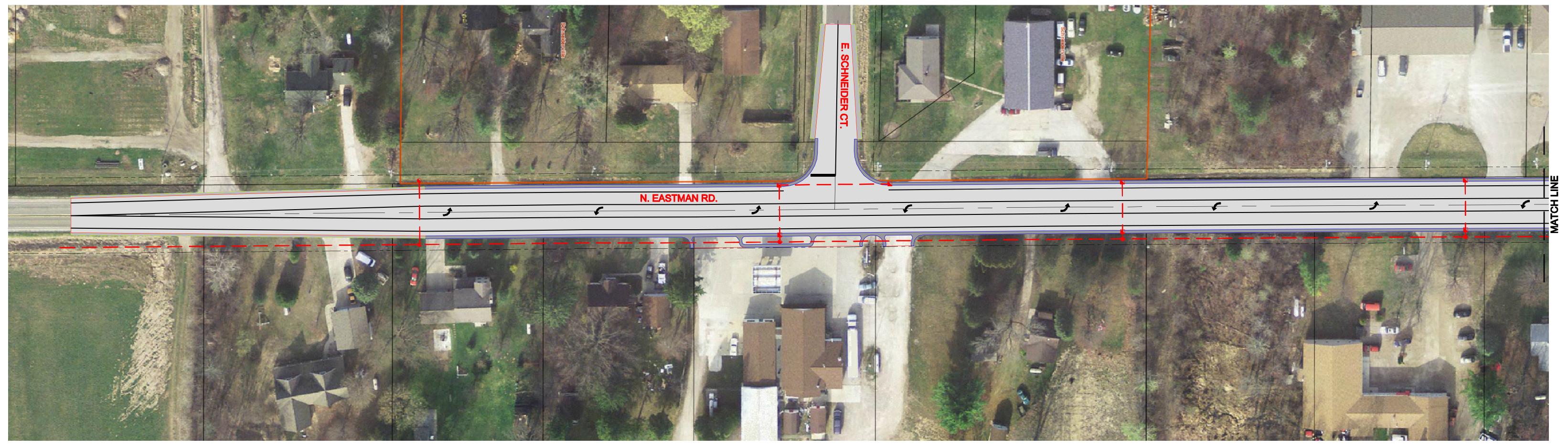
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
	2010	2011	2012	2013	2014
	-	-	-	-	-
Sideswipe opposite		20%	%REDUCTION		
Number of Crashes	0	0	0	0	1
PDO+C Injury Crashes	0	0	0	0	1
B-Injured Persons	0	0	0	0	0
A-Injured or Killed Persons	0	0	0	0	0
	-	-	-	-	-
Center left turn land head on		50%	%REDUCTION		
Number of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

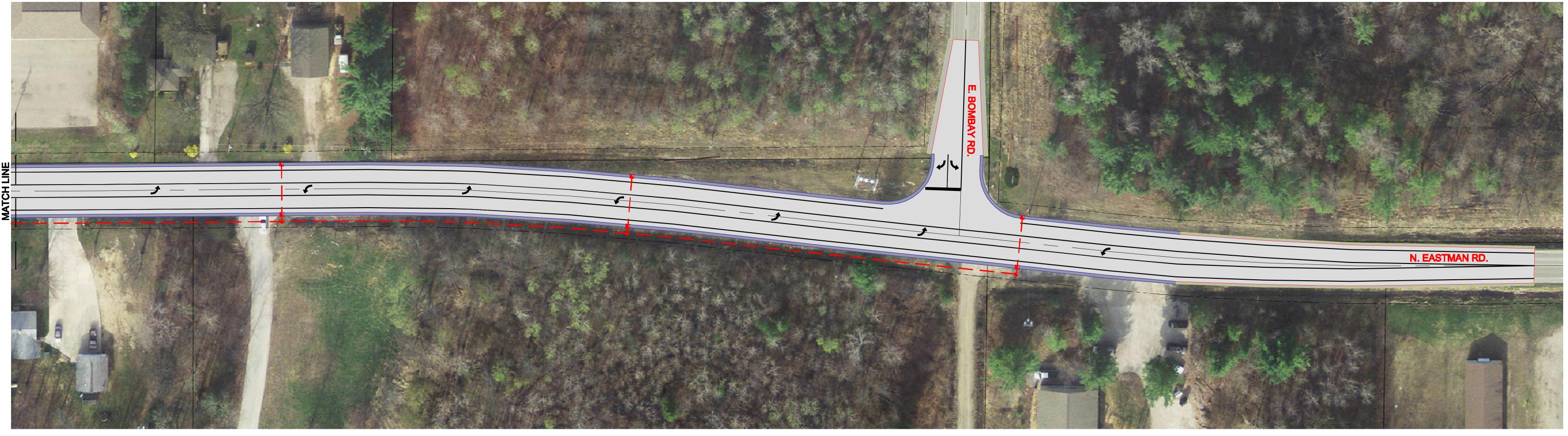
REMARKS:

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

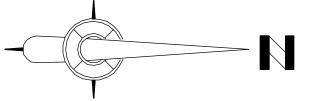




EASTMAN ROAD - PROPOSED PLAN VIEW SCALE: NOT TO SCALE

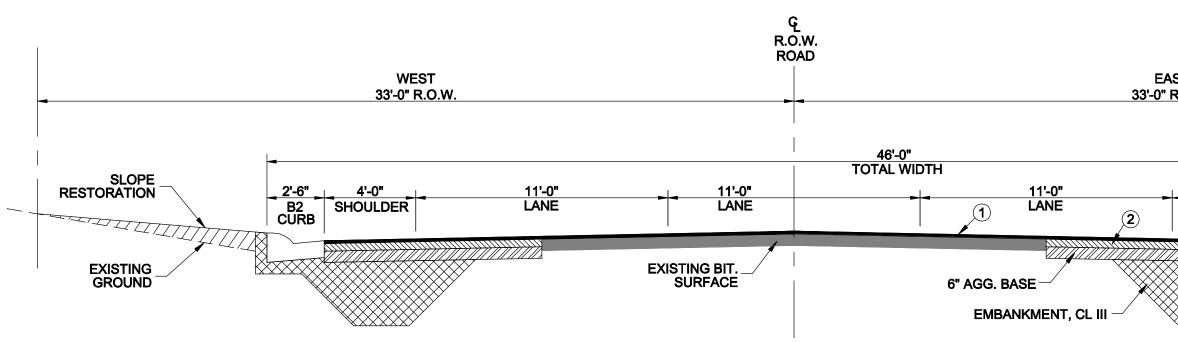


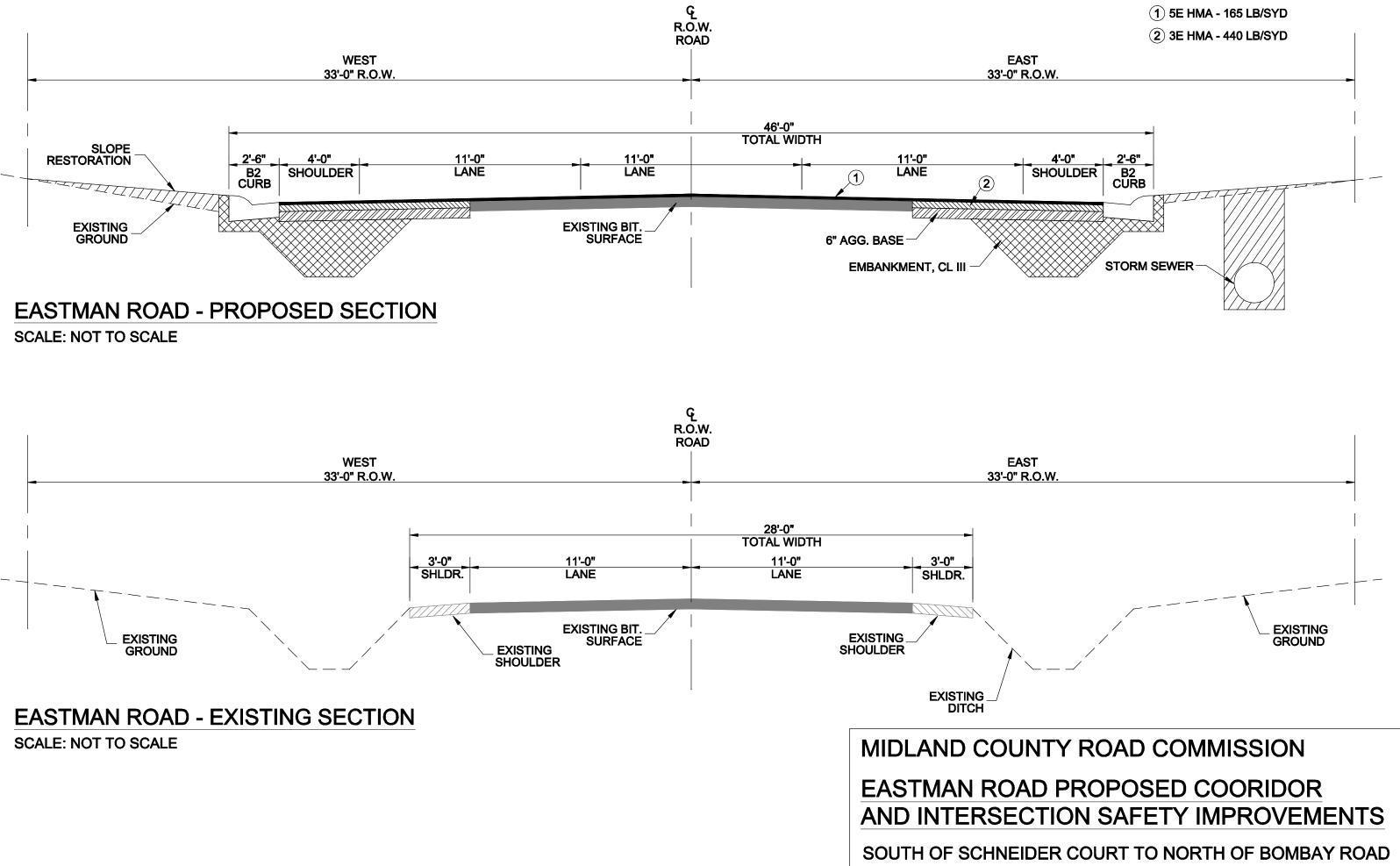
EASTMAN ROAD - PROPOSED PLAN VIEW SCALE: NOT TO SCALE



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





LARKIN AND MILLS TOWNSHIPS - MIDLAND COUNTY

Engineer's Opinion of Costs

Project Number:	12345a	Project Engineer:	tp
Estimate Number:	2: Eastman road bombay and south	Date Created:	8/13/2015
Project Type:	Miscellaneous	Date Edited:	8/13/2015
Location:	Eastman Road	Fed/State #:	
Description:	Bombay Road south 1/2 mile widen to 3 lanes	Fed Item:	
Description.		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
			2		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.

Bendla M. Condect

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:

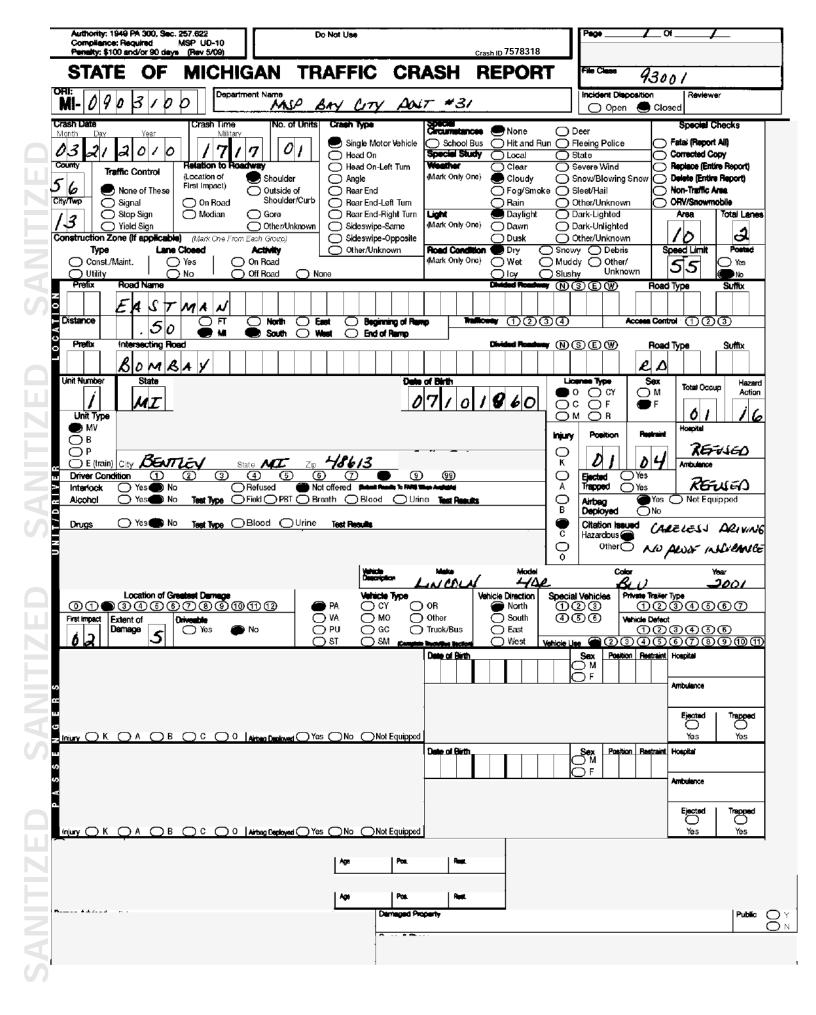
This letter is to state Midland Area Transportation Study's support for the safety grant submitted by the Midland County Road Commission for improvements to Eastman Road from south of Schneider Court to north of Bombay Road.

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



	BACK
Unit Type MV	Iniury Position Restrant Hospital
E (train) City State Zip Driver Condition ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ③ Interfock ○ Yes ○ No ○ Refused ○ Not offered ^{Submit Nation} to FMG than A	K K Ambulance Q Image: second
Alcohol Yes No Test Type Field PBT Breath O'Blood Urine	
Drugs OYes No Teet Type OBlood OUrine Test Results	Citation Issued C Hazardous O OtherO
. Venice Description	C Hazardous 7150 Hazardous Other Other 0 Make Model Color Yenicle Direction Special Vehicles Private Trailer Type A North 1 2 3 her South 3 6 Dice 1 2 3 5 6 Vehicle Delect 1 2 3 5 6 Other 1 2 3 5 6 Make West Vehicle Use Other 1 2 3 5 6 Mathematical State West Vehicle Use
Location of Greatest Damage Vehicle Type	Vehicle Direction Special Vehicles Private Trailer Type D III A O North 1 2 3 1 2 3 4 5 6 7 0
VA 0 M0 0 01	her South 466 Vehicle Delect at 123 466 Vehicle Vehicl
ST SM Foreguine Teat	adma tacates OWast Vehicle Use ①②③④⑤⑥⑦⑧①① [] [] [] [] [] [] [] [] [] [] [] [] []
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	Ejected Trapped DO
Z Innury O K O A O B O C O O Arrong Duployed O Yes O No O Not Equipped Dates and the second s	ee of Birth Sex Position Restraint Hospital C
თ. თ.	Ambulance
a	Ejected Trapped
Injury OK OA OB OC OO Archig Diployed OYes ONo ONot Equipped	Yes Yes Age Pos. Pest.
	Age Pos. Rest.
Unit Reported on Front Action Sequence of Events Action Sequence of Events	Crash Diagram and Remarks
Phor First Second Third Fourth	North/
Most Harmful M C M M M M	
Unit Number	
Carrier Source	
Z City State Cerrier Source Cerrier Source O Papers Cerrier Source O Papers Vehicle O Log Book	
Carrier Source Carrier Source Papers Vehicle Carrier Source Papers Vehicle Log Book Driver	
Z City State Carrier Source Papers Vehicle Z Zo GVWFR/GCWR Driver's COL Type A C OH OP T B None N S X	
Comparison Comparison	VEH = V NAS TRAVELAG NO ON ENTRAN WEH = V NAS TRAVELAG NO ON ENTRAN WEH = V NAS TRAVELAG NO ON ENTRAN WEN WE LOOKED DOWN @ UCANETPRICE NU HEL VEH SHE RAN OFF THE ROKE &
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Interstate CDL Restrictions Interstate Interstate Intra (MI Only) 28 CDL Exempt Farm Other Other Vencie Type AS AA AT AA AAT AAH AAT AAH AAT AAH AAT AAP AAZ BAP CS Medicel Card Y	Here = 1

Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)		External # ######		rash ID 88359			Page 01 c	of 01 ####################################	File Clas	s 93001
STATE OF MICHIGAN		CRAS	H RE	POR	Т		Incident Di Closed			
ORI: MI 5615600	Department Name Midland Co Sheri							Y THOMAS		
Crash Date Crash Time No. of Units 09/02/2010 10:35 02	Crash Type Angle	Special Circur O School B	● N ∪s ○ H	it and Run	O Deer O Fleeing Police			n-Traffic Area	O ORV/	Snowmobile
County Traffic Control 56 - Midland None	Relation to Roadway On Road	Specia	I Study	Weather Cloudy				'Y Driveway		
City/Twsp Construction Zone (if appl 09 - Larkin Twp Type	icable) Lane Close	ed Activity	Light Day	/light	Road Condit Dry	ion	Total Lanes 02	Speed Lin 55	nit Pos N	sted IO
Prefix Road Name N EASTMAN		Road Typ RD	e		Su	ffix		Divided Roadv	vay	
Distance 528 Feet S Prefix Intersecting Road Prefix		_{ic Way} - Not physica	Ily divided				ess Control	ess control		
Prefix Intersecting Road E BOMBAY		Road Typ RD	e		Su	ffix		Divided Roadv	way	
Unit Number Unit Known State Driver License Number O1 Yes MI ###################################		Birth (Age) 9/1937 (73)	License Ty O Opera ● Chauf O Moped	tor O fer O	dorsements Cycle Farm Recreation	Sex Tota M 01		Hazardous Actio 03 - Failed		
Unit Type Driver Information WV ####################################			njury Pos O 0	ition Restra 1 04	aint Hospital NONE					
> Driver Condition ● 1 02 03 04 05 06 07 08 09 099	Interlock No	k Ejected T		ag Deployed	Ambulance ed NONE					
Alcohol O Yes ● No O Refused ● Not offered Test Type O Field O PBT O Breath O Bl	Test Rea		O Yes Test Type	No Dillood O	Test F	Results	Citation I • Haz		O Other	
Vehicle Registration State Insurance / Policy #	######################################		/ed To/By		*######################################		Special Vehic 0	les Private Trail	er Type Ve	hicle Defect
VIN ####################################	Make D	Model VAN		Cole AME	or	Yea 19		^{hicle Type} /an, motor h	ome	
Location of Greatest Damage 02 First Impact Damage	Driveable \ 1 Yes	Vehicle Direction	Vehicle Use 02 - Co	mmercial(l	ousiness)		ction Prior 14 - Enter	ing roadway	,	
Sequence of First Events • 17 - Motor veh in t (• indicates MOST harmful event)	Second			Third			Fou	rth		
Passenger Information	Dat	te of Birth (Age)	Sex F	osition Restra	aint Hospital					
	Inju	ury Airbag Dep	loyed Ej	ected Trapp	ed Ambulance					
Passenger Information	Dat	te of Birth (Age)	Sex P	osition Restra	aint Hospital					
	Inju	ury Airbag Dep	loyed Ej	ected Trapp	ed Ambulance					
の Passenger Information	Dat	te of Birth (Age)	Sex P	osition Restra	aint Hospital					
Ш	Inju	ury Airbag Dep	loyed Ej	ected Trapp	ed Ambulance					
U Passenger Information	Dat	te of Birth (Age)	Sex P	osition Restra	aint Hospital					
	Inju	ury Airbag Dep	loyed Ej	ected Trapp	ed Ambulance					
Passenger Information	Dat	te of Birth (Age)	Sex P	Position Restra	aint Hospital					
	Inju	ury Airbag Dep	loyed Ej	ected Trapp	ed Ambulance					
Passenger Information	Dat	te of Birth (Age)	Sex P	osition Restra	aint Hospital					
	Inju	ury Airbag Dep	loyed Ej	ected Trapp	ed Ambulance					
Carrier Information			Carrier So	ource GV	WR IC	CMC	USDOT	N	MPSC	
K/BU			Driver's C	DL Type	Endorsements OH OP OT	CDL Exe O Farm	n İ	DL Restrictions 0 28 0 29	030 03	5 0 36
Interstate/Intrastate Vehicle Type & Ax	le Per Unit Second Third	Fourth	Ca	argo Body Typ	ON OS OX e Medical Car		er lazardous Ma O Placard		D #	Class #
Owner Information ####################################			Owner Int	formation	I	I		I		
Person Advised of Damaged Traffic Control			Damaged Pr	operty						Public
Contact Name: ####################################	*####		Owner & Pho	one						

Unit Num 02	Ye	Known es	MI	Driver Lice	nse Number ########	Ľ	Date of Bir 05/15/	th (Age) 1924 (86		O Ch O Mo	erator auffer ped	Endorse O Cyc O Farr O Rec	le n reation	Sex M	Total 01	Occupant	s Hazardous / 00 - No		
Unit Type MV ш	## ##	4#####	4#### 4#####	/####### /####### I 48706	(###) ###-##	ŧ			Injur B	y I	Position 01	Restraint 04	Hospital MIDMIC	CHIGA	N ME	DICAL	CENTER	- MIDLAN	ID
Driver Co		04 0	5 06	07 08	O 9 O 99		Interlock No	Ejected	Trap	ped	Airbag Dep No	oloyed	Ambulance MID MI	CHIGA	N ME	EDICAI	L CENTER	EMS	
Alcohol				used Not			Test Res	ults		Yes	• No			Results			n Issued lazardous	O Other	
⊢ Vehicle F	Type OF Registratio	n Sta		nsurance / P	olicy #	O Urine			Towed	To/By	e O Blood						hicles Private	Trailer Type	Vehicle Defect
Z	######	## N	/1	Vehicle	/#####################################		+###	Mod		#####	######	Color	****	##	Year	0 r 1	Vehicle Type		
	######	#####		Descriptio		Driveable		ESABR		/ehicle l		BLU			200		Passenge	er Car	
Location Greatest	Damage	07	First Im 07	ipaci	Extent of Damage 3	No		N			Private						ing Straight	t Ahead	
Sequenc Events (● indica	e of ates MOST	۲ harmful	• 1	^{-irst} 17 - Moto	r veh in transpo		Second					Third				F	ourth		
Passeng	er Informa	ition					Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
							Injur	/ Airbag	Deploy	ed	Ejected	Trapped	Ambulance						
Passeng	er Informa	ition					Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
							Injur	/ Airbag	Deploy	ed	Ejected	Trapped	Ambulance						
Ø Passeng	er Informa	ation					Date	of Birth (Ag	ie)	Sex	Position	Restraint	Hospital						
а Ш																			
С Z							Injur	/ Airbag	Deploy	ed	Ejected	Trapped	Ambulance						
S	er Informa	ation					Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
PAS							Injur	/ Airbag	Deploy	ed	Ejected	Trapped	Ambulance						
	er Informa	ition					Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
							Injur	/ Airbag	Deploy	ed	Ejected	Trapped	Ambulance						
Passeno	er Informa	ation					Date	of Birth (Ag	ie)	Sex	Position	Restraint	Hospital						
							Injur	Allbag	Deploy	eu	Ejected	Trapped	Ambulance						
ഗ Carrier Ir	nformation	I								Carrie	Source	GVWR	ŀ	CCMC		USDC	DT	MPSC	
(/B										Driver	s CDL Typ		orsements)L Exen) Farm		CDL Restriction		2.25 0.26
⊃ Interstate	e/Intrastate	e Vel	hicle Ty	pe	Type & Axle Per Ur	it					Cargo Bo	01	Medical Ca	(O Other		O 28 O 2 Material	9 O 30 (Class #
ТR				-	First S	econd	Third	Four	th						c	Placard	O Cargo Spi	п	
	nformation				-					Owner	Informatio	on	-						
OWNER																			
	Informatio	n								Witnes	s Informat	tion							
NES																			
TIW																			
Investigated at Scene		eported D			st Investigator Name ####################################		### (##	####)			gator Nam		##### (##	+####)		Photos B	y ###########	#########	#####
Narrative										Diaor				,					
					n Road when U Iorth Eastman I	•			•										.
					st in the south														
going to	o turn se	outh o	nto Ea	astman R	Road. Unit 1 cc	uld not ma	ake the	turn but									Pa	rking L	ot at
					d. Driver of Un				gle										Center man Rd
					. Unit 1 then p t 2 was coming					N	orth E	astma	n Road	_	i I		The second		
															K				
															1				

Authority: 1949 P. Compliance: Requ Penalty: \$100 and	uired M	SP UD-10					ternal # #####		Crash I 77023					Page 01 of 01		File Cla	ass 93001
STATE	E OF	MIC	СНІ	GAN	TRAF		CRA	SHI	REP	ORT				cident Dispo Closed	sition		
ORI: MI 5615600	D					_{lame} Co Sheriff	-							eviewer MIKE GC	ODALL		
Crash Date 09/14/2010	1	Crash Ti 17:47	7	No. of Units 02	Crash Type Rear End-L		Special Circ O School	Bus	None O Hit and	Run O	Deer Fleeing Police		cial Cheo Fatal	oks O Non-Tr	affic Area	O ORV	/Snowmobile
County 56 - Midlan	d	N	fic Contro ONE		Relation to Road On Road	way	Spe	cial Study		_{eather} Clear			7 - NOI	N-FRWY	in Interse	ection	
^{City/Twsp} 09 - Larkin	Тwp	Con	struction	Zone (if applie Type	cable)	Lane Closed	Activi		Light Dayligh	t	Road Condi Dry	ition		otal Lanes)2	Speed Li 55		NO
Z Prefix O N		Road Nam EASTN	ne IAN				Road T RD	ype			Su	uffix		D	ivided Road	dway	
Distance 10 Fee 0 Prefix						Traffic 01 - 1	_{Way} Not physic	cally div	rided				Access 01 - N	Control	control		
O Prefix E		Intersectir BOMB/	ng Road AY				Road T RD	ype			Su	uffix		D	ivided Road	dway	
Unit Number 01	Unit Known Yes			ense Number ##########		Date of Birt 02/01/1	h (Age) 1982 (28)		nse Type Operator Chauffer Moped	Endorse O Cycl O Farn O Recr	e 1	Sex M	Total Oco 01		ardous Acti 2 - Unab	ion le to sto	p
Unit Type MV ш	Driver Inform ######## ######## ALGER,	<i> </i>	#####	######## ######### (###) ###	#####	-		O	Position 01	Restraint 04	Hospital NONE			-			
Driver Condition	on 03 04 0	5 O 6 C		. ,		Interlock No	Ejected	Trapped	Airbag D Yes	eployed	Ambulance NONE						
Alcohol O Yes Test Type	• No	O Refuse O PBT	ed ● No O Bre		od O Urine	Test Resu	ilts	Drugs O Yes	• No Type O Blo	od O Urine		Results		Citation Issue Hazardo		O Other	
Vehicle Regist	tration Sta	te Insu	urance / I	Policy #	#######################################	######		owed To/B	By	*######################################		##	Spec 0	cial Vehicles	Private Tra	iler Type V	ehicle Defect
Z ⊃ #######	##########		Vehicle Descripti	on BUIC	Make K	L	Model ESABRE			Color BLK			Year 2001		e Type senger (Car	
Location of Greatest Dam	age 08	First Impa 08	act	Extent of Damage	2 Yes	ve Ve	hicle Direction		le Use - Private				Action 01	Prior - Going S	traight A	head	
Sequence of Events (• indicates N	IOST barmful	Firs • 17		or veh in ti	ransport	Second		_		Third				Fourth			
Passenger Inf		eventy				Date	of Birth (Age)	Se	ex Positio	n Restraint	Hospital						
						Injury	Airbag D	eployed	Ejected	Trapped	Ambulance						
Passenger Inf	ormation					Date	of Birth (Age)	Se	ex Positio	n Restraint	Hospital						
						Injury	Airbag D	eployed	Ejected	Trapped	Ambulance						
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ш						Injury	Airbag D	eployed	Ejected	Trapped	Ambulance						
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S S S S S S S S S S S S S S S S S S S						Injury	Airbag D	eployed	Ejected	Trapped	Ambulance						
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Passenger Inf	ormation					Date	of Birth (Age)	Se	ex Positio	n Restraint	Hospital						
						Injury	Airbag D	eployed	Ejected	Trapped	Ambulance						
ഗ Carrier Inform	ation					1	I	Ca	rrier Source	GVWR	IC	CCMC		USDOT		MPSC	
K/BU								Driv	ver's CDL T	он	orsements	0	L Exempt Farm		Restrictions 8 0 29	030 O	35 O 36
O ☐ Interstate/Intra ℃	astate Vel	nicle Type		Type & Axle First	e Per Unit Second	Third	Fourth		Cargo I	O N Body Type	OS OX Medical Ca			rdous Materia Iacard O C	al	ID #	Class #
Owner Informa								Ow	vner Informa	tion	1		-				1
Z #######	######### ########## \ ###-####	######															
Person Advised o			rol					Damag	ged Propert	/							Public
Contact Name: Contact Date:	##/##/##		#####	#########	####			Owner	r & Phone								
Contact Time:	##:##																

