



# MTCF Data Query Tool

## Map View of Your Query Results

MTCF Home Codebook DQT Handbook Help Tutorials Common Mistakes Contact Us Print



Current Query: Vehicles/drivers/pedestrians/bicyclists/train engineers for the year 2008 in the Southwestern Michigan Commission (Benton Harbor-St. Joseph) MPO filtered by Crash: Bicyclist (Bicyclist involved)

32 Units

Query Builder

Save Query

View Map

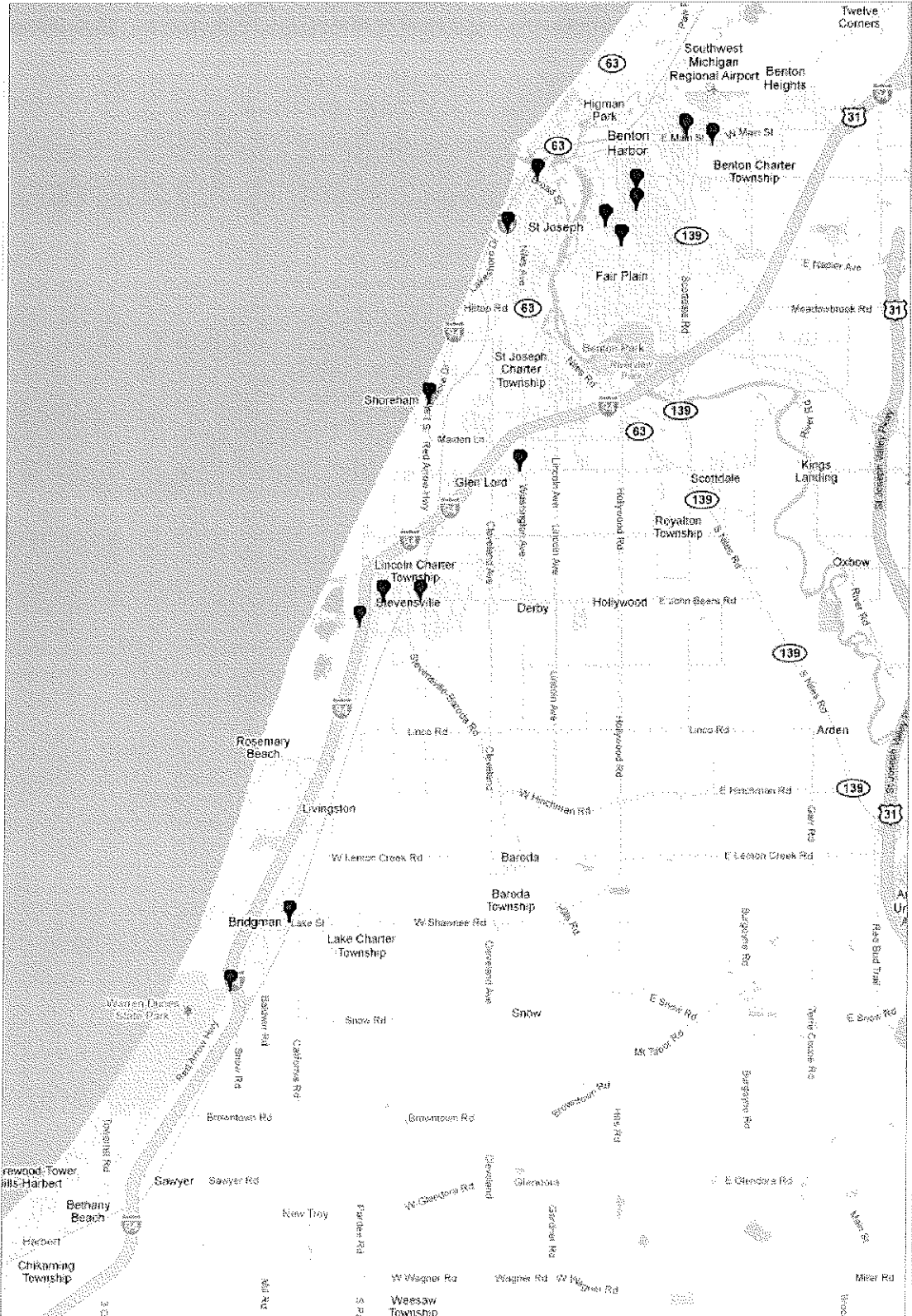
View Table

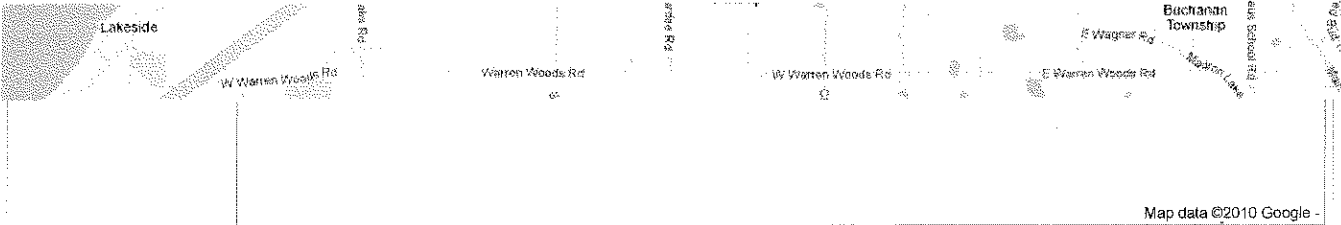
View List

View Chart

Crash Reports

2009 Crash Data is now ready to be used. The 2009 UD-10s will be made available as soon as possible.





PLEASE NOTE: The user is responsible for the accuracy of any report or opinion based on the use of this data query tool. • [Recent Changes](#)

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9311

ORI: MI-1123300

Department Name Baroda Lake Twp Police

Incident Disposition:  Open  Closed  
Reviewed: *[Signature]*

Crash Date Month: 08 Day: 14 Year: 2008		Crash Time Hour: 12 Min: 20		No. of Units 02	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input checked="" type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Local <input type="radio"/> State <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Fog/Smoke <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 11	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		Area 10	Total Lanes 4
Construction Zone (if applicable) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Divided Roadway (N) (S) (E) (W)		Road Type HWY		Speed Limit 55		Posted <input type="radio"/> Yes <input checked="" type="radio"/> No			

Prefix	Road Name RED ARROW	Divided Roadway (N) (S) (E) (W)	Road Type HWY	Suffix
Distance 600	FT <input checked="" type="radio"/> MI <input type="radio"/>	North <input type="radio"/> South <input checked="" type="radio"/>	East <input type="radio"/> West <input type="radio"/>	Beginning of Ramp <input type="radio"/> End of Ramp <input type="radio"/>
Prefix	Intersecting Road I-94	Divided Roadway (N) (S) (E) (W)	Road Type	Suffix

Unit Number 1	State MI	Date of Birth 08/06/1921	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup 01	Hazard Action 07
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City THREE OAKS	State MI	Zip 49128	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position 01	Restraint 04
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 <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type 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 Blood <input type="radio"/> Urine	Test Results	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation Issued Hazardous <input checked="" type="radio"/> I.H.P. #444343 Other <input type="radio"/> PASSING		

Vehicle Description BUICK	Make BUICK	Model COUNTRY	Color WHITE	Year 1993
Location of Greatest Damage ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫	Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM <input type="radio"/> OR <input type="radio"/> Other	Vehicle Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles ① ② ③ ④ ⑤ ⑥	Private Trailer Type ① ② ③ ④ ⑤ ⑥ ⑦
First Impact 03	Extent of Damage 1	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Defect ① ② ③ ④ ⑤ ⑥	Vehicle Use <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11

Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Equipped	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital
						Ambulance
						Ejected <input type="radio"/> Yes <input type="radio"/> No
						Trapped <input type="radio"/> Yes <input type="radio"/> No

Age	Pos.	Rest.
Age	Pos.	Rest.

Public <input type="radio"/> Y <input type="radio"/> N
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Damaged Property



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1

ORI: MI-1126800

Department Name: BRIDGMAN CITY

Incident Disposition:  Open  Closed  
Reviewer: M

Crash Date Month: 05 Day: 07 Year: 2008		Crash Time Hour: 19 Min: 15		No. of Units 02	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input checked="" type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 11	Traffic Control <input type="radio"/> None of These <input type="radio"/> Signal <input checked="" type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input type="radio"/> Clear <input checked="" type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Area 07		Total Lanes 4	
Construction Zone (if applicable) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		Speed Limit 25		Posted <input checked="" type="radio"/> Yes <input type="radio"/> No					

Prefix	Road Name MAYHEW	Divided Roadway (N)(S)(E)(W)	Road Type ST	Suffix
Distance 10	FT <input checked="" type="radio"/> MI <input type="radio"/>	North <input type="radio"/> East <input type="radio"/> South <input checked="" type="radio"/> West <input type="radio"/>	Beginning of Ramp <input type="radio"/> End of Ramp <input type="radio"/>	Trafficway <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Prefix	Intersecting Road LAKE	Divided Roadway (N)(S)(E)(W)	Road Type ST	Suffix

Unit Number 1	State MI	Date of Birth 09/20/1962	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup 01	Hazard Action 00
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Tram)	City Bridgman	State MI	Zip 49106	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position 01	Restraint 04
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 <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Not offered <input type="radio"/>	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	Hospital NA
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No	Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>	Ambulance NA	Not Equipped <input type="radio"/>

Vehicle Description Make: TOYOTA Model: AVALANCHE Color: Silver Year: 2002	Location of Greatest Damage <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MD <input type="radio"/> GC <input type="radio"/> SM	Vehicle Direction <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Use <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
---	--	---	---	---	---	---	---

Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No

Age	Pos.	Rest.
Age	Pos.	Rest.

Public <input type="radio"/> Y <input type="radio"/> N
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BACK

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

Unit Number: 2 State: MI Date of Birth: 10/19/92 License Type: O, C, M, R Sex: M Total Occup: 01 Hazard Action: 13

Unit Type: NCS City: BRIDGMAN State: MI Zip: 49106

Driver Condition: 1 (Injury) 2 (Ejected/Trapped) 3 (Airbag Deployed) 4 (Citation Issued) 5 (Hazardous/Other)

Vehicle Description: Make: Model: Color: Year:

Location of Greatest Damage: 1 (Front Impact) 2 (Extent of Damage) 3 (Driveable) 4 (PA) 5 (VA) 6 (PU) 7 (ST) 8 (CY) 9 (MO) 10 (GC) 11 (SM) 12 (OR) 13 (Other) 14 (Truck/Bus) 15 (Vehicle Direction) 16 (Special Vehicles) 17 (Private Trailer Type) 18 (Vehicle Use)

Passengers: Injury: K, A, B, C, O Airbag Deployed: Yes, No, Not Equipped

Unit Reported on Front

Action Prior	Sequence of Events		
First	Second	Third	Fourth
04	16		
Most Hazardous	(M)	(M)	(M)

Unit Reported Above

Action Prior	Sequence of Events		
First	Second	Third	Fourth
01	17		
Most Hazardous	(M)	(M)	(M)

Crash Diagram and Remarks

VEHICLE #1 WAS STOPPED AT THE STOP SIGN ON NORTH ST. VEHICLE #1 STARTED TO TURN LEFT AT THIS A BOY ON A BICYCLE CAME PAST THE CHINA CAFE AND DROVE INTO ROADWAY. VEHICLE #1 HIT THE BICYCLE, KNOCKING DOWN THE DRIVER OF THE BIKE. VEHICLE #1 STATED THE BIKE CAME OUT OF NOWHERE. THE BOY OF THE BIKE STATED HE DID NOT SLOW DOWN & R STOP BEFORE GOING INTO INTERSECTION. BAD BLIND SPOT AT THIS AREA

