FY 2018 HIGH RISK RURAL ROADS FUNDING APPLICATION

FOR

NORTH TERRITORIAL ROAD

CONTACT PERSON:

BRENT M. SCHLACK, P.E.
TRAFFIC & SAFETY SECTION
WASHTENAW COUNTY ROAD COMMISSION



Introduction

The Washtenaw County Road Commission (WCRC) is applying for High Risk Rural Roads (HRRR) Program to improve safety on North Territorial Road between Spencer Road and Gotfredson Road. Project is located in Northfield and Salem Townships, Washtenaw County, Michigan. Figure 1 shows project location and Appendix A contains additional site information.

Figure 1 - Project Location



Location Information

North Territorial Road between Spencer Road and Gotfredson Road is a county paved primary road and has a National Functional Classification of "Rural Minor Arterial". The most recent 24-hour traffic counts on North Territorial Road were performed in 2014 and showed the following volumes:

- 5,504 vehicles east of Spencer Road;
- 5,667 vehicles east of Earhart Road;
- 6,551 vehicles east of Curtis Road;
- 4,711 vehicles west of Gotfredson Road.

The length of the project is approximately 8.34 miles. The speed limit on North Territorial Road is 50 mph.

Recent crash history on North Territorial Road has been reviewed and Single Motor Vehicle crash type was identified as a prevailing crash type. There were 15 crashes involving trees along North Territorial Road during 5 year period (2011-currently available data) resulting in 1 K-type injury, 1 A-type injury, and 5 B-type injuries.



The UD-10 reports of crashes that were used to perform the Time-of-Return (TOR) analysis are presented in Appendix B. The TOR analysis is presented in Appendix C, MERL Cost Estimate is in Appendix D, and the Application Form is in Appendix E.

Photos below were taking on North Territorial Road on July 29, 2016.

Photo 1 - North Territorial Road



Photo 2 - North Territorial Road





Photo 3 - North Territorial Road over Wagner Drain (looking east)



Photo 4 - North Territorial Road over Wagner Drain (south side)







Proposed Improvements

Based on the crash patterns the WCRC is proposing targeted tree removal, trimming, and clearing on North Territorial Road between Spencer Road and Gotfredson Road. Bringing the guardrail up to standard requires a wider cross-section at the bridge over Wagner Drain, thus a replacement of the short span bridge with a concrete box culvert is required and included as part of the project. These improvements address the prevailing crash type and are expected to improve safety significantly along North Territorial Road.

WCRC Project Ability

The WCRC Traffic and Safety Engineering Section has a competent technical staff trained in designing and managing the construction of roadside and roadway improvements, intersection safety improvements and upgrades, and signalization projects. Previous examples of this work and WCRC's ability to follow through with Safety Funding Grants can be seen through the following list of successful projects:

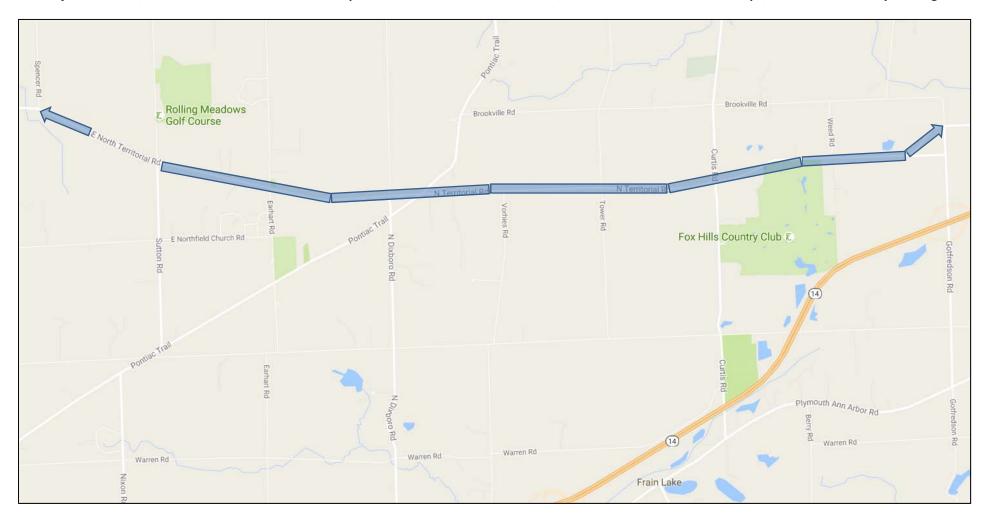
- Waters Road FY 2011 Roadside Safety Improvement Project;
- Rawsonville Road at Martz Road FY 2012 Signalization Project;
- Plymouth Road at Ford Road and at Curtis Road FY 2014 Intersection Improvements;
- Hewitt Road and Huron River Drive FY 2015 4 to 3 Conversions.