	Init Number 02	Unit Knowr Yes	n State MI		nse Number #########		Date of I		
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	nit Type MV	#####	######	######	+#####################################	##			
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	'IN ########	#######	•	Vehicle Descripti		Vake		мо	Model NTANA
	ocation of Freatest Dam	age 04	First Im 04	pact	Extent of Damage 1	Driveable Yes		Vehicle N	e Directio
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							Inj	jury	Airbag D
P	assenger Inf	ormation					Da	ate of E	Birth (Age)
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5 Z H P								jury	Airbag D
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P	assenger Inf	ormation					Da	ate of E	Birth (Age)
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ω c	arrier Inform	ation					-		
(/ B1									
	nterstate/Intra	astate V	/ehicle Typ	be	Type & Axle Per First	Unit Second	Third		Fourth
¥					1-11-51	Jecona	mita		
ЦЦ	wner Inform ######## #########	######							
	HOPE, N			######################################					
л К С	/itness Inforr	nation							
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	ative	as north	hound		h Eastman P	had and a	lowing	to m	
					h Eastman Ro bad. Vehicle		-		
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	ear and a				,				·-•

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esults	Drugs O \	/es	• No		Test Resul	ts	Citation O Ha	Issued zardous	O Other	
	owed 1	Го/Ву	e O Blood					cles Private Tra	ailer Type \	/ehicle Defect
Model		#####	######	######## Color	****	Year	-	ehicle Type		
MONTANA	Ą			WHI		2004	4	Passenger	Car	
Vehicle Direction		ehicle U 01 - F	^{lse} Private				on Prior 2 - Turn	ing left		
ł				Third				urth		
ate of Birth (Age))	Sex	Position	Restraint	Hospital					
jury Airbag D	eploye	d	Ejected	Trapped	Ambulance					
ate of Birth (Age))	Sex	Position	Restraint	Hospital					
ine of birth (Age)	,	OCA	1 OSIGOT	restraint	riospital					
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ate of Birth (Age))	Sex	Position	Restraint	Hospital					
jury Airbag D)enlow-		Ejected	Trapped	Ambulance					
		u			Anoulaile					
ate of Birth (Age))	Sex	Position	Restraint	Hospital					
jury Airbag D	eploye	d	Ejected	Trapped	Ambulance					
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		Carrier	Source	GVWR	ICCMC	;	USDOT		MPSC	
		Driver's	s CDL Typ		orsements	CDL Exem O Farm	pt	CDL Restriction		25 0.00
			Cargo Bo		H OP OT OS OX Medical Card	O Other	ardous M	0 28 0 29	0 30 O	35 O 36 Class #
Fourth			Jungo DO	ay iype				O Cargo Spill		01035 #
		Owner	Informatic	on						<u> </u>
				_						
		Witnes	s Informat	tion						_
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nicle 2. Driv										
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nicle 2. Driv ed his brake kes locked a	es						stman Ru			
nicle 2. Driv ed his brake kes locked a /ehicle 1 is	es and	_Ea	ast Bo	ombay	Road		North Eastman Road			
hicle 2. Driv ed his brake kes locked a /ehicle 1 is allowing the	es and	E	ast Bo	mbay	Road		stman Road			
nicle 2. Driv ed his brake kes locked a /ehicle 1 is allowing the ash and the	es and	E	ast Bo	mbay	Road		stman Road			
nicle 2. Driv ed his brake kes locked a /ehicle 1 is allowing the ash and the	es and	E	ast Bo	mbay	Road		stman Road			
nicle 2. Driv ed his brake kes locked a /ehicle 1 is allowing the ash and the	es and	E	əst Bo	mbay	Road		stman Road			
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to make a hicle 2. Driv ed his brake kes locked a /ehicle 1 is allowing the ash and the e to stop in	es and	E	əst Bo	ombay	Road		stman Road			
nicle 2. Driv ed his brake kes locked a /ehicle 1 is allowing the ash and the	es and	E	ast Bo	ombay	Road		stman Road			

Coperator ● Chauffer O Moped

Position

Airbag Deployed

01

No

Injury O

Trapped

Endorsements O Cycle O Farm O Recreation

Hospital

NONE

Ambulance NONE

Restraint

04

Sex F

Total Occupants

03

Hazardous Action

00 - None

Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP U Penalty: \$100 and/or 90 days (Rev 1	ID-10E				ernal # #####		Crash IE 792504]	Page 0 Incident	1 of 01 # ##############	File Cl	ass 93001
STATE OF N	IICHI	GAN			CRAS	SH F	REP	ORT		_	Incident Clos	Disposition ed		
ORI: MI 5615600			Department Na Midland C		-							er PHEN WOO	DDS	
01/29/2011 1	3:37	lo. of Units 02	Crash Type Angle		Special Circu O School	Bus	 None O Hit and 	Run O	Deer Fleeing Police	Special O Fat	Checks tal O N	Ion-Traffic Area	O OR	//Snowmobile
County 56 - Midland	Traffic Contro None		Relation to Roadw On Road	ay	Spec	ial Study		eather Cloudy			NON-FR	WY Drivewa	ау	
^{City/Twsp} 13 - Mills Twp	Construction 2	Zone (if applic Type		Lane Closed	Activity		ight Daylight	t	Road Condition	ז	Total Lan 02	es Speed 55		osted No
O E BON	I Name MBAY				Road Ty RD	rpe			Suffi	(Divided Ro	adway	
Distance 200 Feet W Prefix Inters				Traffic V 01 - N	_{Way} Not physic	ally divi	ded				cess Contro I - No ac	i cess contro	I	
O Prefix Inters N EAS	secting Road				Road Ty RD	rpe			Suffi	K		Divided Ro	adway	
Unit Number Unit Known Stat 01 Yes N	te Driver Lice	ense Number ###########		Date of Birth 02/24/1	h (Age) 954 (56)	• (0 (se Type Operator Chauffer Moped	Endorser O Cycle O Farm O Recr	e	ex Tota M 0	al Occupant: 1		ction ed to yield	b
Unit Type Driver Information MV ####################################	4#######		#####	-		Injury O	Position 01	Restraint 01	Hospital NONE					
> Driver Condition • 1 02 03 04 05 0	6 07 08	09 0 99		Interlock No	Ejected	Trapped	Airbag De Not E	^{ployed} quipped	Ambulance NONE					
Alcohol ○ O Yes ● No O Re > Test Type O Field O Pf	efused ● Not BT O Bre		od O Urine	Test Resu		Drugs O Yes	● No /pe O Bloc	id O Urine	Test Re	sults		n Issued azardous	O Other	
► Vehicle Registration ################	Insurance / F	olicy #	#######################################	#####		wed To/By	/		!##########		Special Vel 5	hicles Private T	railer Type	/ehicle Defect
Z VIN ####################################	Vehicle Descriptio	on KUBC	Make DTA	В	Model 7610			Color ONG		Ye	ear	Vehicle Type Other		
Location of First Greatest Damage 12 02	Impact	Extent of Damage	0 Driveable	Vel N	hicle Direction		e Use • Private			A	Action Prior 01 - Goi	ng Straight	Ahead	
Sequence of Events (• indicates MOST harmful even	First 17 - Moto	or veh in tr	ansport	Second				Third			F	ourth		
Passenger Information				Date	of Birth (Age)	Sex	x Positior	Restraint	Hospital					
				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance					
Passenger Information				Date	of Birth (Age)	Se	x Position	Restraint	Hospital					
				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance					
の Passenger Information				Date	of Birth (Age)	Se	x Position	Restraint	Hospital					
ビ ひ Z Ш Passenger Information				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance					
Passenger Information				Date	of Birth (Age)	Se	x Position	n Restraint	Hospital					
				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance					
Passenger Information				Date	of Birth (Age)	Se	x Positior	Restraint	Hospital					
				Injury	_		Ejected	Trapped	Ambulance					
Passenger Information					of Birth (Age)	Se			Hospital					
				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance					
ഗ Carrier Information ⊃ ഥ						Carr	rier Source	GVWR	ICCI	NC	USDC	Τ	MPSC	
C K / B						Driv	er's CDL Ty	он	OPOT OSOX	CDL Ex O Far O Oth	m	CDL Restriction O 28 O 29		35 O 36
O Interstate/Intrastate Vehicle ™	Туре	Type & Axle First	Per Unit Second	Third	Fourth	•	Cargo B	ody Type	Medical Card	1	Hazardous N O Placard	Material O Cargo Spill	ID #	Class #
Owner Information ####################################		####				Owr	ner Informat	ion	•	1			1	
Owner Information ####################################	*########	####												
Person Advised of Damaged Traffic						Damag	ed Property							Public
Contact Name: ####################################	#########	*########	####			Owner	& Phone							

	Unit Number 02	Unit Known Yes		e Driver Licer			Date of Bir 05/11/	^{th (Age)} 1994 (16	5)	License ● Op O Ch O Mc	erator auffer	Endorse O Cycl O Farn O Recr	e n	Sex M	Total O 01	ccupants	Hazardous Ac 00 - Non		
E R	Unit Type MV	######	#### #####		############ #########################	#			Inju O		Position 01	Restraint 04	Hospital NONE						
\geq 1	Driver Condition		05 06	6 07 08	O 9 O 99		Interlock No	Ejected	Trap	pped	Airbag Dep No	loyed	Ambulance NONE						
. / D R	Alcohol O Yes Test Type		O PB		ath O Blood	O Urine	Test Resu	ilts	1	Yes Fest Type	No O Blood	I O Urine	Tes	t Results			zardous	O Other	
	Vehicle Regist		tate MI	Insurance / Po ########	olicy # ###################################	#########	####			I To/By ######	+######	<i>\######</i> #	#######	##	Sp C	ecial Vehi)	cles Private Tr	ailer Type	Vehicle Defect
∠ ∩	VIN ########	#######	###	Vehicle Descriptio		ake	(Color BLK			Year 1990		ehicle Type Passenger	Car	
	Location of Greatest Dam	age 01	01	mpact	Extent of Damage 2	Driveable No	١	hicle Direct	ion	Vehicle U 01 - F	^{Jse} Private				Actic	on Prior	ig Straight /		
	Sequence of Events (• indicates N	10ST harmf	•	First 17 - Motor	r veh in transp	ort	Second					Third				Fo	urth		
Ē	Passenger Inf		,	,			Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
							Injury	/ Airbag	Deploy	ved	Ejected	Trapped	Ambulance						
	Passenger Inf	ormation					Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
							Injury	/ Airbag	Deploy	/ed	Ejected	Trapped	Ambulance						
S	Passenger Inf	ormation					Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
G E F							Injury	/ Airbag	Deploy	/ed	Ejected	Trapped	Ambulance						
SEN	Passenger Inf	ormation					Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
PASSENGERS							Injury	/ Airbag	Deploy	ved	Ejected	Trapped	Ambulance						
	Passenger Inf	ormation					Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
							Injury	/ Airbag	Deploy	/ed	Ejected	Trapped	Ambulance						
	Passenger Inf	ormation					Date	of Birth (Ag	le)	Sex	Position	Restraint	Hospital						
							Injury	/ Airbag	Deploy	ved	Ejected	Trapped	Ambulance						
S	Carrier Informa	ation								Carrie	r Source	GVWR	I	ICCMC		USDOT	-	MPSC	
/ B U										Driver	's CDL Typ		orsements		DL Exem	pt	CDL Restriction		
JСК	Interstate/Intra	astate V	ehicle T	vne	Type & Axle Per U	nit					Cargo Bo	ON	OP OT OS OX Medical C		O Farm O Other Haz	ardous M	O 28 O 29	O 30 (O 35 O 36 Class #
ТR(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First	Second	Third	Four	th		g	-, .,					O Cargo Spill		
ERS		#######		#########						Owner	r Informatic	n							
OWNERS				######################################															
ESS	Witness Inform	nation								Witnes	ss Informat	ion							
NITNE																			
	vestigated Scene Yes	Reported			t Investigator Name		<u>ищи (ис</u>	<u></u>			gator Nam					hotos By			
L	arrative	5 ##/##/	####	(##:##)	*###########	••••••	+### (##	####)	7	Diagr		*****	##### (#	+####)		#####	##########	****	+####
			0		out a drivewa at he looked b	, ,			0										.
					ck out of wher	-			-										
					Init 2 then stru	•													
					king snow at t c lane. Unit 2	-	ı was												
ł	because he	e wasn't s	sure w	vhat Unit 1	was doing. A	ontinued	l on, Uni	t 1		ι	Jnit 1				nit 2				
	-				ne. Unit 2 sla tractor with no				lriver			П							
	was issued	-				- 3.0470410							IJ				В	ombaj	y Rd
													VBV	•					
													Driveway						

Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)		ternal # #####		Crash ID 793892				Page 01 of 0 Incident # ###		Class 93001
STATE OF MICHIGAN	TRAFFIC	CRA	SH F	REP	ORT			Incident Dispo	osition	
ORI: MI 5615600	Department Name Midland Co Sheriff	's Office						Reviewer GREG H	IALL	
Crash Date Crash Time No. of Units 02/11/2011 21:11 01	Crash Type Single Motor Vehicle		cumstances I Bus	 None O Hit and I 		Deer Fleeing Police	Special C O Fata		raffic Area O (ORV/Snowmobile
County Traffic Control 56 - Midland None	Relation to Roadway Outside of shoulder/o		ecial Study		^{ather} now/Blow	ing Snow		NON-FRWY	Straight roadw	/ay
City/Twsp 09 - Larkin Twp	ble) Lane Closed	Activi		^{⊥ight} Dark-Un	lighted	Road Condition	n	Total Lanes 02	Speed Limit 55	Posted Yes
Z Prefix Road Name O N EASTMAN		Road 1 RD	Гуре			Suff	ix	[Divided Roadway	
Distance I,320 Feet N	Traffic 01 -	Way Not physi	cally divi	ided				ess Control - No access	s control	
Prefix Intersecting Road N HURLEY		Road 1 RD	Гуре			Suff	ix	[Divided Roadway	
Unit Number Unit Known State Driver License Number MI ###################################	Date of Bir 01/09/	^{th (Age)} 1986 (25)	•	ise Type Operator Chauffer Moped	Endorser O Cycle O Farm O Recro	9	iex Total M 01		zardous Action)1 - Speed too	fast
Unit Type Driver Information MV ####################################	####		Injury B	Position 01	Restraint 04	Hospital MIDMICH	IIGAN MI	EDICAL CE	NTER - MIDLA	ND
> Driver Condition ● 1 02 03 04 05 06 07 08 09 099	Interlock No	Ejected	Trapped	Airbag De Yes	ployed	Ambulance MID MICI	HIGAN M	IEDICAL CE	NTER EMS	
Alcohol O Yes • No O Refused O Not offered Test Type O Field O PBT O Breath O Bloo	Test Rest	ults	Drugs O Yes	• No ype O Bloo	d O Urine	Test Re		Citation Issu • Hazard	bed	er
Vehicle Registration State Insurance / Policy #	d O Urine	Т	owed To/B	y		, #########		Special Vehicles	Private Trailer Typ	e Vehicle Defect
VIN ####################################	Make ROLET S				Color RED		Yea 20		le Type kup truck	
Location of First Impact Extent of Greatest Damage 00 00 Damage	Driveable Ve	ehicle Directio	n Vehicl	_{e Use} - Private			Ad	ction Prior	Straight Ahead	
Sequence of First Events 01 - Loss of control (● indicates MOST harmful event)	Second 04 - Ra	an off road	dway-rigl	ht	Third 06 - Ove	erturn		Fourth ● 31 - U	Utility pole	
Passenger Information	Date	of Birth (Age) Se	x Position	Restraint	Hospital				
	Injur	y Airbag D	Deployed	Ejected	Trapped	Ambulance				
Passenger Information	Date	of Birth (Age) Se	x Position	Restraint	Hospital				
	Injur	y Airbag D	Deployed	Ejected	Trapped	Ambulance				
ທ Passenger Information	Date	of Birth (Age) Se	x Position	Restraint	Hospital				
Э Э	Injur	y Airbag D	Deployed	Ejected	Trapped	Ambulance				
Z W Passenger Information O	Date	of Birth (Age) Se	ex Position	Restraint	Hospital				
P AS	Injur	y Airbag D	Deployed	Ejected	Trapped	Ambulance				
Passenger Information	Date	of Birth (Age) Se	ex Position	Restraint	Hospital				
	Injur	y Airbag D	Deployed	Ejected	Trapped	Ambulance				
Passenger Information	Date	of Birth (Age) Se	x Position	Restraint	Hospital				
	Injur	y Airbag D	Deployed	Ejected	Trapped	Ambulance				
o Carrier Information	I		Car	rier Source	GVWR	ICC	MC	USDOT	MPSC	
K/BL			Driv	ver's CDL Ty	он	rsements OP OT	CDL Exe O Farm		Restrictions	O 35 O 36
U Interstate/Intrastate Vehicle Type & Axle First	Per Unit Second Third	Fourth		Cargo Bo		OSOX Medical Card		er lazardous Materi O Placard O (ial ID #	Class #
Owner Information			Ow	ner Informati	on				I	
Owner Information										
Person Advised of Damaged Traffic Control										Public No
Contact Name: ####################################	####		Owner ###	& Phone	#########		+###			

Unit Number Unit Type	Unit Kno		tate Driver Lice	nse Number	C	Date of	Birth (/	Age)	L	icense O Op O Chi O Mo	erator auffer	Endorse O Cycle O Farm O Recr Restraint	e 1 eation	Sex	Total Oc	ccupants	s Hazardous Ac	tion	
Driver Condit		0.5	06 07 08	0.9.0.99		Interlo	ck E	jected	Trappe	ed /	Airbag Dep	loyed	Ambulance						
Alcohol O Yes Test Type	O No e O Field	0	Refused O Not PBT O Bre	t offered eath O Blood	O Urine	Test R	esults		Drugs O Y Te: owed T	'es st Type	O No e O Blood	I O Urine		t Results	C =4	OH	n Issued azardous	O Other	akida Defect
Vehicle Regis	stration	State	Vehicle		Make			Model	oweu i	0/Бу		Color			Year		Vehicle Type	aller Type V	ehicle Defect
Location of Greatest Dan	mage	Fir	Description st Impact	Extent of Damage	Driveable		Vehic	le Directio	n Ve	hicle L	lse				Action	n Prior			
Sequence of Events (• indicates I		mful ev	First			Secon	d					Third				Fo	ourth		
Passenger In		marev	enty			D	ate of I	Birth (Age)		Sex	Position	Restraint	Hospital						
						In	jury	Airbag D	eployed	3	Ejected	Trapped	Ambulance						
Passenger In	nformation					L		Birth (Age)		Sex	Position		Hospital						
Passenger In	oformation						jury ate of l	Airbag D Birth (Age)		Sex	Ejected Position	Trapped Restraint	Ambulance Hospital						
						L	jury	Airbag D			Ejected	Trapped	Ambulance						
Passenger In	nformation					D	ate of I	Birth (Age)		Sex	Position	Restraint	Hospital						
						In	jury	Airbag D	eployed	t I	Ejected	Trapped	Ambulance						
Passenger In	nformation					D	ate of I	Birth (Age)		Sex	Position	Restraint	Hospital						
Decement	6						jury	Airbag D			Ejected	Trapped	Ambulance						
Passenger In	normation					L	ate of i	Birth (Age) Airbag D		Sex	Position Ejected	Restraint Trapped	Hospital Ambulance						
Carrier Inform	mation									Carrie	Source	GVWR		ICCMC		USDO	T	MPSC	
									ŀ	Driver'	s CDL Typ	e Endo	rsements	CD	LExemp		CDL Restriction		
Interstate/Intr	rastate	Vehicl	е Туре	Type & Axle Per		Third		Fourth			Cargo Bo	ON	OP OT OS OX Medical C	C		ardous N		0 30 0 ID #	35 O 36 Class #
Owner Inform	nation			First	Second	Third		Fourth		Owner	Informatio	0			O F	Placard	O Cargo Spill		
Owner Inform	hation									Owner	mornauc								
Witness Infor	rmation									Witnes	s Informat	ion							
nvestigated t Scene Ye				st Investigator Nar ################		### (####	###)			gator Nam	e (Badge) #########	##### (##	#####)		notos By ######	, ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	***	####
larrative		n. Los	t control on	roadway, rar	off roadway	right	t, beg	gan to r	oll,	Diaora	am								
struck tele	-		oof of truck	shearing pole	in half, cont	inuec	d to r	oll over	and										N
													Eastman					C	
													nan						
																A			
															ľ				

Authority: 1949 PA 300, Sec.257.62 Compliance: Required MSP U Penalty: \$100 and/or 90 days (Rev	JD-10E				ernal # #####		Crash II 795413]	Page 0 Incident	1 of 01 # ##########	## File	Class 93	3001
STATE OF N	/IICH	IGAN			CRAS	SH F	REP	ORT			Incident Clos	Disposition ed			
ORI: MI 5615600			Department Na Midland C		s Office						Reviewe STE	er PHEN WC	DODS		
	ash Time 1:44	No. of Units 02	Crash Type Head On-Le	ft Turn	Special Circu O School		 None Hit and 		Deer Fleeing Police	Special (O Fata		Non-Traffic Are	_{ea} o o	RV/Snow	vmobile
County 56 - Midland	Traffic Cont None	rol	Relation to Roadw On Road	ay	Spec	ial Study		_{eather} Clear		Area 12 - N	NON-FR	WY Drive	way		
^{City/Twsp} 09 - Larkin Twp	Construction	n Zone (if applio Type		Lane Closed	Activity		Dayligh	t	Road Conditio Dry	n	Total Lan 02	ies Spec 55	ed Limit 5	Posted No	
Z Prefix Road	^{d Name} STMAN				Road Ty RD	rpe			Suffi	x		Divided I	Roadway		
Distance 2 Feet N Prefix Inter				Traffic V 01 - N	Way Not physic	ally divi	ided				cess Contro - No ac	ecess cont	rol		
O Prefix Inter SC	secting Road	R			Road Ty CT	rpe			Suffi	x		Divided I	Roadway		
		cense Number ####################################		Date of Birth 05/03/1	^{h (Age)} 986 (24)		ise Type Operator Chauffer Moped	Endorse O Cycl O Farn O Recr	e n	ex Tota M 01	al Occupant: 1		Action Ailed to yie	eld	
C Unit Type Driver Information MV ######### ₩ GLADWIN,	######## #########	<i>\####################################</i>				Injury O	Position 01	Restraint 04	Hospital NONE						
 Driver Condition 1 02 03 04 05 0 	06 07 08	8 09 099		Interlock No	Ejected	Trapped	Airbag De No	eployed	Ambulance NONE						
Alcohol O Yes No O R Test Type O Field O P	Refused ● N PBT O B	lot offered treath O Blo	od O Urine	Test Resu		Drugs O Yes Test Ty	● No ype O Bloo	od O Urine	Test Re	sults		n Issued lazardous	O Other		
Vehicle Registration ##############MI	Insurance /	Policy #	#######################################	#####		wed To/By	у		-		Special Vel	hicles Private	e Trailer Type	Vehicle	e Defect
Z ⊃ ^{VIN} ####################################	Vehicle Descrip		Make)	S	Model RW SUPE	R DUT	Υ	Color TAN		Ye 20	ar)02	Vehicle Type Pickup tr	uck		
Location of First Greatest Damage 02 02	t Impact	Extent of Damage	3 No	Vel	hicle Direction		_{e Use} - Private				ction Prior 02 - Tur	ning left			
Sequence of Events (● indicates MOST harmful events	First ● 17 - Mot	tor veh in ti	ansport	Second		_		Third			F	ourth			
Passenger Information	,			Date	of Birth (Age)	Se	x Positio	n Restraint	Hospital						
				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
Passenger Information				Date	of Birth (Age)	Se	x Positio	n Restraint	Hospital						
				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
の Passenger Information				Date	of Birth (Age)	Se	ex Positio	n Restraint	Hospital						
Ш				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
D Z W Passenger Information				Date	of Birth (Age)	Se	ex Positio	n Restraint	Hospital						
				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
Passenger Information				Date	of Birth (Age)	Se	x Positio	n Restraint	Hospital						
				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
Passenger Information				Date	of Birth (Age)	Se	x Positio	n Restraint	Hospital						
				Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
O Carrier Information						Car	rier Source	GVWR	ICC	MC	USDC	DT	MPSC		
K/BU						Driv	ver's CDL Ty	он	orsements	CDL Exe O Farm O Othe	n	CDL Restric O 28 O 2		O 35	O 36
O Interstate/Intrastate Vehicle	Туре	Type & Axle First	Per Unit Second	Third	Fourth		Cargo B	Body Type	Medical Card	-	Hazardous N	Material O Cargo Sp	ID #	Clas	ss #
Owner Information		1				Owr	ner Informat	tion	<u> </u>					-	
Owner Information															
Person Advised of Damaged Traffic	: Control					Damag	jed Property	/						Publ	lic
Contact Name: ####################################	#######	##########	####			Owner	& Phone								

	Unit Number 02	Unit Know Yes			cense Nu #######			Date of 10/2		Age) 87 (23)		icense ● Op O Chi O Mo	erator auffer	Endorse O Cyc O Farr O Rec	le n	Sex F	Total C 02	0ccupant:	s Hazardous Ac 00 - Non		
۵ ل	Unit Type MV	#####	#### ####	+#######	######	!######## !######## (###) ##	#				Injury C	F	osition 01	Restraint 04	Hospital MIDM	ICHIGA	N MEI	DICAL	CENTER -	MIDLANI	C
\sim 1	Driver Conditi		05 0	D6 07 0	8 0 9 0	D 99		Interlo No	ck E	Ejected	Trapp	ed /	Airbag Dep Yes	loyed	Ambulance MID M		N ME	DICAL	CENTER E	EMS	
	Alcohol O Yes	• No	01	Refused ●1	Not offered	d		Test R	esults		Drugs O Y		• No		I	st Results		Citatio	n Issued azardous	O Other	
` ⊦	Test Type Vehicle Regis	tration	State	Insurance	/ Policy #		O Urine			ľ	Towed T	o/By	e O Blood					ecial Vel	nicles Private Tr		ehicle Defect
2	####### VIN	####	MI	###### Vehicle			######### ake	####		Mode		####	######	Color	########	###	(Year	-	Vehicle Type		
	D #######	######		Descri	otion C	HEVROL	.ET			LIBU				GRY			200	4	Passenger	Car	
	Location of Greatest Dam	age 02		t Impact 2	Exten Dama		Driveable No		Vehic N	le Directi		hicle U)2 - C		rcial(bus	iness)			on Prior 1 - Goi	ng Straight	Ahead	
	Sequence of Events (● indicates N	/IOST harn			tor veh	in transp	oort	Secon	d					Third				F	ourth		
		######		########						Birth (Age 6/1974		Sex F	Position 03	Restraint 04	Hospital MIDM	ICHIGA	N MEI	DICAL	CENTER -	MIDLANI	C
	MIDLAN								ijury C	Airbag Yes	Deployed	d	Ejected	Trapped	Ambulance MID M		N ME	DICAL	CENTER E	EMS	
	Passenger Inf	ormation						D	ate of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
								Ir	ijury	Airbag	Deployed	d	Ejected	Trapped	Ambulance	9					
0	Passenger Inf	ormation						D	ate of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
								Ir	ijury	Airbag	Deployed	d	Ejected	Trapped	Ambulance	9					
L C	Passenger Inf	ormation						D	ate of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
0000								Ir	ijury	Airbag	Deployed	d	Ejected	Trapped	Ambulance	9					
	Passenger Inf	ormation						D	ate of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
								Ir	ijury	Airbag	Deployed	d	Ejected	Trapped	Ambulance	9					
	Passenger Inf	ormation						D	ate of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
								Ir	ijury	Airbag	Deployed	d	Ejected	Trapped	Ambulance	9					
0	Carrier Inform	ation										Carrie	Source	GVWR		ICCMC		USDC	т	MPSC	
												Driver	s CDL Typ	De Endo		г	DL Exem D Farm D Other	pt	CDL Restriction O 28 O 29		35 O 36
10	Interstate/Intra	astate	Vehicle	туре		& Axle Per U First S	Init Second	Third		Fourth	h		Cargo Bo	idy Type	Medical (Card		zardous M Placard	Material O Cargo Spill	ID #	Class #
O	Owner Inform			#########							1	Owner	Informatio	on	-						
	######## BEAVER	######	####	#######																	
U U L	Witness Inforr	nation										Witnes	s Informat	tion							
	nvestigated ^{It Scene} Yes	Reporte ##/##		(Time) # (##:##)		tigator Name #########	e (Badge) ##########	#### (####	###)			gator Nam /######		##### (#	#####)	F	Photos By #####	, ############	#######	####
٢	larrative 2 car pia D	Driver 1	state	d he was	SB on I	Eastman	heading to	b Lark	in Fo	od Ce	nter.	Diaora	am		ļ						
	He stated t																				N
	Driver 1 sta was struck			-																	
	Eastman h																				
	them. Impa	act was	in the	e center c	f the no	orthbound	d lane of E	astma	an Ro	d. right	at	SC	hneid	er Ct.					Larkin	Food C	enter
	Schneider								-			8 — 20				Y					
	imobile pos pain. Drive	-			-		-	SIOM	auri						E	2					
													Å	Ż							
													Eactman Dd							3	
													ű								