City: State: Zip: GVWR: Carrier Source: Papers, Vehicle, Log Book, Driver

Driver's CDL Type: A, B, C, H, P, T, N, S, X, Interstate, Intra (MI) Only, CDL Restrictions: 28, 29, 30, CDL Exempt: Farm, Other

Vehicle Type: AS, AL, BS, CX, AA, AT, BB, BX, AH, AX, BH, CH, AN, AY, BN, CP, AP, AZ, BP, CS

Medical Card: Y, N Hazardous Material: Placard, Cargo Spill Class #

Type & Axles Per Unit: First, Second, Third, Fourth

Cargo Body Type: 1, 2, 3, 4, 5, 6, 7, 8

Investigated at Scene

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 93001

ORI: MI-1105400

Department Name MSP BRIDGMAN

Incident Disposition:  Open  Closed  
Reviewer: [Signature]

Crash Date Month Day Year 06 01 2008		Crash Time Military 1530		No. of Units 02		Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input checked="" type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> OVI/Snowmobile	
County 11		Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign		Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Area 10	
Construction Zone (if applicable) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility		Lane Closed <input type="radio"/> Yes <input type="radio"/> No		Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		Speed Limit 55		Posted <input checked="" type="radio"/> Yes <input type="radio"/> No	

Prefix	Road Name THORNTON	Divided Roadway <input checked="" type="radio"/> N <input checked="" type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type RD	Suffix
Distance 750	FT <input checked="" type="radio"/> MI <input type="radio"/>	North <input type="radio"/> East <input type="radio"/> South <input checked="" type="radio"/> West <input type="radio"/>	Beginning of Ramp <input type="radio"/> End of Ramp <input type="radio"/>	Trailway <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Prefix	Intersecting Road JOHN BEERS	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type RD	Suffix

Unit Number 1	State MI	Date of Birth 06/08/1975	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup 04	Hazard Action 16
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City BRIDGMAN	State MI	Zip 49106	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position 01	Restraint 04
Driver Condition 1 2 3 4 5 6 7 8 9 99	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Not offered <input checked="" type="radio"/>	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	Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No			
Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No			Citation Issued Hazardous <input type="radio"/> Other 8072			

Vehicle Description Make Model Year PONTIAC GRAND PRIX BIK 2008		Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM <input type="radio"/> OR <input type="radio"/> Other <input type="radio"/> Truck/Bus	Vehicle Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles 1 2 3 4 5 6 9	Private Trailer Type 1 2 3 4 5 6 7
Location of Greatest Damage 9 1 2 3 4 5 6 7 8 10 11 12		First Impact 08	Extent of Damage 1	Drivesable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Defect 1 2 3 4 5 6

Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No
Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No

091679 Pa 3 Pa 04

Age Pos Rest

Damaged Property

Public  Y  N

LOCATION  
UNITS  
DRIVER  
PASSENGER





# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1

ORI: MI-1176600

Department Name Lincoln Township Police Department

Incident Disposition  Open  Closed

Reviewer 115

Crash Date Month Day Year 06 15 2008		Crash Time Military 12 17		No. of Units 02	Crash Type <input type="radio"/> Single Motor Vehicle <input checked="" type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 11	Traffic Control <input type="radio"/> None of These <input type="radio"/> Signal <input checked="" type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Untlighted <input type="radio"/> Other/Unknown		Area 09		Total Lanes 2
Construction Zone (if applicable) (Select One From Each Group) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility		Lane Closed <input type="radio"/> Yes <input type="radio"/> No		Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		Speed Limit 25		Posted <input type="radio"/> Yes <input type="radio"/> No

Prefix	Road Name George	Divided Roadway <input checked="" type="radio"/> N <input checked="" type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type St	Suffix
Distance 20	Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Trafficway <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Access Control <input checked="" type="radio"/> 2 <input type="radio"/> 3	
Prefix	Intersecting Road W John Beers	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type RD	Suffix

Unit Number 1	State MI	Date of Birth 09/11/1958	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup 03	Hazard Action 00
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City Stevensville	State MI	Zip 49127	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position 01	Restraint 04
Driver Condition <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered <input checked="" type="radio"/> Yes <input type="radio"/> No	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No
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	Citation Issued Hazardous <input type="radio"/> Yes <input checked="" type="radio"/> No Other <input type="radio"/> Yes <input checked="" type="radio"/> No		

Vehicle Description Ford Explorer	Make Ford	Model Explorer	Color Black	Year 2007
Location of Greatest Damage ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫	Vehicle Type <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM	Vehicle Direction <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
First Impact 08	Extent of Damage 1	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Use <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6

Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Arbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Not Equipped <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No											
<table border="1"> <tr> <td>Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O</td> <td>Arbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td>Not Equipped <input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td>Date of Birth</td> <td>Sex <input type="radio"/> M <input type="radio"/> F</td> <td>Position</td> <td>Restraint</td> <td>Hospital</td> <td>Ambulance</td> <td>Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td>Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No</td> </tr> </table>											Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Arbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Not Equipped <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Arbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Not Equipped <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No											

Age 2-24-54 Pos Post

Age 7-20-88 Pos Post

Damaged Property

Public  Y  N

LOCAL UNIT/DRIVER PASSENGERS

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

Unit Number: 2 State: MI

Date of Birth: 1/21/1968

License Type: O, CY, C, F, M, R

Sex: M

Total Occup: 01 Hazard Action: 16

Injury: K, A, B, C, O

Position: 8

Restraint: Yes

Hospital: 110050

Ambulance: 111003

City: Stevensville State: MI Zip: 49127

Driver Condition: 1-9

Interlock: Yes/No

Alcohol: Yes/No Test Type: Field, PBT, Breath, Blood, Urine

Drugs: Yes/No Test Type: Blood, Urine

Vehicle Description: Bicycle

Vehicle Type: PA, VA, PU, ST, CY, MO, GC, SM, DR, Other, Truck/Bus

Vehicle Direction: North, South, East, West

Special Vehicles: 1-6

Private Trailer Type: 1-7

Vehicle Defect: 1-6

Vehicle Use: 1-11

Location of Greatest Damage: 1-12

First Impact: 0/ Extent of Damage: 2 Drivable: Yes/No

Unit Reported on Front: Sequence of Events (Action Prior, Most Harmful)

Unit Reported Above: Sequence of Events (Action Prior, Most Harmful)

Age, Pos, Res.

Unit Number

City

State

Carrier Source: Papers, Vehicle, Log Book, Driver

Driver's CDL Type: A, B, C, H, P, T, None, N, S, X

CDL Restrictions: Interstate, Intra (MI Only), 28, 29, 30

CDL Exempt: Farm, Other

Vehicle Type: AS, AL, BS, CX, AA, AT, BB, BX, AH, AX, BH, CH, AN, AY, BN, CP, AP, AZ, BP, CS

Medical Card: Y, N

Hazardous Material: Placard, Cargo Spill

Class #

Sequence of Events (Action Prior, Most Harmful)

Investigation at Scene: (N)

Crash Diagram and Remarks

Vehicle 1 was turning left onto George St. from W. John Beers Rd. The bicyclist was traveling north on George St. According to the witnesses, the bicyclist was traveling on the wrong side of the road at a high rate of speed. He then cut across both lanes which turning right onto John Beers Rd. and into the path of vehicle 1 after disregarding the stop sign. Witnesses said the bicyclist was looking at residents working on a house and not to where he was going.

W. John Beers Rd. →

George St. ↗

North

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-1176600 Department Name Lincoln Twp Police Dept

Crash Date Month <u>06</u> Day <u>23</u> Year <u>2009</u>	Crash Time Hour <u>08</u> Minute <u>31</u>	No. of Units <u>02</u>	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input checked="" type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown	Special Circumstances <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State	Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County <u>11</u>	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input type="radio"/> On Road <input type="radio"/> Median <input checked="" type="radio"/> Other/Unknown	Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Other/Unknown	Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy	Area <u>10</u>
Construction Zone (if applicable) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility			Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Ice		
Lane Closed <input type="radio"/> Yes <input type="radio"/> No			Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		

Prefix W Road Name JOHN BEERS Divided Roadway  N  S  E  W Road Type RD Suffix

Distance 1000 FT  MI  North  South  East  West Beginning of Ramp  End of Ramp

Prefix ST Intersecting Road JOSEPH Divided Roadway  N  S  E  W Road Type AVE Suffix

Unit Number 1 State MI Date of Birth 08/25/1960 License Type  O  CY  C  F  M  R Sex  M  F Total Occup 02 Hazard Action 00

Unit Type  MV  B  P  E (train) City Stovenville State MI Zip 49127

Driver Condition  1  2  3  4  5  6  7  8  9  99

Interlock  Yes  No  Refused  Not offered (Should Results to PWT When Available)

Alcohol  Yes  No Test Type  Field  PBT  Breath  Blood  Urine Test Results

Drugs  Yes  No Test Type  Blood  Urine Test Results

Vehicle Description FORD Make Ford Model Excursion Color Red Year 1998

Location of Greatest Damage  1  2  3  4  5  6  7  8  9  10  11  12

First Impact 08 Extent of Damage 0 Drivable  Yes  No

Vehicle Type  PA  CY  OR  MO  Other  PU  GC  Truck/Bus  ST  SM (Complete Truck/Bus Section)

Vehicle Direction  North  South  East  West

Special Vehicles  1  2  3  4  5  6

Private Trailer Type  1  2  3  4  5  6  7

Vehicle Defect  1  2  3  4  5  6  7  8  9  10  11

Date of Birth \_\_\_\_\_ Sex  M  F Position \_\_\_\_\_ Restraint \_\_\_\_\_ Hospital \_\_\_\_\_ Ambulance \_\_\_\_\_ Ejected  Yes  No Trapped  Yes  No

Injury  K  A  B  C  D Airbag Deployed  Yes  No  Not Equipped

Age \_\_\_\_\_ Pos. \_\_\_\_\_ Rest. \_\_\_\_\_ Damaged Property \_\_\_\_\_ Public  Y  N

LOCALIZATION UNIT/DRIVER PASSENGERS

BACK

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

Unit Number: 2 State: MI

**NCS**

Unit Type:  MV  B  P  E (train)

City: Stoughton State: MI Zip: 48221

Driver Condition:  1  2  3  4  5  6  7  8  9  10

Interlock:  Yes  No  Refused  Not offered

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results: \_\_\_\_\_

Drugs:  Yes  No Test Type:  Blood  Urine Test Results: \_\_\_\_\_

License Type:  O  CY  M  C  F  M  R

Sex:  M  F

Total Occup: 01 Hazard Action: 03

Injury:  K  B  A  O

Position:  1  2  3  4  5  6  7  8  9  10  11

Restraint:  Yes  No

Hospital: 110050

Ambulance: 111003

Ejected/Trapped:  Yes  No

Airbag Deployed:  Yes  No

Citation Issued:  Hazardous  Other

Vehicle Description: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Location of Greatest Damage:  1  2  3  4  5  6  7  8  9  10  11  12

First Impact: 01 Extent of Damage: 2 Drivable:  Yes  No

Vehicle Type:  PA  VA  PJ  ST  CY  MO  GC  SM  OR  Other  Thick/Bus  (Complete Transport Station)

Vehicle Direction:  North  South  East  West

Special Vehicles:  1  2  3  4  5  6

Private Trailer Type:  1  2  3  4  5  6  7

Vehicle Defect:  1  2  3  4  5  6

Vehicle Use:  1  2  3  4  5  6  7  8  9  10  11

Date of Birth: \_\_\_\_\_ Sex:  M  F Position: \_\_\_\_\_ Restraint: \_\_\_\_\_ Hospital: \_\_\_\_\_