Appendix A – Location Data



Project Location, North Territorial Road between Spencer Road and Gotfredson Road, Northfield and Salem Townships, Washtenaw County, Michigan



Northfield Township

N Territorial Rd E of Spencer Rd E of Spencer Rd

> Site Code: 0022230020 Date Start: 24-Jun-14

| Start | 23-Ju | n-14 | Mon | 24-、 | Jun-14 | Tue | 25-、 | Jun-14 | Wed | 26-J | Jun-14 | Thu | 27-J | Jun-14 | Fri | Day |
|-------------|-------|------|-------|------|--------|-------|------|--------|-------|------|--------------|-------|---------------------|--------|---|---------|
| Time | WB · | EB | Total | WB | EB | Total | WB | EB | Total | WB | EB | Total | WB | EB | Total | Averáge |
| 12:00 AM | * | * | * | * | * | * | 9 | 7 | 16 | * | * | * | * | * | * | 16 |
| 01:00 | | * | * | * | * | * | 2 | 2 | 4 | * | * | * | * | * | * | 4 |
| 02:00 | * | * | * | * | * | * | 4 | 1 | 5 | * | * | * | * | * | * | 5 |
| 03:00 | * | * | * | * | * | * | 3 | 5 | 8 | * | * | * | * . | * | * | 8 |
| 04:00 | * | * | * | * | * | * | 4 | 18 | 22 | * | * | * | * | * | * | 22 |
| 05:00 | * | * | * | * | * | | 21 | 80 | 101 | * | * | * | * | * | * | 101 |
| 06:00 | * | * | * | * | * | * | 53 | 244 | 297 | * | * | * | * | * | * | 297 |
| 07:00 | * | * | * | * . | * | * | 98 | 436 | 534 | * | * | * | * | * | | 534 |
| 08:00 | * | * | * | * | * | * | 134 | 355 | 489 | * | * | * | * | * | * | 489 |
| 09:00 | * | * | * | | * | * | 150 | 145 | 295 | * | * | * | * | * | * | 295 |
| 10:00 | * | * | * | * | * | * | 94 | 82 | 176 | * | * | * | * | * | * | 176 |
| 11:00 | * | * | * | 98 | 81 | 179 | * | * | * | * | * | * | * | * | * | 179 |
| 12:00 PM | * | * | * | 120 | 101 | 221 | * | * | * | * | * | * | * | * | * | 221 |
| 01:00 | * | * 1 | * | 100 | 85 | 185 | * | * | * | * | | * | Kuiga ra * ∂ | * | | 185 |
| 02:00 | * | * | * | 129 | 110 | 239 | * | * | * | * | * | * | * | * | * | 239 |
| 03:00 | * | * | * | 260 | 123 | 383 | * | * | * | * | * | * | * | * | - i i i i i i i i i i i i i i i i i i i | 383 |
| 04:00 | * | * | * | 438 | 132 | 570 | * | * | * | * | * | * | * | * | * | 570 |
| 05:00 | * | * | * | 630 | 180 | 810 | * | * | * | * | * | * | *, | * | * | 810 |
| 06:00 | * | * | * | 282 | 107 | 389 | * | * | * | * | * | * | * | * | * | 389 |
| 07:00 | 11000 | * | * | 128 | 80 | 208 | * | * | * | * | 1 18.65 | * | * | * | * | 208 |
| 08:00 | * | * | * | 97 | 59 | 156 | * | * | * | * | * | * | * | * | * | 156 |
| 09:00 | * | | * | 53 | 46 | 99 | * | * | * | * | *** | * | | * | * | 99 |
| 10:00 | * | * | * | 43 | 30 | 73 | * | * | * | * | * | * | * | * | * | 73 |
| 11:00 | * | * | * | 22 | 23 | 45 | * | * | * | * | * | * | * | * | * | 45 |
| Total | 0 | 0 | | 2400 | 1157 | | 572 | 1375 | | 0 | 0 | | 0 | 0 | | |
| Total | | | 0 | | | 3557 | | | 1947 | | | 0 | | | 0 | |
| 24 Hr. Avg. | | | | | | | | | | | | | | | | 5504 |
| AM Peak | | | | | _ | 11:00 | | | 07:00 | | | | | | | 07:00 |
| Vol. | - | - | - | - | - | 179 | - | | 534 | - | _ | _ | - | | _ | 534 |
| PM Peak | - | - | - | - | _ | 17:00 | _ | _ | 554 | - | - | _ | | _ | | 17:00 |
| Vol. | - | _ | - | - | - | 810 | - | - | - | - | - | - | - | _ | _ | 810 |
| VOI. | m | | | | | 010 | | - | | | - | | | - | · | 010 |

