

Crash ID	Crash Date & Time	Primary MP	Crash Severity	City Township Name	County Name	Crash Type	Weather Conditions	Light Conditions
1069410	6/28/2017 14:55	1.618	No Injury (O)	Sault Ste Marie	Chippewa	Rear End-Left Turn	Clear	Daylight
1083809	7/14/2017 12:46	1.633	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Clear	Daylight
1171284	10/25/2017 14:00	1.75	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Cloudy	Daylight
1235068	12/15/2017 11:50	1.625	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
1235078	12/15/2017 17:41	1.62	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Snow	Dark-Lighted
1262192	1/6/2018 16:18	1.625	No Injury (O)	Sault Ste Marie	Chippewa	Rear End-Left Turn	Cloudy	Daylight
1339186	4/1/2018 16:11	1.751	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
1345924	4/3/2018 09:39	2.101	No Injury (O)	Sault Ste Marie	Chippewa	Head On-Left Turn	Clear	Daylight
1367315	5/7/2018 16:04	2.099	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
1377225	5/14/2018 15:01	1.644	Suspected Minor Injury (B)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Clear	Daylight
1423812	7/6/2018 12:13	1.75	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Clear	Daylight
1446702	8/6/2018 11:58	1.838	Suspected Minor Injury (B)	Sault Ste Marie	Chippewa	Head On-Left Turn	Cloudy	Daylight
1509816	10/16/2018 12:00	1.937	No Injury (O)	Sault Ste Marie	Chippewa	Unknown	Rain	Unknown
1583807	12/27/2018 15:30	1.914	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Snow	Daylight
1630808	2/15/2019 07:35	1.982	No Injury (O)	Sault Ste Marie	Chippewa	Backing	Snow	Daylight
1656348	3/17/2019 12:00	2.322	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
1711520	4/22/2019 19:21	2.392	No Injury (O)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Clear	Daylight
1766284	7/17/2019 13:15	1.616	No Injury (O)	Sault Ste Marie	Chippewa	Head On-Left Turn	Clear	Daylight
1786250	8/27/2019 11:23	1.75	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Cloudy	Daylight
1794665	9/2/2019 16:51	1.604	No Injury (O)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Clear	Daylight
1799345	9/11/2019 08:50	1.694	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Cloudy	Daylight
1846754	11/3/2019 18:55	1.555	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Clear	Dusk
1872788	10/29/2019 09:18	1.677	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Cloudy	Daylight
2109302	10/11/2020 01:25	1.766	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Dark-Lighted
2168810	12/24/2020 16:44	1.922	Possible Injury (C)	Sault Ste Marie	Chippewa	Rear End	Cloudy	Dusk
2363568	9/1/2021 11:18	1.622	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Clear	Daylight
2460634	12/22/2021 08:00	2.404	No Injury (O)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Cloudy	Dawn
2486491	1/19/2022 10:37	1.683	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Opposite	Snow	Daylight
2495967	1/28/2022 15:47	2.103	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Cloudy	Daylight
2517662	2/23/2022 07:28	1.741	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Dawn
8241978	1/12/2012 20:58	1.562	No Injury (O)	Sault Ste Marie	Chippewa	Other	Snow	Dark-Lighted
8260529	1/30/2012 17:08	2.322	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Cloudy	Daylight
8275675	2/11/2012 16:54	1.608	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Snow	Daylight
8278097	2/16/2012 18:36	1.749	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Snow	Dark-Lighted
8292449	3/5/2012 12:00	1.652	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
8325139	4/25/2012 09:21	1.608	Possible Injury (C)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
8331383	5/5/2012 15:30	1.625	No Injury (O)	Sault Ste Marie	Chippewa	Other	Clear	Daylight
8374909	7/2/2012 20:39	1.597	Suspected Minor Injury (B)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Clear	Daylight
8387650	7/14/2012 14:50	2.321	Possible Injury (C)	Sault Ste Marie	Chippewa	Angle	Clear	Daylight
8388873	7/24/2012 15:29	1.869	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
8396738	8/3/2012 09:40	1.745	No Injury (O)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Clear	Daylight
8405893	7/1/2012 13:30	2.109	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Clear	Daylight
8417291	8/30/2012 10:15	2.089	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Clear	Daylight
8427714	9/18/2012 12:25	1.741	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
8436476	9/30/2012 09:55	1.75	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Clear	Daylight
8449645	10/15/2012 16:25	1.976	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
8464347	10/31/2012 18:30	1.62	Suspected Minor Injury (B)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Clear	Dark-Lighted
8538066	1/19/2013 20:27	1.625	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Opposite	Snow	Dark-Lighted
8569134	2/20/2013 14:00	1.64	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
8569135	2/19/2013 09:10	1.614	Possible Injury (C)	Sault Ste Marie	Chippewa	Rear End	Snow	Daylight
8578242	2/21/2013 14:13	1.869	No Injury (O)	Sault Ste Marie	Chippewa	Rear End-Left Turn	Clear	Daylight
8581887	3/6/2013 19:36	1.747	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Sleet / Hail	Dark-Lighted
8602843	2/21/2013 16:45	1.618	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
8611342	4/15/2013 14:59	1.749	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Cloudy	Daylight
8619305	4/27/2013 13:20	1.681	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
8632722	5/15/2013 16:10	1.747	No Injury (O)	Sault Ste Marie	Chippewa	Head On	Clear	Daylight
8710307	8/31/2013 21:04	1.751	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Clear	Daylight
8718648	9/13/2013 17:35	2.098	No Injury (O)	Sault Ste Marie	Chippewa	Rear End-Left Turn	Clear	Daylight
8746967	10/19/2013 16:10	1.683	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
8777877	11/17/2013 16:00	2.282	No Injury (O)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Rain	Daylight
8777879	11/17/2013 16:00	2.282	No Injury (O)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Rain	Daylight
8794447	12/2/2013 18:10	1.616	Possible Injury (C)	Sault Ste Marie	Chippewa	Angle	Cloudy	Dark-Lighted
8800510	12/9/2013 08:00	2.326	No Injury (O)	Sault Ste Marie	Chippewa	Head On-Left Turn	Snow	Dawn
8827422	12/31/2013 21:13	1.618	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Opposite	Snow	Dark-Lighted
8853082	1/24/2014 18:32	1.622	No Injury (O)	Sault Ste Marie	Chippewa	Other	Snow	Dark-Lighted
8861951	1/30/2014 12:16	1.684	No Injury (O)	Sault Ste Marie	Chippewa	Other	Cloudy	Daylight
8866755	2/3/2014 09:00	1.81	Possible Injury (C)	Sault Ste Marie	Chippewa	Angle	Clear	Daylight
8877999	2/12/2014 11:10	2.041	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Cloudy	Daylight
8905239	3/10/2014 16:11	1.679	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Cloudy	Daylight
8925196	3/19/2014 16:55	1.62	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Cloudy	Daylight
9037322	9/11/2014 19:10	1.809	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Clear	Daylight
9038894	9/9/2014 20:40	1.946	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Clear	Dark-Lighted
9050598	9/24/2014 15:30	1.581	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Clear	Daylight
9093091	11/13/2014 13:30	2.04	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Snow	Daylight
9093093	11/13/2014 00:20	1.957	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Snow	Dark-Lighted
9122739	12/8/2014 15:13	1.612	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Snow	Daylight
9139456	12/19/2014 07:25	1.751	No Injury (O)	Sault Ste Marie	Chippewa	Head On-Left Turn	Clear	Dark-Lighted
9145573	1/5/2015 10:00	1.564	No Injury (O)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Snow	Daylight
9151348	1/7/2015 17:28	1.752	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Snow	Dark-Lighted
9203666	3/3/2015 16:44	1.608	No Injury (O)	Sault Ste Marie	Chippewa	Other	Snow	Daylight
9218783	3/18/2015 17:20	2.099	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
9273541	2/16/2015 08:26	1.608	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Clear	Daylight
9328335	7/22/2015 07:16	1.563	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Clear	Daylight
9371146	9/18/2015 14:00	1.912	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
9374888	9/23/2015 15:25	2.048	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Opposite	Clear	Daylight
9620466	2/9/2016 14:00	1.607	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Cloudy	Daylight
9622913	2/12/2016 15:19	1.559	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Snow	Daylight
9637484	2/27/2016 18:44	1.749	Possible Injury (C)	Sault Ste Marie	Chippewa	Rear End	Clear	Dark-Lighted
9673779	4/9/2016 14:25	1.834	No Injury (O)	Sault Ste Marie	Chippewa	Other	Clear	Daylight
9680043	4/21/2016 15:38	1.625	No Injury (O)	Sault Ste Marie	Chippewa	Sideswipe-Same	Cloudy	Daylight
9723424	6/16/2016 06:45	2.109	Possible Injury (C)	Sault Ste Marie	Chippewa	Rear End	Cloudy	Dawn
9737189	7/1/2016 21:16	2.105	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
9784619	9/2/2016 16:20	1.915	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Clear	Daylight
9807029	9/27/2016 17:43	1.566	No Injury (O)	Sault Ste Marie	Chippewa	Rear End	Rain	Daylight
9837666	10/26/2016 08:44	2.32	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Clear	Daylight
9848983	10/28/2016 19:27	2.461	Suspected Serious Injury (A)	Sault Ste Marie	Chippewa	Single Motor Vehicle	Rain	Dark-Unlighted
9915024	1/3/2017 15:53	2.101	No Injury (O)	Sault Ste Marie	Chippewa	Backing	Cloudy	Daylight
9948129	2/6/2017 14:30	1.809	No Injury (O)	Sault Ste Marie	Chippewa	Angle	Snow	Daylight

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0163556  
Crash ID 9848983

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File Class 93001

Incident #  
4693-16

Reviewer  
DEREK O'DELL

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department						
Crash Date 10/28/2016	Crash Time 19:27	No. of Units 02	Crash Type Single Motor Vehicle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police	<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa	Traffic Control None	Relation to Roadway On the Road		Weather Rain		Area NON-FRWY Straight Roadway		
City/Twp 66 - Sault Ste Marie	Contributing Circumstances 1st None 2nd		Light Dark-Unlighted	Road Surface Condition Wet		Total Lanes 02	Speed Limit 25	Posted No
Work Zone (if applicable) Type Workers Present Activity Location								

Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance / Direction 300 Feet E		Trafficway Not Physically Divided		
Prefix BARBEAU	Intersecting Road Name	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (42)	License Type <input checked="" type="radio"/> Operator <input checked="" type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action Careless Driving
Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Comm Dev (Text,Type,Dial)		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input checked="" type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results: .00	Interlock Device No			
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:	Citation Issued <input checked="" type="radio"/> Hazardous CARELESS DRIVING <input checked="" type="radio"/> Other			
Vehicle Registration #####		State MI	Vehicle Description 2004	Make DODGE	Model G. CARAVAN	Color SIL			
VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect			
Insurance Company #####		Insurance Policy # #####		Towed By ANYTIME TOWING		Towed To			
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction E	Vehicle Use Commercial (Business)	Action Prior Going Straight Ahead			
Sequence of Events First <input checked="" type="radio"/> 15 - Pedestrian (• indicates MOST harmful event)									

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

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC	
	Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

Owner Information ##### ##### #####, ## #####-#### (###) ###-####	Owner Information
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Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (34)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 00	Hazardous Action None	
	Unit Type P	Driver Information ##### ##### SAUTL STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury A	Position Pedestrian		Restraint No Belts Available	
	Driver Condition at Time of Crash 1st Physically Disabled				2nd		Driver Distracted By Unknown		Ejected	Trapped	Airbag Deployed Not Equipped
	Hospital CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL INC					Ambulance SAULT STE MARIE FIRE DEPT					
	Alcohol Suspected Yes	Contributing Factor Yes	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration #####		State	Vehicle Description	Year 0	Make	Model		Color		
	VIN #####		Vehicle Type		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
	Insurance Company #####		Insurance Policy # #####		Towed By		Towed To				
	Location of Greatest Damage 11		First Impact 11	Extent of Damage (Power Unit and/or Trailers) No Damage		Vehicle Direction	Vehicle Use		Action Prior In Roadway Against Trfc		
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
TRUCK/BUS	Carrier Information				USDOT		MC	MPSC			
					Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #
OWNERS	Owner Information				Owner Information						
WITNESS	Witness Information				Witness Information						
Investigated at Scene Yes		Reported Date (Time) 10/28/2016 (21:31)		1st Investigator Name (Badge) MARCEL COULLARD (2117)		2nd Investigator Name (Badge)		Photos Yes			
Narrative INFORMATION: On 10/28/2016 at approximately 1927 hours Ofc. Hill, Ofc. Donnay, and Sgt. Marger, and I (Ofc. Coullard) were dispatched to E. Easterday Ave., near Burton's Excavating for a report of a pedestrian who was hit by a vehicle. INVESTIGATION: Upon arrival Officers spoke to the driver of Vehicle 1 (Delia Lavictor). Delia stated that she was driving eastbound on Easterday Ave. near Burton's Excavating, when her flip phone started ringing. Delia then looked down to open her phone. At this time Delia heard a loud noise and realized that she had hit a person (Jessica Weiland). Delia then called 911. Vehicle 1 had heavy front passenger side damage including the front windshield. Ofc. Hill took photos while on scene, the photos were then downloaded to two CD's. One CD was attached to the Talon report for the prosecutor, and the other was locked in the CD storage cabinet at the department. A Talon report was completed for this report C#4693-16 -Coullard 117					Diagram  Page Reconstructed, Not Drawn to Scale						

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File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400			Department Name Sault Ste Marie Police Department						Reviewer FRANCIS DESHANO		
Crash Date 12/24/2020		Crash Time 16:44	No. of Units 02	Crash Type Rear End		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Fleeing Police <input type="radio"/> Unknown <input type="radio"/> Animal			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa		Traffic Control Stop Sign		Relation to Roadway On the Road		Weather Cloudy		Area INTR Other Related			
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st Other                                  2nd				Light Dusk	Road Surface Condition Snow		Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type                                  Workers Present                                  Activity                                  Location											

LOCATION	Prefix	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance / Direction 20 Feet E	Trafficway Not Physically Divided			
	Prefix	Intersecting Road Name MINNEAPOLIS	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (16)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Race W	Total Occupants 02	Hazardous Action None
Unit Type MV	Driver Information ##### ##### SAULT SAINTE MARIE, MI 49783-2019 (###) ###-####			Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt		
Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted			Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE					Ambulance NONE					
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ○ Not Offered			Alcohol Test Results ○ Pending   Test Results:		Interlock Device No			
Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ○ Not Offered			Drug Test Results ○ Pending   Test Results:		Citation Issued ○ Hazardous ○ Other			
Vehicle Registration 8J2252		State MI	Vehicle Description 2012	Make DODGE	Model JOURNEY			Color BLK		
VIN 3C4PDCBG7CT181006		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type		Vehicle Defect			
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation				
Insurance Company #####			Insurance Policy # #####			Towed By DRIVEN/DRIVER		Towed To N/A		
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction W	Vehicle Use Private			Action Prior Stopped on Roadway		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor Veh in Transport		Second		Third		Fourth		

PASSENGERS	Passenger Information			Date of Birth (Age)			Sex	Race	Position	Restraint	
	#####			###/###/#### (41)			F	W	Front - Right		Shoulder and Lap Belt
	#####			Injury	Ejected	Trapped	Airbag Deployed				
	SAULT STE MARIE, MI 49783 (###) ###-####			O			Not Deployed				
	Hospital						Ambulance				
	NONE						NONE				
	Passenger Information			Date of Birth (Age)			Sex	Race	Position	Restraint	
				Injury	Ejected	Trapped	Airbag Deployed				
	Hospital						Ambulance				

TRUCK/BUS	Carrier Information			USDOT		MC		MPSC							
				Driver's CDL Type		Endorsements		CDL Exempt							
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.			Vehicle Configuration		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #		Class #	
<input type="radio"/> H <input type="radio"/> O <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		<input type="radio"/> Farm <input type="radio"/> Other													

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

Damaged Property	Public	Owner & Phone
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (64)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Race I	Total Occupants 02	Hazardous Action Careless Driving	
	Unit Type MV	Driver Information ##### SAULT SAINTE MARIE, MI 49783-9049 (###) ###-####				Driver is Owner Yes	Injury C	Position Front - Left		Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Medication				2nd		Driver Distracted By Unknown		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL INC					Ambulance SAULT SAINTE MARIE FIRE DEPT						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input checked="" type="radio"/> Field <input checked="" type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results: .00		Interlock Device No			
	Drug Suspected Yes	Contributing Factor Yes	Drug Test Type <input checked="" type="radio"/> Blood <input type="radio"/> Urine <input checked="" type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input checked="" type="radio"/> Pending	Test Results:		Citation Issued <input type="radio"/> Hazardous <input checked="" type="radio"/> Other OUID			
	Vehicle Registration DDW3133	State MI	Vehicle Description 2007	Year	Make BUICK	Model LUCERNE	Color MAR					
	VIN 1G4HE57Y07U163758	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect					
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation						
	Insurance Company #####		Insurance Policy # #####			Towed By SUPERIOR TOWING		Towed To SUPERIOR TOWING				
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead					
Sequence of Events First		14 - Other Non-collision		Second		17 - Motor Veh in Transport		Third		Fourth		
(• indicates MOST harmful event)												
PASSENGERS	Passenger Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Date of Birth (Age) ##/##/#### (51)	Sex F	Race I	Position Front - Left		Restraint Shoulder and Lap Belt		
					Injury O	Ejected	Trapped	Airbag Deployed Not Deployed				
	Hospital NONE				Ambulance NONE							
	Passenger Information				Date of Birth (Age)	Sex	Race	Position		Restraint		
				Injury	Ejected	Trapped	Airbag Deployed					
Hospital				Ambulance								
TRUCK / BUS	Carrier Information					USDOT		MC	MPSC			
						Driver's CDL Type		Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.					Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information						
WITNESS	Witness Information					Witness Information						
Investigated at Scene Yes		Reported Date (Time) 12/24/2020 (16:50)		1st Investigator Name (Badge) FRANCIS DESHANO (2178)		2nd Investigator Name (Badge)			Photos Yes			
Narrative -Unit # 1 was stopped on E Easterday at the intersection of minneapolis and amanda. -Unit # 2 hit Unit # 1 from the rear and continued to push and hit # 1 for approx. 30 ft before disengaging. -Moderate damage to Unit # 1 -Major damage to Unit # 2 -No injuries -driver of Unit # 2 was cited and arrested for OUID -Superior wrecker service towed Unit #2					Diagram 							

SANITIZED  
SANITIZED  
SANITIZED

Authority: 1949 PA 300, Sec.257 622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)				External # 0161516				Crash ID 9037322				Page 01 of 01 Incident # 3559-14 File Class 93001										
STATE OF MICHIGAN TRAFFIC CRASH REPORT												Incident Disposition Closed										
ORI: MI 1773400				Department Name Sault Ste Marie Police Department								Reviewer DANIEL HACKMAN										
Crash Date 09/11/2014		Crash Time 19:10		No. of Units 02		Crash Type Angle		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police				Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile										
County 17 - Chippewa		Traffic Control Stop sign		Relation to Roadway On Road		Special Study		Weather Clear		Area 10 - NON-FRWY Straight roadway												
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type				Lane Closed		Activity		Light Daylight		Road Condition Dry		Total Lanes 02		Speed Limit 25		Posted Yes				
LOCATION	Prefix E		Road Name EASTERDAY				Road Type AVE.				Suffix		Divided Roadway									
	Distance 15 Feet N		Traffic Way 01 - Not physically divided				Access Control 01 - No access control															
	Prefix		Intersecting Road YOUNG				Road Type ST				Suffix		Divided Roadway									
UNIT/DRIVER	Unit Number 01		Unit Known Yes		State MI		Driver License Number #####		Date of Birth (Age) ###/###/#### (40)		License Type <input checked="" type="radio"/> Operator <input type="radio"/> Cycle <input type="radio"/> Chauffeur <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex M		Total Occupants 04		Hazardous Action 03 - Failed to yield			
	Unit Type MV		Driver Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####						Injury O		Position 01		Restraint 04		Hospital NONE							
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99						Interlock No		Ejected		Trapped		Airbag Deployed No		Ambulance NONE							
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine						Test Results						Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results						Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration #####		State MI		Insurance / Policy # #####		Towed To/By						Special Vehicles 0		Private Trailer Type		Vehicle Defect					
	VIN #####		Vehicle Description CHEVROLET		Make STA-WAGON		Model BLU		Color 2000		Vehicle Type Passenger Car											
	Location of Greatest Damage 08		First Impact 08		Extent of Damage 2		Driveable Yes		Vehicle Direction N		Vehicle Use 01 - Private		Action Prior 03 - Turning right									
	Sequence of Events (• indicates MOST harmful event)						First • 17 - Motor veh in transport		Second		Third		Fourth									
	PASSENGERS	Passenger Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####						Date of Birth (Age) ###/###/#### (59)		Sex M		Position 06		Restraint 05		Hospital NONE						
		Injury O						Airbag Deployed No		Ejected		Trapped		Ambulance NONE								
Passenger Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####						Date of Birth (Age) ###/###/#### (9)		Sex F		Position 05		Restraint 03		Hospital NONE								
Injury O						Airbag Deployed No		Ejected		Trapped		Ambulance NONE										
Passenger Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####						Date of Birth (Age) ###/###/#### (12)		Sex F		Position 03		Restraint 04		Hospital NONE								
Injury O						Airbag Deployed Not Equipped		Ejected		Trapped		Ambulance NONE										
Passenger Information						Date of Birth (Age)		Sex		Position		Restraint		Hospital								
Injury						Airbag Deployed		Ejected		Trapped		Ambulance										
Passenger Information						Date of Birth (Age)		Sex		Position		Restraint		Hospital								
Injury						Airbag Deployed		Ejected		Trapped		Ambulance										
TRUCK/BUS	Carrier Information						Carrier Source		GVWR		ICCMC		USDOT		MPSC							
	Driver's CDL Type						Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36											
	Interstate/Intrastate		Vehicle Type		Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #		Class #							
	Owner Information						Owner Information															
OWNERS	Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:						Damaged Property						Public									
	Owner & Phone																					

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (28)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				○ Refused ○ Not offered ○ Breath ○ Blood ○ Urine		Test Results		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By MERLES			Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####	Vehicle Description SATURN		Make FOUR DOOR	Model WHI	Color 2000	Vehicle Type Passenger Car				
	Location of Greatest Damage 01	First Impact 01	Extent of Damage 4	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #	
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes											
Reported Date (Time) 09/11/2014 (21:01)											
1st Investigator Name (Badge) DANIEL HACKMAN (2197)											
2nd Investigator Name (Badge)											
Photos By											
Narrative Veh. 1 turned right onto E. Easterday Ave. from Young St. but failed to the right of way traffic, (EB traffic) and Veh. 1 collided into veh. 2. Driver of veh. 1 stated he did not see veh. 2 due to the bright sun setting. At the time of accident, the sun was very bright and was setting causing a visual problem. Veh. 2 sustained heavy front end damage and had to be towed away from the scene by Merle's Towing. Veh. 1 had minor damage to the front driver's side quarter panel and was drivable. CLOSED. Hackman, 197.					Diagram 						

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0163652  
Crash ID 1377225

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department		Incident # 1725-18		Reviewer DEREK O'DELL	
Crash Date 05/14/2018	Crash Time 15:01	No. of Units 02	Crash Type Single Motor Vehicle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control None	Relation to Roadway On the Road		Weather Clear	Area INTR Driveway Related		
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None 2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location							

Prefix EASTERDAY	Road Type AVE	Suffix Divided Roadway
Distance / Direction 150 Feet E		
Trafficway Not Physically Divided		
Prefix ASHMUN	Road Type ST	Suffix Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (39)	License Type <input type="radio"/> Operator <input checked="" type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action None
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration 076X106	State MI	Vehicle Description 2016	Make DODGE	Model CARAVAN	Color RED				
VIN 2C4RDGBG9GR183574	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect				
Automation System(s) in Vehicle		Automation System Level in Vehicle			Automation System Level Engaged at Time of Crash				
Insurance Company #####		Insurance Policy # #####			Towed By		Towed To		
Location of Greatest Damage 11	First Impact 03	Extent of Damage (Power Unit and/or Trailers) No Damage		Vehicle Direction E	Vehicle Use Utility		Action Prior Going Straight Ahead		
Sequence of Events First ● 16 - Bicyclist (● indicates MOST harmful event)		Second		Third		Fourth			

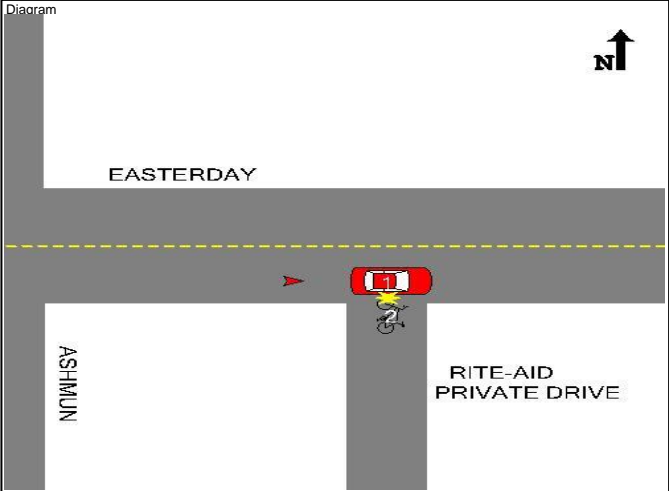
PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint
			Injury	Ejected	Trapped	Airbag Deployed
	Hospital		Ambulance			
PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint
			Injury	Ejected	Trapped	Airbag Deployed
	Hospital		Ambulance			

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC	
			Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information ##### ##### #####, ## #####-#### (###) ###-####		Owner Information	
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Damaged Property	Public	Owner & Phone
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State Driver License Number #####		Date of Birth (Age) ##/##/#### (30)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action Failed to Yield
	Unit Type B	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury B	Position Bicyclist		Restraint Helmet Not Worn
	Driver Condition at Time of Crash 1st 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Equipped	
	Hospital NONE					Ambulance NONE				
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration		State	Vehicle Description		Year	Make	Model	Color	
	VIN		Vehicle Type		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash			
	Insurance Company #####			Insurance Policy # #####			Towed By		Towed To	
Location of Greatest Damage 11	First Impact 11	Extent of Damage (Power Unit and/or Trailers) No Damage		Vehicle Direction N	Vehicle Use		Action Prior Going Straight Ahead			
Sequence of Events ● indicates MOST harmful event)		First ● 17 - Motor Veh in Transport		Second		Third		Fourth		
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
				Injury	Ejected	Trapped	Airbag Deployed			
Hospital				Ambulance						
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC		
					Driver's CDL Type OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID # Class #	
OWNERS	Owner Information				Owner Information					
WITNESS	Witness Information ##### ##### #####, ## #####-#### (###) ###-####				Witness Information ##### ##### #####, ## #####-#### (###) ###-####					
Investigated at Scene Yes		Reported Date (Time) 05/14/2018 (15:43)		1st Investigator Name (Badge) NATE KACZMAREK (2186)		2nd Investigator Name (Badge)		Photos No		
Narrative UNIT 1 TRAVELING E/B ON EASTERDAY FROM ASHMUN ST. UNIT 2 LEAVING RITE AID PARKING LOT. BICYCLE FAILED TO STOP LEAVING PRIVATE DRIVE AND COLLIDED INTO SIDE OF UNIT 1. NO DAMAGE TO VEHICLE OR BIKE. RIDER OF BIKE HAD ABRASIONS TO HIS RIGHT SIDE (ARM/BACK/RIB AREA). RIDER OF BIKE REFUSED ANY MEDICAL TREATMENT.					Diagram 					

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0163621  
Crash ID 1367315

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department		Incident # 1640-18		Reviewer DEREK O'DELL		
Crash Date 05/07/2018	Crash Time 16:04	No. of Units 02	Crash Type Rear End	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control None	Relation to Roadway On the Road		Weather Clear	Area INTR Other Related			
City/Twp 66 - Sault Ste Marie	Contributing Circumstances 1st None		2nd	Light Daylight	Road Surface Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location								

LOCATION	Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance / Direction 20 Feet W				
	Trafficway Not Physically Divided				
	Prefix JOHN	Intersecting Road Name	Road Type ST	Suffix	Divided Roadway

UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (16)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 02	Hazardous Action Unable to Stop	
	Unit Type MV	Driver Information ##### DAFTER, MI 49724 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration DLE5725	State MI	Vehicle Description 2011	Make BUICK	Model ENCLAVE	Color BLK					
	VIN 5GAKRBED8BJ241292	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect					
	Automation System(s) in Vehicle		Automation System Level in Vehicle			Automation System Level Engaged at Time of Crash					
	Insurance Company #####			Insurance Policy # #####			Towed By MERLES		Towed To MERLES		
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Going Straight Ahead				
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											

PASSENGERS	Passenger Information ##### DAFTER, MI ### (###) ###-####				Date of Birth (Age) ###/###/#### (10)	Sex F	Position 2nd Row - Left	Restraint Shoulder and Lap Belt
					Injury O	Ejected	Trapped	Airbag Deployed Not Equipped
	Hospital NONE				Ambulance NONE			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
					Injury	Ejected	Trapped	Airbag Deployed
	Hospital				Ambulance			

TRUCK / BUS	Carrier Information				USDOT	MC	MPSC
					Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (32)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action None	
	Unit Type MV	Driver Information ##### ##### SAULT SAINTE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending   Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending   Test Results:		Citation Issued ○ Hazardous ○ Other			
	Vehicle Registration DBB5801		State MI	Vehicle Description Year 1999	Make FORD	Model F250	Color BLK				
	VIN 1FTPX28L0XNB27283		Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash				
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To N/A		
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage			Vehicle Direction E	Vehicle Use Private		Action Prior Slowing/Stop on Roadway			
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC			
					Driver's CDL Type		Endorsements OH OP OT ON OS OX	CDL Exempt ○ Farm ○ Other			
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information				Owner Information						
WITNESS	Witness Information				Witness Information						
Investigated at Scene Yes		Reported Date (Time) 05/07/2018 (17:24)		1st Investigator Name (Badge) SCOTT HAZEWINDEL (2123)		2nd Investigator Name (Badge)		Photos No			
Narrative Unit 2 was slowing down while waiting for other vehicles to turn off of E. Easterday Ave. Unit 1 did not slow down fast enough and struck unit 2 in the rear end.					Diagram 						

Page 01 of 01  
File Class 93001PI

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department					Reviewer DEREK O'DELL				
Crash Date 06/16/2016		Crash Time 06:45	No. of Units 02	Crash Type Rear End		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa		Traffic Control Stop Sign		Relation to Roadway On Road		Weather Cloudy		Area INTR Other Related			
City/Twp 66 - Sault Ste Marie		Contributing Circumstances 1st		2nd		Light Dawn	Road Surface Condition Wet		Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type                      Workers Present                      Activity                      Location											

LOCATION	Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance / Direction 30 Feet E		Trafficway Not Physically Divided		
	Prefix	Intersecting Road Name JOHNSTON	Road Type STRT	Suffix	Divided Roadway

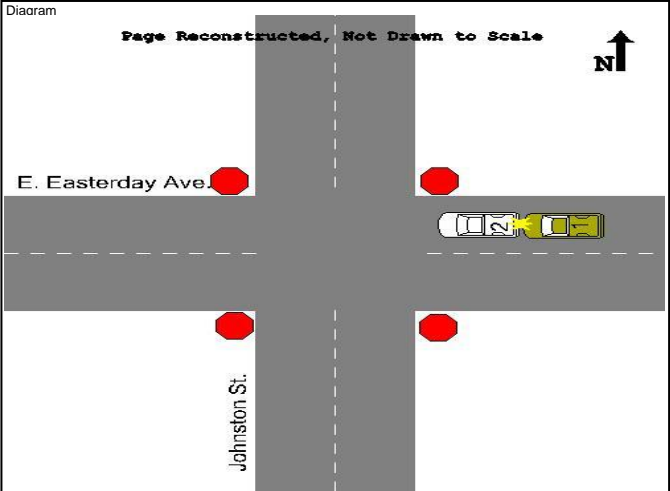
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (18)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action Careless Driving
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Driver is Owner	Injury C	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By			Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE					Ambulance NONE				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath    ○ Blood    ○ Urine ○ Field    ○ PBT    ○ Refused    ● Not Offered			Alcohol Test Results ○ Pending    Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood    ○ Urine ○ Field    ○ Refused    ○ Not Offered			Drug Test Results ○ Pending    Test Results:		Citation Issued ● Hazardous ○ Other		
Vehicle Registration #####		State MI	Vehicle Description Year                      Make 2000                      GMC		Model YUKON		Color GLD		
VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To	
Location of Greatest Damage    01		First Impact 01	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead	
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor Veh in Transport		Second		Third		Fourth	

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

TRUCK/BUS	Carrier Information			USDOT			MC		MPSC					
				Driver's CDL Type			Endorsements		CDL Exempt					
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.			Vehicle Configuration			Cargo Body Type		Medical Card		Hazardous Material		ID #	Class #
											<input type="radio"/> Placard <input type="radio"/> Cargo Spill			

OWNERS	Owner Information	Owner Information

Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (51)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input checked="" type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action None		
	Unit Type MV	Driver Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####				Driver is Owner	Injury C	Position Front - Left		Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By		Ejected	Trapped	Airbag Deployed Not Deployed			
	Hospital CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL INC					Ambulance SAULT STE MARIE FIRE DEPT						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration #####	State MI	Vehicle Description	Year 1995	Make 1995	Model GMC	Color WHI					
	VIN #####	Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect					
	Insurance Company #####		Insurance Policy # #####		Towed By ANYTIME TOWING			Towed To				
	Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Starting Up on Roadway				
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										Second	Third	Fourth
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
TRUCK/BUS	Carrier Information				USDOT		MC	MPSC				
					Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other				
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		
	Owner Information				Owner Information							
	Witness Information				Witness Information							
WITNESS	Investigated at Scene Yes	Reported Date (Time) 06/16/2016 (07:08)	1st Investigator Name (Badge) BRIAN MATTSON (2189)		2nd Investigator Name (Badge)		Photos Yes					
	Narrative Veh. 2 was stopped at the stop sign when it was rear-ended by Veh.1. Driver of Veh. 1 stated that he was up very late and woke up very early and had little sleep. Driver of Veh. 1 advised that he nodded off a little and the accident happened. U/O did not obs. any signs of intoxication or impairment from driver of Veh.1. U/O obs. driver of Veh. 1 to have a small cut on the inside of his lip causing a small amount of bleeding. Driver of Veh.2 was complaining of back and neck pain to Sgt. O'Dell. Driver of Veh. 2 advised Sgt. O'dell that he was suffering from pain in the back and neck prior to the crash but not as severe as after the accident. Ofc. Kaczmarek took 12 digital pictures of the scene, and U/O placed them onto cd and placed the cd into the cd evidence locker.				Diagram Page Reconstructed, Not Drawn to Scale 							

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

External # 0161279  
Crash ID 9218783

Page 01 of 01  
Incident # 1113-15 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department		Incident Disposition Closed	
Crash Date 03/18/2015	Crash Time 17:20	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control Stop sign	Relation to Roadway On Road	Special Study	Weather Clear	Area 09 - Intersection related-othr
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Dry
Total Lanes 01		Speed Limit 25	Posted Yes		

Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance 20 Feet W	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
Prefix JOHNSTON	Intersecting Road	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (48)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####	Vehicle Description CHEV	Make	Model SILVERADO	Color WHI	Year 2001	Vehicle Type Pickup truck				
Location of Greatest Damage 04	First Impact 04	Extent of Damage 2	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 04 - Stopped on roadway				
Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport		Second		Third		Fourth

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

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

Owner Information	Owner Information
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Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number <b>02</b>	Unit Known <b>Yes</b>	State <b>MI</b>	Driver License Number <b>#####</b>	Date of Birth (Age) <b>###/###/#### (16)</b>	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex <b>F</b>	Total Occupants <b>01</b>	Hazardous Action <b>13 - Other</b>		
	Unit Type <b>MV</b>	Driver Information <b>#####</b> <b>SAULT STE MARIE, MI 49783 (###) ###-####</b>				Injury <b>O</b>	Position <b>01</b>	Restraint <b>04</b>	Hospital <b>NONE</b>			
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock <b>No</b>	Ejected	Trapped	Airbag Deployed <b>No</b>	Ambulance <b>NONE</b>			
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input checked="" type="radio"/> Not offered				Test Results			Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Results		
	Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other							
	Vehicle Registration <b>#####</b>	State <b>MI</b>	Insurance / Policy # <b>#####</b>			Towed To/By			Special Vehicles <b>0</b>	Private Trailer Type	Vehicle Defect	
	VIN <b>#####</b>	Vehicle Description <b>JEEP</b>	Make <b>CHEROKEE</b>	Model <b>GRY</b>	Color <b>2000</b>	Year	Vehicle Type <b>Small truck</b>					
	Location of Greatest Damage <b>08</b>	First Impact <b>08</b>	Extent of Damage <b>3</b>	Driveable <b>No</b>	Vehicle Direction <b>E</b>	Vehicle Use <b>01 - Private</b>			Action Prior <b>10 - Starting up on roadway</b>			
	Sequence of Events <b>01 - Loss of control</b>				Second <b>17 - Motor veh in transport</b>			Third		Fourth		
	(● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC			
					Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		
	Owner Information <b>#####</b> <b>#####</b> <b>#####, ## ####-#### (###) ###-####</b>				Owner Information							
	Witness Information <b>#####</b> <b>#####</b> <b>#####, ## ####-#### (###) ###-####</b>				Witness Information							
	Investigated at Scene <b>Yes</b>	Reported Date (Time) <b>03/18/2015 (17:22)</b>	1st Investigator Name (Badge) <b>JOHN WEIST (2184)</b>			2nd Investigator Name (Badge)			Photos By			
	Narrative V-1 was stopped on Easterday east bound at Johnston St. when V-2 exited the drive at SuperFlite Gas station to pull in behind V-1. Driver of V-2 admitted that she "mistook the gas fore the brake" and ran into the rear of V-1. No injuries. Weist 184				Diagram 							

