Charter Township of Union

ZONING BOARD OF APPEALS
Regular Meeting
December 5, 2018
7:00p.m.

1. CALL MEETING TO ORDER

2. PLEDGE OF ALLEGIANCE

3. ROLL CALL

4. APPROVAL OF MINUTES

-October 3, 2018 Regular ZBA Meeting

5. CORRESPONDENCE / BOARD REPORTS

- Boards and Commissions Expiration Dates

6. APPROVAL OF AGENDA

7. PUBLIC COMMENT: Restricted to (3) minutes regarding issues not on this agenda

9. NEW BUSINESS

A. Appeal 2018-01Planning Commission SPA 2018-01
B. Adopt 2019 Regular Board Meeting Schedule

10. OTHER BUISINESS

11. EXTENDED PUBLIC COMMENT: Restricted to 5 minutes regarding any issue

12. FINAL BOARD COMMENT

12. ADJOURNMENT

Charter Township Of Union

Board Expiration Dates

Planning Commission Board Members (9 Members) 3 year term			
#	F Name	L Name	Expiration Date
1-BOT Representative	Lisa	Cody	11/20/2020
2-Chair	Phil	Squattrito	2/15/2020
3- Vice Chair	Bryan	Mielke	2/15/2021
4-Secretary	Alex	Fuller	2/15/2020
5 - Vice Secretary	Mike	Darin	2/15/2019
6	Stan	Shingles	2/15/2021
7	Ryan	Buckley	2/15/2019
8	Denise	Webster	2/15/2020
9	Doug	LaBelle II	2/15/2019
Zoning Board of Appeals Members (5 Members, 2 Alternates) 3 year term			
#	F Name	L Name	Expiration Date
1-Chair	Tim	Warner	12/31/2019
2-PC Rep / Vice Chair	Bryan	Mielke	2/18/2021
3-Secretary	Jake	Hunter	12/31/2019
4	Andy	Theisen	12/31/2019
5 - Vice Secretary	Paul	Gross	12/31/2018
Alt. #1	John	Zerbe	12/31/2019
Alt. #2	Taylor	Sheahan-Stahl	2/15/2021
Board of Review (3 Members) 2 year term			
#	F Name	L Name	Expiration Date
1	Doug	LaBelle II	12/31/2018
2	James	Thering	12/31/2018
3	Bryan	Neyer	12/31/2018
Alt #1	Mary Beth	Orr	1/25/2019
Citizens Task Force on Sustainability (4 Members) 2 year term			
#	F Name	L Name	Expiration Date
1	Laura	Coffee	12/31/2018
2	Mike	Lyon	12/31/2018
3	Jay	Kahn	12/31/2018
4	Phil	Mikus	11/20/2020
Construction Board of Appeals (3 Members) 2 year term			
#	F Name	L Name	Expiration Date
1	Colin	Herron	12/31/2019
2	Richard	Jakubiec	12/31/2019
3	Andy	Theisen	12/31/2019
Hannah's Bark Park Advisory Board (2 Members from Township) 2 year term			
1	Mark	Stuhldreher	12/31/2018
2	John	Dinse	12/31/2019
Chippewa River District Library Board 4 year term			
1	Ruth	Helwig	12/31/2019
2	Lynn	Laskowsky	12/31/2021

Board Expiration Dates

EDA Board Members (11 Members) 4 year term			
#	F Name	L Name	Expiration Date
1	Thomas	Kequom	4/14/2019
2	James	Zalud	4/14/2019
3	Richard	Barz	2/13/2021
4	Robert	Bacon	1/13/2019
5	Ben	Gunning	11/20/2020
6	Marty	Figg	6/22/2022
7	Sarvijit	Chowdhary	1/20/2022
8	Cheryl	Hunter	6/22/2019
9	Vance	Johnson	2/13/2021
10	Michael	Smith	2/13/2021
11	David	Coyne	3/26/2022
Mid Michigan Area Cable Consortium (2 Members)			
#	F Name	L Name	Expiration Date
1	Kim	Smith	12/31/2020
2	Vacant		
Cultural and Recreational Commission (1 seat from Township) 3 year term			
#	F Name	L Name	Expiration Date
1	Brian	Smith	12/31/2019
Sidewalks and Pathways Prioritization Committee (2 year term)			
#	F Name	L Name	Expiration Date
1 BOT Representative	Phil	Mikus	7/26/2019
2 PC Representative	Denise	Webster	8/15/2020
3 Township Resident	Sherrie	Teall	8/15/2019
4 Township Resident	Jeremy	MacDonald	10/17/2020
5 Member at large	Connie	Bills	8/15/2019

Subject: Sidewalk Committee
Date: Tuesday, December 4, 2018 4:02 PM
From: Jeremy MacDonald <jeremy@midmichiganagency.com>
To: Michael Hackett <michael@mhrolaw.com>

Mr Hackett...pursuant to our conversation, I wanted to give you a synopsis of the work we have done on the sidewalk committee, and how it relates to your client Mr Figg.

A little over a year ago I was asked to be on the Sidewalk and Pathways Committee for Union Township. I begrudgingly accepted as I was unsure the length of time involved, and wasn't sure exactly what topics would be covered. We quickly learned that our initial primary task was to define some criteria where waivers could be considered for projects that required a site plan. The township had previously adopted the philosophy(unbeknownst to me) in approximately 2011 that all projects requiring a site plan would require to have sidewalks installed. Various waivers had been given by the Planning Commission and it was to a point where the Trustees and the PC wanted to have established criteria to fall back on for why someone would be given one of these waivers.

So fast forward to a few months ago when we came up with well thought out criteria that established just who could receive a waiver...or temporary relief as it was called, as the waiver was not meant to imply that it was never ending. What the committee decided was that there were some areas that absolutely required a sidewalk because of the nature of the area, and those areas were marked as waivers not granted and/or considered. For the remaining areas, we outlined a handful of rules or criteria that would be considered in the granting of a waiver. In hindsight, we erred in saying 'may be granted a waiver' and should have insisted on 'shall be granted a waiver' in our recommendation to the PC. Because at the end of the day, the language adopted merely made the criteria a suggestion as opposed to validation.

In the case of Riverwood, it's my personal belief that they should be exempt for a couple reasons in the sidewalk implementation. First and foremost the cost of the sidewalk was greater than 50% of the project featured in the site plan. We don't want someone to have to spend $100,000 on sidewalks to replace a $50,000 building. Also, the connecting stretch that they're on does not have any sidewalks, so they were potentially building a sidewalk that would never connect to anything. In our provisions we indicated that if you were not on the mandatory stretch of roads that required a sidewalk, you could also be exempt if 50% of the stretch or more did not have an existing sidewalk. That being said, once the stretch was developed to that point, the waiver would be called and a sidewalk would be required. This helped avoid the sidewalk in a rural area with no potential to connect.

For these reasons I felt a business like Riverwood fit the criteria of the committee to have a

waiver. I did not envision a scenario where our criteria, which was requested not offered to the township, would be largely ignored in one of the first cases to come across the PC. It's important to note the liaison to our committee was unable to comment as she lived within 300' of the business and had to excuse herself. Her being able to speak potentially could have cleared up some of the confusion.

Those are the primary reasons I felt a business like Riverwood should have been granted a waiver.

Respectfully,

--
Jeremy L. MacDonald, CIC
Mid-Michigan Agency, Inc
314 Gratiot Ave
Alma, MI 48801
989.463.2450 - Alma
989.828.5152 - Shepherd
989.463.5445 - Alma Fax
989.828.5294 - Shepherd Fax
www.midmichiganagency.com <http://www.midmichiganagency.com>

Charter Township Of Union

Peter Gallinat, Township Planner
pgallinat@uniontownshipmi.com
2010 South Lincoln
Mt. Pleasant, MI 48858
Phone 989-772-4600 Ext. 241
Fax 989-773-1988

TO: Zoning Board of Appeals Meeting 12/05/2018

FROM: Township Planner

NEW BUSINESS

SUBJECT: **A) Appeal 2018-01 Planning Commission SPA 2018-011**

Location: 1239 E. Broomfield Rd. Mt. Pleasant, MI 48858
Current Zoning: R-1 (Rural Residential District)
Adjacent Zoning: R-2A, R-1, and AG
Future Land Use/Intent: *Recreational Institutional.* This category is designated primarily for indoor/outdoor recreation both private and publicly owned.
Reason for Request: Applicant request an appeal of Planning Commission determination on decision of SPA 2018-01
History: In October of 2017 the applicant was approved by the Planning Commission a site plan requiring sidewalk installation. The applicant in early 2018 applied for a TXT interpretation but withdrew the application. In October of 2018 a site plan amendment was reviewed and approved by the Planning Commission requiring sidewalk installation. In the summer of 2017 an existing accessory building was destroyed in a fire. The applicant has since been granted approval in late 2017 constructed a new accessory building.
Objective of board: There are two (2) objectives of the board. The first is to determine if the decision of the Planning Commission adhered to the Township Zoning Ordinance, Township Policies and any other applicable Township Ordinances. The final objective is to determine if a variance from section 8.325 requiring sidewalks with all new construction or additions.

It is my recommendation to the ZBA that the Planning Commission followed the Township Ordinance, Township Policies and all applicable Township Ordinances with the determination of SPA 2018-01.

Regarding a variance for relief from Section 8.325 requiring sidewalks with all new construction or additions:

- I do not find a special condition and circumstance to the land, structure, or building involved that are not applicable to other lands, structures, or buildings in the same Zoning District.

- The literal interpretation of the provision of this Ordinance would not deprive the applicant of rights commonly enjoyed by other properties in the same Zoning District under the terms of this Ordinance.
- The special conditions and circumstances are a result from the actions of the applicant.
- That granting the variance requested will confer on the applicant special privilege that is denied by this Ordinance to other lands, structures, or buildings in the same Zoning District.

Twp Planner

Peter Galinat

UNION TOWNSHIP PUBLIC HEARING NOTICE
APPEAL OF PLANNING COMMISSION DETERMINATION

NOTICE is hereby given that a Public Hearing will be held on December 5, 2018, at 7:00 p.m. at the Union Township Hall located at 2010 South Lincoln Road, Mt. Pleasant, Michigan, before the Union Township Zoning Board of Appeals for hearing any interested persons in the following appeal determination of Planning Commission on SPA 2018-01 amending SPR2017-09 as allowed under MCLA 125.3603

Requested by **Riverwood Recreation Center, Inc.** appeal determination of Planning Commission on SPA 2018-01 amending SPR 2017-09 for provisional relief in sidewalk construction.

Legal Description of property involved in appeal: T14N R4W, SEC 20; SW 1/4 OF NW 1/4; EXC PART OF W 1/2 OF NW 1/4 DESC AS BEG AT A PT WHICH IS S 0D35M35S E 1775.1 FT ALG W SEC LN AND S 68D0M05S E 106.76 FT AND S 56D E 150 FT FR NW COR OF SEC TH S 56D E 695 FT TH S 34D W 315 FT TH N 56D W 595.68FT TH N 16D 30M E 330.29 FT TO POB 4.67 A; ALSO EXC BEG S 0D35M35S E 1775.1 FT ALG W SEC LN; THS 68D0M5S E 497.82 FT; TH S 27D10M50S E 276.94 FT; TH S 60D16M15S E 252.89 FT; TH S 66D42M44S E 70 FT FROM NW COR SEC 20; TH S 79D47M18S E 252.25 FT; TH S 11D45M40S W 128.5 FT; TH S 69D10M W 319.73 FT; S 89D30M W 50 FT; TH N 8D39M E 249.77 FT; TH ALG CRV CHD BRG & DIST N 67D3M44S E 97.86 FT. 1.6 AC M/L; ALSO ALL OF SW 1/4 OF SEC 20 EXC E 1/2 OF NE 1/4 OF SW 1/4 LYING N OF RIVER

Property located at: 1239 E. Broomfield Rd. Mt. Pleasant, MI 48858

All interested person may submit their views in person, in writing, or by signed proxy prior to the public hearing or at the public hearing.

All materials concerning this request may be seen at the Union Township Hall, located at 2010 S. Lincoln Road, Mt. Pleasant, Michigan, between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday. Phone (989) 772 4600 extension 241.

Peter Gallinat,
Township Planner

NOTICE OF APPEAL
Charter Township of Union

ZONING BOARD OF APPEALS

DATE: October 26, 2018

I (we) Riverwood Recreation Center, Inc. (Name) 1239 E. Broomfield Road, Mt. Pleasant, M (Address)

owners of property at 1239 East Broomfield Road, Mt. Pleasant, MI 48858,

the legal description is: S 1/2 of SW 1/4 of Section 20, Union Township.

respectfully request that a determination be made by the Zoning Board of Appeals on the following appeal or application which was denied by the Zoning Inspector because, in the opinion of said inspector, does not comply with the Union Township Zoning Ordinance and therefore must come before the Zoning Board of Appeals:

XX I. Variance: Appeal of Planning Commission and Zoning Administrator.

____ II. Interpretation of Text or Map

____ III. Administrative Review

NOTE: *Use one section below as appropriate. If space provided is inadequate, use a separate sheet.*

Please see attached materials.

I. Written application for a zone variance as provided by the Zoning Ordinance Section 5 (c)

a. Provision of the Zoning Ordinance from which a variance is sought Section 8.325

DESCRIPTION	REQUIRED	DESIRED (I can only provide X)	VARIANCE (= Required – Desired)
Example – Side Yard	10 feet	8 feet	2 feet

b. What are the special conditions and/or circumstances peculiar to this land, structure, or building which are not found belonging to similar properties in the same zoning district in other parts of Union Township?

Please see attached materials.

c. Which is any of the above (b) special conditions or circumstances are the direct result from actions taken by the applicant for this variance?

None of the special conditions are the direct result of actions taken by the Applicant.

d. If the Zoning Ordinance were to be strictly enforced in your particular case, what would be the nature and extent of unnecessary hardships or particular difficulties?

1. Safety to people using the sidewalk.
2. Excessive expense of the proposed sidewalk (a quarter million dollars).
3. Destruction of trees in the sidewalk area.
4. Change to the rural nature of the property.
5. Unusual requirement to install a sidewalk in an area where there is no sidewalk within a mile.

e. If your request for the variance was granted, do you feel that you would have been given any special privileges that others in the same zoning district would not have? No If yes, please explain:

f. Attach plot plan, showing lot lines, location of existing building, proposed buildings and any additions to existing buildings, plus distance from property lines.

g. Date property was acquired 1960

II. Appeal for Interpretation

Relating to enforcement of the Zoning Ordinance

a. Article, section, subsection, or paragraph in question

Section 8.325

b. Describe if interpretation of district map

III. Administrative Review

a. Article, section, subsection, or paragraph in question

Section 8.325

****

Fees #350.00

Signature of Applicant

****

Appeals received, date: _____

Public Notice published, date: _____

Public Notice mailed, date: _____

Hearing held, date: _____

Decision of Board of Appeals: _____

_____

Reasons: _____

_____

_____

_____

_____

UNION TOWNSHIP OFFICE TO COMPLETE THIS SHEET FOR VARIANCE ONLY

NOTICE OF APPEAL
Charter Township of Union

ZONING BOARD OF APPEALS

DATE: October 26, 2018

Appeal.

Riverwood Recreation Center, Inc., is the owner of property located at 1239 East Broomfield Road, Mt. Pleasant, Michigan, 48858, and is locally recognized as Riverwood Golf Club. The legal description is:

> S ½ of SW ¼ of Section 20, Union Township, Isabella County, Michigan.

The property owner respectfully requests that a determination be made by the Union Township Zoning Board of Appeals. The Union Township Planning Commission incorrectly decided not to allow an amendment to the site plan which would have granted provisional relief from construction of a sidewalk on Broomfield Road. Discussion occurred at the September 18, 2018, meeting of the Union Township Planning Commission. The minutes were approved at the October 16, 2018, meeting.

Background.

The Riverwood Golf Course has been in existence at the location in Section 20 of Union Township since 1933. In 1973, Riverwood Recreation constructed a bowling center, restaurant and banquet facility to serve in conjunction with the golf course. In 2017, the business suffered a fire that destroyed a maintenance and equipment building that was located on the westerly side of the property. In October

2017, Riverwood submitted a site plan for the construction of a new maintenance and equipment storage facility, to be located on the very eastern side of the property, approximately 680 feet north of Broomfield Road (See photo, **Exhibit 1**). The original site plan proposed a service drive to access the maintenance and equipment building. In the course of construction, it became apparent that the building would be better served by a drive that ran north and south along the eastern edge of the subject property, to Broomfield Road. Upon request of the Planning Commission, approval was granted to amend the site plan to allow use of the service drive.

In September 2017, the Planning and Zoning Administrator required that Riverwood Recreation show a sidewalk on the site plan along Broomfield Road, across the site of the proposed construction. In an effort to move forward with the construction project, Riverwood Recreation had their engineer draw in a proposed sidewalk along the right-of-way easement. Said drawing is attached hereto and labeled **Exhibit 2.**

In March 2018, the Planning Commission identified a Sidewalk and Pathways Prioritization Committee to recommend within the boundaries of Union Township, requirements for sidewalks. The committee identified criteria for granting provisional relief from the sidewalk construction for areas where sidewalks would not be appropriate or necessary at this time. A copy of the Sidewalk and Pathways Prioritization Committee recommendation is attached hereto and labeled **Exhibit 3**.

Riverwood Recreation submitted to the Union Township Planning Commission a request for amendment of the site plan, to allow for the service drive along the east property line, as well as provisional relief of the sidewalk requirement. The Union Township Planning Commission met on September 18, 2018. Three members of the Planning Commission, Denise Webster, Doug Labelle, II, and Brian Mielke were told that they had to recuse themselves from taking part in the determination, because they lived within 300 feet of the Riverwood Recreation property, and their involvement was considered a conflict of interest, pursuant to the Union Township Zoning Ordinance.

After review of the requested amendment to the site plan, the Planning Commission took the following action:

> "Cody moved, Buckley supported to approve SPA 218-1, Riverwood storage building, amending SPA 217-8, located at 1239 East Broomfield Road, on the condition that the Road Commission receives a final site plan with the required amendments shown on the site plan, and that a copy be submitted to the township <u>without any relief of sidewalks.</u>
>
> Vote: Ayes, 3, Nayes, 3; motion failed."

Later in the same meeting, the Planning Commission, citing an unusual section of Roberts Rules of Order and reconsidered the original motion:

> "Due to two failed motions and a lengthy discussion on this item, Chair Squattrito suggested reconsideration of the first motion to the Planning Commission.
>
> * * *
>
> Cody moved and Buckley supported to approve SPA 218-01, Riverwood Storage Building, amending SPR 217-09, located at 1239 East Broomfield Road, on the condition that the Road Commission receives a final site plan with the required amendments shown on the

> site plan and that a copy be submitted to the township without any relief of sidewalks. Vote: Ayes 4, Nayes 2. Motion carried." See attached **Exhibit 4**, Minutes to the Union Township Planning Commission meeting, September 18, 2018."

On October 16, 2018, the Union Township Planning Commission approved the Minutes of the September 18, 2018, meeting.

Appeal.

By this appeal, Petitioner seeks a review and reversal of the Planning Commission's denial of a request for provisional relief from the requirement to construct a sidewalk for a distance of one-half mile along Broomfield Road, at the Riverwood Golf Club. Petitioner submits that enforcement of the requirement for construction of a sidewalk, pursuant to Section 8.325 of the Union Township Zoning Ordinance, is contrary to the public interest, and upon considering special conditions, the literal enforcement of the provisions of the ordinance will result in an unnecessary hardship.

Further, Riverwood Recreation requests that the Zoning Board of Appeals grant provisional relief so that construction of the sidewalk is not required at this time.

a. **Provision of the Zoning Ordinance from which a variance is sought is Section 8.325; Sidewalks.**

> "All new construction or additions requiring Site Plan Review per Section 12 of this ordinance shall provide sidewalks in accordance with the Charter Township of Union Township Sidewalk Ordinance. Where a change of use of a structure or property occurs, or substantial remodeling meeting Level 3 of the Michigan Rehabilitation Code for Existing Buildings, Section 405

as amended, said changes shall require a site plan be approved by the planning commission showing sidewalks. The planning commission shall have the power to amend or waive the standards of the Union Township Sidewalk Ordinance."

b. Special conditions and/or circumstances peculiar to this land:

1. Riverwood Recreation Center, Inc., has operated Riverwood Golf Course, on Broomfield Road at Whiteville Road, since the 1960's. The golf course was constructed in 1933 by Carl and Ben Moss. Richard Figg and Bill Figg purchased the property in 1960.

2. The area is in a rural setting. There are subdivisions on the east and west sides of the property. However, there are no sidewalks within over a mile of Riverwood Recreation property.

3. In 2017, the golf club had a fire that destroyed the maintenance and equipment building. On October 3, 2017, Riverwood Recreation Center, Inc., submitted a site plan detailing the construction of the equipment and maintenance building. The new site of the building is located on the east side of the property, approximately 680 feet north of Broomfield Road. As a requirement for approval of the site plan, the Union Township Zoning Department required that a proposed sidewalk be included in the site plan. In October 2017, the only site plan required was one that showed a sidewalk extending from the easterly boundary approximately 600 feet westerly to the parking lot of the Riverwood Bowling Center. Attached is **Exhibit 5**. The sidewalk has no relation to the maintenance and equipment building being constructed 680 feet from Broomfield Road.

4. The construction of the equipment and maintenance building commenced in late 2017.

5. On March 12, 2018, the Sidewalks and Pathways Prioritization Committee approved and published recommendations for sidewalk construction in the township. (See **Exhibit 3**, Prioritization Committed recommendation) The committee recommendations designated areas where sidewalk construction would be a priority. The area on Broomfield Road at Riverwood, was specifically excluded from the areas designated by the Prioritization Committee. The committee included in its recommendations, a criteria for granting relief of sidewalk construction. Riverwood Recreation Center, Inc., meets several of the provisions within that criteria, and those positions were presented to the Planning Commission at its meeting on September 18, 2018. The Sidewalk and Pathways Prioritization Committee's criteria is specified as follows:

Criteria for Granting Relief of Sidewalk Construction.

Parcels not identified on a designated street may be granted provisional relief of sidewalk construction if **any** of the following conditions apply:

1. The development is located on a property zoned industrial.

   Not Applicable.

2. The development is located on an unimproved road.

   Not Applicable.

3. The development is located on property with road frontage where no car-pedestrian injury or fatality, due to the need of the pedestrian to walk in the roadway, has occurred for a distance of 1 mile in

either direction of the development. A car-pedestrian accident within 1 mile of area provided relief from building the sidewalk will require sidewalk construction within 1 year.