Northfield Township

N Territorial Rd E of Spencer Rd E of Spencer Rd

> Site Code: 0022230020 Date Start: 24-Jun-14

| WB, EB | | | | | | | | | | | | | | Date Star | :: 24-Jun-14 |
|----------|-------|--------|--------|-------|--------|--------|--------|--------|---------------------------------------|--------|--------|--------|--------|-----------|--------------|
| Start | | Cars 8 | 2 Axle | | 2 Axle | 3 Axle | 4 Axle | <5 AxI | 5 Axle | >6 Axi | <6 Axl | 6 Axle | >6 Axl | Not | |
| Time | Bikes | | | Buses | 6 Tire | Single | Single | Double | Double | Double | Multi | Multi | Multi | Classed | Total |
| 11:00 | 3 | 77 | 7 59 | 2 | 33 | 0 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 179 |
| 12 PM | 2 | 98 | 83 | 2 | 26 | 1 | 0 | 4 | 2 | 2 | 0 | 0 | 1 | 0 | 221 |
| 13:00 | 3 | 101 | 51 | 3 | 20 | 5 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 185 |
| 14:00 | | | | 4 | 33 | 3 | 1 | 4 | 2 | 2 | 0 | 0 | | 0 | 239 |
| 15:00 | 3 | | | 3 | 52 | 0 | 0 | 7 | 2 | 1 | 0 | 0 | 0 | 1 | 383 |
| 16:00 | | | | 111 | 27 | . 0 | 5.00 m | 5 | 1 | | Ö | Ö | . 0 | 0 | 570 |
| 17:00 | 2 | | | 1 | 27 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 810 |
| 18:00 | 2 | | | 2 | 18 | o i | 0 | 2 | · · · · · · · · · · · · · · · · · · · | o o | ŏ | ŏ | 0 | 1 | 389 |
| 19:00 | 1 | 147 | | 0 | 7 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | Ö | 208 |
| 20:00 | 1 | 116 | | 0 | 11 | Ō | Ō | Ō | Ŏ | o o | n n | Ö | | Ö | 156 |
| 21:00 | 2 | · 61 | | 0 | 11 | 0 | 0 | 0 | 0 | Ö | 0 | Ō | 0 | Ö | 99 |
| 22:00 | 3 | 48 | | 0 | 3 | 0 | 0 | 0 | Ō | 0 | Ō | Ō | 0 | 0 | 73 |
| 23:00 | C | | | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45 |
| 06/25/14 | ୍ ପ | 11 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0.1 | 0 | . 0 | 0 | 0 | 16 |
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| 02:00 | C | 3 | 3 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 5 |
| 03:00 | 1 | 5 | 5 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| 04:00 | C | 13 | 3 : 4 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0. | 0 | 0 | 22 |
| 05:00 | 3 | | | 0 | 13 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 101 |
| 06:00 | 5 | | | 9 1 | 23 | 2 | 0 | . 1 | 2 | 0 | 0 | 0 | 0 | 1 | 297 |
| 07:00 | 3 | | | 2 | 25 | 8 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 1 | 534 |
| 08:00 | 7 | | | 4 | 32 | 2 | 0 | 5 | 1 | 2 | 0 | 0 | 0 | 0 | 489 |
| 09:00 | 3 | | | 2 | 31 | 2 | 1 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 295 |
| 10:00 | . 2 | 109 | 43 | 4 | 13 | 1 1 | 0 | | 0 | 0 | 0 | 0 | 0 | 1 | 176 |
| Total | 46 | 3644 | 1260 | 31 | 413 | 25 | 5 | 44 | 20 | 8 | 0 | 0 | 2 | 6 | 5504 |
| Percent | 0.8% | 66.2% | 22.9% | 0.6% | 7.5% | 0.5% | 0.1% | 0.8% | 0.4% | 0.1% | 0.0% | 0.0% | 0.0% | 0.1% | |
| AM Peak | 11:00 | | | 11:00 | 11:00 | | 11:00 | 11:00 | 11:00 | | | | - | | 11:00 |
| Vol. | 3 | | | 2 | 33 | | 1 | 2 | 2 | | | | | | 179 |
| PM Peak | 13:00 | | | 14:00 | 15:00 | 13:00 | 14:00 | 15:00 | 12:00 | 12:00 | | | 12:00 | 13:00 | 17:00 |
| Vol. | 3 | 639 | 138 | 4 | 52 | 5 | 1 | 7 | 2 | 2 | | | 1 | 1 | 810 |

Washtenaw Coun หัดad Commission

Northfield Township

N Territorial Rd E of Spencer Rd E of Spencer Rd

COMBINED

Site Code: 0022230020

Report for 6/24/2014 11:00:00 AM to 6/25/2014 10:59:59 AM

SPEED STATISTICS - 45 - 50 mph

| Speed in MPH | 1 - 25 | 26 - 35 | 36 - 40 | 41 - 42 | 43 - 45 | 46 - 47 | 48 - 50 | 51 - 52 | 53 - 55 | 56 - 57 | 58 - 60 | 61 - 61 | 62 - 65 | 66 - 9999 |
|--------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------------|
| Count | 72 | 66 | 73 | 71 | 186 | 311 | 995 | 982 | 1360 | 643 | 473 | 72 | 153 | 47 |
| Percent | 1.3 | 1.2 | 1.3 | 1.3 | 3.4 | 5.7 | 18.1 | 17.8 | 24.7 | 11.7 | 8.6 | 1.3 | 2.8 | 0.9 |
| Over Speed | 25 | 35 | 40 | 42 | 45 | 47 | 50 | 52 | 55 | 57 | 60 | 61 | 65 | 9999 |
| Count | 5432 | 5366 | 5293 | 5222 | 5036 | 4725 | 3730 | 2748 | 1388 | 745 | 272 | 200 | 47 | 0 |
| Percent | 98.7 | 97.5 | 96.2 | 94.9 | 91.5 | 85.8 | 67.8 | 49.9 | 25.2 | 13.5 | 4.9 | 3.6 | 0.9 | 0.0 |

| Percentile | 5% | 10% | 15% | 45% | 50% | 55% | 85% | 90% | 95% |
|------------|----|-----|-----|-----|-----|-----|-----|-----|-----|
| Speed | 42 | 46 | 48 | 52 | 52 | 53 | 57 | 58 | 60 |

Average 52 (Mean)