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0162164  
Crash ID 9948129

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 534-17						
Crash Date 02/06/2017		Crash Time 14:30	No. of Units 02	Crash Type Angle		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 17 - Chippewa		Traffic Control Stop Sign		Relation to Roadway On the Road		Weather Snow		Area INTR Within Intersection				
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Daylight		Road Surface Condition Snow		Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location												

Prefix EASTERDAY		Road Type AVE		Suffix Divided Roadway	
Distance / Direction 15 Feet N		Trafficway Not Physically Divided			
Prefix YOUNG		Road Type ST		Suffix Divided Roadway	

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (83)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action None	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE					Ambulance NONE					
Alcohol Suspected No		Contributing Factor No		Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered		Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No		Contributing Factor No		Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered		Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####		State MI	Vehicle Description 2009		Make HYUNDAI	Model SONATA		Color GRY		
VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
Insurance Company #####			Insurance Policy # #####			Towed By		Towed To		
Location of Greatest Damage 02		First Impact 02	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Going Straight Ahead		
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										

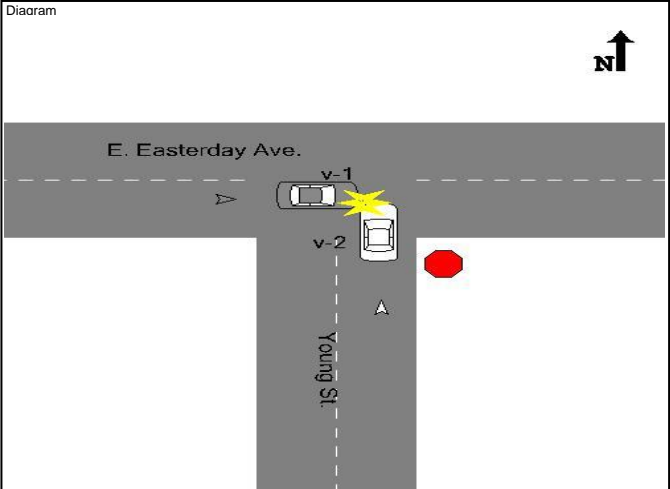
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
					Injury	Ejected	Trapped	Airbag Deployed
	Hospital				Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
				Injury	Ejected	Trapped	Airbag Deployed	
Hospital				Ambulance				
Passenger Information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

TRUCK/BUS	Carrier Information				USDOT		MC	MPSC
					Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information				Owner Information			

Damaged Property		Public	Owner & Phone



UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (24)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action Speed Too Fast	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration #####		State MI	Vehicle Description Year 2008	Make PONTIAC	Model G6	Color WHI				
	VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type		Vehicle Defect			
	Insurance Company #####			Insurance Policy # #####			Towed By		Towed To		
	Location of Greatest Damage 08		First Impact 08	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction N	Vehicle Use Private		Action Prior Slowing/Stop on Roadway		
Sequence of Events First 01 - Loss of Control (● indicates MOST harmful event)				Second ● 17 - Motor Veh in Transport		Third		Fourth			
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
				Injury	Ejected	Trapped	Airbag Deployed				
Hospital				Ambulance							
TRUCK/BUS	Carrier Information				USDOT		MC	MPSC			
					Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		
OWNERS	Owner Information				Owner Information						
WITNESS	Witness Information				Witness Information						
Investigated at Scene No		Reported Date (Time) 02/06/2017 (14:30)		1st Investigator Name (Badge) JOHN WEIST (2184)		2nd Investigator Name (Badge)		Photos No			
Narrative V1 was east bound on Easterday when V-2 slid through the stop sign at Young and Easterday.. v-1 and 2 collided. No injuries. Weist 184					Diagram 						

Page 01 of 01  
Incident # 450-14 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department					Reviewer MICKI LEPPIN				
Crash Date 02/03/2014		Crash Time 09:00	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 17 - Chippewa		Traffic Control None		Relation to Roadway On Road		Special Study	Weather Clear	Area 08 - Intersection Driveway			
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type			Lane Closed	Activity	Light Daylight	Road Condition Icy	Total Lanes 01	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 10 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road BURTON'S EXCAVATING DRIVEWAY	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (20)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
Unit Type MV	Driver Information ##### ##### BRIMLEY, MI 49715 (###) ###-####				Injury C	Position 01	Restraint 04	Hospital NONE		
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance NONE		
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ○ PBT ● Not offered ○ Breath ○ Blood ○ Urine					Drugs ○ Yes ● No Test Type ○ Blood ○ Urine			Citation Issued ○ Hazardous ○ Other		
Vehicle Registration #####		State FL	Insurance / Policy # #####		Towed To/By ANYTIME			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEV		Make COBALT	Color WHI		Year 2009	Vehicle Type Passenger Car		
Location of Greatest Damage 01		First Impact 01	Extent of Damage 5	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
						Driver's CDL Type		Endorsements	CDL Exempt	CDL Restrictions		
						OH   OP   OT ON   OS   OX		Farm Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36			
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
										<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

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

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

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (64)	License Type <input type="radio"/> Operator <input checked="" type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield		
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE			
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE			
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description CHEV		Make Model SILVERADO	Color WHI		Year 2004	Vehicle Type Pickup truck			
	Location of Greatest Damage 08		First Impact 08	Extent of Damage 3	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 10 - Starting up on roadway			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
					Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
					Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
					Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
					Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
					Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
					Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital			
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
						Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
OWNERS	Owner Information					Owner Information						
WITNESS	Witness Information					Witness Information						
Investigated at Scene Yes		Reported Date (Time) 02/03/2014 (09:00)		1st Investigator Name (Badge) JOHN WEIST (2184)		2nd Investigator Name (Badge)			Photos By			
Narrative V-2 pulled out of Burton's Excavating driveway failing to yield to V-1 that was East bound on Easterday Ave. V-1 collided with V-2. V-1 towed from scene. No injuries Weist 184					Diagram 							

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0161201  
Crash ID 1083809

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 2816-17	
Crash Date 07/14/2017	Crash Time 12:46	No. of Units 02	Crash Type Sideswipe-Same	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police	<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control None	Relation to Roadway On the Road		Weather Clear		Area INTR Driveway Related	
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None 2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 03	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location							

Prefix E	Primary Road Name EASTERDAY	Road Type	Suffix	Divided Roadway
Distance / Direction 90 Feet E		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name ASHMUN	Road Type	Suffix	Divided Roadway

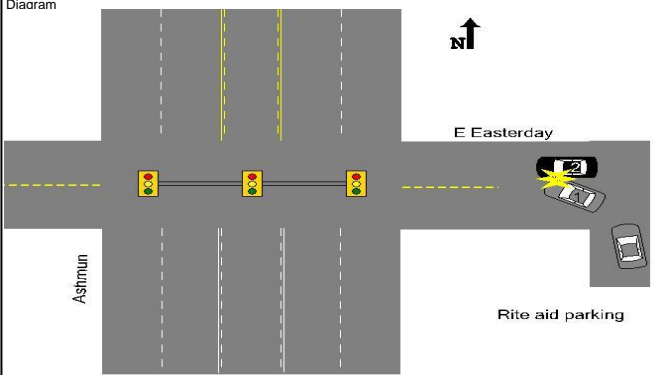
Unit Number 01	Unit Known Yes	State ON	Driver License Number #####	Date of Birth (Age) ###/###/#### (87)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action Failed to Yield
Unit Type MV	Driver Information ##### SAULT STE MARIE, ON P6A6Y3 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####	State ON	Vehicle Description 2015	Year	Make NISSAN	Model	Color GRY			
VIN #####	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect			
Insurance Company #####		Insurance Policy # #####		Towed By N/A		Towed To N/A			
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private	Action Prior Entering Roadway			
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

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

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC		
	Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #

Owner Information	Owner Information
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Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (45)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 03	Hazardous Action None		
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance NONE						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration #####		State MI	Vehicle Description 2007	Make CHEVROLET	Model MALIBU	Color BLK					
	VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect			
	Insurance Company #####			Insurance Policy # #####			Towed By N/A			Towed To N/A		
	Location of Greatest Damage 07		First Impact 07	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead			
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)												
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
TRUCK/BUS	Carrier Information				USDOT		MC	MPSC				
					Driver's CDL Type OH O P O T ON O S O X		Endorsements O Farm O Other		CDL Exempt			
GVWR/GCWR O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card		Hazardous Material O Placard O Cargo Spill		ID #	Class #	
OWNERS	Owner Information				Owner Information							
WITNESS	Witness Information				Witness Information							
Investigated at Scene Yes		Reported Date (Time) 07/16/2017 (15:46)		1st Investigator Name (Badge) FRANCIS DESHANO (2178)		2nd Investigator Name (Badge)		Photos No				
Narrative -Unit # 1 was attempting to exit the rite aid parking lot. -Unit # 2 was going west on Easterday. -Unit #1 failed to yield and pulled into of Unit # 2. -Minor damage to both units -No injuries					Diagram 							

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer DEREK O'DELL			
Crash Date 02/21/2013	Crash Time 16:45	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Clear	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Snowy	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type	Suffix	Divided Roadway
	Distance 10 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 12/30/1988 (24)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes   ● No   ○ Refused   ● Not offered Test Type   ○ Field   ○ PBT   ○ Breath   ○ Blood   ○ Urine				Drugs ○ Yes   ● No Test Type   ○ Blood   ○ Urine			Citation Issued ○ Hazardous   ○ Other			
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Make Description CHEVROLET		Model HHR		Color BLU		Year 2006	Vehicle Type Passenger Car	
Location of Greatest Damage 01		First Impact 01	Extent of Damage 2	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 08 - Slowing/stop on roadway	
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 12/05/1984 (28)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None		
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE			
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE			
	Alcohol ○ Yes ● No ○ Refused ● Not offered ○ PBOT ○ Breath ○ Blood ○ Urine				Test Results			Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine			Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description JEEP		Make GRAND CHEROKEE	Model GRN	Color GRN	Year 2005	Vehicle Type Passenger Car				
	Location of Greatest Damage 05	First Impact 05	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 04 - Stopped on roadway			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)											
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information					Owner Information						
WITNESS	Witness Information					Witness Information						
Investigated at Scene Yes												
Reported Date (Time) ###/###/#### (##:##)												
1st Investigator Name (Badge) ##### (#####)												
2nd Investigator Name (Badge) ##### (#####)												
Photos By #####												
Narrative vehicle 1 was attempting to stop on the road. vehicle 2 was stopped at the stop light. vehicle 1 began to slow down and slid on the ice and ran into the rear of vehicle 2					Diagram 							

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0168815  
Crash ID 1799345

Page 01 of 02  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department		Incident # 3749-19	
Crash Date 09/11/2019		Crash Time 08:50		No. of Units 03	
Crash Type Rear End		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police		<input type="radio"/> Hit and Run <input type="radio"/> Unknown	
County 17 - Chippewa		Traffic Control Signal		Weather Cloudy	
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st Backup - Reg. Congestion 2nd		Road Surface Condition Dry	
Work Zone (if applicable) Type		Workers Present		Activity	
Location		Total Lanes 03		Speed Limit 25	
Posted Yes		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		Area INTR Within Intersection	

Prefix	Primary Road Name EASTERDAY	Road Type AVE	Suffix E	Divided Roadway
Distance / Direction 58 Feet E		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name COURT	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (57)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 02	Hazardous Action None
Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal 2nd					Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration 3LXY15	State MI	Vehicle Description 2007	Year	Make FORD	Model EDGE	Color RED			
VIN 2FMDK46C37BA45586		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation			
Insurance Company #####		Insurance Policy # #####			Towed By NA		Towed To NA		
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Stopped on Roadway		
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

Passenger Information ##### ##### (###) ###-####				Date of Birth (Age) ###/###/#### (5)	Sex F	Position 2nd Row - Left	Restraint Child - Booster Seat
Injury O				Ejected	Trapped	Airbag Deployed Not Equipped	
Hospital NONE				Ambulance NONE			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
Injury				Ejected	Trapped	Airbag Deployed	
Hospital				Ambulance			

Carrier Information		USDOT	MC	MPSC
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration	Cargo Body Type	Medical Card
Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	

Owner Information		Owner Information	
Damaged Property		Public	Owner & Phone



UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	###/###/#### (40)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	M	Total Occupants	01	Hazardous Action	None									
	Unit Type	MV		Driver Information						Driver is Owner <input checked="" type="radio"/> Yes Injury <input type="radio"/> O		Position		Front - Left		Restraint			Shoulder and Lap Belt										
	Driver Condition at Time of Crash									1st			2nd			Driver Distracted By			Ejected		Trapped		Airbag Deployed						
	Hospital									NONE			Ambulance			NONE													
	Alcohol Suspected		No		Contributing Factor		No		Alcohol Test Type			<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results			<input type="radio"/> Pending Test Results:			Interlock Device			No					
	Drug Suspected		No		Contributing Factor		No		Drug Test Type			<input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results			<input type="radio"/> Pending Test Results:			Citation Issued			<input type="radio"/> Hazardous <input type="radio"/> Other					
	Vehicle Registration		8LRV0		State		MI		Vehicle Description		Year		2010		Make		DODGE		Model		CHARGER		Color		WHI				
	VIN				2B3CA3CV5AH310047				Vehicle Type				Passenger Car, SUV, Van				Special Vehicles				Not Applicable				Private Trailer Type		Vehicle Defect		
	Automation System(s) in Vehicle				No				Automation System Level in Vehicle				No Automation				Automation System Level Engaged at Time of Crash				No Automation								
	Insurance Company				#####				Insurance Policy #				#####				Towed By				NA				Towed To				NA
Location of Greatest Damage		01		First Impact		05		Extent of Damage (Power Unit and/or Trailers)				Functional Damage				Vehicle Direction		W		Vehicle Use		Private		Action Prior		Stopped on Roadway			
Sequence of Events		First		● 17 - Motor Veh in Transport		Second		Third		Fourth																			
PASSENGERS	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint														
									Injury		Ejected		Trapped		Airbag Deployed														
	Hospital										Ambulance																		
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint														
								Injury		Ejected		Trapped		Airbag Deployed															
Hospital										Ambulance																			
TRUCK / BUS	Carrier Information								USDOT				MC		MPSC														
									Driver's CDL Type				Endorsements		CDL Exempt														
									<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X				<input type="radio"/> Farm <input type="radio"/> Other																
GVWR/GCWR				<input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.				Vehicle Configuration				Cargo Body Type		Medical Card		Hazardous Material		<input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #		Class #							
OWNERS	Owner Information								Owner Information																				
WITNESS	Witness Information								Witness Information																				
Investigated at Scene		Yes		Reported Date (Time)		09/11/2019 (09:17)		1st Investigator Name (Badge)				BECCA CARRUTHERS (2116)				2nd Investigator Name (Badge)				Photos				No					
Narrative										Diagram																			
<p>U1 and U2 were both stopped in the roadway for traffic that was stopped at the intersection. U3 was distracted by her children in the back seat and did not see U2 stopped in the road. U3 struck the rear end of U2. U2 then struck the rear end of U1. U1 had rear end damage. U2 had front and rear end damage. U3 had front end damage.</p>																													

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0168815  
Crash ID 1799345

Page 02 of 02  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 3749-19				
Crash Date 09/11/2019		Crash Time 08:50	No. of Units 03	Crash Type Rear End	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On the Road		Weather Cloudy		Area INTR Within Intersection		
City/Twp 66 - Sault Ste Marie		Contributing Circumstances 1st Backup - Reg. Congestion 2nd			Light Daylight	Road Surface Condition Dry		Total Lanes 03	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type		Workers Present		Activity		Location				

Prefix EASTERDAY		Road Type AVE		Suffix E		Divided Roadway	
Distance / Direction 58 Feet E		Trafficway Not Physically Divided					
Prefix COURT		Intersecting Road Name		Road Type ST		Suffix Divided Roadway	

Unit Number 03	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (26)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 03	Hazardous Action Unable to Stop
Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Passenger			Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration DMH3311		State MI	Vehicle Description 2008	Make GMC	Model ENVOY		Color SIL		
VIN 1GKDT13S982186377		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation			
Insurance Company #####			Insurance Policy # #####			Towed By		Towed To	
Location of Greatest Damage 01		First Impact 01	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead	
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

Passenger Information ##### ##### (###) ###-####				Date of Birth (Age) ###/###/#### (5)	Sex M	Position 2nd Row - Left		Restraint Child - Booster Seat	
				Injury O	Ejected	Trapped	Airbag Deployed Not Equipped		
Hospital NONE				Ambulance NONE					
Passenger Information ##### ##### (###) ###-####				Date of Birth (Age) ###/###/#### (2)	Sex F	Position 2nd Row - Right		Restraint Child - Forward Facing	
				Injury O	Ejected	Trapped	Airbag Deployed Not Equipped		
Hospital NONE				Ambulance NONE					

Carrier Information				USDOT		MC		MPSC					
				Driver's CDL Type		Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other					
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.				Vehicle Configuration		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #

Owner Information				Owner Information			
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Damaged Property		Public	Owner & Phone	
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UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type ○ Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex	Total Occupants	Hazardous Action
	Unit Type	Driver Information				Driver is Owner	Injury	Position		Restraint
	Driver Condition at Time of Crash 1st 2nd				Driver Distracted By		Ejected	Trapped	Airbag Deployed	
	Hospital					Ambulance				
	Alcohol Suspected	Contributing Factor	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ○ Not Offered			Alcohol Test Results ○ Pending   Test Results:		Interlock Device		
	Drug Suspected	Contributing Factor	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ○ Not Offered			Drug Test Results ○ Pending   Test Results:		Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration		State	Vehicle Description	Year	Make	Model	Color		
	VIN		Vehicle Type		Special Vehicles		Private Trailer Type		Vehicle Defect	
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash			
	Insurance Company			Insurance Policy #			Towed By		Towed To	
	Location of Greatest Damage		First Impact	Extent of Damage (Power Unit and/or Trailers)		Vehicle Direction	Vehicle Use		Action Prior	
	Sequence of Events		First	Second		Third		Fourth		
	(● indicates MOST harmful event)									
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC		
					Driver's CDL Type		Endorsements ○ H   ○ P   ○ T ○ N   ○ S   ○ X	CDL Exempt ○ Farm ○ Other		
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill	ID #   Class #	
OWNERS	Owner Information				Owner Information					
WITNESS	Witness Information				Witness Information					
Investigated at Scene		Reported Date (Time)		1st Investigator Name (Badge)		2nd Investigator Name (Badge)		Photos		
Narrative					Diagram					

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department				Reviewer JASON WYMA			
Crash Date 12/02/2013	Crash Time 18:10	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Cloudy	Area 07 - NON-FRWY in Intersection			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Lighted	Road Condition Wet	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 1 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 01/18/1965 (48)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 04 - Disregard traffic control					
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE							
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE						
Alcohol ○ Yes    ● No    ○ Refused    ○ Not offered Test Type    ○ Field    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results			Drugs ○ Yes    ● No    ○ Test Type    ○ Blood    ○ Urine		Citation Issued ○ Hazardous    ○ Other					
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect				
VIN #####		Vehicle Make Description HYUNDAI		Model SANTA FE		Color SIL		Year 2008	Vehicle Type Passenger Car					
Location of Greatest Damage	01	First Impact	01	Extent of Damage	2	Driveable	Yes	Vehicle Direction	S	Vehicle Use	01 - Private	Action Prior	01 - Going Straight Ahead	
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport			Second			Third			Fourth			

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ###/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	ON	Driver License Number	#####	Date of Birth (Age)	09/05/1970 (43)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	03	Hazardous Action	00 - None
	Unit Type	MV	Driver Information ##### SAULT STE MARIE, ON P6A6E9 (###) ###-####								Injury	C	Position	01	Restraint	04	Hospital CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL INC			
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance SAULT STE MARIE FIRE DEPT			
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered								Test Results				Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration		#####	State	ON	Insurance / Policy # #####				Towed To/By #####				Special Vehicles	0	Private Trailer Type		Vehicle Defect		
	VIN		#####	Vehicle Description		CHEVY		Make		Model		Color	MAR	Year	1996	Vehicle Type Passenger Car				
	Location of Greatest Damage		03	First Impact	03	Extent of Damage	2	Driveable	Yes	Vehicle Direction	W	Vehicle Use		01 - Private		Action Prior		01 - Going Straight Ahead		
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)																			

PASSENGERS	Passenger Information ##### SAULT STE MARIE, ON P6A6E9 (###) ###-####								Date of Birth (Age)	02/23/1997 (16)	Sex	F	Position	03	Restraint	04	Hospital CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL INC			
									Injury	C	Airbag Deployed	No	Ejected		Trapped		Ambulance SAULT STE MARIE FIRE DEPT			
	Passenger Information ##### (###) ###-####								Date of Birth (Age)	(15)	Sex	M	Position	06	Restraint	04	Hospital NONE			
									Injury	O	Airbag Deployed	Not Equipped	Ejected		Trapped		Ambulance NONE			
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance			
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance			
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance			

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

OWNERS	Owner Information										Owner Information									

WITNESS	Witness Information										Witness Information									

Investigated at Scene	Yes	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
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Narrative	Diagram
Vehicle 1 was traveling SB on Ashmun St. Vehicle 2 was traveling WB on Easterday. Vehicle 2 had the green light and was going through the intersection of Easterday/Ashmun. Vehicle 1 ran the red light and struck vehicle 2 as it was heading through the intersection. The driver of Vehicle 2 and the front seat passenger were transported to WMH with minor injuries.	

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department					Reviewer JASON WYMA		
Crash Date 12/02/2013	Crash Time 18:10	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Cloudy		Area 07 - NON-FRWY in Intersection		
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Lighted	Road Condition Wet	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 1 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 01/18/1965 (48)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 04 - Disregard traffic control		
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE				
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE			
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ Refused    ○ Not offered				Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine			Citation Issued ○ Hazardous    ○ Other				
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
VIN #####		Vehicle Description HYUNDAI	Make SANTA FE	Model SIL	Year 2008	Vehicle Type Passenger Car					
Location of Greatest Damage 01	First Impact 01	Extent of Damage 2	Driveable Yes	Vehicle Direction S	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead			
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport			Second			Third			Fourth

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	ON	Driver License Number	#####	Date of Birth (Age)	09/05/1970 (43)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	03	Hazardous Action	00 - None
	Unit Type	MV	Driver Information ##### SAULT STE MARIE, ON P6A6E9 (###) ###-####								Injury	C	Position	01	Restraint	04	Hospital CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL INC			
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance SAULT STE MARIE FIRE DEPT			
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered								Test Results				Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration		#####	State	ON	Insurance / Policy # #####				Towed To/By #####				Special Vehicles	0	Private Trailer Type		Vehicle Defect		
	VIN		#####	Vehicle Description		CHEVY		Make		Model		Color	MAR	Year	1996	Vehicle Type Passenger Car				
	Location of Greatest Damage		03	First Impact	03	Extent of Damage	2	Driveable	Yes	Vehicle Direction	W	Vehicle Use		01 - Private		Action Prior		01 - Going Straight Ahead		
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)																			

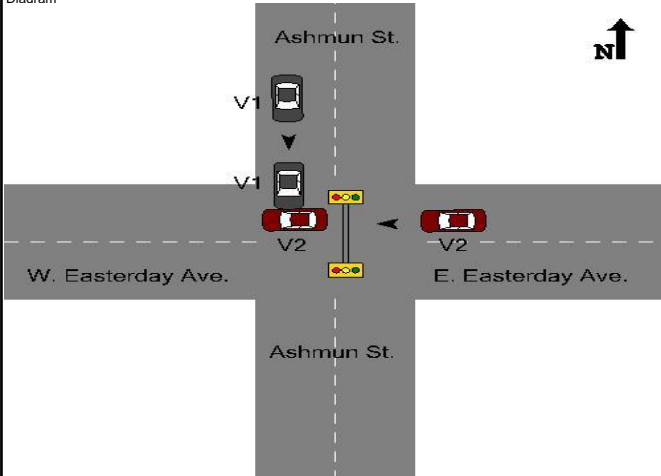
PASSENGERS	Passenger Information ##### SAULT STE MARIE, ON P6A6E9 (###) ###-####								Date of Birth (Age)	02/23/1997 (16)	Sex	F	Position	03	Restraint	04	Hospital CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL INC			
									Injury	C	Airbag Deployed	No	Ejected		Trapped		Ambulance SAULT STE MARIE FIRE DEPT			
	Passenger Information ##### (###) ###-####								Date of Birth (Age)	(15)	Sex	M	Position	06	Restraint	04	Hospital NONE			
									Injury	O	Airbag Deployed	Not Equipped	Ejected		Trapped		Ambulance NONE			
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance			
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance			
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance			

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

OWNERS	Owner Information										Owner Information									

WITNESS	Witness Information										Witness Information									

Investigated at Scene	Yes	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
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Narrative	Diagram
Vehicle 1 was traveling SB on Ashmun St. Vehicle 2 was traveling WB on Easterday. Vehicle 2 had the green light and was going through the intersection of Easterday/Ashmun. Vehicle 1 ran the red light and struck vehicle 2 as it was heading through the intersection. The driver of Vehicle 2 and the front seat passenger were transported to WMH with minor injuries.	

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

External #  
#####

Crash ID  
8569134

Page 01 of 01

Incident # ##### File Class 93001

Incident Disposition  
Closed

Reviewer  
BRYAN MARGER

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept			
Crash Date 02/20/2013	Crash Time 14:00	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road	Special Study	Weather Clear	Area 09 - Intersection related-othr
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Icy
		Total Lanes 03	Speed Limit 25	Posted Yes	

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 125 Feet E	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 06/27/1960 (52)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 12 - Unable to stop
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description FORD	Make RANGER	Model AME	Color 1996	Vehicle Type Pickup truck				
Location of Greatest Damage 01		First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private	Action Prior 08 - Slowing/stop on roadway			
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

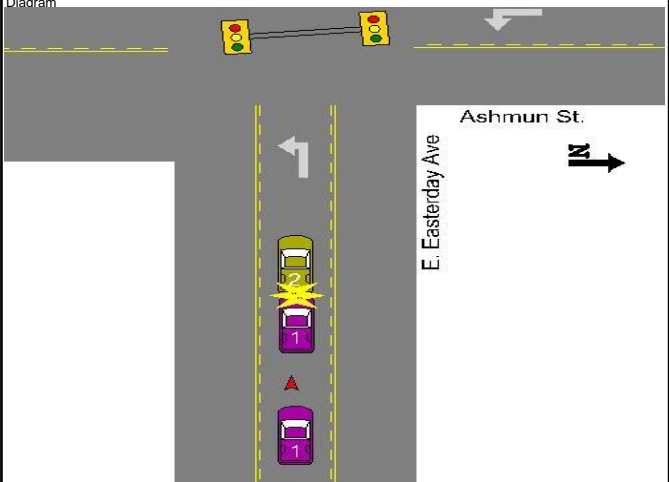
PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth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

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

OWNERS	Owner Information		Owner Information	

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



UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 03/21/1957 (55)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None		
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE			
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE			
	Alcohol ○ Yes ● No ○ Refused ○ Not offered ○ PBOT ○ Breath ○ Blood ○ Urine				Test Results			Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine			Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description FORD		Make F-150	Model TAN	Color 2012	Vehicle Type Pickup truck					
	Location of Greatest Damage 05	First Impact 05	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 04 - Stopped on roadway			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				First		Second		Third		Fourth	
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information					Owner Information						
WITNESS	Witness Information					Witness Information						
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####				
Narrative Both Veh # 1 and Veh # 2 were travelling west on E. Easterday Ave when Veh # 2 stopped for traffic at the traffic light. Veh # 1 then attempted to stop but then slid on the icy road and then rear ended Veh # 2.					Diagram 							

Authority: 1949 PA 300, Sec.257 622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0161119  
Crash ID 9737189

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 2701-16		
Crash Date 07/01/2016	Crash Time 21:16	No. of Units 02	Crash Type Rear End	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police	<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa	Traffic Control Stop Sign	Relation to Roadway On Road		Weather Clear		Area INTR Driveway Related		
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st		2nd	Light Daylight	Road Surface Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location								

Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance / Direction 10 Feet E		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name JOHNSTON	Road Type	Suffix	Divided Roadway

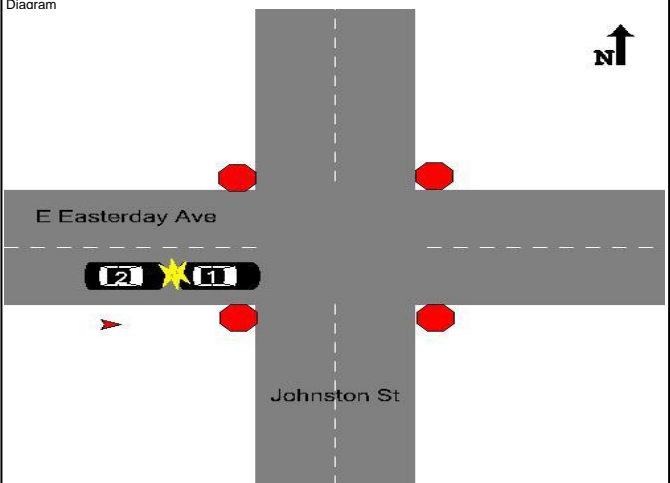
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (30)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 03	Hazardous Action None
Unit Type MV	Driver Information ##### SSM, MI 49783 (###) ###-####				Driver is Owner Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE					Ambulance NONE				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####	State MI	Vehicle Description 2012	Make CHEVROLET	Model TRAVERSE	Color BLK				
VIN #####	Vehicle Type Passenger Car, SUV, Van	Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect					
Insurance Company #####		Insurance Policy # #####	Towed By		Towed To				
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage	Vehicle Direction E	Vehicle Use Private	Action Prior Stopped on Roadway				
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

Passenger Information ##### SSM, MI 49783 (###) ###-####				Date of Birth (Age) ###/##/#### (5)	Sex M	Position 2nd Row - Right	Restraint Child - Forward Facing
Injury O				Ejected	Trapped	Airbag Deployed Not Equipped	
Hospital NONE				Ambulance NONE			
Passenger Information ##### SSM, MI 49783 (###) ###-####				Date of Birth (Age) ###/##/#### (2)	Sex M	Position 2nd Row - Left	Restraint Child - Forward Facing
Injury O				Ejected	Trapped	Airbag Deployed Not Equipped	
Hospital NONE				Ambulance NONE			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
Injury				Ejected	Trapped	Airbag Deployed	
Hospital				Ambulance			

Carrier Information		USDOT	MC	MPSC		
Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #

Owner Information	Owner Information
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Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (19)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action Unable to Stop		
	Unit Type MV	Driver Information ##### ##### SSM, MI 49783 (###) ###-####				Driver is Owner <input type="radio"/>	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By		Ejected	Trapped	Airbag Deployed Not Deployed			
	Hospital NONE					Ambulance NONE						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration #####		State MI	Vehicle Description Year 2001	Make JEEP	Model CHEROKEE		Color BLK				
	VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect			
	Insurance Company #####			Insurance Policy # #####			Towed By		Towed To			
	Location of Greatest Damage 01		First Impact 01	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Slowing/Stop on Roadway			
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)												
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
				Injury	Ejected	Trapped	Airbag Deployed					
TRUCK/BUS	Carrier Information				USDOT		MC	MPSC				
					Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other				
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
	Owner Information				Owner Information							
	Witness Information				Witness Information							
	Investigated at Scene Yes				Reported Date (Time) 07/02/2016 (00:14)		1st Investigator Name (Badge) JAKE NICHOLSON (2115)		2nd Investigator Name (Badge)		Photos No	
	Narrative On 7-1-16 @ approximately 2116 hours, I was dispatched to a 2 car PDA at Easterday and Johnston. Upon arrival I spoke with the driver of both vehicles. There were no injuries. Driver of Unit #1 was stopped at the intersection of E Easterday Ave & Johnston St when she was rear ended. Unit #2 driver said he was stopped at the stop sign and his foot slipped off the brake pedal causing him to have a collision with the rear end of Unit #1.				Diagram 							

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer JOHN LARSEN			
Crash Date 10/15/2012	Crash Time 16:25	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Clear	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 30 Feet S	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road KIMBALL	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 12/04/1992 (19)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ Refused    ● Not offered    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results		Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine		Citation Issued ○ Hazardous    ○ Other		
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description SUBARU		Make Model	Color SIL		Year 2004	Vehicle Type Passenger Car		
Location of Greatest Damage    01		First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport	Second	Third	Fourth			

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

TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC	
					Driver's CDL Type	Endorsements OH OP OT ON OS OX		CDL Exempt o Farm o Other	CDL Restrictions o 28 o 29 o 30 o 35 o 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First      Second      Third      Fourth				Cargo Body Type	Medical Card	Hazardous Material o Placard o Cargo Spill	ID #

OWNERS	Owner Information	Owner Information

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

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 06/07/1974 (38)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None		
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE			
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE			
	Alcohol ○ Yes    ● No    ○ Refused    ● Not offered Test Type    ○ Field    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results				Citation Issued ○ Hazardous    ○ Other			
	Vehicle Registration #####				State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 1	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description FORD		Make F-150	Model WHI	Color Year	Vehicle Type Pickup truck				
	Location of Greatest Damage 12		First Impact 05	Extent of Damage 0	Driveable Yes	Vehicle Direction E	Vehicle Use 08 - Other Government Use		Action Prior 04 - Stopped on roadway			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				First		Second		Third		Fourth	
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
						Driver's CDL Type	Endorsements ○ H    ○ P    ○ T ○ N    ○ S    ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28    ○ 29    ○ 30    ○ 35    ○ 36			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First    Second    Third    Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard    ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information ##### ##### SELFRIDGE ANGB, MI 48045 (###) ###-####					Owner Information						
	Witness Information					Witness Information						
WITNESS	Investigated at Scene    No					Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####
	Narrative V-2 stopped on roadway (E. Easterday Ave) to make left turn onto Kimball. V-1 traveling East on E. Easterday Ave. behind V-2. V-1 driver stated was distracted by reading the campaign signs along the roadside. V-1 failed to stop in an assured clear distance colliding with the rear of V-2. V-1 at fault in this accident.					Diagram						

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0166713  
Crash ID 1630808

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File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department		Incident # 612-19	
Crash Date 02/15/2019		Crash Time 07:35		No. of Units 02	
Crash Type Backing		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police		<input type="radio"/> Hit and Run <input type="radio"/> Unknown	
County 17 - Chippewa		Traffic Control None		Relation to Roadway On the Road	
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None 2nd		Weather Snow	
Work Zone (if applicable) Type		Workers Present		Activity	
Location		Road Surface Condition Snow		Total Lanes 02	
Speed Limit 25		Posted Yes		Area INTR Driveway Related	

Prefix E	Primary Road Name EASTERDAY	Road Type	Suffix	Divided Roadway
Distance / Direction 5 Feet E		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name KIMBALL	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (77)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action Improper Backing
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration DJB7801	State MI	Vehicle Description 2015	Make FORD	Model FUSION	Color BLU				
VIN 1FA6P0H74F5101664	Vehicle Type Passenger Car, SUV, Van	Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect					
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation				
Insurance Company #####		Insurance Policy # #####			Towed By		Towed To		
Location of Greatest Damage 04	First Impact 04	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction S	Vehicle Use Private		Action Prior Backing		
Sequence of Events First ● 17 - Motor Veh in Transport		Second		Third		Fourth			

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

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC
			Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration	Cargo Body Type	Medical Card
Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		

Owner Information ##### ##### #####, ## #####-#### (###) ###-####	Owner Information
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Damaged Property	Public	Owner & Phone
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (41)	License Type ● Operator ● Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action None		
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed			
	Hospital NONE					Ambulance NONE						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending   Test Results:		Interlock Device No				
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending   Test Results:		Citation Issued ○ Hazardous ○ Other				
	Vehicle Registration DLZ4781	State MI	Vehicle Description Year 2019	Make CHEVROLET	Model EQUINOX	Color BLK						
	VIN 3GNAXUEV2KL108404	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect						
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation						
	Insurance Company #####		Insurance Policy # #####			Towed By		Towed To				
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead					
Sequence of Events ● First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										Second	Third	Fourth
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
TRUCK / BUS	Carrier Information				USDOT	MC	MPSC					
					Driver's CDL Type	Endorsements OH   OP   OT ON   OS   OX	CDL Exempt ○ Farm ○ Other					
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #		
OWNERS	Owner Information				Owner Information							
WITNESS	Witness Information				Witness Information							
Investigated at Scene Yes		Reported Date (Time) 02/15/2019 (09:16)		1st Investigator Name (Badge) PHILLIP DONNAY (2114)		2nd Investigator Name (Badge)		Photos No				
Narrative VEHICLE 1 DRIVER BACKING OUT OF DRIVEWAY AT 707 E EASTERDAY. VEHICLE 1 DRIVER DID NOT SEE VEHICLE 2 THAT WAS TRAVELLING WEST ON E EASTERDAY AND COLLIDED WITH VEHICLE 2.CAUSING MINOR DAMAGE TO BOTH VEHICLES					Diagram 							

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept					Reviewer JASON WYMA					
Crash Date 02/21/2013		Crash Time 14:13	No. of Units 02	Crash Type Rear End-Left Turn	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 17 - Chippewa		Traffic Control None		Relation to Roadway On Road		Special Study	Weather Clear		Area 10 - NON-FRWY Straight roadway			
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type			Lane Closed	Activity	Light Daylight	Road Condition Icy		Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 15 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road AUGUSTA	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 06/18/1979 (33)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action 00 - None	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ Refused    ○ Not offered    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results		Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine		Citation Issued ○ Hazardous    ○ Other		
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEVY		Make Model	Color BLK			Year 2013	Vehicle Type Passenger Car	
Location of Greatest Damage 05		First Impact 05	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 08 - Slowing/stop on roadway		
Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				Second		Third		Fourth		

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

TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC			
					Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions			
		OH	OP	OT	<input type="checkbox"/> Farm	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36						
		ON	OS	OX	<input type="checkbox"/> Other							
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill			

OWNERS	Owner Information	Owner Information

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



UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 05/14/1989 (23)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 12 - Unable to stop
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol ○ Yes ● No ○ Refused ○ Not offered ○ PBT ○ Breath ○ Blood ○ Urine				Test Results		Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ● Other	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description JEEP		Make	Model	Color RED	Year 1999	Vehicle Type Passenger Car	
	Location of Greatest Damage 01		First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)									
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #
OWNERS	Owner Information					Owner Information				
WITNESS	Witness Information					Witness Information				
Investigated at Scene No		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####		
Narrative Vehicle 1 was heading East on Easterday and slowing down to turn left onto Augusta. Vehicle 2 was traveling behind vehicle 1 and was unable to stop in time due to icy roads. Driver of vehicle 2 did not stay at the accident and left the scene. He did give his name, but then left. U/O did make contact with the Michael Lavictor. Michael advised U/O that at the time of this accident he did not have any insurance on the Jeep. U/O issued Michael a citation for No Insurance.						Diagram				

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Incident # ##### File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer DONALD MARTIN			
Crash Date 03/06/2013	Crash Time 19:36	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Sleet/Hail	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Lighted	Road Condition Wet	Total Lanes 02	Speed Limit 25	Posted No

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 10 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road BINGHAM	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 03/08/1993 (19)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No		Ambulance NONE	
Alcohol ○ Yes ● No ○ Refused ○ Not offered Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine				Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine			Citation Issued ○ Hazardous ● Other			
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEVY		Make TRAILBLAZER	Model SIL	Color	Year 2008	Vehicle Type Passenger Car		
Location of Greatest Damage 01		First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	01/25/1979 (34)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	01	Hazardous Action	00 - None																			
	Unit Type	MV	Driver Information								Injury	<input type="radio"/> O	Position	01	Restraint	04	Hospital	NONE																					
	##### SAULT STE MARIE, MI 49783 (###) ###-####																																						
	Driver Condition								<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE																				
	Alcohol								<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Refused <input type="radio"/> Not offered	Test Results			Drugs	<input type="radio"/> Yes <input checked="" type="radio"/> No	Test Results			Citation Issued	<input type="radio"/> Hazardous <input type="radio"/> Other																			
	Test Type								<input type="radio"/> Field <input type="radio"/> PBT	<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				<input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine																									
	Vehicle Registration		#####	State	MI	Insurance / Policy #			#####			Towed To/By			#####			Special Vehicles	0	Private Trailer Type		Vehicle Defect																	
	VIN		#####			Vehicle Description			CHEVY			Make	VENTURE			Model	Color			TEA			Year	2004	Vehicle Type	Van, motor home													
	Location of Greatest Damage		05	First Impact	05	Extent of Damage	1	Driveable	Yes	Vehicle Direction	E	Vehicle Use	01 - Private			Action Prior	08 - Slowing/stop on roadway																						
	Sequence of Events																				First <input checked="" type="radio"/> 17 - Motor veh in transport					Second					Third					Fourth			
(● indicates MOST harmful event)																																							

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

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

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Yes	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
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Narrative	Diagram
Vehicle 2 was stopped at a traffic light. Vehicle 1 rear ended Vehicle 2 while Vehicle 2 was stopped at the traffic light. The driver of Vehicle 1 admitted that it was their fault. Drivers of both vehicles reported no injuries. Vehicle 1 had damage to the front bumper/grill of the vehicle. Vehicle 2 had damaged to the rear door and bumper.	

