



MTCF Data Query Tool

Map View of Your Query Results

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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: Pedestrian (Pedestrian involved)**

39 Units

Query Builder

Save Query

View Map

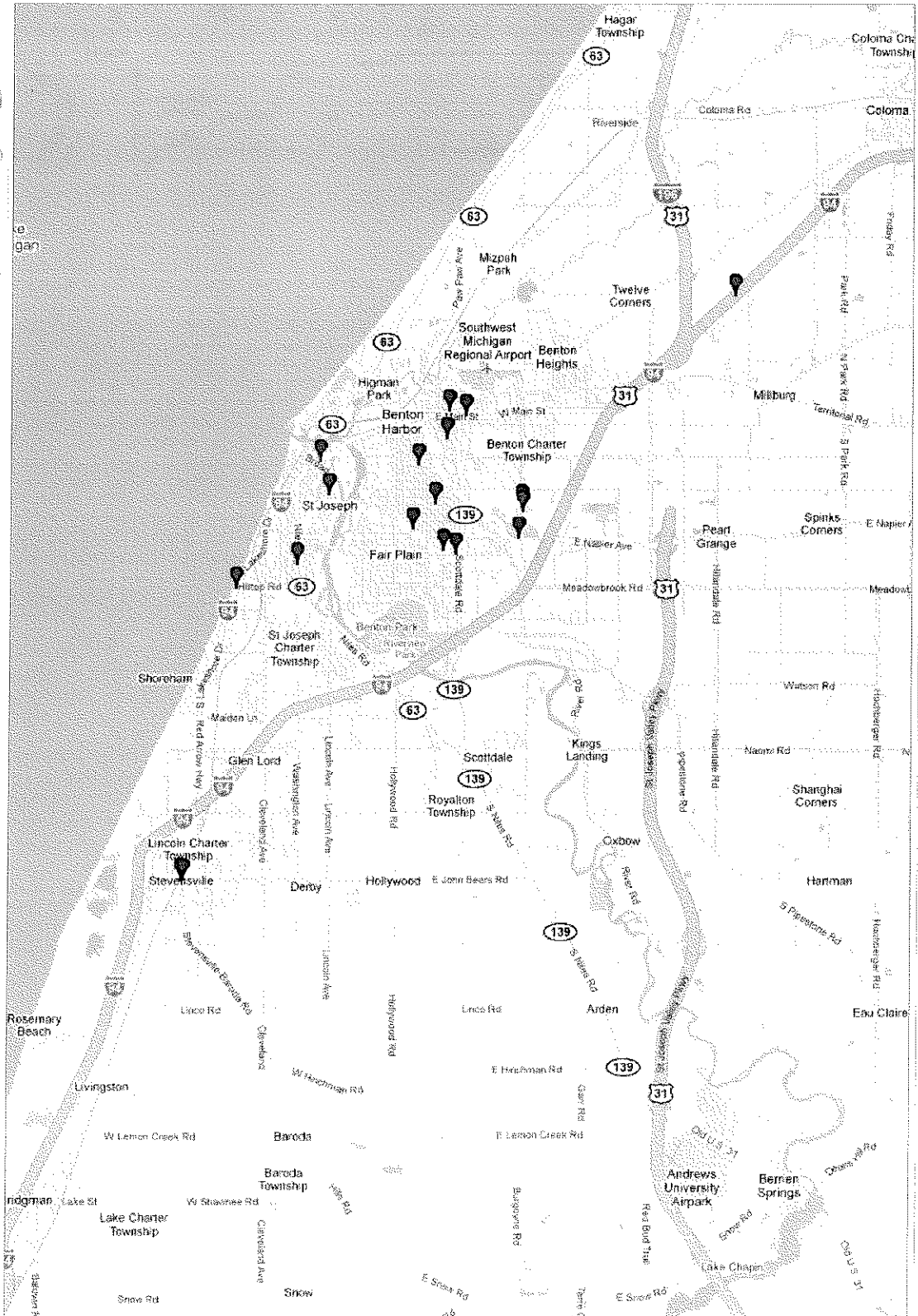
View Table

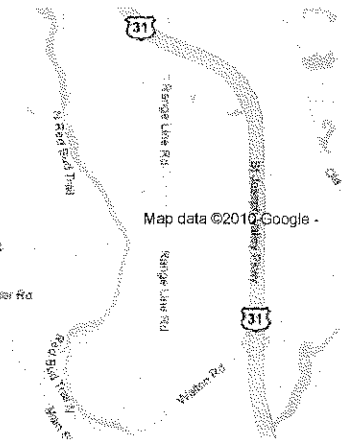
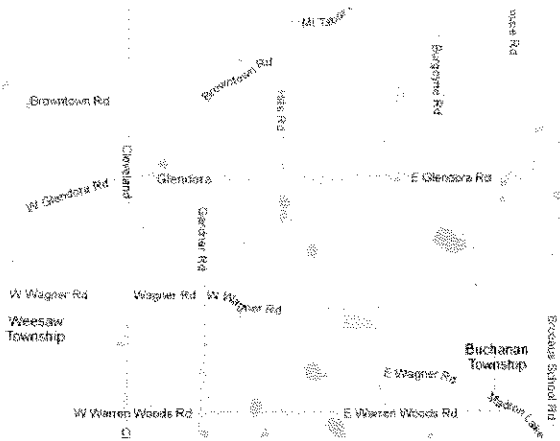
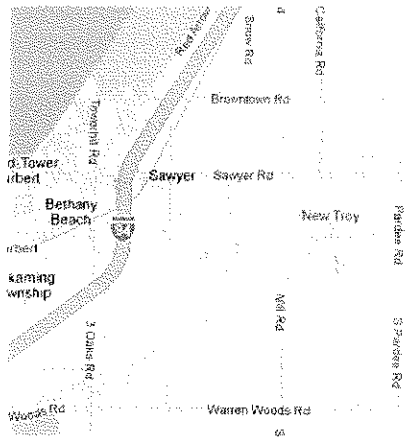
View List

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.





STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **9300-1**

OFF: MI-1176600

Department Name **Lincoln Township Police Department**

Incident Disposition Open Closed
Reviewer **199**

Crash Date Month **02** Day **13** Year **2008**
Crash Time Military **2101** 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
 Deer
 State
 Severe Wind
 Snow/Blowing Snow
 Sleet/Hail
 Other/Unknown
Weather (Mark Only One) Clear
 Cloudy
 Fog/Smoke
 Rain
Light (Mark Only One) Daylight
 Dawn
 Dusk
 Dark-Lighted
 Dark-Unlighted
 Other/Unknown
Road Condition (Mark Only One) Dry
 Wet
 Icy
 Snowy
 Muddy
 Slushy
 Debris
 Other/Unknown

Special Checks
 Fatal (Report All)
 Corrected Copy
 Replace (Entire Report)
 Delete (Entire Report)
 Non-Traffic Area
 ORV/Snowmobile
Area **12** Total Lanes **2**
Speed Limit **25** Posted Yes No

County **11** Traffic Control None of These
 Signal
 Stop Sign
 Yield Sign
Relation to Roadway (Location of First Impact)
 Shoulder
 Outside of Shoulder/Curb
 On Road
 Median
 Gore
 Other/Unknown

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

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

Distance **200** FT North East Beginning of Ramp
 South West End of Ramp Trafficway 2 3 4 Access Control 2 3

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

Unit Number **1** State **MI** Date of Birth **04/03/1961**

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

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

Injury K A B C D
Position **01** Restraint **04**
Hospital Ejected Trapped

Driver Condition 2 3 4 5 6 7 8 9 99
Interlock Yes No
Alcohol Yes No Test Type Field PET Breath Blood Urine Test Results **.000**

Airbag Deployed Yes No
Citation Issued Hazardous Other

Drugs Yes No Test Type Blood Urine Test Results

Vehicle Description **NISSAN 4DR** Make **NISSAN** Model **4DR** Color **SILVER** Year **2001**

Location of Greatest Damage 1 2 3 4 5 6 7 8 9 10 11
First Impact **02** Extent of Damage **0** Drivable Yes No

Vehicle Type PA VA PU ST
 CY MO GC SM
 OR Other
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

Injury K A B C D 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

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

Age Pas. Rest.
Age Pas. Rest.

Damaged Property Public Y N

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

Unit Number 2	State MI	Date of Birth 05/19/1968	License type <input type="radio"/> O <input type="radio"/> CY <input checked="" type="radio"/> M <input type="radio"/> C <input type="radio"/> F <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup 00	Hazard Action 00	
NCS Unit Type <input type="radio"/> M/V <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)		City STUBS VILLE 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 <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	
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		Alcohol <input checked="" type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Fek1 <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine Test Results 18		Releant Results to Field (Other Available)		Hospital 110050 Ambulance 111003	
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine Test Results		Vehicle Description Make _____ Model _____ Color _____ Year _____		Ejected Trapped <input type="radio"/> Yes <input type="radio"/> No		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> Not Equipped	
Location of Greatest Damage <input type="radio"/> 0 <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 <input type="radio"/> 12		Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM <input type="radio"/> Convertible Truck/Bus (owner)		Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
First Impact <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 <input type="radio"/> 12		Extent of Damage <input type="radio"/> Yes <input type="radio"/> No		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	
Date of Birth Sex <input type="radio"/> M <input type="radio"/> F		Position <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		Hospital		Ambulance	
Ejected <input type="radio"/> Yes <input type="radio"/> No		Trapped <input type="radio"/> Yes <input type="radio"/> No		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	
Ejected <input type="radio"/> Yes <input type="radio"/> No		Trapped <input type="radio"/> Yes <input type="radio"/> No		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	
Age Pos. Res.		Age Pos. Res.		Age Pos. Res.		Age Pos. Res.	

Unit Reported on Front					Unit Reported Above				
Action Prior	Sequence of Events				Action Prior	Sequence of Events			
	First	Second	Third	Fourth		First	Second	Third	Fourth
14	15				28	17			
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/> (M)	<input type="radio"/> (M)	<input type="radio"/> (M)	Most Harmful	<input checked="" type="radio"/>	<input type="radio"/> (M)	<input type="radio"/> (M)	<input type="radio"/> (M)

Unit Number	City	State	Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver
	Zip	GVWR/GCWR	Driver's CDL Type <input type="radio"/> A <input type="radio"/> G <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS		CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30	
Type & Axles Per Unit First Second Third Fourth		Medical Card <input type="radio"/> Y <input type="radio"/> N	
Cargo Body Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Class #		Investigated at Scene <input checked="" type="radio"/> <input type="radio"/> (N)	

Crash Diagram and Remarks	
<input checked="" type="radio"/> North	Driver of vehicle 1 was exiting the Village Square Shopping Center and making a right turn on to W. John Beers Rd. A pedestrian was walking west on W. John Beers Rd in the east bound lane. Vehicle 1 struck the pedestrian as the driver entered east bound W. John Beers Rd. The pedestrian complained of pain and was transported to Lakeland ER by Medic 1 Ambulance. The driver of vehicle 1 was not injured.
W. JOHN BEERS RD.	
VILLAGE SQUARE SHOPPING CENTER	

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **Y300-1**

ORR: MI-1172600

Department Name **Saint Joseph Police Dept**

Incident Disposition
 Open Closed

Reviewer **bb**

Crash Date
Month: **10** Day: **5** Year: **2008**
Crash Time
Military: **1915** 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 Deer
 School Bus Hit and Run Fleeing Police
Special Study
 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

Special Checks
 Fatal (Report All)
 Corrected Copy
 Replace (Entire Report)
 Delete (Entire Report)
 Non-Traffic Area
 ORN/Snowmobile
Area: **10** Total Lanes: **3**
Speed Limit: **45** Posted:
 Yes No

County: **11** 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
 Goro
 Other/Unknown

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

Prefix: **LAKESHORE** Road Name: **DRIVE**
Divided Roadway: N S E W
Road Type: N S E W Suffix:

Distance: **URN** FT North East Beginning of Ramp
 MI South West End of Ramp
Trafficway: 2 3 4 Access Control: 2 3

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

Unit Number: **1** State: **MI** Date of Birth: **04/22/1959**
License Type: O CY C F M R
Sex: M F
Total Occup: **01** Hazard Action: **00**

Unit Type: MV B P E (train)
Saint Joseph, MI Zip: **49085**
Driver Condition: 2 3 4 5 6 7 8 9 99

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

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

Location of Greatest Damage: **02**
First Impact: **02** Extent of Damage: **1** Drivable: Yes No
Vehicle Description: **Dodge Durango Tan 2005**
Vehicle Type: CY OR VA MO Other PU 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

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

Damaged Property: Public: Y N

LOCATION
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 12/07/1956	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 type="radio"/> M <input type="radio"/> F	Total Occup <input type="text"/>	Hazard Action <input type="text"/>
NCS	Unit Type <input type="radio"/> MV <input type="radio"/> B <input checked="" type="radio"/> P <input type="radio"/> E (train)	Driver Condition ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> O	Position P	Restraint <input type="text"/>	Hospital <input type="text"/>
Driver Name Saint Joseph	State MI	Zip 49085	Ejected Trapped <input type="radio"/> Yes <input type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>	Ambulance <input type="text"/>
Alcohol <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Field <input type="radio"/> PBT	Breath <input type="radio"/> Blood <input type="radio"/> Urine	Drugs <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results <input type="text"/>	
Vehicle Description <input type="text"/>	Make <input type="text"/>	Model <input type="text"/>	Color <input type="text"/>	Year <input type="text"/>		
Location of Greatest Damage ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫	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	OR <input type="radio"/> Other	Truck/Bus	Vehicle Direction <input 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 <input type="text"/>	Extent of Damage <input type="text"/>	Drivable <input type="radio"/> Yes <input type="radio"/> No	Vehicle Use ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪	Vehicle Defect ① ② ③ ④ ⑤ ⑥		
Passenger 1 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 <input type="text"/>	Sex <input type="radio"/> M <input type="radio"/> F	Position <input type="text"/>	Restraint <input type="text"/>
Passenger 2 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 <input type="text"/>	Sex <input type="radio"/> M <input type="radio"/> F	Position <input type="text"/>	Restraint <input type="text"/>
	Age	Pos.	Rest.			