Pace Speed 48-57 Number in 3980 Pace Percent in 72.3 Pace

Northfield Township

N Territorial Rd E of Earhart Rd Earhart / Dixboror

> Site Code: 0022530021 Date Start: 04-Jun-14

| Start | 02-Ju | n-14 | Mon | 03-Jun | -14 | Tue | 04~ | Jun-14 | Wed | 05- | Jun-14 | Thu | 06-Ju | | Fri | Day |
|----------------|---|---|-------|---|---|---|------|--------|---------|-----|----------|---|-------------------------|-----------------|-------|---------|
| Time | WB | EB | Total | WB | EB | Total | WB | EB | Total | WB | EB | Total | WB | EB | Total | Average |
| 12:00 AM | * | * | * | * | * | * | * | * | * | 13 | 8 | 21 | * | * | * | 21 |
| 01:00 | * | | * | * | * | * | *. | * | * | 4 | 3 | 7 | * | * | * | 7 |
| 02:00 | * | * | * | * | * | * | * | * | * | 3 | 6 | 9 | * | * | * | 9 |
| 03:00 | * | *** | * | * | * | ±500 × 1 | * | * | * | 3 | 5 | 8 | *** | * | * | 8 |
| 04:00 | * | * | * | * | * | * | * | * | * | 4 | 17 | 21 | * | * | * | 21 |
| 05:00 | * | * | * | * | * | * | * | * | * | 20 | 94 | 114 | * | * | * | 114 |
| 06:00 | * | * | * | * | * | * | * | * | * | 52 | 295 | 347 | * | * | * | 347 |
| 07:00 | * | **** | * | * | * | * | *. | * | * | 105 | 675 | 780 | * | * | * | 780 |
| 08:00 | ******* | * | * | * | * | * | * | * | * | 123 | 371 | 494 | * | * | * | 494 |
| 09:00 | * | 1 81 34 8 33 3 | * | de gi * | * | * | * | * | * | 114 | 191 | 305 | * | * 2. | * | 305 |
| 10:00 | * | * | * | * | * | * | * | * | * | 105 | 95 | 200 | * | * | * | 200 |
| 11:00 | , | * 1 | * | * | * | * | 86 | 94 | 180 | * | * | * | | | * | 180 |
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| 04:00 | * | * | * | * | * | * | 406 | 119 | 525 | * | * | * | * | * | * | 525 |
| 05:00 | are the second | . 132 🛊 | * | an i kadalalak keliki | * | * | 520 | 146 | 666 | * | * | * | * , | * | * | 666 |
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| 07:00 08:00 | * | * | * | * | * | ta di kacamatan ila da k * | 67 | 49 | 116 | * | * | * | * | * | * | 116 |
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| Total | 0 | 0 | | 0 | 0 | 2.1000000000000000000000000000000000000 | 2236 | 1125 | | 546 | 1760 | AND 110 A A A A A A A A A A A A A A A A A A | 0 | 0 | | |
| Total | O | v | 0 | Ŭ | Ū | 0 | | 20 | 3361 | | | 2306 | | | 0 | |
| 24 Hr. Avg. | | | | | | | | | | | | | | | | 5667 |
| 21111.7119. | | | | | | | | | | | | | | | | |
| AM Peak | - | = | | - | - | - | - | - | 11:00 | _ | - | 07:00 | - | _ | - | 07:00 |
| Vol. | - | - | _ | _ | _ | _ | _ | | 180 | _ | - | 780 | - | - | _ | 780 |
| PM Peak | - | _ | _ | _ | _ | - | _ | - | 17:00 | _ | _ | - | - | _ | - | 17:00 |
| Vol. | _ | _ | _ | _ | _ | ~ | _ | _ | 666 | _ | - | _ | - | - | - | 666 |
| | | | | | | | | | | | | | | | | |

Northfield Township

N Territorial Rd E of Earhart Rd Earhart / Dixboror

> Site Code: 0022530021 Date Start: 04-Jun-14

| WB, EB | | | | | | | | | | | | | | | |
|----------------|---|------------|---------|-------|---|--------|-------------------------------|---------------------------------------|--------|--------|--------|--------|--------------------------------|--|-----------|
| Start | | Cars & | 2 Axle | | 2 Axle | 3 Axle | 4 Axle | <5 Axl | 5 Axle | >6 AxI | <6 AxI | 6 Axle | >6 Axl | Not | |
| Time | Bikes | Trailers | Long | Buses | 6 Tire | Single | Single | Double | Double | Double | Multi | Multi | Multi | Classed | Total |
| 11:00 | 1 | 103 | 50 | 2 | 13 | 2 | 3 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 180 |
| 12 PM | a - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 131 | 55 | 4 | 31 | | 2 | 5 | 0 | . 1 | 0 | 0 | 1 | 1 | 239 |
| 13:00 | 0 | 101 | 57 | 1 | 27 | 3 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 194 |
| 14:00 | 0 | 179 | 71 | 3 | 36 | 3 | 3 | 9 | 2 | 1 | 0 | 0 | 0 | 1 | 308 |
| 15:00 | 0 | 234 | 78 | 2 | 38 | 7 | 3 | 1 | 1 | 2 | 0 | 0 | 0 | 1 | 367 |
| 16:00 | 2 | 350 | 116 | 4 | 42 | 2 | 1 | 5 | 0 | 1 | 0 | 0 | - 1 | 1 | 525 |
| 17:00 | 2 | | 124 | 1 | 46 | 3 | 1 | 2 | 0 | 1 | 0 | 0 | 0 | 2 | 666 |
| 18:00 | 1 | | 100 | | | ŏ | o i | Ō | ŏ | Ò | ŏ | ŏ | ŏ | $\overline{0}$ | 376 |
| 19:00 | 1 | 127 | 45 | 0 | 16 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 192 |
| 20:00 | 1 | 77 | 28 | 0 | 9 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 116 |
| 21:00 | 1 | 76 | 18 | 1 | 11 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 109 |
| 22:00 | 0 | | 6 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 51 |
| 23:00 | 2 | 23 | 8 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | . 0 | 0 | 0 | 0 | 38 |
| 06/05/14 | 0 | 11 | 9 | 0 |] [14] | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 21 |
| 01:00 | 0 | 6 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
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| 03:00 | 0 | 4 | 2 | 0 | 2 | 0 | 0 | U | 0 | 0 | 0 | 0 | | 0 | 8 |
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| 06:00 07:00 | 6 | 223 557 | 162 | 2 | . 37 47 | 3 | 0 | 2 | 1 | 4 | 0 | 0 | 0 | 10 Annual (10 Annual (| 780 |
| | 5 | | 102 | 5 | 44 | 2 | 0. | 3 | 1 | 2 | 0 | 0 | | | 494 |
| 08:00 09:00 | 4 | 170 | 79 | 3 | 37 | 3 | 0 | . 3 | 2 | 2 | 0 | Ö | n | 2 | 305 |
| 10:00 | 2 | | 55 | 0 | | 3 | ile ai heath ann á 1 e | 1 | 0 | . 0 | 0 | Ŏ | alan sahi bi <mark>y</mark> ic | 100 D | 200 |
| 20.00 | | 110 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | |
| Total | 40 | 3686 | 1257 | 30 | 507 | 47 | 15 | 43 | 10 | 17 | 0 | 0 | 5 | 10 | 5667 |
| Percent | 0.7% | 65.0% | 22.2% | 0.5% | 8.9% | 0.8% | 0.3% | 0.8% | 0.2% | 0.3% | 0.0% | 0.0% | 0.1% | 0.2% | |
| AM Peak | 11:00 | 11:00 | 11:00 | 11:00 | 11:00 | 11:00 | 11:00 | 11:00 | 11:00 | 11:00 | | | | | 11:00 |
| Vol. | 1 | 103 | 50 | 2 | | 2 | 3 | 4 | 1 | 1 | | | | | 180 |
| PM Peak | 16:00 | 17:00 | 17:00 | 12:00 | 17:00 | 12:00 | 14:00 | 14:00 | 14:00 | 15:00 | | | 12:00 | 17:00 | 17:00 |
| Vol. | 2 | 484 | 124 | 4 | 46 | 7 | 3 | 9 | 2 | 2 | | | 1 | 2 | 666 |
| | - | , | | • | | • | • | • | | _ | | | • | _ | |