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

External #  
#####

Crash ID  
8292449

Page 01 of 01

Incident # ##### File Class 93001

Incident Disposition  
Open

Reviewer  
JASON WYMA

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI:  
MI 1773400

Department Name  
Sault Ste Marie Police Dept

Crash Date 03/05/2012	Crash Time 12:00	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> None <input type="checkbox"/> Hit and Run <input type="checkbox"/> Deer <input type="checkbox"/> Fleeing Police	Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Icy	Total Lanes 02	Speed Limit 25	Posted Yes

Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance 10.00 Mile W	Traffic Way 01 - Not physically divided	Access Control 01 - No access control		
Prefix	Intersecting Road COURT	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 07/29/1991 (20)	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
VIN #####		Vehicle Description SATURN		Make SC1	Model SIL	Year 2001	Vehicle Type Passenger Car			
Location of Greatest Damage 05	First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 02 - Turning left				
Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport		Second		Third		Fourth

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

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

OWNERS	Owner Information ##### ##### HARRISON, MI 48625 (###) ###-####	Owner Information
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Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property	Public
	Owner & Phone	

UNIT / DRIVER	Unit Number 02	Unit Known No	State #####		Driver License Number #####		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants 00	Hazardous Action 12 - Unable to stop			
	Unit Type MV	Driver Information ##### (###) ###-####						Injury	Position	Restraint	Hospital NONE							
	Driver Condition 01 02 03 04 05 06 07 08 09 099						Interlock No	Ejected	Trapped	Airbag Deployed	Ambulance NONE							
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT						Test Results						Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration #####		State	Insurance / Policy # #####				Towed To/By #####				Special Vehicles 0	Private Trailer Type	Vehicle Defect				
	VIN #####		Vehicle Description		Make	Model		Color		Year 0	Vehicle Type							
	Location of Greatest Damage 00		First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction		Vehicle Use		Action Prior 01 - Going Straight Ahead								
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)																	
	PASSENGERS	Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital					
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance								
Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital							
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance								
Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital							
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance								
Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital							
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance								
Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital							
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance								
TRUCK / BUS	Carrier Information								Carrier Source		GVWR	ICCMC	USDOT	MPSC				
									Driver's CDL Type		Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036				
	Interstate/Intrastate	Vehicle Type		Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #					
OWNERS	Owner Information								Owner Information									
WITNESS	Witness Information								Witness Information									
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)				2nd Investigator Name (Badge) ##### (#####)				Photos By #####						
Narrative Vehicle 1 was waiting to turn left from Easterday onto Court St. heading East. Vehicle 2 was East on Easterday behind Vehicle 1. Vehicle 2 failed to stop in time and ran into the back of Vehicle 1. Minor damage to Vehicle 1. No injuries.								Diagram 										

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

External #  
#####

Crash ID  
8436476

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
Crash Date 09/30/2012	Crash Time 09:55	No. of Units 02	Crash Type Angle	Weather Clear		Area 07 - NON-FRWY in Intersection	
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Road Condition Dry		
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Total Lanes 02	Speed Limit 25
				Posted Yes			

LOCATION	Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 5 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road BINGHAM	Road Type AVE	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 01/18/1937 (75)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description DODGE	Make DAKOTA	Model RED	Year 2000	Vehicle Type Pickup truck				
	Location of Greatest Damage 08	First Impact 08	Extent of Damage 2	Driveable Yes	Vehicle Direction S	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
	Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport		Second		Third	

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

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

OWNERS	Owner Information				Owner Information			

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

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	01/07/1983 (29)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	01	Hazardous Action	04 - Disregard traffic control																			
	Unit Type	MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####							Injury	O	Position	01	Restraint	04	Hospital	NONE																						
	Driver Condition 01 02 03 04 <input checked="" type="radio"/> 5 06 07 08 09 099								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE																					
	Alcohol 0 Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Test Results								Drugs 0 Yes <input type="radio"/> No <input type="radio"/> Test Results								Citation Issued <input type="radio"/> Hazardous <input checked="" type="radio"/> Other																						
	Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine								Towed To/By #####								Special Vehicles	0	Private Trailer Type		Vehicle Defect																		
	Vehicle Registration		#####	State	MI	Insurance / Policy # #####				VIN #####				Vehicle Description	CHEV	Make	MALIBU	Model	Color	BLK	Year	2003	Vehicle Type	Passenger Car															
	Location of Greatest Damage		02	First Impact	02	Extent of Damage	3	Driveable	No	Vehicle Direction	W	Vehicle Use	01 - Private			Action Prior	01 - Going Straight Ahead																						
	Sequence of Events First <input checked="" type="radio"/> 17 - Motor veh in transport ( <input checked="" type="radio"/> indicates MOST harmful event)																																						
PASSENGERS	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital																						
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance																						
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital																						
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance																						
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital																						
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance																						
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital																						
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance																						
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital																						
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance																						
TRUCK / BUS	Carrier Information										Carrier Source	GVWR	ICCMC	USDOT	MPSC																								
											Driver's CDL Type	Endorsements 0 H 0 P 0 T 0 N 0 S 0 X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 0 28 0 29 0 30 0 35 0 36																								
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth						Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #																									
OWNERS	Owner Information										Owner Information																												
WITNESS	Witness Information										Witness Information																												
Investigated at Scene		Yes	Reported Date (Time)		##/##/#### (##:##)		1st Investigator Name (Badge)				##### (#####)				2nd Investigator Name (Badge)				##### (#####)				Photos By				#####												
Narrative																				Diagram																			
<p>Unit # 1 was going West on Easterday. Unit # 2 was going South on Bingham and was going to Turn left onto Easterday. Unit # 2 had the Green light. Unit # 1 disregarded the Red light and drove into the intersection. Driver of Unit 1 stated she just woke up and was tired. She was also looking at a prescription slip at the time of the crash. she also stated she thought she had the green. moderate damage to both Units. No injuries</p>																																							

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

External #  
#####

Crash ID  
8632722

Page 01 of 01  
Incident # ##### File Class 54001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept		Special Circumstances <input type="radio"/> School Bus <input type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
Crash Date 05/15/2013	Crash Time 16:10	No. of Units 02	Crash Type Head On				
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road	Special Study	Weather Clear	Area 09 - Intersection related-othr		
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 03	Speed Limit 25
						Posted Yes	

LOCATION	Prefix E	Road Name EASTERDAY	Road Type	Suffix	Divided Roadway
	Distance 10 Feet W	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix BINGHAM	Intersecting Road AVE	Road Type	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 02/09/1966 (47)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### KINROSS, MI 49752 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description GMC		Make ENVOY	Model SIL	Year 2005	Vehicle Type Passenger Car		
Location of Greatest Damage 08		First Impact 08	Extent of Damage 4	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 04 - Stopped on roadway			
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport				Second		Third		Fourth

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

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

OWNERS	Owner Information		Owner Information	

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



UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 07/05/1993 (19)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 06 - Drove left of center	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ● 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				○ Refused ○ Not offered ○ Breath ○ Blood ○ Urine		Test Results		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####	Vehicle Description JEEP		Make STA WAGON	Model BLK	Color 2001	Vehicle Type Passenger Car				
Location of Greatest Damage 08		First Impact 08	Extent of Damage 4	Driveable No	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)											
First 02 - Cross centerline/median											
Second ● 17 - Motor veh in transport											
Third											
Fourth											

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

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

OWNERS	Owner Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Owner Information
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WITNESS	Witness Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Witness Information
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Investigated at Scene Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)	2nd Investigator Name (Badge) ##### (#####)	Photos By #####
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Narrative UNIT # 1 was stopped at Bingham on Easterday. Unit # 2 was going West On Easterday. As unit# 1 waited to turn left, Unit # 2 drove straight into Unit # 1. The driver of unit # 1 and the Witness stated the Driver of Unit # 2 was looking down and never looked up prior to the collision. Unit # 2 fled the scene and was located later. complaint forwarded to Pros. Office for hit and run.	Diagram 
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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)

External #  
#####

Crash ID  
8278097

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept		Reviewer SHANE HILL	
Crash Date 02/16/2012	Crash Time 18:36	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road	Special Study	Weather Snow/Blowing Snow	Area 07 - NON-FRWY in Intersection
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Dark-Lighted	Road Condition Slushy
Total Lanes 03		Speed Limit 25		Posted Yes	

Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance AT	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
Prefix	Intersecting Road BINGHAM	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 02/02/1988 (24)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 12 - Unable to stop
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEVROLET		Model PICK-UP	Color RED		Year 1999	Vehicle Type Passenger Car	
Location of Greatest Damage 01		First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 04 - Stopped on roadway		
Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport		Second		Third	
						Fourth			

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

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

OWNERS	Owner Information		Owner Information	

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

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	06/23/1956 (55)	License Type	<input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	M	Total Occupants	02	Hazardous Action	00 - None		
	Unit Type	MV	Driver Information							Injury	O	Position	01	Restraint	04	Hospital	NONE					
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE				
	Alcohol <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered								Test Results				Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other					
	Vehicle Registration		#####	State	MI	Insurance / Policy #				Towed To/By				#####	Special Vehicles	0	Private Trailer Type		Vehicle Defect			
	VIN		#####	Vehicle Description		CHRYSLER				Model		TOWN/COUNTRY				Color	BLU	Year	2005	Vehicle Type		Passenger Car
	Location of Greatest Damage		05	First Impact	05	Extent of Damage	2	Driveable	Yes	Vehicle Direction	E	Vehicle Use				01 - Private				Action Prior	01 - Going Straight Ahead	
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport																					
	(● indicates MOST harmful event)																					

PASSENGERS	Passenger Information		Date of Birth (Age)		05/24/2004 (7)	Sex	M	Position	06	Restraint	04	Hospital	NONE
	KINCHELOE, MI 49788 (###) ###-####		Injury	O	Airbag Deployed	No	Ejected		Trapped		Ambulance	NONE	
	Passenger Information		Date of Birth (Age)			Sex		Position		Restraint		Hospital	
			Injury		Airbag Deployed		Ejected		Trapped		Ambulance		
	Passenger Information		Date of Birth (Age)			Sex		Position		Restraint		Hospital	
			Injury		Airbag Deployed		Ejected		Trapped		Ambulance		
	Passenger Information		Date of Birth (Age)			Sex		Position		Restraint		Hospital	
			Injury		Airbag Deployed		Ejected		Trapped		Ambulance		
	Passenger Information		Date of Birth (Age)			Sex		Position		Restraint		Hospital	
			Injury		Airbag Deployed		Ejected		Trapped		Ambulance		

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

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Yes	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
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Narrative	Diagram
Vehicle 2 was stopped in the intersection waiting to make a left turn onto Bingham. Vehicle 1 failed to stop and collided with vehicle 2. Road conditions were poor at the time of the accident.	

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0168050  
Crash ID 1766284

Page 01 of 01  
File Class 93001

Incident #  
2882-19

Reviewer  
DEREK O'DELL

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department							
Crash Date 07/17/2019	Crash Time 13:15	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal		Relation to Roadway On the Road		Weather Clear		Area INTR Within Intersection		
City/Twp 66 - Sault Ste Marie	Contributing Circumstances 1st Prior Crash		2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 06	Speed Limit 30	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location									

Prefix EASTERDAY	Road Type AVE	Suffix E	Divided Roadway
Distance / Direction 1 Feet E		Trafficway Not Physically Divided	
Prefix ASHMUN	Road Type ST	Suffix	Divided Roadway

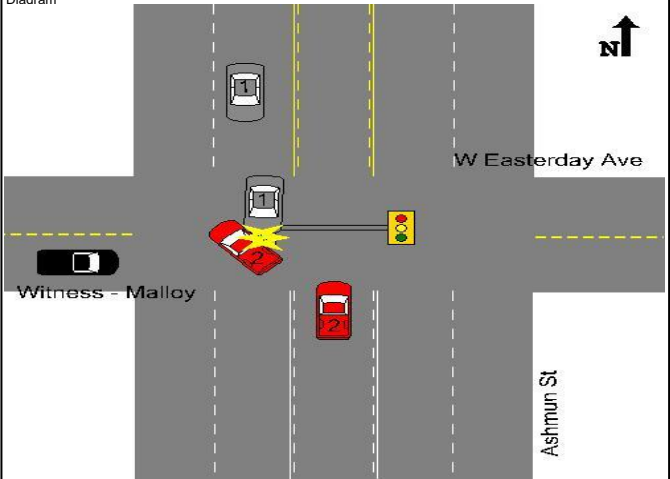
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (59)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action None			
Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt			
Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed		
Hospital NONE		Ambulance NONE										
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No					
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other					
Vehicle Registration DYF7729	State MI	Vehicle Description 2006	Year	Make CHRYSLER	Model PT CRUISER		Color SIL					
VIN 3C3JY55E66T268906		Vehicle Type Passenger Car, SUV, Van	Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect					
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation							
Insurance Company #####		Insurance Policy # #####			Towed By MERLES GARAGE		Towed To MERLES GARAGE					
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction S	Vehicle Use Private		Action Prior Going Straight Ahead					
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										Second	Third	Fourth

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

TRUCK/BUS	Carrier Information				USDOT	MC	MPSC
					Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (16)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action Failed to Yield
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt	
	Driver Condition at Time of Crash 1st Appeared Normal				2nd Driver Distracted By Unknown		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance NONE				
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:	Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending	Test Results:	Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration DYS0833	State MI	Vehicle Description Year 1999	Make DODGE	Model RAM 1500	Color RED				
	VIN 1B7HF13Y8XJ556408	Vehicle Type Pickup Truck		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect				
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation				
	Insurance Company #####		Insurance Policy # #####			Towed By		Towed To		
Location of Greatest Damage 03	First Impact 03	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction N	Vehicle Use Private		Action Prior Turning Left			
Sequence of Events ● 17 - Motor Veh in Transport										
● indicates MOST harmful event)										
PASSENGERS	Passenger Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Date of Birth (Age) ###/###/#### (17)	Sex F	Position Front - Right	Restraint Shoulder and Lap Belt		
					Injury O	Ejected	Trapped	Airbag Deployed Not Deployed		
	Hospital NONE				Ambulance NONE					
	Passenger Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Date of Birth (Age)	Sex	Position	Restraint		
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC		
					Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt ○ Farm ○ Other			
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill	ID #	Class #	
	Owner Information ##### ##### #####				Owner Information #####					
WITNESS	Witness Information ##### ##### #####				Witness Information #####					
Investigated at Scene Yes		Reported Date (Time) 07/17/2019 (14:02)		1st Investigator Name (Badge) DARYL MEYETTE (2118)		2nd Investigator Name (Badge)		Photos No		
Narrative While traveling South on Ashmun St, Vehicle 1 collided with Vehicle 2. Driver of Vehicle 1 advised she had a green light to go straight through the intersection and continue in her lane of traffic. A witness (Malloy) advised that he also believed Vehicle 1 to have a green light. Vehicle 2 failed to yield and turned left, cutting off Vehicle 1 and causing a crash. Vehicle 2 driver advised she was out in the middle of the intersection to complete her left turn, she saw the light turning yellow and thought she had to quickly complete her turn.					Diagram 					

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0168050  
Crash ID 1766284

Page 01 of 01  
File Class 93001

Incident #  
2882-19

Reviewer  
DEREK O'DELL

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department							
Crash Date 07/17/2019	Crash Time 13:15	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal		Relation to Roadway On the Road		Weather Clear		Area INTR Within Intersection		
City/Twp 66 - Sault Ste Marie	Contributing Circumstances 1st Prior Crash		2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 06	Speed Limit 30	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location									

Prefix EASTERDAY	Road Type AVE	Suffix E	Divided Roadway
Distance / Direction 1 Feet E		Trafficway Not Physically Divided	
Prefix ASHMUN	Road Type ST	Suffix	Divided Roadway

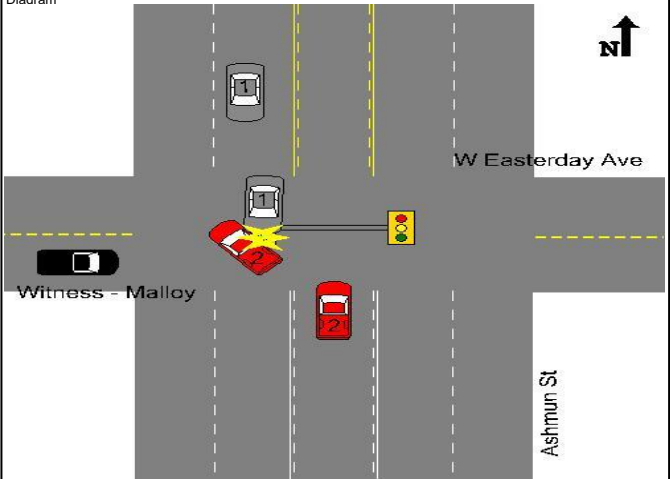
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (59)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action None			
Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt			
Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed		
Hospital NONE		Ambulance NONE										
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No					
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other					
Vehicle Registration DYF7729	State MI	Vehicle Description 2006	Year	Make CHRYSLER	Model PT CRUISER		Color SIL					
VIN 3C3JY55E66T268906		Vehicle Type Passenger Car, SUV, Van	Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect					
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation							
Insurance Company #####		Insurance Policy # #####			Towed By MERLES GARAGE		Towed To MERLES GARAGE					
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction S	Vehicle Use Private		Action Prior Going Straight Ahead					
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										Second	Third	Fourth

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

TRUCK/BUS	Carrier Information				USDOT	MC	MPSC
					Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (16)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action Failed to Yield	
	Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd Driver Distracted By Unknown		Ejected	Trapped	Airbag Deployed Not Deployed		
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:		Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending	Test Results:		Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration DYS0833		State MI	Vehicle Description Year 1999	Make DODGE	Model RAM 1500	Color RED				
	VIN 1B7HF13Y8XJ556408		Vehicle Type Pickup Truck		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect				
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation					
	Insurance Company #####			Insurance Policy # #####			Towed By		Towed To		
Location of Greatest Damage 03	First Impact 03	Extent of Damage (Power Unit and/or Trailers) Minor Damage			Vehicle Direction N	Vehicle Use Private		Action Prior Turning Left			
Sequence of Events ● 17 - Motor Veh in Transport											
PASSENGERS	Passenger Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Date of Birth (Age) ###/###/#### (17)	Sex F	Position Front - Right	Restraint Shoulder and Lap Belt			
					Injury O	Ejected	Trapped	Airbag Deployed Not Deployed			
	Hospital NONE				Ambulance NONE						
	Passenger Information #####				Date of Birth (Age)	Sex	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Carrier Information										
					USDOT	MC	MPSC				
					Driver's CDL Type OH OP OT ON OS OX	Endorsements	CDL Exempt ○ Farm ○ Other				
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.				Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information ##### ##### #####					Owner Information					
	#####					#####					
WITNESS	Witness Information ##### ##### #####					Witness Information					
	#####					#####					
Investigated at Scene Yes		Reported Date (Time) 07/17/2019 (14:02)		1st Investigator Name (Badge) DARYL MEYETTE (2118)		2nd Investigator Name (Badge)		Photos No			
Narrative While traveling South on Ashmun St, Vehicle 1 collided with Vehicle 2. Driver of Vehicle 1 advised she had a green light to go straight through the intersection and continue in her lane of traffic. A witness (Malloy) advised that he also believed Vehicle 1 to have a green light. Vehicle 2 failed to yield and turned left, cutting off Vehicle 1 and causing a crash. Vehicle 2 driver advised she was out in the middle of the intersection to complete her left turn, she saw the light turning yellow and thought she had to quickly complete her turn.					Diagram 						

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept					Reviewer DEREK O'DELL		
Crash Date 04/27/2013	Crash Time 13:20	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Clear	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 10 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road COURT	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 08/22/1994 (18)	License Type ● Operator ○ Chauffeur ○ Moped		Endorsements ○ Cycle ○ Farm ○ Recreation		Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE				
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No		Ambulance NONE		
Alcohol ○ Yes    ● No    ○ Refused    ● Not offered Test Type    ○ Field    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results		Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine			Citation Issued ○ Hazardous    ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
VIN #####		Vehicle Description GMC		Make Model	Color RED		Year 2000	Vehicle Type Passenger Car			
Location of Greatest Damage 01		First Impact 01	Extent of Damage 2	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth			

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions	
							OH   P   OT ON   OS   OX	<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36		
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
		First	Second	Third	Fourth			<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill			

OWNERS	Owner Information	Owner Information
	#####	
	SAULT STE MARIE, MI 49783 (###) ###-####	

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property  Owner & Phone	Public
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UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	02/08/1957 (56)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	06	Hazardous Action	00 - None			
	Unit Type	MV	Driver Information							Injury	O	Position	01	Restraint	04	Hospital	NONE						
	##### TRVERSE CITY, MI 49684 (###) ###-####																						
	Driver Condition								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE					
	Alcohol								Test Results								Citation Issued						
	O Yes <input checked="" type="radio"/> No <input type="radio"/> O Refused <input type="radio"/> Not offered <input type="radio"/> O PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine								Drugs O Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine								O Hazardous <input type="radio"/> Other <input type="radio"/>						
	Vehicle Registration		#####	State	MI	Insurance / Policy #			#####			Towed To/By			#####			Special Vehicles	0	Private Trailer Type		Vehicle Defect	
	VIN		#####	Vehicle Description		HONDA		Make	Model		ODYSSEY		Color	RED		Year	2012		Vehicle Type			Van, motor home	
	Location of Greatest Damage		05	First Impact	05	Extent of Damage	4	Driveable	Yes		Vehicle Direction	E		Vehicle Use	01 - Private		Action Prior	08 - Slowing/stop on roadway					
	Sequence of Events								First		Second		Third		Fourth								
								● 17 - Motor veh in transport															
								(● indicates MOST harmful event)															

PASSENGERS	Passenger Information		Date of Birth (Age)		07/30/1954 (58)	Sex	M	Position	03	Restraint	04	Hospital	NONE	
	#####		Injury		O	Airbag Deployed		No	Ejected		Trapped		Ambulance	NONE
	TRVERSE CITY, MI 49684 (###) ###-####													
	Passenger Information		Date of Birth (Age)		01/09/2012 (1)	Sex	F	Position	06	Restraint	06	Hospital	NONE	
	#####		Injury		O	Airbag Deployed		No	Ejected		Trapped		Ambulance	NONE
	MAPLE CITY, MI 49664 (###) ###-####													
	Passenger Information		Date of Birth (Age)		(0)	Sex	F	Position	05	Restraint	06	Hospital	NONE	
	#####		Injury		O	Airbag Deployed		Not Equipped	Ejected		Trapped		Ambulance	NONE
	MAPLE CITY, MI 49664 (###) ###-####													
	Passenger Information		Date of Birth (Age)		(28)	Sex	M	Position	04	Restraint	03	Hospital	NONE	
#####		Injury		O	Airbag Deployed		Not Equipped	Ejected		Trapped		Ambulance	NONE	
MAPLE CITY, MI 49644 (###) ###-####														
Passenger Information		Date of Birth (Age)			Sex		Position		Restraint		Hospital			
		Injury			Airbag Deployed			Ejected		Trapped		Ambulance		
Passenger Information		Date of Birth (Age)			Sex		Position		Restraint		Hospital			
		Injury			Airbag Deployed			Ejected		Trapped		Ambulance		

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

OWNERS	Owner Information					Owner Information				

WITNESS	Witness Information					Witness Information				

Investigated at Scene	Yes	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
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Narrative	Diagram
vehicle 2 was slowing down for another vehicle that was turning left. vehicle 1 could not stop in time and ran into the rear of vehicle 2. major damage to vehicle 2, no injuries reported	

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0161356  
Crash ID 1171284

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File Class 93001

Incident #  
4371-17

Reviewer  
NATE KACZMAREK

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department										
Crash Date 10/25/2017	Crash Time 14:00	No. of Units 02	Crash Type Angle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeting Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile					
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On the Road		Weather Cloudy		Area INTR Within Intersection				
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st Unknown		2nd		Light Daylight		Road Surface Condition Dry		Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location												

Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance / Direction 5 Feet E		Trafficway 2-Way w/Cont. L-Turn Lane		
Prefix	Intersecting Road Name BINGHAM	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (34)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action Failed to Yield	
Unit Type MV	Driver Information ##### ##### SAULT SAINT MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Unknown				2nd		Driver Distracted By Unknown		Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE					Ambulance NONE					
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results: Interlock Device No			
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results: Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
Vehicle Registration DNL7470	State MI	Vehicle Description 2006	Year	Make PONTIAC	Model VIBE	Color SIL				
VIN 5Y2SM658X6Z441783		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
Insurance Company #####			Insurance Policy # #####			Towed By		Towed To		
Location of Greatest Damage 03		First Impact 03	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead		
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										

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

TRUCK/BUS	Carrier Information				USDOT	MC	MPSC	
					Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information				Owner Information			

Damaged Property		Public	Owner & Phone

UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (30)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action None
	Unit Type MV	Driver Information ##### ##### SAULT SAINTE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
	Driver Condition at Time of Crash 1st Unknown 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance NONE				
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results O Pending	Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results O Pending	Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration 8KSR08	State MI	Vehicle Description Year 2005	Make CHRYSLER	Model TOWN & COUNTRY	Color RED				
	VIN 2C4GP54L15R103162	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect				
	Insurance Company #####		Insurance Policy # #####		Towed By		Towed To			
	Location of Greatest Damage 08	First Impact 08	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction S	Vehicle Use Private		Action Prior Going Straight Ahead		
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
				Injury	Ejected	Trapped	Airbag Deployed			
Hospital				Ambulance						
Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
				Injury	Ejected	Trapped	Airbag Deployed			
Hospital				Ambulance						
TRUCK/BUS	Carrier Information				USDOT		MC	MPSC		
					Driver's CDL Type OH O P OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
OWNERS	Owner Information				Owner Information					
WITNESS	Witness Information				Witness Information					
Investigated at Scene Yes		Reported Date (Time) 10/25/2017 (15:08)		1st Investigator Name (Badge) JEROME GAPCZYNSKI (2121)		2nd Investigator Name (Badge)		Photos No		
Narrative Unit 1 was traveling west on Bingham Ave and did not stop for the traffic signal subsequently striking Unit 2 in the intersection of Bingham Ave and E Easterday Ave. Unit 2 was traveling South on Bingham Ave when it was struck by Unit 1. Unit 1 sustained functional damage to the right side. Unit 2 sustained functional damage to the left front. No injuries were reported.					Diagram 					

Page 01 of 01  
Incident # 405-14      File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department				Reviewer BRYAN MARGER			
Crash Date 01/30/2014	Crash Time 12:16	No. of Units 02	Crash Type Other/Unknown	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Stop sign	Relation to Roadway On Road		Special Study	Weather Cloudy	Area 07 - NON-FRWY in Intersection			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Icy	Total Lanes 03	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 5 Feet S	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road COURT	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (89)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No    ○ Refused    ○ Not offered Test Type    ○ Field    ○ PBT    ○ Breath    ○ Blood    ○ Urine    Test Results				Drugs ○ Yes    ● No    ○ Test Type    ○ Blood    ○ Urine    Test Results			Citation Issued ○ Hazardous    ○ Other			
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By N/A			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####	Vehicle Description FORD		Make FIVE HUNDRED	Model SIL	Color 2006	Year Passenger Car				
Location of Greatest Damage 08	First Impact 08	Extent of Damage 2	Driveable Yes	Vehicle Direction S	Vehicle Use 01 - Private			Action Prior 02 - Turning left		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

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

OWNERS	Owner Information	Owner Information

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

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (35)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				○ Refused ○ Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By N/A		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description FORD		Make TAURUS	Model MAR	Color MAR	Year 2005	Vehicle Type Passenger Car		
	Location of Greatest Damage 08		First Impact 08	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 21 - Avoiding vehicle angle		
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
Injury						Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) 01/30/2014 (12:16)		1st Investigator Name (Badge) BRYAN MARGER (2163)		2nd Investigator Name (Badge)			Photos By		
Narrative Veh # 1 was stopped at the stop sign at Court St and E. Easterday Ave while Veh # 2 was travelling west on E. Easterday Ave. Driver of Veh # 1 didn't see Veh # 2 coming and began to turn left onto E. Easterday Ave while Veh # 2 began to slow down and tried to avoid hitting Veh # 1. Veh # 1 then collided with Veh # 2.					Diagram 						

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer JOHN LARSEN			
Crash Date 05/05/2012	Crash Time 15:30	No. of Units 02	Crash Type Other/Unknown	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Clear	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 03	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 50 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 11/10/1992 (19)	License Type ● Operator ○ Chauffeur ○ Moped		Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 13 - Other
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Not Equipped	Ambulance NONE		
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ○ PBT ● Not offered ○ Breath ○ Blood ○ Urine				Test Results			Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ● Other	
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEV		Make PICK UP	Model BLK		Year 1986	Vehicle Type Pickup truck		
Location of Greatest Damage 12	First Impact 05	Extent of Damage 0	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 07 - Backing		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport			Second			Third		
								Fourth		

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property  Owner & Phone	Public
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 06/30/1975 (36)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				● Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description TOYOTA		Make 4 DOOR	Model LGR	Color 2009	Vehicle Type Passenger Car		
	Location of Greatest Damage 01		First Impact 01	Extent of Damage 3	Driveable No	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 04 - Stopped on roadway	
Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										

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

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

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)	2nd Investigator Name (Badge) ##### (#####)	Photos By #####
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Narrative V-1(blk truck) and V-2 (car) were stopped upon E. Easterday Ave.. Driver of V-1 stated he had an equipment malfunction with his manual transmission, dropped into reverse instead of drive. Driver of V-1 accelerated to go forward as the vehicle went backwards colliding with V-2. V-1 at fault and cited for failure to maintain proper equipment.	Diagram Ashmun st  E. Easterday
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Page 01 of 01  
Incident # ##### File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name <b>Sault Ste Marie Police Dept</b>						Reviewer <b>MICKI LEPPIN</b>		
Crash Date <b>10/19/2013</b>	Crash Time <b>16:10</b>	No. of Units <b>02</b>	Crash Type <b>Rear End</b>	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County <b>17 - Chippewa</b>		Traffic Control <b>None</b>	Relation to Roadway <b>On Road</b>		Special Study	Weather <b>Clear</b>	Area <b>07 - NON-FRWY in Intersection</b>			
City/Twsp <b>66 - Sault Ste Marie</b>		Construction Zone (if applicable) Type                          Lane Closed                          Activity			Light <b>Daylight</b>	Road Condition <b>Dry</b>		Total Lanes <b>02</b>	Speed Limit <b>25</b>	Posted <b>Yes</b>

LOCATION	Prefix E	Road Name EASTERDAY	Road Type	Suffix	Divided Roadway
	Distance 2 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road COURT	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 01/26/1996 (17)	License Type ● Operator ○ Chauffeur ○ Moped		Endorsements ○ Cycle ○ Farm ○ Recreation		Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes		Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ Refused    ○ Not offered ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results		Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine			Citation Issued ○ Hazardous    ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
VIN #####		Vehicle Description HYUNDA		Make Model	Color BLK		Year 2012	Vehicle Type Passenger Car			
Location of Greatest Damage 01	First Impact 01	Extent of Damage 3	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead			
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth			

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ###/###/#### Contact Time: ##:##	Damaged Property  Owner & Phone	Public
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 07/14/1934 (79)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No ○ Refused ○ Not offered ○ PBT ○ Breath ○ Blood ○ Urine				Test Results		Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine		Test Results		
	Citation Issued ○ Hazardous ○ Other				Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect		
	Vehicle Registration #####		State MI	Insurance / Policy # #####		VIN #####		Vehicle Make FORD	Model PICKUP	Color WHI	Year 2010
	Vehicle Description		Vehicle Type Pickup truck		Location of Greatest Damage 05		First Impact 05	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private
	Action Prior 02 - Turning left		Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)		First Second Third Fourth						
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
TRUCK / BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC		
	Driver's CDL Type				Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information				Owner Information						
	Witness Information				Witness Information						
WITNESS	Investigated at Scene Yes				Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####	
	Narrative Driver of vehicle #2 stated that he was travelling east on e easterday and slowed down to turn north onto court street and was struck from behind by vehicle #1 Driver of vehicle #1 stated that she was travelling east on E easterday and vehicle #2, which was in front of her vehicle, slammed on its brakes and she was unable to stop before hitting vehicle #2				Diagram 						

Authority: 1949 PA 300, Sec.257 622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)		External # 0161768		Crash ID 9122739		Page 01 of 01 Incident # 4732-14 File Class 93001					
<b>STATE OF MICHIGAN TRAFFIC CRASH REPORT</b>						Incident Disposition Closed					
ORI: MI 1773400		Department Name Sault Ste Marie Police Department				Reviewer JOHN WEIST					
Crash Date 12/08/2014		Crash Time 15:13	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 17 - Chippewa		Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow	Area 09 - Intersection related-othr				
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Snowy	Total Lanes 01	Speed Limit 25	Posted Yes	
LOCATION	Prefix W	Road Name EASTERDAY			Road Type AVE	Suffix	Divided Roadway				
	Distance 20 Feet W	Traffic Way 01 - Not physically divided				Access Control 01 - No access control					
	Prefix	Intersecting Road ASHMUN			Road Type	Suffix	Divided Roadway				
UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (69)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description DODGE	Make RAM	Model	Color BLK	Year 2012	Vehicle Type Pickup truck			
	Location of Greatest Damage 05	First Impact 05	Extent of Damage 0	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 04 - Stopped on roadway			
	Sequence of Events (● indicates MOST harmful event) First ● 17 - Motor veh in transport Second Third Fourth										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK/BUS	Carrier Information					Carrier Source GVWR	ICCMC	USDOT	MPSC		
	Driver's CDL Type Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X					CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36				
						Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card
OWNERS	Owner Information					Owner Information					
	Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:					Damaged Property				Public	
					Owner & Phone						