There have been no car-pedestrian injuries or fatalities within a mile of the Riverwood Recreation property.

4. Less than 50% of the surveyed sections of the township along the road fronting the proposed development has sidewalks. If on a corner, the mile will extend in both directions along the frontage road. Once the threshold has been met, all parcels will be required to construct sidewalks within 1 year.

   There is no sidewalk within a mile of the Riverwood property. Therefore, less than 50% of the surveyed sections of the township along the road fronting the proposed development have sidewalks. See **Exhibit 6.**

5. If the cost of construction of the sidewalk exceeds more than 50% of the total cost of the project.

   The project cost for the construction of the maintenance and equipment building was $300,000.00 (copies of invoices from Johkin Builders verifies the cost – **Exhibit 7**). The cost of construction of the sidewalk in compliance with Union Township requirements would be $245,000.00. (See **Exhibit 8**, estimate from Isabella Corporation.)

Special Considerations.

The construction of a sidewalk along Broomfield Road at the golf course includes a significant safety factor for people using the sidewalk, in light of the golf course activity. The proposed sidewalk borders on Hole No. 1 and Hole No. 5 of the blue course and it would be **dangerous** for sidewalk users. (See **Exhibit 9**)

Additionally, there are a significant number of trees along the roadway. Union Township requirement for the placement of the sidewalk is that the sidewalk be constructed within 1 foot inside the road right-of-way. If a sidewalk was to be installed, it would require that Riverwood Recreation cut 23 trees and re-excavate the ditch at the road edge.

Conclusion.

The Zoning Board of Appeals has the authority pursuant to MCLA 125.3603 to decide an appeal from an Administrative Order requirement, decision, or determination made by the Planning Commission. The Petition respectfully requests that the Zoning Board of Appeals authorize the provisional relief from construction of a sidewalk at this time.

Dated: October 26, 2018.

Respectfully submitted,

Michael J. Hackett (P25271)

MARTINEAU, HACKETT, O'NEIL & KLAUS
A PROFESSIONAL LIMITED LIABILITY COMPANY
ATTORNEYS

STEVEN W. MARTINEAU - OF COUNSEL
MICHAEL J. HACKETT
MARY ANN J. O'NEIL
JEFFREY J. KLAUS
PAUL A. BLANCO
JOSEPH A. DUSO

555 NORTH MAIN STREET
MT. PLEASANT, MICHIGAN 48858
TELEPHONE (989) 773-9961
TELEFAX (989) 773-2107

CLARE OFFICE
127 W. FOURTH STREET, SUITE 1
CLARE, MI 48617
TELEPHONE (989) 386-3454

NORTHERN OFFICE
11512 NORTH STRAITS HIGHWAY
CHEBOYGAN, MI 49721
TELEPHONE (231) 627-5683

November 28, 2018

Union Township
Zoning Board of Appeals
2010 South Lincoln Road
Mt. Pleasant, MI 48858

RE: Riverwood Recreation Center, Inc.

Dear Zoning Board of Appeals:

One of the considerations specified in the Sidewalk and Pathways Prioritization Committee recommendations identified as:

ii. Criteria for Granting Relief for Sidewalk Construction

Parcels not identified on a designated street may be granted provisional relief of sidewalk construction if any of the following conditions apply:

3. The development is located on property with road frontage where no car-pedestrian injury or fatality, due to the need of the pedestrian to walk in the roadway, has occurred for a distance of 1 mile in either direction of the development. A car-pedestrian accident within 1 mile of the area providing relief from building the sidewalk will require sidewalk construction within 1 year.

The Petitioner obtained from the Isabella County Sheriff's Department a list of all accidents between Lincoln Road and Whiteville Road, on Broomfield Road from 2014 through 2018. Attached is a copy of the reply material, including police reports for each of the accidents. Most of the accidents were car-deer accidents. These reports verify that there were **no car-pedestrian accidents** within 1 mile of Riverwood Golf Course, in the past 4 years.

Could you please incorporate these materials into the Zoning Board of Appeals materials to be considered at the December 5, 2018, meeting?

Sincerely,

Michael J. Hackett

MJH/slb
Enclosures

LIST OF ACCIDENTS
(MICHIGAN STATE POLICE)
(NO PEDESTRIAN ACCIDENTS)

Dates-Time	Light/Condition	Distance-Direction-Intersecting Road
02/01/2014	Daylight-Blowing Snow	153' East, Whiteville Road
03/16/2014:	Dark - Unlighted - Dry	528' West, Lincoln Road
03/26/2014:	Daylight - Dry	50' East, Whiteville Road
06/13/2014:	Daylight - Dry	5' Northwest, Lincoln Road
07/20/2014:	Dark-Unlighted-Dry	10' West, Whiteville Road
10/19/2014:	Dark-Unlighted-Dry	966' East, Whiteville Road
11/08/2014:	Daylight- Wet	75' East, Whiteville Road
11/08/2014:	Daylight - Wet	148' East, Whiteville Road
11/09/2014:	Dusk - Dry	1,038 East, Whiteville-Broomfield Cutoff
11/12/2014:	Dark-Unlighted-Dry	111' West, Lincoln Road
12/05/2014:	Daylight-Dry	148' East, Whiteville Road
12/21/2014:	Dark-Unlighted-Icy	153' East, Whiteville Road
03/03/2015:	Dark-Unlighted-Icy	200' East, Green Acres Road
03/11/2015:	Dark-Unlighted-Dry	174 East, Whiteville Road
06/10/2015:	Daylight-Dry	5' West, Lincoln Road
09/15/2015:	Dark-Unlighted-Dry	37' West, Lincoln Road
10/01/2015:	Dark-Unlighted-Other	148' East, Whiteville Road
10/26/2015:	Dark-Unlighted-Dry	37' West, Lincoln Road
12/04/2015:	Dark-Unlighted-Dry	327 West, McGuirk Road
01/07/2016:	Dark-Unlighted-Dry	100' East, Green Acres Road

Dates-Time	Light/Condition	Distance-Direction-Intersecting Road
01/27/2016:	Dark-Unlighted-Dry	644' East, Whiteville Road
08/02/2016:	Dark-Unlighted-Dry	500' West, McGuirk Road
08/22/2016:	Dark-Unlighted-Dry	528' West, Lincoln Road
09/14/2016:	Dark-Unlighted-Dry	111 West, Lincoln Road
09/16/2016:	Daylight - Dry	438' West, Lincoln Road
09/25/2016:	Dark-Unlighted-Wet	150' West, Lincoln Road
12/20/2016:	Daylight-Snow	Intersection, Lincoln Road
09/03/2017:	Daylight - Dry	1,584' West, Lincoln Road
09/11/2017:	Dark -Unlighted -Dry	2,640' West, Lincoln Road
11/03/2017:	Dark-Unlighted-Dry	1,584' West, Lincoln Road
12/12/2017:	Daylight - West	Intersection, Lincoln Road
04/26/2018:	Daylight- Dry	15' West, Lincoln Road

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External #: 0004029 | Crash ID:

Page 01 of 01
Incident # 1400551 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: T. SWANSON (3751)

ORI	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
03/13/2014	05:50	01	Single Motor	O None ● Deer O School Bus O Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Wet	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
200 Feet W	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
	GREEN ACRES	DR		

UNIT / DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1960 (57)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	PATTY ROSE ZUKER [redacted] [redacted] MT PLEASANT, MI 48858	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O1 O2 O3 O4 O5 O6 O7 O8 O9 ●99	No	No	No	No	NONE

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused ● Not Offered; Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No; Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
CDZ7543	MI	MEEMIC / PAP0835543		0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		CHEVROLET	IMPALA	TAN	2006	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
2	02	2	Yes	E	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● indicates MOST harmful event)	● Animal			

PASSENGERS

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

(Six empty passenger blocks with the same fields.)

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
PATTY ROSE ZUKER [redacted] [redacted] MT PLEASANT, MI 48858	

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

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol: O Yes O No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results

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

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

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

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
No	03/13/2014 05:50	M. HOSKING (3717)		

Narrative	Diagram
car / deer	

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 93 days (Rev 11/2006)

External # / Crash ID: 0006064

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Incident # 1500415 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: S. CLARKE (3746)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
03/03/2015	23:57	01	Single Motor	O School Bus O None O Hit and Run ● Deer O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Ice	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
200 Feet E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
	GREEN ACRES	DR		

MOTOR VEHICLE(S) INVOLVED

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1992 (22)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	02	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	JILLIAN MARIE JORGENSEN [redacted] SAULT SAINTE MARIE, MI 49783	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused ● Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
BYA4906	MI	PROGRESSIVE / 16953985-1		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		FORD	FUSION	GRAY	2008	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
1	01	2	Yes	W	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	● Animal			

PASSENGERS

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

COMMERCIAL MOTOR VEHICLE

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
JILLIAN MARIE JORGENSEN [redacted] SAULT SAINTE MARIE, MI 49783	

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

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered; Test Type O Field O PBT O Breath O Blood O Urine		O Yes O No; Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events	First	Second	Third	Fourth

(● indicates MOST harmful event)

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	03/03/2015 23:57	S. CLARK (3720)		

Narrative

Car/Deer

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0007715 | Crash ID

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Incident # 1600049 File Class 5400-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Incident Disposition	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF		T. SWANSON (3751)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
01/07/2016	18:01	02	Other	O None O Deer O School Bus ● Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None	On Road		Clear	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: 100 Feet E
Trafficway: Not Physically Divided (two-way Traffic)
Access Control:

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
	GREEN ACRES	DR		

UNIT

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1977 (38)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	02	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	KELLY ANN WILLIAMSON [redacted] [redacted] MT PLEASANT, MI 48858	B	01	04	0010

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	Not Deployed	1021

Alcohol: O Yes ● No O Refused ● Not Offered
Test Type: O Field O PBT O Breath O Blood O Urine
Test Results:
Drugs: O Yes ● No
Test Type: O Blood O Urine
Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
DGJ4888	MI	SAFECO / K2772563	TOW AGENCY/MID-MICHIGAN TOWING	0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		SATURN	UNK	BLACK	1998	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
1	01		No	W	Private	Going Straight Ahead

Sequence of Events: First: ● Other Non-fixed Object; Second: ; Third: ; Fourth:
(● indicates MOST harmful event)

PASSENGERS

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

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None
Endorsements: O H O P O T O N O S O X
CDL Exempt: O Farm O Other
CDL Restrictions: O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
KELLY ANN WILLIAMSON [redacted] [redacted] MT PLEASANT, MI 48858	

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	No				O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		99	Unknown

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV			01	11	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O1 O2 O3 O4 O5 O6 O7 O8 O9 ● 99	No	No	No	Unknown	NONE

Alcohol: O Yes ● No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results:

Drugs: O Yes ● No — Test Type: O Blood O Urine — Test Results:

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
	MI			0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
						Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
11			No	E		Going Straight Ahead

Sequence of Events (● indicates MOST harmful event) — First: ● Cargo Falling/shifting/ Or Set In — Second: — Third: — Fourth:

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None — Endorsements: O H O P O T O N O S O X — CDL Exempt: O Farm O Other — CDL Restrictions: O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit (First, Second, Third, Fourth)	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					O Placard O Cargo Spill		

OWNERS

Owner Information:

Owner Information:

Witness Information:

Witness Information:

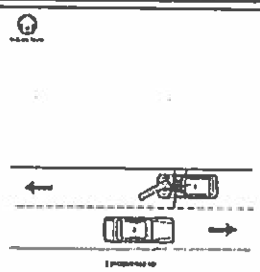
Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	01/07/2016 18:01	M. HOSKING (3717)		

Narrative

V-1 was W/B on Broomfield Rd near Green Acres Dr. V-2 was E/B on Broomfield Rd, passing V-1. A large chunk of ice and snow flew off of V-2 went through the windshield of V-1, striking driver in face.

DISTANCE = 50 ft east of Green Acres Dr

Diagram



Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2000)

External # 0001367 | Crash ID

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Incident # 1300147 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Incident Disposition	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	Closed	D. FALL (3723)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
01/15/2013	20:00	01	Single Motor	O School Bus O None O Hit and Run ● Deer O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Clear	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
150 Feet E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	WHITEVILLE	RD		

UNIT / DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1948 (64)	O Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	02	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	ROBERTA ELAINE BRISBOY [redacted] [redacted] BLANCHARD, MI 48310	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused O Not Offered; Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No; Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
5753G5	MI	AAA / 56800083901006		0		0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		HONDA	STA WAGON	SILVER OR	1998	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
8	08	2	Yes	W	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● indicates MOST harmful event)	● Animal			

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital

Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital

Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital

Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital

Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital

Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital

Injury	Airbag Deployed	Ejected	Trapped	Ambulance

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
HAROLD DOUGLAS BRISBOY [redacted] [redacted] BLANCHARD, MI 49310	

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

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol O Yes O No O Refused O Not Offered — Test Type O Field O PBT O Breath O Blood O Urine — Test Results

Drugs O Yes O No — Test Type O Blood O Urine — Test Results

Citation Issued O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Drivable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events — First — Second — Third — Fourth

(● indicates MOST harmful event)

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 25 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
No	01/15/2013 20:00	T. SWANSON (3751)		

Narrative

car deer

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External #: 0001861
Crash ID:

Page 01 of 01
Incident # [redacted] File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: S. CLARKE (3746)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
03/27/2013	02:36	01	Single Motor	O School Bus O None O Hit and Run ● Deer O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: .2 Miles E
Trafficway: Not Physically Divided (two-way Traffic)
Access Control: No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	WHITEVILLE	RD		

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	SCOTT JAMES CLARK [redacted]	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	

Alcohol: O Yes ● No O Refused O Not Offered
Test Type: O Field O PBT O Breath O Blood O Urine
Test Results:
Drugs: O Yes ● No
Test Type: O Blood O Urine
Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
37008	MI	ARGONAUT / 4617496		1		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		FORD	CROWN VICTOR	BLACK	2011	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
6	07	1	Yes	W	In Pursuit / On Emergency	Going Straight Ahead

Sequence of Events: First: ● Animal Second: Third: Fourth:
(● indicates MOST harmful event)

PASSENGERS

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

TRUCKS/BUSES

Carrier Information
Carrier Source | GVWR | ICCMC | USDOT | MPSC
Driver's CDL Type: None
Endorsements: O H O P O T O N O S O X
CDL Exempt: O Farm O Other
CDL Restrictions: O 28 O 29 O 30 O 35 O 36
Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit: First Second Third Fourth | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information | Owner Information

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

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
					O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol: O Yes O No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results

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

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events (● Indicates MOST harmful event): First — Second — Third — Fourth

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None — Endorsements: O H O P O T O N O S O X — CDL Exempt: O Farm O Other — CDL Restrictions: O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit (First / Second / Third / Fourth)	Cargo Body Type	Medical Card	Hazardous Material (O Placard O Cargo Spill)	ID #	Class #

OWNERS

Owner Information | Owner Information

Witness Information | Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
No	03/27/2013 02:36	W. RUSSELL (3765)		

Narrative

patrol car/deer

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0004586 | Crash ID

Page 01 of 01
Incident # 1401465 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Field	Value
Incident Disposition	Closed
ORI	MI 3713700
Department Name	ISABELLA COUNTY SHERIFF
Reviewer	T. SWANSON (3751)
Crash Date	07/20/2014
Crash Time	08:17
No. of Units	01
Crash Type	Single Motor
Special Circumstances	● None ○ School Bus ○ Hit and Run ○ Deer ○ Fleeing Police
Special Checks	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile
County	37 - Isabella
Traffic Control	None (do Not Use
Relation to Roadway	Shoulder
Special Study	
Weather	Clear
Area	Intersection Related - Other
City/Twp	Union
Construction Zone (if applicable) Type / Lane Closed / Activity	
Light	Dark - Unlighted
Road Condition	Dry
Total Lanes	02
Speed Limit	55
Posted	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: 10 Feet W
Trafficway: Not Physically Divided (two-way Traffic)
Access Control: No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	WHITEVILLE	RD		

DRIVER / VEHICLE

Field	Value
Unit Number	01
Unit Known	Yes
State	MI
Driver License Number	[redacted]
Date of Birth (Age)	[redacted]/1972 (43)
License Type	● Operator ○ Chauffer ○ Moped
Endorsements	○ Cycle ○ Farm ○ Recreation
Sex	F
Total Occupants	01
Hazardous Action	Speed Too Fast
Unit Type	MV
Driver Information	ANGELEE SHURI WILKERSON [redacted] WEIDMAN, MI 48893
Injury	O
Position	01
Restraint	04
Hospital	
Driver Condition	○1 ○2 ○3 ○4 ○5 ○6 ○7 ●8 ○9 ○99
Interlock	No
Ejected	No
Trapped	No
Airbag Deployed	No
Ambulance	
Alcohol	○ Yes ● No ○ Refused ● Not Offered
Alcohol Test Type	○ Field ○ PBT ○ Breath ○ Blood ○ Urine
Alcohol Test Results	
Drugs	○ Yes ● No
Drugs Test Type	○ Blood ○ Urine
Drugs Test Results	
Citation Issued	○ Hazardous ○ Other
Vehicle Registration	BSC7885
State	MI
Insurance / Policy #	STATE FARM / 215 6472-E17-22E
Towed To/By	GREENS/GREENS
Special Vehicles	0
Private Trailer Type	
Vehicle Defect	
VIN	[redacted]
Vehicle Description	
Make	PONTIAC
Model	GRAND PRIX
Color	TAN
Year	2002
Vehicle Type	Passenger Car (pa)
Location of Greatest Damage	1
First Impact	01
Extent of Damage	4
Driveable	No
Vehicle Direction	W
Vehicle Use	Private
Action Prior	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event)

First	Second	Third	Fourth
Ran Off Roadway - Left	Tree	Other Non-fixed Object	● Other Non-fixed Object

PASSENGERS

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

CARRIER

Carrier Information | Carrier Source | GVWR | ICCMC | USDOT | MPSC

Driver's CDL Type: None
Endorsements: ○ H ○ P ○ T ○ N ○ S ○ X
CDL Exempt: ○ Farm ○ Other
CDL Restrictions: ○ 28 ○ 29 ○ 30 ○ 35 ○ 36

Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit: First, Second, Third, Fourth | Cargo Body Type | Medical Card | Hazardous Material: ○ Placard ○ Cargo Spill | ID # | Class #

OWNERS

Owner Information: ANGELEE SHURI WILKERSON [redacted] WEIDMAN, MI 48893

Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property: OLD BAYLER
Public: No
Owner & Phone: MARY CATHERINE VEIT [redacted]

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol: O Yes O No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results

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

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Drivable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events — First — Second — Third — Fourth

(● indicates MOST harmful event)

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None — Endorsements: O H O P O T O N O S O X — CDL Exempt: O Farm O Other — CDL Restrictions: O 25 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	07/20/2014 08:17	K. DUSH (3768)		

Narrative

Vehicle west bound on Broomfield Rd and attempted to turn left to go south on Whiteville Rd. Vehicle ran off the roadway left, hit some brush continued through a yard hit a row of grape vines. After going through the grape vines the vehicle continued west until it hit a garden and an old thrashing machine.

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0005072 | Crash ID

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Incident # 1402267 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: S. CLARKE (3746)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
10/19/2014	00:51	01	Single Motor	O None ● Deer O School Bus O Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: .25 Miles E
Trafficway: Not Physically Divided (two-way Traffic)
Access Control: No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	WHITEVILLE	RD		

UNIT

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1962 (53)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type: MV
Driver Information: STANLEY PAUL WILLIAMS
[redacted]
MT PLEASANT, MI 48858
[redacted]

Injury	Position	Restraint	Hospital
O	01	04	NONE

Driver Condition: ●1 O2 O3 O4 O5 O6 O7 O8 O9 O99

Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
No	No	No	No	NONE

Alcohol: O Yes ● No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results
Drugs: O Yes ● No — Test Type: O Blood O Urine — Test Results
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
DET0272	MI	FARM BUREAU / 10867T2912		0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		FORD	F150	RED	2001	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
1	01	1	Yes	W	Private	Going Straight Ahead

Sequence of Events: First ● Animal | Second | Third | Fourth
(● indicates MOST harmful event)

PASSENGERS

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

COMMERCIAL

Carrier Information | Carrier Source | GVWR | ICCMC | USDOT | MPSC
Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other | CDL Restrictions: O 28 O 29 O 30 O 35 O 38
Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit: First Second Third Fourth | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information: STANLEY PAUL WILLIAMS
[redacted]
MT PLEASANT, MI 48858
[redacted]

Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol: O Yes O No O Refused O Not Offered
Test Type: O Field O PBT O Breath O Blood O Urine
Test Results

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

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events: First | Second | Third | Fourth
(● Indicates MOST harmful event)

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First, Second, Third, Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	10/19/2014 00:51	S. CLARKE (3746)		

Narrative
car/deer

Diagram

Authority: 1949 PA 300, Sec 257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2008)

External # 0005249 Crash ID

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Incident # 1402454 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: D. FALL (3723)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
11/08/2014	17:40	01	Single Motor	O School Bus O None O Hit and Run ● Deer O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Daylight	Wet	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
.50 Miles E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	WHITEVILLE	RD		

VEHICLE & DRIVER INFORMATION

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1987 (30)	O Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	JAMES LEMOR FOLTZ [redacted] MT PLEASANT, MI 48883	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	NONE

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused ● Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
BBP5810	MI	STATE FARM / 395 4443-B18-22		0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		DODGE	RAM	SILVER OR	2004	Pickup Truck (pu)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
8	08	3	Yes	W	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	● Animal			

PASSENGERS

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

COMMERCIAL CARRIER INFORMATION

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Drivers CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information: JAMES LEMOR FOLTZ [redacted] MT PLEASANT, MI 48883

Owner Information

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public

Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes O No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

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

PASSENGERS

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

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

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

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

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

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
No	11/08/2014 17:40	Z. FERRIER (IC043954)		

Narrative	Diagram
car door	

Authority: 1949 PA 300, Sec 257.622
Compliance: Required MSP UD-10
Penalty: $100 and/or 90 days (Rev 11/2008)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

External # 0005601
Crash ID

Page 01 of 01
Incident # 1402857 File Class 9300
Incident Disposition: Closed
Reviewer: S. CLARKE (3746)