Northfield Township

N Territorial Rd E of Earhart Rd Earhart / Dixboror

COMBINED

Site Code: 0022530021

Report for 6/4/2014 11:00:00 AM to 6/5/2014 10:59:59 AM

SPEED STATISTICS - 45 - 50 mph

| Speed in MPH | 1 - 25 | 26 - 35 | 36 - 40 | 41 - 42 | 43 - 45 | 46 - 47 | 48 - 50 | 51 - 52 | 53 - 55 | 56 - 57 | 58 - 60 | 61 - 61 | 62 - 65 | 66 - 9999 |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|------------|------------|-----------|--------------|
| Count | 25 | 44 | 89 | 76 | 249 | 340 | 1023 | 911 | 1398 | 688 | 553 | 69 | 167 | 35 |
| Percent | 0.4 | 8.0 | 1.6 | 1.3 | 4.4 | 6.0 | 18.1 | 16.1 | 24.7 | 12.1 | 9.8 | 1.2 | 2.9 | 0.6 |
| Over Speed | 25 | 35 | 40 | 42 | 45 | 47 | 50 | 52 | 55 | 57 | 60 | 61 | 65 | 9999 |
| Count Percent | 5642 99.6 | 5598 98.8 | 5509 97.2 | 5433 95.9 | 5184 91.5 | 4844 85.5 | 3821 67.4 | 2910 51.3 | 1512 26.7 | 824 14.5 | 271 4.8 | 202 3.6 | 35 0.6 | 0 0.0 |

| Percentile | 5% | 10% | 15% | 45% | 50% | 55% | 85% | 90% | 95% |
|------------|----|-----|-----|-----|-----|-----|-----|-----|-----|
| Speed | 43 | 46 | 48 | 52 | 53 | 53 | 57 | 59 | 60 |

Average 52 (Mean)