Unit Reported on Front					Unit Reported Above				
Action Prior	First	Second	Third	Fourth	Action Prior	First	Second	Third	Fourth
0101					3317				
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Most Harmful	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unit Number <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver
Zip <input type="text"/>	GVWR/GCWR <input type="text"/>		Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only)
Type & Axles Per Unit First Second Third Fourth	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30	Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS
Cargo Body Type ① ② ③ ④ ⑤ ⑥ ⑦ ⑧	Medical Card <input type="radio"/> Y <input type="radio"/> N	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	Class # <input type="text"/>

Crash Diagram and Remarks

↑ North

LAKESHORE DR

#1 WAS SB ON LAKESHORE DR AN UNKNOWN DISTANCE PAST HILLTOP AND HIT A GROCERY CART BEING PUSHED BY #2.

#1 HAD DAMAGE TO HIS PASSENGER SIDE FRONT FEND AND QUARTER PANEL. THE GROCERY CART #1 SAID WAS STILL ABLE TO PUSH. HE WAS UNABLE TO BE LOCATED.

Investigated at Scene
 Y

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-1176600 Department Name: Lincoln Township Police Department

Crash Date Month Day Year 01 18 2008	Crash Time Military 1100	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"/> Deer <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> School Bus <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"/> 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
City/Twp 12	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 checked="" 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"/> Disbris <input type="radio"/> Other/Unknown	Speed Limit 25 Posted <input checked="" type="radio"/> Yes <input type="radio"/> No		

Prefix	Road Name JOHN BEERS	Divided Roadway (N S E W)	Road Type	Suffix
Distance 4	<input checked="" type="radio"/> FT <input type="radio"/> MI	<input checked="" type="radio"/> North <input type="radio"/> South	<input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input checked="" type="radio"/> 2 <input type="radio"/> 3
Prefix	Intersecting Road ST JOSEPH	Divided Roadway (N S E W)	Road Type	Suffix
			AVE	

Unit Number 1	State ME	Date of Birth 04/21/1975	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 type="radio"/> M <input checked="" type="radio"/> F	Total Occup 01	Hazard Action 03
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City Benton Springs	State ME	Zip 49103	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 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"/>	Hospital <input 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"/> PET <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	Ambulance <input type="radio"/> Yes <input type="radio"/> No

Location of Greatest Damage ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪	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	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input checked="" 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 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪
First Impact 03	Extent of Damage 0	Drivable <input checked="" type="radio"/> Yes <input type="radio"/> No				

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

Age	Pos	Rest
Age	Pos	Rest

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

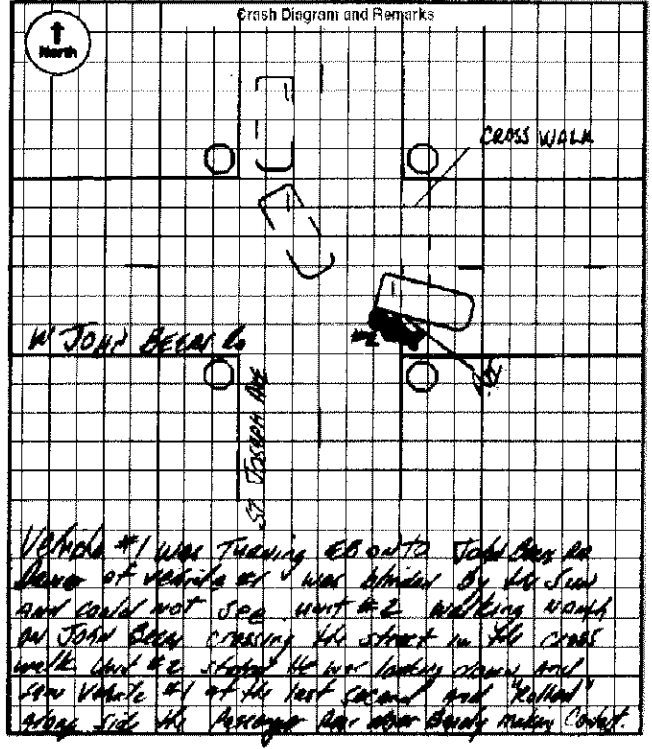
LOCATION
UNIT/DRIVER
PASSENGERS

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

Unit Number 2	State MI	Date of Birth 10/31/93	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 00	Hazard Action 00	
NCS		City Stearnsville State ME Zip 49127		Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O Position: P Restraint: 01			
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"/> 10		Alcohol: <input type="radio"/> Yes <input 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 type="radio"/> No Test Type: <input type="radio"/> Blood <input type="radio"/> Urine Test Results: _____					
Location of Greatest Damage: <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 <input type="radio"/> 12 First Impact: _____ Extent of Damage: _____ Drivable: <input type="radio"/> Yes <input type="radio"/> No		Vehicle Type: <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM		Vehicle Direction: <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Special Vehicles: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 Private Trailer Type: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 Vehicle 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	
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					

Unit Reported on Front					Unit Reported Above				
Action Prior	First	Second	Third	Fourth	Action Prior	First	Second	Third	Fourth
0215					2417				
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Most Harmful	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unit Number	City	State	Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver
	Zip	GVWRVGCWR	
Driver's CDL Type: <input type="radio"/> A <input type="radio"/> C <input type="radio"/> B <input type="radio"/> None <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) CDL Exempt: <input type="radio"/> Farm <input type="radio"/> Other		<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X CDL Restrictions: <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30	
Vehicle Type: <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS		Medical Card: <input type="radio"/> Y <input type="radio"/> N Hazardous Material: <input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Type & Axles Per Unit: First Second Third Fourth Cargo Body Type: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8		ID # _____ Class # _____	



Investigated at Scene
 (N)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

OR#: MI-1172600

Department Name Saint Joseph Police Dept

Crash Date Month: 10 Day: 5 Year: 2008 Crash Time Military: 1915 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"/> School Bus <input type="radio"/> Fleeing Police <input type="radio"/> Deer <input type="radio"/> Hit and Run <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 City/Twp: 68 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"/> Goro <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input 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	Area: 10 Total Lanes: 3
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	Light (Mark Only One) <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input checked="" type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Road Condition (Mark Only One) <input type="radio"/> Dry <input checked="" 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: 45 Posted: <input type="radio"/> Yes <input type="radio"/> No

Prefix: [] Road Name: LAKESHORE DRIVE Divided Roadway: <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W Road Type: [] Suffix: []	Distance: [] Prefix: [] Intersecting Road: HILLTOP Divided Roadway: <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W Road Type: [] Suffix: []
--	---

Unit Number: 1 State: MI Date of Birth: 04/22/1959 License Type: <input checked="" type="radio"/> G <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) 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 Hospital: N/A Ambulance: N/A Airbag Deployed: <input type="radio"/> Yes <input type="radio"/> No Citation Issued: <input type="radio"/> Yes <input type="radio"/> No Hazardous: <input type="radio"/> Yes <input type="radio"/> No Other: <input type="radio"/> Yes <input type="radio"/> No
--	--

Location of Greatest Damage: 02 Extent of Damage: 1 Drivable: <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Description: Dodge DURANGO TAN 2005 Vehicle Type: <input type="radio"/> CY <input type="radio"/> MO <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 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
---	--

Age: [] Sex: [] Race: []	Age: [] Sex: [] Race: []
-----------------------------	-----------------------------

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

LOCATION
UNIT/DRIVER
PASSENGERS

4130

BACK

UNIT/DRIVER

UNIT Number: 2 | State: MI

Date of Birth: 12/07/1956

Unit Type: MV

Driver Condition: 1

Alcohol: Yes No

Drugs: Yes No

Vehicle Description: Sprint Joseph, MI 49085

Vehicle Type: PA VA PU ST

Vehicle Direction: North South East West

Special Vehicles: 1 2 3

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 1: Injury: K A B C O

Passenger 2: Injury: K A B C O

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

Unit Reported on Front

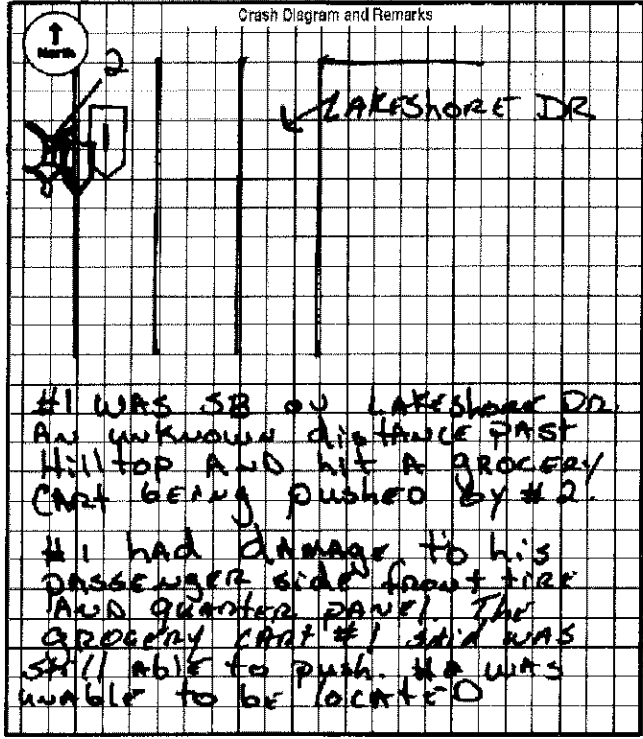
Action Prior: 0101

Sequence of Events: Most Harmful: (M) (M) (M) (M)

Unit Reported Above

Action Prior: 33117

Sequence of Events: Most Harmful: (M) (M) (M) (M)



TRUCK/BUS INFORMATION

City: | State: | Carrier Source: Papers Vehicle Log Book Driver

CDL Exempt: Farm Other

Vehicle Type: AS AL BS CX AA AT BB BX Other

Medical Card: Y N

Hazardous Material: Placard Cargo Spill

Investigated at Scene:

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORR: MI-1172600 Department Name Saint Joseph Police Dept

Crash Date Month Day Year 08/14/2008	Crash Time Military 1530	No. of Units 02	Crash Type <input checked="" 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 type="radio"/> Side-swipe-Same <input type="radio"/> Side-swipe-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"/> OPM/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 08
City/Twp 68	Construction Zone (if applicable) (Mark Type 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 35	Total Lanes 4	Posted <input type="radio"/> Yes <input type="radio"/> No

Prefix **NILES** Road Name **AVE** Divided Roadway (N) (S) (E) (W) Road Type Suffix

Distance **100** FT North East Beginning of Ramp End of Ramp

Prefix **LESTER** Intersecting Road **AVE** Divided Roadway (N) (S) (E) (W) Road Type Suffix

Unit # **1** State **MI** Date of Birth **03/05/1943** License Type O CY C F M R Sex M F Total Occup **01** Hazard Action **03**

Unit Type MV B P E (train) City **Raytown Harbor** State **MI** Zip **49022** Injury K A B C O Position **01** Restraint **04** Hospital **N/A** Ambulance **N/A**

Driver Condition 1 2 3 4 5 6 7 8 9 99 Interlock Yes No Refused Not offered (Mark Results To FARS When Available) Alcohol Yes No Test Type Field PBT Breath Blood Urine Test Results Drugs Yes No Test Type Blood Urine Test Results Citation issued Hazardous Other **FAIL TO YIELD TO PEDESTRIAN**

Vehicle Description **Honda** Make **Black** Model **2007** Year **2007** 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 PA CY OR VA MO Other PU GC Truck/Bus ST SM Complete Truck/Bus Details 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 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 Injury K A B C O Airbag Deployed Yes No Not Equipped

Age Sex Race

Age Sex Race

Damaged Property Public Y N

LOCAL OR UNIT/DRIVER PASSENGERS

1614

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

Unit Number 2 State MI City ST Joseph State MI Zip 49085 NCS Driver Condition 2

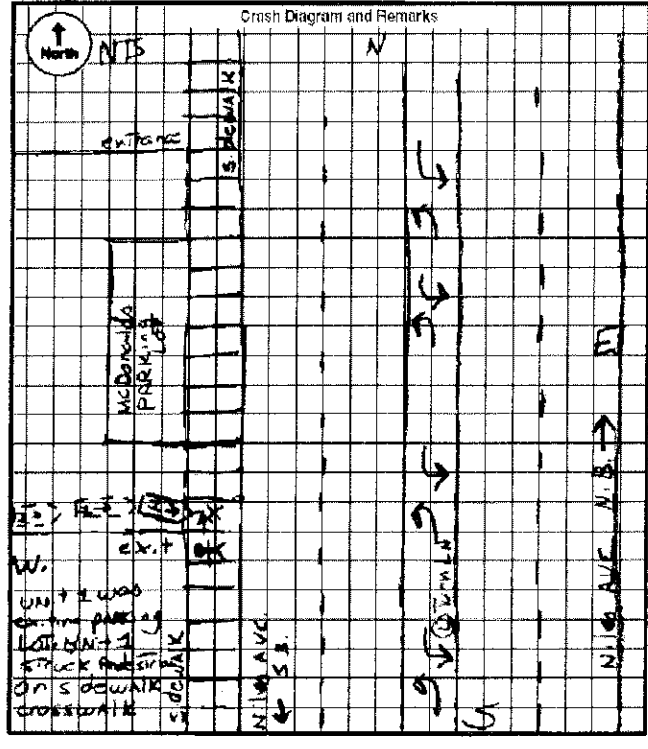
Date of Birth 04/26/1934 License Type Sex M Position P

Vehicle Description, Location of Greatest Damage, Vehicle Type, Vehicle Direction, Special Vehicles, Private Trailer Type, Vehicle Defect, Vehicle Use, Injury, Ejected/Trapped, Airbag Deployed, Citation Issued.