ORI: MI 3713700
Crash Date: 12/21/2014
Crash Time: 06:34
No. of Units: 01
Department Name: ISABELLA COUNTY SHERIFF
County: 37 - Isabella
Traffic Control: None (do Not Use
Crash Type: Single Motor
City/Twsp: Union
Construction Zone (if applicable) Type
Relation to Roadway: Outside Of Shoulder / Curb
Special Circumstances: O School Bus ● None O Hit and Run O Deer O Fleeing Police
Special Study
Special Checks: O Fatal O Non-Traffic Area O ORV/Snowmobile

LOCATION

Prefix: E
Road Name: BROOMFIELD
Lane Closed
Activity
Weather: Snow / Blowing Snow
Distance: 200 Feet E
Light: Dark - Unlighted
Area: Non-frwy Curved Roadway
Prefix: S
Intersecting Road: WHITEVILLE
Road Type: RD
Road Condition: Ice
Total Lanes: 02
Speed Limit: 55
Posted: Yes
Trafficway: Not Physically Divided (two-way Traffic)
Suffix
Road Type: RD
Divided Roadway
Access Control: No Access Control
Suffix
Divided Roadway

UNIT

Unit Number: 01
Unit Known: Yes
State: MI
Driver License Number: [redacted]
Unit Type: MV
Driver Information: KENDLE GRACE ZALESAK
[redacted]
MT PLEASANT, MI 48858
Date of Birth (Age): [redacted]/1995 (18)
[redacted]
License Type: ● Operator O Chauffer O Moped
Endorsements: O Cycle O Farm O Recreation
Sex: F
Total Occupants: 01
Hazardous Action: Unable To Stop
Driver Condition: ● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99
Alcohol: O Yes ● No
Test Type: O Field O Refused O PBT ● Not Offered O Breath O Blood O Urine
Injury: C
Position: 01
Restraint: 04
Hospital: 0010
Interlock: No
Ejected: No
Test Results
Trapped: No
Airbag Deployed: No
Ambulance: 1021
Vehicle Registration: CKS3656
State: MI
Insurance / Policy #: MEEMIC / PAP0650366
VIN: [redacted]
Drugs: O Yes ● No
Test Type: O Blood O Urine
Test Results
Location of Greatest Damage: 0
First Impact: 02
Extent of Damage: 3
Vehicle Description
Make: CHEVROLET
Towed To/By: TOW AGENCY/GREENS TOWING
Citation Issued: O Hazardous O Other
Sequence of Events (● Indicates MOST harmful event)
First: Loss Of Control
Drivable: No
Model: CAVALIER
Vehicle Direction: E
Vehicle Use: Private
Color: SILVER OR
Special Vehicles: 0
Private Trailer Type: 0
Vehicle Defect: 0
Second: Ran Off Roadway - Right
Year: 2002
Vehicle Type: Passenger Car (pa)
Third: ● Overturn
Action Prior: Going Straight Ahead
Fourth

PASSENGERS

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

Carrier Information
Interstate/Intrastate
Vehicle Type
Type & Axle Per Unit: First Second Third Fourth
Carrier Source
GVWR
ICCMC
USDOT
MPSC
Driver's CDL Type: None
Endorsements: O H O P O T O N O S O X
CDL Exempt: O Farm O Other
CDL Restrictions: O 28 O 29 O 30 O 35 O 36
Cargo Body Type
Medical Card
Hazardous Material: O Placard O Cargo Spill
ID #
Class #

Owner Information
KENDLE GRACE ZALESAK
[redacted]
MT PLEASANT, MI 48858
[redacted]
Advised of Damaged Traffic Control
Name:
Date:
Time:
Owner Information
Damaged Property
Owner & Phone
Public

Unit Number	Unit Name	State	Driver License Number	Date of Birth (Age)	License Type: ○ Operator ○ Chauffeur ○ Moped	Endorsements: ○ Cycle ○ Farm ○ Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99	No	No	No		

Alcohol: ○ Yes ○ No ○ Refused ○ Not Offered — Test Type: ○ Field ○ PBT ○ Breath ○ Blood ○ Urine — Test Results

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

Citation Issued: ○ Hazardous ○ Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events — First — Second — Third — Fourth

(● indicates MOST harmful event)

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None — Endorsements: ○ H ○ N ○ P ○ S ○ T ○ X — CDL Exempt: ○ Farm ○ Other — CDL Restrictions: ○ 28 ○ 29 ○ 30 ○ 35 ○ 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material: ○ Placard ○ Cargo Spill	ID #	Class #

OWNERS

Owner Information — Owner Information

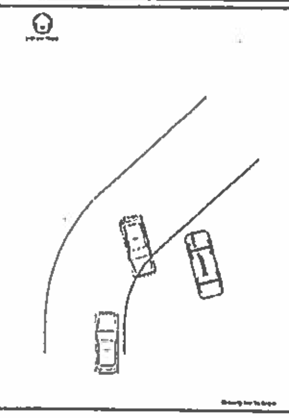
Witness Information — Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	12/21/2014 08:34	T. GRAHAM (3733)		

Narrative

Driver #1 was e/b on Broomfield in a curve, lost control on icy roadway. Vehicle #1 ran off roadway right and overturned in a ditch.

Diagram



Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External #: 0005637
Crash ID:

Page 01 of 01
Incident # 1500001 File Class 5400-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: K. DUSH (3728)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
01/01/2015	03:35	02	Other / Unknown	O None O Deer O School Bus ● Hit and Run O Fleeing Police	O Fatal ● Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	Other / Unknown		Cloudy	Non-traffic Area

City/Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	15	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: .25 Miles E
Trafficway: Non-traffic
Access Control: Non-traffic

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	WHITEVILLE	RD		

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	No				O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		00	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV					

Driver Condition: O1 O2 O3 O4 O5 O6 O7 O8 O9 O99

Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
No	No	No	Not Equipped	

Alcohol: O Yes ● No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results:
Drugs: O Yes ● No — Test Type: O Blood O Urine — Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed Facility	Special Vehicles	Private Trailer Type	Vehicle Defect
CDE2034	MI	PROGRESSIVE / 26460798		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		MERCURY	GRAND MARQUI	WHITE	1998	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
4	04	2	Yes	W	Private	Parked

Sequence of Events (● indicates MOST harmful event)
First: ● Motor Vehicle in Transport
Second:
Third:
Fourth:

PASSENGERS

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

COMMERCIAL VEHICLE

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None
Endorsements: O H O P O T O N O S O X
CDL Exempt: O Farm O Other
CDL Restrictions: O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information
LARON ELIJAH MCCRANIE
[redacted]
JACKSON, MI 49203

Owner Information

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property:
Public:
Owner & Phone:

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	No				O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		01	Unknown

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV					

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	Not Equipped	

Alcohol: O Yes ● No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results

Drugs: O Yes ● No — Test Type: O Blood O Urine — Test Results

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed By	Special Vehicles	Private Trailer Type	Vehicle Defect
	MI					

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
			No			Unknown

Sequence of Events (● Indicates MOST harmful event): First ● Parked Motor Vehicle; Second; Third; Fourth

PASSENGERS

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

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Drivers CDL Type: None — Endorsements: O H O P O T O N O S O X — CDL Exempt: O Farm O Other — CDL Restrictions: O 26 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit (First, Second, Third, Fourth)	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					O Placard O Cargo Spill		

OWNERS

Owner Information | Owner Information

WITNESSES

Witness Information | Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	01/01/2015 03:35	J. KENNEY (3736)		

Narrative

Vehicle #1 was parked in a space at Riverwood. Owner came out and found someone had ran into the rear passenger side of the car. Suspect vehicle is medium metallic blue in color.

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0006100 | Crash ID

Page 01 of 01
Incident # 1500462 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: K. DUSH (3728)

ORI: MI 3713700			Department Name: ISABELLA COUNTY SHERIFF				
Crash Date: 03/11/2015	Crash Time: 22:07	No. of Units: 01	Crash Type: Single Motor	Special Circumstances: O None O School Bus O Hit and Run ● Deer O Fleeing Police		Special Checks: O Fatal O Non-Traffic Area O ORV/Snowmobile	
County: 37 - Isabella	Traffic Control: None (do Not Use		Relation to Roadway: On Road	Special Study	Weather: Cloudy	Area: Non-frwy Straight Roadway	
City/Twsp: Union	Construction Zone (if applicable) Type	Lane Closed	Activity	Light: Dark - Unlighted	Road Condition: Dry	Total Lanes: 02	Speed Limit: 55 / Posted: Yes

LOCATION

Prefix: E	Road Name: BROOMFIELD	Road Type: RD	Suffix	Divided Roadway
Distance: .1 Miles E	Trafficway: Not Physically Divided (two-way Traffic)		Access Control: No Access Control	
Prefix: S	Intersecting Road: WHITEVILLE	Road Type: RD	Suffix	Divided Roadway

DRIVER / VEHICLE

Unit Number: 01	Unit Known: Yes	State: MI	Driver License Number: [redacted]	Date of Birth (Age): [redacted]1987 (27)	License Type: ● Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex: M	Total Occupants: 01 / Hazardous Action: None
Unit Type: MV	Driver Information: NATHANIEL DAVID WOOD [redacted] [redacted] MT PLEASANT, MI 48858				Injury: O	Position: 01	Restraint: 04	Hospital: NONE
Driver Condition: ● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99				Interlock: No	Ejected: No	Trapped: No	Airbag Deployed: No	Ambulance: NONE
Alcohol: O Yes ● No O Refused ● Not Offered; Test Type: O Field O PBT O Breath O Blood O Urine			Test Results	Drugs: O Yes ● No; Test Type: O Blood O Urine	Test Results		Citation Issued: O Hazardous O Other	
Vehicle Registration: DBJ3535	State: MI	Insurance / Policy #: HOME OWNERS / 43-930-634-00		Towed By		Special Vehicles: 0	Private Trailer Type: 0	Vehicle Defect: 0
VIN: [redacted]	Vehicle Description	Make: VOLKSWAGON	Model: PASSAT	Color: BLACK	Year: 2014	Vehicle Type: Passenger Car (pa)		
Location of Greatest Damage: 8	First Impact: 08	Extent of Damage: 2	Driveable: Yes	Vehicle Direction: W	Vehicle Use: Private	Action Prior: Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)	First: ● Animal	Second	Third	Fourth				

PASSENGERS

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

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC
	Driver's CDL Type: None	Endorsements: O H O P O T O N O S O X	CDL Exempt: O Farm O Other	CDL Restrictions: O 28 O 29 O 30 O 35 O 36	
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill / ID # / Class #

OWNERS

Owner Information: WALTER RUSSELL WOOD [redacted] [redacted] MT PLEASANT, MI 48858	Owner Information

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

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered; Test Type: O Field O PBT O Breath O Blood O Urine		O Yes O No; Test Type: O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events (● indicates MOST harmful event) — First: Second: Third: Fourth:

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None — Endorsements: O H O P O T O N O S O X — CDL Exempt: O Farm O Other — CDL Restrictions: O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	03/11/2015 22:07	J. CHRITZ (3754)		

Narrative	Diagram
car / deer	

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 10 days (Rev 11/2006)

External # 0006665 | Crash ID

Incident # 1501334 File Class 5400-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF
Reviewer: S. CLARKE (3746)

Crash Date: 07/21/2015 | Crash Time: 00:38 | No. of Units: 02 | Crash Type: Other / Unknown
Special Circumstances: O None O Deer O School Bus ● Hit and Run O Fleeing Police
Special Checks: O Fatal ● Non-Traffic Area O ORV/Snowmobile

County: 37 - Isabella | Traffic Control: None (do Not Use | Relation to Roadway: Other / Unknown | Special Study | Weather: Clear | Area: Non-traffic Area

City/Twsp: Union | Construction Zone (if applicable) Type | Lane Closed | Activity | Light: Dark - Lighted | Road Condition: Dry | Total Lanes | Speed Limit: 00 | Posted: No

LOCATION

Prefix: E | Road Name: BROOMFIELD | Road Type: RD | Suffix | Divided Roadway
Distance: .1 Miles E | Trafficway: Non-traffic | Access Control: Non-traffic
Prefix: S | Intersecting Road: WHITEVILLE | Road Type: RD | Suffix | Divided Roadway

UNIT

Unit Number: 01 | Unit Known: No | State: MI | Driver License Number: [redacted] | Date of Birth (Age): [redacted]1983 (34)
License Type: ● Operator O Chauffer O Moped | Endorsements: O Cycle O Farm O Recreation | Sex: M | Total Occupants: 01 | Hazardous Action: Other

Unit Type: MV | Driver Information: TERRY ALAN SNYDER [redacted] [redacted] MT PLEASANT, MI 48858
Injury: O | Position: 01 | Restraint: 09 | Hospital: NONE

Driver Condition: ● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 ● 99 | Interlock: No | Ejected: No | Trapped: No | Airbag Deployed: No | Ambulance: NONE

Alcohol: O Yes ● No O Refused ● Not Offered | Test Type: O Field O PBT O Breath O Blood O Urine | Test Results
Drugs: O Yes ● No | Test Type: O Blood O Urine | Test Results
Citation Issued: O Hazardous O Other

Vehicle Registration: DBZ8326 | State: MI | Insurance / Policy #: NOT INSURED | Towed Info | Special Vehicles: 0 | Private Trailer Type: 0 | Vehicle Defect: 0

VIN: [redacted] | Vehicle Description | Make: FORD | Model: F150 | Color: GRAY | Year: 2005 | Vehicle Type: Pickup Truck (pu)

Location of Greatest Damage: 4 | First Impact | Extent of Damage: 1 | Driveable: Yes | Vehicle Direction: S | Vehicle Use: Private | Action Prior: Backing

Sequence of Events: First: ● Parked Motor Vehicle | Second | Third | Fourth
(● Indicates MOST harmful event)

PASSENGERS

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

COMMERCIAL VEHICLE

Carrier Information | Carrier Source | GVWR | ICCMC | USDOT | MPSC
Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other | CDL Restrictions: O 28 O 29 O 30 O 35 O 36
Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit: First, Second, Third, Fourth | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information: TERRY ALAN SNYDER [redacted] [redacted] MT PLEASANT, MI 48858
Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	No				O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		00	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV					

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O1 O2 O3 O4 O5 O6 O7 O8 O9 O99	No	No	No		

Alcohol: O Yes ● No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results

Drugs: O Yes ● No — Test Type: O Blood O Urine — Test Results — Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
2LQJ2	MI			0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		BUICK	PARK AVENUE	GOLD	1998	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
1	01	3	Yes	E	Private	Parked

Sequence of Events — First: ● Motor Vehicle In Transport — Second — Third — Fourth
(● Indicates MOST harmful event)

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Drivers CDL Type: None — Endorsements: O H O P O T O N O S O X — CDL Exempt: O Farm O Other — CDL Restrictions: O 28 O 20 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material (O Placard O Cargo Spill)	ID #	Class #

OWNERS

Owner Information
JACOB DANIEL MCCARTHY
[redacted]
LAPEER, MI 48446

Owner Information

Witness Information
ANTHONY ANDREW URSE [redacted]
[redacted]
CADILLAC, MI 49601

Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	07/21/2015 00:38	T. GRAHAM (3733)		

Narrative

According to the witness, a green Ford pick up struck a parked Buick Park Avenue in the parking lot of Riverwood Golf Course at 1313 E Broomfield Rd. The Ford pick up then fled the parking lot. An employee Jeremy Lawless thought the pick up may have been driven by a Joseph Kennedy from the Mount Pleasant Area.

The owner of the Buick Park Avenue can not be located at this time as he does not have a local address. I left a business

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MCL 257.601
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0006665 Crash ID

Page 02 of 02
Incident # 1501334 File Class 5400-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed

Reviewer: S. CLARKE (3746)

ORI	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
07/21/2015	00:38	02	Other / Unknown	O School Bus ● Hit and Run O Deer O Fleeing Police	O Fatal ● Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	Other / Unknown		Clear	Non-traffic Area

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Lighted	Dry		00	No

* * * Continued from Narrative * * *
card with the complaint number on the Buick Park Avenue's windshield.

The owner of the Buick Park avenue returned to the venue on 07-27-15 and located the suspect vehicle that struck his car. R/o made contact with the owner of the vehicle Terry Snyder who eventually admitted to backing into the Buick. He did not leave any contact information or stay at the scene because his insurance has lapsed.

Snyder advised he is willing to pay for the damage to the Buick and contact information for Snyder was provided to

[07/27/2015 23:10, GRAHAM, 320, ISSH]

the owner of the Buick, McCarthy. [07/27/2015 23:12, GRAHAM, 320, ISSH]

END

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10B
Penalty: $100 and/or 90 days (Rev 11/2005)

External # 0007824
Crash ID

Page 01 of 01
Incident # 1600227 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF
Reviewer: D. FALL (3723)

Crash Date: 01/27/2016 | Crash Time: 18:52 | No. of Units: 01 | Crash Type: Single Motor
Special Circumstances: O None O Deer O School Bus O Hit and Run O Fleeing Police
Special Checks: O Fatal O Non-Traffic Area O ORV/Snowmobile
County: 37 - Isabella | Traffic Control: None | Relation to Roadway: On Road | Special Study | Weather: Cloudy | Area: Non-frwy Straight Roadway
City/Twsp: Union | Construction Zone (if applicable) Type | Lane Closed | Activity | Light: Dark - Unlighted | Road Condition: Dry | Total Lanes: 02 | Speed Limit: 55 | Posted: No

LOCATION

Prefix: E | Road Name: BROOMFIELD | Road Type: RD | Suffix | Divided Roadway
Distance: 1000 Feet E | Trafficway: Not Physically Divided (two-way Traffic) | Access Control
Prefix: S | Intersecting Road: WHITEVILLE | Road Type: RD | Suffix | Divided Roadway

UNIT

Unit Number: 01 | Unit Known: Yes | State: MI | Driver License Number: [redacted] | Date of Birth (Age): [redacted]1965 (50) | License Type: ● Operator O Chauffeur O Moped | Endorsements: O Cycle O Farm O Recreation | Sex: M | Total Occupants: 02 | Hazardous Action: None

Unit Type: MV | Driver Information: JEFFREY SCOTT KEA [redacted] [redacted] MT PLEASANT, MI 48858 | Injury: O | Position: 01 | Restraint: 04 | Hospital: NONE

Driver Condition: ● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 90 | Interlock: No | Ejected: No | Trapped: No | Airbag Deployed: Not Deployed | Ambulance: NONE

Alcohol: O Yes ● No O Refused ● Not Offered | Test Type: O Field O PBT O Breath O Blood O Urine | Test Results | Drugs: O Yes ● No | Test Type: O Blood O Urine | Test Results | Citation Issued: O Hazardous O Other

Vehicle Registration: DFH3564 | State: MI | Insurance / Policy #: TRAVELERS INDEMNITY CO CONNECTICUT / | Towed To/By | Special Vehicles: 0 | Private Trailer Type | Vehicle Defect

VIN: [redacted] | Vehicle Description | Make: SUBARU | Model: FORESTER | Color: GRAY | Year: 2015 | Vehicle Type: Passenger Car (pa)

Location of Greatest Damage: 0 | First Impact: 08 | Extent of Damage | Driveable: No | Vehicle Direction: E | Vehicle Use: Private | Action Prior: Going Straight Ahead

Sequence of Events (● Indicates MOST harmful event): First: ● Animal | Second | Third | Fourth

PASSENGERS

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

COMMERCIAL

Carrier Information | Carrier Source | GVWR | ICCMC | USDOT | MPSC
Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other | CDL Restrictions: O 28 O 29 O 30 O 35 O 36
Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit: First, Second, Third, Fourth | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information | Owner Information

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

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
					O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered; Test Type O Field O PBT O Breath O Blood O Urine		O Yes O No; Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events (● Indicates MOST harmful event)	First	Second	Third	Fourth

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
No	01/27/2016 18:52	J. SZAFRANSKI (3732)		

Narrative	Diagram
Car/Deer	

Authority: 1949 PA 300, Sec 257.622
Compliance: Required MCL 28.UD-10E
Penalty: $100 and/or 90 days (Rev 01/2010)

External # 0013175 Crash ID

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File Class 9300-1
Incident # 1800904

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF
Reviewer: S. CLARKE (3746)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
04/21/2018	18:30	01	Single Motor Vehicle	O None O Hit and Run O School Bus O Fleeing Police O Unknown ● Animal DEER	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Clear	Non-frwy Straight Roadway

City/Twp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Daylight	Dry	02	55	Yes

Work Zone (if applicable) — Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction: 175 Feet E
Trafficway: Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	WHITEVILLE	RD		

VEHICLE(S) / OCCUPANT(S)

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1993 (24)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	KAELYN ANN-MCCARTHY LUMBERT [redacted] SHEPHERD, MI 48883 [redacted]	Yes	O	Front:left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
DTP0133	MI		2015	FORD	FUSION	DARK GREEN

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
AAA	AUTO72854788		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
2	02	Minor Damage	E	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(* indicates MOST harmful event)	* Animal			

PASSENGERS

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

COMMERCIAL VEHICLE(S)

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
None	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
KAELYN ANN-MCCARTHY LUMBERT [redacted] SHEPHERD, MI 48883 [redacted]	

Damaged Property	Public	Owner's Phone

Unit Number | Unit Known | State | Driver License Number | Date of Birth (Age) | License Type: O Operator O Chauffer O Moped | Endorsements: O Cycle O Farm O Recreation | Sex | Total Occupants 00 | Hazardous Action

Unit Type | Driver Information | Driver is Owner | Injury | Position | Restraint

Driver Condition at Time of Crash 1st | 2nd | Driver Distracted By | Ejected No | Trapped No | Airbag Deployed

Hospital | Ambulance

Alcohol Suspected | Contributing Factor | Alcohol Test Type: O Breath O Blood O Urine O Field O PBT O Refused O Not Offered | Alcohol Test Results: O Pending Test Results: | Interlock Device No

Drug Suspected | Contributing Factor | Drug Test Type: O Blood O Urine O Field O Refused O Not Offered | Drug Test Results: O Pending Test Results: | Citation Issued: O Hazardous O Other

Vehicle Registration | State | Vehicle Description | Year | Make | Model | Color

VIN | Vehicle Type | Special Vehicles | Private Trailer Type | Vehicle Defect

Automated System(s) in Vehicle | Automation System Level in Vehicle | Automated System Level Engaged at Time of Crash

Insurance Company | Insurance Policy # | Towed By | Towed To

Location of Greatest Damage 00 | First Impact | Extent of Damage | (Power Unit and/or Trailers) | Vehicle Direction | Vehicle Use | Action Prior

Sequence of Events | First | Second | Third | Fourth

(● Indicates MOST harmful event)

PASSENGERS

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

Hospital | Ambulance

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

Hospital | Ambulance

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

Hospital | Ambulance

Carrier Information | USDOT | MC | MPSC

Driver's CDL Type None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other

GVWR/GCWR: O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information | Owner Information

Witness Information | Witness Information

Investigated at Scene Yes | Reported Date (Time) 04/21/2018 10:30 | 1st Investigator Name (Badge) R. ROOT (3742) | 2nd Investigator Name (Badge) | Photos

Narrative

Car deer.