Ambulance: \_\_\_\_\_ Ejected/Trapped:  Yes  No

Date of Birth: \_\_\_\_\_ Sex:  M  F Position: \_\_\_\_\_ Restraint: \_\_\_\_\_ Hospital: \_\_\_\_\_

Ambulance: \_\_\_\_\_ Ejected/Trapped:  Yes  No

Age Pos. Rest: \_\_\_\_\_

**Unit Reported on Front**

Action Prior	First	Second	Third	Fourth
<u>02</u>	<u>116</u>			

Most Harmful:  (M)  (N)  (R)

**Unit Reported Above**

Action Prior	First	Second	Third	Fourth
<u>01</u>	<u>117</u>			

Most Harmful:  (M)  (N)  (R)

Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Carrier Source:  Papers  Vehicle  Log Book  Driver

Zip: \_\_\_\_\_ GVWR: \_\_\_\_\_

Driver's CDL Type:  A  C  H  P  T  B  Nono  N  S  X

Interstate  Intra (MI Only)  28  29  30

CDL Employer:  Farm  Other

Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

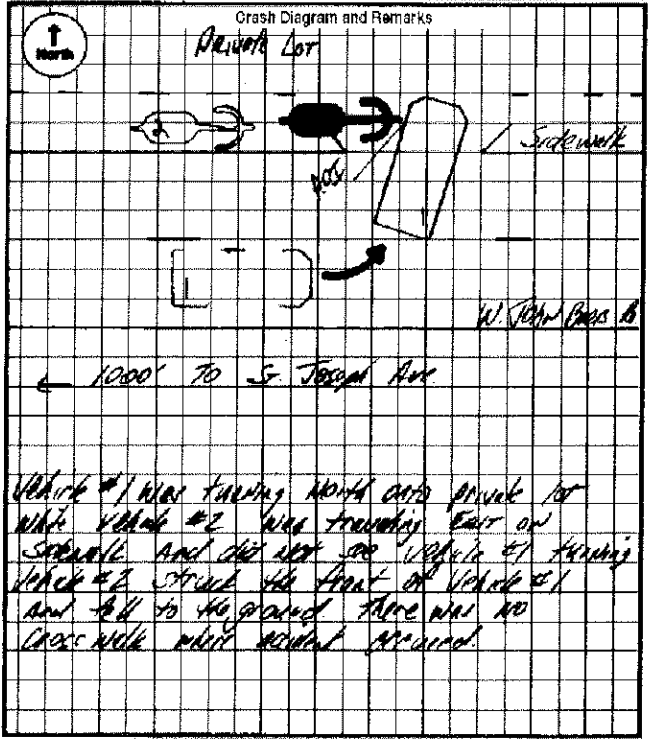
Medical Card:  Y  N

Hazardous Material:  Placard  Cargo Spill

Class: \_\_\_\_\_

Type & Axles Per Unit: \_\_\_\_\_

Cargo Body Type:  1  2  3  4  5  6  7  8



Investigated at Scene  (N)

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-1176600

Department Name: Lincoln Township Police Department

Incident Disposition:  Open  Closed

Reviewer: [Signature]

Crash Date Month: 06, Day: 02, Year: 2008		Crash Time Hour: 15, Minute: 01		No. of Units 02		Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input checked="" type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Repiece (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County: 11 City/Twp: 12		Traffic Control <input type="radio"/> None of These <input type="radio"/> Signal <input checked="" type="radio"/> Stop Sign <input type="radio"/> Yield Sign		Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Area: 09, Total Lanes: 2	
Construction Zone (if applicable) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		Speed Limit: 25, Posted: <input type="radio"/> Yes <input type="radio"/> No							

Prefix: [Blank] Road Name: Glenorchard Divided Roadway: (N) (S) (E) (W) Road Type: Rd Suffix: [Blank]

Distance: 20 FT North East Beginning of Ramp Trafficway: (2) (3) (4) Access Control: (2) (3)

Prefix: W Intersecting Road: Glenlond Divided Roadway: (N) (S) (E) (W) Road Type: Rd Suffix: [Blank]

Unit Number: 1 State: MI Date of Birth: 06/17/1973 License Type: O CY Sex: M Total Occup: 01 Hazard Action: 04

Unit Type:  MV  B  P  E (train) City: St. Joseph State: MI Zip: 49085

Driver Condition: (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) Interlock:  Yes  No Refused:  Yes  No Not offered:  Yes  No (Subst. Results To FARS When Available)

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results: [Blank]

Drugs:  Yes  No Test Type:  Blood  Urine Test Results: [Blank]

Injury:  K  A  B  C  O Ejected/Trapped:  Yes  No Airbag Deployed:  Yes  No Citation Issued:  Yes  No Hazardous:  Yes  No Other:  Yes  No Disregard stop sign & No Proof of insurance.

Vehicle Description: Chevrolet Cavalier White 1997

Location of Greatest Damage: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) Vehicle Type:  PA  VA  PU  ST  CY  MO  GC  SM  OR  Other  Truck/Bus

Vehicle Direction:  North  South  East  West

Special Vehicles: (1) (2) (3) (4) (5) (6) Private Trailer Type: (1) (2) (3) (4) (5) (6) (7) Vehicle Defect: (1) (2) (3) (4) (5) (6)

Date of Birth: [Blank] Sex:  M  F Position: [Blank] Restraint: [Blank] Hospital: [Blank] Ambulance: [Blank] Ejected/Trapped:  Yes  No

Injury:  K  A  B  C  O Airbag Deployed:  Yes  No Not Equipped:  Yes  No

Date of Birth: [Blank] Sex:  M  F Position: [Blank] Restraint: [Blank] Hospital: [Blank] Ambulance: [Blank] Ejected/Trapped:  Yes  No

Age: [Blank] Sex: [Blank] Post: [Blank]

Age: [Blank] Sex: [Blank] Post: [Blank]

Damaged Property: [Blank] Public:  Y  N

LOCATION  
UNIT/DRIVER  
PASSENGERS

BACK

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48915

Unit Number: 2 State: MI Date of Birth: 07/09/1991

**NCS**

Unit Type:  M  B  P  E (train)

City: Saint Joseph State: MI Zip: 49085

Driver Condition:  1  2  3  4  5  6  7  8  9  99

Interlock:  Yes  No Test Type:  Refused  Not offered

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results:

Drugs:  Yes  No Test Type:  Blood  Urine Test Results:

Vehicle Description: Make: Model: Color: Year:

Location of Greatest Damage:  1  2  3  4  5  6  7  8  9  10  11  12

First Impact:  1  2  3  4  5  6  7  8  9  10  11  12

Extent of Damage:  1  2  3  4  5  6  7  8  9  10  11  12

Drivable:  Yes  No

Vehicle Type:  PA  CY  OR  VA  MO  Other  PU  GC  Truck/Bus  ST  SM

Vehicle Direction:  North  South  East  West

Special Vehicles:  1  2  3  4  5  6

Private Trailer Type:  1  2  3  4  5  6  7

Vehicle Defect:  1  2  3  4  5  6

Vehicle Use:  1  2  3  4  5  6  7  8  9  10  11

Passenger Information (3 rows):

Name: Injury:  K  A  B  C  O Airbag Deployed:  Yes  No  Not Equipped

Date of Birth: Sex:  M  F Position: Restraint: Hospital: Ambulance: Ejected:  Yes  No Trapped:  Yes  No

**Unit Reported on Front**

Action Prior	First	Second	Third	Fourth
03	16			
Most Harmful	(M)	(M)	(M)	(M)

**Unit Reported Above**

Action Prior	First	Second	Third	Fourth
01	17			
Most Harmful	(M)	(M)	(M)	(M)

City: State: Zip: GWRV/GCWR

Carrier Source:  Papers  Vehicle  Log Book  Driver

Driver's CDL Type:  A  C  H  P  I  B  None  N  S  X

CDL Restrictions:  Interstate  Intra (MI Only)  28  29  30

CDL Exempt:  Farm  Other

Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

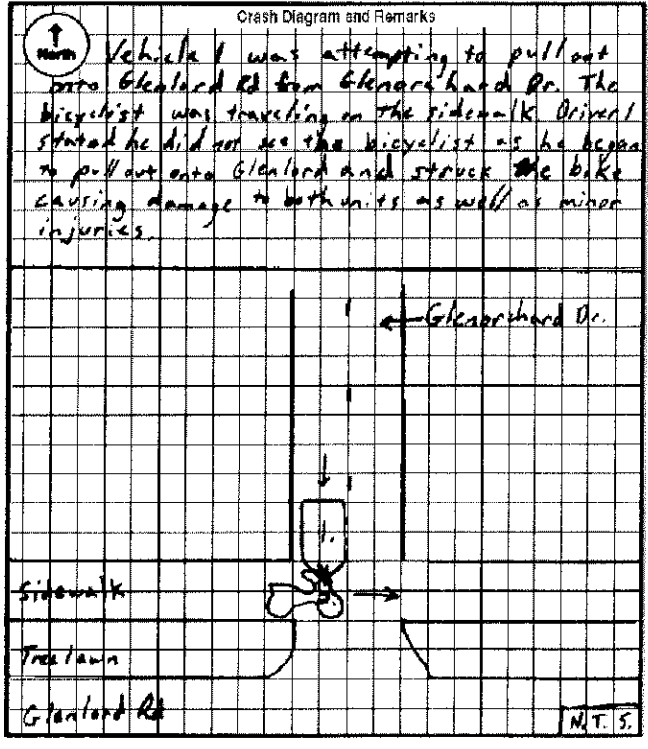
Hazardous Material:  Placard  Cargo Spill

Class 6

Truck/Bus Information: Type & Axles Per Unit: First Second Third Fourth

Cargo Body Type:  1  2  3  4  5  6  7  8

ID #



Investigated at Scene:  (N)

Authority: 1949 PA 300, Sec. 257, 622  
Compliance: Required MSP UD-10  
Penalty: \$100 and/or 90 days (Rev. 1/04)

Do Not Use

Crash ID 7138261

Page 1 of 1

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1.2 #5

ORI: MI-1187700

Department Name Saint Joseph Twp Police Dept

Incident Disposition:  Open  Closed  
Reviewer: [Signature]

Crash Date Month: 11, Day: 01, Year: 2008		Crash Time Military: 1601		No. of Units 02	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input checked="" type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input type="radio"/> None <input type="radio"/> Deer <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Special Study <input type="radio"/> Local <input type="radio"/> State		Special Checks <input type="radio"/> Fetal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County: 11	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign		Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Area: 10	Total Lanes: 3	
Construction Zone (If applicable) (Mark One From Each Group) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input checked="" type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input checked="" type="radio"/> None		Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown		Speed Limit: 50		Posted: <input type="radio"/> Yes <input checked="" type="radio"/> No					

Prefix: S	Road Name: LAKESHORE	Divided Roadway: <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type: DR	Suffix:
Distance: 20	Unit: FT <input checked="" type="radio"/> MI <input type="radio"/>	North <input type="radio"/> East <input type="radio"/> Beginning of Ramp <input type="radio"/>	South <input checked="" type="radio"/> West <input type="radio"/> End of Ramp <input type="radio"/>	Trafficway: <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Prefix:	Intersecting Road: SHOREHAM	Divided Roadway: <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type: DR	Suffix:

Unit Number: 1	State: MI	Date of Birth: 05/07/1982	License Type: <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex: <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup: 01	Hazard Action: 09
Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City: ST. JOSEPH	State: MI	Zip: 49085	Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	Position: 01	Restraint: 04
Driver Condition: <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock: <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused: <input type="radio"/> Yes <input checked="" type="radio"/> No	Not Offered: <input checked="" type="radio"/> Yes <input type="radio"/> No	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:	Hospital: NOT Ambulance: NOT			