Unit Reported on Front Sequence of Events: Action Prior 1, 3, 1, 5

Unit Reported Above Sequence of Events: Action Prior 2, 4, 1, 7

Truck/Bus Information: City, State, Zip, GVWR/GCWR, Driver's CDL Type, Vehicle Type, Cargo Body Type.



Investigated at Scene (N)

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 **08**, Day **20**, Year **2008**
Crash Time: Military **1626**, No. of Units **02**

County **11**
City/Twp **68**
Traffic Control: None of These
 Signal
 Stop Sign
 Yield Sign

Relation to Roadway: Shoulder
 Outside of Shoulder/Curb
 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
 School Bus
 Hit and Run
 Fleeing Police
 Local
 State
Weather: Clear
 Cloudy
 Rain
 Fog/Smoke
 Other/Unknown
Light: Daylight
 Dawn
 Dusk
 Snowy
 Muddy
 Icy
 Debris
 Other/Unknown

Special Checks: Fatal Report All
 Corrected Copy
 Replace (Entire Report)
 Delete (Entire Report)
 Non-Traffic Area
 ORV/Snowmobile
Area: **08**
Total Lanes: **2**
Speed Limit: **30**
Poised: Yes No

LOCATION: Prefix **LAN**, Road Name **Langley**, Divided Roadway N S E W, Road Type **Ave**, Suffix
Distance: **30** FT MI, Direction: North South, East West, Beginning/End of Ramp, Trafficway 2 3 4, Access Control 2 3

LOCATION: Prefix **MICH**, Intersecting Road **Michigan**, Divided Roadway N S E W, Road Type **Ave**, Suffix

UNIT/DRIVER: Unit Number **1**, State **MI**, Date of Birth **02/14/1925**, License Type: O CY C F M R, Sex: M F, Total Occup **01**, Hazard Action **11**

UNIT/DRIVER: Unit Type MV B P E (train), Driver Condition: 2 3 4 5 6 7 8 9 99, Interlock: Yes No, Refused: Yes No, Alcohol: Yes No, Test Type: Field PBT Breath Blood Urine, Test Results, Drugs: Yes No, Test Type: Blood Urine, Test Results

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

UNIT/DRIVER: Vehicle Description: **FORD TAURUS TAN 2004**, Make **FORD**, Model **TAURUS**, Color **TAN**, Year **2004**, Location of Greatest Damage: **04**, Vehicle Type: PA VA PU ST, Vehicle Direction: North South East West, Special Vehicles: 1 2 3 4 5 6, Private Trailer Type: 1 2 3 4 5 6, Vehicle Defect: 1 2 3 4 5 6, Vehicle Use: 1 2 3 4 5 6 7 8 9 10 11

PASSENGERS: Date of Birth, Sex: M F, Position, Restraint, Hospital, Ambulance, Ejected/Trapped: Yes No, Airbag Deployed: Yes No Not Equipped

PASSENGERS: Date of Birth, Sex: M F, Position, Restraint, Hospital, Ambulance, Ejected/Trapped: Yes No, Airbag Deployed: Yes No Not Equipped

Damaged Property: Public Y N

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: 02/14/1985

License Type: O CY M F C F M R

Sex: M F

Unit Type: MV B P E (train)

Location: St Joseph State: MI Zip: 49085

Driver Condition: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

Interlock: Yes No Refused Not offered

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

Drugs: Yes No Test Type: Blood Urine

Vehicle Description: Make: _____ Model: _____ Color: _____ Year: _____

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

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

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 ⑫

Vehicle Use: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

Passenger Information (2):

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

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

Age Post: 57 Post: 57

Age Post: 60 Post: 60

Unit Reported on Front

Action Prior	First	Second	Third	Fourth
0715				

Unit Reported Above

Action Prior	First	Second	Third	Fourth
3317				

Unit Number: _____

City: _____ State: _____ Carrier Source: Papers Vehicle Log Book Driver

Zip: _____

Driver's CDL Type: A C H P T 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 # _____

Investigated at Scene: N

Diagram and Remarks

↑ North

DRIVEWAY #1

MICHIGAN POLICE

LANGLEY

While Backing out of the Driveway #1 thought her sister #2 was standing on the tree lawn. #1 bumped her sister knocking her to the ground #2 possibly breaking her right arm/wrist.

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 **10** Day **02** Year **2008**

Crash Time
Military **1068**

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
 Deer
 Severe Wind
 Snow/Blowing Snow
 Fog/Smoke
 Other/Unknown
Weather (Mark Only One)
 Clear
 Cloudy
 Rain
 Daylight
 Dawn
 Dusk
 Dark-Lighted
 Dark-Unlighted
 Other/Unknown
Road Condition (Mark Only One)
 Dry
 Wet
 Icy
 Snowy
 Muddy
 Slushy
 Debris
 Other/Unknown

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

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) (Mark One from Each Group)
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

Prefix **CHURCH** Road Name
Distance **150** FT North East Beginning of Ramp
 MI South West End of Ramp

Divided Roadway (N S E W)
Road Type **ST** Suffix
Trafficway 2 3 4
Access Control 2 3

Prefix **PLEASANT** Intersecting Road

Divided Roadway (N S E W)
Road Type **ST** Suffix

Unit Number
Unit Type
 MV
 B
 P
 E (train)

State **MI**
City **ST JOSEPH** State **MI** Zip **49085**

Date of Birth **12271973**

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

Driver Condition
Interlock Yes No
Alcohol Yes No
Test Type Field PBT Breath Blood Urine
Drugs Yes No
Test Type Blood Urine

Injury
Position **01** Restraint **04**
Hospital **N/A**
Ambulance **N/A**
Airbag Deployed Yes No
Cration Issued
Hazardous Other

Location of Greatest Damage
First Impact **2** Extent of Damage **0** Drivable Yes No

Vehicle Description
Make **TOYOTA** Model **Camry** Color **Gold** Year **1997**
Vehicle Type
 CY OR
 MO Other
 GC Truck/Bus
 SM
Vehicle Direction
 North South East West
Special Vehicles 1 2 3
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

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

Date of Birth Sex Position Restraint Hospital
 M F

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

Date of Birth Sex Position Restraint Hospital
 M F

Age Pos Res

Age Pos Res

Damaged Property

Public Y N

Unit Number: 2 State: MI Date of Birth: 09/11/1923

NCS

Unit Type: MV B P E (train)

City: ST. JOSEPH State: MI Zip: 49085

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

Injury: K A B C O

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

Drugs: Yes No Test Type: Blood Urine

Vehicle Description: Make: Model: Color: Year:

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 (Complete Restriction 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 Use: 1 2 3 4 5 6 7 8 9 10 11

Hospital: LAKELAND

Ambulance: MEDIC

Ejected/Trapped: Yes No

Airbag Deployed: Yes No

Citation Issued: Hazardous Other

Age Pos. Rest. (for driver and passengers):

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

Unit Reported on Front: Action Prior: 02 15

Unit Reported Above: Action Prior: 25 17

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

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

CDL Exempt: Farm Other

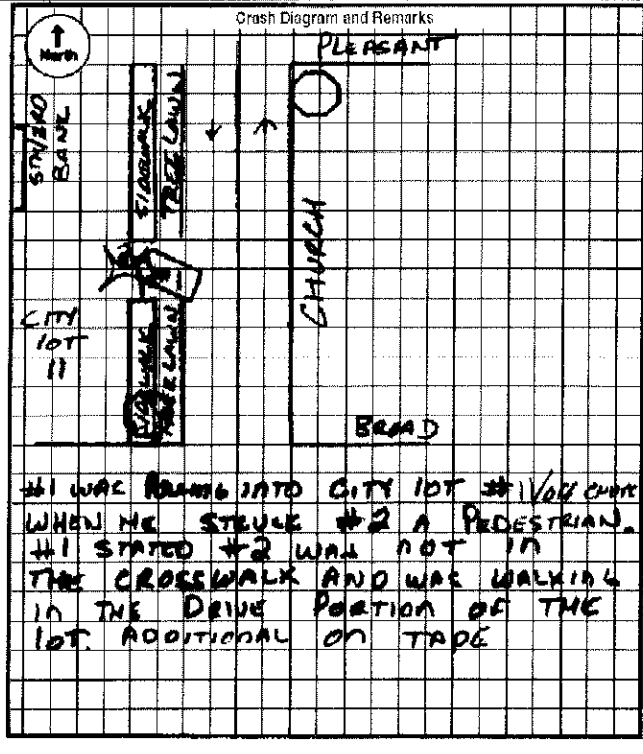
Vehicle Type: AS AL BS CX AA AT BB BX Other AH AX BH CH AN AY BN CP AP AZ BP CS

Medical Card: Y N

Hazardous Material: Placard Cargo Spill

Class # _____

Investigated at Scene: (N)



Authority: 1949 PA 300, Sec. 267.632
Compliance: Required MSP UD-10
Penalty: \$100 and/or 90 days (Rev. 1/04)

Do Not Use

Crash ID 6921219

Page 1 of 1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **5400-1**

ORI: MI-1124800

Department Name **Benton Harbor P.D.**

Incident Disposition: Open Closed
Reviewer

Crash Date Month Day Year 01 28 2008		Crash Time Hour Minute 12 20 02		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 checked="" type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> State <input checked="" 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"/> 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 checked="" type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input 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 type="radio"/> Severe Wind <input type="radio"/> Cloudy <input checked="" type="radio"/> Snow/Blowing Snow <input type="radio"/> Fog/Smoke <input type="radio"/> Sleet/Hail <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"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Dusk <input type="radio"/> Other/Unknown		Area 10		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 checked="" type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None		Road Condition (Mark Only One) <input type="radio"/> Dry <input checked="" 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 35		Posted <input checked="" type="radio"/> Yes <input type="radio"/> No		

Prefix	Road Name Pipestone	Divided Roadway (N) (S) (E) (W)	Road Type ST	Suffix
Distance	<input type="radio"/> FT <input type="radio"/> North <input type="radio"/> East <input type="radio"/> Beginning of Ramp	Trafficway (1) (2) (3) (4)	Access Control (1) (2) (3)	
	<input type="radio"/> MI <input type="radio"/> South <input type="radio"/> West <input type="radio"/> End of Ramp			

Prefix	Intersecting Road Donald Adkins	Divided Roadway (N) (S) (E) (W)	Road Type ST	Suffix
--------	---	---------------------------------	------------------------	--------

Unit Number 1	State MI	Date of Birth 06/03/1992	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 13
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 02	Restraint <input type="radio"/> Yes <input type="radio"/> No
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	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	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 N/A
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results				Ambulance N/A
						Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No
						Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>

Vehicle Description Lincoln Towncar	Make Lincoln	Model Towncar	Color White	Year 1992
Location of Greatest Damage 03	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"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM	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 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	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

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
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		

Age	Pos.	Rest.
Age	Pos.	Rest.

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

Age	Pos.	Rest.

Age	Pos.	Rest.

Age	Pos.	Rest.