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0001720 | Crash ID

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Incident # 1300611 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: D. FALL (3723)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date: 03/05/2013 | Crash Time: 19:10 | No. of Units: 01 | Crash Type: Single Motor
Special Circumstances: O None ● Deer O School Bus O Hit and Run O Fleeing Police
Special Checks: O Fatal O Non-Traffic Area O ORV/Snowmobile

County: 37 - Isabella | Traffic Control: None (do Not Use | Relation to Roadway: On Road | Special Study | Weather: Cloudy | Area: Non-frwy Straight Roadway

City/Twsp: Union | Construction Zone (if applicable) Type | Lane Closed | Activity | Light: Dark - Unlighted | Road Condition: Dry | Total Lanes: 02 | Speed Limit: 55 | Posted: No

LOCATION

Prefix: E | Road Name: BROOMFIELD | Road Type: RD | Suffix | Divided Roadway
Distance: .5 Miles E | Trafficway: Not Physically Divided (two-way Traffic) | Access Control: No Access Control
Prefix: S | Intersecting Road: LINCOLN | Road Type: RD | Suffix | Divided Roadway

DRIVER / VEHICLE

Unit Number: 01 | Unit Known: Yes | State: MI | Driver License Number: [redacted] | Date of Birth (Age): [redacted]1971 (41) | License Type: ● Operator O Chauffer O Moped | Endorsements: O Cycle O Farm O Recreation | Sex: F | Total Occupants: 01 | Hazardous Action: None

Unit Type: MV | Driver Information: KERRI KAY RAYMOND [redacted] SHEPHERD, MI 48858 | Injury: O | Position: 01 | Restraint: 04 | Hospital

Driver Condition: ● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99 | Interlock: No | Ejected: No | Trapped: No | Airbag Deployed: No | Ambulance

Alcohol: O Yes ● No O Refused ● Not Offered | Test Type: O Field O PBT O Breath O Blood O Urine | Test Results
Drugs: O Yes ● No | Test Type: O Blood O Urine | Test Results
Citation Issued: O Hazardous O Other

Vehicle Registration: 0CUF09 | State: MI | Insurance / Policy #: FRANKENMUTH / 1739838 | Towed To/By | Special Vehicles: 0 | Private Trailer Type | Vehicle Defect

VIN: [redacted] | Vehicle Description | Make: OLDSMOBILE | Model: SILHOUETTE | Color: TEAL | Year: 2002 | Vehicle Type: Passenger Car (pa)

Location of Greatest Damage: 8 | First Impact: 08 | Extent of Damage: 2 | Driveable: Yes | Vehicle Direction: E | Vehicle Use: Private | Action Prior: Going Straight Ahead

Sequence of Events: First: ● Animal | Second | Third | Fourth
(● indicates MOST harmful event)

PASSENGERS

Passenger Information | Date of Birth (Age) | Sex | Position | Restraint | Hospital | Injury | Airbag Deployed | Ejected | Trapped | Ambulance
(6 blank passenger blocks)

TRUCK/BUS

Carrier Information | Carrier Source | GVWR | ICCMC | USDOT | MPSC
Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other | CDL Restrictions: O 28 O 29 O 30 O 35 O 36
Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit: First Second Third Fourth | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information: KERRI KAY RAYMOND [redacted] SHEPHERD, MI 48858
Owner Information:

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

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered; Test Type O Field O PBT O Breath O Blood O Urine		O Yes O No; Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events (● Indicates MOST harmful event)	First	Second	Third	Fourth

PASSENGERS

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

TRUCK/BUS

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First, Second, Third, Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

WITNESSES

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	03/05/2013 19:10	S. CLARK (3720)		

Narrative

Van/deer

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # / Crash ID: 0001725

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Incident # 1300615 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: T. SWANSON (3751)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
03/05/2013	22:25	02	Rear End	● None O Deer O School Bus O Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	Stop Sign	On Road		Snow / Blowing Snow	Intersection Related - Other

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Lighted	Wet	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
20 Feet W	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

VEHICLE & DRIVER INFORMATION

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1974 (41)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	JONATHAN ALAN-PONTIAC CABRAL [redacted] MT PLEASANT, MI 48858	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused ● Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
CMG0053	MI	STATE FARM / 380 2935-C12-22	TOW AGENCY/GREENS TOWING	0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		CHEVROLET	IMPALA	GRAY	2003	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
6	08	5	No	E	Private	Stopped On Roadway

Sequence of Events	First	Second	Third	Fourth
	● Motor Vehicle in Transport			

(● Indicates MOST harmful event)

PASSENGERS

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

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information: JONATHAN ALAN-PONTIAC CABRAL [redacted] MT PLEASANT, MI 48858

Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public

Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	[redacted]	[redacted]/1989 (26)	● Operator ○ Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	M	01	Other

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	RYAN ANTHONY EARLEY [redacted] [redacted] REED CITY, MI 49677	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
○ 1 ● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99	No	No	No	No	

Alcohol	Test Results	Drugs	Test Results	Citation Issued
● Yes ○ No ○ Refused ○ Not Offered Test Type ● Field ○ PBT ○ Breath ○ Blood ○ Urine		○ Yes ● No Test Type ○ Blood ○ Urine		○ Hazardous ○ Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
BLZ4886	MI	STATE FARM / 1-0819P56-25		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		BUICK	REGAL	WHITE	2002	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
2	02	3	Yes	E	Private	Slowing / Stopping On Roadway

Sequence of Events (● indicates MOST harmful event)	First	Second	Third	Fourth
	● Motor Vehicle In Transport			

PASSENGERS

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

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

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

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

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

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	○ H ○ P ○ T ○ N ○ S ○ X	○ Farm ○ Other	○ 28 ○ 29 ○ 30 ○ 35 ○ 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information
ANDREA VI EBNIT [redacted] [redacted] MT PLEASANT, MI 48858	

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	03/05/2013 22:25	J. KENNEY (3736)		

Narrative

Vehicle #1 stopped at stop sign. Driver of vehicle #2 was looking for phone and not looking at the road. When he looked up he swerved and hit the brakes but struck the rear of vehicle #1. Driver of #2 had been drinking but passed sobriety tests.

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2008)

External # 0001829 Crash ID

Page 01 of 01
Incident # 1300776 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: S. CLARKE (3746)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
03/22/2013	08:41	02	Sideswipe - Same	● None O Deer O School Bus O Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	Stop Sign	On Road		Cloudy	Intersection Related - Other

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Daylight	Dry	02	50	Yes

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
10 Feet E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

VEHICLE & DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1987 (25)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	Failed To Yield

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	JESSICA ELAINE SPENCER [redacted] MT PLEASANT, MI 48858	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused ● Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
BCG2219	MI	USAA / 02500 53 60C7103 0		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		JEEP	LIBERTY	RED	2007	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Drivable	Vehicle Direction	Vehicle Use	Action Prior
1	01	3	Yes	SE	Private	Starting Up On Roadway

Sequence of Events	First	Second	Third	Fourth
(● indicates MOST harmful event)	● Motor Vehicle In Transport			

PASSENGERS

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

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information: JESSICA ELAINE SPENCER [redacted] MT PLEASANT, MI 48858

Owner Information

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public

Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	TX	[redacted]	[redacted]/1964 (48)	O Operator ● Chauffer O Moped	O Cycle O Farm O Recreation	M	01	Failed To Yield

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	GIRMAY ALEMAYEHU GIRMAY [redacted] DALLAS, TX 75206	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	Not Equipped	

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused ● Not Offered; Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No; Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
RN4Z55	TX	OTHER / SENTRY CT786030-8011-121		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		FREIGHTLINER	TRACTOR	WHITE	2004	Truck / Bus (tb)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
7	07	0	Yes	E	Commercial (business)	Starting Up On Roadway

Sequence of Events (● Indicates MOST harmful event)	First	Second	Third	Fourth
	● Motor Vehicle In Transport			

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC
TRAMAT LLC 11520 NORTH CENTRAL EXPRESS WAY SUITE 156 DALLAS, TX 75243	Papers	52,000		00214335	

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
Group A	O H O P ● T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
Interstate	AA	T3	S2			1	Yes	O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
TRAMAT LLC (407) 452-2241 11520-156 NORTH CENTRAL EXPRESS WAY DALLAS, TX 75243	

Witness Information	Witness Information

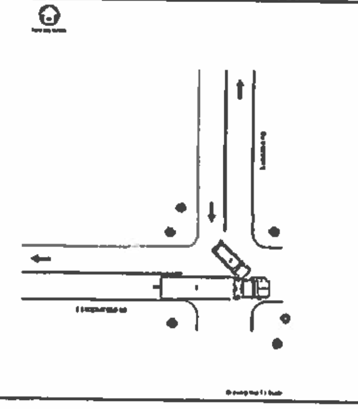
Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	03/22/2013 08:41	K. DUSH (3768)		

Narrative

Driver of vehicle # 1 says she stopped for the stop sign for south bound Lincoln road. Driver of vehicle # 1 says she saw the semi slowing down to stop, so after she stopped she started her left turn to go East on Broomfield road where she collided with the semi that did not stop for his stop sign.

Driver of vehicle # 2 the semi driver says he stopped for the stop sign and then proceded east on Broomfield road. Driver of vehicle # 2 says that vehicle # 1 didn't stop for her stop sign.

Diagram



Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0001978 | Crash ID

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Incident # [redacted] File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF
Reviewer: T. SWANSON (3751)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
04/13/2013	01:13	01	Single Motor	O School Bus O None O Hit and Run ● Deer O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: 1320 Feet E
Trafficway: Not Physically Divided (two-way Traffic)
Access Control: No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type: MV
Driver Information: TYELOR ASHLAND WYMER [redacted]

Injury	Position	Restraint	Hospital
O	01	04	NONE

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

Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
No	No	No	No	NONE

Alcohol: O Yes ● No O Refused ● Not Offered
Test Type: O Field O PBT O Breath O Blood O Urine
Test Results:
Drugs: O Yes ● No
Test Type: O Blood O Urine
Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
CDN6445	MI	MEEMIC / PAP0740730		0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		OLDSMOBILE	ALERO	SILVER OR	1999	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
1	01	1	Yes	W	Private	Going Straight Ahead

Sequence of Events: First ● Animal | Second | Third | Fourth
(● indicates MOST harmful event)

PASSENGERS

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

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None
Endorsements: O H O P O T O N O S O X
CDL Exempt: O Farm O Other
CDL Restrictions: O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information: HEATHER SUE KOUTZ [redacted]
Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
					O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O1 O2 O3 O4 O5 O6 O7 O8 O9 O99	No	No	No		

Alcohol: O Yes O No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results

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

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events (● indicates MOST harmful event): First — Second — Third — Fourth

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None — Endorsements: O H O P O T O N O S O X — CDL Exempt: O Farm O Other — CDL Restrictions: O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit (First, Second, Third, Fourth)	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

WITNESSES

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	04/13/2013 01:13	J. CHRITZ (3754)		

Narrative

car / deer

Diagram

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

External # 0013680 Crash ID

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File Class 9300-1
Incident # [redacted]

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	S. CLARKE (3746)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
07/09/2018	10:25	01	Single Motor Vehicle	O None O Fleeing Police O Hit and Run O Unknown O School Bus ● Animal DEER	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Clear	Non-frwy Straight Roadway

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Daylight	Dry	02	55	No

Work Zone (if applicable) Type: Workers Present: Activity: Location:

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction	Trafficway
.2 Miles E	Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
	MCGUIRK	ST		

VEHICLE & DRIVER INFORMATION

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]	O Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	JEFFREY RUSSELL BROWNE [redacted]		O	Front:left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	O Breath O Blood O Urine O Field O PBT O Refused ● Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	O Blood O Urine O Field O Refused ● Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
BXS5547	MI		2004	NISSAN	QUEST	GRAY

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
SAFECO	K2723972		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
2	02	Minor Damage	E	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	●Animal			

PASSENGERS

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

COMMERCIAL VEHICLE INFORMATION

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
None	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
[redacted]	

Damaged Property	Public	Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
			No	No	

Hospital	Ambulance

Alcohol Suspected	Contributing Factor	Alcohol Test Type: O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	Alcohol Test Results: O Pending Test Results:	Interlock Device
				No

Drug Suspected	Contributing Factor	Drug Test Type: O Blood O Urine O Field O Refused O Not Offered	Drug Test Results: O Pending Test Results:	Citation Issued: O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To

Location of Greatest Damage	First Impact	Extent of Damage	(Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
00						

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

PASSENGERS

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

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

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

Carrier Information	USDOT	MC	MPSC
	Driver's CDL Type: None	Endorsements: O H O P O T O N O S O X	CDL Exempt: O Farm O Other

GVWR/GCWR: O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
No	07/09/2018 10:25	D. MOEGGENBORG (3744)		

Narrative	Diagram
Car/deer no injuries	

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0002344 | Crash ID

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Incident # 1301606 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: D. FALL (3723)

ORI:	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
06/27/2013	17:06	02	Rear End	○ School Bus ● None ○ Hit and Run ○ Deer ○ Fleeing Police	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (If applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Daylight	Wet	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
.4 Miles E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1985 (28)	○ Operator ○ Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	M	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	[redacted] CASEY JONATHON HAYNES [redacted] MT PLEASANT, MI 48858	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
●1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○99	No	No	No	No	

Alcohol: ○ Yes ● No ○ Refused ● Not Offered — Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine — Test Results
Drugs: ○ Yes ● No — Test Type ○ Blood ○ Urine — Test Results
Citation Issued: ○ Hazardous ○ Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
DTY5704	MI	HOME OWNERS / 96-816-596-00		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		LNCN	MKZ	RED	2008	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
5	05	2	Yes	E	Private	Slowing / Stopping On Roadway

Sequence of Events — First: ● Motor Vehicle In Transport; Second: ; Third: ; Fourth:
(● indicates MOST harmful event)

PASSENGERS

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

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None — Endorsements: ○H ○P ○T ○N ○S ○X — CDL Exempt: ○ Farm ○ Other — CDL Restrictions: ○28 ○29 ○30 ○35 ○36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit (First, Second, Third, Fourth)	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					○ Placard ○ Cargo Spill		

OWNERS

Owner Information:
FREDERICK KELLY MCDONALD
[redacted]
MT PLEASANT, MI 48858

Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	[redacted]	[redacted]1990 (23)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	Unable To Stop

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	ZACHARY DAVIS BOSEAK [redacted] [redacted] CAPAC, MI 48014	0	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused ● Not Offered; Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No; Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
BLW4619	MI	PIONEER / PA00058604		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		FORD	FUSION	BLACK	2006	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
2	02	2	Yes	E	Private	Slowing / Stopping On Roadway

Sequence of Events	First	Second	Third	Fourth
(● indicates MOST harmful event)	● Motor Vehicle In Transport			

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
ZACHARY DAVIS BOSEAK [redacted] [redacted] CAPAC, MI 48014	

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	06/27/2013 17:06	J. KENNEY (3736)		

Narrative

Vehicle #1 was slowing for a car turning into a driveway. Vechicle #2 came up behind #1 and could not stop in time and struck the rear of #1.

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0002368 | Crash ID

Page 01 of 01
Incident # 1301680 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed

ORI: MI 3713700

Department Name: ISABELLA COUNTY SHERIFF

Reviewer: T. SWANSON (3751)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
07/09/2013	05:23	01	Single Motor	● Deer	

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: .25 Miles E
Trafficway: Not Physically Divided (two-way Traffic)
Access Control: No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1957 (60)	● Chauffer		M	01	None

Unit Type: MV

Driver Information:
DOUGLAS STEVEN BLIZZARD
[redacted]
SHEPHERD, MI 48883

Injury	Position	Restraint	Hospital
O	01	04	

Driver Condition: ● 1

Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
No	No	No	No	

Alcohol: ● No; ● Not Offered
Drugs: ● No
Test Results:
Citation Issued:

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
062X540	MI	MICHIGAN COUNTY ROAD COMMISSION /		6		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		GENERAL MOTORS	SIERRA	RED	2009	Pickup Truck (pu)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
2	02	2	Yes	W	Road Construction	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event): First: ● Animal; Second: ; Third: ; Fourth:

PASSENGERS

Passenger Information: (none)

TRUCK/BUS

Carrier Information:
Driver's CDL Type: None

OWNERS

Owner Information:
ISABELLA CO ROAD COMMISSION (989) 773-7131
2261 E REMUS RD
MT PLEASANT, MI 48858

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
					O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol: O Yes O No O Refused O Not Offered
Test Type: O Field O PBT O Breath O Blood O Urine
Test Results

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

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events (● indicates MOST harmful event)

First	Second	Third	Fourth

PASSENGERS

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

TRUCK/BUS

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None
Endorsements: O H O P O T O N O S O X
CDL Exempt: O Farm O Other
CDL Restrictions: O 26 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
No	07/09/2013 05:23	S. CLARK (3720)		

Narrative	Diagram
Truck/deer	

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2008)

External # 0002393 | Crash ID

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Incident # 1301725 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: T. SWANSON (3751)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
07/15/2013	05:45	01	Single Motor	O School Bus O None O Hit and Run ● Deer O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Clear	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dawn	Dry	02	55	Yes

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: .2 Miles W
Trafficway: Not Physically Divided (two-way Traffic)
Access Control: No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1963 (49)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	SHELLY LYNN WALKER [redacted] [redacted] MT PLEASANT, MI 48858	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	NONE

Alcohol: O Yes ● No O Refused ● Not Offered; Test Type: O Field O PBT O Breath O Blood O Urine; Test Results:
Drugs: O Yes ● No; Test Type: O Blood O Urine; Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
ED36C MI	MI	ALLSTATE / 0 65 532839 03/08	HERITAGE COLLISION/GREEN'S TOWING	0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		HONDA	CR-V	BLUE	2010	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
1	01	2	No	E	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event): First: ● Animal; Second: ; Third: ; Fourth:

PASSENGERS

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

TRUCKS/BUSES

Carrier Information | Carrier Source | GVWR | ICCMC | USDOT | MPSC
Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other | CDL Restrictions: O 28 O 29 O 30 O 35 O 39
Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit: First, Second, Third, Fourth | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information:
SHELLY LYNN WALKER [redacted]
[redacted]
MT PLEASANT, MI 48858

Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes O No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events	First	Second	Third	Fourth

(● indicates MOST harmful event)

PASSENGERS

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

TRUCKS/BUSES

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

WITNESSES

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	07/15/2013 05:45	T. GRAHAM (3733)		

Narrative

car deer

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2008)

External # 0003092 | Crash ID

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Incident # 1302719 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: T. SWANSON (3751)

ORI	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
11/04/2013	05:55	01	Single Motor	O School Bus O None O Hit and Run ● Deer O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
.5 Miles E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1950 (63)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	NEAL J WOOD [redacted] RODNEY, MI 49342 [redacted]	O	01	04	

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

Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
No	No	No	No	

Alcohol: O Yes ● No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results:
Drugs: O Yes ● No — Test Type: O Blood O Urine — Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
5JUK92	MI	HOME OWNERS / 42-268-552-04		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		CHEVROLET	SILVERADO	BLACK	2010	Pickup Truck (pu)

Location of Greatest Damage	First Impact	Extent of Damage	Drivable	Vehicle Direction	Vehicle Use	Action Prior
7	08	1	Yes	E	Private	Going Straight Ahead

Sequence of Events — First: ● Animal; Second: ; Third: ; Fourth:
(● Indicates MOST harmful event)

PASSENGERS

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

TRUCKS/BUSES

Carrier Information | Carrier Source | GVWR | ICCMC | USDOT | MPSC
Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other | CDL Restrictions: O 28 O 29 O 30 O 35 O 36
Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit: First, Second, Third, Fourth | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information | Owner Information

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered; Test Type: O Field O PBT O Breath O Blood O Urine		O Yes O No; Test Type: O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

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

PASSENGERS

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

TRUCKS/BUS

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
No	11/04/2013 05:56	W. RUSSELL (3765)		

Narrative	Diagram
CAR/DEER	

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

Page 01 of 01
File Class 9300-1
Incident # 1800937
Reviewer T. SWANSON (3751)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name
MI 3713700	ISABELLA COUNTY

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
04/26/2018	12:48	02	Angle	8	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	Stop Sign	On Road	Clear	Intersection - Within Intersection

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Daylight	Dry	02	45	Yes

Work Zone (if applicable) Type: | Workers Present: | Activity: | Location:

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD			

Distance / Direction	Trafficway	Two-way Traffic
15 Feet W	Not Physically Divided	

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN			

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1983 (34)	O Cycle O Farm O Recreation	M	02	Disregard Traffic Control

Unit Type	Driver Information	Injury	Position	Restraint
MV	ARTHUR W GIBB [redacted] STANWOOD, MI 49346 [redacted]	0	Front-left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Ejected	Trapped	Airbag Deployed
Appeared Normal		No	No	Deployed-front

Hospital
None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Result	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered		No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Result	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered		O Hazardous O Other

VEHICLE

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
BVE5508	MI		2018	CHEVR[redacted]	EQUINOX	GRAY

VIN	Vehicle Type	Special Vehicle	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applic[redacted]		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
HOME OWNERS	44-030-273-00	[redacted]NS	TOW AGENCY

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle [redacted]	Action Prior
2	02	Disabling Damage		Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
● Motor Vehicle in Transport				

(● Indicates MOST harmful event)

PASSENGERS

Passenger Information	Date of Birth	Position	Restraint
ELIZABETH ANN GIBB [redacted] STANWOOD, MI 49346 [redacted]	[redacted] 1982 (36)	Front-right Side	Shoulder & Lap Belt

Injury	Airbag Deployed
0	Deployed-front

Hospital
None (none)

Passenger Information	Date of Birth	Position	Restraint

Injury	Airbag Deployed

Hospital

Passenger Information	Date of Birth	Position	Restraint

Injury	Airbag Deployed

Hospital

CARRIERS

Carrier Information	MC	MPSC

GVWR/GCWR	Vehicle Config	CDL Type	Endorsements	CDL Exempt	Cargo Body Type	Med Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.		None	O H O P O T O N O S O X	O Farm O Other			O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Phone Information
ARTHUR W GIBB [redacted] STANWOOD, MI 49346 [redacted]	

Damaged Property	Phone

UNIT/DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	Sex	Total Occupants	Hazardous Action
02	Yes	MI	[redacted]	[redacted]/1936	M	02	None

Unit Type	Driver Information	Injury	Location	Restraint
MV	ROBERT EARL KARCHER [redacted] WEIDMAN, MI 48893	0	Front/Left Side/motorcycle	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Ejected	Trapped	Airbag Deployed
Appeared Normal		No	No	Not Deployed

Hospital: None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered		No

Drug Suspected	Contributing Factor	Drug Test Type	Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered		O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
8JYT73	MI		2009	CHRYSL	OWN AND COU	BLUE

VIN	Vehicle Type	Special Vehicle	Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applica		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
HOME OWNERS	47-448-518-00	INS	TOW AGENCY

Location of Greatest Damage	First Impact	Extent of Damage	Vehicle	Action Prior
8	08	Disabling Damage		Turning Left

Sequence of Events: First: ● Motor Vehicle In Transport; Second; Third; Fourth

(● Indicates MOST harmful event)

PASSENGERS

Passenger Information	Date of Birth	Position	Restraint
KAREN LYNN KARCHER [redacted] WEIDMAN, MI 48893	[redacted]/1977	Front/right Side	Shoulder & Lap Belt

Injury	Airbag Deployed
C	Not Deployed

Hospital: None (none)

Passenger Information	Date of Birth	Position	Restraint

Injury	Airbag Deployed

Hospital:

Passenger Information	Date of Birth	Position	Restraint

Injury	Airbag Deployed

Hospital:

MOTOR CARRIER

Carrier Information	DOT	MC	MPSC

Carrier CDL Type	Endorsements	CDL Exempt
None	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Config	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNER

Owner Information: ROBERT EARL KARCHER
[redacted]
WEIDMAN, MI 48893 [redacted]

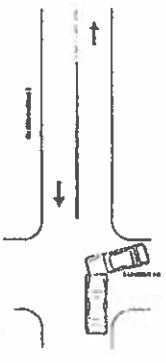
WITNESS

Witness Information:

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	Photos
Yes	04/26/2018 12:46	J. CHRITZ (3754)	

Narrative

Veh 1 did not stop for the west bound stop sign and st
Veh 2 which was turning east from south bound Lincoln
Passengor of Veh 2 complained of leg pain. Driver of
said he did not know there was a stop sign for his
directioin.