Vehicle Description: JEEP	Make: JEEP	Model: SW	Color: S	Year: 1995
Location of Greatest Damage: 11	Extent of Damage: 1	Driveable: <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Type: <input checked="" type="radio"/> PA <input type="radio"/> CY <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST	Vehicle Direction: <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West
Special Vehicles: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	Private Trailer Type: 1, 2, 3, 4, 5, 6, 7	Vehicle Defect: 1, 2, 3, 4, 5, 6	Vehicle Use: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	

Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Equipped	Date of Birth:	Sex: <input type="radio"/> M <input type="radio"/> F	Position:	Restraint:	Hospital:	Ambulance:	Ejected: <input type="radio"/> Yes <input type="radio"/> No	Trapped: <input type="radio"/> Yes <input type="radio"/> No
		Date of Birth:	Sex: <input type="radio"/> M <input type="radio"/> F	Position:	Restraint:	Hospital:	Ambulance:	Ejected: <input type="radio"/> Yes <input type="radio"/> No	Trapped: <input type="radio"/> Yes <input type="radio"/> No

Age:	Sex:	Race:
Age:	Sex:	Race:

Public: <input type="radio"/> Y <input checked="" type="radio"/> N
--

LOCAL DRIVER UNIT/DIVER PASSENGERS

BACK

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

Unit Number: 2 State: [ ] Date of Birth: 06/16/1955 License Type: [ ] Sex: M Total Occup: 01 Hazard Action: 00

Unit Type: [ ] MV [ ] B [ ] P [ ] E (train) City: BENTON HARBOR MI 49022

Driver Condition: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 99

Interlock: [ ] Yes [ ] No [ ] Refused [ ] Not offered

Alcohol: [ ] Yes [ ] No Test Type: [ ] Field [ ] PET [ ] Breath [ ] Blood [ ] Urine Test Results: [ ]

Drugs: [ ] Yes [ ] No Test Type: [ ] Blood [ ] Urine Test Results: [ ]

Vehicle Description: [ ] Make: [ ] Model: [ ] Color: [ ] Year: [ ]

Location of Greatest Damage: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

First Impact: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 Extent of Damage: [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

Vehicle Type: [ ] PA [ ] VA [ ] PU [ ] ST [ ] CY [ ] MC [ ] GC [ ] SM [ ] OR [ ] Other [ ] Truck/Bus [ ] (Complete description below)

Vehicle Direction: [ ] North [ ] South [ ] East [ ] West

Special Vehicles: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

Private Trailer Type: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

Vehicle Defect: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

Vehicle Use: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12

Injury: [ ] K [ ] A [ ] B [ ] C [ ] O Airbag Deployed: [ ] Yes [ ] No [ ] Not Equipped

Ejected/Trapped: [ ] Yes [ ] No [ ] Yes [ ] No

Airbag Deployed: [ ] Yes [ ] No [ ] Not Equipped

Citation Issued: [ ] Hazardous [ ] Other

Age Pos Post: [ ] [ ] [ ]

Unit Reported on Front

Action Prior	First	Second	Third	Fourth
17	16			
Most Harmful	(M)	(M)	(M)	(M)

Unit Reported Above

Action Prior	First	Second	Third	Fourth
01	17			
Most Harmful	(M)	(M)	(M)	(M)

Unit Number: [ ] City: [ ] State: [ ] Zip: [ ]

Carrier Source: [ ] Papers [ ] Vehicle [ ] Log Book [ ] Driver

Driver's CDL Type: [ ] A [ ] B [ ] C [ ] D [ ] E [ ] F [ ] G [ ] H [ ] P [ ] T [ ] None [ ] N [ ] S [ ] X

CDL Restrictions: [ ] Interstate [ ] Intra (MI Only) [ ] 28 [ ] 29 [ ] 30

CDL Exempt: [ ] Farm [ ] Other

Vehicle Type: [ ] AS [ ] AL [ ] BS [ ] CX [ ] AA [ ] AT [ ] BB [ ] BX [ ] Other [ ] AH [ ] AX [ ] BH [ ] CH [ ] AN [ ] AY [ ] BN [ ] CP [ ] AP [ ] AZ [ ] BP [ ] CS

Medical Card: [ ] Y [ ] N

Hazardous Material: [ ] Placard [ ] Cargo Spill

Class # [ ]

Investigated at Scene: [ ] (N)

Crash Diagram and Remarks

North ↑

VEH #1 AND BICYCLE #2 WERE S/B ON LAKESHORE DRIVE. BICYCLE #2 WAS RIGHT OF THE FOG LINE. VEH #1 ATTEMPTED TO PASS BICYCLE #2 AND WHILE PASSING, THE RIGHT, OUTSIDE REARVIEW MIRROR OF VEH #1 STRUCK BICYCLIST #2, KNOCKING HIM OFF THE BICYCLE. BICYCLIST #2 TREATED @ SCENE BY MEDIC 1 AND DECLINED TO GO TO HOSPITAL.



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **9300-1**

ORI: **MI-1172600**

Department Name **Saint Joseph Police Dept**

Incident Disposition  Open  Closed  
Reviewer

Crash Date: Month **06**, Day **13**, Year **2008**  
 Crash Time: Hour **11**, Minute **52**  
 No. of Units: **02**

County: **11**  
 City/Twp: **68**

Traffic Control:  
 None of These  
 Signal  
 Stop Sign  
 Yield Sign

Relation to Roadway:  
 (Location of First Impact)  
 Shoulder  
 Outside of Shoulder/Curb  
 On Road  
 Median  
 Gore  
 Other/Unknown

Construction Zone (if applicable):  
 Type:  Const./Maint.  Utility  
 Lane Closed:  Yes  No  
 Activity:  On Road  Off Road  None

Crash Type:  
 Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Sideswipe-Same  
 Sideswipe-Opposite  
 Other/Unknown

Special Circumstances:  None  Deer  
 School Bus  Hit and Run  Fleeing Police  
 Local  State

Weather (Mark Only One):  Clear  Severe Wind  
 Cloudy  Snow/Blowing Snow  
 Fog/Smoke  Sleet/Hail  
 Rain  Other/Unknown

Light (Mark Only One):  Daylight  Dark-Lighted  
 Dawn  Dark-Unlighted  
 Dusk  Other/Unknown

Road Condition (Mark Only One):  Dry  Snowy  Debris  
 Wet  Muddy  Other/Unknown  
 Icy  Slushy  Unknown

Special Checks:  
 Fatal (Report All)  
 Corrected Copy  
 Replace (Entire Report)  
 Delete (Entire Report)  
 Non-Traffic Area  
 ORV/Snowmobile

Area: **10** Total Lanes: **2**  
 Speed Limit: **25** Posted:  Yes  No

LOCATION

Prefix: **LAKEVIEW** Road Name: **LAKEVIEW** Divided Roadway:  N  S  E  W  
 Distance: **25** Road Type: **AVE** Suffix:  
 Trafficway:  2  3  4 Access Control:  2  3

Prefix: **LASALLE** Intersecting Road: **LASALLE** Divided Roadway:  N  S  E  W  
 Road Type: **AVE** Suffix:

UNIT/DRIVER

Unit Number: **1** State: **MI** Date of Birth: **03/12/1925**  
 Unit Type:  MV  B  P  E (Train)  
 Driver Condition:  2  3  4  5  6  7  8  9  9B  
 Interlock:  Yes  No  Refused  Not offered  
 Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results:  
 Drugs:  Yes  No Test Type:  Blood  Urine Test Results:

License Type:  D  CY  C  F  M  R  
 Sex:  M  F Total Occup: **01** Hazard Action: **03**

Injury:  K  A  B  C  O  
 Position: **01** Restraint: **04** Hospital: **N/A**  
 Ejected/Trapped:  Yes  No Ambulance: **N/A**  
 Airbag Deployed:  Yes  No  
 Citation Issued:  Hazardous  Other

Vehicle Description: **BUICK FOUR DOOR TAN 2004**  
 Location of Greatest Damage:  1  2  3  4  5  6  7  8  9  10  11  12  
 Vehicle Type:  CY  OR  MO  Other  GC  Truck/Bus  SM  
 Vehicle Direction:  North  South  East  West  
 Special Vehicles:  1  2  3  4  5  6  
 Private Trailer Type:  1  2  3  4  5  6  7  
 Vehicle Defect:  1  2  3  4  5  6  
 Vehicle Use:  2  3  4  5  6  7  8  9  10  11

PASSENGERS

Date of Birth: Sex:  M  F Position: Restraint: Hospital: Ambulance:  
 Ejected:  Yes  No Trapped:  Yes  No

Date of Birth: Sex:  M  F Position: Restraint: Hospital: Ambulance:  
 Ejected:  Yes  No Trapped:  Yes  No

Age: Pos: Res:  
 Age: Pos: Res:

Damaged Property

Public:  Y  N

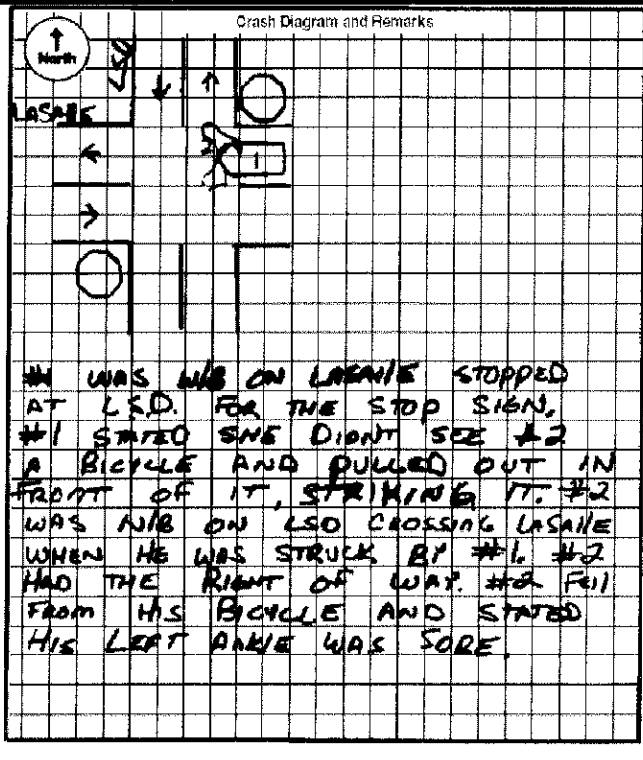
4125

BACK

Unit Number: 2 State: MI  
 Date of Birth: 01/22/1939 License Type: O, C, M, CY, F, R Sex: M Total Occup: 01 Hazard Action: 00  
 Unit Type: NCS City: ST. JOSEPH State: MI Zip: 49085  
 Driver Condition: 1, 2, 3, 4, 5, 6, 7, 8, 9, 99 Interlock: No Refused: No Not offered: No Alcohol: No Test Type: Field, PBT, Breath, Blood, Urine Test Results: Drugs: No Test Type: Blood, Urine Test Results: Injury: K Position: B Restraint: 10 Hospital: Declined Ambulance: Declined Ejected/Trapped: Yes/No Airbag Deployed: No Citation Issued: No Hazardous/Other: No  
 Vehicle Description: Make: Model: Color: Year: Location of Greatest Damage: 0-12 First Impact: Extent of Damage: Drivable: Yes/No Vehicle Type: PA, VA, PU, ST, CY, MO, GC, SM, OR, Other, Truck/Bus, Complete Truck/Bus Vehicle Direction: North, South, East, West Special Vehicles: 1-6 Private Trailer Type: 1-7 Vehicle Defect: 1-6 Vehicle Use: 1-11  
 Passenger 1: Date of Birth: Sex: Position: Restraint: Hospital: Ambulance: Ejected/Trapped: Yes/No Airbag Deployed: Yes/No/Not Equipped  
 Passenger 2: Date of Birth: Sex: Position: Restraint: Hospital: Ambulance: Ejected/Trapped: Yes/No Airbag Deployed: Yes/No/Not Equipped  
 Age: 69 Pos: - Reel: -