Authority: 1949 PA 3 Compliance: Require Penalty: \$100 and/or	d MSF	9 UD-10E				ternal # #####		Crash II 80232			7	-	01 of 01 ent # #####	###### Fi	ile Class	s 93001
STATE	OF I	MICH	IGAN			CRAS	SH F	REP	ORT				nt Dispositi Sed	on		
ORI: MI 5615600				Department Na Midland (^{wer} ACY TH	OMAS		
Crash Date 05/18/2011		Crash Time 07:40	No. of Units 02	Crash Type Head On-Le		Special Circu O School		 None O Hit and 		Deer Fleeing Police	Specia O Fa	I Checks atal O	Non-Traffi	c Area O	ORV/S	Snowmobile
County 56 - Midland		Traffic Con None		Relation to Roadv Shoulder	/ay	Speci	al Study		_{eather} Cloudy					raight road	way	
^{City/Twsp} 09 - Larkin Tv	vp	Constructio	n Zone (if appli Type		Lane Closed	Activity		^{.ight} Dayligh	t	Road Condition Dry	on	Total L 02	anes	Speed Limit 55	Post	
Z Prefix O N	Ro E	ad Name ASTMAN				Road Ty RD	pe			Suf	fix		Divid	ded Roadway		
Distance 20 Feet 1 0 0 Prefix	N				Traffic 01 - 1	_{Way} Not physic	ally divi	ded				ccess Cont 1 - No a	trol ACCESS C	ontrol		
O Prefix	Int S	ersecting Road	d R			Road Ty CT	pe			Suf	fix		Divid	ded Roadway		
01	/es	MI ####	icense Number ############		Date of Birth 06/09/1	^{h (Age)} 992 (18)	• (0 (se Type Operator Chauffer Moped	Endorse O Cycle O Farm O Recr	e 1 eation		tal Occupa)1		dous Action - Failed to y	/ield	
MV # #	#######	########	######### ########## 2 (###) #				Injury O	Position 01	Restraint 04	Hospital NONE						
Driver Condition • 1 0 2 0 3 • 1	04 05	06 07 0	8 09 099		Interlock No	Ejected	Trapped	Airbag De Yes	eployed	Ambulance NONE						
Alcohol O Yes Test Type		Refused I	Not offered Breath O Blo	od O Urine	Test Resu		Drugs O Yes Test Ty	● No /pe O Blo	od O Urine	Test R	esults		tion Issued Hazardous	o Otł	her	
└── Vehicle Registrat				#######################################	#####		wed To/By #######				#	Special V 0	/ehicles Pr	ivate Trailer Ty	pe Veh	nicle Defect
Z vin → ####################################	#######	# Vehicle Descri		Make MOBILE	4	Model DOOR			Color SIL			^{'ear} 999	Vehicle T Passe	^{ype} enger Car		
Location of Greatest Damage		rst Impact 02	Extent of Damage	3 Driveable	Vel	hicle Direction	Vehicle 01 -	e Use • Private				Action Prio 02 - Τι	^{»r} urning le	ft		
Sequence of Events (● indicates MOS	ST harmful ev	First • 17 - Mo vent)	tor veh in t	ransport	Second				Third		-		Fourth			
Passenger Inform	nation				Date	of Birth (Age)	Se	x Positio	n Restraint	Hospital						
					Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
Passenger Inform	nation				Date	of Birth (Age)	Se	x Positio	n Restraint	Hospital						
					Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
の Passenger Inform	nation				Date	of Birth (Age)	Sex	x Positio	n Restraint	Hospital						
ш					Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
D Z W Passenger Inform	nation				Date	of Birth (Age)	Sex	x Positio	n Restraint	Hospital						
S S S S S S S S S S S S S S S S S S S					Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
Passenger Inform	nation				Date	of Birth (Age)	Sex	x Positio	n Restraint	Hospital						
					Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
Passenger Inform	nation				Date	of Birth (Age)	Sex	x Positio	n Restraint	Hospital						
					Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
ഗ Carrier Informatic	n						Carr	rier Source	GVWR	ICO	CMC	USE	ООТ	MPSC	;	
K/BU							Driv	er's CDL T	он	rsements OP OT OS OX	CDL E O Fa O Ot	rm		strictions O 29 O 30	O 35	5 O 36
O ⊃ Interstate/Intrasta ∠	ite Vehic	le Туре	Type & Axl First	e Per Unit Second	Third	Fourth		Cargo E	ody Type	Medical Card		Hazardou	s Material rd O Carg	ID # go Spill	ľ	Class #
Owner Informatio ############## (###) #:	#######						Owr	ner Informa	tion						<u> </u>	
Person Advised of D	-						Damag	ed Property	/						T	Public
Contact Name: ## Contact Date: ## Contact Time: ##	#/##/####		##########	####			Owner	& Phone								

_													~							•	
	Unit Number 02	Unit Know Yes			nse Number #########				3irth (Age 1/1974			icense Op O Ch O Mo	erator auffer	Endorse O Cyc O Farr O Rec	le	Sex F	Total Oc 03	cupants	Hazardous A 00 - No		
E R	Unit Type MV	#####	#### ####	n ####################################	+#####################################	#####	#				Injury C		Position 01	Restraint 04	Hospital MIDMIC	HIGA	N MED	ICAL	CENTER	- MIDLAN	ND
$ \langle \rangle $	Driver Condit ●1 02		05 0	06 07 08	O9 O99			Interloc No	k Ejeo	cted	Trapp	ed /	Airbag Dep Yes	loyed	Ambulance MID MI	CHIGA	N MED	DICAL	CENTER	EMS	
DR	Alcohol O Yes	• No		Refused				Test Re	esults		Drugs O Y	es	● No			Results		Citation O Ha	lssued zardous	O Other	
Τ /	Test Type Vehicle Regis	stration S	O F State	Insurance / P	olicy #		Urine			-	Towed T	o/By	e O Blood					cial Vehi	cles Private	Trailer Type	Vehicle Defect
z	####### VIN		MI	Vehicle	*########	иннин Маке		+###		Mode		####	****	Color	****	ŦĦ	0 Year	V	ehicle Type		
	######## Location of	+#######		Description to the test of tes	on FORD		Driveable		TAUF			hicle L		SIL			1998 Action		Passenge	er Car	
	Greatest Dar		0	1	Damage	4	No		Ν	Jilectic			Private					- Goin	ng Straigh	t Ahead	
	Sequence of Events (• indicates		ful eve	• 17 - Moto nt)	r veh in tr	anspor	t	Second						Third				Fo	urth		
		+######		##########					ate of Birt 1/01/2			Sex M	Position 04	Restraint 06	Hospital MIDMIC	HIGA	N MED	ICAL	CENTER	- MIDLAN	١D
		####### ID, MI 48		######################################				lnj (-	Deploye Equip		Ejected	Trapped	Ambulance MID MI	CHIGA	N MEC	DICAL	CENTER	EMS	
	Passenger In ########		####	###########	####				te of Birt 1/19/2			Sex M	Position 06	Restraint 06	Hospital MIDMIC	HIGA	N MED	ICAL	CENTER	- MIDLAN	ND
		####### ID, MI 48		######################################				lnj (-	Deploye Equip		Ejected	Trapped	Ambulance MID MI	CHIGA			CENTER	EMS	
RS	Passenger In	formation						Da	ate of Birt			Sex	Position	Restraint	Hospital						
ENGER								Inj	ury A	irbag [Deploye	d	Ejected	Trapped	Ambulance						
SEN	Passenger In	formation						Da	ate of Birt	th (Age)	Sex	Position	Restraint	Hospital						
PASSE								Inj	ury A	irbag [Deploye	d	Ejected	Trapped	Ambulance						
<u>а</u> .	Passenger In	formation						Da	ate of Birt	th (Age	9)	Sex	Position	Restraint	Hospital						
								Inj	ury A	irbag [Deploye	d	Ejected	Trapped	Ambulance						
	Passenger In	formation						Da	te of Birt	th (Age	e)	Sex	Position	Restraint	Hospital						
								Inj	ury A	irbag [Deploye	d	Ejected	Trapped	Ambulance						
S	Carrier Inform	nation										Carrie	Source	GVWR		ССМС		USDOT	-	MPSC	
/ B U (Driver	s CDL Typ	e Endo	orsements		L Exempt		CDL Restricti	ons	
CK/					-										I OS OX	С	Farm Other		028 02		035 036
TRU	Interstate/Intr	rastate	/ehicle	Туре	Type & Axle First		cond	Third		Fourth	1		Cargo Bo	dy Type	Medical Ca	ird		rdous Ma Iacard	o Cargo Spi	ID #	Class #
OWNERS	Owner Inform ####################################	+######		########## ############								Owner	Informatio	n							
MO	(###	*) ###-##																			
VESS		+#######		########## ############								Witnes	s Informati	ion							
WITNES		MI 48628		###) ###-##	###																
	^{vestigated} Scene Ye	Reported s ##/##			st Investigator ###########			### (†	+#####	#)			gator Name ########	,	##### (##	####)		otos By	#########	#######	#####
	arrative /ehicle #2	was trav	eling	northboun	d. Vehicl	e #1 at	tempted	to turi	n left ir	nto th	ne	Diagr	am								
l	arkin Foo	d Center	and	turned in fr	ont of Vel	hicle #2	2. Vehicl	e #2 a	and Ve	ehicle	e #1					East	man I	Road	•		N
				Driver of						-											
				ess (Lake) o is traveling				eu iei	111110												
																		-		Parking	Lot
																		2		arkin F Center	
													Schn	eider (Ct.					201101	
												22									
																	2				
																	ļ				

SANITIZED SANITIZED SANITIZED SANITIZED

Authority: 1949 F Compliance: Rec Penalty: \$100 an	quired N	ISP UD-10E				ernal # #####		Crash 81128				Ŭ	e 01 of 01 ent # #######	#### File	Class	93001
STAT	E OF	MIC	HIGAN		FIC (CRA	SH F	REP	ORT				ent Disposition DSed	I		
ORI: MI 561560	0			Department N Midland	^{ame} Co Sheriff'	s Office						Revie ST	ewer EPHEN W	/OODS		
Crash Date 09/19/2011	1	Crash Time 08:46	No. of Units 02	Crash Type Rear End		Special Circ O Schoo		O None ● Hit an		Deer Fleeing Police		al Checks atal O	Non-Traffic	Area O (DRV/Sr	nowmobile
^{County} 56 - Midlar	nd	Traffic O		Relation to Road	way	Spe	cial Study		^{/eather} Rain		Area 10 ·	NON-F	RWY Stra	aight roadw	/ay	
^{City/Twsp} 09 - Larkin	Тwp	Constru	ction Zone (if appli Type		Lane Closed	Activi		Light Dayligl	nt	Road Condit Wet	tion	Total L 02	· ·	beed Limit 55	Poste No	
Z Prefix O N		Road Name EASTMA	N			Road T RD	уре			Su	ffix		Divide	d Roadway		
Distance 50 Fee O Prefix					Traffic	_{Way} Not physio	cally divi	ided				Access Con 01 - No a	ntrol access col	ntrol		
O Prefix		Intersecting F	load DER			Road T CT	уре			Su	ffix		Divide	d Roadway		
Unit Number 01	Unit Known Yes	MI ##	er License Number	:	Date of Birth 02/18/1	^{h (Age)} 990 (21)	0	ise Type Operator Chauffer Moped	Endorse O Cycl O Farn O Recr	e n reation		otal Occupa 02	ants Hazardo 12 - I	us Action Unable to s	stop	
Unit Type MV ⊥⊔	######	########	######################################				Injury O	Position 01	Restraint 04	Hospital NONE						
Driver Condit 0 1 0 2		5 06 07	08 09 099		Interlock No	Ejected	Trapped	Airbag D No	eployed	Ambulance NONE						
Alcohol O Yes Test Type	● No		Not offered O Breath O Blo	ood O Urine	Test Resu	lts	Drugs O Yes Test Ty	● No			Results		ation Issued Hazardous	O Othe	er	
⊢ Vehicle Regis - ########	stration Sta	ate Insurar	nce / Policy #	·#####################################	######		owed To/By	у	#######################################		#	Special \ 0	Vehicles Priva	ate Trailer Typ	e Vehi	icle Defect
Z ⊃ #######			nicle scription CHR	Make YSLER	4	Model DR			Color BLK			Year 2005	Vehicle Typ Passer	e nger Car	-	
Location of Greatest Dan	nage 01	First Impact 01	Extent of Damage	3 Driveable	Vel	hicle Direction		_{e Use} - Private	9			Action Pric 01 - G				
Sequence of Events (● indicates I	MOST harmfu	First • 17 - il event)	Motor veh in t	ransport	Second				Third				Fourth			
Passenger In						of Birth (Age) 30/1963 (on Restraint 04	Hospital NONE						
#######	#######	4#######			Injury	Airbag D	,	Ejected	-	Ambulance NONE						
Passenger In	formation		-			of Birth (Age)			on Restraint	Hospital						
					Injury	Airbag D	eployed	Ejecteo	I Trapped	Ambulance						
O Passenger In	formation				Date	of Birth (Age)	Se	x Positi	on Restraint	Hospital						
GER					Injury	Airbag D	eployed	Ejected	I Trapped	Ambulance						
0 Z Passenger In	formation				Date	of Birth (Age)	Se	x Positi	on Restraint	Hospital						
P A S S					Injury	Airbag D	eployed	Ejected	I Trapped	Ambulance						
Passenger In	formation				Date	of Birth (Age)	Se	x Positi	on Restraint	Hospital						
					Injury	Airbag D	eployed	Ejected	I Trapped	Ambulance						
Passenger In	formation				Date	of Birth (Age)	Se	x Positi	on Restraint	Hospital						
					Injury	Airbag D	eployed	Ejected	I Trapped	Ambulance						
											0140		DOT	14000		
ഗ Carrier Inform ⊃ മ	nation							rier Source			CMC		DOT	MPSC		
C K /							Driv	ver's CDL 1	он	OP OT OS OX	CDL E 0 Fa 0 0		CDL Rest	rictions O 29 O 30	O 35	O 36
☐ Interstate/Intr	rastate Ve	hicle Type	Type & Axl First	e Per Unit Second	Third	Fourth		Cargo	Body Type	Medical Car	rd		us Material ard O Cargo	ID #	C	Class #
Owner Inform		"					Owr	ner Inform	ation	•		•				
Z #######	#######	######### MI 48025	########	####												
O Person Advised							Damag	jed Proper	ty						P	Public
Contact Date:	##/##/##		###########	+####			Owner	& Phone								
Contact Time:	##:##															

	Unit Number 02	Unit Known Yes	State		nse Number #########			e of Birth 5/20/19	(Age) 971 (40)			erator auffer	Endorse O Cycl O Farn O Recr	e n	Sex F	Total Oc 01	ccupants	Hazardous A 00 - Non		
Б С	Unit Type MV	######	#### #####	######## ######### N, MI 486	######### ######### 12 (###)	#### ####) ###-###	#			Injury C	1	Position 01	Restraint 04	Hospital NONE						
	Driver Condit ●1 02		25 06	6 07 08	09 099			erlock NO	Ejected	Trappe	ed /	Airbag Dep No	loyed	Ambulance NONE						
DR	Alcohol O Yes	• No		fused Not				st Result	6	Drugs O Y	'es	• No			Results		Citation O Haz	Issued zardous	O Other	
ΙT /	Test Type Vehicle Regis	stration S	O PB tate MI	Insurance / P				##	ľ	Towed T	o/By	e O Blood		e {#########	##	Spe 0		cles Private T	railer Type	Vehicle Defect
N N	VIN			Vehicle Descriptio		Make			Mode ERRA				Color GRY			Year 2010		ehicle Type		
	Location of Greatest Dan		First In		Extent of Damage	1 Drivea			Cle Directi		hicle L		GRI			Actio	n Prior	Pickup truc		
	Sequence of Events			First	r veh in tra		-	cond			JI - F	Ilvale	Third			04	Fou	ped on roa urth	uway	
	(indicates I					Insport						1	Ia							
	Passenger In	formation						Date of	f Birth (Age		Sex	Position		Hospital						
								Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
	Passenger In	formation						Date of	f Birth (Age	9)	Sex	Position	Restraint	Hospital						
								Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
RS	Passenger In	formation						Date of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
N G E	Passenger In Passenger In							Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
SEN	Passenger In	formation						Date of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
s A c								Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
	Passenger In							Date of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
								Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
	Passenger In	formation						Date o	Birth (Age	e)	Sex	Position	Restraint	Hospital						
								Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
ပ	Carrier Inforn	nation									Carrie	r Source	GVWR		CCMC		USDOT		MPSC	
K/BUS												s CDL Typ		orsements		L Exemp		CDL Restriction		
CK/											2	0002179	он	OP OT OS OX	c	Farm Other				D 35 O 36
TRU	Interstate/Intr	astate V	ehicle Ty	ype	Type & Axle I First	Per Unit Second	Th	ird	Fourth	ı		Cargo Bo	dy Type	Medical Ca	ard		ardous Ma Placard	aterial O Cargo Spill	ID #	Class #
	Owner Inform	nation								Ī	Owner	Informatic	on			-				
OWNERS																				
S 0	Witness Infor	mation									Witnes	s Informat	ion							
С Ш		indion																		
WITN																				
Inv at	^{estigated} ^{Scene} No	Reported ##/##/			st Investigator I ###########			# (###	###)			gator Nam #######		##### (##	####)		hotos By ######	+########	#######	####
	rrative Soth units	southbou	ind L	Init 2 was	stopped o	n roadwa	v for a v	/ehicle	in front	of	Diaor	am								
					ided Unit 2															N
					ner driver. de in city a										F					
		-			pended. V					a										
															E					
													Eastm	an Rd						

Authority: 1949 PA 300, Sec.257.6 Compliance: Required MSP Penalty: \$100 and/or 90 days (Rev	UD-10E				ternal # #####		Crash 8193				Page (Inciden	01 of 01 t # #############	File Cla	ass 93001
STATE OF N	<u> /ICH</u>	GAN			CRA	SH	REF	PORT			Clos			
ORI: MI 0903100			Department Na MSP Bay									er ICE R COOK	ĸ	
11/21/2011	16:10	No. of Units 01	Crash Type Single Moto		Special Cir O Schoo	ol Bus	None O Hit ar	nd Run O	Deer Fleeing Police	, or	ial Checks Fatal O	Non-Traffic Area	O ORV	//Snowmobile
County 56 - Midland	Traffic Contro None		Relation to Roadw Outside of s	-		ecial Study		Weather Clear				WY Straight		
^{City/Twsp} 09 - Larkin Twp	Construction	Zone (if applic Type		ane Closed	Activ	ity	Light Daylig	ht	Road Condi Dry	ition	Total La 02	nes Speed 55		Yes
O EA	ad Name				Road RD	Туре			Su	uffix		Divided Roa	adway	
Distance 1,200 Feet S Prefix Inte				Traffic 01 - 1	_{Way} Not physi	cally div	vided				Access Contro 01 - No ac	ol ccess control	l	
O Prefix Inte BC	rsecting Road				Road RD	Туре			Su	uffix		Divided Roa	adway	
	ate Driver Lic MI #####	ense Number ###########		Date of Birt 05/08/1	h (Age) 1965 (46)		ense Type O Operator O Chauffer O Moped	Endorse O Cycl O Farr O Rec	e n		otal Occupant	ts Hazardous Ac 00 - Non		
Unit Type Driver Informatio MV ####################################	!######## !########		#####			Injury O	Position 01	04	Hospital NONE					
Driver Condition • 1 02 03 04 05 0	06 07 08	09 099		Interlock No	Ejected	Trapped	Airbag No	Deployed	Ambulance NONE					
	Refused ● No PBT O Br		od O Urine	Test Resu	lts	Drugs O Yes	s ●N Type OB			Results		on Issued Iazardous	O Other	
Vehicle Registration ####################################	Insurance /	Policy #	#######################################	#####	1	rowed To/	Ву	######################################		##	Special Ve 0	hicles Private Tr	railer Type V	ehicle Defect
Z D ####################################	Vehicle Descript	ion BUIC	Make	R				Color RED			Year 2006	Vehicle Type Passenger	Car	
Location of Firs Greatest Damage 04 0	st Impact	Extent of Damage	Driveable 1 No		hicle Directio	on Vehi	_{cle Use} - Privat				Action Prior	ing Straight		
Sequence of Events	First 01 - Loss	s of contro		Second	oss cente	_		Third	n off roadv	way-right	F	ourth 35 - Ditch		
(indicates MOST harmful even Passenger Information	ent)			Date	of Birth (Age	e) S	Sex Posit	ion Restraint	Hospital					
				Injury	Airbag [Deployed	Ejecte	d Trapped	Ambulance					
Passenger Information				Date	of Birth (Age	e) S	Sex Posit	ion Restraint	Hospital					
				Injury	Airbag [Deployed	Ejecte	d Trapped	Ambulance					
Passenger Information					of Birth (Age		Sex Posit		Hospital					
и Ш					Airbag [-			Ambulance					
D Z Bassenger Information					of Birth (Age		Sex Posit		Hospital					
						-			Ambulance					
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Passenger Information					of Birth (Age	·	Sex Posit		Hospital					
				Injury		Deployed	Ejecte	d Trapped	Ambulance					
Passenger Information				Date	of Birth (Age	:) S	Sex Posit	ion Restraint	Hospital					
				Injury	Airbag [Deployed	Ejecte	d Trapped	Ambulance					
∽ Carrier Information						Ca	arrier Sourc	e GVWR	IC	CCMC	USDO	T	MPSC	
C.K/B.(Dr	river's CDL	01	OP OT OS OX	OF	Exempt arm Other	CDL Restriction O 28 O 29		35 O 36
□ Interstate/Intrastate Vehicle	е Туре	Type & Axle First	e Per Unit Second	Third	Fourth	I	Cargo	Body Type	Medical Ca		Hazardous	Material O Cargo Spill	ID #	Class #
Owner Information		•				O	wner Inform	nation					•	•
Owner Information														
Person Advised of Damaged Traffi						Dama	aged Prope	rty						Public
Contact Name: ####################################	*#########	#########	####			Owne	er & Phone							

Unit Number Unit Known State Driv	er License Number Da	ate of Birth (Age)	License	е Туре	Endorse	ments S	Sex Total O	ccupants	Hazardous Act	ion	
			0 Op 0 Ch 0 M	perator nauffer oped	O Cycle O Farm O Recr	1					
Unit Type Driver Information			Injury	Position	Restraint	Hospital					
Driver Condition 01 02 03 04 05 06 07		nterlock Ejected		Airbag Dep	loyed	Ambulance					
Alcohol O Yes O No O Refused Test Type O Field O PBT	O Not offered T O Breath O Blood O Urine	Test Results	Drugs O Yes Test Typ	O No e O Blood	I O Urine	Test Re	esults	Citation O Haz	lssued ardous	O Other	
	nce / Policy #	I	Towed To/By				Sp	ecial Vehic	les Private Tra	iller Type Vel	hicle Defect
	hicle Make scription	Model	l		Color		Year	Ve	hicle Type		
Location of First Impact Greatest Damage	Extent of Driveable Damage	Vehicle Direction	on Vehicle	Use			Actio	on Prior			
Sequence of First Events	s	Second			Third			Fou	ırth		
(indicates MOST harmful event) Passenger Information		Date of Birth (Age) Sex	Position	Restraint	Hospital					
		Injury Airbag D	Deployed	Ejected	Trapped	Ambulance					
Passenger Information		Date of Birth (Age	e) Sex	Position		Hospital					
			Deployed	Ejected	Trapped	Ambulance					
Passenger Information		Date of Birth (Age		Position		Hospital					
х 		Injury Airbag D		Ejected	Trapped	Ambulance					
D Z Passenger Information		Date of Birth (Age		Position		Hospital					
0 0											
		Injury Airbag D		Ejected	Trapped	Ambulance					
Passenger Information		Date of Birth (Age		Position		Hospital					
		Injury Airbag D		Ejected	Trapped	Ambulance					
Passenger Information		Date of Birth (Age		Position		Hospital					
		Injury Airbag D	Deployed	Ejected	Trapped	Ambulance					
Carrier Information			Carrie	er Source	GVWR	ICC	CMC	USDOT		MPSC	
M/ B U			Driver	's CDL Typ	он	rsements OP OT	CDL Exemp O Farm		DL Restrictions 0 28 0 29	; O 30 O 35	5 O 36
Interstate/Intrastate Vehicle Type	Type & Axle Per Unit First Second T	Third Fourth	_	Cargo Bo		OSOX Medical Card		ardous Ma		ID #	Class #
Councer Information				r Informatio			0	Placard	O Cargo Spill		
Owner Information			Owne	r intormatic	n						
Witness Information			Witne	ss Informat	ion						
Investigated Reported Date (Time) at Scene Yes ##/##/#### (###:#	1st Investigator Name (Badge) ####################################	## (#####)		igator Nam #######		+#### (###		hotos By #######	##########		+##
Narrative		. ,	Diag				·····,				
	STMAN RD. WHEN THE PASS G THE DRIVER TO LOSE CON		< l								N
	HE CENTER LINE AND THEN		'S								
BEEHRS.	N THE WEST DITCH. VEHICL	LE TOWED BY					Ś		Ö.		
						DITCH		2	EASTMAN RD.		
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Authority: 1949 F Compliance: Reg Penalty: \$100 an	quired N	ISP UD-1					ternal # ######			Crash II 82124					Page 0 Incident	1 of 01 # #######	####	ile Clas	ss 93001
	E OF	MI	CHI	IGAN	TRAF		CRA	۱SF	4 F	REP	ORT				Incident Clos	Dispositior ed	1		
ORI: MI 561560	0					^{ame} Co Sheriff'	s Office	e							Reviewe GRE	er G HALL	-		
Crash Date 12/10/2011	1	Crash 1 21:4		No. of Units 02	Crash Type Rear End			Circums nool Bus		None Hit and	O I Run O I	Deer Fleeing Police		Special Ch O Fatal		Non-Traffic	Area O	ORV/	Snowmobile
^{County} 56 - Midlar	nd	Tra	affic Contro	ol	Relation to Road On Road	way		Special S	Study		_{eather} Clear			^{rea} 10 - NO	ON-FR	WY Stra	aight road	lway	
^{City/Twsp} 09 - Larkin	Тwp	Co	nstruction	Zone (if applie Type		Lane Closed	A	ctivity		^{ght} Dark-U	nlighted	Road Condi Dry	ition		Total Lan 02		beed Limit 55	Pos N	sted IO
Z Prefix O N		Road Na	^{ime} MAN				Roa RE	ad Type)				Su	uffix			Divide	d Roadway		
Distance Distance 1,320 O Prefix E	Feet N					Traffic	_{Way} Not phy	sically	/ divio	ded					ss Contro	i cess co	ntrol		
O O E E		Intersecti HURL					Roa RE	ad Type)				Su	uffix			Divide	d Roadway		
Unit Number 01	Unit Known Yes			ense Number ##########		Date of Birth 02/27/1		9)	•0 00	e Type perator hauffer loped	Endorser O Cycle O Farm O Recr	e 1	Sex F	Total 0 01	Occupants		us Action Other		
Unit Type MV ш		###### ######	######	######### ######### (###) #	#####			Inju O		Position 01	Restraint 04	Hospital NONE	-			-			
Driver Conditi 1 0 2	ion 03 04 0	5 0 6	07 08	09 0 99		Interlock No	Ejected	Trap	oped	Airbag De No	eployed	Ambulance NONE							
Alcohol O Yes Test Type	• No	O Refus O PBT	sed ONo OBr		od O Urine	Test Resu	lts		Yes	● No pe O Blo	od O Urine		Results	5		n Issued azardous	00	her	
⊢ Vehicle Regis — #######	stration Sta	ate Ins	surance / I	Policy #	#######################################	#####		Towed	d To/By	-	###########		##		oecial Veh 0	hicles Priv	ate Trailer T	ype Ve	hicle Defect
Z ⊃ #######		###	Vehicle Descripti	ion DOD	Make GE	D	Mo DURAN				Color WHI			Year 200		Vehicle Typ Passer	e nger Car		
Location of Greatest Dam	nage 02	First Imp 02	bact	Extent of Damage	Driveable 3 No	Vel N	hicle Dire	ction	Vehicle 01 -	^{Use} Private					on Prior 1 - Goi	ng Strai	ght Ahea	d	
Sequence of Events	MOST harmfu	Fir • 17 Levent)		or veh in ti	ansport	Second					Third				F	ourth			
Passenger Int						Date	of Birth (A	(ge)	Sex	Positio	n Restraint	Hospital							
						Injury	Airba	g Deploy	/ed	Ejected	Trapped	Ambulance							
Passenger In	formation					Date	of Birth (A	(ge)	Sex	Positio	n Restraint	Hospital							
						Injury	Airba	g Deploy	/ed	Ejected	Trapped	Ambulance							
O Passenger Int	formation					Date	of Birth (A	(ge)	Sex	Positio	n Restraint	Hospital							
GER						Injury	Airba	g Deploy	/ed	Ejected	Trapped	Ambulance							
ບ Z III Passenger Int	formation					Date	of Birth (A	(ge)	Sex	Positio	n Restraint	Hospital							
PASS						Injury	Airba	g Deploy	/ed	Ejected	Trapped	Ambulance							
Passenger In	formation					Date	of Birth (A	(ge)	Sex	Positio	n Restraint	Hospital							
						Injury	Airba	g Deploy	/ed	Ejected	Trapped	Ambulance							
Passenger In	formation					Date	of Birth (A	(ge)	Sex	Positio	n Restraint	Hospital							
						Injury	Airba	g Deploy	/ed	Ejected	Trapped	Ambulance							
O Carrier Inform	nation					!			Carri	er Source	GVWR	IC	CCMC		USDO	T	MPS	C	
<td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Drive</td> <td>er's CDL T</td> <td></td> <td>rsements OP OT</td> <td>C</td> <td>DL Exem O Farm</td> <td>npt</td> <td>CDL Rest</td> <td>rictions O 29 O 30</td> <td></td> <td>5 0 36</td>									Drive	er's CDL T		rsements OP OT	C	DL Exem O Farm	npt	CDL Rest	rictions O 29 O 30		5 0 36
C ☐ Interstate/Intra ∠	rastate Ve	hicle Type	e	Type & Axle First	e Per Unit Second	Third	Fou	ırth		Cargo E	O N ody Type	OSOX Medical Ca	ard		zardous N Placard		ID #	. 53	Class #
Owner Inform	nation								Own	er Informa	tion	1							
Owner Inform																			
O Person Advised	of Damaged 1	raffic Cor	ntrol					1	Damade	ed Property	/								Public
Contact Name: Contact Date:	#######	#####		#########	####			L	-	& Phone									
Contact Time:								Ĩ											