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	###/###/#### (18)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	M	Total Occupants	01	Hazardous Action	12 - Unable to stop							
	Unit Type	MV	Driver Information							Injury	O	Position	01	Restraint	04	Hospital					NONE						
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance			NONE							
	Alcohol <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine								Test Results			Drugs <input type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine			Test Results			Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other									
	Vehicle Registration		#####	State	MI	Insurance / Policy #			#####			Towed To/By			Special Vehicles			0	Private Trailer Type		Vehicle Defect						
	VIN		#####	Vehicle Description		CHEV		Make	Model		BLAZER		Color	MAR		Year	1998		Vehicle Type		Small truck						
	Location of Greatest Damage		01	First Impact	01	Extent of Damage	0	Driveable	Yes		Vehicle Direction	E		Vehicle Use	01 - Private		Action Prior		08 - Slowing/stop on roadway								
	Sequence of Events		First				01 - Loss of control				Second				17 - Motor veh in transport				Third				Fourth				
																					(● indicates MOST harmful event)						
	PASSENGERS	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital									
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance											
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital											
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance											
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital											
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance											
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital											
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance											
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital											
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance											
TRUCK / BUS	Carrier Information								Carrier Source	GVWR		ICCMC		USDOT		MPSC											
									Driver's CDL Type	Endorsements		CDL Exempt		CDL Restrictions													
									<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	<input type="radio"/> Farm <input type="radio"/> Other		<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36															
Interstate/Intrastate		Vehicle Type		Type & Axle Per Unit		First		Second		Third		Fourth		Cargo Body Type		Medical Card		Hazardous Material		<input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #				
OWNERS	Owner Information								Owner Information																		
WITNESS	Witness Information								Witness Information																		
Investigated at Scene		Yes		Reported Date (Time)		12/08/2014 (15:13)		1st Investigator Name (Badge)				JOHN WEIST (2184)				2nd Investigator Name (Badge)								Photos By			
Narrative								Diagram																			
V-1 was stopped on W. Easterday facing east when V-2, traveling behind V-1 was not able to stop on the slippery roads and struck V-1. No visible damage to either vehicle. No injuries Weist 184																											

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0167720  
Crash ID 1711520

Page 01 of 01  
File Class 93002

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department		Incident # 1573-19	
Crash Date 04/22/2019		Crash Time 19:21		No. of Units 01	
Crash Type Single Motor Vehicle		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police		<input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal	
County 17 - Chippewa		Traffic Control None		Relation to Roadway On the Road	
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None 2nd		Weather Clear	
Work Zone (if applicable) Type		Workers Present		Activity	
Road Surface Condition Wet		Total Lanes 02		Speed Limit 25	
Posted Yes		Area INTR Driveway Related		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
Prefix EASTERDAY		Road Type AVE		Suffix E	
Distance / Direction 63 Feet W		Trafficway Not Physically Divided		Divided Roadway	
Prefix BARBEAU		Road Type ST		Suffix Divided Roadway	

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (27)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action None
Unit Type MV	Driver Information ##### SAULT STE. MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration 5JSL14	State MI	Vehicle Description 2008	Make SUBARU	Model IMPREZA	Color GRY				
VIN JF1GE61678H527753	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect				
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation				
Insurance Company #####		Insurance Policy # #####			Towed By ANYTIME		Towed To UP TIRE		
Location of Greatest Damage 03	First Impact 03	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Going Straight Ahead		
Sequence of Events First <input checked="" type="radio"/> 14 - Other Non-collision (• indicates MOST harmful event)		Second		Third		Fourth			

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

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC
	Driver's CDL Type		Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill
Class #					

Owner Information ##### ##### #####, ## #####-#### (###) ###-####	Owner Information
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Damaged Property	Public	Owner & Phone
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UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action
	Unit Type	Driver Information				Driver is Owner	Injury	Position		Restraint
	Driver Condition at Time of Crash 1st 2nd				Driver Distracted By		Ejected	Trapped	Airbag Deployed	
	Hospital					Ambulance				
	Alcohol Suspected	Contributing Factor	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device		
	Drug Suspected	Contributing Factor	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color			
	VIN	Vehicle Type		Special Vehicles		Private Trailer Type		Vehicle Defect		
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash			
	Insurance Company			Insurance Policy #			Towed By		Towed To	
	Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)		Vehicle Direction	Vehicle Use		Action Prior		
	Sequence of Events First		Second		Third		Fourth			
	(● indicates MOST harmful event)									
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
				Injury	Ejected	Trapped	Airbag Deployed			
Hospital				Ambulance						
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC		
					Driver's CDL Type OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID # Class #	
OWNERS	Owner Information				Owner Information					
WITNESS	Witness Information				Witness Information					
Investigated at Scene Yes		Reported Date (Time) 04/22/2019 (20:38)		1st Investigator Name (Badge) TREVOR ADKINS (2126)		2nd Investigator Name (Badge)		Photos Yes		
Narrative Unit 1 was driving East on Easterday Ave when the driver struck a pothole near Barbeau St causing both passenger side tires on the vehicle to go flat. The driver stated was unsure which pothole causing the damage to the vehicle. U/O did observe several potholes in the area. Unit 1 had disabling damage and was towed from the scene by Anytime Towing.					Diagram <p>Diagram Drawn Not To Scale</p> <p>Barbeau St</p> <p>Easterday Ave</p> <p>Unit 1</p>					

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer JOHN WEIST			
Crash Date 01/30/2012	Crash Time 17:08	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Stop sign	Relation to Roadway On Road		Special Study	Weather Cloudy	Area 07 - NON-FRWY in Intersection			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Snowy	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 10 Feet S	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road SEYMOUR	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 10/09/1987 (24)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action 00 - None	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Not Equipped		Ambulance NONE	
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ○ PBT ○ Not offered ○ Breath ○ Blood ○ Urine				Test Results			Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other	
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description PONTIAC		Make GRAND AM		Color MAR		Year 2002	Vehicle Type Passenger Car	
Location of Greatest Damage 04		First Impact 04	Extent of Damage 1	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead	
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

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

OWNERS	Owner Information	Owner Information
	#####	
	SAULT STE MARIE, MI 49783 (###) ###-####	

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	10/29/1987 (24)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	M	Total Occupants	02	Hazardous Action	04 - Disregard traffic control		
	Unit Type	MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####								Injury	O	Position	01	Restraint	04	Hospital	NONE				
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE				
	Alcohol Test Type <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine								Test Results				Drugs Test Type <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine				Test Results				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration #####				State	MI	Insurance / Policy # #####				Towed To/By #####				Special Vehicles	0	Private Trailer Type		Vehicle Defect			
	VIN #####				Vehicle Description		CHEV	Make	MALIBU	Model	GRN	Color	GRN	Year	2000	Vehicle Type Passenger Car						
	Location of Greatest Damage		02	First Impact	02	Extent of Damage	1	Driveable	Yes	Vehicle Direction	W	Vehicle Use	01 - Private			Action Prior	01 - Going Straight Ahead					
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport								First		Second		Third		Fourth							
	(• indicates MOST harmful event)																					

PASSENGERS	Passenger Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####								Date of Birth (Age)	08/22/1977 (34)	Sex	F	Position	03	Restraint	04	Hospital	NONE
									Injury	O	Airbag Deployed	No	Ejected		Trapped		Ambulance	NONE
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital	
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance	
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital	
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance	
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital	
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance	
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital	
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance	

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

OWNERS	Owner Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####								Owner Information							
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WITNESS	Witness Information								Witness Information							
---------	---------------------	--	--	--	--	--	--	--	---------------------	--	--	--	--	--	--	--

Investigated at Scene	Yes	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
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Narrative	Diagram
v-1 was tarveling north through the Seymour/ Easterday Ave intersection when V-2 was west bound on Easterday and ran the stop sign colliding with v-1. Minor damage. Driver of v-2 arrested for DWLS Weist 184	

Page 01 of 01  
Incident # 5924-13 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department					Reviewer FRANCIS DESHANO		
Crash Date 12/31/2013	Crash Time 21:13	No. of Units 02	Crash Type Sideswipe-Opposite	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow		Area 09 - Intersection related-othr		
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Lighted	Road Condition Snowy	Total Lanes 03	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVEN	Suffix	Divided Roadway
	Distance 10 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type STRT	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (42)	License Type ○ Operator ● Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No		Ambulance NONE	
Alcohol ○ Yes   ● No   ○ Refused   ● Not offered Test Type   ○ Field   ○ PBT   ○ Breath   ○ Blood   ○ Urine				Test Results			Drugs ○ Yes   ● No Test Type   ○ Blood   ○ Urine		Citation Issued ○ Hazardous   ○ Other	
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By N/A			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description FORD			Make Model		Color BLU	Year 2000	Vehicle Type Passenger Car	
Location of Greatest Damage 08		First Impact 08	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 03 - Turning right	
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control			Second ● 17 - Motor veh in transport			Third Fourth		

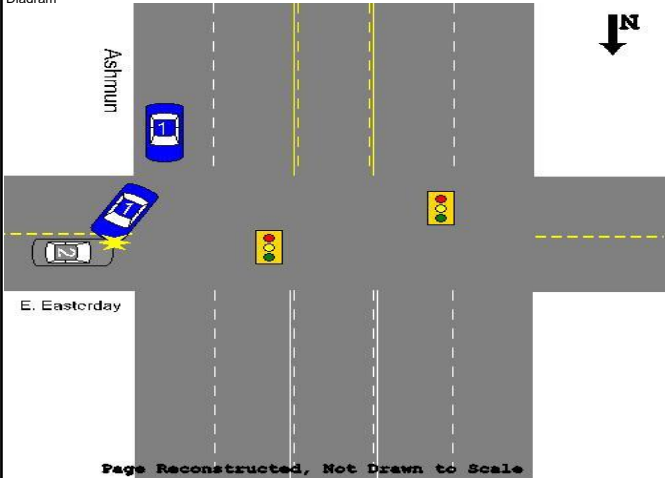
PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control	Damaged Property NONE	Public No
Contact Name:	Owner & Phone ##### (###) ###-####	
Contact Date:		
Contact Time:		



UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (22)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### ##### HARRISON, MI 48625 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ○ PBT ○ Breath ○ Blood ○ Urine				Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other				
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By N/A		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description SATURN		Make Model	Color SIL	Year 2001	Vehicle Type Passenger Car				
	Location of Greatest Damage 08	First Impact 08	Extent of Damage 2	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 04 - Stopped on roadway			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				Second		Third		Fourth		
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #	
OWNERS	Owner Information ##### ##### #####, ## ####-#### (###) ###-####					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) 12/31/2013 (21:57)		1st Investigator Name (Badge) BRIAN MATTSON (2189)		2nd Investigator Name (Badge)		Photos By			
Narrative Veh. 2 was stopped at the traffic light waiting to make a left turn onto Ashmun st. Veh. 1 was travelling north on Ashmun st. and making a right turn onto E. Easterday. Driver of Veh. 1 stated that he lost control while making the right turn onto E. Easterday and struck Veh. 1. U/O obs. the roads to be snowy and icy at the intersection.					Diagram  Page Reconstructed, Not Drawn to Scale						

Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 01/2016)		External # 0163644		Crash ID 1339186		Page 01 of 01 File Class 93001					
<b>STATE OF MICHIGAN TRAFFIC CRASH REPORT</b>						Incident # 1166-18					
ORI MI 1773400		Department Name Sault Ste Marie Police Department				Reviewer JOHN WEIST					
Crash Date 04/01/2018		Crash Time 16:11	No. of Units 02	Crash Type Rear End		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On the Road		Weather Clear		Area INTR Other Related			
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Daylight		Road Surface Condition Wet			
Work Zone (if applicable) Type		Workers Present		Activity		Location					
LOCATION	Prefix E		Primary Road Name EASTERDAY		Road Type AVE		Suffix Divided Roadway				
	Distance / Direction 10 Feet E		Trafficway Not Physically Divided								
	Prefix BINGHAM		Intersecting Road Name BINGHAM		Road Type AVE		Suffix Divided Roadway				
UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (20)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 02	Hazardous Action Unable to Stop	
	Unit Type MV	Driver Information ##### SAULT SAINTE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	
	Hospital NONE				Ambulance NONE						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration BPP032		State MI	Vehicle Description 2007 KIA		Model SPECTRA		Color BLU			
	VIN KNAFE121375462690		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash				
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To N/A		
Location of Greatest Damage 01		First Impact 01	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead			
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											
PASSENGERS	Passenger Information ##### SAULT SAINTE MARIE, MI ### (###) ###-####				Date of Birth (Age) ###/##/#### (19)	Sex F	Position Front - Right	Restraint Shoulder and Lap Belt			
					Injury O	Ejected	Trapped	Airbag Deployed Not Equipped			
	Hospital NONE				Ambulance NONE						
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint			
TRUCK / BUS					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Carrier Information				USDOT		MC	MPSC			
					Driver's CDL Type		Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
OWNERS	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.				Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		
	ID #				Class #						
Owner Information ##### ##### #####				Owner Information							
Damaged Property				Public	Owner & Phone						

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	###/###/#### (55)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input checked="" type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	M	Total Occupants	02	Hazardous Action	None					
	Unit Type	MV	Driver Information ##### ##### SAULT SAINTE MARIE, MI 49783 (###) ###-####								Driver is Owner	Yes	Injury	O	Position	Front - Left	Restraint Shoulder and Lap Belt								
	Driver Condition at Time of Crash 1st Appeared Normal								2nd				Driver Distracted By Not Distracted				Ejected	Trapped	Airbag Deployed Not Deployed						
	Hospital NONE								Ambulance NONE																
	Alcohol Suspected	No	Contributing Factor	No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered				Alcohol Test Results <input type="radio"/> Pending				Test Results:		Interlock Device No										
	Drug Suspected	No	Contributing Factor	No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered				Drug Test Results <input type="radio"/> Pending				Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other										
	Vehicle Registration		BBT2722		State	MI	Vehicle Description		Year 2015		Make CHEVROLET		Model EQUINOX		Color DBL										
	VIN		2GNFLFEK4F6363956		Vehicle Type		Passenger Car, SUV, Van		Special Vehicles		Not Applicable		Private Trailer Type		Vehicle Defect										
	Automation System(s) in Vehicle		Automation System Level in Vehicle																		Automation System Level Engaged at Time of Crash				
	Insurance Company				#####				Insurance Policy #				#####				Towed By		N/A		Towed To		N/A		
Location of Greatest Damage		05		First Impact	05		Extent of Damage (Power Unit and/or Trailers)				Minor Damage		Vehicle Direction	W		Vehicle Use		Private		Action Prior		Stopped on Roadway			
Sequence of Events				First <input checked="" type="radio"/> 17 - Motor Veh in Transport				Second				Third				Fourth									
(• indicates MOST harmful event)																									
PASSENGERS	Passenger Information ##### ##### SAULT SAINTE MARIE, MI ### (###) ###-####								Date of Birth (Age)		###/###/#### (58)		Sex	F	Position		Front - Right		Restraint		Shoulder and Lap Belt				
									Injury	O	Ejected		Trapped		Airbag Deployed		Not Equipped								
	Hospital NONE								Ambulance NONE																
	Passenger Information								Date of Birth (Age)				Sex		Position				Restraint						
								Injury		Ejected		Trapped		Airbag Deployed											
Hospital								Ambulance																	
TRUCK / BUS	Carrier Information								USDOT				MC		MPSC										
									Driver's CDL Type				Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other										
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.				Vehicle Configuration				Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #									
OWNERS	Owner Information								Owner Information																
WITNESS	Witness Information								Witness Information																
Investigated at Scene		Yes		Reported Date (Time)		04/01/2018 (16:39)		1st Investigator Name (Badge)				SCOTT HAZEWINKE (2123)				2nd Investigator Name (Badge)				Photos				No	
Narrative								Diagram																	
Unit 2 was stopped at a red light at Easterday Ave and Bingham Ave. Unit 1 was pulling up behind Unit 2 and did not stop in time. Unit 1 hit Unit 2 in the rear bumper.								<p>Page Reconstructed, Not Drawn to Scale</p>																	

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department					Reviewer JOHN WEIST		
Crash Date 09/02/2016	Crash Time 16:20	No. of Units 02	Crash Type Rear End		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa		Traffic Control Stop Sign		Relation to Roadway On Road		Weather Clear		Area INTR Within Intersection	
City/Twp 66 - Sault Ste Marie	Contributing Circumstances 1st None 2nd			Light Daylight	Road Surface Condition Dry		Total Lanes 01	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type                      Workers Present                      Activity                      Location									

LOCATION	Prefix	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance / Direction 15 Feet W	Trafficway Not Physically Divided			
	Prefix	Intersecting Road Name MINNEAPOLIS	Road Type ST	Suffix	Divided Roadway

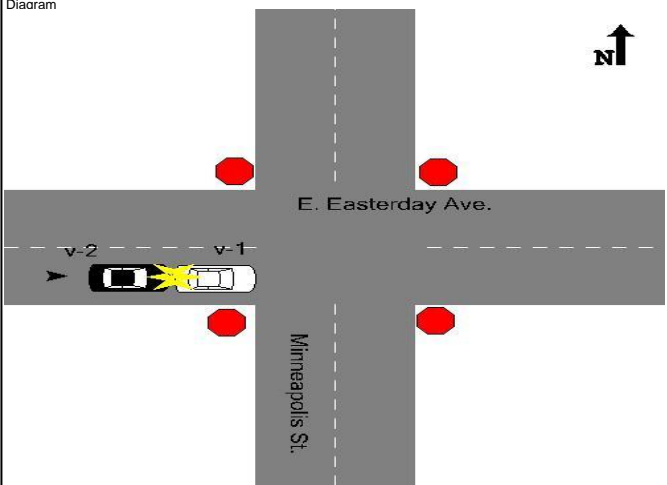
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (33)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action None
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Unknown				2nd Driver Distracted By Not Distracted			Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE					Ambulance NONE				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath    ○ Blood    ○ Urine ○ Field    ○ PBT    ○ Refused    ● Not Offered			Alcohol Test Results ○ Pending    Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood    ○ Urine ○ Field    ○ Refused    ○ Not Offered			Drug Test Results ○ Pending    Test Results:		Citation Issued ○ Hazardous ○ Other		
Vehicle Registration #####		State MI	Vehicle Description Year                      Make 2006                      PONTIAC	Model VIBE			Color WHI		
VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Insurance Company #####			Insurance Policy # #####			Towed By		Towed To	
Location of Greatest Damage 06		First Impact 05	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Stopped on Roadway	
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor Veh in Transport		Second		Third		Fourth	

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

TRUCK/BUS	Carrier Information			USDOT		MC	MPSC		
				Driver's CDL Type		CDL Exempt			
				Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		<input type="checkbox"/> Farm <input type="checkbox"/> Other			
GVWR/GCWR			Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
<input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.							<input type="radio"/> Placard <input type="radio"/> Cargo Spill		

OWNERS	Owner Information	Owner Information

Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (39)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action Unable to Stop		
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Unknown 2nd				Driver Distracted By Other Activity Inside Veh		Ejected	Trapped	Airbag Deployed Not Deployed			
	Hospital NONE					Ambulance NONE						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No				
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other				
	Vehicle Registration #####		State MI	Vehicle Description 2006	Make JEEP	Model CHEROKEE		Color BLK				
	VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect			
	Insurance Company #####			Insurance Policy # #####			Towed By		Towed To			
	Location of Greatest Damage 01		First Impact 01	Extent of Damage (Power Unit and/or Trailers) No Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Starting Up on Roadway			
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)												
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	TRUCK/BUS	Carrier Information				USDOT		MC	MPSC			
				Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other					
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		
Owner Information				Owner Information								
Witness Information				Witness Information								
Investigated at Scene No				Reported Date (Time) 09/03/2016 (15:00)		1st Investigator Name (Badge) JOHN WEIST (2184)		2nd Investigator Name (Badge)		Photos No		
Narrative V-1 was stopped east bound on Easterday Ave. at Minneapolis St. when V-2 driver thought V-1 was proceeding and started to go ahead and struck V-1 in the rear. The police were not called to the scene per agreement of both drivers and reported to the SSMPD on 9-3-2016 at approx. 15:00hrs. Neither driver reported being injured. Weist 184				Diagram 								

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

External #  
#####

Crash ID  
8417291

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept		Crash Date 08/30/2012		Crash Time 10:15		No. of Units 02		Crash Type Sideswipe-Same		Special Circumstances <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> None <input type="checkbox"/> Hit and Run <input type="checkbox"/> Deer <input type="checkbox"/> Fleeing Police		Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile			
County 17 - Chippewa		Traffic Control None		Relation to Roadway On Road		Special Study		Weather Clear		Area 13 - NON-FRWY Parking							
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type		Lane Closed		Activity		Light Daylight		Road Condition Dry		Total Lanes 02		Speed Limit 25		Posted Yes	

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 75 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road JOHNSTON	Road Type	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 02/18/1934 (78)	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 07 - Improper passing
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Not offered <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Test Results		Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Test Results		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description FORD		Make	Model	Color TAN	Year 2003	Vehicle Type Passenger Car	
Location of Greatest Damage 02		First Impact 02	Extent of Damage 2	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 17 - Overtaking or passing		
Sequence of Events (● indicates MOST harmful event) First ● 17 - Motor veh in transport Second Third Fourth										

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

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

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

UNIT / DRIVER	Unit Number 02	Unit Known No	State #	Driver License Number #	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants 00	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### ##### (###) ###-####				Injury	Position	Restraint	Hospital NONE	
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol 0 Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Test Results				Drugs 0 Yes <input checked="" type="radio"/> No <input type="radio"/> Test Results				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Test Type 0 Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine									
	Vehicle Registration #####		State MI	Insurance / Policy # #####			Towed To/By #####		Special Vehicles 0	Private Trailer Type
PASSENGERS	VIN #####		Vehicle Description CHEVY		Make	Model	Color BRO	Year 1999	Vehicle Type Passenger Car	
	Location of Greatest Damage 06		First Impact 06	Extent of Damage 2	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 23 - Parked	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)									

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

TRUCK / BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC
					Driver's CDL Type		Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #

OWNERS	Owner Information ##### ##### BRIMLEY, MI 49715    (###) ###-####				Owner Information

WITNESS	Witness Information				Witness Information

Investigated at Scene Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)	2nd Investigator Name (Badge) ##### (#####)	Photos By #####
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Narrative Vehicle 2 was legally parked along E. Easterday Ave. Vehicle 1 attempted to pass vehicles in an attempt to turn RT onto Johnston. Driver of vehicle 1 states he struck vehicle 2 as he attempted to pass the other vehicles. No Injuries	Diagram 
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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)

External #  
#####

Crash ID  
8427714

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
Crash Date 09/18/2012	Crash Time 12:25	No. of Units 02	Crash Type Rear End	Weather Clear		Area 09 - Intersection related-othr	
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Road Condition Dry		
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Total Lanes 03	Speed Limit 25
						Posted Yes	

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 40 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix BINGHAM	Intersecting Road	Road Type AVE	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 01/31/1991 (21)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description BUICK	Make	Model 4 DOOR	Color GRY	Year 2003	Vehicle Type Passenger Car			
	Location of Greatest Damage 01	First Impact 01	Extent of Damage 3	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 10 - Starting up on roadway			
	Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport		Second		Third	

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

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

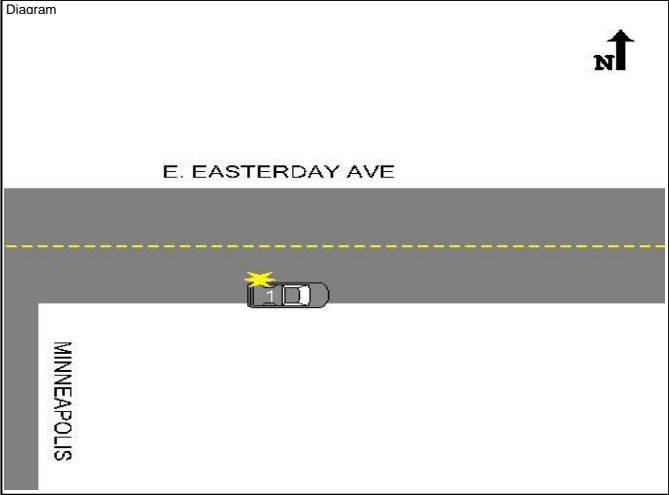
OWNERS	Owner Information		Owner Information	

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





Damaged Property	Public	Owner & Phone
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UNIT / DRIVER	Unit Number 02	Unit Known No	State Driver License Number #####		Date of Birth (Age) ##/##/####		License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants 00	Hazardous Action Unknown
	Unit Type MV	Driver Information ##### ##### (###) ###-####				Driver is Owner No		Injury	Position		Restraint Restraint Use Unknown		
	Driver Condition at Time of Crash 1st 2nd					Driver Distracted By Unknown			Ejected	Trapped	Airbag Deployed Unknown		
	Hospital NONE					Ambulance NONE							
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered				Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered				Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration		State	Vehicle Description		Year	Make	Model		Color CAM			
	VIN		Vehicle Type		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect				
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation						
	Insurance Company #####			Insurance Policy # #####			Towed By			Towed To			
Location of Greatest Damage 98		First Impact 98	Extent of Damage (Power Unit and/or Trailers) Unknown		Vehicle Direction		Vehicle Use		Action Prior Unknown				
Sequence of Events		First ● 18 - Parked Motor Vehicle		Second		Third		Fourth					
● indicates MOST harmful event													
PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed					
	Hospital				Ambulance								
	Passenger Information				Date of Birth (Age)		Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed					
	Hospital				Ambulance								
TRUCK / BUS	Carrier Information						USDOT		MC	MPSC			
							Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
OWNERS	Owner Information						Owner Information						
WITNESS	Witness Information						Witness Information						
Investigated at Scene Yes		Reported Date (Time) 10/16/2018 (13:02)		1st Investigator Name (Badge) NATE KACZMAREK (2186)		2nd Investigator Name (Badge)		Photos Yes					
Narrative VEHICLE 1 LEGALLY PARKED E/B ON E. EASTERDAY AVE BETWEEN 10-15-18 (0900) AND 10-16-18 (1200). DURING THIS TIME A BLUE COLORED VEHICLE SIDE SWIPED THE LEGALLY PARKED VEHICLE. PHOTOS TAKEN OF DAMAGED VEHICLE.							Diagram 						

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0168907  
Crash ID 1872788

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department		Incident # 4467-19	
Crash Date 10/29/2019	Crash Time 09:18	No. of Units 02	Crash Type Angle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeting Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control Stop Sign	Relation to Roadway On the Road		Weather Cloudy	Area INTR Other Related
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None 2nd		Light Daylight	Road Surface Condition Wet	Total Lanes 02
Work Zone (if applicable) Type		Workers Present	Activity	Location	
Speed Limit 25		Posted Yes			

Prefix EASTERDAY	Road Type AVE	Suffix E	Divided Roadway
Distance / Direction 32 Feet W		Trafficway Not Physically Divided	
Prefix COURT	Road Type ST	Suffix	Divided Roadway

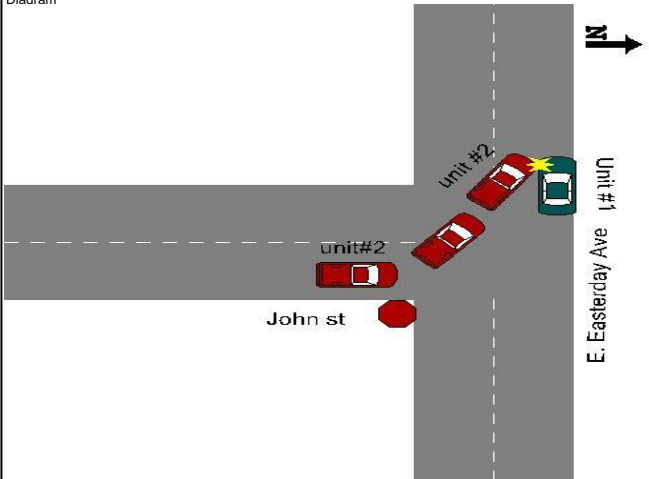
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (48)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action None
Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Restraint Use Unknown
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration A0H371	State MI	Vehicle Description 2004	Make CHRYSLER	Model TOWN & COUNTRY	Color TEA				
VIN 2C4GP44R24R605126	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect				
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation				
Insurance Company #####		Insurance Policy # #####			Towed By		Towed To		
Location of Greatest Damage 07	First Impact 07	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead		
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

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

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC
			Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (46)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action None	
	Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left	Restraint Restraint Use Unknown		
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed		
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:	Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending	Test Results:	Citation Issued ○ Hazardous ○ Other			
	Vehicle Registration 0MFU24	State MI	Vehicle Description 2015	Year	Make FORD	Model F150	Color RED				
	VIN 1FTEW1EG6FFA68017	Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect				
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation					
	Insurance Company #####		Insurance Policy # #####			Towed By		Towed To			
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction N	Vehicle Use Private		Action Prior Going Straight Ahead				
Sequence of Events ● First   ● 17 - Motor Veh in Transport   Second   Third   Fourth (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
				Injury	Ejected	Trapped	Airbag Deployed				
Hospital				Ambulance							
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC			
					Driver's CDL Type OH OP OT ON OS OX		Endorsements ○ Farm ○ Other		CDL Exempt		
GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.				Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information				Owner Information						
WITNESS	Witness Information				Witness Information						
Investigated at Scene Yes		Reported Date (Time) 10/29/2019 (11:36)		1st Investigator Name (Badge) COLLIN DEGRAND (2129)		2nd Investigator Name (Badge)		Photos No			
Narrative On 10/29/2019 at approximately 0918hrs officer Mayette and I(Officer DeGrand) were dispatched to the area of E. Easterday Ave and John St. for an accident. I made contact with the driver of Unit#1(KENNETH VARGAS) who indicated that he was traveling East on E. Easterday Ave. when Unit #2 pulled in front of him on to Easterday Ave. off of John st. causing a collision with his vehicle unit#1. I made contact with the driver of Unit #2(JACOB BROWN) who indicated that he was stoped on John St. at the intersection of John St. and Easterday Ave. JACOB indicated that he made a left turn on to E. Easterday Ave and collided with Unit #1. JACOB indicated he did not see UNIT#1, because was looking ahead at the traffic light at the intersection of Eaterday Ave and Ashmun st. and that is what caused the collision. I gave both KENNETH and JACOB the report number for this incident. Both KENNETH and JACOB left the scene without incident. Officers then cleared. STATUS-CLOSED DEGRAND-129					Diagram 						

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

External # 0161539  
Crash ID 9093091

Page 01 of 01  
Incident # 4413-14 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department		Incident Disposition Closed	
Crash Date 11/13/2014	Crash Time 13:30	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control None	Relation to Roadway Shoulder		Special Study	Weather Snow/Blowing Snow
City/Twp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight
Road Condition Icy		Total Lanes 02	Speed Limit 25	Posted No	

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 15 Feet WE	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix SUPERIOR	Road Type ST	Suffix	Divided Roadway	

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (17)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 02	Hazardous Action 01 - Speed too fast
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description FORD		Make RANGER	Model RED	Year 2000	Vehicle Type Pickup truck		
	Location of Greatest Damage 01		First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 08 - Slowing/stop on roadway		

Sequence of Events  
(● indicates MOST harmful event)

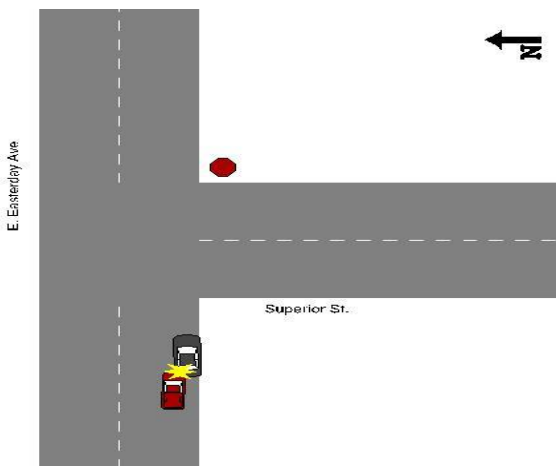
First ● 18 - Parked motor vehicle	Second	Third	Fourth
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PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance

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

OWNERS	Owner Information ##### ##### #####, ## ####-#### (###) ###-####				Owner Information			
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Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:				Damaged Property Owner & Phone				Public
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UNIT / DRIVER	Unit Number 02	Unit Known No	State MI	Driver License Number #####	Date of Birth (Age) ##/##/####	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants 00	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### (###) ###-####				Injury	Position	Restraint	Hospital NONE		
	Driver Condition <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed	Ambulance NONE		
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No				Test Results <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Results <input type="radio"/> Blood <input type="radio"/> Urine		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####	Vehicle Description KIA	Make SEDONA	Model	Color GRY	Year 2005	Vehicle Type Passenger Car				
	Location of Greatest Damage 05	First Impact 05	Extent of Damage 2	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 23 - Parked		
	Sequence of Events First <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)										
	Second										
	Third										
Fourth											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #			
OWNERS	Owner Information ##### ##### #####, ## ####-#### (###) ###-####					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) 11/13/2014 (16:52)		1st Investigator Name (Badge) KRISTEN AUTORE (2174)			2nd Investigator Name (Badge)			Photos By	
Narrative Veh 1 was traveling east on E. Easterday Ave. Veh 2 was parked on the south side of E. Easterday Ave. just west of Superior St. Driver of Veh 1 was slowing due to narrowed roadway from heavy snow. Veh 1 slid on the icy road and struck the rear of Veh 2. Minor damage to the rear bumper and driver tail light of Veh 2. Very small dent in the front bumper of Veh 1.					Diagram 						

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 11/2020)

External #  
0169760

Crash ID  
2495967

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 402-22						
Crash Date 01/28/2022		Crash Time 15:47	No. of Units 02	Crash Type Angle		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeting Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 17 - Chippewa		Traffic Control Stop Sign		Relation to Roadway On the Road		Weather Cloudy		Area INTR Within Intersection				
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Daylight		Road Surface Condition Snow		Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location												

LOCATION	Prefix		Primary Road Name EASTERDAY		Road Type AVE		Suffix E		Divided Roadway			
	Distance / Direction AT		Trafficway Not Physically Divided									
	Prefix		Intersecting Road Name JOHNSTON		Road Type ST		Suffix		Divided Roadway			

UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (69)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Race W	Total Occupants 01	Hazardous Action Failed to Yield	
	Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Restraint Use Unknown		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE				Ambulance NONE							
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration CDZ224		State MI	Vehicle Description Year 2007		Make CADILLAC	Model ESCALADE		Color WHI			
	VIN 1GYFK63877R164581		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect			
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation					
	Insurance Company #####			Insurance Policy # #####			Towed By			Towed To		

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

TRUCK / BUS	Carrier Information				USDOT		MC	MPSC		
					Driver's CDL Type		Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #

OWNERS	Owner Information				Owner Information			

Damaged Property				Public	Owner & Phone			



UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	###/###/#### (42)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Race	W	Total Occupants	02	Hazardous Action	None				
	Unit Type	MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####								Driver is Owner	Yes	Injury	O	Position	Front - Left	Restraint Restraint Use Unknown									
	Driver Condition at Time of Crash 1st Appeared Normal								2nd				Driver Distracted By Not Distracted				Ejected	Trapped	Airbag Deployed Not Deployed							
	Hospital NONE				Ambulance NONE																					
	Alcohol Suspected	No	Contributing Factor	No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered				Alcohol Test Results <input type="radio"/> Pending				Test Results:				Interlock Device No									
	Drug Suspected	No	Contributing Factor	No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered				Drug Test Results <input type="radio"/> Pending				Test Results:				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other									
	Vehicle Registration	1JEK1		State	MI	Vehicle Description	Year 2018		Make	CHEVROLET		Model	EQUINOX		Color GRY											
	VIN	2GNAXTEX7J6146709				Vehicle Type		Passenger Car, SUV, Van		Special Vehicles		Not Applicable		Private Trailer Type		Vehicle Defect										
	Automation System(s) in Vehicle				No				Automation System Level in Vehicle				No Automation				Automation System Level Engaged at Time of Crash No Automation									
	Insurance Company				#####				Insurance Policy #				#####				Towed By		Towed To							
Location of Greatest Damage	08	First Impact	08	Extent of Damage (Power Unit and/or Trailers)				Minor Damage				Vehicle Direction	N		Vehicle Use		Private		Action Prior Going Straight Ahead							
Sequence of Events				First <input checked="" type="radio"/> 17 - Motor Veh in Transport				Second				Third				Fourth										
PASSENGERS	Passenger Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####								Date of Birth (Age)	###/###/#### (15)		Sex	F	Race	W	Position	Front - Right	Restraint Restraint Use Unknown								
									Injury	O	Ejected		Trapped		Airbag Deployed Not Equipped											
	Hospital NONE								Ambulance NONE																	
	Passenger Information								Date of Birth (Age)		Sex		Race		Position		Restraint									
								Injury		Ejected		Trapped		Airbag Deployed												
Hospital								Ambulance																		
TRUCK / BUS	Carrier Information								USDOT				MC				MPSC									
									Driver's CDL Type				Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X				CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other									
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.				Vehicle Configuration				Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #										
OWNERS	Owner Information								Owner Information																	
WITNESS	Witness Information								Witness Information																	
Investigated at Scene		Yes	Reported Date (Time)		01/28/2022 (16:06)		1st Investigator Name (Badge)				JACOB DRIEDRIC (2127)				2nd Investigator Name (Badge)				Photos No							
Narrative								Diagram																		
Vehicle 2 driver stated she stopped at the stop sign and proceeded north through the intersection on Johnston St. Vehicle 2 driver indicated that Vehicle 1 pulled up to the intersection and didn't yield to her. Vehicle 1 driver stated that he was turning left onto Johnston St, coming from E Easterday Ave. Vehicle 1 driver indicated that he did not see Vehicle 2 and pulled out in front of them.								<div>Page Reconstructed, Not Drawn to Scale</div> <div>JOHNSTON ST</div> <div>E EASTERDAY AVE</div> <div>Diagram showing intersection of Johnston St and E Easterday Ave. Vehicle 1 (white car) is turning left onto Johnston St from E Easterday Ave. Vehicle 2 (black car) is stopped at the intersection. A yellow star indicates the point of impact. A north arrow points up.</div>																		