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

Unit Reported on Front: Action Prior: 01 Sequence of Events: 1, 1, 6 Most Harmful: (M), (M), (M), (M)  
 Unit Reported Above: Action Prior: 01 Sequence of Events: 1, 1, 7 Most Harmful: (M), (M), (M), (M)  
 Unit Number: City: State: Carrier Source: Papers, Vehicle, Log Book, Driver  
 Driver's CDL Type: A, B, C, H, P, T, None, N, S, X, Interstate, Intra (MI Only), CDL Restrictions: 28, 29, 30, CDL Exempt: Farm, Other, Vehicle Type: AS, AL, BS, CX, AA, AT, BB, BX, Other, AH, AX, BH, CH, AN, AY, BN, CP, AP, AZ, BP, CS, Medical Card: Y, N, Hazardous Material: Placard, Cargo Spill, Class I  
 Type & Axles Per Unit: First, Second, Third, Fourth  
 Cargo Body Type: 1-8  
 Investigated at Scene: (M), (N)



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1.3 #1

ORI: MI-1187700

Department Name Saint Joseph Twp Police Dept

Incident Disposition:  Open  Closed  
Reviewer: [Signature]

Crash Date: 08/15/08  
Crash Time: 17:37  
No. of Units: 02

Crash Type:  
 Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Sideswipe-Same  
 Sideswipe-Opposite  
 Other/Unknown

Special Circumstances:  None  
 School Bus  
 Hit and Run  
 Fleeing Police  
 Local  
 State  
Weather (Mark Only One):  Clear  
 Cloudy  
 Fog/Smoke  
 Rain  
 Other/Unknown  
Light (Mark Only One):  Daylight  
 Dawn  
 Dusk  
 Snowy  
 Muddy  
 Slushy  
 Debris  
 Other/Unknown

Special Checks:  
 Fatal Report All  
 Corrected Copy  
 Replace (Entire Report)  
 Delete (Entire Report)  
 Non-Traffic Area  
 ORV/Snowmobile  
Area: 07  
Total Lanes: 2  
Speed Limit: 30  
Posted:  Yes  No

County: 11  
City/Twp: 18  
Traffic Control:  None of These  
 Signal  
 Stop Sign  
 Yield Sign  
Relation to Roadway (Location of First Impact):  Shoulder  
 Outside of Shoulder/Curb  
 On Road  
 Median  
 Gore  
 Other/Unknown  
Construction Zone (if applicable):  Const./Maint.  
 Utility  
Lane Closed:  Yes  No  
Activity:  On Road  Off Road  None

LOCATION: Road Name: COLFAX AVE  
Distance: 20 FT  
Prefix: SENECA  
Intersecting Road: SENECA DR  
Divided Roadway: (N)(S)(E)(W)  
Road Type: AVE  
Access Control: (2)(3)(4)

UNIT/DRIVER: Unit Number: 1  
State: MI  
Date of Birth: 04/14/1937  
License Type:  O  CY  
 C  F  
 M  R  
Sex:  M  F  
Total Occup: 01  
Hazard Action: 00  
Unit Type:  MV  
 B  
 P  
 E (train)  
City: BENTON HARBOR MI Zip: 49022  
Driver Condition: (2)(3)(4)(5)(6)(7)(8)(9)(99)  
Interlock:  Yes  No  
Alcohol:  Yes  No  
Drugs:  Yes  No  
Test Type:  Blood  Urine  
Test Results: [Blank]

Injury:  K  
 A  
 B  
 C  
 O  
Position: 01  
Restraint: 04  
Hospital: NA  
Ambulance: NA  
Ejected/Trapped:  Yes  No  
Airbag Deployed:  No  
Citation Issued:  Hazardous  Other

Vehicle Description: FORD TAURUS TAN 2003  
Location of Greatest Damage: (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)(11)(12)  
First Impact: 01  
Extent of Damage: 0  
Drivable:  Yes  No  
Vehicle Type:  CY  
 VA  
 PU  
 ST  
 OR  
 MO  
 GC  
 SM  
Vehicle Direction:  North  
 South  
 East  
 West  
Special Vehicles: (1)(2)(3)(4)(5)(6)  
Private Trailer Type: (1)(2)(3)(4)(5)(6)(7)  
Vehicle Defect: (1)(2)(3)(4)(5)(6)  
Vehicle Use: (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)(11)

PASSENGERS: [Blank]  
Injury:  K  A  B  C  O  
Airbag Deployed:  Yes  No  Not Equipped

Age Pos. Res. [Blank]

Damaged Property: [Blank] Public:  Y  N

11434 / 11432

Unit Number **2** State **MI**

**NCS**

Unit Type  
 MV  
 B  
 P  
 E (train)

City **BENTON HARBOR MI** Zip **49022**

Driver Condition  
 Interlock  Yes  No  Refused  Not offered  
 Alcohol  Yes  No Test Type  Field  PBT  Breath  Blood  Urine Test Results

Drugs  Yes  No Test Type  Blood  Urine Test Results

Date of Birth **04/13/1973**

License type  
 O  CY  
 C  F  
 M  R

Sex  M  F

Total Occup **01** Hazard Action **08**

Injury  K  B

Position **B**

Restraint  Yes  No

Hospital **LAKELAND**

Ambulance **MEDIC I**

Ejected Trapped  Yes  No

Airbag Deployed  Yes  No

Citation Issued  
 Hazardous  Other

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

Vehicle Description **ROADMASTER 18 IN MTN SPORTS X-TRAIL**

Make **ROADMASTER** Model **18 IN MTN SPORTS X-TRAIL** Color **GRAY** Year **2001**

Location of Greatest Damage  
 (0)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  (12)

First Impact **01** Extent of Damage **0** Drivable  Yes  No

Vehicle type  
 PA  CY  OR  
 VA  MO  Other  
 PU  GC  Truck/Bus  
 ST  SM

Vehicle Direction  
 North  
 South  
 East  
 West

Special Vehicles  1  2  3  
 4  5  6

Private Trailer Type  1  2  3  4  5  6  7

Vehicle Defect  1  2  3  4  5  6

Vehicle Use  1  2  3  4  5  6  7  8  9  10  11

Age Pos. Rest.   
 Age Pos. Rest.

Passenger 1  
 Date of Birth Sex Position Restrains Hospital Ambulance Ejected Trapped

Passenger 2  
 Date of Birth Sex Position Restrains Hospital Ambulance Ejected Trapped

Unit Reported on Front

Action Prior	Sequence of Events
	First Second Third Fourth
02/16	
Most Harmful	(M) (M) (M) (M)

Unit Reported Above

Action Prior	Sequence of Events
	First Second Third Fourth
01/17	
Most Harmful	(M) (M) (M) (M)

Unit Number

City State Zip

Carrier Source  
 Papers  
 Vehicle  
 Log Book  
 Driver

Driver's CDL Type  
 A  C  H  P  T  
 B  None  N  S  X

CDL Restrictions  
 Interstate  28  29  30  
 Intra (MI Only)

CDL Exempt  Farm  Other

Vehicle Type  
 AS  AL  BS  CX  
 AA  AT  BB  BX  Other  
 AH  AX  BH  CH  
 AN  AY  BN  CP  
 AP  AZ  BP  CS

Medical Card  Y  N

Hazardous Material  Placard  Cargo Spill

Class #

Type & Axles Per Unit  
 First Second Third Fourth

Cargo Body Type **1 2 3 4 5 6 7 8**

Crash Diagram and Remarks

↑ North

VEH #1 WAS STOPPED TO STOP SON & COLONY WHILE RAINING OUT UPON SENCA.

BICYCLIST #2 WAS IMPROPERLY TRAVELING NORTH UPON COLONY AGAINST THE FLOW OF SOUTH BOUND TRAFFIC.

VEH #1 TURNED LEFT (SOUTH) UPON COLONY & STOPPED AS BICYCLIST #2 ATTEMPTED TO STOP. VEH #2 & BICYCLIST #1 COLLIDED AT VERY LOW SPEED - DETERMINED BY THE LACK OF DAMAGE TO BOTH.

BICYCLIST #2 STATED HER BRAKES DID NOT WORK PROPERLY PRIOR TO COLLISION.

Investigated at Scene  
  N

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **9300-1.3 #1**

ORR: MI-1187700

Department Name **Saint Joseph Twp Police Dept**

Incident Disposition  Open  Closed  
Reviewer

Crash Date Month: <b>04</b> Day: <b>14</b> Year: <b>2008</b>	Crash Time Military: <b>1534</b>	No. of Units <b>02</b>	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input checked="" type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> State <input type="radio"/> Local	Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> OPV/Snowmobile
County <b>11</b>	Traffic Control <input type="radio"/> None of These <input type="radio"/> Signal <input checked="" type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Goro <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown	Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Area <b>07</b>
City/Twp <b>18</b>	Construction Zone (if applicable) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input checked="" type="radio"/> None	Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	Speed Limit <b>25</b>	Posted <input checked="" type="radio"/> Yes <input type="radio"/> No	Total Lanes <b>4</b>

Prefix <b>W</b>	Road Name <b>MAY</b>	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type <b>ST</b>	Suffix
Distance <b>30</b>	FT <input type="radio"/> MI <input type="radio"/>	North <input type="radio"/> South <input type="radio"/>	East <input checked="" type="radio"/> West <input type="radio"/>	Beginning of Ramp <input type="radio"/> End of Ramp <input type="radio"/>
Prefix <b>W</b>	Intersecting Road <b>WINDSOR</b>	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type <b>RD</b>	Suffix

Unit Number <b>1</b>	State <b>MI</b>	Date of Birth <b>10041957</b>	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup <b>01</b>	Hazard Action <b>00</b>
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City <b>BENTON HARBOR MI</b>	Zip <b>49022</b>	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <b>01</b>	Restraint <b>04</b>	Hospital <b>NA</b>
Driver Condition <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered (Submit Results to FARS When Applicable)	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No	Ambulance <b>NA</b>
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	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>		

Vehicle Description <b>FORD EXPLORER</b>	Make <b>FORD</b>	Model <b>EXPLORER</b>	Color <b>BLUE</b>	Year <b>2000</b>
Location of Greatest Damage <b>08</b>	Extent of Damage <b>1</b>	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Type <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM <input type="radio"/> OR <input type="radio"/> Other <input type="radio"/> Truck/Bus	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input checked="" type="radio"/> East <input type="radio"/> West
Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Use <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11	

Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped						

Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped						

Age	Pos	Rest
Age	Pos	Rest

Damaged Property	Public <input type="radio"/> Y <input type="radio"/> N
------------------	---

UNIT/DRIVER PASSENGERS

11490/11418

BACK

Unit Number: 2 State: MI

**NCS**

Unit Type:  MV  B  P  E (train)

City: BENTON HARBOR, MI Zip: 49022

Driver Condition:  1  2  3  4  5  6  7  8  9  10

Interlock:  Yes  No  Refused  Not offered

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results

Drugs:  Yes  No Test Type:  Blood  Urine Test Results

Date of Birth: 08/17/1994 License Type:  O  CY  M  C  F  F  M  R

Injury:  K  A  B  C  O Ejected/Trapped:  Yes  No

Hospital: ST LAKELAND Ambulance: MEDIC I

Airbag Deployed:  Yes  No Citation Issued:  Hazardous  Other

Vehicle Description: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Location of Greatest Damage:  1  2  3  4  5  6  7  8  9  10  11  12

First Impact: 10 Extant of Damage: 3 Drivable:  Yes  No

Vehicle Type:  PA  VA  PU  ST  CY  MO  GC  SM  OR  Other  Truck/Bus  (Complete Transfer Account)