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

Unit Number: 2 State: MI

NCS

Unit Type: M B P E (train)

City: Benton Harbor State: MI Zip: 49022

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

Interlock: Yes No Refused Not offered Altered (Reason in Public Report Section)

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 C F M R Sex: M F

Date of Birth: 02/14/1944

Injury: K P A B C O

Position: P Restraint: Yes No

Hospital: N/A Ambulance: N/A

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

Extent of Damage: Yes No

Drivable: Yes No

Vehicle Type: PA CY OR VA 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

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

Passenger Information (Repeating for multiple passengers):

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

Date of Birth: Sex: M F Position: Restraint: Yes No

Hospital: Ambulance: Ejected: Yes No Trapped: Yes No

Age: Pos: Rest:

Unit Reported on Front

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
<u>0115</u>				
Most Harmful	<u>(M)</u>	<u>(M)</u>	<u>(M)</u>	<u>(M)</u>

Unit Reported Above

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
<u>A717</u>				
Most Harmful	<u>(M)</u>	<u>(M)</u>	<u>(M)</u>	<u>(M)</u>

Unit Number:

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

Zip: GVWR:

Driver's CDL Type: A C B None 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

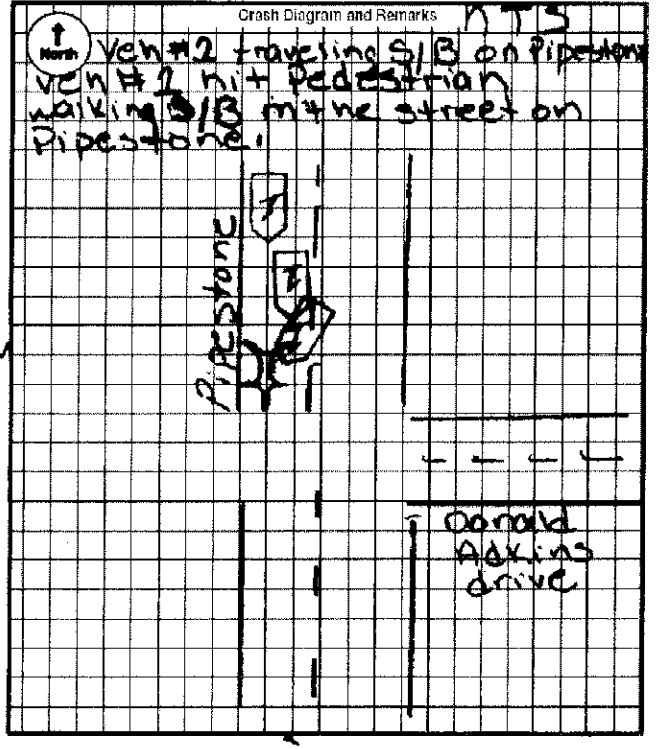
Hazardous Material: Placard Cargo Spill Class #

Type & Axles Per Unit:

Type	First	Second	Third	Fourth
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

ID #



Investigated at Scene: (N)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **9300-1**

OH# MI-1124900

Department Name **Benton Twp Police Dept**

Incident Disposition Open Closed **MID**

Crash Date: Month **02**, Day **15**, Year **2008**
Crash Time: Hour **22**, Minute **06**
No. of Units **01**

County **11**
City/Twp **03**
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
 Sideswipe-Same
 Sideswipe-Opposite
 Other/Unknown

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

Special Checks:
 Fatal (Report All)
 Corrected Copy
 Replace (Entire Report)
 Delete (Entire Report)
 Non-Traffic Area
 ORV/Snowmobile
Area: **10** Total Lanes: **2**
Speed Limit: **40** Posted: Yes No

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

Prefix: **UNION** Road Name: **UNION** Divided Roadway: N S E W Road Type: **Ave** Suffix:

Distance: **300** FT North East Beginning of Ramp
 South West End of Ramp

Prefix: **E** Intersecting Road: **NAPIER** Divided Roadway: N S E W Road Type: **Ave** Suffix:

Unit Number: **1** State: **MI** Date of Birth: **02/23/1960**

License Type: O CY C F M R
Sex: M F
Total Occup: **03** Hazard Action: **13**

Unit Type: MV
 B
 P
 E (train)
City: **Benton Harbor** State: **MI** Zip: **49022**

Injury: K A B C O
Position: **01** Restraint: **04**
Hospital: Yes No
Ambulance: Yes No

Driver Condition: 1 2 3 4 5 6 7 8 9 99
Interlock: Yes No
Alcohol: Yes No Test Type: Field PET Breath Blood Urine Test Results: **.26%**

Airbag Deployed: Yes No
Citation Issued: Hazardous Other: **OUIL**

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

Location of Greatest Damage: 1 2 3 4 5 6 7 8 9 10 11
Final Impact: **01** Extent of Damage: **0** Drivable: Yes No

Vehicle Description: **Ford Taurus** Year: **1993**
Vehicle Type: PA VA PU ST
 CY MO GC SM
 OR Other
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: **11/07/1958** Sex: M F
Position: **03** Restraint: **04**
Hospital: Yes No
Ambulance: Yes No
Ejected: Yes No
Trapped: Yes No

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

Date of Birth: **01/09/1952** Sex: M F
Position: **06** Restraint: **04**
Hospital: Yes No
Ambulance: Yes No
Ejected: Yes No
Trapped: Yes No

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

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

Damaged Property: Public Y N

BACK

Unit Number State

Date of Birth 01/10/1989

License Type: O CY M C F F M R

Sex: M F

Total Occup: Hazard Action:

Hospital:

Ambulance:

Ejected: Yes No

Trapped: Yes No

Airbag Deployed: Yes Not Equipped No

Citation Issued: Hazardous Other

NCS

Unit Type: MV B P E (train)

City: Benton Harbor State: MS Zip: 39222

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

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:

Vehicle Description: Make: Model: Color: Year:

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

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

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

Extent of Damage: Yes No

Drivability: Yes No

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

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

Age: Pos: Feet:

Age: Pos: Feet:

Unit Reported on Front

Action Prior	First	Second	Third	Fourth
010415				
Most Harmful	(M)	(M)	(M)	(M)

Unit Reported Above

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

Unit Number:

City: State:

Zip: GVWR/GCWR:

Carrier Source: Papers Vehicle Log Book Driver

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

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 BP CS

Medical Card: Y N

Hazardous Material: Placard Cargo Spill

Class #

Type & Axes Per Unit:

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

ID #

Crash Diagram and Remarks

North ↑

One struck to get his out of vehicle. He struck line.

See report #08-1525 for arrest (OUIL)

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

Investigated at Scene N

STATE OF MICHIGAN TRAFFIC CRASH REPORT

OR# MI-1124900

Department Name Benton Twp Police Dept

File Class

Incident Disposition
 Open Closed

Review **MWD**

6847 / 6840

Crash Date Month: 01 Day: 17 Year: 2008	Crash Time Military: 0749	No. of Units 02	Crash Type <input checked="" 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 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	Special Checks <input checked="" 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 City/Twp: 03	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"/> Goro <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input checked="" type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown	Light (Mark Only One) <input type="radio"/> Daylight <input type="radio"/> Down <input type="radio"/> Dusk <input checked="" type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Area: 10 Total Lanes: 5
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 type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Ice <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	Speed Limit: 40 Posted: <input checked="" type="radio"/> Yes <input type="radio"/> No	

Prefix	Road Name NAPIER	Divided Roadway <input checked="" type="radio"/> N <input checked="" type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Road Type AVE	Suffix
Distance: 30	Direction <input checked="" type="radio"/> FT <input type="radio"/> MI <input type="radio"/> North <input checked="" type="radio"/> East <input type="radio"/> South <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 MILTON	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	Date of Birth: 07/11/1941	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: 00	Hazard Action: 13
Unit Type <input type="radio"/> MV <input type="radio"/> B <input checked="" type="radio"/> P <input type="radio"/> E (train)	City: BENTON HARBOR	State: MI	Zip: 49022	Injury <input checked="" type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position: P	Restraint: 01
Driver Condition <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <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	Hospital: 110050	Ambulance: 11003	Ejected/Trapped <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"/> PRT <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"/> Other <input type="radio"/>		

Location of Greatest Damage ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫	Vehicle Description	Make	Model	Color	Year
First Impact	Extent of Damage	Drivable <input 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	Special Vehicles ① ② ③ ④ ⑤ ⑥	Private Trailer Type ① ② ③ ④ ⑤ ⑥ ⑦
			Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Vehicle Defect ① ② ③ ④ ⑤ ⑥	Vehicle Use ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

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

Unit Number: 2 State: MI Date of Birth: 06/11/1938 License Type: O, C, M, F, R Sex: M, F Total Occup: 01 Hazard Action: 00

NCS

Unit Type: MV B P E (train)

City: ST JAC State: MI Zip: 49085

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

Interlock: Yes No Refused: Not offered

Alcohol: Yes No Test Type: Field PBT Breath Blood Urine Test Results: 000

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

Vehicle Description: PONTIAC BARRIAD MARQUON 1993

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

First Impact: 02 Extent of Damage: 2 Driveable: 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

Injury: K A B C O

Airbag Deployed: Yes No Not Equipped

Ejected/Trapped: 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: 2517 Sequence of Events: First, Second, Third, Fourth

Unit Reported Above: Action Prior: 0115 Sequence of Events: First, Second, Third, Fourth

Unit Number: City: State: Zip: GVWRAGCWR: 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) 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

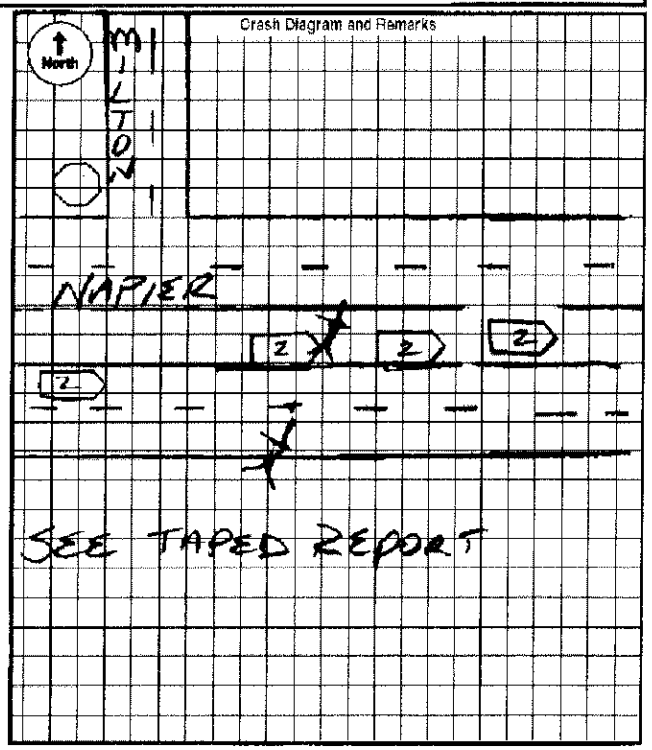
Class #:

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

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

IO #:

Investigated at Scene: N



STATE OF MICHIGAN TRAFFIC CRASH REPORT

Officer: **MI-1124900**

Department Name: **BENTON TWP PD**

Incident Disposition: Open Closed
Reviewer: _____

Crash Date Month Day Year 01/07/2008	Crash Time Military _____	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 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"/> Local <input type="radio"/> State	Special Checks <input checked="" type="radio"/> Fatal (Report All) <input checked="" 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"/> CPW/Snowmobile
County 11	Traffic Control <input type="radio"/> None of Those <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 type="radio"/> Gore <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input 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 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 _____
Construction Zone (if applicable) (Mark One From First 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 type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy	Speed Limit _____	Posted <input type="radio"/> Yes <input type="radio"/> No

Prefix	Road Name	Divided Roadway (N) (S) (E) (W)	Road Type	Suffix
Distance	_____	_____	_____	_____
Prefix	Intersecting Road	Divided Roadway (N) (S) (E) (W)	Road Type	Suffix
_____	_____	_____	_____	_____

Unit Number 1	State _____	Date of Birth 07/11/1941	License Type <input type="radio"/> O <input type="radio"/> CY <input type="radio"/> M <input type="radio"/> C <input type="radio"/> F <input type="radio"/> R	Sex <input type="radio"/> M <input type="radio"/> F	Total Occup _____	Hazard Action _____
Unit Type <input type="radio"/> MV <input type="radio"/> B <input checked="" type="radio"/> P <input type="radio"/> E (train)	City _____	State _____	Zip _____	Injury <input checked="" type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position P	Restraint <input type="radio"/> Yes <input type="radio"/> No
Driver Condition Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type Field <input type="radio"/> PBT <input type="radio"/> Breath <input checked="" type="radio"/> Blood <input type="radio"/> Urine	Test Results .00%	Test Results .001	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No
Vehicle Description	Make	Model	Color	Year	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

Location of Greatest Damage <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 <input type="radio"/> 12	Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM <small>Excludes Truck/Bus Special</small>	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
---	---	---	--	---

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 _____
Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No	Ambulance _____				

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

Age	Pos.	Res.
Age	Pos.	Res.