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	Jnit Number 02	Yes	М		cense Number !###########		Pate of Birth 11/01/19			ense ● Op O Chi O Mo	erator auffer ped	Endorse O Cyc O Farr O Rec	e n reation	Sex M	Total C 01	Occupan	ts Hazardous A 00 - Non		
	Jnit Type MV	#####	+##### +#####	/####### /####### //I 48642	//////////////////////////////////////	# ###			Injury A		osition 01	Restraint 04	Hospital NONE						
≥ □	Oriver Conditi ●1 02		05 0	6 07 08	3 O 9 O 99		Interlock NO	Ejected	Trappe	ed /	Airbag Dep No	loyed	Ambulance NONE						
4 D 4	Alcohol O Yes Test Type	• No	O Re O PE	efused ON		O Urine	Test Results	6	Drugs O Ye		No O Blood	1 O Urin		Results			on Issued Hazardous	O Other	
	/ehicle Regis	stration	State MI	Insurance /			###		Towed To	o/By			- +########	##		ecial Ve	hicles Private T	railer Type	Vehicle Defect
	/IN ########	#######	####	Vehicle Descrip		ake FT	15	Mode	1			Color RED			Year 198	8	Vehicle Type Pickup truc		
	Location of Greatest Darr		First	Impact	Extent of Damage 2	Driveable No	-	cle Directio		hicle L		RED			Acti	on Prior	opped on roa	-	
5	Sequence of Events			First	tor veh in transp	-	Second			/ - r	IIvale	Third			0.		Fourth	luway	
(indicates I 		nful even	t)			Data at	Dist (Ass		C	Desition	Destroint	Linesitel						
	Passenger In	formation						Birth (Age		Sex	Position	Restraint	Hospital						
							Injury	Airbag I	Deployed	l	Ejected	Trapped	Ambulance						
F	Passenger Ini	formation					Date of	f Birth (Age	9)	Sex	Position	Restraint	Hospital						
							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
К	Passenger In	formation					Date of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
NGE							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
	Passenger Ini	formation					Date of	Birth (Age	9)	Sex	Position	Restraint	Hospital						
ΡAS							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
	Passenger In	formation					Date of	Birth (Age	e)	Sex	Position	Restraint	Hospital						
							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
F	Passenger In	formation					Date of	Birth (Age	9)	Sex	Position	Restraint	Hospital						
							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
														00110		Luop		Lupoo	
BUS	Carrier Inform	nation									Source	GVWR		ССМС		USDO		MPSC	
) Κ/ Ε									ſ	Driver	s CDL Typ	e Endo OF ON		(DL Exem D Farm D Other	ipt	CDL Restriction		035 O36
R U O	nterstate/Intr	astate	Vehicle 1	Гуре	Type & Axle Per U First	Init Second	Third	Fourth	1		Cargo Bo		Medical C		Ha		Material O Cargo Spill	ID #	Class #
⊢ ഗ(Owner Inform	nation								Owner	Informatio	on							
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ESS	Witness Infor	mation							١	Witnes	s Informat	ion							
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	estigated icene Yes		d Date (1	īme) (##:##)	1st Investigator Name ####################################			###\				e (Badge)	##### (##	· <i>···</i>	F	Photos B	y ############		
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					ficulties and had			-	he										NT.
	astman ra					y surpe by i	.5. 0111	1110											
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Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)				ernal # !####		1	Crash ID 827444					Page 01 Incident	1 of 01 # #######	#### Fi	e Class	s 93001
STATE OF MICH	HIGAN		FIC (CRA	SH	I R	EPO	ORT				Incident Close	Disposition Əd	I		
ORI: MI 5615600		Department Na Midland (ame Co Sheriff'	s Office								Reviewe TRA		MAS		
Crash Date Crash Time 02/14/2012 06:36	No. of Units 02	Crash Type Rear End		Special C O Scho			None Hit and F		Deer Fleeing Police		ecial Che D Fatal		lon-Traffic /	Area O	ORV/S	nowmobile
County Traffic County 56 - Midland None		Relation to Roadv On Road	vay	Sp	ecial Stu	udy		^{ather} now/Blov	ing Snow	/ Are		N-FR	WY Stra	aight road	way	
City/Twsp 09 - Larkin Twp	tion Zone (if appli Type		Lane Closed	Acti	vity	Lig D	ht Dark-Un	lighted	Road Condi Snowy	ition	Т	Total Land 02		beed Limit 55	Post	
Z Prefix Road Name O N EASTMAN	l			Road RD	Туре				Su	uffix			Divide	d Roadway		
Distance 10 Feet S Prefix Intersecting RR POMPAX			Traffic 01 - N	_{Way} Not phys	ically	divide	ed					s Control	cess coi	ntrol		
O Prefix Intersecting Ro E BOMBAY	ad			Road RD	Туре				Su	uffix			Divide	d Roadway		
	License Number ####################################	:	Date of Birth 12/04/1	^{h (Age)} 987 (24			erator	Endorse O Cycle O Farm O Recr	e 1	Sex F	Total O 01	ccupants		us Action Speed too	fast	
Unit Type Driver Information MV ####################################		#####			Injury O		Position 01	Restraint 04	Hospital NONE							
Driver Condition • 1 02 03 04 05 06 07	08 09 099		Interlock No	Ejected	Trapp	bed i	Airbag Dep No	bloyed	Ambulance NONE							
Alcohol O Yes ● No O Refused O Test Type O Field O PBT O	Not offered Breath O Blo	ood O Urine	Test Resu	lts		Yes	● No e O Blood	d O Urine		Results			n Issued azardous	O Oth	er	
⊢ Vehicle Registration State Insurance	e / Policy #	·#####################################	#####		Towed 1	To/By			########	##	Sp C		icles Priva	ate Trailer Ty	be Veh	nicle Defect
Z VIN D ####################################	cle cription PON	Make TIAC	G					Color BLK			Year 1996		/ehicle Typ Passer	e nger Car		
Location of First Impact Greatest Damage 01 01	Extent of Damage	2 Driveable 2 Yes	Vel N	hicle Directi		ehicle l 01 - F	Jse Private					on Prior	ng Straig	ght Ahead	1	
Sequence of First Events • 17 - N (• indicates MOST harmful event)	lotor veh in t	ransport	Second					Third				Fc	ourth			
Passenger Information			Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital							
			Injury	Airbag	Deploye	ed	Ejected	Trapped	Ambulance							
Passenger Information			Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital							
			Injury	Airbag	Deploye	ed	Ejected	Trapped	Ambulance							
の Passenger Information			Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital							
ш (5			Injury	Airbag	Deploye	ed	Ejected	Trapped	Ambulance							
Z Passenger Information			Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital							
S S S S S S S S S S S S S S S S S S S			Injury	Airbag	Deploye	ed	Ejected	Trapped	Ambulance							
Passenger Information			Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital							
			Injury	Airbag	Deploye	ed	Ejected	Trapped	Ambulance							
Passenger Information			Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital							
			Injury	Airbag	Deploye	ed	Ejected	Trapped	Ambulance							
တ Carrier Information						Carrie	r Source	GVWR	IC	CCMC		USDO	Т	MPSC		
K/BU						Driver	's CDL Typ	он	rsements OP OT		DL Exemp D Farm	pt	CDL Restr	rictions O 29 O 30	O 35	0 36
O Interstate/Intrastate Vehicle Type	Type & Axl First	e Per Unit Second	Third	Fourt	h	I	Cargo Bo	O N ody Type	OSOX Medical Ca			ardous N Placard		ID #		Class #
Owner Information						Owner	I r Informatio	on								
######################################	#######															
Person Advised of Damaged Traffic Control					Da	amaged	Property								F	Public
Contact Name: ####################################	##########	+####			Ov	wner &	Phone									

Unit Number	Unit Knowr	n State	Driver Lice	nse Number		Date of	Birth (A	Age)
02	Yes	МІ	######	#######		04/1	8/199	90 (21)
	Driver Infor							
w MV	###### MIDLA		#######	######################################	#			
Driver Condition		05 06	07 08	O 9 O 99		Interloo No	sk E	jected
Alcohol O Yes Test Type	● No O Field	O Refus O PBT	ed Not OBre		O Urine	Test R	esults	
Vehicle Regist	tration S		surance / P ########	olicy # ###############	########	#####		Т
VIN ########		####	Vehicle Descriptio		ake		TIB	
Location of Greatest Dama	age 04	First Imp 04	act	Extent of Damage 2	Driveable Yes		Vehicle N	le Directio
Sequence of Events				r veh in transp	ort	Secon	ł	
(indicates M								Ditth (Are)
Passenger Info	ormation					L		Birth (Age)
						In	jury	Airbag D
Passenger Info	ormation					Di	ate of E	Birth (Age)
						In	jury	Airbag D
Passenger Info	ormation					Di	ate of E	Birth (Age)
ц С						In	jury	Airbag D
Z 山 Passenger Info の	ormation					Di	ate of E	Birth (Age)
A						In	jury	Airbag D
Passenger Info	ormation					Di	ate of E	Birth (Age)
						In	jury	Airbag D
Passenger Info	ormation							Birth (Age)
·g-· · ···						L		Airbag D
							jury	Allbag D
<pre> Carrier Informa Compare /pre>	ation							
K/B								
O ☐ Interstate/Intra	istate V	ehicle Typ	e	Type & Axle Per U First S	nit Second	Third		Fourth
Owner Informa	ation							
Owner Informa ######### ########	#######							
	###-###							
Witness Inform	nation							
nvestigated at Scene Yes		Date (Tim		at Investigator Name				
larrative	##/##/	/#### (#	#.##)	###############		#### (#####	##)
Vehicle #2				astman Road			-	
				nd onto E. Borr n Road behind				
				stopped, and v				
stop. Vehic	cle #1 re	ar ende	d vehicle	e #2.				

					pou	- 1100								
t# t# ###			Injury O	′	Position 01	Restraint 04	Hospital NONE							
	Interlock Ejected Trap					oloyed	Ambulanc NONE							
	Test Result	s		Yes	No ● No		Te	st Resu	lts			n Issued azardous	O Othe	r
O Urine	####		Towed	To/By	e O Blood			9						Vehicle Defect
Make		Mode	1			Color		1########## Y				/ehicle Type		
Driveable		BURON	on V	ehicle l	Jse	BLK			:	2007 Actior	n Prior	Passen	ger Car	
Yes	N			01 - F	Private	Third				04		oped on	roadway	
port														
	Date c	of Birth (Age	e)	Sex	Position	Restraint	Hospital							
	Injury	Airbag I	Deploye	ed	Ejected	Trapped	Ambulanc	e						
	Date o	f Birth (Age	e)	Sex	Position	Restraint	Hospital							
	Injury	Airbag I	Deploye	ed Ejected Trapped			Ambulanc	e						
	Date o	of Birth (Age	9)	Sex	Position	Restraint	Hospital							
	Injury	Airbag I	Deploye	ed	Ejected	Trapped	Ambulanc	e						
	Date o	of Birth (Age	e)	Sex	Position	Restraint	Hospital							
	Injury	Airbag I	Deploye	ed	Ejected	Trapped	Ambulanc	e						
	Date o	f Birth (Age	e)	Sex	Position	Restraint	Hospital							
	Injury	Airbag I			Ejected	Trapped	Ambulanc	e						
		of Birth (Age		Sex	Position		Hospital	-						
		_												
	Injury	Airbag I	Јерюуе	ea	Ejected	Trapped	Ambulanc	e						
				Carrie	r Source	GVWR		ICCM	2		USDO	Т	MPSC	
				Driver	's CDL Typ	01	orsements	Ţ	O Fa		t	CDL Restri	ctions	O 35 O 36
Jnit Second	Third	Fourth	1		Cargo Bo	10	Medical	Х	00	Haza	ardous N	laterial	ID #	Class #
		. 5414									riacard	O Cargo S	Брії	
				Owne	r Informatio	on								
				Witne	ss Informat	tion								
e (Badge)					igator Nam						notos By			
##########	+### (###	####)	#	####		#######	##### (#	#####	#)	#	#####	#######	*****	#####
and stoppe		-		Diadr	am								ad	1
nbay Road. d vehicle #2			;										an Ro	N
was unable			nd										N. Eastman Road	
													Ш Z	
					E.	Bomb	ay Roa	ad						
													#1	1
													. 3	

Endorsements O Cycle O Farm O Recreation

License Type

Operator
 Ochauffer
 O Moped

Sex F

Total Occupants 01

Hazardous Action

00 - None

Authority: 1949 PA 300, Sec.257.6 Compliance: Required MSP Penalty: \$100 and/or 90 days (Rev	UD-10E				ternal # #####		Crash I 82783			7	Page 01 of 01 Incident # ##################################						
STATE OF N	MICH	IGAN			CRA	SH	REP	ORT			Clos						
ORI: MI 5615600												Reviewer STEPHEN WOODS					
	rash Time 08:50	No. of Units 02		On-Left Turn O School Bu			s ● None ○ Hit and		Deer Fleeing Police		Special Checks O Fatal O Non-Traffic Area O ORV/Snowm						
County 56 - Midland	Traffic Cont None		Relation to Roadw On Road					_{eather} Clear			^{rea} 10 - NON-FRWY Straight roadway						
^{City/Twsp} 09 - Larkin Twp	Construction	n Zone (if applie Type		Lane Closed	Activ	ity	Light Dayligh	ıt	Road Conditio Dry	n	Total Lar 02	nes Speed I 55		osted No			
O N EA	ad Name ASTMAN				Road T RD	Гуре			Suffi	х		Divided Roa	adway				
Distance 1,320 Feet S				Traffic 01 - I	_{Way} Not physi	cally div	rided				Access Control 01 - No access control						
Prefix Inte	ersecting Road				Гуре			Suffi		Divided Roadway							
Unit Number Unit Known St 01 Yes	Date of Birt 04/25/1	^{th (Age)} 1963 (48)		Operator C Ochauffer C		sements Sex vcle M arm ecreation				Hazardous Action 03 - Failed to yield							
Unit Type Driver Informatio MV ######### ₩ MIDLAND,	Injury O	Position 01	Restraint 04	Hospital NONE													
Driver Condition • 1 02 03 04 05	06 07 08	3 0 9 0 9 9		Interlock No	Ejected	Trapped	Airbag D Yes	eployed	Ambulance MID MICH	IEDICAI	ICAL CENTER EMS						
	Refused N PBT OB	lot offered reath O Blo	od O Urine	Test Resu	ilts	Drugs O Yes Test 1	• No	od O Urine	Test Re	sults	Citation Issued						
Vehicle Registration ##############	Insurance /	Policy #	#######################################	#####	Т	owed To/E	By		, ##########		Special Vel	hicles Private Tr	ailer Type	/ehicle Defect			
Z VIN ###################################	# Vehicle Descrip		Make CURY	Ν				Color LBL		Ye 20	ar)10	Vehicle Type Passenger	Car				
							le Use - Private	1		Action Prior 02 - Turning left							
Sequence of Events (● indicates MOST harmful events	First ● 17 - Mot	tor veh in ti	ransport	Second				Third			F	ourth					
Passenger Information	. ,			Date	of Birth (Age) S	ex Positio	n Restraint	Hospital								
				Injury	/ Airbag D	eployed	Ejected	Trapped	Ambulance								
Passenger Information				Date	of Birth (Age) Si	ex Positio	n Restraint	Hospital								
				Injury	/ Airbag D	eployed	Ejected	Trapped	Ambulance								
の Passenger Information				Date	of Birth (Age) Se	ex Positio	n Restraint	Hospital								
D D				Injury	/ Airbag D	eployed	Ejected	Trapped	Ambulance								
Bassanger Information				Date	of Birth (Age) Se	ex Positio	n Restraint	Hospital								
S S S S S S				Injury	/ Airbag D	eployed	Ejected	Trapped	Ambulance								
Passenger Information				Date	of Birth (Age) Se	ex Positio	n Restraint	Hospital								
				Injury	/ Airbag D	eployed	Ejected	Trapped	Ambulance								
Passenger Information				Date	of Birth (Age) S(ex Positio	n Restraint	Hospital								
				Injury	/ Airbag D	eployed	Ejected	Trapped	Ambulance								
O Carrier Information						Ca	rrier Source	GVWR	ICC	MC	USDC	DT	MPSC				
K/B (Dri	ver's CDL T	он	rsements OP OT OS OX	CDL Exe O Farr O Othe	n	CDL Restriction O 28 O 29		35 O 36			
O Interstate/Intrastate Vehicle	е Туре	Type & Axle First	e Per Unit Second	Third	Fourth		Cargo E	Body Type	Medical Card	ŀ	lazardous l	Material O Cargo Spill	ID #	Class #			
Owner Information		_				Ow	ner Informa	tion	1	I			·				
Owner Information																	
Person Advised of Damaged Traffi						Dama	ged Property	y						Public			
Contact Name: ####################################		****	####			Owne	r & Phone										

Unit Number 02	Unit Known Yes		Driver Lice		Date of Birth (Age) 11/01/1989 (22)			License ● Op O Cha O Mo	erator auffer	Endorse O Cyc O Farr O Rec	n F		Total C 01	Occupants		Hazardous Action 00 - None			
Unit Type MV ш	MV ####################################								Injury C	F	Position 01	Restraint 04			AN MEDICAL CENTER - MIDLAN			- MIDLAN	ID
	Driver Condition Interlock Ejected ●1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 0.9 0.99 No Ejected									ed /	Airbag Dep Yes	loyed	Ambulance MID MI	CHIGA	N ME	DICAL	CENTER	EMS	
Alcohol O Yes	O Yes ● No O Refused ● Not offered Test Results O										Yes ● No Test Results O Hazardous O Other								
Vehicle Regis	Vehicle Registration State Insurance / Policy # Tow										Test Type O Blood O Urine ed To/By Special Vehicles Private Trail ####################################								Vehicle Defect
Z ⊃ ^{VIN} #######	VIN Vehicle Make Model ####################################										Color Year Vehicle Type BLK 2003 Passenger Car								
Location of Greatest Dam	nage 01	First Ir 01		Extent of Damage 4	Driveable No		Vehicle D			ehicle U 01 - F		DEIX			Actio	on Prior	ng Straight		
Sequence of Events		•		r veh in transpo		Second	ł			-		Third					ourth		
(indicates N Passenger Int		ul event)				Da	ate of Birth	(Age))	Sex	Position	Restraint	Hospital						
						Inj	jury Air	bag D	eploye	d	Ejected	Trapped	Ambulance						
Passenger In	formation						ate of Birth			Sex	Position	Restraint	Hospital						
						L			eploye	d	Ejected	Trapped	Ambulance						
() Passenger Ini	formation						ate of Birth			Sex	Position	Restraint	Hospital						
ш						L			eploye		Ejected	Trapped	Ambulance						
の Z Ш Passenger Ini	formation						ate of Birth			Sex	Position	Restraint	Hospital						
S S S	lonnadon					L			eploye		Ejected	Trapped	Ambulance						
Passenger Int	formation						jury Air			Sex	Position	Restraint	Hospital						
r assenger in	lonnation					L					Ejected		Ambulance						
Passenger In	formation						jury Air		eploye	Sex	Position	Trapped Restraint	Hospital						
Fassenger in	Iomation																		
						inj	jury Air	bag D	eploye	a	Ejected	Trapped	Ambulance						
ഗ Carrier Inform	nation									Carrie	Source	GVWR	ŀ	CCMC		USDO'	Т	MPSC	
: K / B										Driver'	s CDL Typ		Orsements H OP OT N OS OX	0	L Exem Farm Other	pt	CDL Restriction		0 35 0 36
O ☐ Interstate/Intra ℃	astate V	ehicle Ty	/pe	Type & Axle Per Ur First S	iit econd	Third	F	ourth			Cargo Bo					Hazardous Material ID # Class # O Placard O Cargo Spill			Class #
⊢ Ø Owner Inform	ation									Owner	Informatic	on							
OWNER																			
Witness Inform	mation									Witnos	s Informat	ion							
S Witness mion	mation									witties	s morna	1011							
TIW																			
Investigated at Scene Yes	Reported 5 ##/##/			st Investigator Name ####################################		#### (i	######)				e (Badge) ########	##### (##	####)	F	hotos By ######	, #########	########	+####
to turn into northbound	Larkin Fo	ood C Unit	enter. Th 2 collidec	und. Driver of t ne sun was in hi d with Unit 1. U er. Fail to yield	s eyes ar nit 1 flippe	nd did ed up	not see on its si	the	-	Diaora	am					2	2	•	Transford
											N. E	astmar	ı Rd			0			

Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UI Penalty: \$100 and/or 90 days (Rev 11	D-10E				ernal # !####			Crash ID 378924	4				age 01 o	of 01 ####################################	File C	lass 93001
STATE OF M	ICH	GAN			CRA	SH	R	EPC	ORT				Close	isposition d		
ORI: MI 5615600				ame Co Sheriff										GOODALI	_	
	sh Time I 5:48	No. of Units 02	Crash Type Rear End		Special Ci O Scho		•	None Hit and R		Deer Fleeing Police		cial Cheo Fatal		n-Traffic Area	O OR	V/Snowmobile
56 - Midland	Traffic Contro None		Relation to Roady On Road	/ay	Sp	ecial Stu			ather Iear					/Y Straigh		
^{City/Twsp} 09 - Larkin Twp	Construction	Zone (if applic Type		Lane Closed	Acti	vity	Light Da	aylight		Road Conditi Dry	on		otal Lanes)2	s Speed 55	Limit F	Posted NO
O N EAS	_{Name} STMAN				Road RD	Туре				Suf	fix			Divided Roa	adway	
Distance 50 Feet S				Traffic V 01 - N	_{Way} Not phys	ically o	divideo	d				Access 01 - N		ess contro	I	
Prelix Interse	ecting Road ∕IBAY				Road RD	Туре				Suf	fix			Divided Ro	adway	
Unit Number Unit Known State 01 Yes M		ense Number ###########		Date of Birth 06/30/1	h (Age) 985 (26		icense T O Oper	ator uffer	Endorser Cycle O Farm O Recre	•	Sex M	Total Oc 01	cupants	Hazardous Ad 12 - Una		р
Unit Type Driver Information MV ########## ₩ MIDLAND, M	#######	######### ######### (###) #1	#####			Injury A		osition D1	Restraint 11	Hospital MIDMICI	HIGAN	MED	ICAL C	ENTER-N	MIDLAND)
 Driver Condition 1 02 03 04 05 00 		()		Interlock No	Ejected	Trappe		^{rbag Dep} Not Eq	loyed uipped	Ambulance MID MIC	HIGAN		DICAL	CENTER I	EMS	
Alcohol O Yes ● No O Re Test Type O Field O PB	efused ● No BT O Br		od O Urine	Test Resu	lts	Drugs O Y Te:	es	• No O Blood	I O Urine	Test R	esults		Citation I • Haz	ssued ardous	O Other	
Vehicle Registration ################MI	Insurance /	Policy #		#####		Towed T	o/By			#########	#	Sper 0	cial Vehic	les Private T	railer Type	Vehicle Defect
Z ⊃ ####################################	Vehicle Descript	^{ion} HAR I	Make DAVIDSON	N	Mode 10TORC				Color PLE			Year 1998		hicle Type Cycle		
Location of First I Greatest Damage 01 01	Impact	Extent of Damage	4 No	Vel N	hicle Directi		hicle Us)1 - Pr					Action 01		g Straight	Ahead	
	First 17 - Mote	or veh in tr	ansport	Second					Third				Fou	rth		
Passenger Information	,			Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
				Injury	Airbag	Deployed	d E	jected	Trapped	Ambulance						
Passenger Information				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
				Injury	Airbag	Deployed	3 E	jected	Trapped	Ambulance						
の Passenger Information				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
ш С				Injury	Airbag	Deployed	J E	jected	Trapped	Ambulance						
Z U Passenger Information				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
0 0 0 0 0 0				Injury	Airbag	Deployed	J E	jected	Trapped	Ambulance						
Passenger Information				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
				Injury	Airbag	Deployed	J E	jected	Trapped	Ambulance						
Passenger Information				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
				Injury	Airbag	Deployed	J E	jected	Trapped	Ambulance						
Carrier Information							Carrier S	Source	GVWR	ICO	CMC		USDOT		MPSC	
; K/B U						ł	Driver's	CDL Typ	он	OP OT OS OX	01	. Exempt Farm Other		DL Restriction O 28 O 29		0 35 O 36
O Interstate/Intrastate Vehicle T ₩	уре	Type & Axle First	e Per Unit Second	Third	Fourt	h	C	Cargo Bo		Medical Care		Haza	rdous Ma Iacard	terial O Cargo Spill	ID #	Class #
Owner Information		1					Owner I	nformatic	n	1		1			<u> </u>	1
Owner Information																
Person Advised of Damaged Traffic (Control					Dai	maged F	roperty								Public
Contact Name: ####################################	*########	#########	####			Ow	ner & Pl	none								1