Vehicle Direction:  North  South  East  West

Special Vehicles:  1  2  3  4  5  6

Private Trailer Type:  1  2  3  4  5  6  7

Vehicle Defect:  1  2  3  4  5  6

Vehicle Use:  1  2  3  4  5  6  7  8  9  10  11

Injury:  K  A  B  C  O Airbag Deployed:  Yes  No  Not Equipped

Date of Birth: \_\_\_\_\_ Sex:  M  F Position: \_\_\_\_\_ Restraint: \_\_\_\_\_ Hospital: \_\_\_\_\_

Ambulance: \_\_\_\_\_ Ejected:  Yes  No Trapped:  Yes  No

Date of Birth: \_\_\_\_\_ Sex:  M  F Position: \_\_\_\_\_ Restraint: \_\_\_\_\_ Hospital: \_\_\_\_\_

Ambulance: \_\_\_\_\_ Ejected:  Yes  No Trapped:  Yes  No

Age: \_\_\_\_\_ Pos: \_\_\_\_\_ Res: \_\_\_\_\_

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

Unit Reported on Front

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
<u>0116</u>				
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/> (M)	<input type="radio"/> (M)	<input type="radio"/> (M)

Unit Reported Above

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
<u>0117</u>				
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/> (M)	<input type="radio"/> (M)	<input type="radio"/> (M)

Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ GVWR/GDWR: \_\_\_\_\_

Carrier Source:  Papers  Vehicle  Log Book  Driver

Driver's CDL Type:  A  C  B  None  Interstate  Intra (MI Only)  H  P  T  N  S  X

CDL Restrictions:  28  29  30

CDL Exempt:  Farm  Other

Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

Hazardous Material:  Placard  Cargo Spill

Case # \_\_\_\_\_

Type & Axles Per Unit: 

Type & Axles	First	Second	Third	Fourth

Cargo Body Type:  1  2  3  4  5  6  7  8

Crash Diagram and Remarks

↑ North

VEH. #1 WAS EASTBOUND UPON MAY ST.

UNIT #2 - BICYCLE, WAS SOUTH BOUND UPON WINDSOR - ENTERED THE INTERSECTION OF MAY ST. FAILING TO STOP & STAYED INTERSECTION.

VEH. #1 WAS UNABLE TO AVOID STRIKING UNIT #2 AFTER BREAKING PRIOR TO IMPACT.

Investigated at Scene  (N)

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

OFF: MI-1124800 Department Name: Benton Harbor Police Department

Crash Date Month: 05 Day: 19 Year: 2008		Crash Time Military: 1618		No. of Units: 02	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input checked="" type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input type="radio"/> None <input type="radio"/> Deer <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Special Study <input type="radio"/> Local <input type="radio"/> State		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County: 11	Traffic Control <input type="radio"/> None of These <input checked="" type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign		Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Area: 15 Total Lanes: 2		
Construction Zone (if applicable) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input checked="" type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Snowy <input type="radio"/> Debris <input type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Other/Unknown <input type="radio"/> Icy <input type="radio"/> Slushy		Speed Limit: 25		Posted: <input checked="" type="radio"/> Yes <input type="radio"/> No					

Prefix:	Road Name: BROADWAY	Divided Roadway: <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type: AVE	Suffix:	
Distance: 5	Direction: <input checked="" type="radio"/> FT <input type="radio"/> MI	North: <input type="radio"/> East: <input type="radio"/> South: <input checked="" type="radio"/> West: <input type="radio"/>	Beginning of Ramp: <input type="radio"/> End of Ramp: <input type="radio"/>	Trafficway: <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Access Control: <input checked="" type="radio"/> 2 <input type="radio"/> 3

Prefix:	Intersecting Road: EMPIRE	Divided Roadway: <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type: AVE	Suffix:
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Unit Number: 1	State: MI	Date of Birth: 07/28/1965	License Type: <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup: 01	Hazard Action: 00
Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City: Benton Harbor	State: MI	Zip: 49022	Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position: 01	Restraint: 04
Driver Condition: <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock: <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused: <input type="radio"/> Not offered	Alcohol: <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type: <input type="radio"/> Field <input type="radio"/> PET <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results:	Airbag Deployed: <input checked="" type="radio"/> Yes <input type="radio"/> No
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 <input checked="" type="radio"/> NO			

Vehicle Description: Ford	Make: Ford	Model: F-150	Color: white	Year: 1993
Location of Greatest Damage: 01	Extent of Damage: 0	Driveable: <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Type: <input checked="" type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST	Vehicle Direction: <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West
Special Vehicles: 1 2 3 4 5 6	Private Trailer Type: 1 2 3 4 5 6 7	Vehicle Defect: 1 2 3 4 5 6	Vehicle Use: <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11	

Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Alcohol Denied: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Equipped	Date of Birth:	Sex: <input type="radio"/> M <input type="radio"/> F	Position:	Restraint:	Hospital:	Ambulance:	Ejected: <input type="radio"/> Yes <input type="radio"/> No	Trapped: <input type="radio"/> Yes <input type="radio"/> No
		Date of Birth:	Sex: <input type="radio"/> M <input type="radio"/> F	Position:	Restraint:	Hospital:	Ambulance:	Ejected: <input type="radio"/> Yes <input type="radio"/> No	Trapped: <input type="radio"/> Yes <input type="radio"/> No

Age:	Pos:	Res:
Age:	Pos:	Res:

Damaged Property:	Public: <input type="radio"/> Y <input checked="" type="radio"/> N
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LOCAL DRIVERS UNIT/DRIVER PASSENGERS

BACK

Unit Number: 2 State: MI Date of Birth: 09/21/1980

**NCS**

Unit Type:  MV  B  P  E (train)

City: Brighton Harbor State: MI Zip: 49022

Driver Condition:  1  2  3  4  5  6  7  8  9  99

Inhalant:  Yes  No  Refused  Not offered

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results:

Drugs:  Yes  No Test Type:  Blood  Urine Test Results:

Vehicle Description: Schwinn Collegiate Sport Blue

Vehicle Type:  PA  VA  PU  ST  CY  MO  GC  SM  OR  Other  Truck/Bus

Vehicle Direction:  North  South  East  West

Special Vehicles:  1  2  3  4  5  6

Private Trailer Type:  1  2  3  4  5  6  7

Vehicle Defect:  1  2  3  4  5  6

Vehicle Use:  1  2  3  4  5  6  7  8  9  10  11

Driver 1: Date of Birth: Sex: Position: Restraint: Hospital: Ambulance: Ejected: Trapped:

Driver 2: Date of Birth: Sex: Position: Restraint: Hospital: Ambulance: Ejected: Trapped:

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

**Unit Reported on Front**

Action Prior	Sequence of Events
	First Second Third Fourth
0116	
Most Harmful	(M) (M) (M) (M)

**Unit Reported Above**

Action Prior	Sequence of Events
	First Second Third Fourth
0117	
Most Harmful	(M) (M) (M) (M)

Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Carrier Source:  Papers  Vehicle  Log Book  Driver

Driver's CDL Type:  A  C  B  None  H  P  T  N  S  X

CDL Restrictions:  Interstate  Intra (MI Only)  28  29  30

CDL Exempt:  Farm  Other

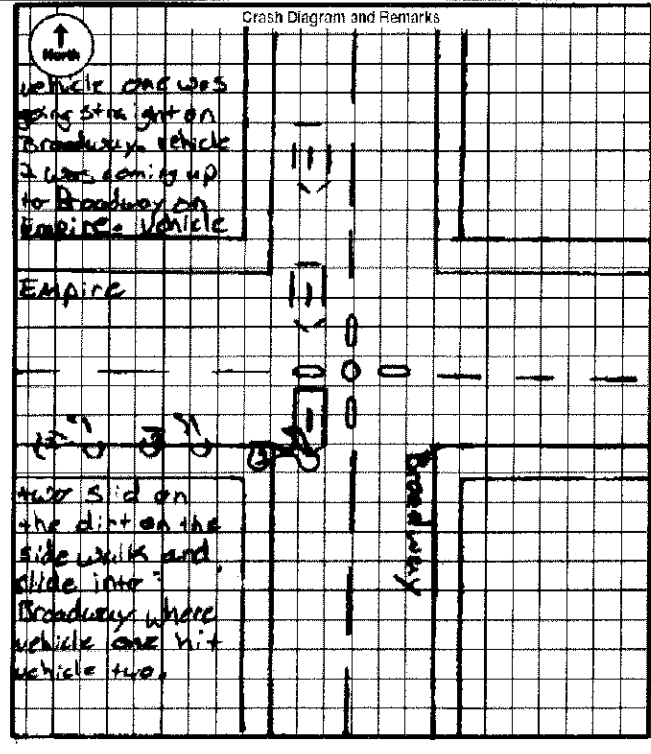
Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

Hazardous Material:  Placard  Cargo Spill

Class # \_\_\_\_\_

Investigated at Scene:  (N)





# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **5400-1**

ORI: MI-1124800

Department Name **Benton Harbor Police Dept**

Incident Disposition  Open  Closed  
Reviewer

Crash Date: Month **12**, Day **05**, Year **2008**  
Crash Time: Military **2225**  
No. of Units **02**

County **11**  
City/Twp **66**  
Traffic Control:  None of These  
 Signal  
 Stop Sign  
 Yield Sign  
Relation to Roadway:  Shoulder  
 Outside of Shoulder/Curb  
 On Road  
 Median  
 Gore  
 Other/Unknown

Crash Type:  
 Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Side-swipe-Same  
 Side-swipe-Opposite  
 Other/Unknown

Special Circumstances:  None  Deer  Hit and Run  Fleeing Police  
 School Bus  Local  State  
Weather (Mark Only One):  Clear  Severe Wind  Snow/Blowing Snow  Sleet/Hail  Rain  Other/Unknown  
Light (Mark Only One):  Daylight  Dark-Lighted  Dark-Unlighted  Dusk  Other/Unknown  
Road Condition (Mark Only One):  Dry  Snowy  Debris  Muddy  Other/Unknown  Wet  Icy  Slushy

Special Checks:  
 Fatal (Report All)  
 Corrected Copy  
 Replace (Entire Report)  
 Delete (Entire Report)  
 Non-Traffic Area  
 DMV/Snowmobile

Construction Zone (if applicable): Type  Const./Maint.  Utility  
Lane Closed:  Yes  No  
Activity:  On Road  Off Road  None

Area: **10**  
Total Lanes: **2**  
Speed Limit: **25**  
Posted:  Yes  No

Road Name: **Broadway**  
Divided Roadway:  N  S  E  W  
Road Type:  (2)  (3)  (4)  
Access Control:  (2)  (3)

Distance: **210**  
Prefix:  FT  MI  
North  East  Beginning of Ramp  
South  West  End of Ramp

Intersecting Road: **Harrison**  
Divided Roadway:  N  S  E  W  
Road Type:  (2)  (3)  (4)  
Access Control:  (2)  (3)

Unit Number:  State  Date of Birth:  License Type:  O  CY  C  F  M  R  
Sex:  M  F  
Total Occup:  Hospital:  Ambulance:  Hazard Action:

Unit Type:  MV  B  P  E (train)  
City:  State:  Zip:  Injury:  K  A  B  C  O  
Position:  Restraint:  Hospital:  Ambulance:

Driver Condition:  1  2  3  4  5  6  7  8  9  99  
Interlock:  Yes  No  Refused  Not offered  
Alcohol:  Yes  No  Field  PBT  Breath  Blood  Urine  Test Results

Drugs:  Yes  No  Blood  Urine  Test Results  
Ejected:  Yes  No  
Trapped:  Yes  No  
Airbag Deployed:  Yes  No  
Citation Issued:  Hazardous  Other