Damaged Property _____ Public Y N

LOCAL ROAD
DRIVER
PASSENGERS

BACK

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

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

NCS

Unit Type:
 MV B P E (Train)

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

Driver Condition: (1) (2) (3) (4) (5) (6) (7) (8) (9) (99)
 Interlock: Yes No Refused Not offered (Refusal Results to PMS When Available)
 Alcohol: Yes No Test Type: Field PBT Breath Blood Urine Test Results: [] [] []
 Drugs: Yes No Test Type: Blood Urine Test Results: [] [] []

Injury: K A B C O Ejected Trapped: Yes No Yes No
 Position: [][] Restraint: [][] Hospital: [][] Ambulance: [][]
 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: [][] Extent of Damage: [][] Driveable: Yes No
 Vehicle Type: PA VA PU ST CV MO GC SM OR Other Truck/Bus (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) 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
 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
 Injury: K A B C O Airbag Deployed: Yes No Not Equipped

Age: [][] Pos: [][] Hgt: [][]
 Age: [][] Pos: [][] Hgt: [][]

Unit Reported on Front

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

Unit Reported Above

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
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 Interstate Intra (MI Only)
 Farm Other
 H P T N S X
 CDL Restrictions: 28 29 30
 Vehicle Type: AS AL BS CX AA AT BB BX Other
 AH AX BH CH AN AY BN CP AP AZ BP CB

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

Type & Axles Per Unit:

Type	First	Second	Third	Fourth
[][]	[][]	[][]	[][]	[][]

Cargo Body Type: (1) (2) (3) (4) (5) (6) (7) (8)
 ID #: [][][]

Crash Diagram and Remarks

North ↑

4/2/08 ALCOHOL/DRUG CORRECTION

Investigated at Scene:
 Y N

UNIT/DRIVER PASSENGERS

TRUCK/BUS INFORMATION

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1

ORI: MI-1124900

Department Name Benton Twp Police Dept

Incident Disposition
 Open Closed

Review 110

Crash Date: Month 11 Day 21 Year 2008
Crash Time: Military 1256 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
 Severe Wind
 Snow/Blowing Snow
 Clear
 Cloudy
 Fog/Smoke
 Rain
 Other/Unknown
Light (Mark Only One)
 Daylight
 Dawn
 Dusk
 Dark-Lighted
 Dark-Unlighted
 Other/Unknown
Road Condition (Mark Only One)
 Dry
 Wet
 Icy
 Snowy
 Muddy
 Slushy
 Debris
 Other/Unknown

Special Checks
 Fatal (Report All)
 Corrected Copy
 Replace (Entire Report)
 Delete (Entire Report)
 Non-Traffic Area
 OPIV/Snowmobile
Area 10 Total Lanes 5
Speed Limit 45 Posted
 Yes
 No

County 11 Traffic Control
 None of These
 Signal
 Stop Sign
 Yield Sign
City/Twp 03
Relation to Roadway
(Location of First Impact)
 Shoulder
 Outside of Shoulder/Curb
 On Road
 Median
 Gore
 Other/Unknown
Construction Zone (if applicable)
(Mark One From Each Group)
Type
 Const./Maint.
 Utility
Lane Closed
 Yes
 No
Activity
 On Road
 Off Road
 None

LOCATION
Prefix E Road Name Maple Divided Roadway (N) (S) (E) (W) Road Type Suffix
Distance 300 FT North East Beginning of Ramp
MI South West End of Ramp
Trafficway (2) (3) (4) Access Control (2) (3)
Prefix S Intersecting Road Crystal Divided Roadway (N) (S) (E) (W) Road Type Suffix

UNIT/DRIVER
Unit Number 1 Date of Birth 12291954 License Type
 O CY
 C F
 M R
Sex M F
Total Occup 1 Hazard Action
Unit Type
 MV
 B
 P
 E (train) City Benton Harbor, M. Zip 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
Injury K A B C O
Position P Restrain Yes No
Hospital 110050
Ambulance 11003
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
First Impact Extent of Damage Driveable
 Yes No
Vehicle Type
 PA CY OR
 VA MO Other
 PU GC Truck/Bus
 ST SM (Complete Test/Ins Results)
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
Date of Birth Sex Position Restrain Hospital Ambulance Ejected Trapped
 Yes No Not Equipped
Date of Birth Sex Position Restrain Hospital Ambulance Ejected Trapped
 Yes No Not Equipped
Date of Birth Sex Position Restrain Hospital Ambulance Ejected Trapped
 Yes No Not Equipped

Age Pos Res

Damaged Property Public Y N

2025 7 6232

BACK

Unit Number: 2 | State: MI | Date of Birth: 05/21/90 | License Type: O, C, M, F, R | Sex: M, F | Total Occup: 01 | Hazard Action: 00

Unit Type: MV | City: Coloma | State: M. | Zip: 49038

Driver Condition: 2 | Interlock: No | Alcohol: No | Drugs: Yes No

Vehicle Description: Dodge Pick-up | Make: Dodge | Model: Pick-up | Color: Blue | Year: 2002

Location of Greatest Damage: 01 | Vehicle Type: PA, VA, PU, ST, CY, MO, GC, SM, OR, Other, Truck/Bus, Complete (Restrictor System)

Vehicle Direction: North, South, East, West | Special Vehicles: 1, 2, 3, 4, 5, 6 | Private Trailer Type: 1, 2, 3, 4, 5, 6, 7 | Vehicle Defect: 1, 2, 3, 4, 5, 6

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

Age: | Pos: | Feet: | Ejected: Yes No | Trapped: Yes No

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

Unit Reported on Front: Action Prior: 27 | Sequence of Events: 11 | Most Harmful: (M) (M) (M) (M)

Unit Reported Above: Action Prior: 01 | Sequence of Events: 15 | Most Harmful: (M) (M) (M) (M)

Unit Number: | City: | State: | Zip: | GVWR/GCWR: | Carrier Source: Papers Vehicle Log Book Driver

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

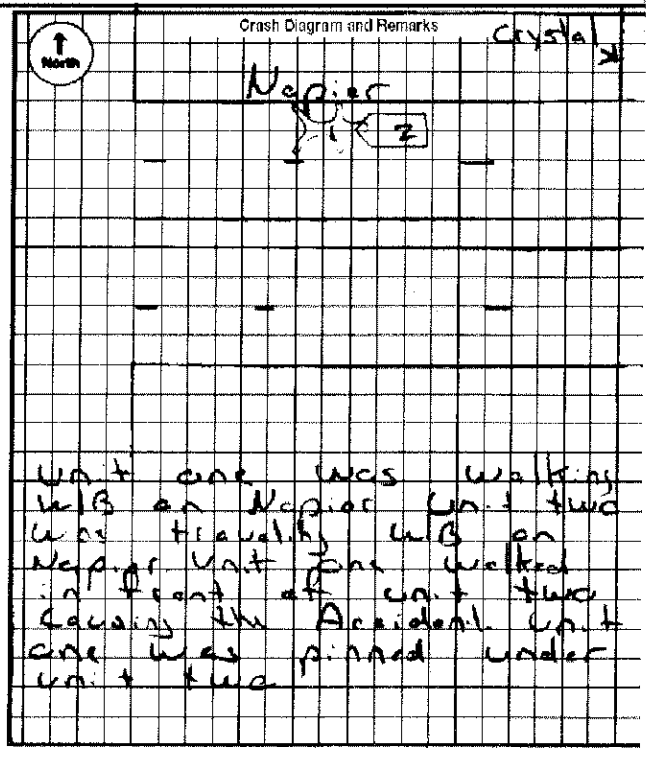
CDL Restrictions: Interstate Intra (MI Only) 28 29 30

CDL Exempt: Farm Other

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

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 | ID #



Investigated at Scene: (N)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1

ORI: MI-1124900

Department Name Benton Twp Police Dept

Incident Disposition
 Open Closed

Review **MAD**

Crash Date
Month: 08 Day: 10 Year: 2008
Crash Time
Military: 0146
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
 Side-swipe-Same
 Side-swipe-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
 Ice Slushy

Special Checks
 Fatal (Report All)
 Corrected Copy
 Replace (Entire Report)
 Delete (Entire Report)
 Non-Traffic Area
 ORV/Snowmobile
Area: 12 Total Lanes: 2
Speed Limit: 25 Posted: Yes No

County: 11
City/Twp: 03
Traffic Control: None of These
 Signal
 Stop Sign
 Yield Sign
Relation to Roadway (Location of First Impact)
 Shoulder
 Outside of Shoulder/Curb
 On Road
 Median
 Gore
 Other/Unknown
Construction Zone (if applicable) (Mark One From Each Group)
Type: Const./Maint. Utility
Lane Closed: Yes No
Activity: On Road Off Road None

Prefix: Road Name: Crystal
Distance: 100 FT
Divided Roadway: (N) (S) (E) (W)
Road Type: CT
Suffix:
Interlocking: 2 3 4
Access Control: 1 2 3

Prefix: Intersecting Road: S Crystal
Divided Roadway: (N) (S) (E) (W)
Road Type: AVE
Suffix:
Interlocking: 1 2 3

Unit Number: 1 State: MI Date of Birth: 11/01/1984
Unit Type: MV
 B
 P
 E (train)
City: Benton Harbor MI 49022
Driver Condition: 2 3 4 5 6 7 8 9 99
Interlock: Yes No
Alcohol: Yes No
Test Type: Field PBT Breath Blood Urine
Drugs: Yes No
Test Type: Blood Urine

License Type: D CY
 C F
 M R
Sex: M F
Total Occup: 01 Hazard Action: 15
Hospital: N/A
Ambulance: N/A
Airbag Deployed: No
Citation Issued: 257.626
Other: 257.617 A

Vehicle Description: Olds Alero White 2002
Year: 2002
Location of Greatest Damage: 11
First Impact: 11 Extent of Damage: 1 Driveable: Yes No
Vehicle Type: PA WA PU ST
 CY MO GC SM
Vehicle Direction: North South East West
Special Vehicles: 1 2 3
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
Ejected: Yes No
Trapped: Yes No

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

Age Pos Res
Age Pos Res

Damaged Property Public: Y N

LOCATION
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: 07/05/1990

License Type: O CY M F C F M R

Sex: M F

Unit Type: MV B P E (train)

City: Benton Harbor MI, 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

Injury: K A B C O

Position: P Restraint: Yes No

Ejected/Trapped: Yes No

Airbag Deployed: Yes No

Citation Issued: Yes No

Hazardous: Yes No

Other: Yes No

Vehicle Description: PA Make: VA Model: PU Color: ST Year: SM

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

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

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

Hospital: 1100350

Ambulance: 111003

Age Pos Res:

Unit Reported on Front: Action Prior: 01115 Sequence of Events:

Unit Reported Above: Action Prior: 29117 Sequence of Events:

Carrier Source: Papers Vehicle Log Book Driver

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

CDL Restrictions: 28 29 30

CDL Exempt: Farm Other

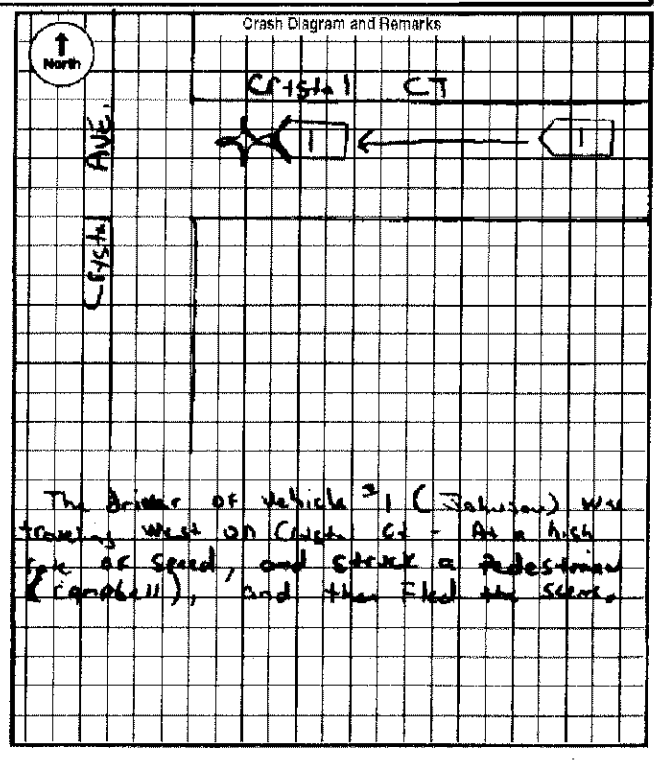
Vehicle Type: AS AL BS CX AA AT BB BX Other AH AX BH CH AN AY BN CP AP AZ BP CS

Medical Card: Y N

Hazardous Material: Placard Cargo Spill

Class #

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 7116260

Page 1 of 1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-1124900 Department Name: Benton Twp Police Dept

File Class: 93001
Incident Disposition: Open Closed
Reviewed:

Crash Date Month: 10 Day: 09 Year: 2008 Crash Time Military: 2105 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 type="radio"/> Side-swipe-Same <input type="radio"/> Side-swipe-Opposite <input checked="" type="radio"/> Other/Unknown	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Local <input type="radio"/> Deer <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: 11 City/Twp: 03 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 <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown <input type="radio"/> Dark-Lighted <input checked="" type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Area: 10 Total Lanes: 2 Speed Limit: 45 Posted: <input type="radio"/> Yes <input checked="" type="radio"/> No
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 checked="" type="radio"/> Off Road <input checked="" type="radio"/> None	Divided Roadway: <input checked="" type="radio"/> (S) (E) (W)	Road Type: AVE Suffix:	

Prefix: S Road Name: Crystal Distance: 25 Road Type: AVE Suffix:	Divided Roadway: <input checked="" type="radio"/> (S) (E) (W)	Road Type: AVE Suffix:
Prefix: Council Intersecting Road: Council Road Type: Dr Suffix:	Divided Roadway: <input checked="" type="radio"/> (N) (S) (W)	Road Type: Dr Suffix:

Unit Number: 1 State: MI Date of Birth: 02/07/1962 Unit Type: <input type="radio"/> MV <input type="radio"/> B <input checked="" type="radio"/> P City: Benton Harbor Zip: 49722	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: Hazard Action:	Injury: <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O Position: P Restrained: <input type="radio"/> Yes <input checked="" type="radio"/> No Hospital: 110050 Lakeland Ambulance: 111003 MEDIC 2
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 Alcohol: <input type="radio"/> Yes <input checked="" type="radio"/> No Drugs: <input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle Description: Make: Model: Color: Year:	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 Citation Issued: <input type="radio"/> Hazardous <input type="radio"/> Other

Location of Greatest Damage: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)	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	Vehicle Direction: <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
---	--	--	---	---

Date of Birth: Sex: <input type="radio"/> M <input type="radio"/> F Position: Restrained: <input type="radio"/> Yes <input checked="" type="radio"/> No Hospital: Ambulance: 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	Date of Birth: Sex: <input type="radio"/> M <input type="radio"/> F Position: Restrained: <input type="radio"/> Yes <input checked="" type="radio"/> No Hospital: Ambulance: 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
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Age: Pos: Res:	Age: Pos: Res:
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Damage Property: Public: <input type="radio"/> Y <input checked="" type="radio"/> N
--