Pace Speed 48-57

Number in 4020

Pace

Percent in 70.9

Pace

Salem Township

N Territorial Rd E of Curtis Rd Curtis / Weed

> Site Code: 0012730028 Date Start: 03-Jun-14

| Start | 02-J | un-14 | Mon | 03-Ju | n-14 | Tue | 04- | Jun-14 | Wed | 05-J | un-14 | Thu | Fri | | Fri | Day |
|-------------|------|---|-------|---|------|----------------|---------------------|-----------------------------|----------------|---|-----------------------------|---------------------------------------|-------------|------|---|---------|
| Time | WB | EB | Total | WB | EB | Total | WB | EB | Total | WB | EB | Total | WB | EB | Total | Averáge |
| 12:00 AM | * | * | * | * | * | * | 11 | 8 | 19 | * | * | * | * | * | * | 19 |
| 01:00 | * | * 1 | * | * | * | * | 13 | 5 | 18 | * | * | * | 70,884 T* - | * | in 410 5 *: | 18 |
| 02:00 | * | * | * | * | * | * | 7 | 2 | 9 | * | * | * | * | * | * | 9 |
| 03:00 | * | | * | * | * | * | 7 | 6 | 13 | | * | · · · · · · · · · · · · · · · · · · · | | er . | e e la completa 🛊 e | 13 |
| 04:00 | * | * | * | * | * | * | 5 | 30 | 35 | * | * | * | * | * | * | 35 |
| 05:00 | * | * | * | * | * | * | 20 | 120 | 140 | * | * | [B. 202 *] | | * | * 1 | 140 |
| 06:00 | * | * | * | * | * | * | 57 | 321 | 378 | * | * | * | * | * | * | 378 |
| 07:00 | * | * | * | * | * | * | 136 | 488 | 624 | * | * | * | * 1100 | * | * | 624 |
| 08:00 | * | * | * | * | * | * | 156 | 348 | 504 | * | * | * | * | * | * | 504 |
| 09:00 | * | * | * | o Deservações do ¥un de A comunicación do moderno de comunicación de comunicación de comunicación de comunicación de comunicación de c | * | * | 111 | 192 | 303 | * | * | * | * | * | .a | 303 |
| 10:00 | * | * | * | * | * | * | 106 | 115 | 221 | * | * | * | * | * | * | 221 |
| 11:00 | * | * | * | | * | * | 124 | 127 | 251 | * | Ísa saranni* | * | * | * | * | 251 |
| 12:00 PM | * | * | * | * | * | * | 124 | 158 | 282 | * | * | * | * | * | * | 282 |
| 01:00 | | * | * | | * | Spirit de de 🏄 | 107 | 124 | 231 | * | in a grant of the | . i.e. i _{t. v} * | | * | Janyaran ini | 231 |
| 02:00 | * | * | * | * | * | * | 167 | 141 | 308 | * | * | * | * | * | * | 308 |
| 03:00 | * | * | * | * | * | Hari I vi i *: | 294 | 126 | 420 | * | * | * | * | * | * | 420 |
| 04:00 | * | * | * | 529 | 151 | 680 | * | * | * | * | * | * | * | * | * | 680 |
| 05:00 | * | * | * | 498 | 239 | 737 | gregoria jiha 🛨 sij | , laggius a l'Es * 8 | up dispira | reasieiventii *mi | yatri gayat, jar * , | sayan basa | 345 my/*** | * | *** | 737 |
| 06:00 | * | . 1 | * | 360 | 149 | 509 | * | * | * | * | * | * | * | * | * | 509 |
| 07:00 | * | ##### * | * | 189 | 90 | 279 | * | * | * | * | * | * | | * | # * * * * * * * * * * * * * * * * * * * | 279 |
| 08:00 | * | * | * | 175 | 80 | 255 | * | * | * | * | * | * | *, | * | * | 255 |
| 09:00 | *** | 1988 Bee | * | 124 | 59 | 183 | * * | ** | | Server by Vyutan. | | | | * | * | 183 |
| 10:00 | * | * | * | 60 | 41 | 101 | * | * | * | * | * | * | * | * | * | 101 |
| 11:00 | * | * * * | * | 36 | 15 | 51 | river was sarah | * | in a seption 🐮 | o para Graza 🔭 🗟 | e i e i a la prima * e | egratiya syata* | | * | 46. n 💌 | 51 |
| Total | 0 | 0 | | 1971 | 824 | | 1445 | 2311 | | 0 | 0 | | 0 | 0 | | |
| Total | | | 0 | | | 2795 | | | 3756 | | | 0 | | | 0 | |
| 24 Hr. Avg. | | | | | | | | | | | | | | | | 6551 |
| AM Peak | _ | - | _ | _ | _ | _ | _ | _ | 07:00 | - | _ | _ | - | _ | _ | 07:00 |
| Vol. | - | - | _ | - | | _ | - | - | 624 | _ | - | _ | - | _ | - | 624 |
| PM Peak | - | - | _ | - | - | 17:00 | - | - | 15:00 | - | - | _ | - | - | _ | 17:00 |
| Vol. | - | _ | - | - | - | 737 | - | - | 420 | - | - | _ | - | - | - | 737 |