Vehicle Description:  Make:  Model:  Color:  Year:  
Location of Greatest Damage:  1  2  3  4  5  6  7  8  9  10  11  12  
Extent of Damage:  First Impact:  Drivable:  Yes  No

Vehicle Type:  PA  VA  PU  ST  CY  MO  GC  SM  OR  Other  Truck/Bus  
Vehicle Direction:  North  South  East  West  
Special Vehicles:  1  2  3  4  5  6  
Private Trailer Type:  1  2  3  4  5  6  7  
Vehicle Defect:  1  2  3  4  5  6  
Vehicle Use:  1  2  3  4  5  6  7  8  9  10  11

Date of Birth:  Sex:  M  F  
Position:  Restraint:  Hospital:  Ambulance:

Ejected:  Yes  No  
Trapped:  Yes  No  
Airbag Deployed:  Yes  No  
Citation Issued:  Hazardous  Other

Date of Birth:  Sex:  M  F  
Position:  Restraint:  Hospital:  Ambulance:

Ejected:  Yes  No  
Trapped:  Yes  No  
Airbag Deployed:  Yes  No  
Citation Issued:  Hazardous  Other

Age:  Pos:  Rec:

Age:  Pos:  Rec:

Damaged Property:  Public:  Y  N

UNIT/DRIVER  
LOCALION  
PASSENGERS

11528

BACK

**UNIT/DRIVER**

Unit Number: 2 State: MI

**NCS**

Unit Type:  MV  B  P  E (train)

City: Benton Harbor State: MI Zip: 49022

Driver Condition:  1  2  3  4  5  6  7  8  9  10

Interlock:  Yes  No  Refused  Not offered  (Select Results to Fill When Available)

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results

Drugs:  Yes  No Test Type:  Blood  Urine Test Results

Vehicle Description: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Location of Greatest Damage:  0  1  2  3  4  5  6  7  8  9  10  11  12

First Impact: \_\_\_\_\_ Extent of Damage: \_\_\_\_\_ Drivable:  Yes  No

Vehicle Type:  PA  CY  OR  VA  MC  Other  PU  GC  Truck/Bus  ST  SM (Complete Specifics Section)

Vehicle Direction:  North  South  East  West

Special Vehicles:  1  2  3  4  5  6

Private Trailer Type:  1  2  3  4  5  6  7

Vehicle Defect:  1  2  3  4  5  6

Vehicle Use:  1  2  3  4  5  6  7  8  9  10  11

**PASSENGERS**

Injury:  K  A  B  C  O Airbag Deployed:  Yes  No  Not Equipped

Date of Birth: \_\_\_\_\_ Sex:  M  F Position: \_\_\_\_\_ Restraint: \_\_\_\_\_ Hospital: \_\_\_\_\_ Ambulance: \_\_\_\_\_ Ejected:  Yes  No Trapped:  Yes  No

Date of Birth: \_\_\_\_\_ Sex:  M  F Position: \_\_\_\_\_ Restraint: \_\_\_\_\_ Hospital: \_\_\_\_\_ Ambulance: \_\_\_\_\_ Ejected:  Yes  No Trapped:  Yes  No

Age Pos Res: \_\_\_\_\_ Age Pos Res: \_\_\_\_\_

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

**Unit Reported on Front**

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
01176				
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Unit Reported Above**

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
2817				
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TRUCK/BUS INFORMATION**

Unit Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Carrier Source:  Papers  Vehicle  Log Book  Driver

Zip: \_\_\_\_\_ GVWR/GCWR: \_\_\_\_\_

Driver's CDL Type:  A  C  H  P  T  B  None  N  S  X

Interstate  Intra (MI Only)  CDL Restrictions:  28  29  30

CDL Exempt:  Farm  Other

Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

Hazardous Material:  Placard  Cargo Spill

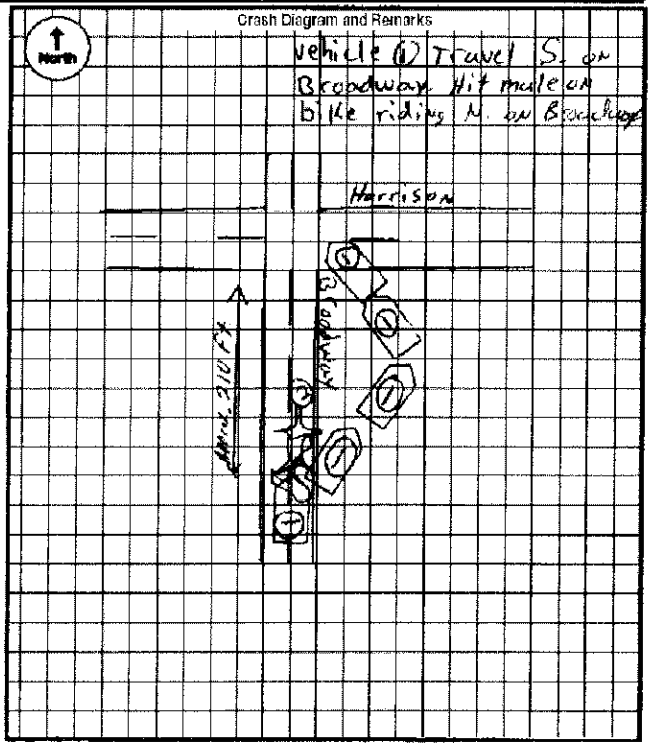
Class # \_\_\_\_\_

Type & Axes Per Unit: 

Type & Axes	First	Second	Third	Fourth

Cargo Body Type:  1  2  3  4  5  6  7  8

Investigated at Scene:   (N)



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300

ORI: MI-1172600

Department Name St. Joseph Police Department

Incident Disposition  Open  Closed  
Reviewer [Signature]

Crash Date Month <u>08</u> Day <u>22</u> Year <u>08</u>	Crash Time Military <u>0813</u>	No. of Units <u>02</u>	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input checked="" type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> State	Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County <u>11</u>	Traffic Control <input type="radio"/> None of These <input checked="" type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Other/Unknown	Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Icy <input type="radio"/> Debris <input type="radio"/> Other/Unknown <input type="radio"/> Slushy	Area <u>07</u>
City/Twp <u>68</u>	Construction Zone (if applicable) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility	Lane Closed <input type="radio"/> Yes <input type="radio"/> No	Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None	Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy	Speed Limit <u>30</u>

Prefix	Road Name <u>MAIN</u>	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type <u>ST</u>	Suffix
Distance <u>20</u>	FT <input checked="" type="radio"/> MI <input type="radio"/>	North <input type="radio"/> South <input checked="" type="radio"/>	East <input type="radio"/> West <input type="radio"/>	Beginning of Ramp <input type="radio"/> End of Ramp <input type="radio"/>
Prefix	Intersecting Road <u>BROAD</u>	Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type <u>ST</u>	Suffix

Unit Number <u>11</u>	State	Date of Birth <u>05/26/1969</u>	License Type <input type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup <u>01</u>	Hazard Action <u>04</u>
Unit Type <input type="radio"/> MV <input checked="" type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City <u>Chicago</u>	State <u>IL</u>	Zip <u>60607</u>	Injury <input type="radio"/> K <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <u>B</u>	Restraint <input type="radio"/> Yes <input type="radio"/> No
Driver Condition <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <input type="radio"/> Yes <input type="radio"/> No	Refused <input type="radio"/> Not offered <input type="radio"/>	Alcohol <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Field <input type="radio"/> PET <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No
Drugs <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>	Hospital	Ambulance	

Vehicle Description	Make	Model	Color	Year	
Location of Greatest Damage <u>01</u>	Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST	OR <input type="radio"/> Other <input type="radio"/>	Vehicle Direction <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
First Impact	Extent of Damage	Drivable <input type="radio"/> Yes <input type="radio"/> No	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Use <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11	

Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No			
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Trapped <input type="radio"/> Yes <input type="radio"/> No

Age	Pos.	Rest.
Age	Pos.	Rest.

Damaged Property \_\_\_\_\_ Public  Y  N

LOCATION UNIT/DRIVER PASSENGERS

BACK

Unit Number: 2 State: MI  
 NCS  
 Date of Birth: 1/07/1951  
 City: St. Joseph State: MI Zip: 49085  
 Vehicle Description: DODGE CARAVAN Black 1994  
 Location of Greatest Damage: 08  
 Vehicle Type: PA  
 Vehicle Direction: East  
 Special Vehicles: 1, 2, 3, 4, 5, 6  
 Private Trailer Type: 1, 2, 3, 4, 5, 6, 7  
 Vehicle Defect: 1, 2, 3, 4, 5, 6  
 Vehicle Use: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11  
 Driver's License Type: O, C, M, F, R  
 Sex: M, F  
 Position: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11  
 Restraint: Yes, No  
 Hospital: Yes, No  
 Ambulance: Yes, No  
 Ejected/Trapped: Yes, No  
 Airbag Deployed: Yes, No  
 Citation Issued: Hazardous, Other

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

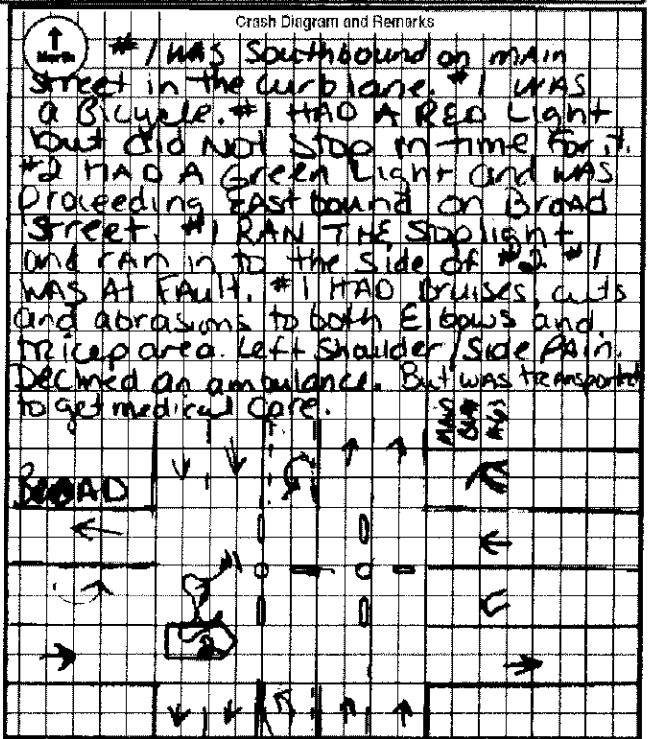
Unit Reported on Front

Action Prior	Sequence of Events
	First Second Third Fourth
01	17
Most Harmful	(M) (M) (M) (M)

Unit Reported Above

Action Prior	Sequence of Events
	First Second Third Fourth
01	16
Most Harmful	(M) (M) (M) (M)

Unit Number: [ ]  
 City: [ ] State: [ ]  
 Zip: [ ] GVWR: [ ]  
 Carrier Source: Papers, Vehicle, Log Book, Driver  
 Driver's CDL Type: A, C, B, None, H, P, T, N, S, X  
 CDL Restrictions: Interstate, Intra (MI Only), 2R, 29, 30  
 CDL Exempt: Farm, Other  
 Vehicle Type: AS, AL, BS, CX, AA, AT, BB, BX, AH, AX, BH, CH, AN, AY, BN, CP, AP, AZ, BP, CS  
 Medical Card: Y, N  
 Hazardous Materials: Placard, Cargo Spill, Class # [ ]  
 Type & Axes Per Unit: [ ]  
 Cargo Body Type: 1, 2, 3, 4, 5, 6, 7, 8  
 Investigated at Scene: (N)



# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **9300-1**

Off: **MI-1124800**

Department Name **Benton Harbor PD**

Incident Disposition  Open  Closed  
Reviewed **PD**

Crash Date Month <b>06</b> Day <b>18</b> Year <b>2008</b>	Crash Time Hour <b>12</b> Minute <b>12</b>	No. of Units <b>2</b>	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input checked="" type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State	Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County <b>11</b>	Traffic Control <input type="radio"/> None of These <input checked="" type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Gore <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy	Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Area <b>10</b>	Total Lanes <b>4</b>
Construction Zone (If applicable) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility	Lane Closed <input type="radio"/> Yes <input type="radio"/> No	Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None	Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy	Speed Limit <b>40</b>	Posted <input checked="" type="radio"/> Yes <input type="radio"/> No	

Prefix	Road Name <b>MAIN</b>	Divided Roadway <input checked="" type="radio"/> (N) <input checked="" type="radio"/> (S) <input checked="" type="radio"/> (W)	Road Type <b>ST</b>	Suffix
Distance <b>100</b>	FT <input checked="" type="radio"/> North <input checked="" type="radio"/> East <input type="radio"/> Beginning of Ramp	Trafficway <input checked="" type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4)	Access Control <input checked="" type="radio"/> (2) <input type="radio"/> (3)	
Prefix	Intersecting Road <b>FAIR</b>	Divided Roadway <input checked="" type="radio"/> (S) <input type="radio"/> (E) <input type="radio"/> (W)	Road Type <b>AVE</b>	Suffix

Unit Number <b>1</b>	State <b>MI</b>	Date of Birth <b>08/26/1973</b>	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup <b>01</b>	Hazard Action <b>00</b>
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City <b>BH</b>	State <b>MI</b>	Zip <b>49022</b>	Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <b>01</b>	Restraint <b>10</b>
Driver Condition <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered (Submit Results To FARS When Available)	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No	Hospital <b>N/A</b>
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	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>	Ambulance <b>Medic 1</b>

Vehicle Description <b>Triumph Sprint ST Silver 2006</b>	Vehicle Type <input checked="" type="radio"/> CY <input type="radio"/> OR <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input checked="" type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Use <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
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First Impact <b>03</b>	Extent of Damage <b>2</b>	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No	PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	Ambulance	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No	

Age	Pos.	Rest.
Age	Pos.	Rest.

Damaged Property	Public <input type="radio"/> Y <input type="radio"/> N
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BACK

Unit Number 2 State

Date of Birth 04/17/1996

License Type: O, CY, C, F, M, R. Sex: M, F. Total Occup: 1. Hazard Action: 14

NCS

Unit Type: MV, B, P, E (train). City: B.H. State: MI. Zip: 49022

Driver Condition: Interlock, Alcohol, Drugs. Test Type, Blood, Urine, Test Results.

Injury: B. Position: Driver. Restraint: Yes. Hospital: N/A. Ambulance: N/A. Ejected/Trapped: No. Airbag Deployed: No. Citation Issued: No.

Vehicle Description: Motorcycle. Make: Honda. Model: NA. Color: Black. Year: NA. Vehicle Type: PA, VA, PU, ST, CY, MO, GC, SM, OR, Other, Truck/Bus. Vehicle Direction: North, South, East, West. Special Vehicles: 1, 2, 3, 4, 5, 6. Private Trailer type: 1, 2, 3, 4, 5, 6, 7. Vehicle Defect: 1, 2, 3, 4, 5, 6. Vehicle Use: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11.

Location of Greatest Damage: First Impact: 1. Extent of Damage: 3. Driveable: No.

Date of Birth, Sex, Position, Restraint, Hospital, Ambulance, Ejected/Trapped.

Injury: K, A, B, C, O. Airbag Deployed: No. Not Equipped.

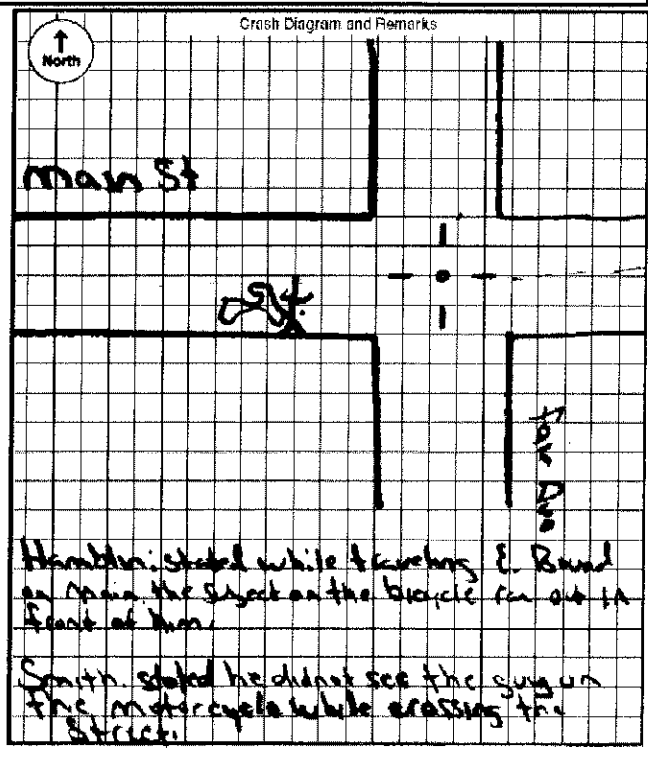
Date of Birth, Sex, Position, Restraint, Hospital, Ambulance, Ejected/Trapped.

Age, Pos, Rest.

Unit Reported on Front. Action Prior: 01/16. Sequence of Events: First, Second, Third, Fourth. Most Harmful: (M), (M), (M), (M).

Unit Reported Above. Action Prior: 25/17. Sequence of Events: First, Second, Third, Fourth. Most Harmful: (M), (M), (M), (M).

Truck/Bus Information. Unit Number, City, State, Zip, GWR, Carrier Source (Papers, Vehicle, Log Book, Driver), Driver's CDL Type (A, C, B, None, Interstate, Intra (MI Only), CDL Exempt (Farm, Other), Vehicle Type (AS, AL, BS, CX, AA, AT, BB, BX, Other, AH, AX, BH, CH, AN, AY, BN, CP, AP, AZ, EP, CS), Medical Card (Y, N), Hazardous Material (Placard, Cargo Spill, Class #).



Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48915

UNIT/DRIVER PASSENGERS

TRUCK/BUS INFORMATION

Investigated at Scene: (M), (N)

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 5400-1

OFF: MI-1124900

Department Name Benton Twp Police Dept

Incident Disposition  Open  Closed  
Reviewed MUG

Crash Date 08/30/2008 Crash Time 023102 No. of Units 02

County 11 Traffic Control  None of These  
City/Twp 03  Signal  Stop Sign  Yield Sign

Construction Zone (if applicable) Type  Const/Maint.  Utility  
Lane Closed  Yes  No  
Activity  On Road  Off Road  None

Crash Type  
 Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Sideswipe-Same  
 Sideswipe-Opposite  
 Other/Unknown

Special Circumstances  None  School Bus  Hit and Run  
Special Study  Local  State  
Weather (Mark Only One)  Clear  Cloudy  Fog/Smoke  Rain  
Light (Mark Only One)  Daylight  Dawn  Dusk  
Road Condition (Mark Only One)  Dry  Wet  Icy

Special Checks  
 Fatal (Report All)  
 Connected Copy  
 Replace (Entire Report)  
 Delete (Entire Report)  
 Non-Traffic Area  
 CFV/Snowmobile  
Area 10 Total Lanes 2  
Speed Limit 35 Posted  Yes  No

Road Name HIGHLAND AVE Distance 200 FT  North  East  South  West

Intersecting Road PLUM Road Type CT

Unit Number 1 State MI Date of Birth 05/26/1959 License Type  O  CY  M  C  F  M  R  
Unit Type  MV  B  P  E (train)  
City Benton Harbor State MI Zip 49012

Driver Condition  1  2  3  4  5  6  7  8  9  99  
Interlock  Yes  No  
Alcohol  Yes  No  
Drugs  Yes  No

Injury  K  A  B  C  O  
Position B Restraint 00  
Hospital 110050  
Ambulance 111003  
Airbag Deployed  Yes  No  
Citation Issued  Hazardous  Other

Vehicle Description Miyata Make Miyata Model Blue Color Blue Year 2007  
Location of Greatest Damage  1  2  3  4  5  6  7  8  9  10  11  12  
First Impact 07 Extent of Damage 0 Drivable  Yes  No  
Vehicle Type  PA  CY  OR  VA  MO  Other  PU  GC  Truck/Bus  ST  SM

Date of Birth 05/26/1959 Sex  M  F  
Position B Restraint 00  
Hospital 110050  
Ambulance 111003  
Ejected  Yes  No  
Trapped  Yes  No

Date of Birth 05/26/1959 Sex  M  F  
Position B Restraint 00  
Hospital 110050  
Ambulance 111003  
Ejected  Yes  No  
Trapped  Yes  No

Age 49 Pos 00 Rest 00  
Age 49 Pos 00 Rest 00

Damaged Property  Public  Y  N

LOCATION  
UNIT/DRIVER  
PASSENGERS

BACK

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

Unit Number: 2 State: [ ]

**NCS**

Unit Type:  MV  B  P  E (train)

City: [ ] State: [ ] Zip: [ ]

Driver Condition: ① Yes ② No ③ Refused ④ Not offered ⑤ Field ⑥ PBT ⑦ Breath ⑧ Blood ⑨ Urine ⑩ Test Results

Alcohol: Yes No Test Type: Blood Urine Test Results

Drugs: Yes No Test Type: Blood Urine Test Results

Date of Birth: [ ] License Type:  O  CY  M  C  F  F  M  R

Injury:  K  A  B  C  O

Ejected/Trapped:  Yes  No

Airbag Deployed:  Yes  Not Equipped

Citation Issued: Hazardous  Other

Vehicle Description: Make [ ] Model [ ] Color [ ] Year [ ]

Location of Greatest Damage: ③ ① ② ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

Vehicle Type:  PA  CY  OR  VA  MO  Other  PU  GC  Truck/Bus  ST  SM (Complete Transfer/Bus)

Vehicle Direction:  North  South  East  West

Special Vehicles: ① ② ③ ④ ⑤ ⑥

Private Trailer Type: ① ② ③ ④ ⑤ ⑥ ⑦

Vehicle Defect: ① ② ③ ④ ⑤ ⑥

Vehicle Use: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

Passenger Information (2 rows):

Name: [ ] Date of Birth: [ ] Sex:  M  F Position: [ ] Restraint: [ ] Hospital: [ ] Ambulance: [ ] Ejected:  Yes  No Trapped:  Yes  No

**Unit Reported on Front**

Action Prior	Sequence of Events
	First Second Third Fourth
0117	
Most Harmful	① ② ③ ④

**Unit Reported Above**

Action Prior	Sequence of Events
	First Second Third Fourth
1716	
Most Harmful	① ② ③ ④

Unit Number: [ ]

City: [ ] State: [ ] Zip: [ ]

Carrier Source:  Papers  Vehicle  Log Book  Driver

Driver's CDL Type:  A  C  H  P  T  B  None  N  S  X

CDL Restrictions:  Interstate  Intra (MI Only)  2B  29  30

CDL Exempt:  Farm  Other

Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

Hazardous Material:  Placard  Cargo Spill

Class # [ ]

Investigated at Scene:   (N)

Crash Diagram and Remarks

↑ North

DRIVER OF BICYCLE #1 STATES AN UNKNOWN VEH. PASSED HIM AND HIT HIM KNOCKING HIM OVER. BROWER HAD COMPLAINTS ON HIS R. LEG AND NO LIGHTS ON VEH #1. NO DESCRIPTION OF VEH #2 (SEE SUPPLEMENTAL REPORT)

HILLTOPS

← TO Farm Ct. VEH #1