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

Extent # 0012359

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File Class 9300-1
Incident # 1703080

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY S RII	T. SWANSON (3751)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumst	Special Checks
12/12/2017	14:00	02	Rear End	O Hit/Run O School Bus O Animal	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Road	Area
37 - Isabella	Stop Sign	On Road	Intersection - Within Intersection

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Dayl	Wet	02	55	No

Work Zone (if applicable) Type: | Workers Present: | Activity:

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	R		

Distance / Direction	Trafficway	
.0 Feet X	Not Physic Divi	(Not raffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	R		

UNIT/DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1970	O Cycle O Farm O Recreation	M	01	Failed To Yield

Unit Type	Driver Information	Drive	Position	Restraint
MV	JOSEPH DONALD RECKER [redacted] MT PLEASANT, MI 48858	O	Front/left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Ejected	Trapped	Airbag Deployed
Appeared Normal		No	No	Not Deployed

Hospital: None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered		No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered		● Hazardous O Other

VEHICLE

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
BSD230	MI		2012	TOYOT	PRIUS	BLACK

VIN	Vehicle Type	Special Vehicle	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applic		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
THE HARTFORD	55PHT985668	DAN TOWING	RESIDENCE

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle	Action Prior
2	02	Minor Damage		Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● indicates MOST harmful event)	●Motor Vehicle In Transport			

PASSENGERS

Passenger Information	Date of Birth	Injury	Restraint	Ejected

Hospital:

Passenger Information	Date of Birth	Injury	Restraint	Ejected

Hospital:

Passenger Information	Date of Birth	Injury	Restraint	Ejected

Hospital:

COMMERCIAL VEHICLE

Carrier Information	MC	MPSC

GVWR/GCWR	Vehicle Cont.	Endorsements	CDL Exempt	Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.		O H O P O T O N O S O X	O Farm O Other			O Placard O Cargo Spill		

OWNER

Owner Information
LINDA LOU RECKER
[redacted]
MT PLEASANT, MI 48858

Damaged Property

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	[redacted]	[redacted]/1979	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Position	Restraint
MV	CHRISTIN KAYE ROBINSON SCHMIDT [redacted] MT PLEASANT, MI 48858	Front-left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Ejected	Trapped	Airbag Deployed
Appeared Normal		No	No	Not Deployed

Hospital: None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered		No

Drug Suspected	Contributing Factor	Drug Test Type	Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered		O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
DLW8662	MI		2016	TOYOT[illegible]	RAV 4	WHITE

VIN	Vehicle Type	Special Vehicle	Vehicle Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applic[illegible]		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed	Towed To
GEICO	4460420062		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle	Action Prior
6	06	Minor Damage		Stopped On Roadway

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	● Motor Vehicle In Transport			

PASSENGERS

Passenger Information	Date of Birth	Restraint
	Injury	Ejected

Hospital

Passenger Information	Date of Birth	Restraint
	Injury	Ejected

Hospital

Passenger Information	Date of Birth	Restraint
	Injury	Ejected

Hospital

TRUCK/BUS

Carrier Information	MC	MPSC

CDL	Endorsements	CDL Exempt
	H O P O T N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Config	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information
RENTAL CAR FINANCE CORP
289B LUCAS DRIVE
DETROIT, MI 48242

WITNESSES

Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	Photos
Yes	12/12/2017 14:00	M. DUNNEBACK (3747)	

Narrative
Vehicle #1 was traveling West on Broomfield rd when i[illegible]
unable to stop before it struck vehicle #2.

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

External # 0012017

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File Class 9300-1
Incident # 1702686

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	T. SWANSON (3751)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
11/03/2017	23:05	01	Single Motor Vehicle	O School Bus O Animal DEER	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Road	Weather	Area
37 - Isabella	None	On Road	Clear	Non-Inwy Straight Roadway

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Dark - Unlighted	Dry	02	55	No

Work Zone (if applicable) — Type: | Workers Present: | Activity:

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction	Trafficway
.3 Miles W	Not Physical Divider (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

VEHICLE & DRIVER INFORMATION

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] (52)	Operator	O Cycle	F	01	None

Unit Type	Driver Information	Driver Injury	Positioned	Restraint
MV	THERESA LYNN METHNER [redacted] MT PLEASANT, MI 48858	O	Front Left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Result	Alcohol Test Results:	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered			No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Result	Drug Test Results:	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered			O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
0LLG26	MI		2012	CHEVROLET	4 DOOR	GRAY

VIN	Vehicle Type	Special Vehicles	Private Tow Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
AUTO OWNERS	41-171-390-00		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Location	Vehicle Use	Action Prior
8	08	Functional Damage	V7	Auto	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
	● Animal			

(● Indicates MOST harmful event)

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Restraint

Injury	Transported	Ejected	Deployed

Hospital | Ambulance

Passenger Information	Date of Birth (Age)	Sex	Restraint

Injury	Transported	Ejected	Deployed

Hospital | Ambulance

Passenger Information	Date of Birth (Age)	Sex	Restraint

Injury	Transported	Ejected	Deployed

Hospital | Ambulance

NON-MOTORISTS

Carrier Information	USDOT	MC	MPSC

Driver Type	Endorsements	CDL Exempt
	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Application
THERESA LYNN METHNER [redacted] MT PLEASANT, MI 48858	

Damaged Property	Property Owner &

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	Endorsements	Sex	Total Occupants	Hazardous Action
					O Cycle O Farm O Recreation		00	

Unit Type	Driver Information	Position	Restraint

Driver Condition at Time of Crash 1st	2nd	Ejected	Trapped	Airbag Deployed
		No	No	

Hospital

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Test Results	Interlock Device
		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered		No

Drug Suspected	Contributing Factor	Drug Test Type	Test Results	Citation Issued
		O Blood O Urine O Field O Refused O Not Offered		O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicle	Private Trailer Type	Vehicle Defect

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed To

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Action Prior
00			

Sequence of Events	First	Second	Third	Fourth

(● Indicates MOST harmful event)

PASSENGERS

Passenger Information	Date of Birth	Sex	Restraint
	Injury		Deployed

Hospital

Passenger Information	Date of Birth	Sex	Restraint
	Injury		Deployed

Hospital

Passenger Information	Date of Birth	Sex	Restraint
	Injury		Deployed

Hospital

DRIVER/BUS

Carrier Information	DOT	MC	MPSC

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Endorsements	CDL Exempt
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.			O H O P O T O N O S O X	O Farm O Other

Medical Card	Hazardous Material	ID #	Class #
	O Placard O Cargo Spill		

OWNERS

Owner Information

WITNESS

Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	Investigator Name (Badge)	Photos
No	11/03/2017 23:05	D. FALL (3723)		

Narrative

Car/Deer

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

External # 0011905 ... ash ID

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File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident # 1702527

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	S. CLARKE (3746)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
10/24/2017	22:12	01	Single Motor Vehicle	Animal DEER	

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Rain	Non-frwy Straight Roadway

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Dark - Unlighted	Wet	02	55	No

Work Zone (if applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction	Trafficway
.25 Miles E	Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1959 (58)			F	01	None

Unit Type	Driver Information	Driver Owner	Injury	Position	Restraint
MV	SUELLEN LODES [redacted] MT PLEASANT, MI 48858	Yes	O	Front left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No				No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No				

VEHICLE

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
BSD255	MI		2013	CHEVROLET	IMPALA	RED

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle | Automation System Level in Vehicle | Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
AAA	3-7360338-02-002		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
8	08	Functional Damage	W	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event)	First	Second	Third	Fourth
	● Animal			

PASSENGERS

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

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

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

COMMERCIAL

Carrier Information | USDOT | MC | MPSC

Drivers License Type | Endorsements | CDL Exempt

GVWR/GCWR: O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information
SUELLEN LODES
[redacted]
MT PLEASANT, MI 48858

Damaged Property | Phone | Owner Phone

UNIT #1

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	Endorsements	Sex	Total Occupants	Hazardous Action
					O Cycle O Farm O Recreation		00	

Unit Type	Driver Information	Injury	Position	Restraint

Driver Condition at Time of Crash 1st	2nd	Ejected	Trapped	Airbag Deployed
		No	No	

Hospital

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Test Results:	Interlock Device
		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered		No

Drug Suspected	Contributing Factor	Drug Test Type	Test Results:	Citation Issued
		O Blood O Urine O Field O Refused O Not Offered		O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Color

VIN	Vehicle Type	Special Vehicle	Vehicle Defect

Automated System(s) in Vehicle	Automation System Level in Vehicle	Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed To

Location of Greatest Damage	First Impact	Extent of Damage	Action Prior
00		(Power Unit and/or Trailers)	

Sequence of Events — First | Second | Third | Fourth

(● Indicates MOST harmful event)

PASSENGERS

Passenger Information	Injury	Restraint

Hospital

Passenger Information	Injury	Restraint

Hospital

Passenger Information	Injury	Restraint

Hospital

COMMERCIAL

Carrier Information	USDOT	MC	MPSC

Driver CDL Type	Endorsements	CDL Exempt
	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information

WITNESSES

Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	Photos
No	10/24/2017 22:12	W. RUSSELL (3785)	

Narrative

CAR/DEER

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

External # 0011545 | Crash ID

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File Class 9300-1
Incident # 1702091
Reviewer S. CLARKE (3746)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
09/11/2017	06:38	01	Single Motor Vehicle	O None O Fleeing Police O Hit and Run O Unknown O School Bus O Animal Deer	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Fog	Non-frwy Straight Roadway

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Dark - Unlighted	Dry	02	55	Yes

Work Zone (if applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction	Trafficway
.5 Miles W	Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1996 (20)	Operator / Chauffeur / Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Driver Owner	Injury	Position	Restraint
MV	HANNA ELIZABETH HEINLEIN [redacted] MT PLEASANT, MI 48858 [redacted]	Yes	O	Front left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
9LJC93	MI		2003	OLDSMOBILE	ALERO	MAROON OR

VIN	Vehicle Type	Special Vehicle	Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle | Automation System Level in Vehicle | Automation System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
PROGRESSIVE	912743027		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
7	07	Minor Damage	W	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event): First ● Animal | Second | Third | Fourth

PASSENGERS

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

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

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

COMMERCIAL

Carrier Information | USDOT | MC | MPSC

Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other

GVWR/GCWR: O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Special Cargo | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information
HANNA ELIZABETH HEINLEIN
[redacted]
MT PLEASANT, MI 48858 [redacted]

Owner Information

Damaged Property | Public | Owner Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
					Operator / Chauffer / Moped	Cycle / Farm / Recreation		00	

Unit Type	Driver Information	Driver = Owner	Injury	Position	Restraint

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
			No	No	

Hospital	Ambulance

Alcohol Suspected	Contributing Factor	Alcohol Test Type (Breath / Blood / Urine / Field / PBT / Refused / Not Offered)	Alcohol Test Results (Pending)	Test Results:	Interlock Device
					No

Drug Suspected	Contributing Factor	Drug Test Type (Blood / Urine / Field / Refused / Not Offered)	Drug Test Results (Pending)	Test Results:	Citation Issued (Hazardous / Other)

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicles	Primary Trailer Type	Vehicle Defect

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To

Location of Greatest Damage	First Impact	Extent of Damage	(Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
00						

Sequence of Events (● Indicates MOST harmful event)	First	Second	Third	Fourth

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements (H / N / P / S / T / X)	CDL Exempt (Farm / Other)
No		

GVWR/GCWR (10,000 lbs. or Less / 10,001 - 26,000 lbs. / Greater than 26,000 lbs.)	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material (Placard / Cargo Spill)	ID #	Class #

OWNERS

Owner Information	Owner Information

WITNESS(ES)

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
Yes	09/11/2017 06:38	R. ROOT (3742)		

Narrative

Cardeer

Diagram

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

External # 0011494 | Crash ID

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File Class 9300-1
Incident # 1702037

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	S. CLARKE (3746)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
09/03/2017	12:40	03	Rear End	● None O Fleeing Police O Hit and Run O Unknown O School Bus O Animal	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Clear	Non-frwy Straight Roadway

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Daylight	Dry	02	55	No

Work Zone (if applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction: .3 Miles W
Trafficway: Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT/DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1957 (60)	O Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Driver = Owner	Injury	Position	Restraint
MV	KATHERINE LYNN CROSS [redacted] MT PLEASANT, MI 48858 [redacted]	Yes	O	Front left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital: None (none)
Ambulance: None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description Year	Make	Model	Color
DLY4577	MI	2008	FORD	ESCAPE	WHITE

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle | Automation System Level in Vehicle | Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
FARM BUREAU	1-0734R43-27		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
5	05	Minor Damage	W	Private	Stopped On Roadway

Sequence of Events (● indicates MOST harmful event)
First: ●Motor Vehicle In Transport | Second | Third | Fourth

PASSENGERS

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

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

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

TRUCKS/BUSES

Carrier Information | USDOT | MC | MPSC
Driver's CDL Type: None | Endorsements O H O P O T O N O S O X | CDL Exempt O Farm O Other
GVWR/GCWR O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Medical Card | Hazardous Material O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information
KATHERINE LYNN CROSS
[redacted]
MT PLEASANT, MI 48858 (989) 773-9350

Owner Information

Damaged Property | Public | Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	GA	[redacted]	[redacted]/1994 (23)	Operator / Chauffer / Moped	O Cycle / O Farm / O Recreation	M	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	SHAUNDON JAMES-BENAUGH MOORE [redacted] MT PLEASANT, MI 48858 [redacted]	Yes	O	Front;left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash		Driver Distracted By	Ejected	Trapped	Airbag Deployed
1st: Appeared Normal	2nd:	Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
PTM2880	GA		2000	VOLKSWAGON	PASSAT GLS	GREEN

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
FARM BUREAU	192530075		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
6	05	Minor Damage	W	Private	Stopped On Roadway

Sequence of Events	First	Second	Third	Fourth
	● Motor Vehicle In Transport			

(● indicates MOST harmful event)

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

TRUCKS/BUSES

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
None	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 20,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
SHAUNDON JAMES-BENAUGH MOORE [redacted] MT PLEASANT, MI 48858 [redacted]	

WITNESSES

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
Yes	09/03/2017 12:40	M. DUNNEBACK (3747)		

Narrative

Vehicle #1 was turning south into a business. Vehicle #2 stopped for vehicle #1 and observed vehicle #3 coming at a high rate of speed toward him. Vehicle #2 pulled off to the right onto the shoulder of the road fearing getting hit by vehicle #3. Vehicle #3 then struck Vehicle #2 and Vehicle #1 in the rear.

Diagram

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

External # 0011494 | Crash ID

Page 02 of 02
File Class 9300-1
Incident # 1702037

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Reviewer: S. CLARKE (3746)

ORI	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
09/03/2017	12:40	03	Rear End	O None O Hit and Run O School Bus O Fleeing Police O Unknown O Animal	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Clear	Non-frwy Straight Roadway

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Daylight	Dry	02	55	No

Work Zone (if applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction	Trafficway
.3 Miles W	Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT & DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
03	Yes	MI	[redacted]	[redacted] 1993 (24)	O Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	Unable To Stop

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	SARAH KATHERINE MURDOCH [redacted] LANSING, MI 48906	Yes	O	Front/Left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
DJD3632	MI		2012	CHRYSLER	300	RED

VIN	Vehicle Type	Special Vehicles	Possible Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
HOME OWNERS	50-060-285-01	GREENS TOWING	TOW AGENCY

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
1	01	Disabling Damage	W	Private	Going Straight Ahead

Sequence of Events: First: ●Motor Vehicle In Transport | Second | Third | Fourth
(● Indicates MOST harmful event)

PASSENGERS

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

Hospital | Ambulance

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

Hospital | Ambulance

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

Hospital | Ambulance

NON-MOTORISTS

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
None	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
SARAH KATHERINE MURDOCH [redacted] LANSING, MI 48906 [redacted]	

Damaged Property	Owner & Phone

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

External # 0010013 Crash ID

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File Class 9300-1
Incident # 1603127

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	D. FALL (3723)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
12/22/2018	18:21	01	Single Motor Vehicle	O None O Hit and Run O School Bus O Fleeing Police O Unknown Animal DEER	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Cloudy	Non-frwy Straight Roadway

City/Twsp	Contributing Circumstances 1st / 2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None	Dark - Unlighted	Wet	02	55	Yes

Work Zone (If applicable) Type: Workers Present: Activity: Location:

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction	Trafficway
.30 Miles E	Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER / NON-MOTORIST

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1994 (22)	Operator	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Driver Is Owner	Injury	Position	Restraint
MV	JOSHUA PATRICK NEYER [redacted] MT PLEASANT, MI 48858	Yes	O	Front/left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st / 2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal	Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

VEHICLE

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
DAW7781	MI		2011	FORD	F150	MAROON OR

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Pickup Truck (pu)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
FARM BUREAU	BAP-3037954-10		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
1	01	Functional Damage	W	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● indicates MOST harmful event)	●Animal			

PASSENGERS

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

TRUCK / BUS

Carrier Information	USDOT	MC	MP&C

Driver's CDL Type	Endorsements	CDL Exempt
None	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
JOSHUA PATRICK NEYER [redacted] MT PLEASANT, MI 48858 (989) 330-2770	

Damaged Property	Police	Owner & Phone

Unit Number | Unit Known | State | Driver License Number | Date of Birth (Age) | License Type: O Operator O Chauffer O Moped | Endorsements: O Cycle O Farm O Recreation | Sex | Total Occupants: 00 | Hazardous Action

Unit Type | Driver Information | Driver Is Owner | Injury | Position | Restraint

Driver Condition at Time of Crash 1st 2nd | Driver Distracted By | Ejected: No | Trapped: No | Airbag Deployed

Hospital | Ambulance

Alcohol Suspected | Contributing Factor | Alcohol Test Type: O Breath O Blood O Urine O Field O PBT O Refused O Not Offered | Alcohol Test Results: O Pending Test Results: | Interlock Device: No

Drug Suspected | Contributing Factor | Drug Test Type: O Blood O Urine O Field O Refused O Not Offered | Drug Test Results: O Pending Test Results: | Citation Issued: O Hazardous O Other

Vehicle Registration | State | Vehicle Description Year Make Model Color

VIN | Vehicle Type | Special Vehicles | Private Trailer Type | Vehicle Defect

Automated System(s) in Vehicle | Automation System Level in Vehicle | Automated System Level Engaged at Time of Crash

Insurance Company | Insurance Policy # | Towed By | Towed To

Location of Greatest Damage: 00 | First Impact | Extent of Damage (Power Unit and/or Trailers) | Vehicle Direction | Vehicle Use | Action Prior

Sequence of Events (● Indicates MOST harmful event) First Second Third Fourth

PASSENGERS

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

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

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

Carrier Information | USDOT | MC | MPSC
Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other

GVWR/GCWR: O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information | Owner Information

Witness Information | Witness Information

Investigated at Scene: Yes | Reported Date (Time): 12/22/2016 18:21 | 1st Investigator Name (Badge): Z. FERRIER (IC043954) | 2nd Investigator Name (Badge) | Photos

Narrative
car deer

Diagram

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

External #: 0010013
Crash ID:

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File Class: 9300-1
Incident #: 1603127

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	D. FALL (3723)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
12/22/2016	18:21	01	Single Motor Vehicle	O None O Fleeing Police O Hit and Run O Unknown O School Bus ● Animal DEER	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Cloudy	Non-frwy Straight Roadway

City/Twp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Dark - Unlighted	Wet	02	55	Yes

Work Zone (if applicable) Type: Workers Present: Activity: Location:

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction: .30 Miles E
Trafficway: Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1994 (22)	● Operator O Chauffeur O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Driver Is Owner	Injury	Position	Restraint
MV	JOSHUA PATRICK NEYER [redacted] MT PLEASANT, MI 48858 [redacted]	Yes	O	Front:left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

VEHICLE

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
DAW7781	MI		2011	FORD	F150	MAROON OR

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Pickup Truck (pu)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
FARM BUREAU	BAP-3037954-10		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
1	01	Functional Damage	W	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event): First: ●Animal; Second: ; Third: ; Fourth:

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury: Ejected: Trapped: Airbag Deployed:
Hospital: Ambulance:

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury: Ejected: Trapped: Airbag Deployed:
Hospital: Ambulance:

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury: Ejected: Trapped: Airbag Deployed:
Hospital: Ambulance:

TRUCKS/BUSES

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type: None
Endorsements: O H O P O T O N O S O X
CDL Exempt: O Farm O Other