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer BRYAN MARGER			
Crash Date 04/25/2012	Crash Time 09:21	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Clear	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 05	Speed Limit 25	Posted Yes

LOCATION	Prefix W	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 40 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 08/05/1982 (29)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No    ○ Refused    ○ Not offered Test Type    ○ Field    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine			Citation Issued ○ Hazardous    ● Other			
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description GMC		Make ENVOY	Color BLU		Year 2003	Vehicle Type Passenger Car		
Location of Greatest Damage 01	First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 10 - Starting up on roadway		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC
						Driver's CDL Type		Endorsements	CDL Exempt	CDL Restrictions
						OH   OP   OT ON   OS   OX		Farm Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
		First	Second	Third	Fourth			<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	02/06/1956 (56)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	M	Total Occupants	01	Hazardous Action	00 - None																			
	Unit Type	MV	Driver Information ##### ##### LAKEPORT, MI 48059 (###) ###-####							Injury	C	Position	01	Restraint	04	Hospital CHIPPEWA CO. WAR MEMORIAL HOSPITAL																							
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance SAULT STE MARIE FIRE DEPT																						
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered								Test Results			Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine			Test Results			Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other																					
	Vehicle Registration		#####	State	MI	Insurance / Policy #			#####	Towed To/By			#####			Special Vehicles	0	Private Trailer Type		Vehicle Defect																			
	VIN		#####		Vehicle Description		FORD		Make		Model		Color	WHI		Year	2009		Vehicle Type Passenger Car																				
	Location of Greatest Damage		05	First Impact	05	Extent of Damage	1	Driveable	Yes	Vehicle Direction	E	Vehicle Use			01 - Private			Action Prior 04 - Stopped on roadway																					
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)																																						
	PASSENGERS	Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital																								
								Injury			Airbag Deployed		Ejected	Trapped	Ambulance																								
Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital																										
								Injury			Airbag Deployed		Ejected	Trapped	Ambulance																								
Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital																										
								Injury			Airbag Deployed		Ejected	Trapped	Ambulance																								
Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital																										
								Injury			Airbag Deployed		Ejected	Trapped	Ambulance																								
Passenger Information								Date of Birth (Age)		Sex	Position	Restraint	Hospital																										
								Injury			Airbag Deployed		Ejected	Trapped	Ambulance																								
TRUCK / BUS	Carrier Information										Carrier Source		GVWR	ICCMC	USDOT	MPSC																							
											Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36																							
	Interstate/Intrastate	Vehicle Type		Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #																										
OWNERS	Owner Information										Owner Information																												
WITNESS	Witness Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####										Witness Information																												
Investigated at Scene		No	Reported Date (Time)		##/##/#### (##:##)		1st Investigator Name (Badge)			##### (#####)			2nd Investigator Name (Badge)			##### (#####)			Photos By			#####																	
Narrative Both Veh # 1 & Veh # 2 were stopped at the traffic light heading east on W. Easterday Ave. Driver of Veh # 1 accidentally took her foot partially off the brake pedal at which time Veh # 1 bumped into the rear bumper of Veh # 2. Drive of Veh # 2 became very mad and threatened the driver of Veh # 1 after which the ambulance arrived and after talking to him transported him on backboard.																				Diagram 																			

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0162644  
Crash ID 9637484

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 702-16			
Crash Date 02/27/2016		Crash Time 18:44	No. of Units 02	Crash Type Rear End		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On Road		Weather Clear		Area INTR Within Intersection	
City/Twp 66 - Sault Ste Marie		Contributing Circumstances 1st		2nd		Light Dark-Lighted		Road Surface Condition Wet	
Work Zone (if applicable) Type		Workers Present		Activity		Location			

Prefix	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance / Direction 1 Feet W		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name BINGHAM	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (19)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 02	Hazardous Action Other
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
Driver Condition at Time of Crash 1st Appeared Normal					Driver Distracted By		Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE					Ambulance NONE				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####		State MI	Vehicle Description 2002		Make FORD	Model PICK UP		Color WHI	
VIN #####		Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect Brakes	
Insurance Company #####			Insurance Policy # #####			Towed By SUPERIOR TOWING		Towed To	
Location of Greatest Damage 02		First Impact 02	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Going Straight Ahead	
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

Passenger Information ##### ##### KINCHELOE, MI 49788 (###) ###-####				Date of Birth (Age) ###/##/#### (17)	Sex M	Position Front - Middle	Restraint No Belts Available
				Injury O	Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE				Ambulance NONE			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
				Injury	Ejected	Trapped	Airbag Deployed
Hospital				Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
				Injury	Ejected	Trapped	Airbag Deployed
Hospital				Ambulance			

Carrier Information		USDOT		MC	MPSC
		Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card
				Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #
				Class #	

Owner Information ##### ##### #####		Owner Information #####	
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Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (41)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 02	Hazardous Action None	
	Unit Type MV	Driver Information ##### ##### TRAVERSE CITY, MI 49685 (###) ###-####				Driver is Owner <input type="checkbox"/>	Injury C	Position Front - Left		Restraint Shoulder and Lap Belt	
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By		Ejected <input type="checkbox"/>	Trapped <input type="checkbox"/>	Airbag Deployed Not Deployed		
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration #####		State MI	Vehicle Description Year 2007	Make CHRYSLER	Model STATION WAGON			Color MAR		
	VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type		Vehicle Defect			
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To		
	Location of Greatest Damage 06		First Impact 06	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Stopped on Roadway		
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											
PASSENGERS	Passenger Information ##### ##### NEWBERRY, MI 49868 (###) ###-####				Date of Birth (Age) ###/###/#### (73)	Sex F	Position Front - Middle		Restraint Shoulder and Lap Belt		
					Injury O	Ejected <input type="checkbox"/>	Trapped <input type="checkbox"/>	Airbag Deployed Not Deployed			
	Hospital NONE				Ambulance NONE						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
TRUCK/BUS	Carrier Information					USDOT		MC	MPSC		
						Driver's CDL Type OH OP OT ON OS OX		Endorsements <input type="radio"/> Farm <input type="radio"/> Other		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration			Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) 02/28/2016 (05:55)		1st Investigator Name (Badge) BECCA DUGAN (2116)		2nd Investigator Name (Badge)		Photos No			
Narrative U1 was traveling East bound on Easterday Ave when it lost its brakes. U2 was stopped at the intersection waiting to turn left. U1 was unable to stop and struck U2. U1 had damage to the front passenger side and appeared it had broke the axle. U2 had damage to the rear drivers side and the rear window was shattered. Both vehicle were able to move out of the intersection onto Bingham Ave. U1 was issued a citation for failing to maintain equipment(Brakes).					Diagram 						

Authority: 1949 PA 300, Sec.257 622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External #  
0162658

Crash ID  
9673779

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File Class 93001

Incident #  
1337-16

Reviewer  
KRISTEN AUTORE

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department										
Crash Date 04/09/2016	Crash Time 14:25	No. of Units 02	Crash Type Other	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police	<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal	<input type="radio"/> Non-Traffic Area	<input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Stop Sign		Relation to Roadway On Road		Weather Clear		Area INTR Within Intersection					
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st		2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes			
Work Zone (if applicable) Type										Workers Present	Activity	Location

Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance / Direction 10 Feet NW		Trafficway Not Physically Divided		
Prefix E	Intersecting Road Name ANN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (62)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action Failed to Yield
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By	Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE					Ambulance NONE				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####	State MI	Vehicle Description 2004	Make DODGE	Model DAKOTA	Color BLU				
VIN #####	Vehicle Type Pickup Truck	Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect					
Insurance Company #####		Insurance Policy # #####		Towed By		Towed To			
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction SE	Vehicle Use Private	Action Prior Starting Up on Roadway			
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

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

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC	
	Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	
	Damaged Property		Public	Owner & Phone



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

External #  
0161474

Crash ID  
8905239

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Incident # 894-14 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department		Reviewer FRANCIS DESHANO	
Crash Date 03/10/2014	Crash Time 16:11	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Cloudy
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight
Road Condition Wet		Total Lanes 03	Speed Limit 25	Posted Yes	

Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance 20 Feet W	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
Prefix	Intersecting Road COURT	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (40)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By		Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description DODGE		Make DART	Model RED	Year 2013	Vehicle Type Passenger Car		
Location of Greatest Damage 05	First Impact 05	Extent of Damage 0	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 04 - Stopped on roadway			
Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport		Second		Third	
						Fourth			

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

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

OWNERS	Owner Information		Owner Information	

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



UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (22)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 12 - Unable to stop	
	Unit Type MV	Driver Information ##### ##### KINCHELOE, MI 49788 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				○ Refused ● Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration #####		State VA	Insurance / Policy # #####		Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description KIA		Make RIO	Model	Color BLU	Year 2010	Vehicle Type Passenger Car		
	Location of Greatest Damage 01		First Impact 01	Extent of Damage 4	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital
Injury						Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital		
				Injury		Airbag Deployed	Ejected	Trapped	Ambulance		
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type		Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes											
Reported Date (Time) 03/10/2014 (16:11)											
1st Investigator Name (Badge) KRISTEN AUTORE (2174)											
2nd Investigator Name (Badge)											
Photos By											
Narrative Veh 1 stopped on E. Easterday to allow the car in front of it to turn. Veh 2 didn't realize Veh 1 stopped. Veh 2 failed to stop and ran into the rear bumper of Veh 1. Veh 2 had moderate front end/hood damage. Veh 1 had minor rear bumper damage.					Diagram 						

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0169253  
Crash ID 2109302

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File Class 54001

Incident #  
3994-20

Reviewer  
DEREK O'DELL

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department								
Crash Date 10/11/2020	Crash Time 01:25	No. of Units 02	Crash Type Rear End	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police		<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control None		Relation to Roadway On the Road		Weather Clear		Area NON-FRWY Legal Parking			
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None		2nd		Light Dark-Lighted	Road Surface Condition Dry		Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location										

Prefix EASTERDAY	Road Type AVE	Suffix E	Divided Roadway
Distance / Direction 90 Feet E		Trafficway Not Physically Divided	
Prefix BINGHAM	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (31)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action Improper Lane Use	
Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Comm Dev (Text,Type,Dial)		Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE		Ambulance NONE								
Alcohol Suspected Yes	Contributing Factor Yes	Alcohol Test Type <input checked="" type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input checked="" type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results: .11		Interlock Device No			
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
Vehicle Registration EGR5739	State MI	Vehicle Description 2015	Make TOYOTA	Model RAV4	Color BLK					
VIN 2T3ZFREV4FW189187	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect					
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation					
Insurance Company #####		Insurance Policy # #####			Towed By MERLES		Towed To MERLES			
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Unknown			
Sequence of Events First ● 18 - Parked Motor Vehicle (● indicates MOST harmful event)										

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

TRUCK/BUS	Carrier Information			USDOT	MC	MPSC	
				Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known No	State Driver License Number #####		Date of Birth (Age) ##/##/####	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants 00	Hazardous Action Unknown
	Unit Type MV	Driver Information ##### ##### (###) ###-####				Driver is Owner No	Injury	Position		Restraint Restraint Use Unknown
	Driver Condition at Time of Crash 1st 2nd				Driver Distracted By Unknown		Ejected	Trapped	Airbag Deployed Unknown	
	Hospital NONE					Ambulance NONE				
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration CA43425		State MI	Vehicle Description 2007	Year	Make GMC	Model YUKON XL		Color DBL	
	VIN 1GKFK163X7J240757		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
	Automation System(s) in Vehicle No		Automation System Level in Vehicle Unknown				Automation System Level Engaged at Time of Crash Unknown			
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To N/A	
	Location of Greatest Damage 06	First Impact 06	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction	Vehicle Use Private		Action Prior Parked		
	Sequence of Events ● First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint
				Injury	Ejected	Trapped	Airbag Deployed			
Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
TRUCK / BUS	Carrier Information					USDOT	MC	MPSC		
						Driver's CDL Type OH OP OT ON OS OX	Endorsements	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #
OWNERS	Owner Information ##### ##### #####, ## #####-#### (###) ###-####					Owner Information				
	Witness Information					Witness Information				
WITNESS	Investigated at Scene Yes	Reported Date (Time) 10/11/2020 (05:41)	1st Investigator Name (Badge) SCOTT HAZEWINKEL (2123)			2nd Investigator Name (Badge)			Photos Yes	
	Narrative Unit 1 was travelling east on E. Easterday Ave. Unit 1 struck Unit 2 which was legally parked on E. Easterday Ave					Diagram 				

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Incident # 3931-15 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department					Reviewer BRYAN MARGER					
Crash Date 09/23/2015		Crash Time 15:25	No. of Units 02	Crash Type Sideswipe-Opposite	Special Circumstances <input checked="" type="radio"/> School Bus <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 17 - Chippewa		Traffic Control None		Relation to Roadway On Road		Special Study	Weather Clear		Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type			Lane Closed	Activity	Light Daylight	Road Condition Dry		Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 20 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road SUPERIOR	Road Type	Suffix	Divided Roadway

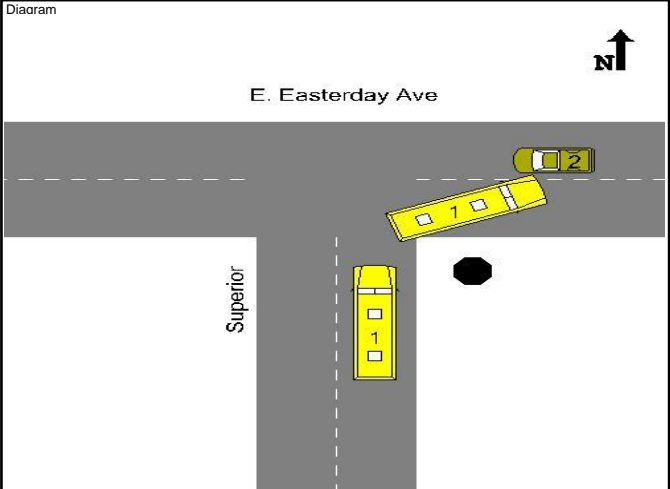
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (56)	License Type ○ Operator ● Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 11	Hazardous Action 08 - Improper lane use	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field				○ Refused    ○ Not offered ○ PBT    ○ Breath    ○ Blood    ○ Urine			Test Results	Citation Issued ○ Hazardous    ○ Other		
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By N/A			Special Vehicles 3	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description GENESIS INTER		Make CE	Model		Color YEL	Year 2005	Vehicle Type Truck/Bus	
Location of Greatest Damage 08		First Impact 08	Extent of Damage 0	Driveable Yes	Vehicle Direction E	Vehicle Use 05 - School/education		Action Prior 05 - Involved in prior crash		
Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				First Second	Third	Fourth				

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

TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC	
	SAULT AREA PUBLIC SCHOOLS 876 MARQUETTE AVE SAULT STE MAR, MI 49783				Vehicle	29,760				
					Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions	
					Group C	<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit			Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
Interstate	BP	First 2	Second	Third Fourth	8	Yes	<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill			

OWNERS	Owner Information	Owner Information

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

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (19)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 02	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				○ Refused ○ Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By N/A		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description DODGE		Make Model	Color TAN		Year 2004	Vehicle Type Pickup truck	
	Location of Greatest Damage 07		First Impact 07	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)									
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #
OWNERS	Owner Information					Owner Information				
WITNESS	Witness Information					Witness Information				
Investigated at Scene No		Reported Date (Time) 09/23/2015 (15:25)		1st Investigator Name (Badge) BRYAN MARGER (2163)		2nd Investigator Name (Badge)		Photos By		
Narrative Veh # 2 was travelling west on E. Easterday Ave when Veh # 1 (Sault Area School Bus) began to make a right turn onto E. Easterday Ave from Superior. Veh # 1's driver's side front mirror on the hood then struck Veh # 2 driver's side mirror causing Veh # 2's mirror to break. There was no damage to Veh # 1.					Diagram 					

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0164873  
Crash ID 9915024

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1711700		Department Name Chippewa Co Sheriff's Office		Incident # 4000717	
Crash Date 01/03/2017		Crash Time 15:53		No. of Units 02	
Crash Type Backing		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police		<input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal	
County 17 - Chippewa		Traffic Control Stop Sign		Relation to Roadway On the Road	
City/Twp 66 - Sault Ste Marie		Contributing Circumstances 1st Other 2nd		Weather Cloudy	
Work Zone (if applicable) Type		Workers Present		Activity	
Road Surface Condition Snow		Total Lanes 02		Speed Limit 25	
Posted Yes		Area INTR Within Intersection			
Location					

Prefix	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway E
Distance / Direction 10 Feet W		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name JOHNSTON	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (32)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 03	Hazardous Action Improper Backing
Unit Type MV	Driver Information ##### SAULT ST MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Activity Outside Vehicle			Ejected	Trapped	Airbag Deployed Not Deployed
Hospital NONE					Ambulance NONE				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####	State MI	Vehicle Description 2002	Make CHEVROLET	Model SILVERADO	Color WHI				
VIN #####	Vehicle Type Pickup Truck	Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect				
Insurance Company #####		Insurance Policy # #####		Towed By NOT NEEDED			Towed To NOT NEEDED		
Location of Greatest Damage 11	First Impact 05	Extent of Damage (Power Unit and/or Trailers) No Damage		Vehicle Direction E	Vehicle Use Commercial (Business)			Action Prior Backing	
Sequence of Events First ● 17 - Motor Veh in Transport Second Third Fourth (● indicates MOST harmful event)									

Passenger Information ##### SAULT ST MARIE, MI 49783 (###) ###-####				Date of Birth (Age) ###/##/#### (25)	Sex M	Position Front - Right	Restraint Shoulder and Lap Belt
Hospital NONE				Ambulance NONE			
Passenger Information ##### CORTLAND, NY 13045 (###) ###-####				Date of Birth (Age) ###/##/#### (23)	Sex M	Position Front - Middle	Restraint Lap Belt Only
Hospital NONE				Ambulance NONE			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
Hospital				Ambulance			

Carrier Information		USDOT		MC	MPSC
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card
Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		

Owner Information		Owner Information	
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Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (34)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action None	
	Unit Type MV	Driver Information ##### ##### PARADISE, MI 49768 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed		
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration #####		State MI	Vehicle Description 2012	Make FORD	Model		Color BLU			
	VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
	Insurance Company #####			Insurance Policy # #####			Towed By NOT NEEDED		Towed To NOT NEEDED		
	Location of Greatest Damage 01		First Impact 01	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Stopped on Roadway		
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	TRUCK/BUS	Carrier Information				USDOT		MC	MPSC		
				Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other				
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		
OWNERS	Owner Information				Owner Information						
WITNESS	Witness Information				Witness Information						
Investigated at Scene Yes		Reported Date (Time) 01/03/2017 (15:56)		1st Investigator Name (Badge) GREG POSTMA		2nd Investigator Name (Badge)		Photos No			
Narrative Drivers of vehicle 1 and 2 were stopped at the intersection above. They both indicate that a Northbound cargo truck was turning West on to Easterday off of Johnston Street North. They indicate that the unidentified vehicle cut the corner to close and was going to hit vehicle 1 during the turn. Driver of vehicle 1 states he looked in his mirror and did not see the small blue car and backed up to avoid being struck by the semi. This is when the collision occurred between vehicle 1 and 2. There were tracks consistent with the claim of a semi cutting corner. No injuries reported to any party. Only car damaged was 2.					Diagram 						

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept					Reviewer JOHN LARSEN				
Crash Date 07/01/2012		Crash Time 13:30	No. of Units 02	Crash Type Sideswipe-Same		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa		Traffic Control Stop sign		Relation to Roadway On Road		Special Study	Weather Clear		Area 09 - Intersection related-othr		
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type			Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 30 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road JOHNSTON	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 10/28/1984 (27)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 02	Hazardous Action 13 - Other	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 09	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ Refused    ● Not offered    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results		Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine		Citation Issued ○ Hazardous    ○ Other		
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description OLDS		Make Model	Color RED			Year 2001	Vehicle Type Passenger Car	
Location of Greatest Damage 03		First Impact 03	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 04 - Stopped on roadway	
Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				First Second		Third		Fourth		

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

TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC		
					Driver's CDL Type	Endorsements OH OP OT ON OS OX		CDL Exempt o Farm o Other	CDL Restrictions o 28 o 29 o 30 o 35 o 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First      Second      Third      Fourth				Cargo Body Type	Medical Card	Hazardous Material o Placard o Cargo Spill	ID #	Class #

OWNERS	Owner Information	Owner Information

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



UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 06/01/1983 (29)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 02	Hazardous Action 13 - Other
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 09	Hospital NONE	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				● Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description CHEV		Make PU	Model BRO	Color 1994	Vehicle Type Pickup truck		
	Location of Greatest Damage 08		First Impact 08	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 10 - Starting up on roadway	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)									
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #
OWNERS	Owner Information					Owner Information				
WITNESS	Witness Information					Witness Information				
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####		
Narrative V-1 and V-2 were involved in an altercation at the intersection of Easterday ave and Johnston street. V-1 pulled around V-2 and blocked V-2's path. Driver of V-1 exited and approached driver of V-2. In an attempt to avoid an assault, driver of V-2 struck V-1 in an attempt to go around V-1 and leave the area. Driver of V-2 drove directly to the police department to report the incident. Driver of V-1 contacted central dispatch and reported the incident as a hit and run. DISPOSITION IN THIS MATTER IS CLOSED					Diagram					

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

External #  
#####

Crash ID  
8777877

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department		Reviewer JOHN LARSEN	
Crash Date 11/17/2013	Crash Time 16:00	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Rain	Area 10 - NON-FRWY Straight roadway
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type Construction/Maintenance	Lane Closed No	Activity No activity	Light Daylight	Road Condition Wet
Total Lanes 02		Speed Limit 25	Posted Yes		

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 200 Feet W	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road SEYMOUR	Road Type ST	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 04/29/1975 (38)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration #####	State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect		
	VIN #####	Vehicle Description DODGE	Make VAN	Model BLU	Year 2005	Vehicle Type Passenger Car					
Location of Greatest Damage 08		First Impact 08	Extent of Damage 3	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead				
Sequence of Events (● indicates MOST harmful event)		First ● 45 - Other fixed object				Second		Third		Fourth	

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

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

OWNERS	Owner Information		Owner Information	

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

UNIT / DRIVER	Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants	Hazardous Action		
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital						
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance						
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other				
	Test Type <input type="radio"/> Field <input type="radio"/> PBT		<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine												
	Vehicle Registration	State	Insurance / Policy #				Towed To/By				Special Vehicles	Private Trailer Type	Vehicle Defect		
	VIN		Vehicle Description	Make	Model		Color		Year	Vehicle Type					
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior					
	Sequence of Events (● indicates MOST harmful event)		First		Second		Third			Fourth					
PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
TRUCK / BUS	Carrier Information						Carrier Source		GVWR	ICCMC	USDOT		MPSC		
							Driver's CDL Type		Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #			
OWNERS	Owner Information						Owner Information								
WITNESS	Witness Information						Witness Information								
Investigated at Scene		Yes	Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)				2nd Investigator Name (Badge) ##### (#####)				Photos By #####		
Narrative V-1 traveling East on E. Easterday Ave.. The roadway was extremely flooded. As v-1 continued East V-1 drove into a large sink hole in the center of the roadway. The vehicle became lodged and was removed by Superior towing. The roadway was marked with 1 orange construction barrell from a previous patch work. The barrell was located on the far left side of the hole. The sink hole extended well into the East bound traffic lane.						Diagram									

Page 01 of 01  
Incident # 919-15 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department					Reviewer BRYAN MARGER		
Crash Date 03/03/2015	Crash Time 16:44	No. of Units 02	Crash Type Other/Unknown	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow		Area 10 - NON-FRWY Straight roadway		
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Icy	Total Lanes 04	Speed Limit 25	Posted Yes

LOCATION	Prefix W	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 40 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State IL	Driver License Number #####	Date of Birth (Age) ##/##/#### (37)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 03	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### NAPERVILLE, IL 60563 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No    ○ Refused    ○ Not offered Test Type    ○ Field    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results		Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine		Citation Issued ○ Hazardous    ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By N/A			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description BUICK		Make LUCERNE	Model SIL	Year 2006	Vehicle Type Passenger Car			
Location of Greatest Damage 08		First Impact 08	Extent of Damage 3	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 08 - Slowing/stop on roadway		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC
						Driver's CDL Type		Endorsements	CDL Exempt	CDL Restrictions
						OH   OP   OT ON   OS   OX		O Farm O Other	O 28   O 29   O 30   O 35   O 36	
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
		First	Second	Third	Fourth			O Placard   O Cargo Spill		

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

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

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	###/###/#### (72)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	M	Total Occupants	02	Hazardous Action	00 - None					
	Unit Type	MV	Driver Information							Injury	O	Position	01	Restraint	04	Hospital	NONE								
	##### ##### SAULT STE MARIE, MI 49783 (###) ###-####																								
	Driver Condition								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE							
	Alcohol								Test Results				Drugs				Citation Issued								
	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99												<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				<input type="radio"/> Hazardous <input type="radio"/> Other								
	Vehicle Registration								State	MI	Insurance / Policy #								Towed To/By				Special Vehicles	Private Trailer Type	Vehicle Defect
	#####								#####								ANYTIME TOWING				0				
	VIN								Vehicle Make								Model	Color	Year	Vehicle Type					
	#####								DODGE								RAM TRUCK	WHI	2005	Pickup truck					
Location of Greatest Damage		07	First Impact	07	Extent of Damage	4	Driveable	No	Vehicle Direction	W	Vehicle Use	01 - Private				Action Prior	01 - Going Straight Ahead								
Sequence of Events																									
<input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)																									
PASSENGERS	Passenger Information								Date of Birth (Age)	Sex	Position	Restraint	Hospital												
									Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
	Passenger Information								Date of Birth (Age)	Sex	Position	Restraint	Hospital												
									Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
	Passenger Information								Date of Birth (Age)	Sex	Position	Restraint	Hospital												
									Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
	Passenger Information								Date of Birth (Age)	Sex	Position	Restraint	Hospital												
									Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
	Passenger Information								Date of Birth (Age)	Sex	Position	Restraint	Hospital												
									Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
	Passenger Information								Date of Birth (Age)	Sex	Position	Restraint	Hospital												
									Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
Passenger Information								Date of Birth (Age)	Sex	Position	Restraint	Hospital													
								Injury	Airbag Deployed	Ejected	Trapped	Ambulance													
TRUCK / BUS	Carrier Information								Carrier Source	GVWR	ICCMC	USDOT	MPSC												
									Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions													
									<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	<input type="radio"/> Farm <input type="radio"/> Other	<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36														
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit				Cargo Body Type				Medical Card	Hazardous Material				ID #	Class #									
				First	Second	Third	Fourth				<input type="radio"/> Placard <input type="radio"/> Cargo Spill														
OWNERS	Owner Information								Owner Information																
WITNESS	Witness Information								Witness Information																
Investigated at Scene		Yes	Reported Date (Time)		03/03/2015 (16:44)		1st Investigator Name (Badge)				BRYAN MARGER (2163)				2nd Investigator Name (Badge)				Photos By						
Narrative								Diagram																	
Veh # 1 was traveling east on W. Easterday Ave heading down the hill while Veh # 2 was traveling west on W. Easterday Ave. Veh # 1 began sliding out of control down the hill after which Veh # 1 collided with Veh # 2.																									

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

External # 0160110  
Crash ID 8877999

Page 01 of 01  
Incident # 569-14 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department		Reviewer MICKI LEPPPIEN	
Crash Date 02/12/2014	Crash Time 11:10	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control Stop sign	Relation to Roadway On Road		Special Study	Weather Cloudy
City/Twp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight
Road Condition Icy		Total Lanes 02	Speed Limit 25	Posted Yes	

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 10 Feet N	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix SUPERIOR	Intersecting Road	Road Type ST	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (26)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State TN	Insurance / Policy # #####		Towed To/By NONE		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description FORD		Make	Model	Color LBL	Year 2005	Vehicle Type Passenger Car	
Location of Greatest Damage 07		First Impact 07	Extent of Damage 2	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 08 - Slowing/stop on roadway		
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second ● 17 - Motor veh in transport		Third		Fourth		

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

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

OWNERS	Owner Information ##### ##### #####, ## ####-#### (###) ###-####		Owner Information	
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Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name: Contact Date: Contact Time:	Owner & Phone	

UNIT / DRIVER	Unit Number <b>02</b>	Unit Known <b>Yes</b>	State <b>MI</b>	Driver License Number <b>#####</b>	Date of Birth (Age) <b>###/##/#### (89)</b>	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex <b>M</b>	Total Occupants <b>01</b>	Hazardous Action <b>00 - None</b>		
	Unit Type <b>MV</b>	Driver Information <b>#####</b> <b>SAULT STE MARIE, MI 49783 (###) ###-####</b>				Injury <b>O</b>	Position <b>01</b>	Restraint <b>04</b>	Hospital <b>NONE</b>			
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock <b>No</b>	Ejected	Trapped	Airbag Deployed <b>No</b>	Ambulance <b>NONE</b>			
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results			Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration <b>#####</b>		State <b>MI</b>	Insurance / Policy # <b>#####</b>			Towed To/By <b>NONE</b>		Special Vehicles <b>0</b>	Private Trailer Type	Vehicle Defect	
	VIN <b>#####</b>		Vehicle Description <b>KIA</b>		Make <b>SEDONA</b>	Model	Color <b>SIL</b>	Year <b>2005</b>	Vehicle Type <b>Passenger Car</b>			
	Location of Greatest Damage <b>08</b>		First Impact <b>08</b>	Extent of Damage <b>2</b>	Driveable <b>Yes</b>	Vehicle Direction <b>E</b>	Vehicle Use <b>01 - Private</b>		Action Prior <b>01 - Going Straight Ahead</b>			
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)											
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
						Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
OWNERS	Owner Information					Owner Information						
WITNESS	Witness Information					Witness Information						
Investigated at Scene <b>Yes</b>		Reported Date (Time) <b>02/12/2014 (11:25)</b>		1st Investigator Name (Badge) <b>JASON WYMA (2179)</b>		2nd Investigator Name (Badge)			Photos By			
Narrative vehicle 1 was NB on Superior St. attempting to stop at the stop sign at Easterday. Vehicle 2 was EB on Easterday nearing Superior St. Vehicle 1 was unable to stop at the stop sign due to icy roads and slid into the path of oncoming vehicle 2. Vehicle 2 did attempt to miss vehicle 1. Vehicle 2 then struck vehicle 1 on the drivers side. No injuries reported					Diagram 							

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

External #  
#####

Crash ID  
8464347

Page 01 of 01  
Incident # ##### File Class 54001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
Crash Date 10/31/2012	Crash Time 18:30	No. of Units 02	Crash Type Single Motor Vehicle				
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road	Special Study	Weather Clear	Area 07 - NON-FRWY in Intersection		
City/Twp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Lighted	Road Condition Dry	Total Lanes 03
						Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 20 Feet E	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known No	State #	Driver License Number #	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Moped	Endorsements <input type="radio"/> Hit and Run <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 13 - Other
	Unit Type MV	Driver Information ##### (###) ###-####				Injury O	Position	Restraint	Hospital NONE	
	Driver Condition <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #		State	Insurance / Policy # #		Towed To/By #		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #		Vehicle Description FORD		Make FOCUS	Model BLU	Year	Vehicle Type Passenger Car		
	Location of Greatest Damage 00		First Impact 08	Extent of Damage 0	Driveable Yes	Vehicle Direction W	Vehicle Use		Action Prior 01 - Going Straight Ahead	

Sequence of Events (● indicates MOST harmful event)	First ● 15 - Pedestrian	Second	Third	Fourth
--	----------------------------	--------	-------	--------

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

TRUCK/BUS	Carrier Information		Carrier Source	GVWR	ICCMC	USDOT	MPSC
			Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 028 <input type="radio"/> 029 <input type="radio"/> 030 <input type="radio"/> 035 <input type="radio"/> 036	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

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



UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	Driver License Number	#####	Date of Birth (Age)	07/16/1972 (40)	License Type	<input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	00	Hazardous Action	00 - None
	Unit Type	P	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####							Injury	B	Position	P	Restraint	01	Hospital CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL INC			
	Driver Condition 01 02 03 04 05 06 07 08 09 099								Interlock	No	Ejected		Trapped		Airbag Deployed	Not Equipped	Ambulance SAULT STE MARIE FIRE DEPT		
	Alcohol 0 Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Test Results								Drugs 0 Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other						
	Vehicle Registration		#####	State		Insurance / Policy # #####			Towed To/By #####			Special Vehicles	0	Private Trailer Type		Vehicle Defect			
	VIN		#####	Vehicle Description		Make		Model		Color		Year	0	Vehicle Type					
	Location of Greatest Damage		12	First Impact	12	Extent of Damage	0	Driveable	No	Vehicle Direction		Vehicle Use		Action Prior		24 - Crossing at Intersection			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)								First		Second		Third		Fourth				
	PASSENGERS	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital	
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance			
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance			
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance			
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance			
Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital			
								Injury		Airbag Deployed		Ejected		Trapped		Ambulance			
TRUCK / BUS	Carrier Information								Carrier Source		GVWR		ICCMC		USDOT		MPSC		
									Driver's CDL Type		Endorsements	<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt	<input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit		First	Second	Third	Fourth	Cargo Body Type		Medical Card		Hazardous Material	<input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #		Class #		
OWNERS	Owner Information								Owner Information										
WITNESS	Witness Information								Witness Information										
Investigated at Scene		Yes	Reported Date (Time)		##/##/#### (##:##)		1st Investigator Name (Badge)		##### (#####)		2nd Investigator Name (Badge)		##### (#####)		Photos By #####				
Narrative								Diagram											
<p>Pedestrian was crossing the roadway walking in the crosswalk. Vehicle #1 drove into pedestrian when the traffic light turned green. The vehicle stopped and was talking to another person who was in the turn lane. When the light turned green again for Easterday Ave. Veh#1 drove away without getting out of his vehicle or talking to the pedestrian. Veh#1 drove up Easterday Hill going west. Witnesses in the vehicle behind veh#1 got a partial plate number. Pedestrian was transported by ambulance to the hospital. Partial plate is: CMA. possible numbers are 0406 or 0462. Neither came back on a Ford Focus.</p>																			

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept					Reviewer JOHN WEIST					
Crash Date 04/15/2013		Crash Time 14:59	No. of Units 02	Crash Type Angle		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On Road		Special Study	Weather Cloudy		Area 07 - NON-FRWY in Intersection			
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type			Lane Closed	Activity	Light Daylight	Road Condition Wet		Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 1 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road BINGHAM	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI		Driver License Number #####		Date of Birth (Age) 07/31/1994 (18)		License Type ● Operator ○ Chauffeur ○ Moped		Endorsements ○ Cycle ○ Farm ○ Recreation		Sex M	Total Occupants 02	Hazardous Action 00 - None	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####					Injury O	Position 01	Restraint 04	Hospital NONE						
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99						Interlock No	Ejected	Trapped	Airbag Deployed No		Ambulance NONE				
Alcohol ○ Yes    ● No ○ Test Type    ○ Field    ○ Refused    ● Not offered    ○ PBT    ○ Breath    ○ Blood    ○ Urine						Test Results		Drugs ○ Yes    ● No ○ Test Type    ○ Blood    ○ Urine		Test Results		Citation Issued ○ Hazardous    ○ Other			
Vehicle Registration #####		State MI	Insurance / Policy # #####				Towed To/By #####					Special Vehicles 0	Private Trailer Type	Vehicle Defect	
VIN #####		Vehicle Description ACURA		Make 2 DOOR	Model WHI		Color 1994	Year Passenger Car		Vehicle Type					
Location of Greatest Damage 08		First Impact 08		Extent of Damage 2	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead						
Sequence of Events ● 17 - Motor veh in transport															
First				Second				Third				Fourth			

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions	
		OH	OP	OT	<input type="checkbox"/> Farm	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36					
		ON	OS	OX	<input type="checkbox"/> Other						
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information
	#####	
	#####	
	SAULT STE MARIE, MI 49783 (###) ###-####	

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

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 11/12/1992 (20)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action 04 - Disregard traffic control
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				● Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ● Hazardous ○ Other	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description FORD		Make FOCUS	Model GLD	Color	Year 2001	Vehicle Type Passenger Car	
	Location of Greatest Damage 03		First Impact 03	Extent of Damage 3	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)									
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #
OWNERS	Owner Information					Owner Information				
WITNESS	Witness Information					Witness Information				
Investigated at Scene No		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####		
Narrative V-1 was traveling north on Bingham Ave when V-2 that was east bound on Easterday ran a red light, striking V-1. No injuries V-2 Driver cited for running red light. Weist 184					Diagram 					

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 11/2020)

External # 0169836  
Crash ID 2517662

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 748-22						
Crash Date 02/23/2022		Crash Time 07:28	No. of Units 02	Crash Type Rear End		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On the Road		Weather Clear		Area INTR Within Intersection				
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Dawn		Road Surface Condition Ice		Total Lanes 03	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location												

LOCATION	Prefix		Primary Road Name EASTERDAY		Road Type AVE		Suffix E		Divided Roadway			
	Distance / Direction 40 Feet W		Trafficway Not Physically Divided									
	Prefix		Intersecting Road Name BINGHAM		Road Type AVE		Suffix		Divided Roadway			

UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (18)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Race W	Total Occupants 01	Hazardous Action Unable to Stop	
	Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE				Ambulance NONE							
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other VIO BASIC SPEED LAW- TOO FAST		
	Vehicle Registration EJW6213		State MI	Vehicle Description 2005		Make MERCURY	Model MARQUIS		Color TAN			
	VIN 2MEFM74W65X614502		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect			
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation					
	Insurance Company #####			Insurance Policy # #####			Towed By SUPERIOR TOWING			Towed To SUPERIOR TOWING		

Location of Greatest Damage	01	First Impact	01	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead		
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											

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

TRUCK / BUS	Carrier Information				USDOT		MC	MPSC		
					Driver's CDL Type		Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information				Owner Information			

Damaged Property				Public	Owner & Phone			

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (19)	License Type ● Operator ● Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Race W	Total Occupants 01	Hazardous Action None	
	Unit Type MV	Driver Information ##### ##### RUDYARD, MI 49780 (###) ###-####				Driver is Owner No	Injury O	Position Front - Right		Restraint No Belts Used		
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed			
	Hospital NONE					Ambulance NONE						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending	Test Results:		Citation Issued ○ Hazardous ○ Other			
	Vehicle Registration BB85823	State MI	Vehicle Description Year 2018	Make MACK	Model 600	Color GRN						
	VIN 1M2LR06C6JM003236	Vehicle Type Truck / Bus		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect					
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation						
	Insurance Company #####		Insurance Policy # #####			Towed By		Towed To				
Location of Greatest Damage 06	First Impact 06	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Commercial (Business)		Action Prior Parked					
Sequence of Events ● 18 - Parked Motor Vehicle (● indicates MOST harmful event)												
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Race	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Race	Position		Restraint		
				Injury	Ejected	Trapped	Airbag Deployed					
Hospital				Ambulance								
TRUCK / BUS	Carrier Information GFL ENVIRONMENTAL USA INC 3239 W M 28 BRIMLEY, MI 49715				USDOT		MC	MPSC				
					Driver's CDL Type Group A	Endorsements OH OP OT ON OS OX	CDL Exempt ○ Farm ○ Other					
GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ● Greater than 26,000 lbs.				Vehicle Configuration Unknown Heavy Truck		Cargo Body Type 7	Medical Card Yes	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information ##### ##### #####, ## #####-#### (###) ###-####				Owner Information							
WITNESS	Witness Information				Witness Information							
Investigated at Scene Yes		Reported Date (Time) 02/23/2022 (08:51)		1st Investigator Name (Badge) JACOB DRIEDRIC (2127)		2nd Investigator Name (Badge)		Photos No				
Narrative Vehicle 2 driver was parking on Easterday Ave. near Bingham Ave. facing Westbound. Vehicle 2 driver had flashing lights activated. Vehicle 2 driver advised he was emptying the mechanical dumpster into the back of the truck when Vehicle 1 his truck. Vehicle 1 driver was proceeding West on Easterday Ave. through the Bingham Ave. intersection and had the green light. Vehicle 1 driver stated he couldn't stop and slid into the back of Vehicle 2.					Diagram 							

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

External #  
#####

Crash ID  
8538066

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept		Reviewer BRIAN MATTSO	
Crash Date 01/19/2013	Crash Time 20:27	No. of Units 02	Crash Type Sideswipe-Opposite	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road	Special Study	Weather Snow/Blowing Snow	Area 09 - Intersection related-othr
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Dark-Lighted	Road Condition Snowy
Total Lanes 03		Speed Limit 25	Posted Yes		

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVEN	Suffix	Divided Roadway
	Distance 50 Feet E	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road ASHUMN	Road Type STRT	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 07/11/1991 (21)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 01 - Speed too fast
	Unit Type MV	Driver Information ##### SAULT STE. MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####		Vehicle Description DODGE		Make CARAVAN	Color BLU	Year 2002	Vehicle Type Passenger Car		
	Location of Greatest Damage 08		First Impact 08	Extent of Damage 2	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 03 - Turning right		

Sequence of Events (• indicates MOST harmful event)	First • 17 - Motor veh in transport	Second	Third	Fourth
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PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed	Ejected	Trapped	Ambulance	

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

OWNERS	Owner Information ##### SAULT STE. MARIE, MI 49783 (###) ###-####		Owner Information	
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Person Advised of Damaged Traffic Control	Damaged Property NONE	Public No
Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Owner & Phone ##### (###) ###-####	

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 05/01/1987 (25)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 02	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol ○ Yes ● No ○ Refused ● Not offered ○ PBT ○ Breath ○ Blood ○ Urine				Test Results		Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine		Test Results	
	Citation Issued ○ Hazardous ○ Other				Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Year 2005		Vehicle Type Passenger Car		
	VIN #####		Vehicle Description HYUNDAI		Model ELANTRA	Color WHI				
	Location of Greatest Damage 08		First Impact 08	Extent of Damage 2	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 04 - Stopped on roadway	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				Second		Third		Fourth	

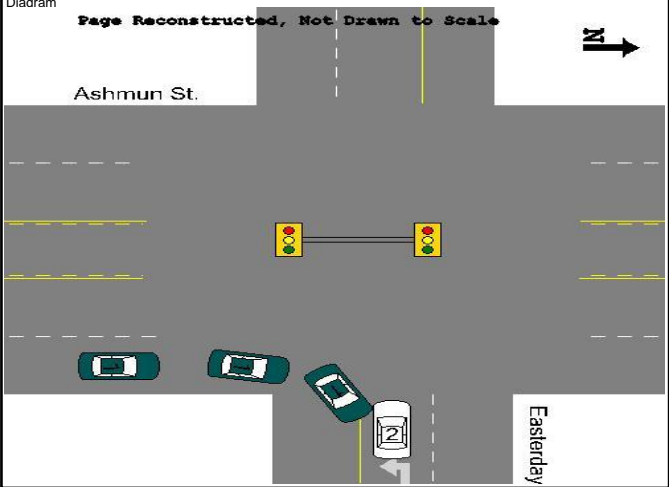
PASSENGERS	Passenger Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####		Date of Birth (Age) (23)	Sex F	Position 03	Restraint 04	Hospital NONE
	Injury O		Airbag Deployed Not Equipped		Ejected	Trapped	Ambulance NONE
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury		Airbag Deployed		Ejected	Trapped	Ambulance

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

OWNERS	Owner Information ##### ##### GWINN, MI 49841 (###) ###-####		Owner Information
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WITNESS	Witness Information		Witness Information
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Investigated at Scene Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)	2nd Investigator Name (Badge) ##### (#####)	Photos By #####
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Narrative Veh. 2 was stopped at the traffic light waiting to make a left turn onto Ashmun St. from E. Easterday Ave. Veh. 1 was travelling north on Ashmun St. making a right turn onto E. Easterday Ave. when driver of Veh. 1 lost control of Veh. 1 due to snow on the roadway. Veh. 1 then struck Veh. 2.	Diagram Page Reconstructed, Not Drawn to Scale 
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Page 01 of 01  
Incident # ##### File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department					Reviewer JOHN LARSEN		
Crash Date 11/17/2013	Crash Time 16:00	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Rain	Area 10 - NON-FRWY Straight roadway			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type Construction/Maintenance		Lane Closed No	Activity No activity	Light Daylight	Road Condition Wet	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 200 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road SEYMOUR	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 08/29/1967 (46)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action 00 - None	
Unit Type MV	Driver Information ##### ##### RUDYARD, MI 49780 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ Refused    ● Not offered ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results			Citation Issued ○ Hazardous    ○ Other			
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description GMC		Make PU	Model	Color GRY	Year 2005	Vehicle Type Pickup truck		
Location of Greatest Damage 08		First Impact 08	Extent of Damage 2	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First ● 45 - Other fixed object		Second		Third		Fourth		

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ###/###/#### Contact Time: ##:##	Damaged Property  Owner & Phone	Public
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UNIT / DRIVER	Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital					
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance					
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Test Type <input type="radio"/> Field <input type="radio"/> PBT		<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				<input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine							
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles		Private Trailer Type	Vehicle Defect		
	VIN		Vehicle Description		Make	Model	Color		Year	Vehicle Type				
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior				
	Sequence of Events (● indicates MOST harmful event)		First		Second		Third		Fourth					
	PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital			
Injury						Airbag Deployed	Ejected	Trapped	Ambulance					
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
TRUCK / BUS	Carrier Information						Carrier Source	GVWR	ICCMC	USDOT	MPSC			
							Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #			
	Owner Information						Owner Information							
WITNESS	Witness Information						Witness Information							
	Investigated at Scene	Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####						
Narrative V-1 traveling East on E Easterday Ave.. Roadway was extremely flooded with sink hole in the center of the road. V-1 front tire struck sink hole. Tire was flattened on impact. 1 orange construction barrell was present but on the opposite side of and only marking left side of previously patched hole.						Diagram								

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

External #  
#####

Crash ID  
8275675

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept		Reviewer CHRISTY ZANATTA				
Crash Date 02/11/2012	Crash Time 16:54	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road	Special Study	Weather Snow/Blowing Snow	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Icy	Total Lanes 04	Speed Limit 25	Posted Yes

LOCATION	Prefix W	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 40 Feet W	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 12/12/1986 (25)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 01 - Speed too fast
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description DODGE	Make	Model	Color DGR	Year 1999	Vehicle Type Passenger Car			
	Location of Greatest Damage 01	First Impact 01	Extent of Damage 0	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 08 - Slowing/stop on roadway			

Sequence of Events  
(● indicates MOST harmful event)

First  
● 17 - Motor veh in transport

Second

Third

Fourth

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

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

OWNERS	Owner Information		Owner Information	

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

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	07/02/1971 (40)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	M	Total Occupants	01	Hazardous Action	00 - None				
	Unit Type	MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####							Injury	O	Position	01	Restraint	04	Hospital	NONE							
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE						
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered								Test Results				Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other							
	Vehicle Registration		#####	State	MI	Insurance / Policy #				#####	Towed To/By				#####	Special Vehicles	0	Private Trailer Type		Vehicle Defect				
	VIN		#####	Vehicle Description		FORD		Make		Model		Color	GRY		Year	2003	Vehicle Type				Passenger Car			
	Location of Greatest Damage		05	First Impact	05	Extent of Damage	1	Driveable	Yes	Vehicle Direction	E	Vehicle Use				01 - Private		Action Prior		04 - Stopped on roadway				
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)								First				Second				Third				Fourth			

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

TRUCK / BUS	Carrier Information				Carrier Source		GVWR	ICCMC	USDOT	MPSC		
					Driver's CDL Type		Endorsements		CDL Exempt	CDL Restrictions		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit		First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	No	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
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Narrative	Diagram
Both Veh # 1 and Veh # 2 were travelling east on W. Easterday Ave. Veh # 2 stopped for the traffic light at W. Easterday Ave & Ashmun St. Veh # 1 attempted to stop but was unable to due to the icy road surface. Veh # 1 then collided with Veh # 2.	

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer CHRISTY ZANATTA			
Crash Date 02/11/2012	Crash Time 16:54	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Icy	Total Lanes 04	Speed Limit 25	Posted Yes

LOCATION	Prefix W	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 40 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 12/12/1986 (25)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ Refused    ○ Not offered ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results			Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine		Citation Issued ○ Hazardous    ○ Other	
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description DODGE		Make DODGE	Model	Color DGR		Year 1999	Vehicle Type Passenger Car	
Location of Greatest Damage 01	First Impact 01	Extent of Damage 0	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 08 - Slowing/stop on roadway		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ###/###/#### Contact Time: ##:##	Damaged Property  Owner & Phone	Public
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 07/02/1971 (40)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				Test Results ○ Refused ○ Not offered ○ Breath ○ Blood ○ Urine		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####	Vehicle Description FORD	Make	Model		Color GRY		Year 2003	Vehicle Type Passenger Car	
	Location of Greatest Damage 05	First Impact 05	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 04 - Stopped on roadway		
Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										

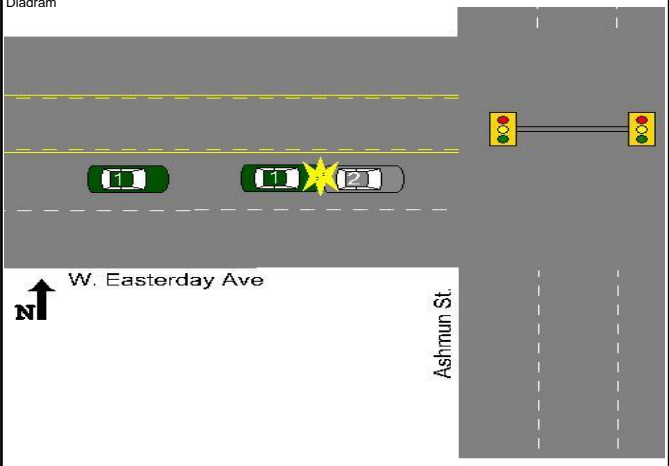
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date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

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

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene No	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)	2nd Investigator Name (Badge) ##### (#####)	Photos By #####
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Narrative Both Veh # 1 and Veh # 2 were travelling east on W. Easterday Ave. Veh # 2 stopped for the traffic light at W. Easterday Ave & Ashmun St. Veh # 1 attempted to stop but was unable to due to the icy road surface. Veh # 1 then collided with Veh # 2.	Diagram 
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Page 01 of 01  
Incident # ##### File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer MICKI LEPPPIEN			
Crash Date 02/19/2013	Crash Time 09:10	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Snowy	Total Lanes 03	Speed Limit 25	Posted Yes

LOCATION	Prefix W	Road Name EASTERDAY	Road Type	Suffix	Divided Roadway
	Distance 10 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 09/14/1984 (28)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### BRIMLEY, MI 49715 (###) ###-####			Injury ○	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Not Equipped	Ambulance NONE		
Alcohol ○ Yes Test Type    ● No ○ Field				○ Refused    ○ Not offered ○ PBT        ○ Breath    ○ Blood    ○ Urine		Test Results		Drugs ○ Yes Test Type    ● No ○ Blood    ○ Urine		Citation Issued ○ Hazardous            ○ Other
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEV		Make	Model	Color WHI	Year 2001	Vehicle Type Passenger Car		
Location of Greatest Damage    01		First Impact 01	Extent of Damage    3	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second ● 17 - Motor veh in transport		Third		Fourth		

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

TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC		
					Driver's CDL Type	Endorsements OH OP OT ON OS OX		CDL Exempt o Farm o Other	CDL Restrictions o 28 o 29 o 30 o 35 o 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First      Second      Third      Fourth				Cargo Body Type	Medical Card	Hazardous Material o Placard o Cargo Spill	ID #	Class #

OWNERS	Owner Information	Owner Information

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

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 01/20/1996 (17)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None							
	Unit Type MV	Driver Information ##### DETOUR, MI 49725 (###) ###-####				Injury C	Position 01	Restraint 04	Hospital NONE								
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE								
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				Test Results			Drugs ○ Yes ● No Test Type ○ Blood ○ Urine			Citation Issued ○ Hazardous ○ Other						
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect						
	VIN #####	Vehicle Description JEEP	Make	Model	Color BLU	Year 2007	Vehicle Type Small truck										
	Location of Greatest Damage 05	First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 04 - Stopped on roadway								
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)																
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital							
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance									
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital									
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance									
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital									
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance									
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital									
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance									
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital									
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance									
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital									
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance									
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC							
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36								
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #						
OWNERS	Owner Information					Owner Information											
WITNESS	Witness Information					Witness Information											
Investigated at Scene Yes											Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####	
Narrative Driver of vehicle #1 stated that she was travelling east on w easterday approaching the ashmun st intersection and had a vehicle stopped in front of hers for the red light. She stated that due to slippery road condntions she was unable to stop and struck vehicle #2 in the rear. Driver of vehicle #2 stated that she was stopped for the red light and then was struck from behind by vehicle #1. Driver of vehicle #2 called the police dept after the accident and advised that she had soreness in her neck.											Diagram 						

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer MICKI LEPPIN			
Crash Date 02/19/2013	Crash Time 09:10	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Snowy	Total Lanes 03	Speed Limit 25	Posted Yes

LOCATION	Prefix W	Road Name EASTERDAY	Road Type	Suffix	Divided Roadway
	Distance 10 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 09/14/1984 (28)	License Type ● Operator ○ Chauffeur ○ Moped		Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### BRIMLEY, MI 49715 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Not Equipped		Ambulance NONE		
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ○ PBT ○ Not offered ○ Breath ○ Blood ○ Urine					Drugs ○ Yes ● No Test Type ○ Blood ○ Urine			Citation Issued ○ Hazardous ○ Other			
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
VIN #####		Vehicle Description CHEV		Make	Model	Color WHI		Year 2001	Vehicle Type Passenger Car		
Location of Greatest Damage 01		First Impact 01	Extent of Damage 3	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second ● 17 - Motor veh in transport		Third		Fourth			

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC
						Driver's CDL Type		Endorsements	CDL Exempt	CDL Restrictions
						OH   OP   OT ON   OS   OX		Farm Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
		First	Second	Third	Fourth			<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 01/20/1996 (17)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### DETOUR, MI 49725 (###) ###-####				Injury C	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				○ Refused ○ Not offered ○ Breath ○ Blood ○ Urine		Test Results		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####	Vehicle Description JEEP		Make	Model	Color BLU		Year 2007	Vehicle Type Small truck		
	Location of Greatest Damage 05	First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 04 - Stopped on roadway		
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				First		Second		Third		Fourth
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID # Class #	
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes											
Reported Date (Time) ##/##/#### (##:##)											
1st Investigator Name (Badge) ##### (#####)											
2nd Investigator Name (Badge) ##### (#####)											
Photos By #####											
Narrative					Diagram						
<p>Driver of vehicle #1 stated that she was travelling east on w easterday approaching the ashmun st intersection and had a vehicle stopped in front of hers for the red light. She stated that due to slippery road condntions she was unable to stop and struck vehicle #2 in the rear. Driver of vehicle #2 stated that she was stopped for the red light and then was struck from behind by vehicle #1.</p> <p>Driver of vehicle #2 called the police dept after the accident and advised that she had soreness in her neck.</p>											

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0167362  
Crash ID 1656348

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department		Incident # 1067-19		Reviewer DEREK O'DELL	
Crash Date 03/17/2019	Crash Time 12:00	No. of Units 02	Crash Type Rear End	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control Stop Sign	Relation to Roadway On the Road		Weather Clear	Area INTR Other Related		
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None 2nd		Light Daylight	Road Surface Condition Wet	Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location							

Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix Divided Roadway
Distance / Direction 10 Feet E		Trafficway Not Physically Divided	
Prefix SEYMOUR	Intersecting Road Name ST	Road Type ST	Suffix Divided Roadway

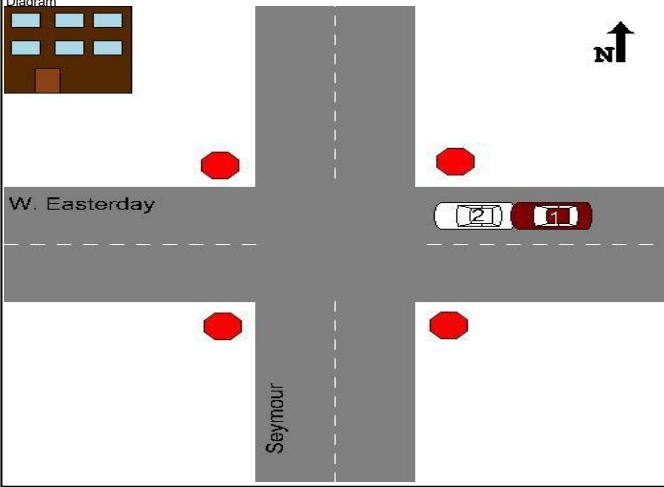
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (27)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action Unable to Stop
Unit Type MV	Driver Information ##### SAINT IGNACE, MI 49781 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration BSW207	State MI	Vehicle Description 2015	Make CHEVROLET	Model MALIBU	Color RED				
VIN 1G11C5SL6FF109030	Vehicle Type Passenger Car, SUV, Van	Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect					
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation				
Insurance Company #####		Insurance Policy # #####			Towed By N/A		Towed To N/A		
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Slowing/Stop on Roadway		
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

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

TRUCK/BUS	Carrier Information			USDOT	MC	MPSC	
				Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (24)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action None	
	Unit Type MV	Driver Information ##### MARQUETTE, MI 49855 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed		
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending   Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ○ Not Offered			Drug Test Results ○ Pending   Test Results:		Citation Issued ○ Hazardous ○ Other			
	Vehicle Registration CMA0454		State MI	Vehicle Description 2006	Make CHEVROLET	Model EXPRESS		Color WHI			
	VIN 1GCHG39V261198582		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation				
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To N/A		
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Commercial (Business)		Action Prior Stopped on Roadway				
Sequence of Events ● First   ● 17 - Motor Veh in Transport   Second   Third   Fourth (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital					Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital					Ambulance					
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC			
					Driver's CDL Type		Endorsements OH   OP   OT ON   OS   OX	CDL Exempt ○ Farm ○ Other			
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information ##### ##### #####, ## #####-#### (###) ###-####				Owner Information						
	Witness Information				Witness Information						
WITNESS	Investigated at Scene Yes				Reported Date (Time) 03/17/2019 (12:38)		1st Investigator Name (Badge) DEREK O'DELL (2180)		2nd Investigator Name (Badge)		Photos No
	Narrative vehicle 2 was stopped at the stop sign at E. Easterday and Seymour. Vehicle 1 pulled up behind vehicle 2 and did not stop in time.. Minor damage to both vehicles				Diagram 						

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept					Reviewer JASON WYMA				
Crash Date 09/13/2013		Crash Time 17:35	No. of Units 02	Crash Type Rear End-Left Turn	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa		Traffic Control Stop sign		Relation to Roadway On Road		Special Study	Weather Clear		Area 10 - NON-FRWY Straight roadway		
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type			Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 25 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road JOHNSTON	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 09/17/1982 (30)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action 00 - None	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ Refused    ○ Not offered ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results		Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine		Test Results		
Citation Issued ○ Hazardous    ○ Other										
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description PONTIAC		Make Model	Color WHI			Year 2003	Vehicle Type Passenger Car	
Location of Greatest Damage 05		First Impact 05	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC	
					Driver's CDL Type	Endorsements OH OP OT ON OS OX		CDL Exempt o Farm o Other	CDL Restrictions o 28 o 29 o 30 o 35 o 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First      Second      Third      Fourth				Cargo Body Type	Medical Card	Hazardous Material o Placard o Cargo Spill	ID #

OWNERS	Owner Information	Owner Information

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

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 05/29/1957 (56)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 03 - Failed to yield	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				○ Refused ○ Not offered ○ Breath ○ Blood ○ Urine		Test Results		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description CHEVY		Make	Model	Color BLK	Year 2011	Vehicle Type Passenger Car		
	Location of Greatest Damage 01		First Impact 01	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 02 - Turning left		
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36		
						Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####			
Narrative Vehicle 1 was traveling East on Easterday approaching Johnston St. Vehicle 2 was turning left out of Super Flite onto E. Easterday. Vehicle 2 mis judged what vehicle 1 was doing. Vehicle 2 then rear ended vehicle 1. No injuries reported.					Diagram 						

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0161944  
Crash ID 1446702

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File Class 93001

Incident #  
1811700728

Reviewer  
GREG POSTMA

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1711700		Department Name Chippewa Co Sheriff's Office							
Crash Date 08/06/2018	Crash Time 11:58	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Stop Sign		Relation to Roadway On the Road		Weather Cloudy		Area INTR Within Intersection		
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None		2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location									

Prefix EASTERDAY	Road Type AVE	Suffix Divided Roadway
Distance / Direction 10 Feet S		
Trafficway Not Physically Divided		
Prefix ANN	Road Type ST	Suffix Divided Roadway

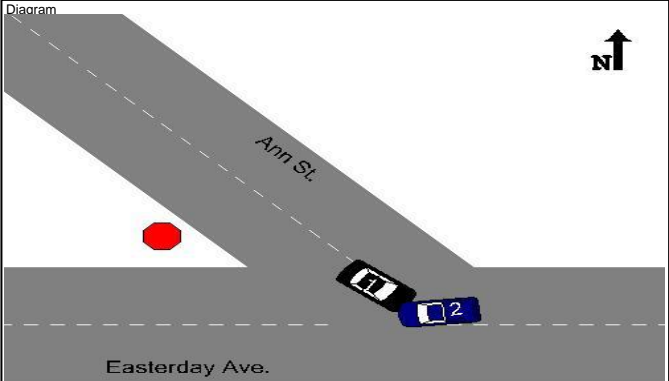
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (34)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 02	Hazardous Action Failed to Yield	
Unit Type MV	Driver Information ##### SAULT STE. MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury B	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Emotional				2nd		Driver Distracted By Unknown		Ejected <input type="checkbox"/>	Trapped <input type="checkbox"/>	Airbag Deployed Deployed - Front
Hospital NONE		Ambulance SAULT STE MARIE FIRE DEPT								
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No			
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other FAILED TO YIELD			
Vehicle Registration DBH2179	State MI	Vehicle Description 2009	Year	Make DODGE	Model CARAVAN		Color BLK			
VIN 2D8HN54XX9R647826	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect			
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation				
Insurance Company #####		Insurance Policy # #####			Towed By MERLES		Towed To MERLES			
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction SE	Vehicle Use Private		Action Prior Turning Left			
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										

Passenger Information ##### SAULT STE. MARIE, MI ### (###) ###-####				Date of Birth (Age) ###/###/#### (17)	Sex M	Position Front - Right	Restraint Shoulder and Lap Belt
				Injury O	Ejected <input type="checkbox"/>	Trapped <input type="checkbox"/>	Airbag Deployed Deployed - Front
Hospital NONE				Ambulance NONE			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
				Injury	Ejected	Trapped	Airbag Deployed
Hospital				Ambulance			

Carrier Information				USDOT	MC	MPSC		
				Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #

Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (45)	License Type ● Operator ● Chauffeur ○ Moped	Endorsements ● Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action None		
	Unit Type MV	Driver Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Deployed - Front			
	Hospital NONE					Ambulance NONE						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending   Test Results:		Interlock Device No				
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending   Test Results:		Citation Issued ○ Hazardous ○ Other				
	Vehicle Registration 031X985		State MI	Vehicle Description Year 2012		Make FORD	Model F150	Color BLU				
	VIN 1FTMF1CM4CKD31600		Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect				
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation					
	Insurance Company #####			Insurance Policy # #####			Towed By MERLES		Towed To MERLES			
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Disabling Damage			Vehicle Direction W	Vehicle Use Other Government		Action Prior Going Straight Ahead				
Sequence of Events ● First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										Second	Third	Fourth
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC				
					Driver's CDL Type		Endorsements OH   OP   OT ON   OS   OX	CDL Exempt ○ Farm ○ Other				
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information ##### ##### #####, ## #####-#### (###) ###-####				Owner Information							
	Witness Information				Witness Information							
WITNESS	Investigated at Scene Yes	Reported Date (Time) 08/06/2018 (13:24)	1st Investigator Name (Badge) DAN KINNEAR (196)			2nd Investigator Name (Badge)			Photos Yes			
	Narrative Vehicle one stopped at the stop sign, pulled out onto Easterday Ave. attempting to turn left and struck oncoming vehicle 2.				Diagram 							

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 11/2020)

External # 0169533  
Crash ID 2363568

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File Class 93001

Incident #  
3476-21

Reviewer  
FRANCIS DESHANO

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department								
Crash Date 09/01/2021	Crash Time 11:18	No. of Units 02	Crash Type Sideswipe-Same	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police			<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa	Traffic Control Stop Sign		Relation to Roadway On the Road		Weather Clear		Area INTR Driveway Related			
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None		2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 03	Speed Limit 25	Posted Yes	
Work Zone (if applicable) Type Workers Present Activity Location										

LOCATION	Prefix	Primary Road Name EASTERDAY	Road Type AVE	Suffix E	Divided Roadway
	Distance / Direction 30 Feet E				
	Trafficway Not Physically Divided				
	Prefix	Intersecting Road Name ASHMUN	Road Type ST	Suffix	Divided Roadway

UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (66)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Race W	Total Occupants 01	Hazardous Action None
	Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration 0LZK56	State MI	Vehicle Description 2011	Year	Make FORD	Model ESCAPE	Color GRY				
	VIN 1FMCU9DG5BKC04051	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect				
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation				
	Insurance Company #####		Insurance Policy # #####				Towed By N/A		Towed To N/A		

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

TRUCK / BUS	Carrier Information				USDOT	MC	MPSC
					Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information				Owner Information			

Damaged Property	Public	Owner & Phone



UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	###/###/#### (90)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Race	W	Total Occupants	01	Hazardous Action	Failed to Yield													
	Unit Type	MV	Driver Information							Driver is Owner	Yes	Injury	O	Position	Front - Left	Restraint						Shoulder and Lap Belt													
	Driver Condition at Time of Crash										1st		2nd		Driver Distracted By		Ejected		Trapped		Airbag Deployed		Not Deployed												
	Hospital										NONE																								
	Alcohol Suspected		No		Contributing Factor		No		Alcohol Test Type				<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered				Alcohol Test Results		O Pending		Test Results:		Interlock Device				No								
	Drug Suspected		No		Contributing Factor		No		Drug Test Type				<input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered				Drug Test Results		O Pending		Test Results:		Citation Issued				<input type="radio"/> Hazardous <input type="radio"/> Other								
	Vehicle Registration			DLE5765			State		MI		Vehicle Description		Year		2017		Make		FORD		Model		FOCUS		Color		GRY								
	VIN				1FADP3F26HL204468				Vehicle Type				Passenger Car, SUV, Van				Special Vehicles				Not Applicable				Private Trailer Type		Vehicle Defect								
	Automation System(s) in Vehicle				No				Automation System Level in Vehicle				No Automation				Automation System Level Engaged at Time of Crash				No Automation														
	Insurance Company				#####				Insurance Policy #				#####				Towed By				N/A				Towed To				N/A						
Location of Greatest Damage		02		First Impact		02		Extent of Damage (Power Unit and/or Trailers)				Minor Damage				Vehicle Direction		NW		Vehicle Use				Private				Action Prior				Leaving Parking			
Sequence of Events				First				● 17 - Motor Veh in Transport				Second				Third				Fourth															
● indicates MOST harmful event)																																			
PASSENGERS	Passenger Information										Date of Birth (Age)		Sex		Race		Position		Restraint																
											Injury		Ejected		Trapped		Airbag Deployed																		
	Hospital										Ambulance																								
	Passenger Information										Date of Birth (Age)		Sex		Race		Position		Restraint																
											Injury		Ejected		Trapped		Airbag Deployed																		
	Hospital										Ambulance																								
TRUCK / BUS	Carrier Information										USDOT				MC				MPSC																
											Driver's CDL Type				Endorsements				CDL Exempt																
											<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X				<input type="radio"/> Farm <input type="radio"/> Other																				
GVWR/GCWR				<input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.				Vehicle Configuration				Cargo Body Type				Medical Card				Hazardous Material				<input type="radio"/> Placard <input type="radio"/> Cargo Spill				ID #		Class #					
OWNERS	Owner Information										Owner Information																								
WITNESS	Witness Information										Witness Information																								
Investigated at Scene		Yes		Reported Date (Time)		09/01/2021 (13:30)		1st Investigator Name (Badge)				NATE MORAN (2125)				2nd Investigator Name (Badge)								Photos				No							
Narrative										Diagram																									
Unit 1 was traveling W/B on E Easterday Ave. near Ashmun St. when unit 2 exited the parking lot of Rite Aid. When unit 2 was exiting, unit 2 failed to yield and struck unit 1 on the driver side door.																																			

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0164878  
Crash ID 9837666

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File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 4650-16			
Crash Date 10/26/2016		Crash Time 08:44	No. of Units 02	Crash Type Angle		Special Circumstances <input checked="" type="checkbox"/> None <input type="checkbox"/> Fleeing Police <input type="checkbox"/> Hit and Run <input type="checkbox"/> Unknown <input type="checkbox"/> School Bus <input type="checkbox"/> Animal		Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile	
County 17 - Chippewa		Traffic Control Stop Sign		Relation to Roadway On the Road		Weather Clear		Area INTR Within Intersection	
City/Twp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Daylight		Road Surface Condition Dry	
Work Zone (if applicable) Type		Workers Present		Activity		Location			

Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance / Direction 1 Feet N		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name SEYMOUR	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (58)	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex F	Total Occupants 01	Hazardous Action Other
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped
Hospital NONE				Ambulance NONE					
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Alcohol Test Results <input type="checkbox"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Drug Test Results <input type="checkbox"/> Pending Test Results:		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other		
Vehicle Registration #####		State MI	Vehicle Description Year 2006 Make JEEP		Model GRAND CHEROKEE		Color SIL		
VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Insurance Company #####			Insurance Policy # #####			Towed By		Towed To	
Location of Greatest Damage 08		First Impact 08	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction S	Vehicle Use Private		Action Prior Going Straight Ahead	
Sequence of Events ● 17 - Motor Veh in Transport				Second		Third		Fourth	

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

TRUCK/BUS	Carrier Information		USDOT		MC	MPSC
	GVWR/GCWR <input type="checkbox"/> 10,000 lbs. or Less <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card
Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		ID #	Class #			

Owner Information		Owner Information	
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Damaged Property	Public	Owner & Phone
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Page 01 of 01  
Incident # 4405-14 File Class 54001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department						Reviewer DEREK O'DELL	
Crash Date 11/13/2014	Crash Time 00:20	No. of Units 02	Crash Type Sideswipe-Same	Special Circumstances <input type="radio"/> None <input checked="" type="radio"/> School Bus <input type="radio"/> Deer <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control None	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow		Area 09 - Intersection related-othr		
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type                                  Lane Closed                  Activity			Light Dark-Lighted	Road Condition Snowy	Total Lanes 02	Speed Limit 25	Posted Yes	

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 25 Feet S	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road KIMBALL	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (54)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 16 - Careless/negligent	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
Driver Condition ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ● 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No ○ Test Type    ○ Field    ○ Refused    ○ Not offered    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results				Citation Issued ○ Hazardous    ● Other		
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By ANYTIME			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description FORD		Make F150	Color BLK		Year 2007	Vehicle Type Pickup truck		
Location of Greatest Damage 02		First Impact 02	Extent of Damage 3	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First ● 18 - Parked motor vehicle		Second		Third		Fourth		

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:	Damaged Property  Owner & Phone	Public
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UNIT / DRIVER	Unit Number 02	Unit Known No	State Driver License Number #####		Date of Birth (Age) ##/##/####		License Type <input type="radio"/> Operator <input type="radio"/> Cycle <input type="radio"/> Chauffeur <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants 00	Hazardous Action 00 - None		
	Unit Type MV	Driver Information ##### (###) ###-####					Injury	Position	Restraint	Hospital NONE					
	Driver Condition 01 02 03 04 05 06 07 08 09 099					Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE					
	Alcohol 0 Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Test Results					Drugs 0 Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Test Results					Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other				
	Vehicle Registration #####		State MI	Insurance / Policy # #####			Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect			
	VIN #####		Vehicle Description CHEVY		Make S-10	Model	Color WHI		Year 2002	Vehicle Type Pickup truck					
	Location of Greatest Damage 06		First Impact 06	Extent of Damage 3	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 23 - Parked					
	Sequence of Events First ● 17 - Motor veh in transport (● indicates MOST harmful event)														
PASSENGERS	Passenger Information					Date of Birth (Age)		Sex	Position	Restraint	Hospital				
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information					Date of Birth (Age)		Sex	Position	Restraint	Hospital				
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information					Date of Birth (Age)		Sex	Position	Restraint	Hospital				
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information					Date of Birth (Age)		Sex	Position	Restraint	Hospital				
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information					Date of Birth (Age)		Sex	Position	Restraint	Hospital				
						Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
TRUCK / BUS	Carrier Information					Carrier Source		GVWR	ICCMC	USDOT	MPSC				
						Driver's CDL Type		Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #			
OWNERS	Owner Information ##### ##### #####, ## ####-#### (###) ###-####					Owner Information									
	Witness Information					Witness Information									
WITNESS	Investigated at Scene Yes					Reported Date (Time) 11/13/2014 (22:50)		1st Investigator Name (Badge) NATE KACZMAREK (2186)			2nd Investigator Name (Badge)			Photos By	
	Narrative DRIVER VEHICLE #1 STATED HE WAS HEADING E/B ON E. EASTERDAY AVE WHEN HE FELL ASLEEP AND COLLIDED INTO WHAT HE THOUGHT WAS A SNOWBANK. DRIVER THEN DROVE HOME AND NOTICED THE DAMAGE.					Diagram 									

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0161222  
Crash ID 1235068

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 5025-17			
Crash Date 12/15/2017		Crash Time 11:50	No. of Units 02	Crash Type Rear End		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On the Road		Weather Clear		Area INTR Other Related	
City/Twp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Daylight		Road Surface Condition Slush	
Work Zone (if applicable) Type		Workers Present		Activity		Location		Total Lanes 03	
								Speed Limit 25	
								Posted Yes	

LOCATION	Prefix E		Primary Road Name EASTERDAY		Road Type AVE		Suffix		Divided Roadway	
	Distance / Direction 50 Feet E				Trafficway Not Physically Divided					
	Prefix ASHMUN		Intersecting Road Name		Road Type ST		Suffix		Divided Roadway	

UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (26)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action None
	Unit Type MV	Driver Information ##### ##### PICKFORD, MI 49774 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped
	Hospital NONE				Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results: Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results: Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration DJM4912		State MI	Vehicle Description 2009		Make DODGE	Model JOURNEY		Color BLU	
	VIN 3D4GG47B49T529849		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash			
	Insurance Company #####			Insurance Policy # #####			Towed By ANYTIME		Towed To UNKNOWN	