UNIT/DRIVER PASSENGERS

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

NCS

Unit Type: MV B P E (train)

City: **St Joseph** State: **MI** Zip: **49085**

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

Interlock: Yes No Refused Not offered

Alcohol: Yes No Test Type: Field PBT Breath Blood Urine Test Results: **.000**

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

License type: O CY C F M R Sex: M F Total Occup: **01** Hazard Action: **00**

Injury: K A B C O Ejected Trapped: Yes No Hospital: **NONE**

Airbag Deployed: Yes No Not Equipped: Yes No Citation Issued: **NO REG** Hazardous Other: **NO PROOF INS**

Vehicle Description: **CADILLAC Deville** Make: **Deville** Model: **4DRS** Year: **2003** Color: **BLU**

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 CY OR VA MO Other PU GC Truck/Bus ST SM Complete Bus/Bus Section

Vehicle Direction: North South East West

Special Vehicle: 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

Unit Driver: Driver Passenger

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
36	17		
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/> (M)	<input type="radio"/> (M)

Unit Reported Above

Action Prior	Sequence of Events		
First	Second	Third	Fourth
01	15		
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/> (M)	<input type="radio"/> (M)

Unit Number: _____

City: _____ State: _____ Zip: _____ GVWR/GCWR: _____

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) 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

Type & Axles Per Unit: First Second Third Fourth

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

ID #: _____

Crash Diagram and Remarks

North ↑

Crystal Ave

American Services INS Policy # 33100003655 2-1 Exp 10-23-08

Council Dr

VEH #1 was NR on Crystal Ave near Council Dr. Driver of VEH #1 advised the pedestrian, Randall Tyson was walking in the roadway. Driver advised it is unknown if Tyson was crossing the street or not. Driver stated he struck Tyson, because he did not see him in the

Investigated at Scene (N)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **9300-1**

ORI: MI-1124900

Department Name **Benton Twp Police Dept**

Incident Disposition Open Closed **Final**

Crash Date: Month **10**, Day **14**, Year **2008**
Crash Time: Hour **2**, Minute **15**
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 Deer Fleeing Police
 School Bus Hit and Run State
Special Study Local
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

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: **35** Posted: Yes No

County: **11**
City/Twp: **03**
Traffic Control: None of These
 Signal
 Stop Sign
 Yield Sign
Relation to Roadway (Location of First Impact)
 Shoulder
 Outside of Shoulder/Curb
 On Road
 Median
 Gore
 Other/Unknown
Construction Zone (if applicable) (Mark One From Each Group)
Type: Const./Maint. Utility
Lane Closed: Yes No
Activity: On Road Off Road None

Prefix: **S** Road Name: **CRYSTAL** Divided Roadway: (N) (S) (E) (W)
Distance: **.25** FT MI North East Beginning of Ramp South West End of Ramp
Road Type: **AVE** Suffix: **AVE**

Prefix: **E** Intersecting Road: **EMPIRE** Divided Roadway: (N) (S) (E) (W)
Road Type: **AVE** Suffix: **AVE**

Unit Number: **1** State: **MI** Date of Birth: **04/18/1960**
Unit Type: MV B P E (Train)
City: **Dodge** State: **MI** Zip: **49106**
Driver Condition: 2 3 4 5 6 7 8 9 99
Intarlock: Yes No Refused Not offered (Must Refer to FARS When Assessed)
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 C F M R
Sex: M F
Total Occup: **01** Hazard Action: **00**
Injury: K A B C O
Position: **01** Restraint: **04**
Hospital: **None**
Ambulance: **None**
Ejected/Trapped: Yes No
Airbag Deployed: Yes No
Citation issued: Hazardous Other

Vehicle Description: **Tox** Make: **4dr** Model: **BLU** Year: **1989**
Location of Greatest Damage: 1 2 3 4 5 6 7 8 9 10 11 12
First Impact: **01** Extent of Damage: **1** 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/Trapped: Yes No
Airbag Deployed: Yes No Not Equipped: Yes No
Date of Birth: _____ Sex: M F Position: _____ Restraint: _____ Hospital: _____ Ambulance: _____
Ejected/Trapped: Yes No
Airbag Deployed: Yes No Not Equipped: Yes No

Age: _____ Pos: _____ Rest: _____
Age: _____ Pos: _____ Rest: _____

Damaged Property: _____ Public: Y N

LOCATION
UNIT/DRIVER
PASSENGERS

6427 / 8420

BACK

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

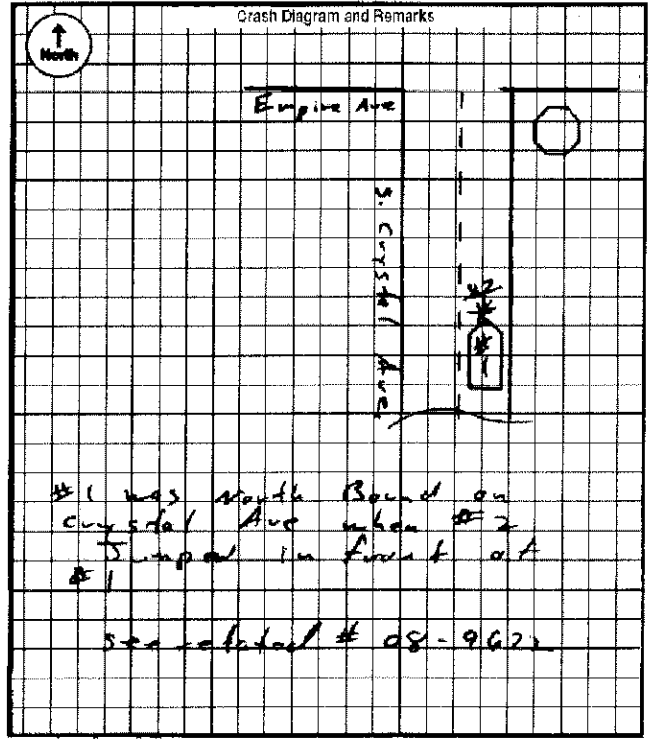
Unit Number: 2 State: MI
 Date of Birth: 12/07/1988
 License type: D CY M F
 C F M R
 Total Occup: 13 Hazard Action: 13
 Unit Type: MV B P
 City: Benton Harbor State: MI Zip: 49022
 Driver Condition: 1 2 3 4 5 6 7 8 9 99
 Interlock: Yes No Refused Not offered
 Alcohol: Yes No Test Type: Field PBT Breath Blood Urine Test Results:
 Drugs: Yes No Test Type: Blood Urine Test Results:
 Injury: K A B C O
 Position: P Restraint: Yes No
 Ejected/Trapped: Yes No
 Airbag Deployed: Yes No
 Citation issued: Hazardous Other
 Vehicle Description: Make: Model: Color: Year:
 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
 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. Age Pos. Rest.

Unit Reported on Front

Action Prior	First	Second	Third	Fourth
	01	03	15	
Most Harmful	(M)	(M)	(M)	(M)

Unit Reported Above

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



Unit Number:
 City: State: Zip: GVWR/GCWR:
 Carrier Source: Papers Vehicle Log Book Driver
 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 & Axles Per Unit: First Second Third Fourth
 Cargo Body Type: 1 2 3 4 5 6 7 8
 ID #:
 Investigated at Scene: (N)

UNIT/DRIVER PASSENGERS TRUCK/BUS INFORMATION

Authority: 1949 PA 300, Sec. 257.622
Compliance: Required MSP LID-10
Penalty: \$100 and/or 80 days (Rev 1/04)

Do Not Use

Crash ID 6977751

Page 1 of 1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class **9300 #106**

ORI: **MI-1124800**

Department Name **Benton Harbor Police Dept**

Incident Disposition Open Closed
Reviewer **WJS**

Crash Date Month: **04** Day: **05** Year: **2008** | **Crash Time** Hour: **18** Minute: **36** | **No. of** Vehicles: **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
 Door
 State

Special Study Local
 State

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

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

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

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

Area **10** | **Total Lanes** **2**

Speed Limit **25** | **Posted** Yes No

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

Road Name **JENNINGS** | **Road Type** **ST**

Distance **100** | **Beginning of Ramp** Yes No

Intersecting Road **MOY** | **Road Type** **ST**

Unit Number **1** | **State** **MI** | **Date of Birth** **10/01/1982**

Unit Type MV B P E (Train)

Driver Condition 2 3 4 5 6 7 8 9 99

Alcohol Yes No | **Test Type** Field PET Breath Blood Urine

Drugs Yes No | **Test Type** Blood Urine

License Type C M F R | **Sex** M F | **Total Occup** **03** | **Hazard Action** **00**

Injury K A B C O | **Position** **01** | **Restraint** **04**

Ejected/Trapped Yes No | **Airbag Deployed** Yes No | **Creation Issued** Hazardous Other

Vehicle Description **Buick** | **Make** **BUICK** | **Model** **4DR** | **Color** **TAN** | **Year** **1992**

Location of Greatest Damage **01** | **Vehicle Type** CY 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

Passenger 1 | **Date of Birth** | **Sex** M F | **Position** | **Restraint** | **Hospital** | **Ambulance** | **Ejected** Yes No | **Trapped** Yes No

Passenger 2 | **Date of Birth** | **Sex** M F | **Position** | **Restraint** | **Hospital** | **Ambulance** | **Ejected** Yes No | **Trapped** Yes No

Age **3** | **Sex** **6** | **Rel.** **4**

Age **2** | **Sex** **4** | **Rel.** **4**

Damaged Property | **Public** Y N

LOCATION
DRIVER
PASSENGERS

14161

BACK

Unit Number 2 State

Date of Birth 10062002

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

NCS

Unit Type

- MV, B, P, E (train)

City HARBOUR State MI Zip 49022

Driver Condition

Alcohol, Drugs, Test Type, Blood, Urine, Test Results

Injury, Position, Restraint, Hospital LAKE LAND 230021

Ejected/Trapped, Airbag Deployed, Citation Issued

Hazardous, Other

Color, Year

Vehicle Description, Make, Model

Location of Greatest Damage

First Impact, Extant of Damage, Drivable

Vehicle Type, Vehicle Direction, Special Vehicles, Private Trailer Type

Vehicle Use, Vehicle Defect

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

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

Age, Pos, Res.

Table: Unit Reported on Front. Action Prior, Sequence of Events (First, Second, Third, Fourth), Most Hazardous.

Table: Unit Reported Above. Action Prior, Sequence of Events (First, Second, Third, Fourth), Most Hazardous.

Unit Information: Unit Number, City, State, Zip, Carrier Source (Papers, Vehicle, Log Book, Driver)

CDL Information: Driver's CDL Type, CDL Restrictions, CDL Exempt, Vehicle Type, Medical Card, Hazardous Material, Class #

Type & Axles Per Unit, Cargo Body Type, ID #

Crash Diagram and Remarks. Includes a grid diagram with handwritten notes: 'MAY ST.', 'STARTED SHE WAS GOING STRAIGHT UNTIL A BOY RAN OUT FROM BEHIND A PARKED CAR INTO THE STREET. SHE STATED SHE HAD THE BOY AND SHE COULD NOT STOP IN TIME. SHE STATED THE BOY RAN INTO THE STREET IN THE PATH OF THE CAR. WITNESS STATED THE CAR WAS NOT SPEEDING AND SHE DID NOT MEAN TO HIT THE BOY.'