Unit Nui 02
Unit Typ
∝ ^{MV}
Driver C
← ● 1 Alcohol O Yes
Z ####
Location
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Events (● indic
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じ Z Ш Passeng
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1 23361
ഗ ^{Carrier I} ⊃
C K / I
☐ Interstat
Owner I
WNE
O Witness
TNES
Investigate
at Scene
Narrative Both U
west or stated
VBSL
surgery
1

nit Number 02	Unit Know Yes		Driver Licer			Date of Bir 04/29/	^{th (Age)} 1965 (47)		perator nauffer	Endorse O Cycle O Farm O Recr	e 1	Sex M	Total Occ 01	cupants	Hazardous Ac 00 - None		
nit Type MV	#####	##### #####	######## ######### 11 48642	######################################	<i>‡</i>			Inju O		Position 01	Restraint 04	Hospital NONE						
river Conditi ●1 02		05 06	6 07 08	09 099		Interlock No	Ejected	Trap	ped	Airbag Dep No	loyed	Ambulance NONE						
cohol O Yes Test Type	• No		used • Not	offered	O Urine	Test Res	ults		Yes	No e O Blood	O Urine	Test	Results		Citation I O Haz	ssued ardous	O Other	
hicle Regis	tration S		Insurance / Pe			####		Towed	To/By			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	##	Spec 0	ial Vehic	les Private Tra	ailer Type V	ehicle Defect
N ########	#######	•	Vehicle Descriptio		_{ike} ET	1)	,	Color WHI			Year 2007		hicle Type Passenger	Car	
ocation of reatest Dam	age 04	First I 04	npact	Extent of Damage 2	Driveable Yes		ehicle Direct N	ion	/ehicle 01 - 1	^{Use} Private				Action 04 -		bed on road	dway	
equence of vents indicates N	10ST harm	•		r veh in transpo	ort	Second					Third				Fou	rth		
assenger Inf		iui eveni,				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injur	y Airbag	Deploy	red	Ejected	Trapped	Ambulance						
assenger Inf	ormation					Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injur	y Airbag	Deploy	red	Ejected	Trapped	Ambulance						
assenger Inf	ormation					Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injur	y Airbag	Deploy	red	Ejected	Trapped	Ambulance						
assenger Inf	ormation					Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injur	y Airbag	Deploy	red	Ejected	Trapped	Ambulance						
assenger Inf	ormation					Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injur	y Airbag	Deploy	red	Ejected	Trapped	Ambulance						
assenger Inf	ormation					Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injur	y Airbag	Deploy	red	Ejected	Trapped	Ambulance						
arrier Inform	ation								Carrie	er Source	GVWR	10	CCMC		USDOT		MPSC	
									Drive	's CDL Typ		rsements		Exempt		DL Restriction		
terstate/Intra	astate	ehicle T	/pe	Type & Axle Per Ur	nit					Cargo Bo	O H O N dy Type	OP OT OS OX Medical Ca	0	Farm Other Hazar	dous Ma		0 30 0 ID #	35 O 36 Class #
				First S	econd	Third	Fourt	h						O PI	acard	O Cargo Spill		
wner Inform	ation								Owne	r Informatic	n							
itness Inforr	nation								Witne	ss Informat	ion							
tigated ^{ene} Yes	Reported			t Investigator Name		#### (##	#####)			igator Nam		##### (##	####)		otos By ######	##########	***	+###
itive			()				,	-	Diad									
				2 was stopped at he thought 1		-	-											N
	-			lost control. H														
SL citati rgery at I		d. Dri	ver of Uni	t 1 had a broke	en leg and	i would l	be going	into										
										E	E. Bom	bay Rd						
															ŋ		đ	
															Eastman Rd			
															Eastn			
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Authority: 1949 PA 300, Sec.257.6 Compliance: Required MSP Penalty: \$100 and/or 90 days (Rev	UD-10E				ernal # ####			Crash ID 38790	3			Incide	01 of 01 nt # #####		File Clas	ss 93001
STATE OF	MICH	IGAN			CRA	SH	R	EPO	ORT		_	Clo		lion		
ORI: MI 5615600	1 7		Department Na Midland C										^{wer} NIEL TE	EER		
07/19/2012	rash Time 21:30	No. of Units 01	Crash Type Single Moto		O Sch	Circumstai	o	None Hit and F	Run Ol	Deer Fleeing Police	O Fa	I Checks atal O	Non-Traff	fic Area	O ORV/	Snowmobile
County 56 - Midland	Traffic Cont None		Relation to Roadw Outside of s			pecial Stu	-	R	ather ain					traight roa	,	
^{City/Twsp} 09 - Larkin Twp	Construction	n Zone (if applio Type		ane Closed	Ac	tivity	Light Da	t ark-Un	lighted	Road Conditi Wet	on	Total La	anes	Speed Limit 55		sted IO
O N EA	ad Name ASTMAN				Roa RD	d Type				Suf	fix		Divi	ided Roadwa	y	
Distance 1,056 Feet N Prefix Inte				Traffic \ 01 - N	_{Way} Not phy	sically	divide	d				ccess Cont 1 - No a		control		
O Prefix Inte	ersecting Road JRLEY				Roa RD	d Type				Suf	fix		Divi	ided Roadwa	y	
		cense Number		Date of Birth 08/25/1			icense [↑] ● Ope O Cha O Mop	rator uffer	Endorser O Cycle O Farm O Recr	e 1		tal Occupar)2		rdous Action - Speed 1	too fast	t
Unit Type Driver Informatic MV ######### ₩ MIDLAND	######### #########	*#########	#####	-		Injury B		osition 01	Restraint 04	Hospital NONE						
Driver Condition • 1 02 03 04 05	06 07 08	3 0 9 0 9 9		Interlock No	Ejected	Trapp		irbag Dep Yes	loyed	Ambulance NONE						
	Refused N PBT OB	lot offered reath O Blo	od O Urine	Test Resul	lts	Drugs O Y	'es	No O Blood	d O Urine	Test R	esults		ion Issued Hazardou		Other	
Vehicle Registration ####################################	Insurance /	Policy #	#######################################	#####		Towed T	o/By			!########	#	Special V 0	ehicles P	rivate Trailer	Type Ve	ehicle Defect
Z D ####################################	Vehicle Descrip		Make	С	Mod ENTUF				Color BLU			^{'ear} 994	Vehicle 1 Pass	_{Type} enger Ca		
	st Impact)1	Extent of Damage	5 No	Vet N	nicle Direc		ehicle Us 01 - P					Action Prior 01 - Go		aight Ahe	ad	
Sequence of Events (● indicates MOST harmful events	First 01 - Los	s of contro	•	Second 04 - Rai	n off roa	adway-	right	•	Third 35 - Dito	:h			Fourth			
Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
				Injury	Airbag	g Deploye	d I	Ejected	Trapped	Ambulance						
Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
				Injury	Airbag	g Deploye	d l	Ejected	Trapped	Ambulance						
の Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
Ш				Injury	Airbaç	g Deploye	d E	Ejected	Trapped	Ambulance						
Z Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
S S S S S S S S S S S S S S S S S S S				Injury	Airbag	g Deploye	d I	Ejected	Trapped	Ambulance						
Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
				Injury	Airbag	g Deploye	d I	Ejected	Trapped	Ambulance						
Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
				Injury	Airbag	g Deploye	d li	Ejected	Trapped	Ambulance						
Carrier Information					I		Carrier	Source	GVWR	IC	CMC	USD	OT	MF	PSC	
K/BL							Driver's	CDL Typ	ОН	rsements OP OT	CDL E O Fa	rm		estrictions O 29 O	30 03	35 O 36
C Interstate/Intrastate Vehicle	е Туре	Type & Axle First	Per Unit Second	Third	Fou	rth	ľ	Cargo Bo		OSOX Medical Care	d O Oti	Hazardous	Material d O Car	rgo Spill	#	Class #
Owner Information		_					Owner	Informatio	on					I		
Owner Information																
Person Advised of Damaged Traff	ic Control					Da	maged I	Property								Public
Contact Name: ####################################		****	####			Ow	vner & P	hone								

l		Unit Know Driver Info		e Driver Lice	nse Number		Date of	Birth (A	ge)		cense O Ope O Cha O Mop P	erator	Endorse O Cycle O Farm O Recr Restraint	e n reation	Sex	Total O	ccupants	Hazardous Ac	tion	
<pre>< < E R</pre>	Driver Condition		05 01	6 07 08	O 9 O 99		Interlo	ck Ej	jected	Trappe	d A	irbag Dep	loyed	Ambulanc	9					
0	Alcohol O Yes Test Type Vehicle Registr		O Re O PB State	fused O Not T O Bre Insurance / P	ath O Blood	O Urine	Test R	tesults		Drugs O Ye Tes owed To	t Type	O No O Blood	O Urine		st Results		O Ha	Issued izardous icles Private Tr	O Other ailer Type	ehicle Defect
	/IN _ocation of		Eirot I	Vehicle Descriptic	on Extent of	Make		Vahiak	Model e Direction	Vot	nicle U		Color			Year	V n Prior	ehicle Type		
ŀ	Greatest Dama Sequence of Events			First	Damage	Directoic	Secon		Direction				Third			710110		urth		
	 indicates M0 Passenger Info 		itul event)			D	ate of B	irth (Age)		Sex	Position	Restraint	Hospital						
	Passenger Info	rmation						njury Nate of B	Airbag De sirth (Age)		Sex	Ejected Position	Trapped Restraint	Ambulanc Hospital	9					
S	Passenger Info	rmation						njury Nate of P	Airbag De		Sex	Ejected	Trapped Restraint	Ambulanc Hospital	9					
NGER	g						L	njury	Airbag D			Ejected	Trapped	Ambulanc	9					
ASSE	Passenger Info	rmation					L	ate of E	irth (Age) Airbag De		Sex	Position Ejected	Restraint Trapped	Hospital Ambulanc	9					
۹.	Passenger Info	rmation					L		irth (Age)		Sex	Position	Restraint	Hospital						
	Passenger Info	rmation						njury Pate of E	Airbag De		Sex	Ejected Position	Trapped Restraint	Ambulanc Hospital	9					
							In	njury	Airbag De			Ejected	Trapped	Ambulanc			Luopo	-		
CK/BUS	Carrier Informa	uon										Source	он	orsements	т	DL Exemp O Farm	USDOT	CDL Restriction		35 O 36
${}^{\circ}$	nterstate/Intras	state	Vehicle T	уре	Type & Axle Pe First	r Unit Second	Third		Fourth			Cargo Bo		Medical (ardous M Placard		ID #	Class #
NNERS	Owner Informat	tion			-					C	Dwner	Informatic	'n	-					-	
ESS	Witness Inform									v	Vitnes	s Informat	ion							
	estigated	Reporte	d Date (T	ime) 1s	st Investigator Na	me (Badge)				2nd Ir	nvestic	ator Nam	e (Badge)			PI	hotos By			
at S Nar	rative Yes	##/##	#/####	(##:##)	######################################	##########			,	##1	#### Diaora	######	; `` ######	##### (#	#####)		########## 	#######	*###
s		off the	roadw		o the ditch.															N
														N Eastman Rd						
														NEa						

Authority: 1949 P Compliance: Req Penalty: \$100 an	uired	MSP UI	D-10E				ernal # #####			Crash ID 839413					Page 01 Incident #	of 01 ##########	## File	Class	93001
	E OI	FM	ICH	IGAN	TRAF		CRA	۱SH	I R	EP	ORT				Incident D	Disposition d			
ORI: MI 561560	0				Department Na Midland C											Y THOM	IAS		
Crash Date 07/30/2012	2		sh Time):10	No. of Units 01	Crash Type Single Moto			Circumsta nool Bus	(None Hit and I	O E Run O F	Deer Teeing Police		pecial Che O Fatal		on-Traffic Are	a O O	RV/Sn	owmobile
^{County} 56 - Midlan	ıd		Traffic Con None	trol	Relation to Roadw Outside of s			Special St	udy		ather Clear			^{ea} 10 - NC	ON-FRV	VY Straig	ht roadw	ay	
^{City/Twsp} 09 - Larkin	Twp		Constructio	on Zone (if applic Type		Lane Closed	Ad	ctivity	Lig	^{ht} Daylight		Road Condi Dry	ition	T	Fotal Lane 02	s Spee 55	ed Limit	Poster No	
Z Prefix O N		Road EAS	Name TMAN				Roa RD	ad Type)				Si	uffix			Divided F	Roadway		
Distance						Traffic V 01 - N		/sically	divid	ed					s Control	ess cont	rol		
O Prefix E			ecting Roa				Roa CT	ad Type				Su	uffix			Divided F	Roadway		
Unit Number 01	Unit Know Yes			icense Number ####################################		Date of Birth 03/14/1				perator	Endorser O Cycle O Farm O Recre		Sex F	Total O 01	occupants	Hazardous 00 - No			
Unit Type MV ш	#####	##### #####		######### ########### 8 (###)		-		Injury O	r	Position 01	Restraint 04	Hospital NONE	-	_					
> Driver Conditi • 1 0 2	on	,		8 0 9 0 9 9		Interlock No	Ejected	Trapp	oed .	Airbag Dej No	ployed	Ambulance NONE							
Alcohol O Yes Test Type	● No O Field	O Re O PE		Not offered Breath O Blo	od O Urine	Test Resu	lts		Yes	No O Bloo	d O Urine	Test	Results		Citation O Ha	lssued zardous	O Other		
⊢ Vehicle Regis 	tration	State MI	Insurance	/ Policy #	#######################################	#####		Towed	To/By		""""	#######	##	Sp C		cles Private	Trailer Type	Vehic	cle Defect
⊃ ^{VIN} ########	######	####	Vehicle Descri		Make)	E	Mo SCAPI				Color BLU			Year 2009		ehicle Type Passeng	er Car		
Location of Greatest Dam	nage 09		mpact	Extent of Damage	1 Driveable 1 Yes	Vel N	hicle Direc N		ehicle (01 - F	_{Use} Private					on Prior I - Avoi	ding vehi	cle angle		
Sequence of Events (• indicates M	//OST harn	nful event	First 04 - Ra	n off roadw	ay-right	Second ● 45 - Oth	ner fixe	d objec	ct		Third			-	Fo	urth			
Passenger Inf	formation					Date	of Birth (A	(ge)	Sex	Position	Restraint	Hospital							
						Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance							
Passenger Inf	formation					Date	of Birth (A	(ge)	Sex	Position	Restraint	Hospital							
						Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance							
	formation					Date	of Birth (A	(ge)	Sex	Position	Restraint	Hospital							
Э 5						Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance							
Z Passenger Inf	formation					Date	of Birth (A	(ge)	Sex	Position	Restraint	Hospital							
PASS						Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance							
Passenger Inf	formation					Date	of Birth (A	(ge)	Sex	Position	Restraint	Hospital							
						Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance							
Passenger Inf	formation					Date	of Birth (A	(ge)	Sex	Position	Restraint	Hospital							
						Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance							
ഗ Carrier Inform	ation								Carrie	er Source	GVWR	10	ССМС		USDOT	-	MPSC		
K/B(Driver	's CDL Ty	он	sements OP OT		DL Exem O Farm	pt	CDL Restrict		O 35	O 36
O ☐ Interstate/Intra	astate	Vehicle T	уре	Type & Axle First	e Per Unit Second	Third	Fou	ırth		Cargo Bo	ON				ardous Ma Placard		ID #		lass #
Owner Inform	ation								Owne	r Informati	on	I							
Owner Inform																			
Person Advised of	-										DEN & SIC								^{ublic} No
Contact Name: Contact Date: Contact Time:	##/##/#		· <i>·······i·i·i·i·iiiiiiiiiiiii</i>	##########	,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ov F	wner & #####	Phone	##########							'	

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	Unit Number	Unit Kno	wn S	tate Driver Lice	ense Number	ľ	Date of Bir	th (Age)		OC	perator	Endorse O Cycl O Farn	le n	Sex	Total Oc	cupants	Hazardous Ac	tion	
	Unit Type	Driver Inf	formatio	on					Inju	O Mo Jry	oped Position	O Reci Restraint	reation Hospital						
æ																			
н 2	Driver Condi	tion					Interlock	Ejected	Tra	apped	Airbag Dep	loyed	Ambulance						
 مر		03 04	05	06 07 08	09 099							-				Citation	loguad		
Q /	Alcohol O Yes Test Type	O No e O Field		Refused O No PBT O Br		O Urine	Test Res	ults		O Yes	O No e O Blood	1 O Urin		Results			n Issued azardous	O Other	
-	Vehicle Regi		State	Insurance / I						d To/By			-		Spe	cial Veh	icles Private Tr	ailer Type	/ehicle Defect
Z	VIN			Vehicle Descripti		Make		Moc	lel			Color			Year	١	/ehicle Type		
	Location of		Fir	st Impact	Extent of	Driveable	V	ehicle Direc	tion	Vehicle	Use				Actior	n Prior			
	Greatest Dar Sequence of			First	Damage		Second					Third				Er	ourth		
	Events (• indicates		mful ev				Second					mild					Juli		
	Passenger Ir	nformation					Date	e of Birth (A	ge)	Sex	Position	Restraint	Hospital						
							Injur	y Airbao	g Depla	oved	Ejected	Trapped	Ambulance						
	D										-								
	Passenger Ir	normation					Date	e of Birth (A	ye)	Sex	Position	Restraint	Hospital						
							Injur	y Airbag	g Deplo	yed	Ejected	Trapped	Ambulance						
S S S	Passenger Ir	nformation					Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
Ч Ц Ц							Injur	y Airbag	g Deplo	yed	Ejected	Trapped	Ambulance						
Z	Passenger Ir	nformation					Date	e of Birth (A	ge)	Sex	Position	Restraint	Hospital						
PASSENGERS	-										Ciente d	Turned	Ambulance						
РА							Injur		g Deplo	yea	Ejected	Trapped	Ambulance						
	Passenger Ir	nformation					Date	e of Birth (A	ge)	Sex	Position	Restraint	Hospital						
							Injur	y Airbaç	g Deplo	yed	Ejected	Trapped	Ambulance						
	Passenger Ir	nformation					Date	e of Birth (A	ge)	Sex	Position	Restraint	Hospital						
							Injur	y Airbag) Deplo	yed	Ejected	Trapped	Ambulance						
ເ Ω	Carrier Inforr	nation								Carrie	er Source	GVWR	1	CCMC		USDO	Т	MPSC	
< / B I										Driver	's CDL Typ	e Endo O H	orsements		L Exemp Farm	t	CDL Restriction O 28 O 29		35 O 36
С П	Interstate/Int	rastate	Vehicl	е Туре	Type & Axle Per I	Unit					Cargo Bo	ON	I OS OX Medical C		Other Haza	rdous N		ID #	Class #
ΤR					First	Second	Third	Fou	rth						O F	Placard	O Cargo Spill		
_	Owner Inform	nation			-					Owne	r Informatio	on						-	
OWNERS																			
	Witness Info									VA/ite e									
VE SS	witness into	rmation								vvitne	ss Informat	lon							
WITN																			
	vestigated Scene Ye				st Investigator Nam						igator Nam					iotos By			
	Scene Ye	S ##/#	#/###	## (##:##)	############	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	### (##	+####)		#####		****	##### (##	+####)	7	*####	##########	########	####
		s northb	ound	on N Eastr	nan Rd. Unit#	1 ran off the	e roadw	ay right		Diau	dill								*
L	-				ound that was	-													N
L					and swerved n area around					n			Ven					nit#1	
L		-		-	init after the co	-		-		Е	Schne	eider C	t					ock Gard Small Si	en Lar
	The driver	of the c	other	vehicle was	Janice Lynn I	Macleod 8/1	8/59, 1	684 Ash	wood	d l			٦	uming /ehicle		É	Unit#1		in Fo
L					9. MI REG#7F				et					- Chiere			Unit#1		od C
				09375606	1, Insurance I	Emii Rumm	ei - iviic	nigan					ЪЯ				nit#1		Larkin Food Center
		.,.											N Eastman Rd						No.
													Eas			T			
													z						
1										1									

Authority: 1949 PA 300, Sec.257.6 Compliance: Required MSP Penalty: \$100 and/or 90 days (Rev	UD-10E				ternal # #####		1	Crash ID 841201				Page (Inciden	01 of 01 t # #########	### File (Class 9300'	1
STATE OF N	ИІСН	IGAN			CRA	∖S⊦	ł R	EP	ORT			Incident Clos	t Disposition ed			
ORI: MI 5615600				^{ame} Co Sheriff'	-								^{er} EG HALL			
	rash Time 19:14	No. of Units 02	Crash Type Angle		1 ·	Circumsta Iool Bus	(O None Hit and		Deer Fleeing Police	Special O Fat		Non-Traffic Ar	ea O OI	RV/Snowmo	obile
County 56 - Midland	Traffic Cont None		Relation to Road On Road	way	S	pecial St	udy		ather Clear		Area 10 - 1	NON-FR	WY Straig	ght roadwa	ay	
^{City/Twsp} 03 - Greendale Twp	Constructio	n Zone (if applio Type	cable)	Lane Closed	Ac	tivity	Lig	^{ht} Daylight	:	Road Conditio Dry	on	Total Lar 02	nes Spe 55	ed Limit 5	Posted No	
O N EA	ad Name ASTMAN				Roa RD	d Type				Suff	ix		Divided	Roadway		
Distance 200 Feet S Prefix Inte				Traffic	_{Way} Not phy	sically	divide	ed				ess Contro - No ac	ccess cont	rol		
O Prefix Inte	ersecting Road	1			_{Roa} RD	d Type				Suff	ix		Divided	Roadway		
Unit Number Unit Known St 01 No		cense Number ########		Date of Birt	h (Age)			erator auffer	Endorser O Cycle O Farm O Recre	•	ex Tota O(I Occupant	ts Hazardous 00 - No			
≌ ########	########	########## ############				Injury	/	Position	Restraint	Hospital NONE			•			
> Driver Condition 01 02 03 04 05	06 07 0	8 0 9 0 9 9		Interlock No	Ejected	Trap	ped /	Airbag De	ployed	Ambulance NONE						
	Refused ON PBT OE	lot offered Breath O Blo	od O Urine	Test Resu	lts		Yes	No O Bloo	d O Urine	Test Re	sults		on Issued Iazardous	O Other		
Vehicle Registration	Insurance	Policy #	#######################################	#####		Towed	To/By			#########	ŧ	Special Ve 0	hicles Private	e Trailer Type	Vehicle De	efect
Z ⊃ ##############################	Vehicle Descrip		Make		Moo	del			Color GRN		Ye	ar	Vehicle Type			
	st Impact)8	Extent of Damage	Driveable	Vel V	hicle Direc V	tion V	ehicle l	Jse				ction Prior 02 - Tur	rning left			
Sequence of Events (● indicates MOST harmful eve	First ● 17 - Mo	tor veh in tr	ansport	Second					Third			F	ourth			
Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
				Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance						
Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
				Injury	Airbag	g Deploye	ed	Ejected	Trapped	Ambulance						
𝒴 Passenger Information ✓				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
GER C				Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance						
Z Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
S S S S S S S S S S S S S S S S S S S				Injury	Airbag	g Deploye	ed	Ejected	Trapped	Ambulance						
Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
				Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance						
Passenger Information				Date	of Birth (A	ge)	Sex	Position	Restraint	Hospital						
				Injury	Airba	g Deploye	ed	Ejected	Trapped	Ambulance						
Carrier Information							Carrie	r Source	GVWR	ICC	MC	USDO	DT	MPSC		
BUS								s CDL Ty		sements	CDL Exe	empt	CDL Restric	tions		
	o Turo -	Tu 0. 4 .	Port					Ca 5	0 N		O Farr O Othe	er		29 O 30		
☐ Interstate/Intrastate Vehicle	е Туре	Type & Axle First	e Per Unit Second	Third	Fou	rth		Cargo B	ody Type	Medical Card		lazardous O Placard	Material O Cargo S	ID #	Class #	Ħ
Owner Information		•					Owner	r Informati	on					-	•	
Owner Information																
Person Advised of Damaged Traffi						Da	amaged	Property							Public	
Contact Name: ####################################		##########	####			0	wner &	Phone								

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Unit Number				cense Number		Date of Birth			icense		Endorse		Sex		cupants	Hazardous Ad		
02	Yes			+#########		06/24/1	961 (51		O Ch O Mo	ped	O Cycl O Farn O Recr	n reation	М	01		00 - Non	e	
Unit Type MV ш	####	##### #####	########	######################################	¥#			O		Position 01	Restraint 04	Hospital NONE						
Driver Condit		05	06 07 0	8 09 099		Interlock No	Ejected	Trapp	ed /	Airbag Dep No	loyed	Ambulance NONE						
Alcohol O Yes Test Type	● No e O Field		Refused ● M PBT O E	lot offered Breath O Blood	O Urine	Test Result	S		res	● No ● O Blood	1 O Urine		Results		Citation O Ha	Issued zardous	O Other	
Vehicle Regis		State MI	Insurance ######	[/] Policy # ###################################	#########	####		Towed 1 ####			,########	***	##	Spec 0	cial Vehi	cles Private Tr	ailer Type V	ehicle Defect
⊂ vin ⊃ #######	######	#####	Vehicle Descrip	^{tion} DODGE	Make		Mode ARAVA	N			Color SIL			Year 2002		^{ehicle Type} Van, motor	home	
Location of Greatest Dan	- •		st Impact 14	Extent of Damage 2	Driveable Yes	N	icle Directi		ehicle l 01 - F	^{Jse} Private				Action	- Ove	rtaking or p	assing	
Sequence of Events (• indicates I		mful eve		tor veh in trans	port	Second					Third				Fo	urth		
Passenger In	nformation					Date c	f Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injury	Airbag	Deploye	d	Ejected	Trapped	Ambulance						
Passenger In	nformation					Date c	f Birth (Ag	e)	Sex	Position	Restraint	Hospital						
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O Passenger In ℃	nformation					Date o	f Birth (Ag	e)	Sex	Position	Restraint	Hospital						
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РА						Injury		Deploye		Ejected	Trapped	Ambulance						
Passenger In	ntormation						of Birth (Ag		Sex	Position		Hospital						
Passenger In	formation					Injury	Airbag		Sex	Ejected	Trapped Restraint	Ambulance Hospital						
Fassenger in	IIOIIIIatioII					Injury	Airbag			Ejected	Trapped	Ambulance						
						injury	Allbag	Deploye										
Carrier Inform ⊃ m	mation									r Source	GVWR	orsements	ССМС		USDOT		MPSC	
C K /									Diivei	s CDL Typ	он	I OP OT I OS OX	c	L Exempt Farm Other		CDL Restriction O 28 O 29		35 O 36
☐ Interstate/Intr	rastate	Vehicle	е Туре	Type & Axle Per First	Unit Second	Third	Fourt	ו		Cargo Bo	dy Type	Medical Ca	ard		rdous M lacard	aterial O Cargo Spill	ID #	Class #
Owner Inform	nation	-							Owner	Informatio	n	-		-				
MO																		
Witness Infor	rmation								Witnes	s Informat	ion							
MTIW																		
Investigated at Scene Yes		ed Date #/###	(Time) # (##:##)	1st Investigator Nam #################		### (###	####)			gator Nam #######		##### (##	####)		otos By	##########	########	+###
Narrative Vehicle 1 p	pulled o	nto th	e roadwa	/ in front of veh	icle 2. Vehi	cle 2 sw	erved in	to	Diaor	am								
				ollision and beg														N
				enger side of ve e southbound.												North I		
that the su	ispect v	ehicle	may have	e been a green	Chevrolet S	S-10 pick	up.									North Eastman Road		
																in Roa		
																_ _		
													2					
														E				