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

TRUCK / BUS	Carrier Information				USDOT		MC	MPSC	
					Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	

OWNERS	Owner Information				Owner Information			

Damaged Property NONE				Public No	Owner & Phone ##### (###) ###-####			
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (38)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action None	
	Unit Type MV	Driver Information ##### BRIMLEY, MI 49715 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed		
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending   Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending   Test Results:		Citation Issued ○ Hazardous ○ Other			
	Vehicle Registration 010X516		State MI	Vehicle Description 2015	Year 2015	Make FORD	Model FOCUS	Color RED			
	VIN 1FADP3F2XFL295676		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect			
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash				
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To		
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage			Vehicle Direction W	Vehicle Use Other Government		Action Prior Stopped on Roadway			
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
				Injury	Ejected	Trapped	Airbag Deployed				
Hospital				Ambulance							
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC			
					Driver's CDL Type		Endorsements OH   OP   OT ON   OS   OX	CDL Exempt ○ Farm ○ Other			
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information ##### ##### #####, ## #####-#### (###) ###-####				Owner Information						
	Witness Information				Witness Information						
WITNESS	Investigated at Scene Yes				Reported Date (Time) 12/15/2017 (12:01)	1st Investigator Name (Badge) BRIAN MATTSON (2189)		2nd Investigator Name (Badge)		Photos No	
	Narrative Veh. 2 was stopped at the traffic light due to traffic back up when it was struck from behind by Veh. 1. Driver of Veh.1 stated that when she went to stop her vehicle the brake pedal did not go down properly and believed that there was a problem with the brakes on her vehicle. Driver of Veh. 1 requested Anytime towing to pick up her vehicle.				Diagram 						

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department				Reviewer JOHN LARSEN			
Crash Date 12/09/2013	Crash Time 08:00	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Stop sign	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow	Area 07 - NON-FRWY in Intersection			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dawn	Road Condition Snowy	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 30 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road SEYMOUR	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI		Driver License Number #####		Date of Birth (Age) 09/28/1952 (61)		License Type ● Operator ○ Chauffeur ○ Moped		Endorsements ○ Cycle ○ Farm ○ Recreation		Sex F	Total Occupants 01	Hazardous Action 00 - None					
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####					Injury O	Position 01	Restraint 04	Hospital NONE										
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99						Interlock No	Ejected	Trapped	Airbag Deployed No		Ambulance NONE								
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ PBT    ● Not offered    ○ Breath    ○ Blood    ○ Urine						Test Results		Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine		Test Results		Citation Issued ○ Hazardous    ○ Other							
Vehicle Registration #####		State MI	Insurance / Policy # #####				Towed To/By #####					Special Vehicles 0	Private Trailer Type	Vehicle Defect					
VIN #####		Vehicle Description MERCURY		Make STAWGN		Model RED		Color RED		Year 2007		Vehicle Type Passenger Car							
Location of Greatest Damage 02		First Impact 02		Extent of Damage 3		Driveable Yes		Vehicle Direction E		Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead							
Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport				Second				Third				Fourth			

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

TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC			
					Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions			
		OH	OP	OT	<input type="checkbox"/> Farm	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36						
		ON	OS	OX	<input type="checkbox"/> Other							
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill			

OWNERS	Owner Information	Owner Information

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



UNIT / DRIVER	Unit Number 02	Unit Known Yes	State WI	Driver License Number #####	Date of Birth (Age) 05/20/1990 (23)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### MILTON, WI 53563 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				● Not offered ○ Breath ○ Blood ○ Urine		Test Results		Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration #####		State WI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description FORD		Make STAWGN	Model BLU	Color 2006	Vehicle Type Passenger Car			
	Location of Greatest Damage 02		First Impact 02	Extent of Damage 3	Driveable No	Vehicle Direction SW	Vehicle Use 01 - Private		Action Prior 02 - Turning left		
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
Injury						Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type		Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####			
Narrative V-1 and V-2 both stopped at a four way intersection. V-3 passes through intersection and both V-1 and V-2 move into intersection at same time. V-1 straight through and V-2 turning left. U/O is unable to make a determination of first into intersection with right of way.						Diagram					

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

External # 0162505  
Crash ID 9151348

Page 01 of 01  
Incident # 79-15 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department		Reviewer MICKI LEPPPIEN	
Crash Date 01/07/2015	Crash Time 17:28	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Lighted
Road Condition Icy		Total Lanes 02	Speed Limit 25	Posted No	

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 15 Feet E	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix BINGHAM	Intersecting Road	Road Type AVE	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (55)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 01 - Speed too fast
	Unit Type MV	Driver Information ##### ##### CEDARVILLE, MI 49719 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####		Towed To/By N/A		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description DODGE	Make STRATUS	Model BLK	Year 2005	Vehicle Type Passenger Car				
Location of Greatest Damage 07		First Impact 07	Extent of Damage 1	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private	Action Prior 08 - Slowing/stop on roadway			
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second ● 17 - Motor veh in transport		Third		Fourth		

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

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

OWNERS	Owner Information		Owner Information	

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

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	###/##/#### (18)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	01	Hazardous Action	00 - None																		
	Unit Type	MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####								Injury	O	Position	01	Restraint	04	Hospital	NONE																				
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE																				
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered								Test Results				Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other																					
	Vehicle Registration #####								State	MI	Insurance / Policy # #####				Towed To/By N/A				Special Vehicles	0	Private Trailer Type		Vehicle Defect															
	VIN #####				Vehicle Description				CADILLAC				Model				ESCALADE				Color				BLK				Year	2002	Vehicle Type				Passenger Car			
	Location of Greatest Damage				04				First Impact	01				Extent of Damage	1				Driveable	Yes				Vehicle Direction	W				Vehicle Use	01 - Private				Action Prior	04 - Stopped on roadway			
Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)																				First		Second		Third		Fourth												

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

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

OWNERS	Owner Information				Owner Information			
	#####				#####			
	#####				#####			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Yes	Reported Date (Time)	01/08/2015 (11:13)	1st Investigator Name (Badge)	DONALD MARTIN (2198)	2nd Investigator Name (Badge)		Photos By	
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Narrative	Diagram
<p>On 1-7-2015 at approx. 1728 hours, Officers were dispatched to the intersection of E. Easterday Ave and Bingham Ave for a 2 car PDA. The accident was called in by Border Patrol. Upon arrival, I (Officer Martin) spoke with the Border Patrol Officer. I asked the Border Patrol Officer if he saw the accident occur. He said that he didn't. I then spoke with Jeffrey McLeod. He was the driver of Vehicle 1. Jeffrey advised that Vehicle 2 was stopped on the roadway for a red traffic light. Jeffrey said that he began braking, however, Jeffrey said that his vehicle just slid because of the icy roads. Jeffrey said that he slid approx. 30-40 before rear ending Vehicle 2. Jeffrey said that turned toward the curb at the last second so that he didn't rear ended Vehicle 2 as hard. I asked Jeffrey if was hurt. Jeffrey said that he wasn't. Jeffrey's vehicle had a dent in the driverside door. Also, the driverside mirror was broken off. I then spoke with Raeann Franklin. She was the driver of Vehicle 2. Raeann said that she was stopped on the roadway for a traffic light. Raeann said that Vehicle 1 ended up rear ending her. I asked Raeann if she was hurt. Raeann said that she wasn't. Raeann's vehicle had damage to the passenger side rear taillight and rear bumper (passenger side corner). Weather/Road Conditions It was snowing at the time of the accident. The roadway was snowy and icy.</p> <p>The temp was in the single digits.</p>	

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Incident # 3845-15 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department					Reviewer BRYAN MARGER			
Crash Date 09/18/2015	Crash Time 14:00	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> None <input checked="" type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> School Bus <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa		Traffic Control Stop sign	Relation to Roadway On Road		Special Study	Weather Clear	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type Lane Closed			Activity Daylight	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 30 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road MINNEAPOLIS	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (20)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ Refused    ○ Not offered ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results		Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine		Citation Issued ○ Hazardous    ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By N/A			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEVROLET		Make Model	Color BLK		Year 2002	Vehicle Type Pickup truck		
Location of Greatest Damage 01	First Impact 01	Extent of Damage 0	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 08 - Slowing/stop on roadway		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:	Damaged Property  Owner & Phone	Public
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (80)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### ##### ROSCOMMON, MI 48653 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol ○ Yes ● No ○ Refused ○ Not offered ○ PBT ○ Breath ○ Blood ○ Urine				Test Results		Drugs ○ Yes ● No ○ Test Type ○ Blood ○ Urine		Test Results		
	Citation Issued ○ Hazardous ○ Other										
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By N/A		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description OLDSMOBILE	Make Model	Color MAR	Year 1999	Vehicle Type Passenger Car					
	Location of Greatest Damage 05	First Impact 05	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 04 - Stopped on roadway			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)				First		Second		Third		Fourth
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC		
					Driver's CDL Type	Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information				Owner Information						
WITNESS	Witness Information				Witness Information						
Investigated at Scene No		Reported Date (Time) 09/18/2015 (14:00)		1st Investigator Name (Badge) BRYAN MARGER (2163)		2nd Investigator Name (Badge)		Photos By			
Narrative Both Veh # 1 & Veh # 2 were travelling east on E. Easterday Ave when Veh # 2 stopped for the stop sign at Minneapolis. Veh # 1 then attempted to stop but was unable to at which time Veh # 1 collided with Veh # 2					Diagram 						

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

External # 0161729  
Crash ID 9038894

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Incident # 3545-14 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department		Reviewer FRANCIS DESHANO	
Crash Date 09/09/2014	Crash Time 20:40	No. of Units 02	Crash Type Sideswipe-Same	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control None	Relation to Roadway Shoulder		Special Study	Weather Clear
City/Twp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Lighted
Road Condition Dry		Total Lanes 02	Speed Limit 25	Posted Yes	

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 30 Feet S	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix KIMBALL	Intersecting Road	Road Type ST	Suffix	Divided Roadway

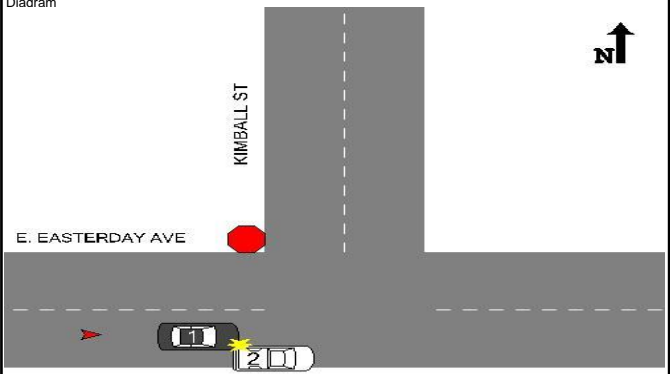
UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (23)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> School Bus <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 02	Hazardous Action 16 - Careless/negligent
	Unit Type MV	Driver Information ##### ##### KINCHELOE, MI 49788 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input checked="" type="radio"/> Other
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By		Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####	Vehicle Description CHEVY	Make IMPALA	Model	Color GRY	Year 2006	Vehicle Type Passenger Car			
	Location of Greatest Damage 02	First Impact 02	Extent of Damage 2	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
	Sequence of Events First <input checked="" type="radio"/> 18 - Parked motor vehicle (● indicates MOST harmful event)									

PASSENGERS	Passenger Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Date of Birth (Age) ##/##/#### (18)	Sex F	Position 03	Restraint 04	Hospital NONE	
	Injury O				Airbag Deployed Not Equipped		Ejected	Trapped	Ambulance NONE	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Injury				Airbag Deployed		Ejected	Trapped	Ambulance	

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

OWNERS	Owner Information				Owner Information			

Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:				Damaged Property Owner & Phone				Public
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UNIT / DRIVER	Unit Number 02	Unit Known No	State MI	Driver License Number #####	Date of Birth (Age) ##/##/####	License Type <input type="radio"/> Operator <input type="radio"/> Cycle <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants 00	Hazardous Action 00 - None		
	Unit Type MV	Driver Information ##### (###) ###-####				Injury	Position	Restraint	Hospital NONE			
	Driver Condition <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed	Ambulance NONE			
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description		Make	Model	Color	Year	Vehicle Type Pickup truck				
	Location of Greatest Damage 06	First Impact 06	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 23 - Parked			
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
	Driver's CDL Type					Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #				
OWNERS	Owner Information ##### ##### #####, ## ####-#### (###) ###-####					Owner Information						
	Witness Information					Witness Information						
WITNESS	Investigated at Scene Yes					Reported Date (Time) 09/09/2014 (21:37)		1st Investigator Name (Badge) NATE KACZMAREK (2186)		2nd Investigator Name (Badge)		Photos By
	Narrative DRIVER OF VEHICLE #1 TRAVELING E/B ON EASTERDAY AVE, AT KIMBALL ST INTERSECTION. DRIVER OF VEHICLE #1 DID NOT SEE PARKED VEHICLE ON SIDE OF STREET AND STRUCK DRIVER SIDE REAR BUMPER OF PARKED VEHICLE.					Diagram 						

Page 01 of 01  
Incident # 308-14 File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department				Reviewer BRYAN MARGER			
Crash Date 01/24/2014	Crash Time 18:32	No. of Units 02	Crash Type Other/Unknown	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Snow/Blowing Snow	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Lighted	Road Condition Icy	Total Lanes 03	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 30 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (22)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 02	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### KINCHELOE AFB, MI 49788 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ○ PBT ○ Not offered ○ Breath ○ Blood ○ Urine					Drugs ○ Yes ● No Test Type ○ Blood ○ Urine			Citation Issued ● Hazardous ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By N/A			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description DODGE		Make RAM 1500	Model	Color BLK	Year 2006	Vehicle Type Pickup truck		
Location of Greatest Damage 08		First Impact 08	Extent of Damage 2	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 03 - Turning right		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

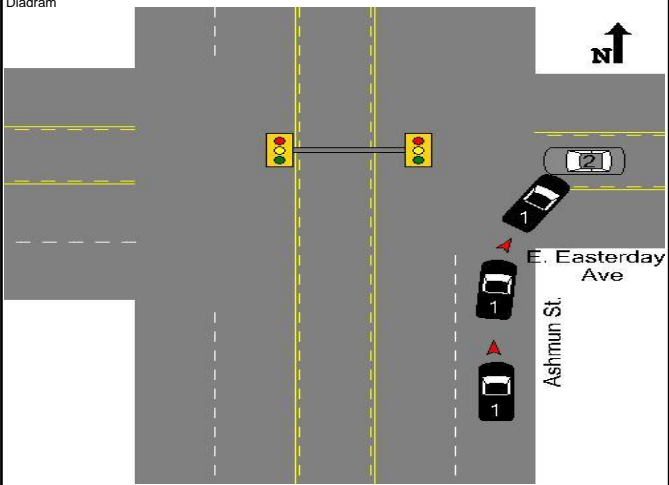
PASSENGERS	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)		Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed		Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth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

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

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

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



UNIT / DRIVER	Unit Number <b>02</b>	Unit Known <b>Yes</b>	State <b>MI</b>	Driver License Number <b>#####</b>	Date of Birth (Age) <b>###/###/#### (25)</b>	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex <b>F</b>	Total Occupants <b>01</b>	Hazardous Action <b>00 - None</b>	
	Unit Type <b>MV</b>	Driver Information <b>#####</b> <b>SAULT STE MARIE, MI 49783 (###) ###-####</b>				Injury <b>O</b>	Position <b>01</b>	Restraint <b>04</b>	Hospital <b>NONE</b>		
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock <b>No</b>	Ejected	Trapped	Airbag Deployed <b>No</b>	Ambulance <b>NONE</b>		
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results			Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration <b>#####</b>		State <b>MI</b>	Insurance / Policy # <b>#####</b>		Towed To/By <b>N/A</b>		Special Vehicles <b>0</b>	Private Trailer Type	Vehicle Defect	
	VIN <b>#####</b>		Vehicle Description <b>CHEVROLET</b>		Model <b>TRAILBLAZER</b>	Color <b>SIL</b>	Year <b>2004</b>	Vehicle Type <b>Passenger Car</b>			
	Location of Greatest Damage <b>08</b>	First Impact <b>08</b>	Extent of Damage <b>2</b>	Driveable <b>Yes</b>	Vehicle Direction <b>W</b>	Vehicle Use <b>01 - Private</b>		Action Prior <b>04 - Stopped on roadway</b>			
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information <b>#####</b> <b>#####</b> <b>#####, ## ####-#### (###) ###-####</b>					Witness Information					
Investigated at Scene <b>No</b>		Reported Date (Time) <b>01/24/2014 (18:32)</b>		1st Investigator Name (Badge) <b>BRYAN MARGER (2163)</b>		2nd Investigator Name (Badge)			Photos By		
Narrative Veh # 2 was stopped in the left turning lane on E. Easterday Ave waiting for the light to turn green while Veh # 1 was travelling north on Ashmun St. Veh # 1 then began to make a right turn onto E. Easterday Ave when Veh # 1 began sliding on the icy road. Veh # 1 then slid into and collided with Veh # 2.					Diagram 						

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept						Reviewer BRYAN MARGER		
Crash Date 07/24/2012	Crash Time 15:29	No. of Units 02	Crash Type Rear End	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa		Traffic Control None	Relation to Roadway On Road		Special Study	Weather Clear	Area 09 - Intersection related-othr			
City/Twsp 66 - Sault Ste Marie		Construction Zone (if applicable) Type Lane Closed Activity			Light Daylight	Road Condition Dry		Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 15 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road AUGUSTA	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 03/05/1992 (20)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop	
Unit Type MV	Driver Information ##### ##### DAFTER, MI 49724 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field				○ Refused    ○ Not offered ○ PBT    ○ Breath    ○ Blood    ○ Urine		Test Results ○ Yes    ● No Test Type    ○ Blood    ○ Urine		Citation Issued ○ Hazardous    ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description HYUNDAI		Make ACCENT	Model	Color BLK	Year 2008	Vehicle Type Passenger Car		
Location of Greatest Damage 01		First Impact 01	Extent of Damage 2	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private		Action Prior 08 - Slowing/stop on roadway		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport			Second		Third		Fourth	

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

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ###/###/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	12/18/1993 (18)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	01	Hazardous Action	00 - None				
	Unit Type	MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####							Injury	O	Position	01	Restraint	04	Hospital	NONE							
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE						
	Alcohol Test Type <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine								Test Results				Drugs Test Type <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine				Test Results				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration		#####		State	MI	Insurance / Policy #			#####			Towed To/By			#####			Special Vehicles	0	Private Trailer Type		Vehicle Defect	
	VIN		#####		Vehicle Description		FORD		Make	FUSION		Model	DBL		Color	Year		2006		Vehicle Type		Passenger Car		
	Location of Greatest Damage		05		First Impact	05		Extent of Damage	1		Driveable	Yes		Vehicle Direction	W		Vehicle Use	01 - Private		Action Prior		04 - Stopped on roadway		
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport								First		Second		Third		Fourth									

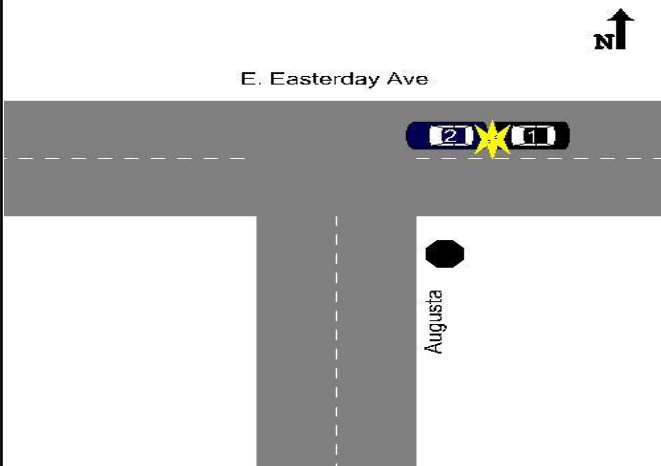
PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital	
					Injury	Airbag Deployed		Ejected	Trapped	Ambulance	
	Passenger Information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

TRUCK / BUS	Carrier Information				Carrier Source		GVWR	ICCMC	USDOT	MPSC		
					Driver's CDL Type		Endorsements		CDL Exempt	CDL Restrictions		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit		First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #

OWNERS	Owner Information				Owner Information			
	##### ##### SAULT STE MARIE, MI 49783 (###) ###-####							

WITNESS	Witness Information				Witness Information			

Investigated at Scene	No	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
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Narrative	Diagram
Both Veh # 1 and Veh # 2 were travelling west on E. Easterday Ave when Veh # 2 stopped to wait to make a left turn onto Augusta. Veh # 1 attempted to stop but was unable to stop at which time Veh # 1 rear ended Veh # 2.	

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0161455  
Crash ID 1262192

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 76-18	
Crash Date 01/06/2018	Crash Time 16:18	No. of Units 02	Crash Type Rear End-Left Turn	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police	<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On the Road		Weather Cloudy		Area INTR Within Intersection	
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None 2nd		Light Daylight	Road Surface Condition Ice	Total Lanes 01	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location							

Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix Divided Roadway
Distance / Direction 50 Feet E		Trafficway Not Physically Divided	
Prefix ASHMUN	Intersecting Road Name	Road Type ST	Suffix Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (33)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action None
Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration BBR7939	State MI	Vehicle Description 2008	Make TOYOTA	Model RAV 4	Color WHI				
VIN JTMBD33V686076448	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect				
Automation System(s) in Vehicle		Automation System Level in Vehicle			Automation System Level Engaged at Time of Crash				
Insurance Company #####		Insurance Policy # #####			Towed By		Towed To		
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Stopped on Roadway		
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

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

TRUCK/BUS	Carrier Information			USDOT	MC	MPSC	
				Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

[illegible]

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0163649  
Crash ID 1345924

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 1184-18			
Crash Date 04/03/2018		Crash Time 09:39	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa		Traffic Control None		Relation to Roadway On the Road		Weather Clear		Area INTR Other Related	
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Daylight		Road Surface Condition Dry	
Work Zone (if applicable) Type		Workers Present		Activity		Location			
Total Lanes 03		Speed Limit 25		Posted Yes					

Prefix E	Primary Road Name EASTERDAY	Road Type	Suffix	Divided Roadway
Distance / Direction 10 Feet N		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name JOHN	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (93)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action Failed to Yield
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results: Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results: Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration BBT8745	State MI	Vehicle Description 2006	Year	Make DODGE	Model CARAVAN	Color RED			
VIN 1D4GP45R66B533074		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash			
Insurance Company #####		Insurance Policy # #####				Towed By		Towed To	
Location of Greatest Damage 02		First Impact 02		Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction NE		Vehicle Use Private	
Sequence of Events First ● 17 - Motor Veh in Transport		Second		Third		Fourth			

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

TRUCK/BUS	Carrier Information		USDOT		MC	MPSC
			Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (54)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action None
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
	Driver Condition at Time of Crash 1st Appeared Normal				2nd Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance NONE				
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending	Test Results:		Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration 3JHF9	State MI	Vehicle Description Year 2017	Make HYUNDAI	Model TUCSON	Color BRO				
	VIN KM8J3CA48HU436030	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect				
	Automation System(s) in Vehicle		Automation System Level in Vehicle			Automation System Level Engaged at Time of Crash				
	Insurance Company #####		Insurance Policy # #####			Towed By		Towed To		
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead			
Sequence of Events ● First   ● 17 - Motor Veh in Transport   Second   Third   Fourth (● indicates MOST harmful event)										
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
				Injury	Ejected	Trapped	Airbag Deployed			
Hospital				Ambulance						
TRUCK / BUS	Carrier Information				USDOT	MC	MPSC			
					Driver's CDL Type	Endorsements OH   OP   OT ON   OS   OX	CDL Exempt ○ Farm ○ Other			
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information ##### ##### #####, ## #####-#### (###) ###-####				Owner Information					
	Witness Information				Witness Information					
WITNESS	Investigated at Scene Yes				Reported Date (Time) 04/03/2018 (10:16)	1st Investigator Name (Badge) PHILLIP DONNAY (2114)		2nd Investigator Name (Badge)		Photos No
	Narrative VEHICLE 2 HEADED WEST ON E EASTERDAY AND VEHICLE 1 WAS MAKING LEFT HAND TURN ONTO COURT. VEHICLE 1 FAILED TO YIELD TO VEHICLE 2 AND THEY COLIDED. BOTH VEHICLES SUSTAINED DAMAGE. NO INJURIES				Diagram 					

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department						Reviewer BRIAN MATTSON		
Crash Date 04/21/2016		Crash Time 15:38	No. of Units 02	Crash Type Sideswipe-Same		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On Road		Weather Cloudy		Area INTR Other Related		
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st    2nd		Light Daylight		Road Surface Condition Dry		Total Lanes 03	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type		Workers Present		Activity		Location				

LOCATION	Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance / Direction 50 Feet E		Trafficway Not Physically Divided		
	Prefix	Intersecting Road Name ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (16)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action Failed to Yield
Unit Type MV	Driver Information ##### ##### GOETZVILLE, MI 49783 (###) ###-####			Driver is Owner	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE					Ambulance NONE				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath    ○ Blood    ○ Urine ○ Field    ○ PBT    ○ Refused    ● Not Offered			Alcohol Test Results ○ Pending    Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood    ○ Urine ○ Field    ○ Refused    ○ Not Offered			Drug Test Results ○ Pending    Test Results:		Citation Issued ● Hazardous ○ Other		
Vehicle Registration #####		State MI	Vehicle Description Year 2012	Make DODGE	Model		Color BLU		
VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To	
Location of Greatest Damage 08	First Impact 08	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Changing Lanes		
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)		First Second		Third		Fourth			

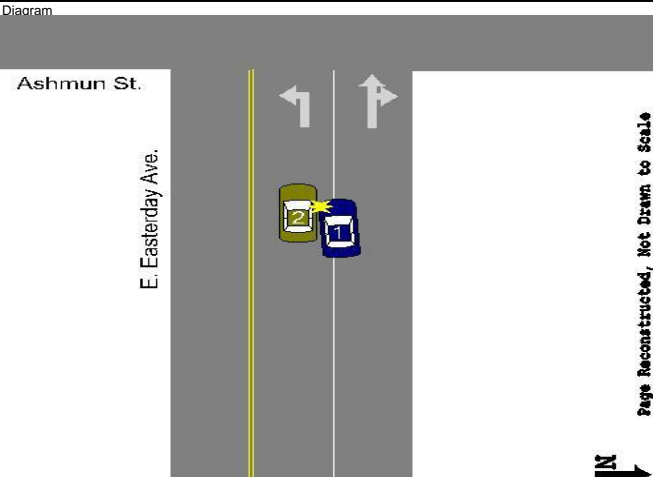
PASSENGERS	Passenger Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####			Date of Birth (Age) ###/###/#### (15)		Sex F	Position Front - Right		Restraint Shoulder and Lap Belt		
	Injury O					Ejected	Trapped	Airbag Deployed Not Equipped			
	Hospital NONE						Ambulance NONE				
	Passenger Information				Date of Birth (Age)		Sex	Position		Restraint	
	Injury				Ejected	Trapped	Airbag Deployed				
	Hospital						Ambulance				
	Passenger Information				Date of Birth (Age)		Sex	Position		Restraint	
	Injury				Ejected	Trapped	Airbag Deployed				
	Hospital						Ambulance				

TRUCK/BUS	Carrier Information			USDOT		MC	MPSC		
				Driver's CDL Type		CDL Exempt			
				Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		<input type="checkbox"/> Farm <input type="checkbox"/> Other			
GVWR/GCWR			Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
<input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.							<input type="radio"/> Placard <input type="radio"/> Cargo Spill		

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

Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (30)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action None
	Unit Type MV	Driver Information ##### DAFTER, MI 49724 (###) ###-####				Driver is Owner Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance NONE				
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ○ Not Offered			Drug Test Results ○ Pending	Test Results:		Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration #####		State MI	Vehicle Description 1996	Year	Make FORD	Model		Color GLD	
	VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To	
	Location of Greatest Damage 03		First Impact 03	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead	
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
TRUCK/BUS	Carrier Information				USDOT		MC	MPSC		
					Driver's CDL Type		Endorsements OH   OP   OT ON   OS   OX	CDL Exempt ○ Farm ○ Other		
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #   Class #
OWNERS	Owner Information				Owner Information					
WITNESS	Witness Information				Witness Information					
Investigated at Scene Yes		Reported Date (Time) 04/22/2016 (07:17)		1st Investigator Name (Badge) BRIAN MATTSON (2189)		2nd Investigator Name (Badge)		Photos No		
Narrative Veh. 1 and 2 were traveling W on E. Easterday approaching Ashmun St. Veh 2 was in the the left turn lane when it was struck by Veh. 1 attempting to enter the left turn lane. Driver of Veh. 1 stated that she looked in her mirrors and did not see Veh. 2 when she began to enter the left turn lane.					Diagram  Ashmun St. E. Easterday Ave. Page Reconstructed, Not Drawn to Scale IN					

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

External # 0162531  
Crash ID 9273541

Page 01 of 01  
Incident # 689-15 File Class 54001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department		Incident Disposition Open	
Crash Date 02/16/2015	Crash Time 08:26	No. of Units 02	Crash Type Sideswipe-Same	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road	Special Study	Weather Clear	Area 09 - Intersection related-othr
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Icy
Total Lanes 04		Speed Limit 25	Posted Yes		

Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance 40 Feet W	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
Prefix	Intersecting Road ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (26)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None
Unit Type MV	Driver Information ##### ##### KINROSS, MI 49752 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By		Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description LINCOLN		Make NAVIGATOR	Model BLK	Year 2004	Vehicle Type Passenger Car		
Location of Greatest Damage 07	First Impact 07	Extent of Damage 1	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 08 - Slowing/stop on roadway			
Sequence of Events (● indicates MOST harmful event)				First ● 17 - Motor veh in transport		Second		Third	
						Fourth			

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

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

OWNERS	Owner Information ##### ##### #####, ## ####-#### (###) ###-####		Owner Information	
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Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name: Contact Date: Contact Time:	Owner & Phone	

UNIT / DRIVER	Unit Number 02	Unit Known No	State #	Driver License Number #	Date of Birth (Age) ##/##/####	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 08 - Improper lane use			
	Unit Type MV	Driver Information ##### (###) ###-####				Injury	Position	Restraint	Hospital NONE				
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock No	Ejected	Trapped	Airbag Deployed	Ambulance NONE				
	Alcohol 0 Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Test Results				Drugs 0 Yes <input type="radio"/> No <input type="radio"/> Test Results				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other				
	Test Type 0 Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine												
	Vehicle Registration #####				State MI	Insurance / Policy # #####				Towed To/By	Special Vehicles 0	Private Trailer Type	Vehicle Defect
	VIN #####				Vehicle Description	Make	Model	Color BLK	Year	Vehicle Type Pickup truck			
Location of Greatest Damage 03		First Impact 03	Extent of Damage 0	Driveable Yes	Vehicle Direction E	Vehicle Use			Action Prior 02 - Turning left				
Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)													
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
	Injury				Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
Injury				Airbag Deployed	Ejected	Trapped	Ambulance						
TRUCK / BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC				
	Driver's CDL Type				Endorsements 0 H 0 P 0 T 0 N 0 S 0 X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 0 28 0 29 0 30 0 35 0 36						
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #				
OWNERS	Owner Information				Owner Information								
	Witness Information				Witness Information								
WITNESS	Investigated at Scene No				Reported Date (Time) 02/16/2015 (08:59)		1st Investigator Name (Badge) NATE KACZMAREK (2186)			2nd Investigator Name (Badge)		Photos By	
	Narrative VEHICLE #1 WAS STOPPED AT RED LIGHT E/B ON EASTERDAY AVE AT THE ASHMUN ST INTERSECTION. VEHICLE #2 ENTERED THE LEFT TURN LANE ALONG SIDE OF VEHICLE #1 AND WHILE PULLING UP NEXT TO VEHICLE #1, THE PASSENGER SIDE DOOR MIRROR FOR VEHICLE#2 STRUCK THE DRIVERS SIDE DOOR MIRROR OFF VEHICLE#1. ELECTRONICS FOR THE MIRROR OFF VEHICLE #1 NO LONGER WORK. DRIVER OF VEHICLE #2 EXITED HIS VEHICLE PUSHED THE MIRRORS OF BOTH VEHICLES BACK INTO PLACE AND ADVISED THE DRIVER OF VEHICLE #1 THAT HER MIRROR WAS BROKE BEFORE HIS VEHICLE STRUCK HERS. DRIVER OF VEHICLE #2 (WHITE MALE DRESSED IN BROWN CARHARTS) THEN LEFT THE SCENE. DRIVER OF VEHICLE #1 ATTEMPTED TO OBTAIN PLATE #681205. DISPATCH ADVISED THAT THERE WAS NO RECORD FOR THE PLATE GIVEN.											Diagram 	

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 11/2020)

External #  
0169747

Crash ID  
2486491

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 259-22									
Crash Date 01/19/2022		Crash Time 10:37	No. of Units 02	Crash Type Sideswipe-Opposite	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police		<input type="radio"/> Hit and Run <input type="radio"/> Unknown		<input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 17 - Chippewa		Traffic Control Stop Sign		Relation to Roadway On the Road		Weather Snow		Area INTR Within Intersection							
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Daylight		Road Surface Condition Ice		Total Lanes 02	Speed Limit 25	Posted Yes			
Work Zone (if applicable) Type													Workers Present	Activity	Location

LOCATION	Prefix EASTERDAY		Road Type AVE		Suffix E		Divided Roadway	
	Distance / Direction 1 Feet E		Trafficway 2-Way w/Cont. L-Turn Lane					
	Prefix COURT		Road Type ST		Suffix		Divided Roadway	

UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (46)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Race U	Total Occupants 01	Hazardous Action None	
	Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE		Ambulance NONE									
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results:		Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration ELR7780		State MI	Vehicle Description Year 2003		Make CHEVROLET		Model SILVERADO		Color GRN		
	VIN 1GCHK29U23E269662			Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation					
	Insurance Company #####			Insurance Policy # #####			Towed By NA		Towed To NA			
	Location of Greatest Damage 11		First Impact 01	Extent of Damage (Power Unit and/or Trailers) No Damage		Vehicle Direction S	Vehicle Use Private		Action Prior Slowing/Stop on Roadway			
	Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											

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

TRUCK/BUS	Carrier Information				USDOT		MC		MPSC		
					Driver's CDL Type		Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.				Vehicle Configuration		Cargo Body Type	Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	

OWNERS	Owner Information				Owner Information			

Damaged Property				Public	Owner & Phone			

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (20)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Race U	Total Occupants 02	Hazardous Action Unable to Stop	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt			
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance NONE						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending   Test Results:		Interlock Device No				
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending   Test Results:		Citation Issued ○ Hazardous ○ Other				
	Vehicle Registration EMB8379		State MI	Vehicle Description Year 2007	Make BUICK	Model LUCERNE		Color BLK				
	VIN 1G4HD57287U234364		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect			
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation					
	Insurance Company #####			Insurance Policy # #####			Towed By NA		Towed To NA			
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Functional Damage			Vehicle Direction N	Vehicle Use Private		Action Prior Turning Right				
Sequence of Events ● First ● 17 - Motor Veh in Transport ● (● indicates MOST harmful event)												
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed				
	Hospital				Ambulance							
TRUCK / BUS	Carrier Information					USDOT		MC	MPSC			
						Driver's CDL Type OH OP OT ON OS OX		Endorsements ○ Farm ○ Other		CDL Exempt		
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.			Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information					Owner Information						
WITNESS	Witness Information					Witness Information						
Investigated at Scene No		Reported Date (Time) 01/19/2022 (11:58)		1st Investigator Name (Badge) TREVOR ADKINS (2126)		2nd Investigator Name (Badge)			Photos No			
Narrative Unit 1 was stopped at the intersection of Court St and E Easterday Ave waiting to turn onto Easterday Ave. Unit 2 was traveling West on Easterday Ave and attempting to turn right onto Court St. As unit 2 was turning they lost control due to icy roads and collided with unit 1. There were no injuries. U/O observed functional damage to the front right of unit 2 and no damage to unit 1 as there was a plow on the vehicle.						Diagram Diagram Drawn Not To Scale 						

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External #  
0162179

Crash ID  
1069410

Page 01 of 02  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 2563-17			
Crash Date 06/28/2017		Crash Time 14:55	No. of Units 03	Crash Type Rear End-Left Turn		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On the Road		Weather Clear		Area INTR Within Intersection	
City/Twp 66 - Sault Ste Marie		Contributing Circumstances 1st Other		2nd		Light Daylight		Road Surface Condition Dry	
Work Zone (if applicable) Type		Workers Present		Activity		Location			

Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
Distance / Direction 10 Feet E		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (47)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action None
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped
Hospital NONE				Ambulance NONE					
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####		State MI	Vehicle Description 2010 GMC		Model ACADIA		Color TAN		
VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Insurance Company #####			Insurance Policy # #####			Towed By		Towed To	
Location of Greatest Damage 05		First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Stopped on Roadway	
Sequence of Events ● 17 - Motor Veh in Transport				First		Second		Third	
								Fourth	

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

TRUCK/BUS	Carrier Information		USDOT		MC	MPSC		
			Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone



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File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department						Reviewer JOHN WEIST				
Crash Date 06/28/2017		Crash Time 14:55	No. of Units 03	Crash Type Rear End-Left Turn		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Fleeing Police <input type="radio"/> Unknown <input type="radio"/> Animal			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On the Road			Weather Clear		Area INTR Within Intersection			
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st Other    2nd				Light Daylight		Road Surface Condition Dry		Total Lanes 01	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type                                      Workers Present                                      Activity                                      Location												