GVWR/GCWR: O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.
Vehicle Configuration: Cargo Body Type: Medical Card: Hazardous Material: O Placard O Cargo Spill ID #: Class #:

OWNERS

Owner Information	Owner Information
JOSHUA PATRICK NEYER [redacted] MT PLEASANT, MI 48858 [redacted]	

Damaged Property	Public	Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
					O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		00	

Unit Type	Driver Information	Driver Is Owner	Injury	Position	Restraint

Driver Condition at Time of Crash		Driver Distracted By	Ejected	Trapped	Airbag Deployed
1st	2nd		No	No	

Hospital	Ambulance

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To

Location of Greatest Damage	First Impact	Extent of Damage	(Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
00						

Sequence of Events (● Indicates MOST harmful event)	First	Second	Third	Fourth

PASSENGERS

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

TRUCK/BUS

Carrier Information	USDOT	MC	MPSC
	Driver's CDL Type: None	Endorsements: O H O P O T O N O S O X	CDL Exempt: O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
Yes	12/22/2016 18:21	Z. FERRIER (IC043954)		

Narrative	Diagram
car deer	

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

External #: 0009993 | Crash ID:

File Class: 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident #: 1603097

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	S. CLARKE (3746)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
12/20/2016	12:38	03	Other	● None ○ Fleeing Police ○ Hit and Run ○ Unknown ○ School Bus ○ Animal	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	Stop Sign	On Road	Clear	Intersection - Within Intersection

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	Other		Daylight	Snow	02	55	No

Work Zone (if applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction: 0 Feet X
Trafficway: Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1938 (79)	● Operator ○ Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	M	01	Disregard Traffic Control

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	LARRY LEON CLARK [redacted] BRECKENRIDGE, MI 48615 [redacted]	Yes	O	Front left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Unknown	No	No	Not Deployed

Hospital: Refused (refusd) | Ambulance: Refused (refusd)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ○ Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		○ Blood ○ Urine ○ Field ○ Refused ○ Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
BFQ075	MI		2011	FORD	F150	MAROON OR

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Pickup Truck (pu)	Not Applicable		

Automated System(s) in Vehicle | Automation System Level in Vehicle | Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
FARM BUREAU	A 0385679	GREENS TOWING	TOW AGENCY

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
1	01	Disabling Damage	E	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event)

First	Second	Third	Fourth
●Motor Vehicle In Transport	Motor Vehicle In Transport		

PASSENGERS

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

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

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

TRUCKS/BUSES

Carrier Information | USDOT | MC | MPSC

Driver's CDL Type: None | Endorsements: ○ H ○ P ○ T ○ N ○ S ○ X | CDL Exempt: ○ Farm ○ Other

GVWR/GCWR: ○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Medical Card | Hazardous Material ○ Placard ○ Cargo Spill | ID # | Class #

OWNERS

Owner Information: LARRY LEON CLARK [redacted] BRECKENRIDGE, MI 48615 [redacted]

Owner Information:

Damaged Property | Public | Owner & Phone

UNIT/DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	[redacted]	[redacted]/1967 (49)	● Operator ○ Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	F	03	None

Unit Type	Driver Information	Driver Is Owner	Injury	Position	Restraint
MV	RACHELLE LYNN SHORT [redacted] SHEPHERD, MI 48883 [redacted]	Yes	C	Front:left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st / 2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal	Not Distracted	No	No	Not Deployed

Hospital	Ambulance
Refused (refusd)	Refused (refusd)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ○ Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		○ Blood ○ Urine ○ Field ○ Refused ○ Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
BJV3621	MI		2003	CHEVROLET	AVALANCHE	TAN

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Pickup Truck (pu)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
PROGRESSIVE	22053738	KEVINS TOWING	TOW AGENCY

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
10	07	Disabling Damage	N	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event)	First	Second	Third	Fourth
	● Motor Vehicle In Transport	Utility Pole / Light Support		

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint
JAMES STUART SHORT [redacted] SHEPHERD, MI 48883	[redacted]/1951 (65)	M	Front:right Side	Shoulder & Lap Belt

Injury	Ejected	Trapped	Airbag Deployed
C	No	No	Not Deployed

Hospital	Ambulance
Refused (refusd)	Refused (refusd)

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint
[redacted] SHEPHERD, MI 48883	[redacted]/2012 (04)	M	2nd Row: Left Side/motorcycle,	Child Restraint System-forward

Injury	Ejected	Trapped	Airbag Deployed
C	No	No	Not Deployed

Hospital	Ambulance
Refused (refusd)	Refused (refusd)

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

CARRIERS

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
None	○ H ○ P ○ T ○ N ○ S ○ X	○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information
RACHELLE LYNN SHORT [redacted] SHEPHERD, MI 48883 [redacted]	

WITNESSES

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
Yes	12/20/2016 12:38	T. BRADLEY (3748)		

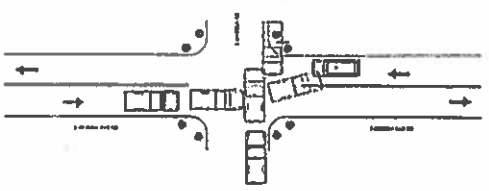
Narrative

Driver of V-1 said he was hitting the brake and accidentally hit the gas. Driver said he hit V-2 and then continued and hit V-3.

Driver of V-2 said she stopped at the stop sign and then continued because it was her turn. She advised she saw V-1 coming but it looked like he was slowing. She said then all of a sudden he slammed into her.

Driver of V-3 said he was sitting behind another vehicle waiting for his turn when he saw V-1 not stop at the sign and hit V-2. He said V-1 then struck him.

Diagram



Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10E Penalty: $100 and/or 93 days (Rev 01/2016)

External # 0009993 Crash ID

Page 02 of 03 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident # 1603097

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	S. CLARKE (3746)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
12/20/2016	12:38	03	Other	● None O Fleeing Police O Hit and Run O Unknown O School Bus O Animal	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	Stop Sign	On Road	Clear	Intersection - Within Intersection

City/Twsp	Contributing Circumstances 1st / 2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	Other	Daylight	Snow	02	55	No

Work Zone (if applicable) Type: Workers Present: Activity: Location:

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction: 0 Feet X Trafficway: Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER / OWNER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
03	Yes	MI	[redacted]	[redacted]1952 (64)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	02	None

Unit Type	Driver Information	Driver Is Owner	Injury	Position	Restraint
MV	THOMAS FRANK KEEF [redacted] CANADIAN LAKES, MI 49346 [redacted]	Yes	O	Front/left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st / 2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal	Not Distracted	No	No	Not Deployed

Hospital	Ambulance
Refused (refusd)	Refused (refusd)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
BGK7506	MI		2014	HYUNDAI	SONATA	GRAY

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
MEEMIC	PAP0699735	GREENS TOWING	TOW AGENCY

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
10	07	Functional Damage	W	Private	Stopped On Roadway

Sequence of Events	First	Second	Third	Fourth
(● indicates MOST harmful event)	●Motor Vehicle In Transport			

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint
CLAUDIA JEAN KEEF [redacted] CANADIAN LAKES, MI 49346 (248) 259-8407	[redacted]1954 (62)	F	Front/right Side	Shoulder & Lap Belt

Injury	Ejected	Trapped	Airbag Deployed
O	No	No	Not Deployed

Hospital	Ambulance
Refused (refusd)	Refused (refusd)

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

TRUCK / BUS

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
None	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
THOMAS FRANK KEEF [redacted] CANADIAN LAKES, MI 49346 [redacted]	

Damaged Property	Public	Owner's Phone

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 93 days (Rev 01/2016)

External # 0009993 Crash ID

File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident # 1603097

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	S. CLARKE (3746)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
12/20/2016	12:38	03	Other	● None ○ Hit and Run ○ School Bus ○ Fleeing Police ○ Unknown ○ Animal	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	Stop Sign	On Road	Clear	Intersection - Within Intersection

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	Other		Daylight	Snow	02	55	No

Work Zone (If applicable) Type | Workers Present | Activity | Location

* * * Continued from Narrative * * *

Driver of V-1 advised he was not injured.
Driver of V-2 advised her head hurt. She was bleeding from the head and had a knot. Passenger 1 had blood on his head but he stated he was fine. Passenger 2 was scared and it is unknown if he was injured. Passenger 2 is a juvenile. Driver and Passenger 1 turned down medical for all parties in their vehicle. They advised MPFD of this.
Driver and Passenger 1 of V-3 advised they were not injured.

END

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

External #: 0009106 | Crash ID:

Page 01 of 01
File Class: 9300-1
Incident #: 1602075

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	T. SWANSON (3751)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
09/16/2016	07:22	01	Single Motor Vehicle	O None O Fleeing Police O Hit and Run O Unknown O School Bus ● Animal DEER	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Clear	Non-frwy Straight Roadway

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Daylight	Dry	02	55	No

Work Zone (if applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction: .3 Miles W | Trafficway: Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1988 (29)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	STEPHANIE MARIE FRANK [redacted] SHEPHERD, MI 48883 [redacted]	Yes	O	Front:left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital: None (none) | Ambulance: None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	O Breath O Blood O Urine O Field O PBT O Refused ● Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
8KMJ57	MI		2007	DODGE	STA WAG	SILVER OR ALUMINUM

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) In Vehicle | Automation System Level in Vehicle | Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
PROGRESSIVE	22103867	GREENS	GREENS

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
8	08	Disabling Damage	W	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event): First: ● Animal | Second | Third | Fourth

PASSENGERS

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

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

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

TRUCK/BUS

Carrier Information | USDOT | MC | MPSC
Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other
GVWR/GCWR: O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information: STEPHANIE MARIE FRANK [redacted] SHEPHERD, MI 48883 [redacted] | Owner Information:

Damaged Property | Public | Owner & Phone

UNIT / DRIVER

Unit Number | Unit Known | State | Driver License Number | Date of Birth (Age) | License Type: O Operator O Chauffer O Moped | Endorsements: O Cycle O Farm O Recreation | Sex | Total Occupants: 00 | Hazardous Action

Unit Type | Driver Information | Driver is Owner | Injury | Position | Restraint

Driver Condition at Time of Crash: 1st | 2nd | Driver Distracted By | Ejected: No | Trapped: No | Airbag Deployed

Hospital | Ambulance

Alcohol Suspected | Contributing Factor | Alcohol Test Type: O Breath O Blood O Urine O Field O PBT O Refused O Not Offered | Alcohol Test Results: O Pending | Test Results: | Interlock Device: No

Drug Suspected | Contributing Factor | Drug Test Type: O Blood O Urine O Field O Refused O Not Offered | Drug Test Results: O Pending | Test Results: | Citation Issued: O Hazardous O Other

Vehicle Registration | State | Vehicle Description | Year | Make | Model | Color

VIN | Vehicle Type | Special Vehicles | Private Trailer Type | Vehicle Defect

Automated System(s) in Vehicle | Automation System Level in Vehicle | Automated System Level Engaged at Time of Crash

Insurance Company | Insurance Policy # | Towed By | Towed To

Location of Greatest Damage: 00 | First Impact | Extent of Damage | (Power Unit and/or Trailers) | Vehicle Direction | Vehicle Use | Action Prior

Sequence of Events: First | Second | Third | Fourth

(● Indicates MOST harmful event)

PASSENGERS

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

Hospital | Ambulance

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

Hospital | Ambulance

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

Hospital | Ambulance

TRUCK/BUS

Carrier Information | USDOT | MC | MPSC

Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other

GVWR/GCWR: O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs. | Vehicle Configuration | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information | Owner Information

WITNESS

Witness Information | Witness Information

Investigated at Scene: Yes | Reported Date (Time): 09/16/2016 07:22 | 1st Investigator Name (Badge): R. ROOT (3742) | 2nd Investigator Name (Badge) | Photos

Narrative:
Cardeer.

Diagram

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

External # 0009094 | Crash ID

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File Class 9300-1
Incident # 1602062

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	D. FALL (3723)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
09/14/2016	20:40	01	Single Motor Vehicle	O None O Fleeing Police O Hit and Run O Unknown O School Bus ● Animal DEER	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Clear	Non-frwy Straight Roadway

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Dark - Unlighted	Dry	02	55	No

Work Zone (if applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction: .5 Miles W
Trafficway: Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1971 (45)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	THOMAS HUDSON IDEMA [redacted] MT PLEASANT, MI 48858 [redacted]	Yes	O	Front:left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	O Breath O Blood O Urine O Field O PBT O Refused ● Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description Year	Make	Model	Color
IM4CMU	MI	2006	GENERAL MOTORS CORP	ENVOY	MAROON OR

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
MICHIGAN INSURANCE CO.	PAJ7016314		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
2	02	Minor Damage	W	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event) — First: ● Animal | Second | Third | Fourth

PASSENGERS

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

TRUCKS/BUSES

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
THOMAS HUDSON IDEMA [redacted] MT PLEASANT, MI 48858 [redacted]	

Damaged Property	Public	Owner & Phone

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
					O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		00	

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
			No	No	

Hospital	Ambulance

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
		O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
		O Blood O Urine O Field O Refused O Not Offered	O Pending Test Results:	O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To

Location of Greatest Damage	First Impact	Extent of Damage	(Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
00						

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

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

TRUCK / BUS

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
None	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
No	09/14/2016 20:40	D. MOEGGENBORG (3744)		

Narrative

Car / Deer

Diagram

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

External # 0008976 Crash ID

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File Class 9300-1
Incident # 1601870

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	K. DUSH (3728)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
08/22/2016	23:59	01	Single Motor Vehicle	O None O Hit and Run O School Bus O Fleeing Police O Unknown ● Animal DEER	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	None	On Road	Clear	Non-frwy Straight Roadway

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Dark - Unlighted	Dry	02	55	No

Work Zone (if applicable) Type: | Workers Present: | Activity: | Location:

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction	Trafficway
.1 Miles W	Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1990 (25)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	ALISON ELIZABETH ALPIN [redacted] WEIDMAN, MI 48893	Yes	0	Front:left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	O Breath O Blood O Urine O Field O PBT O Refused ● Not Offered	O Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	O Blood O Urine O Field O Refused ● Not Offered	O Pending Test Results:	O Hazardous O Other

VEHICLE

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
CDB6518	MI		2006	CHEVROLET	SILVERADO	GREEN

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
CITIZENS	A6HA037688		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
2	02	Functional Damage	W	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	● Animal			

PASSENGERS

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

TRUCK / BUS

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
None	O H O P O T O N O S O X	O Farm O Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.				O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
ALISON ELIZABETH ALPIN [redacted] WEIDMAN, MI 48893	

Damaged Property	Public	Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Driver Is Owner	Injury	Position	Restraint

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
			No	No	

Hospital	Ambulance

Alcohol Suspected	Contributing Factor	Alcohol Test Type: O Breath O Blood O Urine O Field O PBT O Refused O Not Offered	Alcohol Test Results: O Pending Test Results:	Interlock Device
				No

Drug Suspected	Contributing Factor	Drug Test Type: O Blood O Urine O Field O Refused O Not Offered	Drug Test Results: O Pending Test Results:	Citation Issued: O Hazardous O Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To

Location of Greatest Damage	First Impact	Extent of Damage	(Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
00						

Sequence of Events	First	Second	Third	Fourth

(● Indicates MOST harmful event)

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

TRUCKS/BUS

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements: O H O P O T O N O S O X	CDL Exempt: O Farm O Other
None		

GVWR/GCWR: O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
No	08/22/2016 23:59	T. SZIDIK (3743)		

Narrative	Diagram
car deer	

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

External # 0008563 Crash ID

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File Class 9300-1
Incident # 1601231

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	D. FALL (3723)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
05/26/2016	12:20	02	Rear End	● None ○ Fleeing Police ○ Hit and Run ○ Unknown ○ School Bus ○ Animal	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
37 - Isabella	Stop Sign	On Road	Clear	Intersection Related - Other

City/Twsp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
Union	None		Daylight	Dry	02	55	No

Work Zone (if applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance / Direction	Trafficway
151 Feet E	Not Physically Divided (two-way Traffic)

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1977 (38)	● Operator ○ Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	F	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	JENNIFER ANN MERRILL [redacted] MT PLEASANT, MI 48858		O	Front:left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ○ Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No		○ Blood ○ Urine ○ Field ○ Refused ○ Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

VEHICLE

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
5HBY77	MI		2001	BUICK	LESABRE	TAN

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Passenger Car (pa)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
MEEMIC	PAP0600737		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
5	05	Minor Damage	W	Private	Stopped On Roadway

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	●Motor Vehicle In Transport			

PASSENGERS

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

TRUCK / BUS

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
None	○ H ○ P ○ T ○ N ○ S ○ X	○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information
KATHLEEN ANN MERRILL [redacted] MT PLEASANT, MI 48858	

Damaged Property	Public	Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	[redacted]	[redacted] 1958 (57)	● Operator ○ Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	F	01	Unable To Stop

Unit Type	Driver Information	Driver Is Owner	Injury	Position	Restraint
MV	REBECCA JO GIBBS [redacted] LAKE, MI 48622 [redacted]		O	Front:left Side/motorcycle,	Shoulder & Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Not Distracted	No	No	Not Deployed

Hospital	Ambulance
None (none)	None (none)

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Test Results:	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ○ Not Offered	○ Pending		No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Test Results:	Citation Issued
No		○ Blood ○ Urine ○ Field ○ Refused ○ Not Offered	○ Pending		○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
6LEV81	MI		2016	FORD	F350	WHITE

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
[redacted]	Pickup Truck (pu)	Not Applicable		

Automated System(s) in Vehicle	Automation System Level in Vehicle	Automated System Level Engaged at Time of Crash

Insurance Company	Insurance Policy #	Towed By	Towed To
FARM BUREAU	BAP-2638523-19		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
1	01	No Damage	W	Private	Slowing / Stopping On Roadway

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	●Motor Vehicle In Transport			

PASSENGERS

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

Carrier Information	USDOT	MC	MPSC
	Driver's CDL Type: None	Endorsements: ○ H ○ P ○ T ○ N ○ S ○ X	CDL Exempt: ○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information
THOMAS GEORGE GIBBS [redacted] LAKE, MI 48622	

WITNESSES

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
No	05/26/2016 12:20	J. KENNEY (3736)		

Narrative

Driver of #1 was stopped at stop sign. Driver of #2 saw car in front of #1 move and thought #1 did too and hit the back of #1.

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0007075
Crash ID

Page 01 of 02
Incident # 1501953 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

- Incident Disposition: Closed
- ORI: MI 3713700
- Department Name: ISABELLA COUNTY SHERIFF
- Reviewer: T. SWANSON (3751)
- Crash Date: 10/14/2015
- Crash Time: 11:16
- No. of Units: 03
- Crash Type: Angle
- Special Circumstances: ● None ○ Deer ○ School Bus ○ Hit and Run ○ Fleeing Police
- Special Checks: ○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile
- County: 37 - Isabella
- Traffic Control: Stop Sign
- Relation to Roadway: On Road
- Special Study:
- Weather: Cloudy
- Area: Intersection - Within Intersection
- City/Twp: Union
- Construction Zone (if applicable) Type: Lane Closed: Activity:
- Light: Daylight
- Road Condition: Dry
- Total Lanes: 02
- Speed Limit: 55
- Posted: No

LOCATION

- Prefix: E
- Road Name: BROOMFIELD
- Road Type: RD
- Suffix:
- Divided Roadway:
- Distance: 10 Feet E
- Trafficway: Not Physically Divided (two-way Traffic)
- Access Control: No Access Control
- Prefix: S
- Intersecting Road: LINCOLN
- Road Type: RD
- Suffix:
- Divided Roadway:

UNIT 01 / DRIVER

- Unit Number: 01
- Unit Known: Yes
- State: MI
- Driver License Number: [redacted]
- Date of Birth (Age): [redacted] 1968 (47)
- License Type: ● Operator ○ Chauffer ○ Moped
- Endorsements: ☐ Cycle ☐ Farm ☐ Recreation
- Sex: F
- Total Occupants: 01
- Hazardous Action: Failed To Yield
- Unit Type: MV
- Driver Information: AMY LYNN STEPHAN [redacted] HARRISON, MI 48625
- Injury: O
- Position: 01
- Restraint: 04
- Hospital:
- Driver Condition: ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99
- Interlock: No
- Ejected: No
- Trapped: No
- Airbag Deployed: No
- Ambulance:
- Alcohol: ○ Yes ● No ○ Refused ○ Not Offered
- Test Type: ○ Field ○ PBT ○ Breath ○ Blood ○ Urine
- Test Results:
- Drugs: ○ Yes ● No
- Test Type: ○ Blood ○ Urine
- Test Results:
- Citation Issued: ○ Hazardous ○ Other
- Vehicle Registration: DHE8674
- State: MI
- Insurance / Policy #: FREMONT / A0106452
- Towed To/By: /GREENS
- Special Vehicles: 0
- Private Trailer Type:
- Vehicle Defect: 0
- VIN: [redacted]
- Vehicle Description Make: FORD
- Model: PU
- Color: BLACK
- Year: 2006
- Vehicle Type: Pickup Truck (pu)
- Location of Greatest Damage: 2
- First Impact: 02
- Extent of Damage: 3
- Driveable: No
- Vehicle Direction: E
- Vehicle Use: Private
- Action Prior: Going Straight Ahead
- Sequence of Events (● indicates MOST harmful event):
  - First: ● Motor Vehicle In Transport
  - Second: Motor Vehicle In Transport
  - Third:
  - Fourth:

PASSENGERS

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

TRUCK/BUS

- Carrier Information:
- Carrier Source:
- GVWR:
- ICCMC:
- USDOT:
- MPSC:
- Driver's CDL Type: None
- Endorsements: ○ H ○ P ○ T ○ N ○ S ○ X
- CDL Exempt: ○ Farm ○ Other
- CDL Restrictions: ○ 28 ○ 29 ○ 30 ○ 35 ○ 38
- Interstate/Intrastate:
- Vehicle Type:
- Type & Axle Per Unit: First Second Third Fourth
- Cargo Body Type:
- Medical Card:
- Hazardous Material: ○ Placard ○ Cargo Spill
- ID #:
- Class #:

OWNERS

- Owner Information:
- Owner Information:

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

UNITS / DRIVERS

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	[redacted]	[redacted] 1984 (31)	● Operator ○ Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	F	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	MEGAN LYNN THEISEN [redacted] [redacted] MT PLEASANT, MI 48858	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99	No	No	No	No	

Alcohol: ○ Yes ● No ○ Refused ○ Not Offered — Test Type: ○ Field ○ PBT ○ Breath ○ Blood ○ Urine — Test Results:

Drugs: ○ Yes ● No — Test Type: ○ Blood ○ Urine — Test Results:

Citation Issued: ○ Hazardous ○ Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
BLZ6800	MI	HOME OWNERS / 4513712002	/GREENS	0		0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		CHEVROLET	TRAVERSE	WHITE	2014	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
8	08	2	No	N	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	● Motor Vehicle In Transport			

PASSENGERS

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

TRUCKS/BUSES

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	○ H ○ P ○ T ○ N ○ S ○ X	○ Farm ○ Other	○ 25 ○ 29 ○ 30 ○ 35 ○ 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit (First / Second / Third / Fourth)	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information
ANDREW PATRICK THEISEN [redacted] [redacted] MT PLEASANT, MI 48858	

WITNESSES

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	10/14/2015 11:16	T. SWANSON (3751)		

Narrative

vehicle 1 e/b on broomfield, did not observe stop sign and collided into vehicle 2. vehicle 1 then continued into vehicle 3.