Authority: 1949 PA 300, Sec.257.6 Compliance: Required MSP Penalty: \$100 and/or 90 days (Rev	UD-10E				ernal # !####		Crash 8412				Page 01 Incident #	of 01 # ###############	File Cla	ass 93001
STATE OF M	ИІСН	IGAN			CRAS	SH	REF	PORT		-	Incident I Close	Disposition ed		
ORI: MI 5615600				^{ame} Co Sheriff'	s Office						Reviewer GRE	G HALL		
	rash Time 01:11	No. of Units 01	Crash Type Single Moto	or Vehicle	Special Circ O School		● None ○ Hit a		Deer Fleeing Police	Special C O Fatal		on-Traffic Area	• ORV	/Snowmobile
County 56 - Midland	Traffic Cont None	trol	Relation to Roady On Road	vay	Spee	cial Study		Weather Clear		^{Area} 10 - N	ON-FR\	WY Straight	roadway	
^{City/Twsp} 09 - Larkin Twp	Constructio	n Zone (if applie Type	cable)	Lane Closed	Activit	ty	Light Dark-I	Unlighted	Road Condition Dry		Total Lane 02	es Speed L 55		vsted Yes
O N EA	ad Name ASTMAN				Road T RD	уре			Suffix			Divided Roa	adway	
Distance 1,320 Feet S Prefix Interest				Traffic	_{Way} Not physic	cally div	vided				ess Control	ess control		
O Prefix Inte	ersecting Road	1			Road T RD	уре			Suffix			Divided Roa	idway	
01 Yes	MI #####	cense Number ####################################		Date of Birth 12/03/1	h (Age) 989 (22)		Operator Chauffer Moped	Endorse O Cycl O Farr O Rec	le N n reation		Occupants	Hazardous Ac 13 - Othe		
	#########	######### ########### 18642 (#				Injury A	Positio 01	n Restraint 11	Hospital MIDMICHI	GAN ME	DICAL	CENTER-N	1IDLAND	
Driver Condition 01 02 03 04 05	06 07 0	8 09 099		Interlock No	Ejected	Trapped		Deployed Equipped	Ambulance MID MICHI	GAN MI	EDICAL	CENTER E	MS	
	Refused ON PBT OE	Not offered Breath ● Blo	od O Urine	Test Resu	lts	Drugs O Yes Test	s ●N Type OB		Test Resu	ilts		Issued zardous	O Other	
► Vehicle Registration State ###############	Insurance ######		#######################################	#####		owed To/I ######		****	***		pecial Vehi 0	icles Private Tr	ailer Type V	ehicle Defect
Z vin ⊃ ####################################	Vehicle Descrip		Make DA	т	Model RX420FE			Color GRN		Year 200		ehicle Type ORV (Off ro	bad vehic	le)
	st Impact	Extent of Damage	2 Driveable	Vel N	hicle Directior		cle Use - Privat	te			tion Prior)1 - Goir	ng Straight /	Ahead	
Sequence of Events (● indicates MOST harmful events		ss of contro	1	Second • 06 - Ov	erturn	-		Third			Fo	urth		
Passenger Information				Date	of Birth (Age)	s	iex Posi	tion Restraint	Hospital					
				Injury	Airbag D	eployed	Ejecte	ed Trapped	Ambulance					
Passenger Information				Date	of Birth (Age)	s	iex Posi	tion Restraint	Hospital					
				Injury	Airbag D	eployed	Ejecte	ed Trapped	Ambulance					
Ω Passenger Information				Date	of Birth (Age)	s	iex Posi	tion Restraint	Hospital					
G E R				Injury	Airbag D	eployed	Ejecte	ed Trapped	Ambulance					
Z W Passenger Information				Date	of Birth (Age)	s	iex Posi	tion Restraint	Hospital					
				Injury	Airbag D	eployed	Ejecte	d Trapped	Ambulance					
Passenger Information				Date	of Birth (Age)	s	iex Posi	tion Restraint	Hospital					
				Injury	Airbag D	eployed	Ejecte	ed Trapped	Ambulance					
Passenger Information				Date	of Birth (Age)	s	iex Posi	tion Restraint	Hospital					
				Injury	Airbag D	eployed	Ejecte	ed Trapped	Ambulance					
o Carrier Information						Ca	arrier Sourc	ce GVWR	ICCM	С	USDOT	Г	MPSC	
K / B U						Dr	iver's CDL	01	orsements	CDL Exer O Farm		CDL Restriction O 28 O 29		35 O 36
O Interstate/Intrastate Vehicle	е Туре	Type & Axle First	e Per Unit Second	Third	Fourth		Cargo	O N Body Type	Medical Card		azardous M	aterial O Cargo Spill	ID #	Class #
Owner Information		-				Ov	wner Inforn	nation	1					1
Owner Information														
Person Advised of Damaged Traff	fic Control					Dama	aged Prope	erty						Public
Contact Name: ####################################		#########	####			Owne	er & Phone							

SANITIZED SANITIZED SANITIZED SANITIZED

			-													-		
	Unit Number	Unit Knowr	State Drive	er License Number		Date of Birt	h (Age)		icense O Op O Chi	erator	Endorse O Cycl O Farn	е	Sex	Total Oc	cupants	Hazardous Ac	tion	
	Unit Type	Driver Infor	mation					Injury	O Mo	ped Position	O Reci Restraint	reation						
R	onit typo							jury	ľ	conton	rtoonum	ricopital						
/ E							Et al.	T										
RIV	O1 O2		05 06 07	08 09 099		Interlock	Ejected	Trappe	ea /	Airbag Dep	loyed	Ambulance						
D	Alcohol O Yes	O No		O Not offered		Test Resu	llts	Drugs O Y	'es	O No			t Results		Citation O Ha	Issued zardous	O Other	
T /	Test Type Vehicle Regis			O Breath O Bloc nce / Policy #	od O Urine			Te: Towed T		e O Blood	I O Urin	e		Spec	cial Vehi	icles Private Tra	ailer Type \	ehicle Defect
N	VIN		Vel	hicle	Make		Mode	el.			Color			Year	V	ehicle Type		
	I anation of			scription	Driveable	1/0	hicle Directi		hicle L	100				Action				
	Location of Greatest Dam	nage	First impact	Extent of Damage	Diveable	ve	nicie Directi	un ve		150				Action	FIIO			
	Sequence of Events	10071	First			Second					Third				Fo	urth		
	(indicates N Passenger Inf		ul event)			Date	of Birth (Ag	a)	Sex	Position	Restraint	Hospital						
	r assenger mi	ormation				Duic												
						Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
	Passenger Inf	formation				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
S	Passenger Inf	formation				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
ЕR						loium	Airbog	Doployo		Figstad	Transed	Ambulance						
D N						Injury	Airbag	Deployed	0	Ejected	Trapped	Ambulance						
SE	Passenger Inf	formation				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
PASSENGERS						Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
	Passenger Inf	formation				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injury	Airbag	Deployed	d	Ejected	Trapped	Ambulance						
	Doopongor Inf	formation								Position		Hospital						
	Passenger Inf	Iormation				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
						Injury	Airbag	Deployed	b	Ejected	Trapped	Ambulance						
S	Carrier Inform	ation							Carrie	r Source	GVWR	-	ICCMC		USDOT	Г	MPSC	
Вυ	Carrier Inform							ŀ	Driver'	s CDL Typ	e Endo	orsements	CDL	. Exempt	-	CDL Restriction	s	
CK/										,	он	OP OT	0	Farm Other		O 28 O 29		35 O 36
R U (Interstate/Intra	astate V	ehicle Type	Type & Axle First	Per Unit Second	Third	Fourt	h		Cargo Bo	dy Type	Medical C	ard		rdous Ma	aterial O Cargo Spill	ID #	Class #
ΓR	<u></u>																	
ERS	Owner Inform	ation							Owner	Informatic	n							
OWNERS																		
_	Witness Inforr	mation							Witnes	s Informat	ion							
WITNESS																		
LIM																		
	estigated ^{Scene} Yes		Date (Time) /#### (##:#	1st Investigator ####################################	Name (Badge) ##############	#### (##	####)			gator Nam #######		##### (#1	#####)		otos By	#########	*#######	####
	rrative						,		Diagra			,	,					
				Lone driver n le of roadway														
	njury lying	-		le of foadway	- Fasserby IO		i with he	au				0						N
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													•					
													i F	Ť.				

Com	npliance: Req	A 300, Sec.25 uired M d/or 90 days (SP UD-10E)				ternal # #####			Crash IE 862561					Page 01 Incident #	of 01	#####	File Cla	ss 93001
S	TAT	E OF	MIC	ΗΙ	GAN	TRAF	FIC (CR	ASH	H R	EP	ORT				Incident I Close	Dispositio ed	n		
	1 5615600)				Department Na Midland (Reviewer GRE	r G HAL	L		
	sh Date 5/06/2013		Crash Time 19:41		o. of Units)1	Crash Type Single Moto	r Vehicle		l Circums chool Bus		 None Hit and 		Deer Fleeing Police		ecial Ch Fatal		on-Traffic	Area O	ORV	/Snowmobile
	6 - Midlan	d	Non	-		Relation to Roady Outside of s		curb	Special S	Study		eather Clear				ON-FR\	NY Str	aight roa	dway	
	^{/Twsp} 9 - Larkin	Тwp	Constru	uction Zo	one (if applic Type		Lane Closed	,	Activity		^{pht} Daylight	t	Road Condit Dry	tion		Total Lane 02		Speed Limit 55		sted NO
N 0	Prefix N		Road Name EASTMA	N					oad Type D				Su	ffix			Divid	ed Roadway		
CAT	Distance 150 Fe	et N					Traffic 01 -		ysically	y divid	ed					ss Control		ontrol		
Г 0 (Prefix E		Intersecting I	Road DER				Ro C	oad Type T				Su	ffix			Divid	ed Roadway		
ľ	Jnit Number 01	Unit Known Yes			se Number ########		Date of Birt 10/30/		44)	oci	e Type perator nauffer oped	Endorse O Cycle O Farm O Recr	e 1	Sex M	Total 0 02	Occupants		ous Action Speed to	oo fas	t
с Ч	Jnit Type MV	#######	ation ######### ############	+####		#####			Inju O		Position 01	Restraint 04	Hospital NONE							
>	Oriver Condition ● 1 0 2	on 03 04 0	5 06 07	08 0	09 0 99		Interlock No	Ejecte	d Traj	pped	Airbag De Not E	^{ployed} quipped	Ambulance NONE							
4 D 4	Alcohol O Yes Test Type	● No O Field	O Refused O PBT	Not o O Brea		od O Urine	Test Resu	ults		Yes	● No e O Bloo	nd O Urine		Results			n Issued azardous	00	Other	
	/ehicle Regist	tration Sta	te Insura	ince / Po	licy #	#######################################	#####		Towed	d To/By				#		pecial Vehi 0	icles Priv	vate Trailer 1	Type Ve	ehicle Defect
\sim	/IN ########	#########		hicle escription	^¹ CHE∖	Make /ROLET	C		odel O			Color BLU			Year 197		ehicle Ty	nger Car		
	Location of Greatest Dam	age 10	First Impact 02		Extent of Damage	3 Yes	Ve 1	hicle Dir	ection	Vehicle 01 -	_{Use} Private					ion Prior 1 - Goir	ng Stra	ight Ahea	ad	
E	Sequence of Events • indicates N	10ST harmful	First 01 - event)	Loss	of contro	1	Second 03 - Ra	an off r	oadwa	y-left		^{Third} ● 35 - Ditc	h		•	Fo	ourth			
F		########						of Birth (02/197	^(Age) 71 (42)	Sex F	Position 03	Restraint 04	Hospital NONE							
	####### HOPE, N	######## 11 48628	######################################				Injury O		ag Deploy ot Equi		Ejected	Trapped	Ambulance NONE							
F	Passenger Inf	ormation					Date	of Birth ((Age)	Sex	Position	n Restraint	Hospital							
							Injury	y Airb	ag Deploy	yed	Ejected	Trapped	Ambulance							
Ř	Passenger Inf	ormation					Date	of Birth ((Age)	Sex	Position	Restraint	Hospital							
E N G E							Injury	/ Airb	ag Deploy	yed	Ejected	Trapped	Ambulance							
В S S	Passenger Inf	ormation					Date	of Birth ((Age)	Sex	Position	Restraint	Hospital							
ΡΑS							Injury	/ Airb	ag Deploy	yed	Ejected	Trapped	Ambulance							
F	Passenger Inf	ormation					Date	of Birth ((Age)	Sex	Position	Restraint	Hospital							
							Injury	/ Airb	ag Deploy	yed	Ejected	Trapped	Ambulance							
F	Passenger Inf	ormation					Date	of Birth ((Age)	Sex	Position	Restraint	Hospital							
							Injury	/ Airb	ag Deploy	yed	Ejected	Trapped	Ambulance							
S C	Carrier Informa	ation					!			Carrie	er Source	GVWR	IC	CMC		USDOT	Г	MPS	SC	
K / B (Drive	r's CDL Ty	он	rsements OP OT	C	DL Exem D Farm	npt	CDL Res O 28	strictions	0 03	35 O 36
TRUC	nterstate/Intra	astate Vel	nicle Type		Type & Axle First	e Per Unit Second	Third	Fo	ourth	1	Cargo B	O N ody Type	OSOX Medical Car			zardous M Placard	laterial	ID #		Class #
RS	Owner Informa	ation								Owne	er Informat	ion			_					•
OWNERS																				
Pers		of Damaged T							[Damage	d Property									Public
Co		######## ##/##/## ##:##		+####	########	####			C	Owner &	Phone									

ЧЪ	Owner Information			First	Second	Third	Fourth		er Informatio	on					O Cargo Spill	10 #	
UCK/BUS	Carrier Information		icle Type	Type & Axle Pe	r I loit				er Source r's CDL Typ Cargo Bo	O H O N	orsements I OP OT I OS OX Medical Ca	0 F 0 C	Exempt arm Other			MPSC IS O 30 (0 35 0 36 Class #
	Passenger Inform	ation				Date Injury	of Birth (Age)	Sex	Ejected Position Ejected	Trapped Restraint Trapped	Ambulance Hospital Ambulance						
PASS	- Passenger Inform					Injury	Airbag D of Birth (Age)	eployed	Ejected	Trapped Restraint	Ambulance Hospital						
NGER	Passenger Inform Passenger Inform					Injury	Airbag D	eployed	Position Ejected Position	Restraint Trapped Restraint	Hospital Ambulance Hospital						
	Passenger Inform	ation				Injury Date Injury	of Birth (Age)	Sex	Ejected Position Ejected	Trapped Restraint Trapped	Ambulance Hospital Ambulance						
	Events (indicates MOS Passenger Inform						of Birth (Age)	Sex	Position		Hospital						
	Location of Greatest Damage Sequence of		First Impact	Extent of Damage	Driveable	Vel	hicle Direction	n Vehicle	Use	Third			Action				
N I T / D	Alcohol O Yes O Test Type O Vehicle Registratio	Field	O Refused O Not O PBT O Bre Insurance / F	ath O Blood	O Urine Make	Test Resu		Drugs O Yes Test Typ owed To/By	O No De O Blood	0 Urine Color		Results		ial Vehic	Issued ardous Iles Private Tr hicle Type	O Other railer Type	Vehicle Defect
RIVER	Driver Condition 01 02 03	04 08	5 06 07 08	09 099		Interlock	Ejected	Trapped	Airbag Dep	loyed	Ambulance						
		t Known ver Informa	State Driver Lice	nse Number		Date of Birt	n (Age)	00	e Type perator nauffer oped Position	Endorse O Cycl O Farn O Recr Restraint	le n	Sex T	otal Oco	cupants	Hazardous Ad	tion	

Authority: 1949 PA 300, Sec.257.62 Compliance: Required MSP U Penalty: \$100 and/or 90 days (Rev 1	JD-10E				ernal # ####		Crash 8656				-	D1 of 01 t # ############	File Cla	ass 93001
STATE OF N	<u>IICH</u>	GAN			CRA	SH	REF	PORT	I		Clos			
ORI: MI 5615600			Department Na Midland C									^{er} EG HALL		
		o. of Units 02	Crash Type Other/Unkno		Special Cir O Schoo		● None ○ Hit a	e O nd Run O	Deer Fleeing Police	Specia O Fa	I Checks atal O	Non-Traffic Area	O ORV	/Snowmobile
^{County} 56 - Midland	Traffic Control None		Relation to Roadw On Road	ay	Spe	ecial Study		Weather Cloudy			NON-FF	WY Straigh	t roadway	
^{City/Twsp} 13 - Mills Twp	Construction 2	Zone (if applic Type		ane Closed	Activ	rity	Light Dayliç	ght	Road Conditi Wet	on	Total La 02	nes Speed 55		NO
O N EAS	^{d Name} STMAN				Road RD	Туре			Suf	fix		Divided Ro	adway	
Distance 1,320 Feet N Prefix Inters				Traffic \ 01 - N	_{Way} Not physi	ically div	vided				ccess Contro 1 - No ac	ol CCess contro	I	
O Prefix Inters E BOI	secting Road MBAY				Road RD	Туре			Suf	fix		Divided Ro	adway	
Unit Number Unit Known Sta 01 Yes	te Driver Lice			Date of Birth 08/20/2	n (Age) 2001 (11)		ense Type O Operator O Chauffer O Moped	Endorse O Cyc O Farr O Rec	le		tal Occupan)0		^{ction} ed to yield	l
Unit Type Driver Information P ########### ############ Ⅲ MIDLAND,	########## ###########		#####	•		Injury C	Positio	n Restraint 01	Hospital NONE			•		
> Driver Condition •1 02 03 04 05 0		()		Interlock No	Ejected	Trapped	-	Deployed Equipped	Ambulance MID MIC	HIGAN	MEDICA	L CENTER	EMS	
Alcohol O Yes • No O R Test Type O Field O P	efused Not BT OBre		od O Urine	Test Resul	lts	Drugs O Yes Test	s ON Type OB		Test R	esults		on Issued Hazardous	O Other	
Vehicle Registration ####################################	Insurance / P	olicy #	#######################################	+####		Fowed To/	By		#########	#	Special Ve 0	hicles Private T	railer Type V	ehicle Defect
Z VIN D ####################################	Vehicle Descriptio	n	Make		Mode	I		Color		Y 0	'ear)	Vehicle Type		
Location of First Greatest Damage 12 12	Impact	Extent of Damage	0 Driveable	Veł	nicle Directio	on Vehi	cle Use				Action Prior 25 - Cro	ossing not at	Intersect	
Sequence of Events (● indicates MOST harmful even	First 17 - Moto	r veh in tr	ansport	Second				Third			F	Fourth		
Passenger Information	.,			Date	of Birth (Age	e) S	Sex Posi	tion Restraint	Hospital					
				Injury	Airbag [Deployed	Ejecte	ed Trapped	Ambulance					
Passenger Information				Date	of Birth (Age	e) S	Sex Posi	tion Restraint	Hospital					
				Injury	Airbag [Deployed	Ejecte	ed Trapped	Ambulance					
の Passenger Information				Date	of Birth (Age	e) S	Sex Posi	tion Restraint	Hospital					
Ш				Injury	Airbag [Deployed	Ejecte	ed Trapped	Ambulance					
Z Passenger Information				Date	of Birth (Age	e) S	Sex Posi	tion Restraint	Hospital					
S A C				Injury	Airbag [Deployed	Ejecte	ed Trapped	Ambulance					
Passenger Information				Date	of Birth (Age	e) S	Sex Posi	tion Restraint	Hospital					
				Injury	Airbag [Deployed	Ejecte	ed Trapped	Ambulance					
Passenger Information				Date	of Birth (Age	e) S	Sex Posi	tion Restraint	Hospital					
				Injury	Airbag [Deployed	Ejecte	ed Trapped	Ambulance					
Carrier Information					-	Ca	arrier Sour	ce GVWR	ICO	CMC	USDO	от	MPSC	
K/BU						Dr	river's CDL	01	orsements	CDL E	rm	CDL Restriction O 28 O 29		35 O 36
O ☐ Interstate/Intrastate Vehicle ₩ ↓	Туре	Type & Axle First	Per Unit Second	Third	Fourth	1	Cargo	o Body Type	N OS OX	d O Oti	Hazardous	Material	ID #	Class #
Owner Information						O	wner Inform	nation						
Owner Information														
Person Advised of Damaged Traffic						Dama	aged Prope	erty						Public
Contact Name: ########### Contact Date: ###/##### Contact Time: ##:##	#########	########	####			Owne	er & Phone							

	Unit Number 02	Unit Know Yes			nse Number /########		e of Birth 2/04/19	^(Age) 951 (61)		icense ● Op O Ch O Mo	erator auffer	Endorse O Cycl O Farn O Reci	le n	Sex F	Total Oc 01	cupants	Hazardous Ac 00 - None		
ш	Unit Type MV	#####	### ####	##########	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	ŧ			Injury O	E	Position 01	Restraint 04	Hospital NONE						
R I V	Driver Conditi ●1 02		05	06 07 08	O 9 O 99		erlock NO	Ejected	Trappe	ed /	Airbag Dep No	loyed	Ambulance NONE						
/ D F	Alcohol O Yes Test Type	• No		Refused Not PBT O Bre		Te Urine	st Result	s	Drugs O Y	es	● No ● O Blood	I O Urin		t Results			azardous	O Other	
⊢ —	Vehicle Regis	tration	State MI	Insurance / F			##	ľ	Towed T	o/By			~ #########	+##	Spec 0	cial Veh	icles Private Tr	ailer Type \	ehicle Defect
N N	VIN ########	#######	####	Vehicle Description			M	Mode ALIBU	el			Color MAR			Year 2006	V	ehicle Type Passenger	Car	
	Location of Greatest Darr	nage 12		st Impact		Driveable Yes	Vehi S	icle Directi		hicle ()1 - F					Action 19		iding pedes		
	Sequence of Events			First ● 15 - Pede	estrian	Se	cond					Third					ourth		
	 Indicates M Passenger Inf 		nful ev	ent)			Date o	f Birth (Age	e)	Sex	Position	Restraint	Hospital						
							Injury	Airbag	Deployed	1	Ejected	Trapped	Ambulance						
	Passenger Inf	formation					Date o	f Birth (Age	e)	Sex	Position	Restraint	Hospital						
	-						Injury	Airbag	Deployed	1	Ejected	Trapped	Ambulance						
S	Passenger Inf	formation						f Birth (Age		Sex	Position	Restraint	Hospital						
ER							Injury		Deployed		Ejected	Trapped	Ambulance						
ENGER	Passenger Inf	formation						f Birth (Age		Sex	Position	Restraint	Hospital						
PASS	r doooniger mi	omaton					Injury		Deployed		Ejected	Trapped	Ambulance						
Ρ	Passenger Inf	formation						f Birth (Age		Sex	Position	Restraint	Hospital						
	r doooniger mi	omaton					Injury		Deployed		Ejected	Trapped	Ambulance						
	Passenger Inf	formation						f Birth (Age		Sex	Position	Restraint	Hospital						
	rassenger m	ormation							-										
							Injury	Airbag	Deployed	1	Ejected	Trapped	Ambulance						
υS	Carrier Inform	ation								Carrie	r Source	GVWR		ICCMC		USDO ⁻	Г	MPSC	
CK/BU									Γ	Driver	s CDL Typ	Endo OH		0	Exempt Farm Other		CDL Restriction O 28 O 29		35 O 36
RUC	Interstate/Intra	astate	Vehicl	е Туре	Type & Axle Per Unit First Se	cond Th	ird	Fourth	h		Cargo Bo		Medical C		Haza	rdous M lacard	laterial O Cargo Spill	ID #	Class #
⊢ ഗ	Owner Inform	ation								Owner	Informatio	on					<u>9</u> p		
OWNERS																			
												-							
WITNESS		####### #######	####	######################################	####					Witnes	s Informat	ion							
Inv	estigated Scene Yes	Reporte ##/##			st Investigator Name (E ####################################		# (###	+###)			gator Nam		##### (#	#####)		otos By	###########	""	####
	rrative Iinor Car/I	Pedestri	an P	PIA in Mills T	wp. Unit#1 is th	e 11-year-o	old fem	ale		Diaor	am								*
				-	Eastman Rd ne														N
					roadway crossir EH2 was travelin	-			The					ļ	VE	H2			
c	river of VE	EH2 adv	rised	that she sa	w the female on	the side of	the rad	odway a	and										
					nk she was going hecked for N/B ti				/B				*		VEH	12			
					empted to cross								Uni	1#1					
					hit Unit#1. The e of the accident							2.1							
	-	-			apparent very m														
v	itness to	the incid	lent	was Unit#1's	s father.									N Eas	stmai	n Rd			

Authority: 1949 PA 300, Sec.257.6 Compliance: Required MSP Penalty: \$100 and/or 90 days (Rev	UD-10E				ernal # #####		Crash IE 866016]	Page 01 c	of 01	File Cla	ss 93001
STATE OF N	MICH	IGAN	TRAF	FIC (CRAS	SH F	REP	ORT		_	Incident Di Closed			
ORI: MI 5615600			Department Na Midland (Reviewer STEPH	HEN WOODS	6	
	rash Time 16:15	No. of Units 02	Crash Type Head On-Le	ft Turn	Special Circu O School E		 None O Hit and 		Deer Fleeing Police	Special Ch O Fatal		-Traffic Area	O ORV/	Snowmobile
County 56 - Midland	Traffic Cont None	rol	Relation to Roadw On Road	ay	Specia	al Study		eather Clear		Area 09 - Int	tersectio	n related-oth	r	
City/Twsp 09 - Larkin Twp	Construction	n Zone (if applio Type		Lane Closed	Activity		^{ight} Dayligh	t	Road Condition Dry		Total Lanes 02	Speed Limit 55		sted IO
	ad Name ASTMAN				Road Typ RD	pe			Suffix			Divided Roadwa	ау	
Distance 10 Feet N Prefix Inte				Traffic 01 - 1	_{Way} Not physica	ally divid	ded				ss Control	ess control		
O Prefix Inte	ersecting Road	R			Road Typ CT	pe			Suffix			Divided Roadwa	ау	
	tate Driver Li MI #####	cense Number ####################################		Date of Birth 04/19/1	n (Age) 994 (19)	• C 0 C	se Type Operator Chauffer Noped	Endorse O Cycl O Farn O Recr	F F		Occupants	Hazardous Action 03 - Failed 1	to yield	
C Unit Type Driver Information MV ########## ₩ SANFORE	######### ########	########## ########### 7 (###) #	##### ###### !##!-#####		h	njury O	Position 01	Restraint 04	Hospital NONE					
Driver Condition • 1 02 03 04 05	06 07 0	8 0 9 0 9 9		Interlock No	Ejected 1	rapped	Airbag De No	ployed	Ambulance NONE					
	Refused N PBT O B	lot offered Ireath O Blo	od O Urine	Test Resu		Drugs O Yes Test Ty	● No pe O Bloo	id O Urini	Test Resu	ults	Citation I: • Haz		Other	
Vehicle Registration State	Insurance /	Policy #	#############	#####		ved To/By			+##########		pecial Vehicl 0	es Private Trailer	Type Ve	ehicle Defect
Z → ###################################	# Vehicle Descrip		Make TIAC	G	Model 5			Color BLK		Year 200		hicle Type Passenger Ca	ar	
	st Impact)4	Extent of Damage	4 Yes	Vel N	nicle Direction	Vehicle 01 -	Use Private				ion Prior 2 - Turnii	ng left		
Sequence of Events (● indicates MOST harmful events	First ● 17 - Mor	tor veh in ti	ansport	Second		_		Third			Fou	th		
Passenger Information	- ,			Date	of Birth (Age)	Sex	Position	Restraint	Hospital					
				Injury	Airbag Dep	oloyed	Ejected	Trapped	Ambulance					
Passenger Information				Date	of Birth (Age)	Sex	Position	Restraint	Hospital					
				Injury	Airbag Dep	ployed	Ejected	Trapped	Ambulance					
の Passenger Information				Date	of Birth (Age)	Sex	Position	Restraint	Hospital					
ш O				Injury	Airbag Dep	oloyed	Ejected	Trapped	Ambulance					
Z W Passenger Information				Date	of Birth (Age)	Sex	Position	Restraint	Hospital					
S S S S S S S S S S S S S S S S S S S				Injury	Airbag Dep	oloyed	Ejected	Trapped	Ambulance					
Passenger Information				Date	of Birth (Age)	Sex	Position	Restraint	Hospital					
				Injury	Airbag Dep	ployed	Ejected	Trapped	Ambulance					
Passenger Information				Date	of Birth (Age)	Sex	Position	Restraint	Hospital					
				Injury	Airbag Dep	oloyed	Ejected	Trapped	Ambulance					
က Carrier Information						Carri	ier Source	GVWR	ICCM	С	USDOT	M	PSC	
K/BU						Drive	er's CDL Ty	он	OP OT OS OX	CDL Exen O Farm O Other		DL Restrictions O 28 O 29 O	30 03	35 O 36
O Interstate/Intrastate Vehicle	е Туре	Type & Axle First	e Per Unit Second	Third	Fourth		Cargo B	ody Type	Medical Card	Ha	zardous Mat	terial ID O Cargo Spill	#	Class #
Owner Information						Own	er Informat	ion				I		1
Owner Information ####################################	+########													
Person Advised of Damaged Traff	. ,					Damage	ed Property							Public
Contact Name: ########### Contact Date: ##/##/#### Contact Time: ##:##		****	####			Owner &	& Phone							