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

Investigated at Scene

STATE OF MICHIGAN TRAFFIC CRASH REPORT

OFF: MI-1124800 Department Name Benton Harbor Police Dept

Crash Date Month Day Year 05 17 2008	Crash Time Military 15 17	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 type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input checked="" 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"/> 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"/> 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"/> 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 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 25	Total Lanes 2 Posted <input checked="" type="radio"/> Yes <input type="radio"/> No

Prefix	Road Name COLUMBUS	Divided Roadway (N S E W)	Road Type AVE	Suffix
Distance 100	FT MI	North South	East West	Beginning of Ramp End of Ramp
Prefix	Intersecting Road CATALPA	Divided Roadway (N S E W)	Road Type ST	Suffix

Unit Number 1	State MI	Date of Birth 03 17 1988	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> M <input type="radio"/> F <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	Hospital Ambulance	
Driver Condition <input type="radio"/> Yes <input checked="" type="radio"/> No	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	Blood Urine Test Results		
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type	Field <input type="radio"/> Yes <input checked="" type="radio"/> No	PBT <input type="radio"/> Yes <input checked="" type="radio"/> No	Blood Urine Test Results	Injury Position Restrict Hospital Ambulance Ejected Trapped Yes Yes	
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type	Blood Urine Test Results	Citation Issued Hazardous Other			

Vehicle Description CHEV	Make	Model 4DR.	Color BLUE	Year 1992
Location of Greatest Damage 0 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	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 02	Extent of Damage 1	Drivable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Damage 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	Restrict	Hospital	Ambulance	Ejected Yes	Trapped Yes
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	Restrict	Hospital	Ambulance	Ejected Yes	Trapped Yes

Age	Pts.	Feet
Age	Pts.	Feet

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

UNIT DRIVERS PASSENGERS

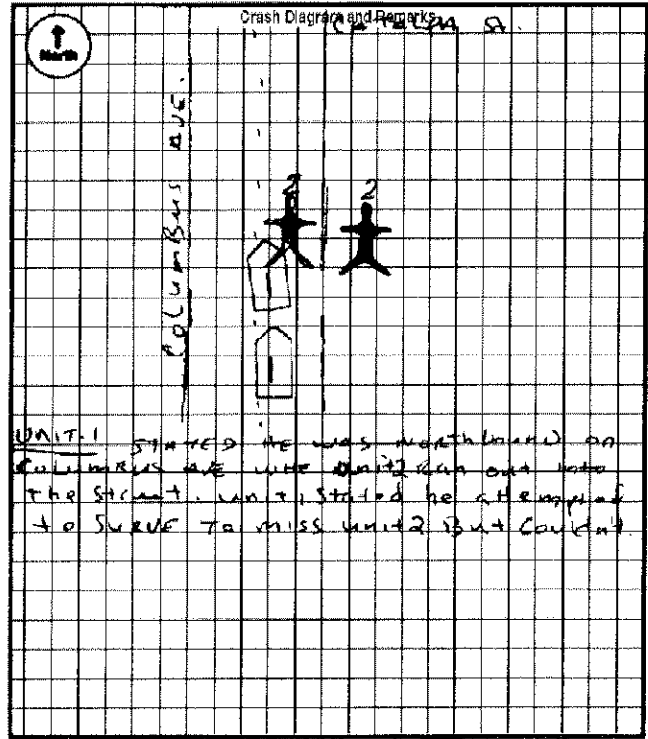
14232

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

Unit Number 2	State MI	Date of Birth 05/30/2003	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 type="radio"/> M <input checked="" type="radio"/> F	Total Occup 03	Hazard Action 03	
NCS Unit Type <input type="radio"/> MV <input type="radio"/> B <input checked="" type="radio"/> P <input type="radio"/> E (train)		City BENTON HARBOR State MI Zip 49022		Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Position P Restraint <input type="radio"/> Yes <input type="radio"/> No	
Driver Condition <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99		Ejected/Trapped <input type="radio"/> Yes <input type="radio"/> No		Hospital 110050 Ambulance 111003		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> Not Equipped <input type="radio"/> No	
Alcohol <input type="radio"/> Yes <input 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 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"/>			
Location of Greatest Damage <input type="radio"/> 0 <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 <input type="radio"/> 12			Vehicle Description Make _____ Model _____ Color _____ Year _____		Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Number Starting)		
First Impact <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 <input type="radio"/> 12			Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
Drivable <input type="radio"/> Yes <input type="radio"/> No			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		
Injury <input type="radio"/> E <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		
Injury <input type="radio"/> E <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		
					Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No		
					Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No		
					Age Pos Rest. _____ Age Pos Rest. _____		

Unit Reported on Front					Unit Reported Afters				
Action Prior	Sequence of Events				Action Prior	Sequence of Events			
	First	Second	Third	Fourth		First	Second	Third	Fourth
01	15				25	17			
Most Hazard	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Most Hazard	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

City _____ State _____		Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver	
Zip _____ GVWR/VOLWV _____		Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	
CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		CDL Restrictions <input type="radio"/> Interstate <input type="radio"/> 2B <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> Intra (MI Only)	
Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS		Medical Card <input type="radio"/> Y <input type="radio"/> N	
Type & Axles Per Unit First Second Third Fourth		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Cargo Body Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8		Class # _____	



Investigated at Scene
 (M) (N)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1

OPR: MI-1124800

Department Name Benton Harbor Police Dept

Incident Disposition
 Open Closed

Reviewer [Signature]

Crash Date
Month 10 Day 27 Year 2008

Crash Time
Hour 07 Minute 46

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
 Flooding Police
 Local
 State

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

County 11
City/Twp 66

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

Weather (Mark Only One)
 Clear
 Cloudy
 Fog/Smoke
 Rain
 Other/Unknown

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

Area 10 Total Lanes 2

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

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

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

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

Speed Limit 25 Posted
 Yes
 No

Prefix MCCORD Road Name ST Divided Roadway (N S E W) ST Road Type ST Suffix

Distance 40 FT North East Beginning of Ramp
 MI South West End of Ramp

Prefix NATE WELLS Intersecting Road DR Divided Roadway (N S E W) DR Road Type DR Suffix

Unit Number 1 State MI Date of Birth 08/10/1994 License Type
 O CY
 C F
 M R

Unit Type
 MV
 B
 P
 E (train)

City Benton Harbor State MI Zip 49022

Driver Condition
 Interlock Yes No
 Alcohol Yes No
Test Type Fink PBT Breath Blood Urine

Drugs Yes No Test Type Blood Urine

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

Vehicle Description Make Model Color Year
Vehicle Type
 PA VA PU ST
 CY MO GC SM
 OR Other
 Truck/Bus

Special Vehicles 1 2 3
Private Trailer Type 1 2 3 4 5 6 7
Vehicle Defect 1 2 3 4 5
Vehicle Use 1 2 3 4 5 6 7 8 9 10 11

Date of Birth Sex Position Restraint Hospital
 M F

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

Date of Birth Sex Position Restraint Hospital
 M F

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

Age 14 Pos. Rest

Age Pos. Rest

Damaged Property Public Y N

BACK

Unit Number 2 State MI

Date of Birth 05/08/1965

License Type, Sex, Total Occup, Hazard Action, Injury, Position, Restraint, Hospital, Ambulance, Ejected/Trapped, Airbag Deployed, Citation Issued, Hazardous/Other

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

NCS Unit Type, Driver Condition, Interlock, Alcohol, Drugs, City Benton Harbor, State MI, Zip 49022

Vehicle Description Buick 2DR Maroon 1988, Location of Greatest Damage, Vehicle Type, Vehicle Direction, Special Vehicles, Private Trailer Type, Vehicle Defect, Vehicle Use

Passenger 1: Date of Birth, Sex, Position, Restraint, Hospital, Ambulance, Ejected/Trapped

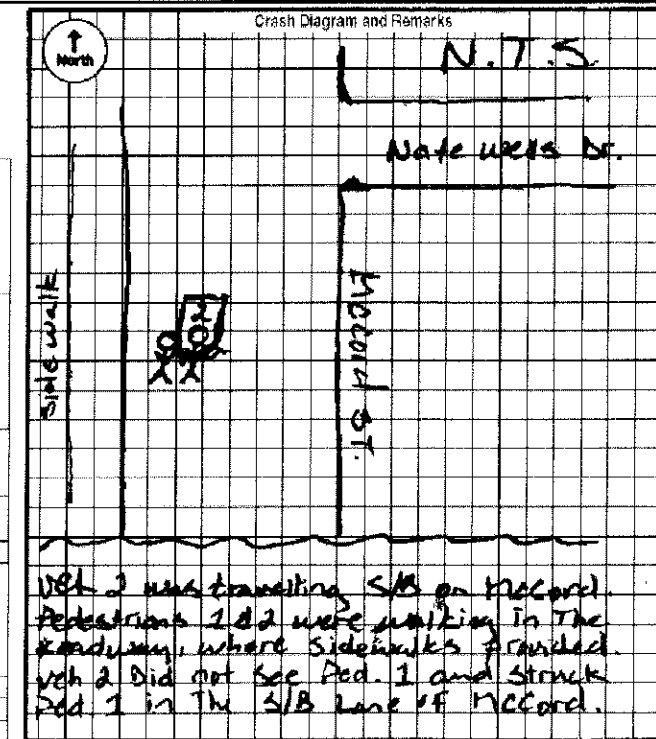
Passenger 2: Date of Birth, Sex, Position, Restraint, Hospital, Ambulance, Ejected/Trapped

Passenger 3: Age, Pos, Rest

Unit Reported on Front: Action Prior, Sequence of Events

Unit Reported Above: Action Prior, Sequence of Events

Truck/Bus Information: Unit Number, City, State, Zip, GVWR/GCWR, Carrier Source, Driver's CDL Type, CDL Exempt, Vehicle Type, Medical Card, Hazardous Material



Investigated at Scene

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1

ORI: MI-1124900

Department Name Benton Township Police Department

Incident Disposition
 Open Closed

Review **WJG**

Crash Date
Month: 01 Day: 05 Year: 2008
Crash Time
Military: 0315 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
 Deer
 Hit and Run
 Flooding Police
 School Bus
 Local
 State
 Weather
 Clear
 Cloudy
 Fog/Smoke
 Rain
 Daylight
 Dawn
 Dusk
 Light
 Dark-Lighted
 Dark-Unlighted
 Other/Unknown
 Road Condition
 Dry
 Snowy
 Wet
 Muddy
 Icy
 Slushy
 Debris
 Other/Unknown

Special Checks
 Fatal (Report All)
 Corrected Copy
 Replicas (Entire Report)
 Delete (Entire Report)
 Non-Traffic Area
 OPV/Snowmobile
Area: 10 Total Lanes: 4
Speed Limit: 35 Posted: Yes No

County: 11
City/Town: 03
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

LOCATION
Prefix: E Road Name: MAIN
Distance: 20
 FT MI
 North East West
 Beginning of Ramp End of Ramp
Divided Roadway: N S E W
Road Type: ST

Prefix: PINE
Divided Roadway: N S E W
Road Type: ST

UNIT/DRIVER
Unit Number: 1 State: MI
Date of Birth: 05/01/1971
License Type: O CY C F M R
Sex: M F
Total Occup: 01 Heard Action: 00
Injury: K A B C O
Position: 01 Restraint: 04
Hospital: Yes No
Ambulance: Yes No
Ejected/Trapped: Yes No
Airbag Deployed: Yes No
Citation Issued: Hazardous Other

Driver Condition: 1 2 3 4 5 6 7 8 9 99
Interlock: Yes No
Alcohol: Yes No
Test Type: Field PBT Breath Blood Urine
Drugs: Yes No
Test Type: Blood Urine

Vehicle Description: CADILLAC
Make: CADILLAC Model: Model Color: GRAY Year: 1999
Location of Greatest Damage: 03
Extent of Damage: 1
Driveable: Yes No
Vehicle Type: PA VA PU ST
 CY MO GC SM
 OR Other
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
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
Age Pos Rest

Damaged Property Public: Y N

Unit Number 2	State MI	Date of Birth 10/21/96	License Type <input type="radio"/> O <input type="radio"/> CY <input checked="" type="radio"/> M <input type="radio"/> F <input type="radio"/> C <input type="radio"/> F <input type="radio"/> R <input type="radio"/> M <input type="radio"/> R	Total Occup 01	Hazard Action 03
NCS		City BEAVER HARBOR State MI Zip 49022		Hospital 110050	Ambulance 111003
Unit Type <input type="radio"/> MV <input type="radio"/> B <input checked="" type="radio"/> P <input type="radio"/> E (Train)	Driver Condition <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Drugs <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
Vehicle Description	Make	Model	Color	Year	Sex <input checked="" type="radio"/> M <input type="radio"/> F
Location of Greatest Damage First Impact: <input type="radio"/> 0 <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 <input type="radio"/> 12	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 <input type="radio"/> Complete (Restrictions Section)	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	Position P
Drivable <input type="radio"/> Yes <input type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	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	Hospital	Hospital
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	Hospital	Hospital	Hospital
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	Hospital	Hospital	Hospital

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

Unit Reported on Front					Unit Reported Above				
Action Prior	Sequence of Events				Action Prior	Sequence of Events			
	First	Second	Third	Fourth		First	Second	Third	Fourth
01	15				29	17			
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/> (M)	<input type="radio"/> (M)	<input type="radio"/> (M)	Most Harmful	<input checked="" type="radio"/>	<input type="radio"/> (M)	<input type="radio"/> (M)	<input type="radio"/> (M)

Unit Number	City	State	Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver
Zip	GVWR/GCWR		Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X
Type & Axles Per Unit	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		CDL Restrictions <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30
Cargo Body Type	Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS		Medical Card <input type="radio"/> Y <input type="radio"/> N
ID #	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		Class #

Crash Diagram and Remarks

DRIVER #1 STATES VEH X WAS STOPPED IN CENTER LANE AND AS HE APPROACHED VEH X HE SAW THE REARVIEW AND SWERVED INTO HIS RIGHT SIDE VIEW MIRROR #100 W/OUT VEH X COLLIDED BY THE 3 WITNESSES WORKED BEFORE WITNESS WIFE STATE THEY WERE STOPPED TO GET INTOXICATED W/ LIGHT BACK IN VEH X, WHO WALKED E. MAIN ST.

WIFE STATE THEY WERE STOPPED TO GET INTOXICATED W/ LIGHT BACK IN VEH X, WHO WALKED E. MAIN ST.

WIFE STATE THEY WERE STOPPED TO GET INTOXICATED W/ LIGHT BACK IN VEH X, WHO WALKED E. MAIN ST.

WIFE STATE THEY WERE STOPPED TO GET INTOXICATED W/ LIGHT BACK IN VEH X, WHO WALKED E. MAIN ST.