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0007075 | Crash ID

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Incident # 1501953 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: T. SWANSON (3751)

ORI	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
10/14/2015	11:16	03	Angle	● None ○ Deer ○ School Bus ○ Hit and Run ○ Fleeing Police	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	Stop Sign	On Road		Cloudy	Intersection - Within Intersection

City/Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Daylight	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
10 Feet E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

DRIVER / UNIT / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
03	Yes	MI	[redacted]	[redacted]/1955 (59)	○ Operator ● Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	M	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	DONALD ALLEN ROESER [redacted] GLADWIN, MI 48624	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99	No	No	No	Not Equipped	

Alcohol	Test Results	Drugs	Test Results	Citation Issued
○ Yes ● No ○ Refused ○ Not Offered Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine		○ Yes ● No Test Type ○ Blood ○ Urine		○ Hazardous ○ Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
2UA867	OK	CHEROKEE		0		0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		FREIGHTLINER	SEMI	YELLOW	2007	Truck / Bus (tb)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
6	08	1	Yes	W	Commercial (business)	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event)

First	Second	Third	Fourth
● Motor Vehicle In Transport			

PASSENGERS

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

TRUCKS / BUSES

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC
GLS LEASECO INC [redacted] WARREN, MI 48089	Papers	16,000			

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
Group A	○ H ○ P ● T ○ N ○ S ○ X	○ Farm ○ Other	○ 28 ○ 29 ○ 30 ○ 35 ○ 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
Intra (mi Only)	AA	T3	S2			8	Yes	○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information
GLS LEASE CO [redacted] WARREN, MI 48089	

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

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0007494 | Crash ID

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Incident # 1502471 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: D. FALL (3723)

ORI	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
12/05/2015	17:24	01	Single Motor	O None ● Deer O School Bus O Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Clear	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dusk	Dry	02	45	Yes

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: .3 Miles E
Trafficway: Not Physically Divided (two-way Traffic)
Access Control: No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1974 (42)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	MELANIE SUE KELLEY [redacted] MT PLEASANT, MI 48858	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	NONE

Alcohol: O Yes ● No O Refused ● Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results:
Drugs: O Yes ● No — Test Type: O Blood O Urine — Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
BJA6749	MI	HASTINGS MUTUAL / ACV9860035 03		0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		CHEVROLET	COLORADO	TAN	2007	Small Truck (st)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
7	07	1	Yes	W	Private	Going Straight Ahead

Sequence of Events (● Indicates MOST harmful event) — First: ● Animal; Second: ; Third: ; Fourth:

PASSENGERS

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

TRUCKS/BUS

Carrier Information | Carrier Source | GVWR | ICCMC | USDOT | MPSC
Driver's CDL Type: None — Endorsements: O H O P O T O N O S O X — CDL Exempt: O Farm O Other — CDL Restrictions: O 28 O 29 O 30 O 35 O 38
Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit First Second Third Fourth | Cargo Body Type | Medical Card | Hazardous Material O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information: DOUGLAS PAUL CLARK [redacted] BLANCHARD, MI 49310
Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
					O Operator O Chauffer O Moped	O Cycle O Farm O Recreation		00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes O No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events	First	Second	Third	Fourth

(● Indicates MOST harmful event)

PASSENGERS

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

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	12/05/2015 17:24	R. ROOT (3742)		

Narrative

Cardeer.

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External #	Crash ID
0007040	

Incident # 1501908 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Incident Disposition	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	Closed	K. DUSH (3728)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
10/10/2015	19:40	01	Single Motor	○ None ● Deer ○ School Bus ○ Hit and Run ○ Fleeing Police	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Clear	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
.5 Miles E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1979 (36)	● Operator ○ Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	F	04	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	GRETCHEN MARY MCINTYRE [redacted] [redacted] MT PLEASANT, MI 48858	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99	No	No	No	No	NONE

Alcohol	Test Results	Drugs	Test Results	Citation Issued
○ Yes ● No ○ Refused ● Not Offered; Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine		○ Yes ● No; Test Type ○ Blood ○ Urine		○ Hazardous ○ Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
BVR8726	MI	MEEMIC / PAP0693528		0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		DODGE	CARAVAN	GRAY	2009	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
2	02	1	Yes	E	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event)	First	Second	Third	Fourth
	● Animal			

PASSENGERS

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

TRUCKS/BUSES

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	○ H ○ P ○ T ○ N ○ S ○ X	○ Farm ○ Other	○ 28 ○ 29 ○ 30 ○ 35 ○ 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information
JASON THOMAS MCINTYRE [redacted] [redacted] MT PLEASANT, MI 48858	

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

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition: O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
	No	No	No		

Alcohol: O Yes O No O Refused O Not Offered	Test Type: O Field O PBT O Breath O Blood O Urine	Test Results	Drugs: O Yes O No	Test Type: O Blood O Urine	Test Results	Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events	First	Second	Third	Fourth

(● Indicates MOST harmful event)

PASSENGERS

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

TRUCK/BUS

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements: O H O P O T O N O S O X	CDL Exempt: O Farm O Other	CDL Restrictions: O 28 O 29 O 30 O 35 O 36
None			

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	10/10/2015 19:40	J. CHRITZ (3754)		

Narrative

car / deer

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External #	Crash ID
0006526	

Page 01 of 01
Incident # 1501063 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition	Reviewer
Closed	K. DUSH (3728)

ORI	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
06/10/2015	17:50	02	Rear End	● None O Deer O School Bus O Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	Stop Sign	On Road		Clear	Intersection Related - Other

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Daylight	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
5 Feet W	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1993 (23)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	02	Unable To Stop

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	JESSICA MARIE LONGSTRETH [redacted] BEAVERTON, MI 48612	O	01	04	REFU

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 ● 8 O 9 O 99	No	No	No	No	REFU

Alcohol: O Yes ● No O Refused ● Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results:
Drugs: O Yes ● No — Test Type: O Blood O Urine — Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
DGQ8369	MI	PROGRESSIVE / 906019859		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		CHEVROLET	MALIBU LT	BLUE	2011	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
1	01	3	Yes	E	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event)
First: ● Parked Motor Vehicle
Second:
Third:
Fourth:

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
GLENN DAVID SCHIAVO [redacted] BEAVERTON, MI 48612	03/02/1995 (22)	M	03	04	REFU	O	No (do Not	No	No	REFU

TRUCKS/BUSES

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None
Endorsements: O H O P O T O N O S O X
CDL Exempt: O Farm O Other
CDL Restrictions: O 26 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
GLENN DAVID SCHIAVO [redacted] BEAVERTON, MI 48612	

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

UNIT/DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	[redacted]	[redacted] 1975 (40)	○ Operator ● Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	M	04	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	JOEL ANDREW JACOBS [redacted] MT PLEASANT, MI 48858	O	01	04	REFU

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99	No	No	No	No	REFU

Alcohol	Test Results	Drugs	Test Results	Citation Issued
○ Yes ● No ○ Refused ● Not Offered; Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine		○ Yes ● No; Test Type ○ Blood ○ Urine		○ Hazardous ○ Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
067X949	MI	MICHIGAN MUNICIPAL RISK MANAGEMENT /		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		INTERNATIONAL	4200	WHITE	2009	Truck / Bus (lb)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
5	05	1	Yes	E	Commercial (business)	Stopped On Roadway

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	● Motor Vehicle In Transport			

PASSENGERS

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

TRUCK/BUS

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC
ISABELLA COUNTY TRANSPORTATION 2100 E. TRANSPORTATION DRIVE MT PLEASANT, MI 48858	Driver	23,500			

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
Group B	○ H ● P ○ T ○ N ○ S ○ X	○ Farm ○ Other	○ 28 ○ 29 ○ 30 ○ 35 ○ 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
Intra (mi Only)	CP	2				8	No	○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information
ISABELLA COUNTY TRANSPORTAION (989) 772-9441 2100 TRANSPORTATION DR MT PLEASANT, MI 48858	

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	06/10/2015 17:50	T. BRADLEY (3748)		

Narrative

V-1 and V-2 were both heading E/B on Broomfield Road. V-2 was stopped at the stop sign at Broomfield and Lincoln Road. Driver of V-1 said she must not have been paying attention because she rear ended the bus (V-2).
Driver of V-2 said he was stopped at the sign and was rear ended. Driver of V-2 also transferred his passengers to another bus before law enforcement arrived. They all had no injuries.

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2005)

External # 0006036 | Crash ID

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Incident # 1500382 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: K. DUSH (3728)

ORI	Department Name
MI 3713700	ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
02/27/2015	19:02	01	Single Motor	O School Bus O None O Hit and Run ● Deer O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Clear	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Daylight	Dry	02	55	No

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
.5 Miles E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1996 (19)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	[redacted] CONNOR ROBERT PRICE [redacted] MT PLEASANT, MI 48858	O	01	04	

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
●1 O2 O3 O4 O5 O6 O7 O8 O9 O99	No	No	No	No	

Alcohol: O Yes ● No O Refused ● Not Offered; Test Type: O Field O PBT O Breath O Blood O Urine; Test Results:

Drugs: O Yes ● No; Test Type: O Blood O Urine; Test Results:

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
6KUT76	MI	HOME OWNERS / 47-697-135-00		0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		DODGE	CHARGER	RED	2006	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
8	07	2	Yes	W	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
	● Animal			

(● Indicates MOST harmful event)

PASSENGERS

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

CARRIER

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None; Endorsements: O H O P O T O N O S O X; CDL Exempt: O Farm O Other; CDL Restrictions: O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information
CRAIG E PRICE [redacted] [redacted] MT PLEASANT, MI 48858	

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

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition: O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
	No	No	No		

Alcohol: O Yes O No O Refused O Not Offered; Test Type: O Field O PBT O Breath O Blood O Urine	Test Results	Drugs: O Yes O No; Test Type: O Blood O Urine	Test Results	Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

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

PASSENGERS

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

TRUCK/BUS

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements: O H O P O T O N O S O X	CDL Exempt: O Farm O Other	CDL Restrictions: O 28 O 29 O 30 O 35 O 38
None			

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First, Second, Third, Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
No	02/27/2015 19:02	J. KENNEY (3736)		

Narrative	Diagram
Car/deer	

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2006)

External # 0005294 | Crash ID

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Incident # 1402469 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	Department Name	Incident Disposition	Reviewer
MI 3713700	ISABELLA COUNTY SHERIFF	Closed	S. CLARKE (3746)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
11/12/2014	16:51	01	Single Motor	O None ● Deer O School Bus O Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dark - Unlighted	Dry	02	55	Yes

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		E

Distance: .5 Miles W | Trafficway: Not Physically Divided (two-way Traffic) | Access Control: No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		S

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]/1971 (44)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	MATTHEW MAURICE COZZIE (989) 289-4001 [redacted] MT PLEASANT, MI 48858	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	NONE

Alcohol: O Yes ● No O Refused ● Not Offered; Test Type: O Field O PBT O Breath O Blood O Urine; Test Results:
Drugs: O Yes ● No; Test Type: O Blood O Urine; Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
CJA1671	MI	OTHER / 21103086		0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		FORD		SILVER OR	2007	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
8	08	4	Yes	E	Private	Going Straight Ahead

Sequence of Events (● indicates MOST harmful event): First: ● Animal | Second: | Third: | Fourth:

PASSENGERS

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

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

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

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

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

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

TRUCKS/BUSES

Carrier Information | Carrier Source | GVWR | ICCMC | USDOT | MPSC
Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other | CDL Restrictions: O 28 O 29 O 30 O 35 O 36
Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit: First, Second, Third, Fourth | Cargo Body Type | Medical Card | Hazardous Material: O Placard O Cargo Spill | ID # | Class #

OWNERS

Owner Information:
MATTHEW MAURICE COZZIE [redacted]
[redacted]
MT PLEASANT, MI 48858

Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition (O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99)	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
	No	No	No		

Alcohol (O Yes O No O Refused O Not Offered; Test Type O Field O PBT O Breath O Blood O Urine)	Test Results	Drugs (O Yes O No; Test Type O Blood O Urine)	Test Results	Citation Issued (O Hazardous O Other)

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
			7			

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events (● Indicates MOST harmful event)	First	Second	Third	Fourth

PASSENGERS

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

TRUCKS/BUSES

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements (O H O P O T O N O S O X)	CDL Exempt (O Farm O Other)	CDL Restrictions (O 28 O 29 O 30 O 35 O 36)
None			

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material (O Placard O Cargo Spill)	ID #	Class #

OWNERS

Owner Information	Owner Information

WITNESSES

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	11/12/2014 18:51	K. JENKS (003752)		

Narrative

Car/Deer

Diagram

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2008)

External # 0004295 Crash ID

Page 01 of 02
Incident # 1400930 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: D. FALL (3723)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
05/03/2014	12:16	03	Rear End - Left Turn	● None O Deer O School Bus O Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Daylight	Wet	02	55	Yes

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
.2 Miles E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT A (DRIVER)

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1990 (24)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	Unable To Stop

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	JENNIFER LYNN TABEEK [redacted] WATERFORD, MI 48327	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	Yes	NONE

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused ● Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No Test Type O Blood O Urine		● Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
CDG4449	MI	ALLSTATE / 960 206 467	TOW AGENCY/GREENS TOWING	0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		PONTIAC	G6	BLACK	2006	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
1	01	4	No	W	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	● Motor Vehicle In Transport			

PASSENGERS

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

TRUCK/BUS

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information: THEODORE JOSEPH TABEEK [redacted] WATERFORD, MI 48327

Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public

Owner & Phone

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	[redacted]	[redacted]1949 (65)	● Operator ○ Chauffer ○ Moped	○ Cycle ○ Farm ○ Recreation	F	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	PATRICIA LOUISE SHOWALTER [redacted] [redacted] MT PLEASANT, MI 48858	C	01	04	0010

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
●1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9 ○99	No	No	No	Yes	1021

Alcohol	Test Results	Drugs	Test Results	Citation Issued
○ Yes ● No ○ Refused ● Not Offered; Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine		○ Yes ● No; Test Type ○ Blood ○ Urine		○ Hazardous ○ Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
CAC0787	MI	WOLVERINE MUTUAL / A1021568	TOW AGENCY/GREEN'S TOWING	0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		CHRYSLER	300	BLACK	2002	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
1	05	4	No	W	Private	Stopped On Roadway

Sequence of Events	First	Second	Third	Fourth
(● indicates MOST harmful event)	● Motor Vehicle In Transport			

PASSENGERS

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

TRUCKS/BUSES

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	○ H ○ P ○ T ○ N ○ S ○ X	○ Farm ○ Other	○ 28 ○ 29 ○ 30 ○ 35 ○ 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information
PATRICIA LOUISE SHOWALTER [redacted] [redacted] MT PLEASANT, MI 48858	

WITNESSES

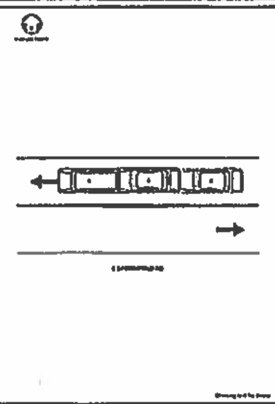
Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	05/03/2014 12:16	T. GRAHAM (3733)		

Narrative

Vehicle #2 and #3 were stopped in the roadway for another vehicle that was turning left. Vehicle #1 struck vehicle #2 in the back causing vehicle #2 to be forced into the rear of vehicle #3. See diagram.

Diagram



Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2008)

External # 0004295 Crash ID

Incident # 1400930 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: D. FALL (3723)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
05/03/2014	12:16	03	Rear End - Left Turn	O School Bus ● None O Hit and Run O Deer O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Cloudy	Non-frwy Straight Roadway

City/Twsp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Daylight	Wet	02	55	Yes

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
.2 Miles E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
03	Yes	MI	[redacted]	[redacted]1978 (35)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	04	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	[redacted] JASON CHARLES KLUVER [redacted] MT PLEASANT, MI 48858	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	NONE

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes ● No O Refused ● Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes ● No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
CPC8516	MI	MEEMIC / PAP 0802606		0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		CHEVROLET	TRAVERSE	RED	2010	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
5	05	2	Yes	W	Private	Stopped On Roadway

Sequence of Events	First	Second	Third	Fourth
	● Motor Vehicle In Transport			

(● Indicates MOST harmful event)

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
DARIA BETH KLUVER [redacted] MT PLEASANT, MI 48858 [redacted]	[redacted]1980 (33)	F	03	04	NONE
	Injury: O	Airbag Deployed: No (do Not	Ejected: No	Trapped: No	Ambulance: NONE
[redacted] MT PLEASANT, MI 48858 [redacted]	[redacted](04)	F	04	X06	NONE
	Injury: O	Airbag Deployed: Not Equipped	Ejected: No	Trapped: No	Ambulance: NONE
[redacted] MT PLEASANT, MI 48858 [redacted]	[redacted](88)	M	06	X06	NONE
	Injury: O	Airbag Deployed: Not Equipped	Ejected: No	Trapped: No	Ambulance: NONE
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

TRUCK / BUS

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 20 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material O Placard O Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information
JASON CHARLES KLUVER [redacted] MT PLEASANT, MI 48858	

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

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2005)

External # 0004613 | Crash ID

Incident # 1401544 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Field	Value
Incident Disposition	Closed
ORI	MI 3713700
Department Name	ISABELLA COUNTY SHERIFF
Reviewer	T. SWANSON (3751)
Crash Date	07/28/2014
Crash Time	05:56
No. of Units	01
Crash Type	Single Motor
Special Circumstances	O None ● Deer O School Bus O Hit and Run O Fleeing Police
Special Checks	O Fatal O Non-Traffic Area O ORV/Snowmobile
County	37 - Isabella
Traffic Control	None (do Not Use
Relation to Roadway	On Road
Special Study	
Weather	Clear
Area	Non-frwy Straight Roadway
City/Twsp	Union
Construction Zone (if applicable) Type / Lane Closed / Activity	
Light	Dawn
Road Condition	Dry
Total Lanes	02
Speed Limit	45
Posted	Yes

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance	Trafficway	Access Control
.5 Miles E	Not Physically Divided (two-way Traffic)	No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

DRIVER / VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted]1974 (40)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	M	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	ANDREW MICHAEL PHILLIPS [redacted] MT PLEASANT, MI 48858	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
●1 O2 O3 O4 O5 O6 O7 O8 O9 O99	No	No	No	No	NONE

Alcohol: O Yes ● No O Refused O Not Offered — Test Type: O Field O PBT O Breath O Blood O Urine — Test Results:

Drugs: O Yes ● No — Test Type: O Blood O Urine — Test Results:

Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
BBB7844	MI	ALLSTATE / 980029756		0	0	0

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		DODGE	JOURNEY	BLACK	2011	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
8	08	2	Yes	W	Private	Going Straight Ahead

Sequence of Events (● Indicates MOST harmful event): First: ● Animal; Second: ; Third: ; Fourth:

PASSENGERS

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

TRUCKS/BUSES

Carrier Information: | Carrier Source: | GVWR: | ICCMC: | USDOT: | MPSC:

Driver's CDL Type: None | Endorsements: O H O P O T O N O S O X | CDL Exempt: O Farm O Other | CDL Restrictions: O 28 O 29 O 30 O 35 O 36

Interstate/Intrastate: | Vehicle Type: | Type & Axle Per Unit: First Second Third Fourth | Cargo Body Type: | Medical Card: | Hazardous Material: O Placard O Cargo Spill | ID #: | Class #:

OWNERS

Owner Information: ANDREW MICHAEL PHILLIPS [redacted] MT PLEASANT, MI 48858

Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property: | Public
Owner & Phone:

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes O No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

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

PASSENGERS

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

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

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

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

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

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

TRUCKS/BUSES

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 26 O 29 O 30 O 35 O 36

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
					O Placard O Cargo Spill		

OWNERS

Owner Information	Owner Information

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	07/28/2014 05:56	S. CLARKE (3746)		

Narrative	Diagram
car/deer	

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 11/2008)

External # 0002393 | Crash ID

Page 01 of 01
Incident # 1301725 File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: Closed
Reviewer: T. SWANSON (3751)

ORI: MI 3713700
Department Name: ISABELLA COUNTY SHERIFF

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
07/15/2013	05:45	01	Single Motor	O None ● Deer O School Bus O Hit and Run O Fleeing Police	O Fatal O Non-Traffic Area O ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
37 - Isabella	None (do Not Use	On Road		Clear	Non-frwy Straight Roadway

City/Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Posted
Union				Dawn	Dry	02	55	Yes

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
E	BROOMFIELD	RD		

Distance: .2 Miles W
Trafficway: Not Physically Divided (two-way Traffic)
Access Control: No Access Control

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
S	LINCOLN	RD		

UNIT/DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	[redacted]	[redacted] 1963 (49)	● Operator O Chauffer O Moped	O Cycle O Farm O Recreation	F	01	None

Unit Type	Driver Information	Injury	Position	Restraint	Hospital
MV	SHELLY LYNN WALKER [redacted] MT PLEASANT, MI 48858	O	01	04	NONE

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
● 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 99	No	No	No	No	NONE

Alcohol: O Yes ● No O Refused ● Not Offered
Test Type: O Field O PBT O Breath O Blood O Urine
Test Results:
Drugs: O Yes ● No
Test Type: O Blood O Urine
Test Results:
Citation Issued: O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
ED38C MI	MI	ALLSTATE / 0 65 532839 03/08	HERITAGE COLLISION/GREEN'S TOWING	0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
[redacted]		HONDA	CR-V	BLUE	2010	Passenger Car (pa)

Location of Greatest Damage	First Impact	Extent of Damage	Drivable	Vehicle Direction	Vehicle Use	Action Prior
1	01	2	No	E	Private	Going Straight Ahead