ĸ	02 Unit Type	Unit Known Yes			nse Number ########	Ľ	Date of Birth 03/16/19			ense [·] O Ope		Endorse • Cycl		Sex M	Total 0 01	Occupant	s Hazardous Ad 00 - Non		
с										O Cha O Mop	uffer bed	O Farn O Recr	n reation	IVI	01		00 - 11011	C	
ш	MV	Driver Inform ####### ####### RHODE	<i>\#####</i>	######	############ ############# (###) ###-##	4			Injury A		osition 01	Restraint 10	Hospital MIDMIC	HIGA	N ME	DICAL	CENTER-N	IIDLAND	
> 1	Driver Conditio	n 03 04 0	5 06 0	07 08	O 9 O 99		Interlock No	Ejected Yes	Trapped		irbag Dep Not Eq		Ambulance	CHIGA	N ME	EDICAL	_ CENTER I	EMS	
DR	Alcohol O Yes	• No	O Refuse	ed ● Not	offered		Test Result		Drugs O Yes	_	• No	aipped		Results		Citatio	n Issued azardous	O Other	
Τ /	Test Type Vehicle Registr	O Field ation Sta	O PBT Ite Insi	O Brea urance / Po	ath O Blood	O Urine			Test Towed To/	Type /By	O Blood		e		S		hicles Private T		ehicle Defect
– Z	######## VIN	#### N		#######	######################################	######################################	####	Mode		###	######	######## Color	!#######	##	Year	0	Vehicle Type		
	########	+########	ŧ##	Descriptio	n HAR DAVI	DSON		STF AN	NIV.			BLK			199	98	Cycle		
	Location of Greatest Dama	ige 10	First Impa 01	act	Extent of Damage 5	Driveable No	Veh S	icle Directio		icle U: 1 - P	^{se} rivate					ion Prior 1 - Goi	ng Straight	Ahead	
	Sequence of Events (• indicates M	OST harmful			r veh in transp	ort	Second					Third				F	ourth		
	Passenger Info	ormation					Date o	f Birth (Age	e) S	Sex	Position	Restraint	Hospital						
							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
	Passenger Info	rmation					Date o	f Birth (Age	e) S	Sex	Position	Restraint	Hospital						
							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
S	Passenger Info	rmation					Date o	f Birth (Age	e) S	Sex	Position	Restraint	Hospital						
ENGERS							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
SEN	Passenger Info	ormation					Date o	f Birth (Age	e) S	Sex	Position	Restraint	Hospital						
PASS							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
۵.	Passenger Info	ormation					Date o	f Birth (Age	e) S	Sex	Position	Restraint	Hospital						
							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
	Passenger Info	ormation					Date o	f Birth (Age	e) S	Sex	Position	Restraint	Hospital						
							Injury	Airbag I	Deployed		Ejected	Trapped	Ambulance						
	Carrier Informa	tion								arrier	Source	GVWR		ССМС		USDC	T	MPSC	
ΒUS											CDL Typ		orsements		L Exen		CDL Restriction		
CK/									5		, obe 1, jp	он	OP OT OS OX	С	Farm Other	pr	O 28 O 29		35 O 36
TRU	Interstate/Intra	state Vel	hicle Type		Type & Axle Per U First S	nit iecond	Third	Fourth	١		Cargo Boo	dy Type	Medical Ca	ırd		zardous M Placard	Material O Cargo Spill	ID #	Class #
_	Owner Informa	tion							0	wner	Informatio	n	•					•	•
OWNERS																			
SS	Witness Inform	ation							W	/itnes:	s Informati	ion							
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	vestigated ^{Scene} Yes	Reported D ##/##/#			t Investigator Name		### (###				ator Name		##### (##	####		Photos By	y ####################################		
Na	arrative			,			,	,		Diaora			*****	"""")		mmm			TITITITI TITITITI TITITITI
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																			Unit 1
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																N. Ea			

Authority: 1949 PA Compliance: Requin Penalty: \$100 and/o	red M	SP UD-10					ternal # #####			Crash ID 74748	9				Page 01 Incident #	of 01 # ########	### File	Class	93001
STATE	OF	MIC	<u>CHI</u>	GAN			CRA	\SH	R	EP(ORT				Close				
ORI: MI 5615600						^{ame} Co Sheriff										G HALL			
Crash Date 10/20/2013		Crash Ti 22:22	2	No. of Units 01	Crash Type Single Moto		O Scho	Circumstar Dol Bus	C	None Hit and F	Run OF	Deer Teeing Police	, i	ecial Che P Fatal		on-Traffic Ar	rea O C	RV/Sn	nowmobile
^{County} 56 - Midland		No	fic Contro ONE		Relation to Road Shoulder	way	SI	pecial Stu		С	ather loudy	-		0 - NC			ght roadw		
^{City/Twsp} 13 - Mills Tw	γp	Cons	struction	Zone (if applic Type	able)	Lane Closed	Act	livity	Ligh D	^{it} ark-Lig	hted	Road Condi Wet	ition		otal Lane	es Spe 5	ed Limit 5	Poste NO	
Z Prefix O N		Road Nam EASTN	^{ne} IAN				RD	d Туре				Su	uffix			Divided	Roadway		
Distance 300 Fee	et N					Traffic 01 - I	Way Not phys	sically	divide	d					s Control No acc	cess cont	trol		
O Prefix E		Intersectin BOMBA					Road RD	д Туре				Si	uffix			Divided	Roadway		
	Init Known Yes			ense Number ##########		Date of Birt 09/20/1	^{:h (Age)} 1991 (22		icense • Ope O Cha O Moj	erator	Endorser O Cycle O Farm O Recre		Sex M	Total O 01	ccupants		s Action peed too 1	fast	
∠ MV		/###### /######	#####	######### ######### (###) ##	#####			Injury O		osition 01	Restraint 04	Hospital NONE				-			
Driver Condition		5 06 C	07 ●8	09 0 99		Interlock No	Ejected	Trapp		irbag Dep No	oloyed	Ambulance NONE							
Alcohol O Yes Test Type	● No O Field	O Refuse O PBT	ed ● No O Bre		od O Urine	Test Resu	ilts	Drugs O Y Te	'es	● No O Blood	d O Urine	Test	Results			Issued zardous	O Other	r	
← Vehicle Registra — #########	ation Sta		urance / I	Policy #	##########	#####		Towed T	o/By		+########	########	##	Spe 0		icles Privat	e Trailer Type	Vehi	cle Defect
Z ⊃ #########			Vehicle Descripti	ion CHEV	Make ROLET	L	Mod UMINA	el			Color MAR			Year 1995		ehicle Type			
Location of Greatest Damag	ge 10	First Impa 01	act	Extent of Damage	6 No	Ve N	hicle Direct		ehicle U 01 - P	^{se} rivate					on Prior - Goir	ng Straig	ht Ahead		
Sequence of Events (● indicates MC	OST harmful	Firs 01 event)		s of control		Second 03 - Ra	in off roa	adway-	left		Third 06 - Ove	rturn				^{urth} 1 - Utility	pole		
Passenger Infor	mation					Date	of Birth (Ag	je)	Sex	Position	Restraint	Hospital							
						Injury	/ Airbag	Deployed	d	Ejected	Trapped	Ambulance							
Passenger Infor	mation					Date	of Birth (Ag	ge)	Sex	Position	Restraint	Hospital							
						Injury	/ Airbag	Deployed	d	Ejected	Trapped	Ambulance							
の Passenger Infor 企	mation					Date	of Birth (Ag	je)	Sex	Position	Restraint	Hospital							
ВИ						Injury	/ Airbag	Deployed	d	Ejected	Trapped	Ambulance							
Passenger Infor	mation					Date	of Birth (Ag	ge)	Sex	Position	Restraint	Hospital							
P A S S						Injury	/ Airbag	Deployed	d	Ejected	Trapped	Ambulance							
Passenger Infor	mation					Date	of Birth (Ag	ge)	Sex	Position	Restraint	Hospital							
						Injury	/ Airbag	Deployed	d	Ejected	Trapped	Ambulance							
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⊖ Carrier Informati	ion						•	Ĩ	Carrier	Source	GVWR	IC	CCMC		USDOT	Г	MPSC		
K/BL								ŀ	Driver's	S CDL Typ	он	sements OP OT	0	DL Exemp D Farm	ot	CDL Restric O 28 O	ctions 29 O 30	O 35	O 36
O ⊃ Interstate/Intrast ∠ ⊢	tate Vel	nicle Type		Type & Axle First	Per Unit Second	Third	Four	th		Cargo Bo	O N dy Type	OS OX Medical Ca			ardous M Placard		ID #		Class #
Owner Informati		<u>##</u> #####							Owner	Informatio	on	1		-					
######################################	#######	######	4#####	#####															
Person Advised of	-									Property									ublic
Contact Name: # Contact Date: # Contact Time: #	##/##/###		#####	#########	####			Ow	vner & F		.E /########	#######	#####						No

Unit Number	Unit Kno	wn St	tate Driver L	icense Number		Date of Birt	h (Age)	00	se Type Operator Chauffer Moped	Endorse O Cycl O Farn O Reci	le	Sex	Total Occu	upants	Hazardous Actior	1
Unit Type	Driver In	formatio	n					Injury	Position	Restraint	Hospital					
Y		05	06 07 0	8 09 099		Interlock	Ejected	Trapped	Airbag De	oloyed	Ambulance					
Alcohol O Yes Test Type	O No e O Field		Refused OI PBT OI	Not offered Breath O Blood	O Urine	Test Resu	lts	Drugs O Yes Test Ty	O No rpe O Bloo	d O Urin		t Results	C	itation l O Haz		Other
Vehicle Regi		State	Insurance	/ Policy #			-	Towed To/By	r				Specia	al Vehic	cles Private Traile	r Type Vehicle Defe
			Vehicle Descri		Make		Mode	1		Color			Year	Ve	ehicle Type	-
Location of Greatest Dar	mage	Firs	st Impact	Extent of Damage	Driveable	Vel	hicle Directio	on Vehicle	e Use				Action F	Prior		
Sequence of Events (• indicates		mful eve	First ent)			Second				Third				Fou	ırth	
Passenger Ir			,			Date	of Birth (Age	e) Se:	< Position	Restraint	Hospital					
						Injury	Airbag [Deployed	Ejected	Trapped	Ambulance					
Passenger Ir	nformation					Date	of Birth (Age	e) Se:	< Position	Restraint	Hospital					
						Injury	Airbag [Deployed	Ejected	Trapped	Ambulance					
0 Passenger Ir	nformation					Date	of Birth (Age	e) Se:	< Position	Restraint	Hospital					
ם פ						Injury	Airbag [Deployed	Ejected	Trapped	Ambulance					
Z Passenger Ir O	nformation					Date	of Birth (Age	e) Se:	Position	Restraint	Hospital					
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Passenger Ir	nformation					Date	of Birth (Age	e) Se:	< Position	Restraint	Hospital					
						Injury	Airbag [Deployed	Ejected	Trapped	Ambulance					
Passenger Ir	nformation					Date	of Birth (Age	e) Se:	 Position 	Restraint	Hospital					
						Injury	Airbag [Deployed	Ejected	Trapped	Ambulance					
O Carrier Inform	mation							Car	ier Source	GVWR	<u> </u>	ICCMC	L	JSDOT	м	PSC
/ B U								Driv	er's CDL Ty		orsements		DL Exempt	C	CDL Restrictions	
Interstate/Int	rastate	Vehicle	е Туре	Type & Axle F	Per Unit				Cargo Bo	0 N	H OP OT N OS OX		O Farm O Other Hazard	lous Ma		0 30 0 35 0 36
-				First	Second	Third	Fourth	1					O Pla	acard	O Cargo Spill	
Owner Inform	nation							Owr	er Informati	on						
Witness Info	rmation							Witr	iess Informa	tion						
nvestigated at Scene Ye		ed Date	(Time) ## (##:##)	1st Investigator N	lame (Badge)		####\		stigator Nam		##### (#;	<u>###</u> ##\\		tos By		############
Narrative			. ,					Dia	######## aram	<i></i>			##	r####		~~~~~
Unit #1 NE power pole		stman	i, lost con	trol, ran off ro	adway left, o	oveturned	and stru	ck				Ī				N
														F		
										E Bom	ibay Ro	t			i	
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Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10 Penalty: \$100 and/or 90 days (Rev 11/20				ernal # ####		Crash 88044]	Page 01 Incident #	of 01 ##################	File C	ass 93001
STATE OF MIC	CHIGAN			CRA	SH I	REP	ORT		_	Incident D	Disposition d		
ORI: MI 5615600		Department Na Midland (^{ame} Co Sheriff':	s Office						Reviewer STEP	HEN WOC	DS	
Crash Date Crash Ti 11/25/2013 19:49		Crash Type Head On		Special Cir O Schoo	cumstance	s ● None ○ Hit an		Deer Fleeing Police	Special O Fat		on-Traffic Area	O OR	V/Snowmobile
	fic Control ONE	Relation to Roadv	vay	Spe	ecial Study	V	Veather Rain		Area 10 - 1	NON-FRV	VY Straight	roadwa	у
City/Twsp Con 09 - Larkin Twp	struction Zone (if appli Type		Lane Closed	Activ	ity	Light Dark-U	Inlighted	Road Condition	1	Total Lane 02	s Speed 55	Limit F	Posted NO
Z Prefix Road Nan O N EASTN				Road RD	Туре			Suffix	C		Divided Roa	adway	
Distance ≤ 150 Feet S			Traffic \ 01 - N	_{Way} Not physi	cally div	rided				cess Control	ess control		
O Prefix Intersectir E BOMB/	ng Road AY			Road RD	Туре			Suffix	(Divided Roa	adway	
	Driver License Number ####################################	:	Date of Birth 03/27/1	n (Age) 995 (18)	•	nse Type Operator Chauffer Moped	Endorser O Cycle O Farm O Recre		ex Tota M 02	al Occupants 2	Hazardous Ad 01 - Sper		ist
	######################################				Injury B	Position 01	Restraint 04	Hospital MIDMICH	IGAN M	EDICAL	CENTER-N	11DLANE)
Driver Condition • 1 02 03 04 05 06 0	07 08 09 099		Interlock No	Ejected	Trapped	Airbag D No	Deployed	Ambulance MID MICH	IIGAN N	IEDICAL	CENTER E	EMS	
Alcohol O Yes • No O Refuse Test Type O Field O PBT	ed Not offered O Breath O Blo	ood O Urine	Test Resul	lts	Drugs O Yes Test T	● No		Test Res	sults	Citation • Ha	Issued zardous	O Other	
Vehicle Registration State Inst	urance / Policy #		#####	1	rowed To/B	By		##########		Special Vehi	cles Private Tr	ailer Type	Vehicle Defect
	Vehicle Description CHE	Make VROLET	M	Model			Color DGR		Ye 20		ehicle Type Passenger	Car	
Location of First Impa Greatest Damage 02 02	act Extent of Damage	5 No	Ver S	nicle Directio		le Use - Private	e			ction Prior 01 - Goin	ig Straight	Ahead	
Sequence of Firs Events 01 (● indicates MOST harmful event)	- Loss of contro	bl	Second 02 - Cro	oss cente	erline/me	edian	• 17 - Mot	or veh in tra	nsport	Fo	urth		
Passenger Information ####################################	***			of Birth (Age 19/1995		ex Positi M 03	on Restraint 04	Hospital MIDMICH			CENTER-M))
#######################################			Injury B		Deployed	Ejected	-	Ambulance			CENTER E		
Passenger Information				of Birth (Age	e) Se	ex Positi	on Restraint	Hospital			02.11.2.1		
			Injury	Airbag [Deployed	Ejecteo	d Trapped	Ambulance					
の Passenger Information			Date	of Birth (Age	e) Se	ex Positi	on Restraint	Hospital					
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Passenger Information			Date	of Birth (Age	e) Se	ex Positi	on Restraint	Hospital					
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Passenger Information			Date	of Birth (Age	e) Se	ex Positi	on Restraint	Hospital					
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Interstate/Intrastate Vehicle Type	Type & Axl First	e Per Unit Second	Third	Fourth	•	Cargo	Body Type	Medical Card	ŀ	Hazardous Ma O Placard	aterial O Cargo Spill	ID #	Class #
	L				Ow	ner Inform	ation	1				I	
Owner Information ####################################	*#########												
Person Advised of Damaged Traffic Cont					Dama	ged Proper	ty						Public
Contact Name: ####################################	##############	+####			Owner	r & Phone							

		State Driver Lice			ate of Birth 12/31/19			ense Typ Operat O Chauff O Moped	tor er	Endorser O Cycle O Farm O Recro	9	Sex F	Total Oc 01	cupants	Hazardous Ac 00 - Non		
⊻ ^{MV} #	#######	#########	*#####################################				Injury A	Posi 01		Restraint 04	Hospital MIDMIC	CHIGAN	N MED	ICAL C	ENTER-M	IIDLAND	
Driver Condition	04 05	06 07 08	O 9 O 99	I	nterlock No	Ejected	Trapped	I Airba Ye	ag Dep es	loyed	Ambulance MID MI	CHIGA	N MED	DICAL	CENTER E	MS	
Alcohol O Yes Test Type		Refused No PBT O Bre			Fest Results	5	Drugs O Ye Test	s (Type C	No Blood	O Urine		Results		Citation I O Haz	ssued ardous	O Other	
Vehicle Registratio	on State	Insurance / F			###	٦	Fowed To	Ву			#######	##	Spe 0	cial Vehic	les Private Tr	ailer Type \	/ehicle Defect
VIN ##########	########	# Vehicle Descripti	Make on HONDA		OE					Color GRY			Year 2001		hicle Type Passenger	Car	
Location of Greatest Damage	08 (rst Impact 08	Extent of Driv Damage 5 N	eable O	Vehi N	cle Directio		_{cle Use} I - Priv	/ate					- Goin	g Straight /	Ahead	
Sequence of Events (● indicates MOS	T harmful ev	First ● 17 - Moto	or veh in transport	ŝ	Second					Third			-	Fou	rth		
Passenger Informa					Date of	Birth (Age	:) (:	Sex Po	osition	Restraint	Hospital						
					Injury	Airbag D	Deployed	Eje	cted	Trapped	Ambulance						
Passenger Informa	ation				Date of	Birth (Age	e)	Sex Po	osition	Restraint	Hospital						
1					Injury	Airbag [Deployed	Eje	ected	Trapped	Ambulance						
Passenger Informa	ation				Date of	Birth (Age	e)	Sex Po	osition	Restraint	Hospital						
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Passenger Informa	ation				Date of	Birth (Age	e)	Sex Po	osition	Restraint	Hospital						
					Injury	Airbag [Deployed	Eje	ected	Trapped	Ambulance						
Passenger Informa	ation				Date of	Birth (Age	e)	Sex Po	osition	Restraint	Hospital						
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Passenger Informa	ation				Date of	Birth (Age	:)	Sex Po	osition	Restraint	Hospital						
					Injury	Airbag D	Deployed	Eje	ected	Trapped	Ambulance						
Carrier Information	n					1	С	arrier So	ource	GVWR	10	CCMC		USDOT		MPSC	
							D	river's Cl	DL Typ	e Endo	rsements		L Exemp	t C	DL Restriction	s	
Interstate/Intrastat	te Vehiel	е Туре	Type & Axle Per Unit					00	rao Ro	O H O N dy Type	OPOT OSOX	0	Farm Other Haza	ardous Ma	O 28 O 29	0 30 0	35 O 36 Class #
		,,,,,	First Secon	r b	Third	Fourth				-, .,,,,					O Cargo Spill		0.000 #
Owner Information	1						C	wner Info	ormatio	'n							
Witness Information		"	++++++				W	/itness In	nformat	ion							
######### MIDLAND, I	#######	4#########	+####														
	eported Date		st Investigator Name (Bad			<i>µµµ\</i>				e (Badge)		4444		notos By			####
arrative	##/##/## #	## (##:##)	#######################################	******	·## (###	###))iaoram	++++##7	*******	##### (##	####)	4	******	#########	******	"""
			sed he was traveling vered road surface.	-													N
			s caused vehicle to									E					
			unit 2. Driver of of u				to					C					
-			served unit 1 traveli f unit 2 was not abl	-													
			to crash observed u		-						n Rd.						
			vised unit 1 entered pants of unit 1 and								Eastman Rd.		I	3			
transported to	the E.R.	for non life-	threatening injuries		-						Ц						
VBSL-failure t	o maintai	in control of	vehicle.														
													l l				

Authority: 1949 PA 3 Compliance: Requir Penalty: \$100 and/o	red MS	P UD-10E				ernal # #####		Crash II 880602					. # #########	# File	Class 93001
STATE	OF	MICH	IIGAN			CRAS	SH F	REP	ORT			Incident Clos	Disposition ed		
ORI: MI 5615600					ame Co Sheriff								er PHEN WO	ODS	
Crash Date 11/17/2013		Crash Time 14:55	No. of Units 02	Crash Type Rear End		Special Circ O School		 None O Hit and 		Deer Fleeing Police	Special O Fa	I Checks atal O N	Non-Traffic Are	a 00	RV/Snowmobi
County 56 - Midland		Traffic Co None		Relation to Roadw On Road	/ay	Spec	cial Study	(_{eather} Cloudy			NON-FR	WY Straig	ht roadw	ау
City/Twsp 09 - Larkin T	wp	Constructi	on Zone (if appli Type		Lane Closed	Activit		^{ight} Dayligh	t	Road Condition	n	Total Lan 02	nes Spee 55	d Limit	Posted No
Z Prefix O N		oad Name ASTMAN				Road T RD	уре			Suff	ix		Divided R	oadway	
Distance V Distance 1,056 Fe O Prefix F	eet S				Traffic V 01 - N	_{Way} Not physic	cally divi	ded				ccess Contro 1 - No ac	ecess contr	ol	
O Prefix E	In B	tersecting Roa	ad			Road T RD	уре			Suff	ix		Divided R	oadway	
	nit Known Yes		License Number		Date of Birth 01/03/1	n (Age) 990 (23)	• (0 (se Type Operator Chauffer Moped	Endorse O Cycle O Farm O Recr	e 1		tal Occupant: 12		Action able to s	top
MV	#######	+########	//////////////////////////////////////				Injury B	Position 01	Restraint 04	Hospital MIDMICH	IIGAN M	IEDICAL	CENTER	MIDLAN	D
> Driver Condition		,	08 09 099		Interlock No	Ejected	Trapped	Airbag De Yes	eployed	Ambulance MID MIC	HIGAN I	MEDICAL	L CENTER	EMS	
Alcohol O Yes Test Type		O Refused ● O PBT O	Not offered Breath O Blo	od O Urine	Test Resu	lts	Drugs O Yes Test Ty	• No /pe O Blo	od O Urine	Test Re	esults		n Issued lazardous	O Other	
Vehicle Registra	tion State	Insurance	e / Policy #	######################################	#####		owed To/By	/		• •##########	ŧ	Special Vel	hicles Private	Trailer Type	Vehicle Defe
Z ⊃ <mark>VIN</mark> 2 #########	##########	Vehic # Desci	^{le} ^{ription} FORI	Make D	F	Model OCUS			Color BLU			ear 1	Vehicle Type Passenge	er Car	
Location of Greatest Damag		irst Impact 01	Extent of Damage	2 Driveable	Vel N	nicle Direction		e Use • Private			,	Action Prior 01 - Goi	ing Straigh	t Ahead	
Sequence of Events (● indicates MO	ST harmful e	First 01 - Lo vent)	oss of contro	I	Second • 17 - Mo	tor veh in	transpo	ort	Third			F	ourth		
Passenger Inforr ##########		##########	#######			of Birth (Age) 20/1992 (2			n Restraint 04	Hospital NONE					
######### HOPE, MI		'######### (###) ###			Injury O	Airbag Do Yes	eployed	Ejected	Trapped	Ambulance NONE					
Passenger Inform	mation				Date	of Birth (Age)	Sex	x Positio	n Restraint	Hospital					
					Injury	Airbag De	eployed	Ejected	Trapped	Ambulance					
の Passenger Inform	mation				Date	of Birth (Age)	Sex	x Positio	n Restraint	Hospital					
Ш В N					Injury	Airbag D	eployed	Ejected	Trapped	Ambulance					
Passenger Information	mation				Date	of Birth (Age)	Sex	x Positio	n Restraint	Hospital					
PASS					Injury	Airbag De	eployed	Ejected	Trapped	Ambulance					
Passenger Inform	mation				Date	of Birth (Age)	Sex	x Positio	n Restraint	Hospital					
					Injury	Airbag D	eployed	Ejected	Trapped	Ambulance					
Passenger Inform	mation				Date	of Birth (Age)	Sex	x Positio	n Restraint	Hospital					
					Injury	Airbag D	eployed	Ejected	Trapped	Ambulance					
ഗ Carrier Informati ⊃	ion						Carr	ier Source	GVWR	ICC	CMC	USDC	T	MPSC	
: K/B							Drive	er's CDL T	он	OP OT OS OX	CDL Ex O Far O Oth	rm	CDL Restricti O 28 O 2		0 35 0 36
O ☐ Interstate/Intrast ₩ ⊢	tate Vehic	cle Type	Type & Axl First	e Per Unit Second	Third	Fourth		Cargo E	ody Type	Medical Card	_	Hazardous N	Material O Cargo Sp	ID #	Class #
Owner Information ####################################	######## #########		######				Own	ner Informa	lion	•	1			•	
Person Advised of I	-						Damage	ed Property	1						Public
Contact Name: # Contact Date: # Contact Time: #	#/##/###		*****	<i>₩₩₩₩</i>			Owner	& Phone							

SANITIZED SANITIZED SANITIZED SANITIZED

ľ	Init Number 02	Unit Knor Yes		tate Driver Lice			ate of Birth 09/01/1	(Age) 980 (33)		License ● Op O Ch O Mo	erator auffer	Endorse O Cycl O Farn O Reci	le n	Sex M	Total Oc 01	ccupants	Hazardous Ad 13 - Othe		
	Init Type MV	####	##### #####	*#########	//////////////////////////////////////				Injury B		Position 01	Restraint 01	Hospital	CHIGAI	N MED	OICAL	CENTER-N	IIDLAND)
- -	oriver Conditi ●1 02	ion		06 07 08	. ,		Interlock No	Ejected	Trapp	ed /	Airbag Dep	loyed uipped	Ambulance	СНІСА			CENTER I	MS	
צ ר	lcohol O Yes	• No		Refused • No		I	Test Resul	ts	Drugs O`		• No	upped	1	Results		Citation	Issued azardous	O Other	
- \	Test Type ehicle Regis	stration	O State MI	PBT O Bre Insurance / F		Urine	###		Fowed T	Го/Ву	e O Blood		e #########	##	Spe 5		icles Private T		Vehicle Defect
	'IN #########			Vehicle	Mak	(e		Mode	1			Color		m	Year		/ehicle Type		
ī	ocation of Greatest Darr		Firs	st Impact	on JOHN DEEF Extent of Damage 4	KE Driveable No) / TRAC	on V	ehicle L		GRN				n Prior	Other	Abood	
s	equence of			First	or veh in transpo		Second			04 - 1	annus	Third					ng Straight	Hileau	
(indicates Massenger International 		mful eve				Date	of Birth (Age	.)	Sex	Position	Restraint	Hospital						
	dooongor m	ionnauoni					Injury	Airbag [Ejected	Trapped	Ambulance						
	assenger In	formation				of Birth (Age		Sex	Position	Restraint	Hospital								
	assenger m	Tormation					Injury	Airbag [-		Ejected	Trapped	Ambulance						
	assenger In	formation						_											
л - צ ц	assenger in	rormation						of Birth (Age	-	Sex	Position	Restraint	Hospital						
כ							Injury	Airbag [Ejected	Trapped	Ambulance						
□ 0 0	assenger In	formation						of Birth (Age		Sex	Position	Restraint	Hospital						
≮ ג							Injury	Airbag [Ejected	Trapped	Ambulance						
F	assenger In	formation						of Birth (Age		Sex	Position	Restraint	Hospital						
							Injury	Airbag [Ejected	Trapped	Ambulance						
F	assenger In	formation					Date of	of Birth (Age	e)	Sex	Position	Restraint	Hospital						
							Injury	Airbag [Deploye	d	Ejected	Trapped	Ambulance						
0 0	arrier Inform	nation								Carrie	r Source	GVWR	ŀ	CCMC		USDO ⁻	Т	MPSC	
К/ В										Driver	's CDL Typ	он		С	L Exemp Farm	ť	CDL Restriction O 28 O 29		035 O36
ט ר צ	nterstate/Intr	astate	Vehicle	е Туре	Type & Axle Per Uni First Se		Third	Fourth			Cargo Bo		Medical Ca			ardous M Placard	laterial O Cargo Spill	ID #	Class #
n 0	Wher Inform	nation								Owner	r Informatio	n			01	lacaru	O Cargo Spin		
NEK	#######	+######								0 1110									
S	MIDLAN		8642	(###) ##	#-####														
N N N		+######								Witnes	ss Informat	ion							
				(###) ##															
	stigated ^{cene} Yes		ed Date #/###		st Investigator Name (I ####################################		### (###	####)			gator Nam #######		##### (##	+####)		notos By ######		#######	+####
	ative	uid that	ho wa	e north hou	nd on Eastman	Road whe	an a veh	icle evit		Diaor	am								
					im and turned le														N
					d, after the vehic th on Eastman F								NI						
			-	-	tractor. The trac			-					NO	rth Ea	asuma	an Ro	Jau		
					not able to provi			-											
				-	actor did not ha SL - failure to st		-		-								1		
			-	-	ractor on the roa	-	iout a sl	ow movi	ng										
ve	ancie siĝi	п. керс	л wa	s upuated (n December 13	, 2013													