Investigated at Scene
 (N)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9300-1

OFFICE MI-1124800

Department Name Benton Harbor Police Dept

Incident Disposition Open Closed Reviewer *[Signature]*

Crash Date Month Day Year 01 23 2008		Crash Time Military 1720		No. of Units 03	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"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> OPN/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 checked="" type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input 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 12	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 type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input checked="" type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Glushy <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 Territorial	Divided Roadway (N S E W)	Road Type Rd	Suffix
Distance 150	FT <input checked="" type="radio"/> FT <input type="radio"/> MI	North <input type="radio"/> North <input type="radio"/> South	East <input type="radio"/> East <input type="radio"/> West	Beginning of Ramp <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp
Prefix	Intersecting Road Seeley	Divided Roadway (N S E W)	Road Type St	Suffix

Unit Number 1	State MI	Date of Birth 09/26/1960	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 11
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"/> 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	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation Issued Hazardous <input type="radio"/> Hazardous <input type="radio"/> Other

Vehicle Description Dodge Intrepid	Make Dodge	Model Intrepid	Color Silver	Year 2004
Location of Greatest Damage 01 02 03 04 05 06 07 08 09 10 11	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	Vehicle Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
First Impact 04	Extent of Damage 0	Drivable <input checked="" 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 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

Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital
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"/> Not Equipped	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
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"/> Not Equipped	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
--

Age	Pos.	Rest.
-----	------	-------

Age	Pos.	Rest.
-----	------	-------

Age	Pos.	Rest.
-----	------	-------

BACK

Unit Number: 2 State: MI Date of Birth: 09/09/1942 License Type: O, C, M, F, R Sex: M Total Occup: 01 Hazard Action: 00

NCS

Unit Type: MV B P E (train)

City: Bayton Michigan State: MI Zip: 48022

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

Interlock: Yes No Refused Not offered (Printed Results To PMSI When Available)

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

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

Injury: K A B C O Ejected Trapped: Yes No Airbag Deployed: Yes No Not Equipped: Yes No Citation Issued: Hazardous Other

Vehicle Description: Ford Crown Vic Make: Ford Model: Crown Vic Color: Blue Year: 2004

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

Fast Impact: 04 Extant of Damage: 2 Drivable: Yes No

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

Passenger Information (2):

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

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

Unit Reported on Front

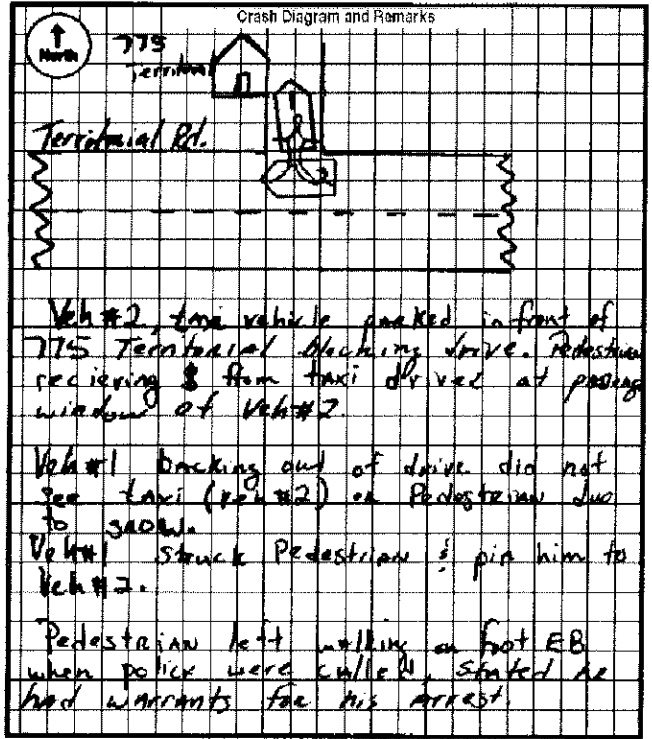
Action Prior	First	Second	Third	Fourth
	<u>07</u>	<u>15</u>	<u>18</u>	

Most Hazardous: M M M M

Unit Reported Above

Action Prior	First	Second	Third	Fourth
	<u>23</u>	<u>17</u>		

Most Hazardous: M M M M



Unit Number: _____

City: _____ State: _____ Carrier Source: Papers Vehicle Log Book Driver

Zip: _____ GVWR/VOL/WR: _____

Driver's CDL Type: A C H P T 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 # _____

Investigated at Scene: (N)

UNIT/DRIVER PASSENGERS

TRUCK/BUS INFORMATION

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 9305-1

ORI: MI-1124800

Department Name Benton Harbor Police Dept

Incident Disposition Open Closed
Reviewer _____

Crash Date Month <u>01</u> Day <u>23</u> Year <u>2008</u>	Crash Time Hour <u>17</u> Minute <u>20</u>	No. of Units <u>03</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"/> None <input type="radio"/> School Bus <input type="radio"/> Local <input type="radio"/> State <input type="radio"/> Door <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police	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 checked="" type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input 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 type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Severe Wind <input checked="" type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <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"/> Elusky	Area <u>12</u>
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 type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None			Road Condition (Mark Only One) <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy	Speed Limit <u>25</u>	Total Lanes <u>2</u> Posted <input checked="" type="radio"/> Yes <input type="radio"/> No

Prefix	Road Name <u>Territorial</u>	Divided Roadway (N) (S) (E) (W)	Road Type	Suffix
Distance <u>150</u>	FT <input checked="" type="radio"/> MI <input type="radio"/>	North <input type="radio"/> East <input type="radio"/> South <input type="radio"/> West <input type="radio"/>	Beginning of Ramp <input type="radio"/> End of Ramp <input type="radio"/>	Access Control <input checked="" type="radio"/> (2) (3) (4)
Prefix	Intersecting Road <u>Seeley</u>	Divided Roadway (N) (S) (E) (W)	Road Type	Suffix

Unit Number <u>3</u>	State	Date of Birth	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 type="radio"/> M <input type="radio"/> F	Total Occup <u> </u>	Hazard Action
Unit Type <input type="radio"/> MV <input type="radio"/> B <input checked="" type="radio"/> P <input type="radio"/> E (train)	City	State	Zip	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <u>P</u>	Restraint <input type="radio"/> Yes <input type="radio"/> No
Driver Condition <input type="radio"/> Interlock Yes <input type="radio"/> No <input type="radio"/> Alcohol Yes <input 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 type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Hospital <input type="radio"/> Ejected <input type="radio"/> Trapped

Vehicle Description	Make	Model	Color	Year
Location of Greatest Damage <u> </u>	Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> VA <input type="radio"/> MC <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> OR <input type="radio"/> Other <input type="radio"/> Truck/Bus <input type="radio"/> SM	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6)	Private Trailer Type <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7)
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)

Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Alleged Drugged <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 <input type="radio"/> Ejected <input type="radio"/> Trapped
		Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital <input type="radio"/> Ejected <input type="radio"/> Trapped

Age	Pos.	Res.	
Age	Pos.	Res.	
Damaged Property			Public <input type="radio"/> Y <input type="radio"/> N

VEHICLE DRIVER UNIT/DRIVER PASSENGERS

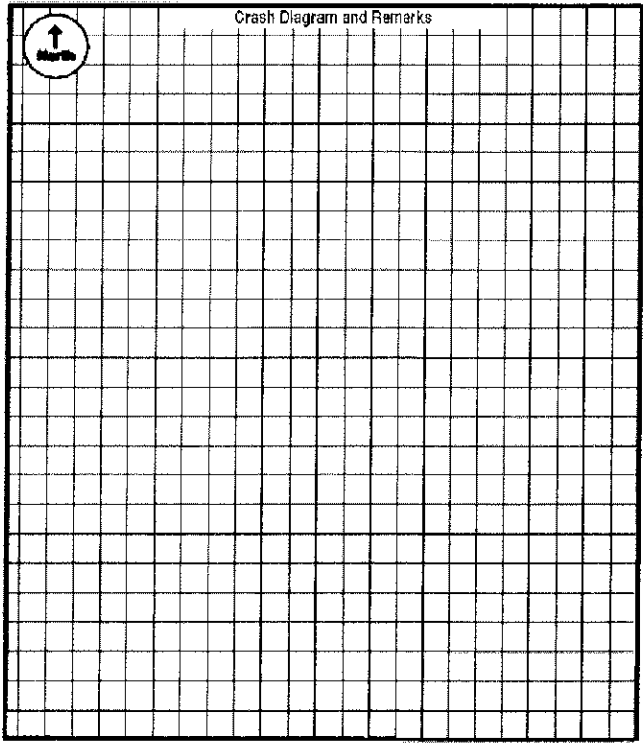
Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Unit Number	State	Date of Birth	License Type	Sex	Total Occup	Hazard Action
NCS			<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> M	<input type="radio"/> M <input type="radio"/> F		
Unit Type	City	State	Zip	Injury	Position	Restraint
<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)				<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		
Driver Condition	Interlock	Alcohol	Drugs	Ejected/Trapped	Airbag Deployed	Citation Issued
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Faki <input type="radio"/> PET <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Hazardous <input type="radio"/> Other
Vehicle Description	Make	Model	Color	Year	Vehicle Use	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	<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
Location of Greatest Damage	Vehicle Type	Vehicle Direction	Private Trailer Type	Vehicle Defect	Hospital	
<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 <input type="radio"/> 12	<input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM	<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	<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"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> Hospital <input type="radio"/> Ambulance	
First Impact	Extent of Damage	Driveable	Injury		Ejected/Trapped	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		<input type="radio"/> Yes <input type="radio"/> No	

Unit Reported on Front				
Action Prior	First	Second	Third	Fourth
29	17			
Most Harmful		(M)	(M)	(M)

Unit Reported Above				
Action Prior	First	Second	Third	Fourth
Most Harmful	(M)	(M)	(D)	(B)

Unit Number	City	State	Carrier Source
			<input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver
Zip	GVAWPGCWR	Driver's CDL Type	CDL Exempt
		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> Nono <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	<input type="radio"/> Farm <input type="radio"/> Other
Type & Axles Per Unit	Cargo Body Type	Medical Card	Hazardous Material
<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"/> 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"/> Y <input type="radio"/> N	<input type="radio"/> Placard <input type="radio"/> Cargo Spill



Investigated at Scene (N)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-1124900 Department Name: Benton Twp Police Dept

Crash Date Month: 10, Day: 25, Year: 2008	Crash Time Hour: 2, Minute: 12	No. of Units 02	Crash Type <input checked="" 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 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"/> Flooding 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"/> ORV/Snowmobile
County: 11 City/Twp: 03	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 type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input checked="" type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Area: 06 Total Lanes: 2
Construction Zone (If applicable) Type: <input type="radio"/> Const/Maint. <input type="radio"/> Utility Lane Closed: <input checked="" type="radio"/> Yes <input type="radio"/> No Activity: <input type="radio"/> On Road <input checked="" 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"/> Glushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	Speed Limit: 60 Posted: <input checked="" type="radio"/> Yes <input type="radio"/> No			

Prefix: I-94	Road Name: I-94	Divided Roadway: (N) (S) (E) (W)	Road Type:	Suffix:
Distance: 1	FT <input type="radio"/> North <input type="radio"/> East <input type="radio"/> Beginning of Ramp	Trackway: (1) (2) (3) (4)	Access Control: (2) (3)	
Prefix: I-196	Intersecting Road: I-196	Divided Roadway: (N) (S) (E) (W)	Road Type:	Suffix:

Unit Number: 1	State: MI	Date of Birth: 11/09/1955	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: 2	Hazard Action: 12
Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City: Waterford	State: MI	Zip: 48098	Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	Position: D1	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:	Injury: <input type="radio"/> 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: <input type="radio"/> Hazardous <input type="radio"/> Other			

Vehicle Description: <i>Pony</i>	Make: <i>Pony</i>	Model: <i>Grand Prix</i>	Color: <i>Grey</i>	Year: 06
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"/> CY <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> PU <input type="radio"/> ST	Vehicle Direction: <input type="radio"/> North <input type="radio"/> South <input checked="" 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: 04	Extent of Damage: 3	Drivable: <input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle Detect: (1) (2) (3) (4) (5) (6)	Vehicle Use: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

Date of Birth: 11/09/1955	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Position: 03	Restraint: 04	Hospital: 110040
Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	Airbag Deployed: <input checked="" type="radio"/> Yes <input type="radio"/> No	Not Equipped: <input type="radio"/> Yes <input type="radio"/> No	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:
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 type="radio"/> No	Not Equipped: <input type="radio"/> Yes <input type="radio"/> No	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: Y N

LOCATION UNIT/DRIVER PASSENGERS

Unit Number 2	State	Date of Birth 06301984	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 type="radio"/> M <input type="radio"/> F	Total Occup 110050	Hazard Action
NCS		City Zions Park State IL Zip 60477		Hospital 110050		Ambulance 111003
Unit Type <input type="radio"/> MV <input type="radio"/> B <input checked="" type="radio"/> P <input type="radio"/> E (train)	Driver Condition <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <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	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position 9	Restraint	Criterion Issued Hazardous <input type="radio"/> Other <input type="radio"/>
Location of Greatest Damage <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 <input type="radio"/> 12		Vehicle Description	Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
First Impact	Extent of Damage	Driveable <input type="radio"/> Yes <input type="radio"/> No	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		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		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
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
Age Pos. Rest.		Age Pos. Rest.				

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

Unit Reported on Front					Unit Reported Above				
Action Prior	Sequence of Events				Action Prior	Sequence of Events			
	First	Second	Third	Fourth		First	Second	Third	Fourth
21	23	15			29	29			
Most Harmful	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Most Harmful	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unit Number	City	State	Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver
Zip	GVWR/GCWR		Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> B <input type="radio"/> None <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only)
Type & Axles Per Unit	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30	Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS
Cargo Body Type	Medical Card <input type="radio"/> Y <input type="radio"/> N	Hazardous Materials <input type="radio"/> Placard <input type="radio"/> Cargo Spill	Class #
Investigated at Scene <input checked="" type="radio"/> <input type="radio"/> N			