Sequence of Events (● Indicates MOST harmful event): First: ● Animal | Second | Third | Fourth

PASSENGERS

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

TRUCKS/BUSES

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type: None
Endorsements: O H O P O T O N O S O X
CDL Exempt: O Farm O Other
CDL Restrictions: O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
								O Placard O Cargo Spill		

OWNERS

Owner Information: SHELLY LYNN WALKER [redacted] [redacted] MT PLEASANT, MI 48858

Owner Information:

Person Advised of Damaged Traffic Control
Contact Name:
Contact Date:
Contact Time:

Damaged Property | Public
Owner & Phone

UNIT / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type: O Operator O Chauffer O Moped	Endorsements: O Cycle O Farm O Recreation	Sex	Total Occupants	Hazardous Action
								00	

Unit Type	Driver Information	Injury	Position	Restraint	Hospital

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10	No	No	No		

Alcohol	Test Results	Drugs	Test Results	Citation Issued
O Yes O No O Refused O Not Offered Test Type O Field O PBT O Breath O Blood O Urine		O Yes O No Test Type O Blood O Urine		O Hazardous O Other

Vehicle Registration	State	Insurance / Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type

Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
00			No			

Sequence of Events (● Indicates MOST harmful event)	First	Second	Third	Fourth

PASSENGERS

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

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

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

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

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

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

TRUCK/BUS

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
None	O H O P O T O N O S O X	O Farm O Other	O 28 O 29 O 30 O 35 O 38

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First / Second / Third / Fourth	Cargo Body Type	Medical Card	Hazardous Material: O Placard O Cargo Spill	ID #	Class #

OWNERS

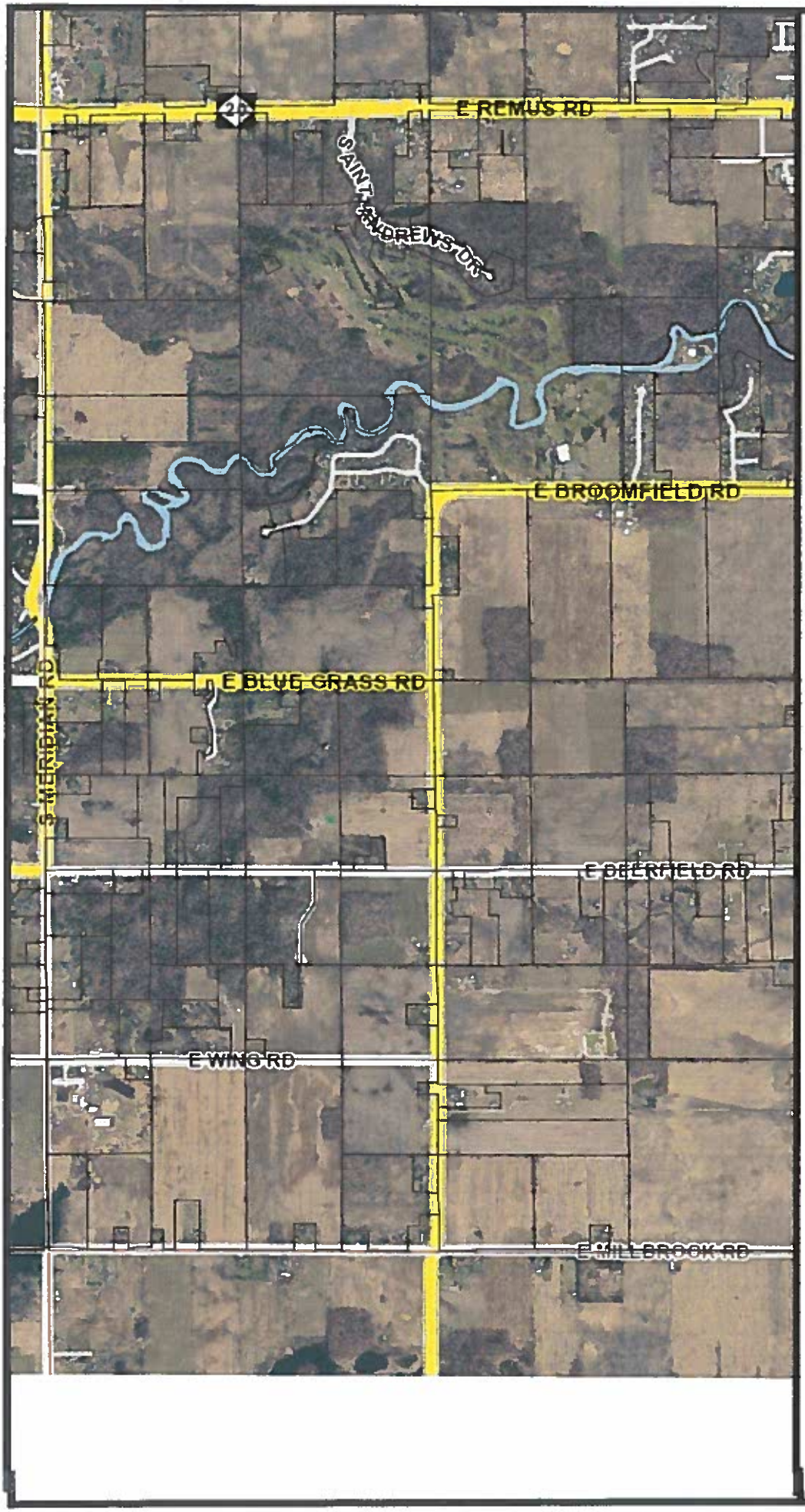
Owner Information	Owner Information

WITNESS

Witness Information	Witness Information

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos By
Yes	07/15/2013 05:45	T. GRAHAM (3733)		

Narrative	Diagram
car deer	



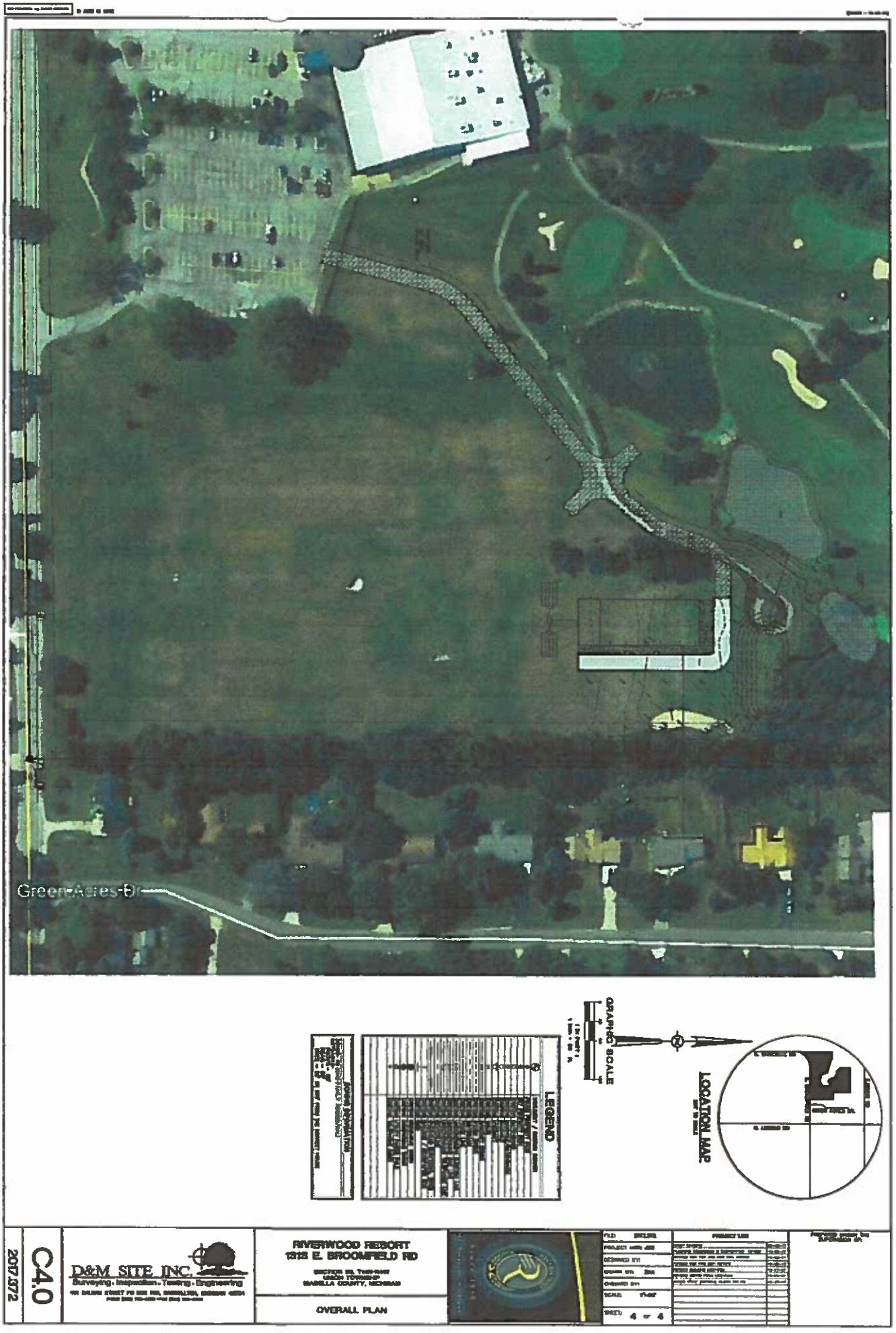
County of Isabella

Map Publication:
10/25/2018 11:05 AM

0.6km
0.4mi

powered by FetchGIS

Disclaimer: This map does not represent a survey or legal document and is provided on an "as is" basis. Isabella County expresses no warranty for the information displayed on this map document.


GRAPHIC SCALE
LOCATION MAP
LEGEND
RIVERWOOD RESORT
1312 E. BROOMFIELD RD
OVERALL PLAN
D&M SITE INC.
Surveying • Inspection • Towing • Engineering
C4.0
2007.372

Sidewalk and Pathways Prioritization Committee recommends all site plans, within the boundaries of Union Township, will require sidewalks to be shown on the site plan. The Sidewalk and Pathways Prioritization Committee recommends to the Township Board and Planning Commission the following as it relates to the construction of sidewalks on parcels requiring a site plan.

I. Identification of Designated Streets for Sidewalk Construction
The Planning Commission will NOT grant a developer/owner of a parcel, with frontage along the designated streets, relief from the construction of a sidewalk as shown on the site plan. The goal is to develop sidewalks on both sides of the designated street.

- The designated streets were identified to complete sidewalks, to fill gaps with existing sidewalks to connect with city, and CMU property; to connect schools, parks, bus stops, activity centers, employment centers, retail, business, health care facilities, senior living centers, religious institutions, civic buildings, community services within the township.

Designated Streets (Identified on the Sidewalk map as developed by the Sidewalk and Pathways Prioritization Committee, March 2018.)

- North
  - **Pickard Road** from Lincoln to Township Boundary
    - Township parcels: Along **Crawford Road** North from Pickard to Mission Creek Park
- East
  - **Isabella Road** South from Pickard Road to Blue Grass
    - **Remus Road** (from Isabella Road east to 127)
    - **Remus Road** (from Isabella Road west to city limits)
- South
  - Township parcels:
    - **Broomfield Road** (east) - Gover Parkway to city line
    - **Broomfield Road** (west) - city line to Lincoln
      - Townships parcels: Crawford Road Broomfield to Deerfield
    - **Blue Grass** Isabella to Mission
- West
  - **Lincoln Road** north from Broomfield to Pickard
    - **Remus Road** (from Lincoln Road east to city limits)

II. Criteria for Granting Relief of Sidewalk Construction
Parcels not identified on a designated street may be granted provisional relief of sidewalk construction if any of the following conditions apply:

1. The development is located on a property zoned industrial.
2. The development is located on an unimproved road.
3. The development is located on property with road frontage where no car-pedestrian injury or fatality, due to the need of the pedestrian to walk in the roadway, has occurred for a distance of 1 mile in either direction of the development. A car-pedestrian accident within 1 mile of area provided relief from building the sidewalk will required sidewalk construction within 1 year.
4. Less than 50% of the surveyed sections of the township along the road fronting the proposed development has sidewalks. If on a corner lot, the mile will extend in both directions along the frontage roads. Once the threshold has been meet all parcels will be required to construct sidewalks within 1 year.
5. If the cost of the sidewalk construction exceeds more than 50% of the total cost of the project.

March 12, 2018

III. The Sidewalk and Pathways Prioritization Committee recommends to the Township Board

1. Property owners previously granted relief (waivers) to construct sidewalks that have road frontage along the designated streets, as identified by the committee on March 12, 2018, need to be contacted and a plan be developed for the sidewalk to be constructed with 2 years.
2. The designated streets, accompanying map, and the Criteria for Granting Relief should be reviewed yearly by the Sidewalk and Pathways Prioritization Committee and adjusted as conditions and growth occur with the township.

IV. Definitions

a. Designated Street: A public way or road within The Charter Township of Union, Isabella County Michigan.
b. Provisional: Provided for the time being; grant of relief is subject to later alteration.
c. Relief: To eliminate the required construction of a sidewalk as shown on the site plan.
d. Sidewalk: A paved path, usually concrete, located in a road right-a-way but away from the actual road surface and designed, constructed and designated for pedestrian travel. While Michigan law (MCL 257.660c and 257.660d) allows for travel on sidewalks or pathways by bicycle, provided they yield to pedestrians and do not impede traffic by pedestrians, adult cyclists are encouraged to use roadways or pathways as safer options.

March 12, 2018

Ex #4

CHARTER TOWNSHIP OF UNION
Planning Commission
Regular Meeting

A regular meeting of the Charter Township of Union Planning Commission was held on September 18, 2018 at the Township Hall.

Meeting was called to order at 7:00 p.m.

Roll Call
Present: Buckley, Clerk Cody, Darin, Fuller, LaBelle II, Mielke, Shingles, Squattrito, & Webster

Others Present
Township Planner, Peter Gallinat and Secretary, Jennifer Loveberry

Approval of Minutes
Webster moved **Cody** supported the approval of the August 21, 2018 regular meeting minutes as amended. **Vote: Ayes: 9 Nays: 0. Motion carried.**

Correspondence / Reports
- Board of Trustees updates by Clerk Cody
- Sidewalk & Pathway Committee update by Webster - upcoming meeting on 9/25/18

Approval of Agenda
Shingles moved **Fuller** supported approval of the agenda as presented. **Vote: Ayes: 9 Nays 0. Motion carried.**

Public Comment – 7:09 p.m.
No comments were offered.

New Business
A. **SPR 2018-07 Mission Rd. Mini Storage located at 5353 S. Mission Rd. Owner: DeShano Development LLC.**

Introduction by Gallinat, the applicant is proposing to build 3 additional self storage buildings. The special use permit (SUP 2018-04) was approved by the Board of Trustees at the 9/12/18 meeting with the condition that a site plan be approved. All approvals have been received (ICTC, Mt. Pleasant Fire Dept., Isabella County Drain Commission, Isabella County Road Commission, and Township Utility Department. Building elevations were also received for consideration of the site plan.
Fuller moved **Cody** supported to approve SPR 2018-07 a site plan for Mission Rd. Mini Storage located at 5353 S. Mission Rd. as presented to include provisional relief of sidewalks. **Vote: Ayes: 9 Nays 0. Motion carried.**

B. **SPA 2018-01 Riverwood Storage Building. Amending SPR 2017-08 located at 1239 E. Broomfield Rd.**

Recusal of LaBelle, Mielke, and Webster stated in section VII. Conflict of Interest in the approved Planning Commission By laws, the commission member owns or has a financial interest in neighboring property being within 300 feet of the subject property.

Mike Hackett, representative of the applicant, explained that the applicant is requesting a site plan amendment proposing a modified minimal use gravel access drive from Broomfield Road and asking for a sidewalk provisional waiver.

Cody moved **Buckley** supported to approve SPA 2018-01 Riverwood Storage Building amending SPR 2017-08 located at 1239 E. Broomfield Rd. on the condition that the Road Commission receives a final site plan with the required amendments shown on the site plan and that a copy be submitted to the Township and without any relief of sidewalks. **Vote: Ayes: 3 Nays 3. Motion failed.**

Fuller moved **Darin** supported to accept the applicants alternative plan to construct a hard surface, asphalt pathway similar to those used as golf cart paths on the golf course. The path would run from the easterly property line on the road right of way to the existing parking area of the Riverwood Recreation facility on the condition that provisional relief be granted from the existing parking area to the west property line; Road Commission receives a plan showing the pathway and approves said pathway, which would then be submitted to the Township, and add non motorized vehicle signs along the pathway. **Vote: Ayes: 3 Nays 3. Motion failed.**

Due to two failed motions and a lengthy discussion on this item, Chair Squattrito suggested reconsideration of the first motion to the Planning Commissioners.

Cody moved **Buckley** supported to approve SPA 2018-01 Riverwood Storage Building amending SPR 2017-08 located at 1239 E. Broomfield Rd. on the condition that the Road Commission receives a final site plan with the required amendments shown on the site plan and that a copy be submitted to the Township without any relief of sidewalks.
Vote: Ayes: 4 Nays 2. Motion carried.

C. **SUP 2018-05 Park and Sell located at 5450 S. Mission Rd. Owner: MAK Enterprises LLC, Mike Klumpp**

Gallinat, Township Planner introduced the special use request stating that the applicant is requesting to have a park and sell operation for vehicles and farm equipment. The existing property contains one building with an existing parking lot. The proposed location of the park and sell would require a new parking area, which the applicant is proposing gravel. No new buildings are being requested at this time.

Public Hearing
Open – 9:35 p.m.
No Comments were offered.
Closed – 9:36 p.m.

Buckley moved **Mielke** supported to postpone this item until the October meeting to give the applicant an opportunity to address the Planning Commission.
Vote: Ayes: 9 Nays 0. Motion carried.

Other Business

Extended Public Comment
Open 9:41 p.m.
No comments were offered.

Final Board Comment
LaBelle – Commented on safety issue of sidewalk at golf course
Fuller – Commented on installing safety net to help with safety issue at golf course
Shingles – Commented that he voted in favor of sidewalks tonight, as he supported the previous vote of the Planning Commission
Webster – Questioned on whether or not an applicant has the right to request an amended site plan amendment. Township Planner answered that yes any applicant has the right to ask for an amendment.

Adjournment – Chairman Squattrito adjourned the meeting at 9:46 p.m.

APPROVED BY:

Alex Fuller - Secretary
Mike Darin – Vice Secretary

(Recorded by Jennifer Loveberry)

#3

County of Isabella

SIDEWALK

Map Publication:
08/15/2018 4:55 PM

200m
600ft

powered by FetchGIS

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C4.0
2017.372
D&M SITE INC.
RIVERWOOD RESORT
1913 E. BROOMFIELD RD
OVERALL PLAN
LEGEND
ZONING INFORMATION
LOCATION MAP
GRAPHIC SCALE
Green Acres Dr

#7

Johkin Builders Inc.

8203 Sturgeon Ave

Midland Mi 48642

1-11-18

Job Name: Dick Figg/ Riverwood Golf Course
1313 E. Broomfield
Mt. Pleasant Mi 48858

Description: 60 x 156 x 14 Maintenance garage

Draw Request: $150,000

Date Received: 1/11/18

Check Number: #13374

Authorized signature: Doris Johnson

Phone 989.429.5198 Fax 989.486.9712 Lic No. 2101157324

Johkin Builders Inc.

8203 Sturgeon Ave

Midland Mi 48642

1-24-18

Job Name: Dick Figg/ Riverwood Golf Course
1313 E. Broomfield
Mt. Pleasant Mi 48858

Description: 60 x 156 x 14 Maintenance garage

Draw Request: $150,000

Date Received: 1-24-18

Check Number: #13392

Authorized signature: Kristi Sommerville

Phone 989.429.5198 **Fax 989.486.9712** **Lic No. 2101157324**

The Isabella Corporation
Since 1975
2201 Commerce Drive
Mt. Pleasant, MI 48858
Phone:(989) 772-5890
Fax:(989) 773-2978

October 25, 2018

Mr. Richard Figg
Riverwood Resort
1313 E Broomfield Road
Mt Pleasant, MI 48858

Re: Sidewalk Construction Budget Estimate

The purpose of this letter is to document a construction estimate for concrete sidewalk for the above address.

Our price includes:

- Excavate and place sand subbase.
- Place 5' wide 4" thick concrete sidewalk.
- Engineering.
- Traffic control per ICRC requirements.
- Restoration.

The cost for this type of work runs from $70 to over $100 per foot depending on soils, existing grade, drainage improvements and restoration. Our estimate to install 2700 feet along Broomfield Road would be $245,000. Please feel free to contact me if you have any questions.

Sincerely yours,
The Isabella Corporation

James A. Zalud
President

Ex #9

Google Maps

TEE TO HOLE #6

GREEN HOLE #5

FAIRWAY HOLE #5

TEE TO HOLE #5

CHARTER TOWNSHIP OF UNION

Scheduled Meetings for 2019

BOARD OF TRUSTEES: *(Second and Fourth Wednesday of each Month)*

January 9	May 8	September 11
January 23	May 22	September 25
February 13	June 12	October 9
February 27	June 26	October 23
March 13	July 10	November 13
March 27	July 24	November 26 (Tuesday)
April 10	August 14	December 18
April 24	August 28	

ZONING BOARD OF APPEALS: *(First Wednesday of each Month)*

January 2	April 3	July 3	October 2
February 6	May 1	August 7	November 6
March 6	June 5	September 4	December 4

PLANNING COMMISSION: *(Third Tuesday of each Month)*

January 15	April 16	July 16	October 15
February 19	May 21	August 20	November 19
March 19	June 18	September 17	December 17

JOINT MEETING DATE: *(Board of Trustees, ZBA, Planning Commission, EDA, and Sustainability Committee)*
August 27 7:00pm

EDA *(Third Tuesday of each Month)* **All meetings begin at 5:15p.m.**

January 15	April 16	July 16	October 15
February 19	May 21	August 20	November 19
March 19	June 18	September 17	December 17

SUSTAINABILITY (*Second Tuesday of the Month, Meets Quarterly*) **All meetings begin at 4:00p.m.**

January 8	April 9	July 9	October 8

All of the above meetings are to be held at the Union Township Hall, 2010 S. Lincoln Road. All meetings except for the Board of Review, EDA, and Sustainability Committee begin at 7:00 p.m. Minutes and Agendas may be obtained at the Township Hall, during regular business hours. Phone 989-772-4600.