LOCATION	Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance / Direction 10 Feet E		Trafficway Not Physically Divided		
	Prefix	Intersecting Road Name ASHMUN	Road Type ST	Suffix	Divided Roadway

Unit Number 03	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (79)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action Unable to Stop
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Driver is Owner Yes	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
Driver Condition at Time of Crash 1st Appeared Normal				2nd Driver Distracted By Other Activity Inside Veh		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE					Ambulance NONE				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath    ○ Blood    ○ Urine ○ Field    ○ PBT    ○ Refused    ○ Not Offered			Alcohol Test Results ○ Pending    Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood    ○ Urine ○ Field    ○ Refused    ○ Not Offered			Drug Test Results ○ Pending    Test Results:		Citation Issued ○ Hazardous ○ Other		
Vehicle Registration #####		State MI	Vehicle Description 2015	Make TOYOTA	Model TACOMA			Color BLU	
VIN #####		Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Insurance Company #####			Insurance Policy # #####			Towed By		Towed To	
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private			Action Prior Slowing/Stop on Roadway	
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)		First Second		Third			Fourth		

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

TRUCK/BUS	Carrier Information			USDOT		MC		MPSC						
				Driver's CDL Type		Endorsements		CDL Exempt						
				<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		<input type="radio"/> Farm <input type="radio"/> Other								
GVWR/GCWR			Vehicle Configuration		Cargo Body Type		Medical Card		Hazardous Material		ID #		Class #	
<input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.									<input type="radio"/> Placard <input type="radio"/> Cargo Spill					

OWNERS	Owner Information	Owner Information

Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)		License Type ○ Operator ○ Chauffeur ○ Moped		Endorsements ○ Cycle ○ Farm ○ Recreation		Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Driver is Owner	Injury	Position			Restraint			
	Driver Condition at Time of Crash 1st 2nd				Driver Distracted By			Ejected	Trapped	Airbag Deployed				
	Hospital					Ambulance								
	Alcohol Suspected	Contributing Factor	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ○ Not Offered			Alcohol Test Results ○ Pending   Test Results:			Interlock Device					
	Drug Suspected	Contributing Factor	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ○ Not Offered			Drug Test Results ○ Pending   Test Results:			Citation Issued ○ Hazardous ○ Other					
	Vehicle Registration		State	Vehicle Description	Year	Make	Model		Color					
	VIN		Vehicle Type		Special Vehicles		Private Trailer Type		Vehicle Defect					
	Insurance Company			Insurance Policy #			Towed By			Towed To				
	Location of Greatest Damage		First Impact	Extent of Damage (Power Unit and/or Trailers)		Vehicle Direction	Vehicle Use			Action Prior				
Sequence of Events ● indicates MOST harmful event)														
PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position			Restraint			
					Injury	Ejected	Trapped	Airbag Deployed						
	Hospital				Ambulance									
	Passenger Information				Date of Birth (Age)		Sex	Position			Restraint			
					Injury	Ejected	Trapped	Airbag Deployed						
	Hospital				Ambulance									
	Passenger Information				Date of Birth (Age)		Sex	Position			Restraint			
					Injury	Ejected	Trapped	Airbag Deployed						
	Hospital				Ambulance									
TRUCK/BUS	Carrier Information						USDOT		MC		MPSC			
							Driver's CDL Type		Endorsements ○ H   ○ P   ○ T ○ N   ○ S   ○ X		CDL Exempt ○ Farm ○ Other			
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.				Vehicle Configuration		Cargo Body Type		Medical Card		Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information						Owner Information							
WITNESS	Witness Information						Witness Information							
Investigated at Scene		Reported Date (Time)		1st Investigator Name (Badge)		2nd Investigator Name (Badge)				Photos				
Narrative							Diagram							

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0168785  
Crash ID 1786250

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File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 3545-19			
Crash Date 08/27/2019		Crash Time 11:23	No. of Units 02	Crash Type Angle		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeting Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On the Road		Weather Cloudy		Area INTR Within Intersection	
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Daylight		Road Surface Condition Dry	
Total Lanes 02		Speed Limit 25		Posted Yes					
Work Zone (if applicable) Type		Workers Present		Activity		Location			

LOCATION	Prefix E		Primary Road Name EASTERDAY		Road Type		Suffix		Divided Roadway	
	Distance / Direction 5 Feet E		Trafficway Not Physically Divided							
	Prefix BINGHAM		Intersecting Road Name		Road Type AVE		Suffix		Divided Roadway	

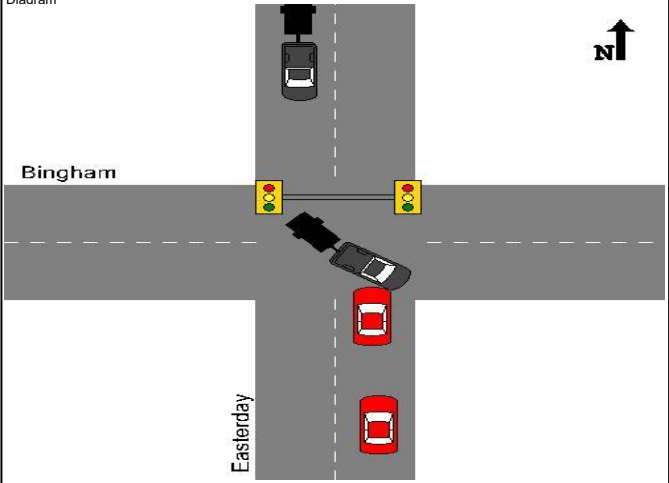
UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (39)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action Failed to Yield
	Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Unknown		Ejected	Trapped
	Hospital NONE				Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results: Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results: Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration 8JUR78		State MI	Vehicle Description Year 2007		Make GMC	Model SIERRA		Color GRY	
	VIN 1GTHK23637F506650		Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type Utility		Vehicle Defect	
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation			
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To N/A	

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

TRUCK / BUS	Carrier Information				USDOT		MC	MPSC	
					Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	

OWNERS	Owner Information				Owner Information			

Damaged Property		Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (52)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action None
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
	Driver Condition at Time of Crash 1st Appeared Normal				2nd Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance NONE				
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:		Interlock Device No	
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ○ Not Offered			Drug Test Results ○ Pending	Test Results:		Citation Issued ○ Hazardous ○ Other	
	Vehicle Registration MRSFUZZ		State MI	Vehicle Description Year 2010	Make HYUNDAI	Model ELENTRA		Color RED		
	VIN KMHDC8AE7AU058503		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type		Vehicle Defect		
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation				
	Insurance Company #####			Insurance Policy # #####			Towed By MERLES TOWING		Towed To N/A	
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Disabling Damage			Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead		
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint	
					Injury	Ejected	Trapped	Airbag Deployed		
	Hospital				Ambulance					
TRUCK / BUS	Carrier Information					USDOT	MC	MPSC		
						Driver's CDL Type OH   OP   OT ON   OS   OX	Endorsements ○ Farm ○ Other	CDL Exempt		
	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.			Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID # Class #
OWNERS	Owner Information					Owner Information				
WITNESS	Witness Information					Witness Information				
	Investigated at Scene Yes	Reported Date (Time) 08/27/2019 (14:43)	1st Investigator Name (Badge) DEREK O'DELL (2180)			2nd Investigator Name (Badge)			Photos No	
Narrative vehicle 1 was traveling W on Easterday, Vehicle 2 was traveling E on Easterday and turned onto Bingham and did not see vehicle 1					Diagram 					

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept					Reviewer JOHN WEIST		
Crash Date 08/03/2012	Crash Time 09:40	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Clear	Area 07 - NON-FRWY in Intersection			
City/Twp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes

LOCATION	Prefix W	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 20 Feet W	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road BINGHAM	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 09/07/1986 (25)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance NONE		
Alcohol ○ Yes    ● No Test Type    ○ Field    ○ PBT    ○ Not offered    ○ Breath    ○ Blood    ○ Urine    Test Results				Drugs ○ Yes    ● No Test Type    ○ Blood    ○ Urine    Test Results				Citation Issued ● Hazardous    ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description FORD		Make TAURUS	Model TAN	Year 2003	Vehicle Type Passenger Car			
Location of Greatest Damage 01	First Impact 01	Extent of Damage 4	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 02 - Turning left		
Sequence of Events (● indicates MOST harmful event)		First 04 - Ran off roadway-right		Second ● 31 - Utility pole		Third		Fourth		

PASSENGERS	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	#####	11/21/2008 (3)	F	03	06	NONE
	#####	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	SAULT STE MARIE, MI 49783 (###) ###-####	O	Yes			NONE
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
		Injury	Airbag Deployed	Ejected	Trapped	Ambulance

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

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ###/###/#### Contact Time: ##:##	Damaged Property  Owner & Phone	Public
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UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action		
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital			
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance			
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect	
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type			
	Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior			
	Sequence of Events (● indicates MOST harmful event)				First		Second		Third		Fourth	
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
Injury						Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
TRUCK / BUS		Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
							Driver's CDL Type		Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036	
		Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information						
WITNESS	Witness Information					Witness Information						
Investigated at Scene		Yes	Reported Date (Time)	1st Investigator Name (Badge)		2nd Investigator Name (Badge)		Photos By				
			##/##/#### (##:##)	##### (#####)		##### (#####)		#####				
Narrative					Diagram							
V-1 was trvaleing south on Bingham and attempted to turn east onto Easterday Ave. V-1 was not able to make the turn and ran off the road and struck a utility pole. I cited the driver for VBSL too fast. Vehicle was towed from scene by Superior. No injuries Weist 184												

Authority: 1949 PA 300, Sec.257 622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 11/2020)

External # 0169692  
Crash ID 2460634

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department		Incident # 5109-21		Reviewer JOHN WEIST		
Crash Date 12/22/2021	Crash Time 08:00	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police	<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa	Traffic Control None	Relation to Roadway On the Road		Weather Cloudy		Area INTR Within Intersection		
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None 2nd		Light Dawn	Road Surface Condition Snow		Total Lanes 01	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type		Workers Present	Activity	Location				

Prefix	Primary Road Name W. EASTERDAY AVE.	Road Type	Suffix	Divided Roadway
Distance / Direction 10 Feet S		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name BARBEAU ST.	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (40)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Race W	Total Occupants 01	Hazardous Action None
Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed		
Hospital NONE		Ambulance NONE								
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device No			
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
Vehicle Registration EKP0753	State MI	Vehicle Description 2021	Make DODGE	Model RAM	Color SIL					
VIN 1C6SRFFT9MN511810	Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect				
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation					
Insurance Company #####		Insurance Policy # #####			Towed By		Towed To			
Location of Greatest Damage 07	First 07	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Going Straight Ahead			
Sequence of Events ● 45 - Other Fixed Object		First		Second		Third		Fourth		

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

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC	
			Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

Owner Information	Owner Information
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Damaged Property	Public	Owner & Phone
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UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Race	Total Occupants	Hazardous Action		
	Unit Type	Driver Information				Driver is Owner	Injury	Position	Restraint				
	Driver Condition at Time of Crash 1st 2nd				Driver Distracted By			Ejected	Trapped	Airbag Deployed			
	Hospital					Ambulance							
	Alcohol Suspected	Contributing Factor	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device					
	Drug Suspected	Contributing Factor	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other					
	Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color						
	VIN	Vehicle Type		Special Vehicles			Private Trailer Type		Vehicle Defect				
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash						
	Insurance Company			Insurance Policy #			Towed By		Towed To				
	Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)			Vehicle Direction	Vehicle Use		Action Prior				
	Sequence of Events		First	Second			Third		Fourth				
	(• indicates MOST harmful event)												
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint				
					Injury	Ejected	Trapped	Airbag Deployed					
	Hospital				Ambulance								
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint				
					Injury	Ejected	Trapped	Airbag Deployed					
	Hospital				Ambulance								
TRUCK / BUS	Carrier Information				USDOT		MC	MPSC					
					Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other					
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #			
OWNERS	Owner Information				Owner Information								
WITNESS	Witness Information				Witness Information								
	##### ##### #####, ## #####-#### (###) ###-####												
Investigated at Scene		No	Reported Date (Time)	12/22/2021 (08:28)		1st Investigator Name (Badge)		JOHN WEIST (2184)		2nd Investigator Name (Badge)		Photos	No
Narrative					Diagram								
V-1 was east bound on E. Easterday at the Barbeau St. intersection when it ran over a manhole cover. The manhole cover then flipped up and struck the drivers side of the truck near the rear tire causing damage. Accident was witnessed by a Street Dept. employee. Sgt. Weist 184													

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External #  
0165744

Crash ID  
1583807

Page 01 of 01  
File Class

Incident #  
4839-18

Reviewer  
DEREK O'DELL

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department								
Crash Date 12/27/2018	Crash Time 15:30	No. of Units 02	Crash Type Rear End	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 17 - Chippewa	Traffic Control Stop w/Flashing Beacon		Relation to Roadway On the Road		Weather Snow		Area INTR Other Related			
City/Twsp 66 - Sault Ste Marie	Contributing Circumstances 1st None		2nd		Light Daylight	Road Surface Condition Wet	Total Lanes 02	Speed Limit 25	Posted Yes	
Work Zone (if applicable) Type Workers Present Activity Location										

LOCATION	Prefix EASTERDAY	Road Type AVE	Suffix E	Divided Roadway
	Distance / Direction 21 Feet W			
	Trafficway Not Physically Divided			
	Prefix MINNEAPOLIS	Road Type ST	Suffix	Divided Roadway

UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (27)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action Unable to Stop
	Unit Type MV	Driver Information ##### SAULT STE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped
	Hospital NONE				Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results: Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results: Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration DXJ1165	State MI	Vehicle Description 1998	Make FORD	Model RANGER		Color BLK			
	VIN 1FTYR14U3WTA84625	Vehicle Type Pickup Truck		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash No Automation			
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To N/A	

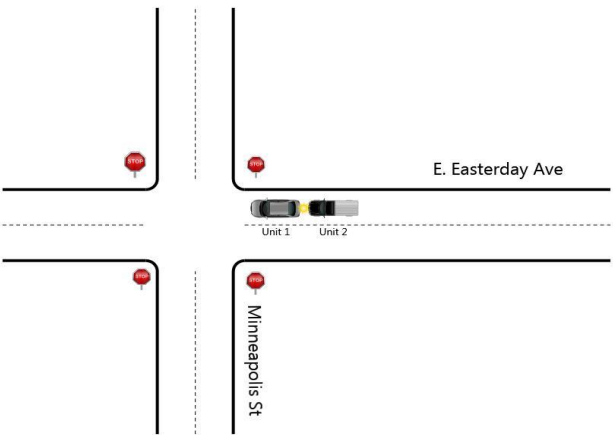
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
					Injury	Ejected	Trapped	Airbag Deployed
	Hospital				Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
					Injury	Ejected	Trapped	Airbag Deployed
	Hospital				Ambulance			

TRUCK / BUS	Carrier Information				USDOT	MC	MPSC
					Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information				Owner Information			

Damaged Property	Public	Owner & Phone



UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (60)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action None	
	Unit Type MV	Driver Information ##### SAULT SAINTE MARIE, MI 49783 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted			Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:	Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending	Test Results:	Citation Issued ○ Hazardous ○ Other			
	Vehicle Registration DUJ0954	State MI	Vehicle Description 2012	Year	Make HYUNDAI	Model SONATA	Color GRY				
	VIN 5NPEB4AC2CH433293	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect				
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation					
	Insurance Company #####		Insurance Policy # #####			Towed By NA/		Towed To N/A			
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Stopped on Roadway				
Sequence of Events ● 17 - Motor Veh in Transport (● indicates MOST harmful event)											
PASSENGERS	Passenger Information ##### SAULT SAINTE MARIE, MI ### (###) ###-####				Date of Birth (Age) ##/##/#### (6)	Sex M	Position 2nd Row - Left		Restraint Child - Forward Facing		
					Injury O	Ejected	Trapped	Airbag Deployed Not Equipped			
	Hospital NONE				Ambulance NONE						
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint		
				Injury	Ejected	Trapped	Airbag Deployed				
Hospital				Ambulance							
TRUCK / BUS	Carrier Information					USDOT	MC	MPSC			
						Driver's CDL Type	Endorsements OH   OP   OT ON   OS   OX	CDL Exempt ○ Farm ○ Other			
GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #		
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) 12/27/2018 (15:56)		1st Investigator Name (Badge) SCOTT HAZEWINKE (2123)		2nd Investigator Name (Badge)		Photos No			
Narrative Unit 1 was stopped at the stop sign at E. Easterday Ave and Minneapolis St. Unit 1 began pulling forward but then stopped to let another vehicle go. Unit 2 rear ended Unit 1.					Diagram 						

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept						Reviewer MICKI LEPPIN	
Crash Date 07/14/2012	Crash Time 14:50	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control Stop sign	Relation to Roadway On Road		Special Study	Weather Clear		Area 07 - NON-FRWY in Intersection		
City/Twp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 03	Speed Limit 25	Posted Yes

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

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 10/12/1964 (47)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 04 - Disregard traffic control
Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE		
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock Yes	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
Alcohol ○ Yes    ● No    ○ Refused    ○ Not offered ○ Test Type    ○ Field    ○ PBT    ○ Breath    ○ Blood    ○ Urine				Test Results			Drugs ○ Yes    ● No    ○ Test Type    ○ Blood    ○ Urine		Citation Issued ○ Hazardous    ○ Other
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type Vehicle Defect
VIN #####		Vehicle Description BUICK		Make LUCERNE	Model BLK	Year 2010	Vehicle Type Passenger Car		
Location of Greatest Damage 01	First Impact 01	Extent of Damage 3	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead	
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport			Second		Third Fourth		

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type		Endorsements	CDL Exempt	CDL Restrictions	
								OH   OP   OT ON   OS   OX	<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ###/##/#### Contact Time: ##:##	Damaged Property  Owner & Phone	Public
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UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 09/19/1995 (16)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury C	Position 01	Restraint 04	Hospital NONE		
	Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock Yes	Ejected	Trapped	Airbag Deployed Yes	Ambulance SAULT STE MARIE FIRE DEPT		
	Alcohol ○ Yes ● No Test Type ○ Field ○ PBT				Test Results ○ Refused ○ Not offered ○ Breath ○ Blood ○ Urine		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####		Vehicle Description CHEV		Make 2DR	Model	Color BLK	Year 2002	Vehicle Type Passenger Car		
	Location of Greatest Damage 03		First Impact 03	Extent of Damage 5	Driveable No	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 10 - Starting up on roadway		
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)										
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
Injury						Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type		Endorsements ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt ○ Farm ○ Other	CDL Restrictions ○ 28 ○ 29 ○ 30 ○ 35 ○ 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material ○ Placard ○ Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####			
Narrative driver of vehicle #1 stated that as he was traveling west on E Easterday he didn't see the stop sign at E Easterday and Seymour. He ran the stop sign and struck vehicle #2 which had already entered the intersection and had the right of way. Driver of vehicle #2 was transported to WMH by ambulance.						Diagram 					

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0161362  
Crash ID 1235078

Page 01 of 01  
File Class 93001

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department				Incident # 5030-17			
Crash Date 12/15/2017		Crash Time 17:41	No. of Units 02	Crash Type Rear End		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa		Traffic Control Signal		Relation to Roadway On the Road		Weather Snow		Area INTR Other Related	
City/Twsp 66 - Sault Ste Marie		Contributing Circumstances 1st None		2nd		Light Dark-Lighted		Road Surface Condition Snow	
Work Zone (if applicable) Type		Workers Present		Activity		Location		Total Lanes 03	
								Speed Limit 25	
								Posted Yes	

LOCATION	Prefix E		Primary Road Name EASTERDAY		Road Type AVE		Suffix		Divided Roadway	
	Distance / Direction 20 Feet E				Trafficway Not Physically Divided					
	Prefix ASHMUN		Intersecting Road Name		Road Type ST		Suffix		Divided Roadway	

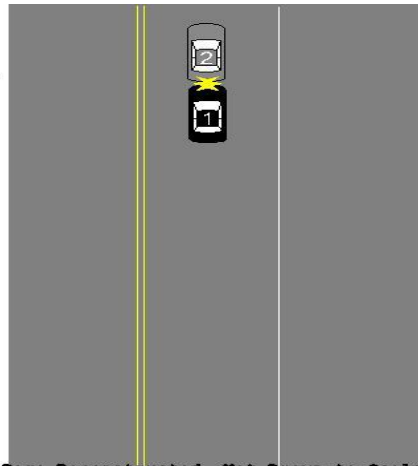
UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (53)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 02	Hazardous Action Unable to Stop
	Unit Type MV	Driver Information ##### ##### SAULT STE. MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
	Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By Not Distracted		Ejected	Trapped
	Hospital NONE				Ambulance NONE					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending		Test Results: Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending		Test Results: Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration 8HPS34		State MI	Vehicle Description 2011		Make CHRYSLER	Model TOWN AND COUNTR		Color BLK	
	VIN 2A4RR8DG8BR759467		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
	Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash			
	Insurance Company #####			Insurance Policy # #####			Towed By N/A		Towed To	

PASSENGERS	Passenger Information ##### ##### SAULT STE. MARIE, MI ### (###) ###-####				Date of Birth (Age) ###/###/#### (14)	Sex F	Position 2nd Row - Right		Restraint Shoulder and Lap Belt
					Injury O	Ejected	Trapped	Airbag Deployed Not Equipped	
	Hospital NONE				Ambulance NONE				
	Passenger Information				Date of Birth (Age)	Sex	Position		Restraint
					Injury	Ejected	Trapped	Airbag Deployed	

TRUCK / BUS	Carrier Information				USDOT		MC	MPSC	
					Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill

OWNERS	Owner Information				Owner Information			

Damaged Property		Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (19)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action None
	Unit Type MV	Driver Information ##### SAULT STE. MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt	
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance NONE				
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending	Test Results:	Interlock Device No		
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending	Test Results:	Citation Issued ○ Hazardous ○ Other		
	Vehicle Registration 4LP04	State MI	Vehicle Description 2002	Year	Make CADILLAC	Model	Color SIL			
	VIN 1G6KD54Y82U105538	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect			
	Automation System(s) in Vehicle		Automation System Level in Vehicle			Automation System Level Engaged at Time of Crash				
	Insurance Company #####		Insurance Policy # #####			Towed By N/A		Towed To		
Location of Greatest Damage 05	First Impact 05	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Stopped on Roadway			
Sequence of Events ● First   ● 17 - Motor Veh in Transport (● indicates MOST harmful event)										
PASSENGERS	Passenger Information ##### SAULT STE. MARIE, MI ### (###) ###-####				Date of Birth (Age) ##/##/#### (31)	Sex F	Position Front - Right	Restraint Shoulder and Lap Belt		
					Injury O	Ejected	Trapped	Airbag Deployed Not Equipped		
	Hospital NONE				Ambulance NONE					
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint		
				Injury	Ejected	Trapped	Airbag Deployed			
Hospital				Ambulance						
TRUCK / BUS	Carrier Information					USDOT	MC	MPSC		
						Driver's CDL Type	Endorsements OH   OP   OT ON   OS   OX	CDL Exempt ○ Farm ○ Other		
GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill		ID #	Class #	
OWNERS	Owner Information ##### ##### #####, ## #####-#### (###) ###-####				Owner Information					
	Witness Information				Witness Information					
WITNESS	Investigated at Scene Yes	Reported Date (Time) 12/15/2017 (18:07)	1st Investigator Name (Badge) BRIAN MATTSON (2189)		2nd Investigator Name (Badge)		Photos No			
	Narrative Veh. 2 was stopped in the roadway for the traffic light and was struck from behind by Veh. 1. Driver of Veh. 1 stated that he was unable to stop in time due to the snow covered road conditions.				Diagram 					
Page Reconstructed, Not Drawn to Scale										

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

External # 0162493  
Crash ID 9139456

Page 01 of 01  
Incident # 4851-14 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Department		Reviewer FRANCIS DESHANO			
Crash Date 12/19/2014	Crash Time 07:25	No. of Units 02	Crash Type Head On-Left Turn	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road	Special Study	Weather Clear	Area 07 - NON-FRWY in Intersection		
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type Lane Closed Activity		Light Dark-Lighted	Road Condition Icy	Total Lanes 03	Speed Limit 25	Posted Yes

LOCATION	Prefix	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 10 Feet E	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road BINGHAM	Road Type AVE	Suffix	Divided Roadway

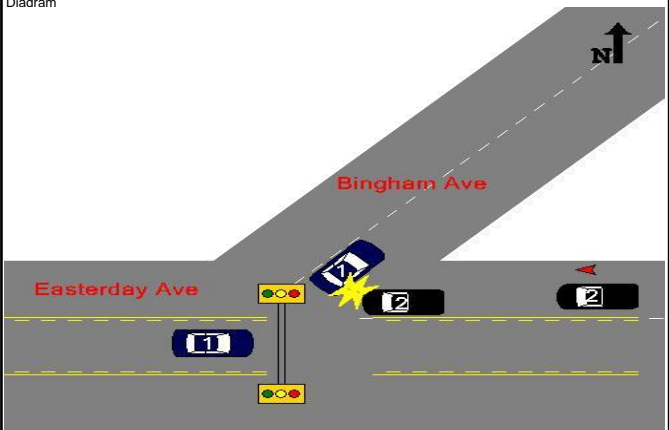
UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (49)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 03 - Failed to yield	
	Unit Type MV	Driver Information ##### ##### SAULT STE MARIE, MI 49783 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration #####	State MI	Insurance / Policy # #####		Towed To/By			Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description BUICK	Make RAINIER	Model DBL	Color DBL	Year 2007	Vehicle Type Passenger Car				
	Location of Greatest Damage 04	First Impact 04	Extent of Damage 3	Driveable Yes	Vehicle Direction NE	Vehicle Use 01 - Private	Action Prior 02 - Turning left				
Sequence of Events (● indicates MOST harmful event) First ● 17 - Motor veh in transport Second Third Fourth											

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

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

OWNERS	Owner Information				Owner Information			

Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:				Damaged Property Owner & Phone				Public
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UNIT / DRIVER	Unit Number <b>02</b>	Unit Known <b>Yes</b>	State <b>MI</b>	Driver License Number <b>#####</b>	Date of Birth (Age) <b>###/###/#### (19)</b>	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex <b>F</b>	Total Occupants <b>01</b>	Hazardous Action <b>00 - None</b>		
	Unit Type <b>MV</b>	Driver Information <b>#####</b> <b>SAULT STE MARIE, MI 49783 (###) ###-####</b>				Injury <b>O</b>	Position <b>01</b>	Restraint <b>04</b>	Hospital <b>NONE</b>			
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock <b>No</b>	Ejected	Trapped	Airbag Deployed <b>No</b>	Ambulance <b>NONE</b>			
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input checked="" type="radio"/> Not offered				Test Results			Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Results		
	Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other							
	Vehicle Registration <b>#####</b>	State <b>MI</b>	Insurance / Policy # <b>#####</b>			Towed To/By			Special Vehicles <b>0</b>	Private Trailer Type	Vehicle Defect	
	VIN <b>#####</b>	Vehicle Description <b>CHEVROLET</b>	Make <b>AVALANCH</b>	Model <b>BLK</b>	Color <b>2002</b>	Vehicle Type <b>Pickup truck</b>						
	Location of Greatest Damage <b>02</b>	First Impact <b>02</b>	Extent of Damage <b>2</b>	Driveable <b>Yes</b>	Vehicle Direction <b>W</b>	Vehicle Use <b>01 - Private</b>			Action Prior <b>01 - Going Straight Ahead</b>			
	Sequence of Events <input checked="" type="radio"/> 17 - Motor veh in transport				Second			Third			Fourth	
	<b>(● indicates MOST harmful event)</b>											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC			
					Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
	Owner Information				Owner Information							
	Witness Information				Witness Information							
	Investigated at Scene <b>Yes</b>	Reported Date (Time) <b>12/19/2014 (08:50)</b>	1st Investigator Name (Badge) <b>JAKE NICHOLSON (2115)</b>			2nd Investigator Name (Badge)			Photos By			
	Narrative On 12-19-14 @ approximately 0725 hours I received a complaint at the front desk about an accident that had just occurred. The driver of Unit #1 came into the city PD to report the accident. The driver said she looked for the other but it was not in the area. While talking with the driver of Unit #1 I was dispatched for a hit and run at the same area. I advised central I was speaking with the other party and it was not considered a hit and run. The driver of Unit #1 was driving east on Easterday and was attempting to turn NE onto Bingham. Unit #1 pulled out in front of Unit #2 and had a collision. Unit #2 had the green light. Unit #1 failed to yield oncoming traffic. The impact happened on the rear passenger corner of Unit #1 and front passenger corner of Unit #2. There were no reported injuries.					Diagram 						

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 1773400		Department Name Sault Ste Marie Police Dept				Reviewer Chris Stempky			
Crash Date 08/31/2013	Crash Time 21:04	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On Road		Special Study	Weather Clear		Area 07 - NON-FRWY in Intersection		
City/Twsp 66 - Sault Ste Marie	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 03	Speed Limit 25	Posted Yes

LOCATION	Prefix E	Road Name EASTERDAY	Road Type AVE	Suffix	Divided Roadway
	Distance 10 Feet N	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road BINGHAM	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 07/02/1957 (56)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 09 - Improper turn	
Unit Type MV	Driver Information ##### ##### SAULT SAINTE MARIE, MI 49783 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes Test Type    ● No ○ Field				○ Refused    ○ Not offered ○ PBT        ○ Breath    ○ Blood    ○ Urine		Test Results		Drugs ○ Yes Test Type    ● No ○ Blood    ○ Urine		Citation Issued ● Hazardous    ○ Other
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEVROLET		Make SILVERADO	Model	Color RED	Year 2005	Vehicle Type Pickup truck		
Location of Greatest Damage    07		First Impact 07	Extent of Damage    2	Driveable Yes	Vehicle Direction N	Vehicle Use 01 - Private		Action Prior 02 - Turning left		
Sequence of Events (● indicates MOST harmful event)		First ● 17 - Motor veh in transport		Second		Third		Fourth		

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

TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC			
					Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions			
		OH	OP	OT	<input type="checkbox"/> Farm	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36						
		ON	OS	OX	<input type="checkbox"/> Other							
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill			

OWNERS	Owner Information	Owner Information

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



UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	05/09/1994 (19)	License Type	<input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	F	Total Occupants	02	Hazardous Action	00 - None		
	Unit Type	MV	Driver Information ##### ##### PICKFORD, MI 49774 (###) ###-####							Injury	O	Position	01	Restraint	04	Hospital	NONE					
	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99								Interlock	No	Ejected		Trapped		Airbag Deployed	No	Ambulance	NONE				
	Alcohol O Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Test Results								Drugs O Yes <input type="radio"/> No <input type="radio"/> Test Results								Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other					
	Test Type O Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine								Towed To/By #####								Special Vehicles	0	Private Trailer Type		Vehicle Defect	
	VIN		#####		State	MI	Insurance / Policy #		#####		Year	2005	Vehicle Type		Passenger Car							
	Location of Greatest Damage		01		First Impact	01		Extent of Damage	3		Driveable	No		Vehicle Direction	E		Vehicle Use	01 - Private		Action Prior	01 - Going Straight Ahead	
	Sequence of Events ● 17 - Motor veh in transport (● indicates MOST harmful event)																					

PASSENGERS	Passenger Information ##### ##### BRIMLEY, MI 49783 (###) ###-####								Date of Birth (Age)	12/14/1989 (23)	Sex	F	Position	03	Restraint	04	Hospital	NONE
									Injury	O	Airbag Deployed	No	Ejected		Trapped		Ambulance	NONE
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital	
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance	
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital	
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance	
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital	
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance	
	Passenger Information								Date of Birth (Age)		Sex		Position		Restraint		Hospital	
									Injury		Airbag Deployed		Ejected		Trapped		Ambulance	

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

OWNERS	Owner Information ##### ##### PICKFORD, MI 49774 (###) ###-####										Owner Information			

WITNESS	Witness Information										Witness Information			

Investigated at Scene	Yes	Reported Date (Time)	##/##/#### (##:##)	1st Investigator Name (Badge)	##### (#####)	2nd Investigator Name (Badge)	##### (#####)	Photos By	#####
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Narrative	Diagram
VEH. 2 WAS TRAVELING EAST ON E. EASTERDAY. THE SIGNAL WAS FLASHING YELLOW FOR TRAFFICE DRIVING ON EASTERDAY AND BLINKING RED FOR VEHICLES TRAVELING ON BINGHAM AVE. VEH. 1 WAS TRAVELING NORTH ON BINGHAM AVE AND ATTEMPTED TO MAKE A LEFT TURN ON E. EASTERDAY AVE. VEH. 1 FAILED TO WAITE FOR VEH.2 TO PASS THROUGH THE LIGHT. VEH.2 COLLIDED WITH THE DRIVER SIDE OF VEH.1. THE DRIVER OF VEH.1 WAS ISSUED A CITATION FOR FAILED TO YIELD WITH IN AN INTERSECTION LEFT TURN.	
Page Reconstructed, Not Drawn to Scale	

Authority: 1949 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 0164953  
Crash ID 1423812

Page 01 of 01  
File Class 93001

Incident #  
2484-18

Reviewer  
FRANCIS DESHANO

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1773400		Department Name Sault Ste Marie Police Department						
Crash Date 07/06/2018	Crash Time 12:13	No. of Units 02	Crash Type Angle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeting Police	<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 17 - Chippewa	Traffic Control Signal	Relation to Roadway On the Road		Weather Clear		Area INTR Within Intersection		
City/Twp 66 - Sault Ste Marie	Contributing Circumstances 1st None 2nd		Light Daylight	Road Surface Condition Dry		Total Lanes 03	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location								

Prefix E	Primary Road Name EASTERDAY	Road Type AVE	Suffix E	Divided Roadway
Distance / Direction 5 Feet WE		Trafficway Not Physically Divided		
Prefix BINGHAM	Intersecting Road Name BINGHAM	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (29)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input checked="" type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 02	Hazardous Action Disregard Traffic Control
Unit Type MV	Driver Information ##### ##### FERNDAL, MI 48220 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Deployed - Side	
Hospital NONE		Ambulance SAULT STE MARIE FIRE DEPT							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration 1LWE4	State MI	Vehicle Description 2014	Year 2014	Make FORD	Model FIESTA	Color BLK			
VIN 3FADP4GXXEM176748		Vehicle Type Passenger Car, SUV, Van	Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect			
Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation				
Insurance Company #####		Insurance Policy # #####			Towed By MERLES		Towed To MERLES		
Location of Greatest Damage 07	First Impact 07	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Going Straight Ahead		
Sequence of Events First ● 17 - Motor Veh in Transport (● indicates MOST harmful event)									

PASSENGERS	Passenger Information ##### ##### FERNDAL, MI ### (###) ###-####			Date of Birth (Age) ###/###/#### (27)	Sex F	Position Front - Right	Restraint Shoulder and Lap Belt
				Injury O	Ejected	Trapped	Airbag Deployed Not Equipped
	Hospital NONE			Ambulance NONE			
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint
			Injury	Ejected	Trapped	Airbag Deployed	
Hospital			Ambulance				

TRUCK/BUS	Carrier Information			USDOT	MC	MPSC	
				Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (21)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 02	Hazardous Action None	
	Unit Type MV	Driver Information ##### SAULT SAINTE MARIE, MI 49783 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted			Ejected	Trapped	Airbag Deployed Not Deployed	
	Hospital NONE					Ambulance SAULT STE MARIE FIRE DEPT					
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath   ○ Blood   ○ Urine ○ Field   ○ PBT   ○ Refused   ● Not Offered			Alcohol Test Results ○ Pending   Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood   ○ Urine ○ Field   ○ Refused   ● Not Offered			Drug Test Results ○ Pending   Test Results:		Citation Issued ○ Hazardous ○ Other			
	Vehicle Registration DGM1834	State MI	Vehicle Description 2011	Year	Make FORD	Model ESCAPE	Color BLK				
	VIN 1FMCU9C79BKB27864	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect				
	Automation System(s) in Vehicle No		Automation System Level in Vehicle No Automation			Automation System Level Engaged at Time of Crash No Automation					
	Insurance Company #####		Insurance Policy # #####			Towed By ANYTIME		Towed To ANYTIME			
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction S	Vehicle Use Private		Action Prior Going Straight Ahead				
Sequence of Events ● 17 - Motor Veh in Transport											
PASSENGERS	Passenger Information ##### SAULT SAINTE MARIE, MI ### (###) ###-####				Date of Birth (Age) ##/##/#### (24)	Sex F	Position Front - Right	Restraint Shoulder and Lap Belt			
					Injury O	Ejected	Trapped	Airbag Deployed Not Equipped			
	Hospital NONE				Ambulance NONE						
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint			
TRUCK / BUS					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Carrier Information				USDOT		MC	MPSC			
					Driver's CDL Type		Endorsements OH OP OT ON OS OX	CDL Exempt ○ Farm ○ Other			
OWNERS	GVWR/GCWR ○ 10,000 lbs. or Less   ○ 10,001 - 26,000 lbs.   ○ Greater than 26,000 lbs.				Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material ○ Placard   ○ Cargo Spill	ID #   Class #	
	Owner Information ##### ##### #####, ## #####-#### (###) ###-####				Owner Information						
WITNESS	Witness Information				Witness Information						
Investigated at Scene Yes		Reported Date (Time) 07/06/2018 (12:54)		1st Investigator Name (Badge) SCOTT HAZEWINKEL (2123)		2nd Investigator Name (Badge)		Photos Yes			
Narrative Unit 1 was traveling East on E. Easterday Ave and ran through the red light at Bingham Ave. Unit 2 was traveling south on Bingham Ave and struck Unit 1 in the intersection					Diagram 