Salem Township

N Territorial Rd E of Curtis Rd Curtis / Weed

> Site Code: 0012730028 Date Start: 03-Jun-14

| WB, EB | | | | | | | | | | | | | | | |
|-----------------|-------------------|----------|----------|------------------------|-----------------------|------------------------|--------|-------------------------|---------------------------------|---|--------|--------|---------------------------------------|-------------------|----------|
| Start | | Cars & | 2 Axle | | 2 Axle | 3 Axle | 4 Axle | <5 AxI | 5 Axle | >6 Axl | <6 AxI | 6 Axle | >6 Axl | Not | |
| Time | Bikes | Trailers | Long | Buses | 6 Tire | Single | Single | Double | Double | Double | Multi | Multi | Multi | Classed | Total |
| 16:00 | 8 | 494 | 143 | 3 | 27 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 680 |
| 17:00 | 4 | 549 | 160 | 0 | 22 | | 0 | 1 | 0 | 0 | 0 | 0 - | 0 | 0 | 737 |
| | The second second | | | | | | | | 4 | 4 | | | | | |
| 18:00 | 8 | 378 | 100 | 0 | 19 | 0 | 0 | 2 | in an annual read of the second | i Salat kali avii a vii a vii. | 0 | 0 | 0 | 0 | 509 |
| 19:00 | 6 | 209 | 51 50 | 0 | 11 | 0 | 0 | 2 | 0 | 0 | 0 | V V | 0 | 0 | 279 |
| 20:00 | 3 | 177 | 58 | 0 | 16 | 0 | | T. Spinne intraction | | | | | · · · · · · · · · · · · · · · · · · · | | 255 |
| 21:00 | 4 | 144 | 30 | 0 | 4 | Ŏ | 0 | | 0 | Ŏ. | 0 | 0 | 0 | 0 | 183 |
| 22:00 | 0 | 69 | 25 | 0 | , re en sestant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 101 |
| 23:00 | 0 | 41 | 9 | 0.4 | | Ŏ | Ó | 0 | 0 | Ŏ | 0 | 0 | | Ŏ | 51 40 |
| 06/04/14 | 0 | 13 | 4 | 0 | 2 :::14: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | . 0 | 0 | 19 |
| 01:00 | 0 | 14 | 3 | nets adda <u>0</u> 1.6 | santon Masonanda 1969 | 0 | Ŏ | | 0 | 0 | 0 | 0 | F | 0 | 18 |
| 02:00 | 0 | 7 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| 03:00 | 0 | 9 | 3 | 0 | 0 | | 0 | | 0 | 0 | 0 | | | 1100 Ten (100 U) | 13 |
| 04:00 | 0 | 14 | 10 | 0 | 9 | 0 | U | 2 | 0 | 0 | 0 | 0 | 0 | U | 35 |
| 05:00 | 0 | 60 | 63 | 0 | 17 | Ŏ | 0 | 0 | Ŏ | Ŏ | Ŏ | 0 | | Ŏ | 140 |
| 06:00 | 2 | 166 | 149 | 0 | 60 | 0 | | 2 | 0 | | 0 | 0 | 0 | U | 378 |
| 07:00 | 3 | 325 | 219 | | 71 | Ŏ | i i | <u> </u> | 0 | | 0 | 0 | U | 0 | 624 |
| 08:00 | | 264 | 178 | 5 | 49 | 2 | 0 | 3 | U | 1 | U | 0 | 0 | U | 504 |
| 09:00 | 4 | 162 | 98 | 2 4 | 31 | | 0 | 5 | Ŏ | 0 | 0 | 0 | | Õ | 303 |
| 10:00 | 0 | 108 | 79 | 1 | 26 | ia nasaanna kata 😽 🔭 . | 1 | 5 5 | U | 0 | 0 | 0 | 0 | U | 221 |
| 11:00 | 0 | 125 | 89 | A. J. J. 192 | 28 | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 251 |
| 12 PM | 1 | 116 | 112 | 1 | 43 | 1 | 0 | 6 | 1 | 0 | 0 | , 0 | 0 | 7 | 282 |
| 13:00 | 0 | 105 | 82 | 2 | 39 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | | 0 | 231 |
| 14:00 | 0 | 168 | 109 | 3 | 25 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 308 |
| 15:00 | 1 | 274 | . 112 | 2 | 28 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 00 | 0 | 420 |
| Total | 45 | 3991 | 1888 | 23 | 536 | 11 | 2 | 47 | 3 | 3 | 0 | 0 | 1 | 1 | 6551 |
| Percent | 0.7% | 60.9% | 28.8% | 0.4% | 8.2% | 0.2% | 0.0% | 0.7% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | |
| AM Peak | | | | | | | | | | | | | | | |
| Vol. PM Peak | 16:00 | 17:00 | 17:00 | 16:00 | 12:00 | 16:00 | | 12:00 | 18:00 | 18:00 | | | | 12:00 | 17:00 |
| Vol. | 8 | 549 | 160 | 3 | 43 | 10.00 | | 12.00 | 10.00 | 10.00 | | | | 12.00 | 737 |

Salem Township COMBINED

Site Code: 0012730028

Report for 06/03/2014 4:00:00 PM to 06/04/2014 3:59:59 PM

SPEED STATISTICS - 45 - 50 mph

| Speed in MPH | 1 - 25 | 26 - 35 | 36 - 40 | 41 - 42 | 43 - 45 | 46 - 47 | 48 - 50 | 51 - 52 | 53 - 55 | 56 - 57 | 58 - 60 | 61 - 61 | 62 - 65 | 66 - 9999 |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|------------|------------|--------------|
| Count | 24 | 126 | 449 | 451 | 1210 | 769 | 783 | 367 | 647 | 506 | 577 | 138 | 345 | 159 |
| Percent | 0.4 | 1.9 | 6.9 | 6.9 | 18.5 | 11.7 | 12.0 | 5.6 | 9.9 | 7.7 | 8.8 | 2.1 | 5.3 | 2.4 |
| Over Speed | 25 | 35 | 40 | 42 | 45 | 47 | 50 | 52 | 55 | 57 | 60 | 61 | 65 | 9999 |
| Count Percent | 6527 99.6 | 6401 97.7 | 5952 90.9 | 5501 84.0 | 4291 65.5 | 3522 53.8 | 2739 41.8 | 2372 36.2 | 1725 26.3 | 1219 18.6 | 642 9.8 | 504 7.7 | 159 2.4 | 0 0.0 |

| Percentile | 5% | 10% | 15% | 45% | 50% | 55% | 85% | 90% | 95% |
|------------|----|-----|-----|-----|-----|-----|-----|-----|-----|
| Speed | 39 | 41 | 42 | 47 | 48 | 49 | 59 | 60 | 63 |

Average 50 (Mean)