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 MICH	IGAN	TRAF	FIC (CRA	۱S⊦	ł R	EP	ORT				Incident I Close	Disposition ed				
ORI: MI 5615600		Department Na Midland C		's Office	e							Reviewer T MIL	LARD				
Crash Date Crash Time 12/26/2013 11:51	No. of Units 01	Crash Type Single Motor			Circumsta nool Bus		None Hit and I		Deer Fleeing Police		Special Checks O Fatal O Non-Traffic Area O ORV/Snowmobile						
County Traffic Con 56 - Midland None		Relation to Roadw Outside of s			Special St	-	С	ather Cloudy			^{rea} 10 - N0		WY Straigh	it roadwa	ıy		
City/Twsp Construction 13 - Mills Twp	n Zone (if applic Type		ane Closed	Ad	ctivity	Lig	^{ht} Daylight		Road Cond Snowy	ition		Total Lane 02	es Speed 55	Limit I	Posted No		
Prefix Road Name N EASTMAN			Road Type Suffix RD							uffix	Divided Roadway						
Distance Z50 Feet N Prefix Intersecting Roa Prefix Road			^{Traffic Way} 01 - Not physically divided								Access Control 01 - No access control						
Prefix Intersecting Roa E BOMBAY	Ł			Roa RD	id Type)				Si	Suffix Divided Roadwa							
	icense Number ####################################			Date of Birth (Age) 11/04/1982 (31)			Operator Ochauffer		orsements Sex Cycle F Farm Recreation		Total 0 05	Occupants		ction eed too fa	ast		
Unit Type Driver Information MV ####################################		lnj (Position 01	Restraint Hospital 04 NONE											
Driver Condition • 1 02 03 04 05 06 07 0	8 09 099	Interlock No	Ejected	Trap	ped	Airbag Dej No	ployed	Ambulance NONE									
Alcohol O Yes • No O Refused • Test Type O Field O PBT O	Not offered Breath O Blo	od O Urine	Test Resu	ults		Yes	No O Bloo	d O Urine		Results			Issued zardous	O Other			
Vehicle Registration State Insurance	/ Policy #	#######################################	#####		Towed	To/By		######################################		##		pecial Vehi 0	icles Private 1	railer Type	Vehicle Defe		
VIN ####################################		Make TIAC	0					Color WHI			Year 200		ehicle Type Passenge	r Car			
Location of First Impact Greatest Damage 06 11	Extent of Damage	3 Driveable	Ve N	ehicle Direc		/ehicle l 01 - 1	_{Use} Private					on Prior 1 - Goir	ng Straight	Ahead			
Sequence of First Events 01 - Lo (• indicates MOST harmful event)	ss of contro	!	Second 04 - Ra	an off ro	adway	-right	: •	■ 35 - Ditc	h				urth 5 - Overtur	n			
Passenger Information ####################################				of Birth (A		Sex M	Position 03	Restraint 04	Hospital NONE								
######################################	######		Injury	_	g Deploye												
Passenger Information ####################################	+######			of Birth (A		Sex M	Position 04	Restraint 04	Hospital NONE								
######################################	######		Injury	y Airba	g Deploye	byed Ejected Tr		Trapped	Ambulance NONE								
 	+#####			of Birth (A 3)	.ge)	Sex M	Position 05	Restraint 04	Hospital NONE								
U ####################################	######		Injury	y Airba	g Deploye t Equip	ed	Ejected		Ambulance NONE								
Passenger Information	+######		Date	of Birth (A		Sex F	Position 06	Restraint 04	Hospital NONE								
ALGER, MI 48610 (###) ###	######		Injury	y Airba	g Deploye		Ejected	Trapped	Ambulance NONE								
Passenger Information			-	of Birth (A		Sex	Position	Restraint	Hospital								
			Injury	y Airba	g Deploye	ed	Ejected	Trapped	Ambulance								
Passenger Information			Date	of Birth (A	.ge)	Sex	Position	Restraint	Hospital								
			Injury	y Airba	g Deploye	ed	Ejected	Trapped	Ambulance								
က Carrier Information						Carrie	er Source	GVWR	10	ССМС		USDOT	Г	MPSC			
K/BU						Driver	's CDL Ty	он	op ot		DL Exerr O Farm	npt	CDL Restrictio		O 35 O 36		
Interstate/Intrastate Vehicle Type	Type & Axle First	e Per Unit Second	Third	Fou	rth	1	Cargo Bo		OS OX Medical Ca			zardous M Placard	aterial O Cargo Spil	ID #	Class #		
Owner Information						Owne	r Informati	on							•		
Person Advised of Damaged Traffic Control					Da	amageo	d Property								Public		
Contact Name: ####################################	##########	####			0	wner &	Phone								<u> </u>		

T	Unit Number U	Jnit Knov	wn Sta	ate Driver Lice	ense Number	[Date of Birth	n (Age)	U	icense O Op O Cha	erator auffer	Endorse O Cycle O Farm	e 1	Sex To	tal Occupar	nts Hazardous Act	ion	
Ъ	Unit Type [Driver Inf	ormation	n					Injury	O Mo	ped Position	O Recr Restraint	eation Hospital					
	Driver Condition		05 0	06 07 08	09 099		Interlock	Ejected	Trappe	ed A	Airbag Dep	loyed	Ambulance					
/ D R	Alcohol	O No		Refused O No	t offered	O Urine	Test Resu	lts		O Yes O No Test Results O Hazardous O Other Test Type O Blood O Urine								
- 7	Vehicle Registr		State	Insurance / I	Policy #				owed T				-			ehicles Private Tra	ailer Type	/ehicle Defect
\cap	VIN Location of		Firs	Vehicle Descripti t Impact		Make Driveable	Vel	Model		hicle U	se	Color			ear Action Prior	Vehicle Type		
ŀ	Greatest Dama Sequence of Events	ge		First	Damage		Second					Third				Fourth		
	(indicates MC Passenger Info		mful eve	nt)			Date	of Birth (Age)	Sex	Position	Restraint	Hospital					
							Injury	Airbag D	eployed	3	Ejected	Trapped	Ambulance					
	Passenger Info	rmation					Date	of Birth (Age)	Sex	Position	Restraint	Hospital					
	Injury Airbag Depi										Ejected	Trapped	Ambulance					
GERS	Passenger Info	rmation					Injury	of Birth (Age Airbag D		Sex	Position Ejected	Restraint Trapped	Hospital Ambulance					
Z	Passenger Info	rmation						of Birth (Age		Sex	Position	Restraint	Hospital					
ΡΑS							Injury	Airbag D	eployed	3	Ejected	Trapped	Ambulance					
	Passenger Info	rmation						of Birth (Age		Sex	Position	Restraint	Hospital					
	Passenger Info	rmation					Injury	Airbag D		J Sex	Ejected Position	Trapped Restraint	Ambulance Hospital					
	Ū						Injury	Airbag D			Ejected	Trapped	Ambulance					
် ပ	Carrier Informa	tion								Carrier	Source	GVWR		CCMC	USD	OT	MPSC	
K/BU									ł	Driver's	s CDL Typ	он	OP OT OS OX	CDL E O Fa O Oti	rm	CDL Restrictions		35 0 36
TRUC	Interstate/Intras	state	Vehicle	Туре	Type & Axle Per First	Unit Second	Third	Fourth			Cargo Boo		Medical Ca		Hazardous	Material d O Cargo Spill	ID #	Class #
	Owner Informat	tion								Owner	Informatio	'n						<u> </u>
OWNE	Owner Informat																	
SS	Witness Informa									Witnes	s Informati	ion						
WITNE	and a star l			(77)	and a set of a filler							(0.1)			Distant			
at \$	estigated Scene Yes		ed Date (#/###		st Investigator Nam ####################################		### (##	####)					##### (##	####)	Photos E ####	3y ####################################	#######	####
ι	Jnit#1 lost c			-	vay and ran of r was issued a			-	a	Diduia	111							N
			5 -													- 1 <u>1</u>	Jnit#1	
															Unit#			
													Rd			ditch		
													N Eastman Rd			Unit#1		
													NE					
															N	ot to S	cale	

Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)		External # Crash ID 0123810 8911706							Page 01 of 01 Incident # 14-001382 File Class 93001				
STATE OF MICHI			CRAS	SH R	REPO	ORT			Incident Disp Closed	position			
ORI: MI 5615600		^{ame} Co Sheriff							Reviewer JEFF K	OZAK			
02/27/2014 13:51	No. of Units Crash Type 02 Head On-Le		Special Circu O School E		None Hit and F	Run Ol	Deer Fleeing Police	Special C O Fata		Traffic Area O (RV/Snowmobile		
County Traffic Contro 56 - Midland None	ol Relation to Roady On Road	way	Speci	al Study		ather Iear		Area 12 - N	ION-FRWY	/ Driveway			
City/Twsp Construction 13 - Mills Twp	Zone (if applicable) Type	Lane Closed	Activity		^{ight} Daylight		Road Condition	n	Total Lanes 02	Speed Limit 55	Posted No		
Z Prefix Road Name O N EASTMAN			Road Ty RD	pe			Suff	ix		Divided Roadway			
Distance 5 Feet N Prefix Intersecting Road E SCHNEIDER		Traffic 01 - I	_{Way} Not physica	ally divic	ded				ess Control - No acces	ss control			
O Prefix Intersecting Road E SCHNEIDER			Road Ty CT	ре			Suff	ix		Divided Roadway			
01 Unit Known State Driver Lice 01 Yes MI ######	ense Number ##########	Date of Birt ##/##/#	h (Age) #### (56)	•0 0C	Operator Ochauffer O		е	ex Total M 01		azardous Action 03 - Failed to yi	eld		
Unit Type Driver Information MV ####################################		•	1	njury C	Position 01	Restraint 04	Hospital NONE	ł					
Driver Condition •1 02 03 04 05 06 07 08	· · /	Interlock No	Ejected	Trapped	Airbag Dep Yes	loyed	Ambulance NONE						
Alcohol O Yes ● No O Refused ● No Test Type O Field O PBT O Bre		Test Resu		Drugs O Yes Tost Tw	No pe O Blood	d O Urine	Test Re	esults	Citation Iss • Hazar		r		
Vehicle Registration State Insurance / F		#####		wed To/By			2	S	Special Vehicle	s Private Trailer Type	Vehicle Defect		
Z VIN ####################################	Make ion FORD	E		R		Color RED		Yea 20		^{cle Type} assenger Car			
Location of First Impact Greatest Damage 01 02	Extent of Driveable Damage 3 No	Ve	hicle Direction	Vehicle 01 -	^{Use} Private				tion Prior 02 - Turnin	g left			
Sequence of First Events • 17 - Moto (• indicates MOST harmful event)	or veh in transport	Second				Third			Fourth	n			
Passenger Information		Date	of Birth (Age)	Sex	Position	Restraint	Hospital						
		Injury	Airbag Dep	ployed	Ejected	Trapped	Ambulance						
Passenger Information		Date	of Birth (Age)	Sex	Position	Restraint	Hospital						
		Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
の Passenger Information		Date	of Birth (Age)	Sex	Position	Restraint	Hospital						
U Z Passenger Information		Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
Passenger Information		Date	of Birth (Age)	Sex	Position	Restraint	Hospital						
A sasenger miorination Ø Ø Ø Ø Ø		Injury	Airbag Dep	ployed	Ejected	Trapped	Ambulance						
Passenger Information		Date	of Birth (Age)	Sex	Position	Restraint	Hospital						
		Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
Passenger Information		Date	of Birth (Age)	Sex	Position	Restraint	Hospital						
		Injury	Airbag De	ployed	Ejected	Trapped	Ambulance						
ທ Carrier Information ⊃				Carri	ier Source	GVWR	ICC	MC	USDOT	MPSC			
; K/BU				Drive	er's CDL Typ	он	OP OT OS OX	CDL Exe O Farm O Othe		L Restrictions	O 35 O 36		
C Interstate/Intrastate Vehicle Type W	Type & Axle Per Unit First Second	Third	Fourth		Cargo Bo		Medical Card	н	azardous Mate		Class #		
Owner Information	•			Owne	er Informatio	n				•	•		
Owner Information													
Person Advised of Damaged Traffic Control				Damage	ed Property						Public		
Contact Name: Contact Date: Contact Time:				Owner 8	& Phone								

	Unit Number Unit Known State Driver License Number Date of Birth (Age) 02 Yes MI ####################################									License O Op O Ch O Mo	erator auffer	Endorse O Cycl O Farr O Rec	le n	Sex F	Total Oo 01	cupants	is Hazardous Action 00 - None		
	Init Type MV	#####	#####	#######	/#####################################	##			Injury B	/	Position 01	Restraint 04	Hospital	CHIGAI	N MEC	OICAL	CENTER	-MIDLAND)
> □ - ~	Priver Condition ● 1 0 2		05 06	6 07 08	O9 O99		Interlock No	Ejected	Trap	ped	Airbag Dep Yes	oloyed	Ambulance MID MI	CHIGA		DICAL		EMS	
4 Q 4	lcohol O Yes Test Type	No Field	O Ref O PB	used ●Not T OBre		O Urine	Test Resu	lts		Yes	● No e O Blood	d O Urin		Results			n Issued azardous	O Other	
	/ehicle Regisi #########	tration		Insurance / F			####		Towed		0 0 01000		0		Spe 0		nicles Private	Trailer Type	Vehicle Defect
N N	/IN ########	######	####	Vehicle Description		Make	F	Mode OCUS	el			Color BLU			Year 2001		/ehicle Type Passenge	er Car	
	ocation of Greatest Dam	age 01	First Ir 01	mpact	Extent of Damage 5	Driveable No	Vel N	hicle Directi		ehicle l 01 - F	Jse Private					n Prior - Goi	ng Straigh		
E	Sequence of events		•	First 17 - Moto	r veh in trans	port	Second					Third				F	ourth		
	 indicates M Passenger Inf 		ful event)				Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
							Injury	Airbag	Deploye	ed	Ejected	Trapped	Ambulance						
F	assenger Inf	ormation					Date	of Birth (Ag	e)	Sex	Position	Restraint	Hospital						
							Injury	Airbag	Deploye	ed	Ejected	Trapped	Ambulance						
S F	assenger Inf	ormation						of Birth (Ag		Sex	Position	Restraint	Hospital						
8							Injury	Airbag	Deploye	ed	Ejected	Trapped	Ambulance						
ENG B	Passenger Inf	ormation						of Birth (Ag		Sex	Position	Restraint	Hospital						
PASSI	<u>j</u>						Injury				Ejected	Trapped	Ambulance						
	Passenger Inf	ormation						of Birth (Ag		Sex	Position	Restraint	Hospital						
							Injury				Ejected	Trapped	Ambulance						
	Passenger Inf	ormation						of Birth (Ag		Sex	Position	Restraint	Hospital						
	assenger mi	ornation					Injury	_	Deploye		Ejected	Trapped	Ambulance						
							injury	Airbag	Беріоус	50	Ljecieu	Паррец							
BUS	Carrier Inform	ation									r Source	GVWR	1	CCMC		USDO	Т	MPSC	
K/E										Driver	's CDL Typ	ОH	Orsements	c	L Exemp Farm Other	t	CDL Restrict O 28 O 2	ions 29 O 30 C	35 O 36
R U (nterstate/Intra	astate	/ehicle Ty	/pe	Type & Axle Per I First	Unit Second	Third	Fourt	h		Cargo Bo		Medical Ca		Haza	ardous M Placard	Aaterial O Cargo Sp	ID #	Class #
⊢ ഗ	Owner Informa	ation								Owne	r Informatio	on							
OWNERS																			
	Vitness Inform	mation								Witne	ss Informat	tion							
-NES		nation								with the									
LIM																			
	^{stigated} ^{cene} Yes		1 Date (Ti 7/2014		st Investigator Nam				2nd	l Investi	gator Nam	e (Badge)			Pł	notos By	1		
	ative river of ve	ehicle 1	stated	that he w	as headed so	uth on East	man Ro	ad. He v	was	Diaor	am					be		i	
tu	rning into	a privat	e drive	and did	not see vehicl	e 2 travelin	g north.	Vehicle	1							North Eastman Road			N
	rned in fro eld.	ont of ve	hicle 2	2. Driver	of vehicle 1 w	as issued a	citation	for fail to	C							astmo			
																lorth E			
																2			
																			Lark
																			Privatu in Foc
											East	Schne	ider Co	urt					Private drive arkin Food Center
																			ter

Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)						External # Crash ID 0127213 9019051									Page 01 of 01 Incident # 14-006025 File Class 93001					
STAT	E OF		HIG	AN			; C	RA	SH	RE	EPC	DRT			Incident Disposition Closed					
ORI: MI 561560	0	_			Midla	ent Name and Co She	-								Reviewer TRACY THOMAS Special Checks					
Crash Date 08/16/2014	1	Crash Tim 13:03	02	f Units		ipe-Opposi		Special Ciro O Schoo	l Bus	10 10	lone lit and R	un Ol	Deer Fleeing Police	, ⁱ	P Fatal		lon-Traffi	ic Area	ORV/	/Snowmobile
^{County} 56 - Midlan	nd	No			Relation to On Roa			Spe	cial Study			^{ither} loudy			9 - Int			ated-othr		
^{City/Twsp} 09 - Larkin	Тwp	Const	ruction Zone T	e (if applic Type	able)	Lane Clo	sed	Activi	ty	Light Da	ylight		Road Cond Dry	ition		Total Lan 02	es	Speed Limit 55		sted NO
Z Prefix O N		Road Name						Road T RD	уре				S	uffix			Divi	ded Roadwa	у	
Distance							affic Wa 1 - No	^{ay} ot physio	cally di	ivided						ss Control No aco		ontrol		
O Prefix E		Intersecting SCHNEI	Road DER					Road T CT	уре				Si	uffix			Divi	ded Roadwa	у	
Unit Number 01	Unit Known Yes		ver License			Date of Birth (Age) ##/##/#### (26)				Operator O Ochauffer O			nents eation	Sex M	Total C 01	tal Occupants Hazardous Ac 01 03 - Faile			Action ailed to yield	
Unit Type Driver Information MV ####################################							linj (sition 1	Restraint 04					•			
Driver Conditi 0 1 0 2		,		,		Interlo No		Ejected	Trapped		bag Dep IO	loyed	Ambulance NONE							
Alcohol O Yes Test Type	● No O Field	O Refused O PBT	 Not offered O Breath 	ered O Bloo	od O Urir		Results	;	Drugs O Yes Test		No O Blood	O Urine		Results			n Issued azardous		Other	
← Vehicle Regis 	stration St	ate Insur	ance / Policy	y #		+#########		Т	owed To/							oecial Veh O	nicles Pr	rivate Trailer	Type Ve	ehicle Defect
Z ⊃ #######			ehicle escription	GMC	Make		JIN	Model MMY				Color WHI			Year 199		Vehicle T	[·] ^{ype} enger Ca	r	
Location of Greatest Dam	nage 04	First Impact 04		tent of amage	1 Driv	eable BS	Vehic SE	cle Directio		icle Use 1 - Pri						on Prior 2 - Turr	ning le	ft		
Sequence of Events (• indicates M	MOST harmfu	First • 17 - Il event)	Motor v	eh in tr	ansport	Secon	nd					Third				Fo	ourth			
Passenger Inf	formation					D	Date of	Birth (Age)	S	Sex I	Position	Restraint	Hospital							
						Ir	njury	Airbag D	eployed	E	ected	Trapped	Ambulance							
Passenger Inf	formation					C	Date of	Birth (Age)	5	Sex I	Position	Restraint	Hospital							
						Ir	njury	Airbag D	eployed	E	ected	Trapped	Ambulance							
O Passenger Inf	formation					C	Date of	Birth (Age)	5	Sex I	Position	Restraint	Hospital							
В 0 2						Ir	njury	Airbag D	eployed	Ej	ected	Trapped	Ambulance							
December Int	formation					C	Date of	Birth (Age)	S	Sex I	Position	Restraint	Hospital							
S S S S S S S S S S S S S S S S S S S						Ir	njury	Airbag D	eployed	Ej	ected	Trapped	Ambulance							
Passenger Inf	formation					D	Date of	Birth (Age)	S	Sex I	Position	Restraint	Hospital							
						Ir	njury	Airbag D	eployed	Ē	ected	Trapped	Ambulance							
Passenger Int	formation					C	Date of	Birth (Age)	S	Sex	Position	Restraint	Hospital							
						Ir	njury	Airbag D	eployed	Ej	ected	Trapped	Ambulance							
ഗ Carrier Inform ⊃	nation								С	arrier S	ource	GVWR	10	CCMC		USDO	Т	MP	SC	
: K / B									D	river's (CDL Typ	он	OP OT OS OX	0	DL Exem D Farm D Other	ipt		estrictions O 29 O	30 0 3	35 O 36
O ☐ Interstate/Intra ℃	astate Ve	hicle Type	Ту	pe & Axle First	Per Unit Second	d Third		Fourth		С	argo Bo		Medical Ca		Ha	zardous M Placard		go Spill	#	Class #
Owner Inform	ation	"		##					0	wner Ir	formatio	'n			•					-
Ž #######	######## ########	4######	######	##	#, ## ##!	###-#####	(##	#) ###-#	####											
Person Advised of Contact Name:	-	Fraffic Contro)						Dam	aged P	roperty									Public
Contact Name: Contact Date: Contact Time:									Own	er & Ph	one									

Link Test	Yes			nse Number ########			of Birth (/	^{Age)} ## (55)		• Op O Ch	● Operator O Chauffer O Moped	
Unit Type MV ш	######	+######	######	########### ############ (###) ###-#	##				Injur O	y	Positio 01	
Driver Condition	on O3 O4 (05 06 0	07 08	09 099			erlock E IO	jected	Trap	ped	Airbag No	
Alcohol O Yes Test Type	 No O Field 	O Refuse O PBT	ed Not O Bre		O Urine	Tes	t Results			is Yes est Typ	●N e OB	
Vehicle Regist	tration St		urance / P			######	#	Т		To/By		
VIN ########	<i>######</i> #	###	Vehicle Descriptio		^{Make} LET		SO	Model NIC				
Location of Greatest Dam	age 02	First Impa 02	act	Extent of Damage 2	Drivea Yes		Vehic N	le Directio	n V	/ehicle (01 - 1		
Sequence of Events (• indicates M	//OST harmfu	Firs 17 ul event)		r veh in trans	port	Sec	cond					
Passenger Inf		,					Date of	Birth (Age)	Sex	Posi	
							Injury	Airbag D	eploy	ed	Ejecte	
Passenger Inf	ormation						Date of	Birth (Age)	Sex	Posi	
							Injury	Airbag D	eploy	ed	Ejecte	
0 Passenger Inf	ormation						Date of	Birth (Age)	Sex	Posi	
ם							Injury	Airbag D	eploy	ed	Ejecte	
Z U Passenger Inf 0	ormation						Date of	Birth (Age)	Sex	Posi	
							Injury	Airbag D	eploy	ed	Ejecte	
Passenger Inf	ormation						Date of	Birth (Age)	Sex	Posi	
							Injury	Airbag D	eploy	ed	Ejecte	
Passenger Inf	ormation						Date of	Birth (Age)	Sex	Posi	
							Injury	Airbag D	eploy	ed	Ejecte	
	ation						I	1		Carrie	r Sour	
Carrier Inform												
Carrier Inform										Driver	's CDL	
Carrier Inform		ehicle Type	2	Type & Axle Per		TL -	rd	For-		Driver	's CDL	
D Interstate/Intra	astate V	ehicle Type	9	Type & Axle Per First	Unit Second	Thi	rd	Fourth			Carg	
D Interstate/Intra	astate V	ehicle Type	9			Thi	rd	Fourth				
Owner Informa	astate Vi ation	ehicle Type	3			Thi	rd	Fourth		Owne	Cargo	
D Interstate/Intra	astate Vi ation	ehicle Type	3			Thi	rd	Fourth		Owne	Cargo	
Interstate/Intra	astate Vi ation	ehicle Type				Thi	rd	Fourth		Owne	Carg	
Interstate/Intra	astate Vi ation nation	ehicle Type	ı) 1s		Second		rd	Fourth		Owne	Carg r Inforr	

		Yes	No O Blood	I O Urine		st Resul	lts		O Haz	ardous		O Other		
ľ	Fowed							Specia 0	al Vehicl	les Priv	ate Tra	iler Type	Vehicle	e Defect
Mode C	I			Color SIL				ear 013		hicle Typ Passer		Car		
irectio		ehicle l 01 - F	^{Jse} Private					Action F 01 -		g Strai	ght A	head		
				Third					Fou	rth				
h (Age	e)	Sex	Position	Restraint	Hospital									
rbag [Deploye	ed	Ejected	Trapped	Ambulanc	е								
h (Age	e)	Sex	Position	Restraint	Hospital									
rbag [Deploye	ed	Ejected	Trapped	Ambulanc	e								
h (Age	e)	Sex	Position	Restraint	Hospital									
rbag [Deploye	ed	Ejected	Trapped	Ambulanc	e								
h (Age	9)	Sex	Position	Restraint	Hospital									
rbag [Deploye	ed	Ejected	Trapped	Ambulanc	e								
h (Age	e)	Sex	Position	Restraint	Hospital									
rbag [Deploye	ed	Ejected	Trapped	Ambulanc	e								
h (Age	e)	Sex	Position	Restraint	Hospital									
rbag [Deploye	ed	Ejected	Trapped	Ambulanc	e								
		Carrie	r Source	GVWR		ICCMC)	L	JSDOT			MPSC		
		Driver	s CDL Typ	e Endo O H O N	OPO OSO	T	CDL E O Fa O Ott	rm		DL Rest O 28	rictions O 29		D 35	O 36
Fourth	1	<u> </u>	Cargo Bo		Medical			Hazard	lous Mat	terial O Cargo		ID #	Cla	ss #
		Owner	r Informatio	n										
		Witnes	ss Informat	ion										
	2nd	Investi	gator Nam	e (Badge)				Phot	ios By					
		Diagr	am											
nat l		Diadi												t
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phor	ne									La	irkin	Food	l Ce	nter
ty of Imp	bede					ļ							P	
								F	L.	D				
				Eastm	an Rd				<u>۳</u>			83		
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								Ľ	J					

Endorsements O Cycle O Farm O Recreation

Hospital

NONE

Ambulance NONE

Restraint

04

Position

Airbag Deployed

Sex F

Total Occupants 01

Citation Issued

Hazardous Action

00 - None