Pace Speed 41-50 Number in 3213 Pace Percent in 49.0 Pace

Salem Township

N Territorial Rd W of Gotfredson Rd Old N Territorial / Gotfredson

> Site Code: 0012640021 Date Start: 03-Jun-14

| Start 02-Jun-14 Time WB 12:00 AM * 01:00 * | Mon EB Total | 03-Jur WB | | Tue | | - 1 - | Wed | 05-Ju | II-1 4 | Thu | | -ri | Fri | Day |
|--|---|--------------|------------|-------|-----------------------------|----------|---|------------------------------|-----------------------|-------|---------------------------------|-----|--|---------|
| 12:00 AM * | | | EB | Total | 04-Jun WB | EB | Total | WB | EB | Total | WB | EB | Total | Average |
| | | * | * | * | 5 | 10 | 15 | * | * | * | * | * | * | 15 |
| 01.00 | * | * | | * | 8 | 5 | 13 | * | * | * | Transport to the # 199 | | * | 13 |
| 02:00 * | * * | * | * | * | 4 | 2 | 6 | * | * | * | * | * | * | 6 |
| 03:00 | * | * | * | * | 1 | 4 | 5 | * | * | * | | * | * | 5 |
| 04:00 * | * * | * | * | * | 2 | 7 | 9 | * | * | * | * | * | * | 9 |
| 05:00 * | | *** | | * * . | 25 | 45 | 70 | * | * | * | * | * | * | 70 |
| 06:00 * | * * | * | * | * | 51 | 151 | 202 | * | * | * | * | * | * | 202 |
| 07:00 * | * * | * | * | * | 131 | 325 | 456 | * | * | * | * | * | * | 456 |
| 08:00 * | * * | * | * | * | 161 | 227 | 388 | * | * | * | * | * | * | 388 |
| 09:00 * | * | * | * | * | 119 | 116 | 235 | * | * | * | * | | * | 235 |
| 10:00 * | * * | * | * | * | 79 | 93 | 172 | * | * | * | * | * | * | 172 |
| 11:00 * | * | * | * | * | 75 | 110 | 185 | * | * | * | * | * | * | 185 |
| 12:00 PM * | * * | * | * | * | 90 | 129 | 219 | * | * | * | * | * | * | 219 |
| 01:00 | * 4.1 () 4.1 () 4.1 * | | * | * : | 77 | 102 | 179 | * | * | * | Plating in * | | * | 179 |
| 02:00 * | * * | 128 | 114 | 242 | * | * | * | * | * | * | * | * | * | 242 |
| 03:00 * | Popul * 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 199 | 118 | 317 | * | * | * | * | | * | | | * | 317 |
| 04:00 * | * * | 316 | 130 | 446 | * | * | * | * | * | * | * | * | * | 446 |
| 05:00 * | * | 365 | 172 | 537 | * | * | * | * | 845 A * 1000 | * | | * | * | 537 |
| 06:00 * | * * | 214 | 120 | 334 | * | * | *************************************** | * | arabahalahalah a . 11 | * | * | * | * | 334 |
| 07:00 | | 123 | 87 | 210 | Charlet i dr × inist | * | :::::::::::::::::::::::::::::::::::::: | je proble <mark>k</mark> ale | | * | ung seneratiya k jar | * | * | 210 |
| 08:00 * | * * | 98 | 155 | 253 | * | * | * | * | * | * | * , | * | * | 253 |
| 09:00 | : * <u>, *</u> | 46 | 79 | 125 | * * . | *: | * | | lejne ne 🛊 e j | * | * /3 | | * | 125 |
| 10:00 * | * * | 32 | 33 | 65 | * | * | * | * | * | * | * | * | * | 65 |
| 11:00 * | * | | 17 | 28 | aseidaidhia × isa C | * | * | Last apparation*; page | | * | | | :::::::::::::::::::::::::::::::::::::: | 28 |
| Total 0 | 0 | 1532 | 1025 | | 828 | 1326 | | 0 | 0 | | 0 | 0 | | |
| Total | 0 | | | 2557 | | | 2154 | | | 0 | | | 0 | |
| 24 Hr. Avg. | | | | | | | | | | | | | | 4711 |
| AM Peak - | | _ | _ | _ | _ | _ | 07:00 | | _ | _ | - | _ | _ | 07:00 |
| Vol | | _ | _ | _ | _ | _ | 456 | _ | _ | _ | - | _ | _ | 456 |
| PM Peak - | | _ | · <u>-</u> | 17:00 | | _ | 12:00 | _ | _ | _ | _ | _ | - | 17:00 |
| Vol | | _ | | 537 | _ | _ | 219 | _ | _ | _ | - | - | _ | 537 |

Salem Township

N Territorial Rd W of Gotfredson Rd Old N Territorial / Gotfredson

> Site Code: 0012640021 Date Start: 03-Jun-14

| WB, EB Start | | Cars & | 2 Axle | | 2 Axle | 3 Axle | 4 Axle | <5 AxI | 5 Axle | >6 AxI | <6 Axl | 6 Axle | >6 Axl | Not | |
|-----------------|-------|-----------|--------|-------|--------------------|--------|--------|-------------------|--------|--------|---------------|--------|--------|---------|-------|
| Time | Bikes | Trailers | Long | Buses | 6 Tire | Single | Single | Double | Double | Double | Multi | Multi | Multi | Classed | Total |
| 14:00 | 3 | 147 | 64 | 1 | 19 | 2 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 242 |
| 15:00 | 7 | 198 | 85 | 2 | 19 | 0 | 1 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 317 |
| 16:00 | 8 | 304 | 94 | 2 | 34 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 446 |
| 17:00 | 5 | 407 | 107 | 0 | 16 | | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 537 |
| 18:00 | 7 | 238 | 70 | 0 | 16 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 334 |
| 19:00 | 6 | 142 | 54 | Ō | 8 | 0 | o o | 0 | 0 | . 0 | 0 | 0 | Ō | o i | 210 |
| 20:00 | 2 | 151 | 88 | 0 | 10 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 253 |
| 21:00 | 3 | 71 | 46 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 . | 0 | 0 | 0 | 125 |
| 22:00 | 0 | 41 | 17 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | O | 0 | 0 | 0 | 65 |
| 23:00 | 0 | 17 | 10 | 0 | 10:86-ed: 1 | 0 | 0 | 0. | 0 | 0.1 | 20 0 1 | 0 | 0 | 0 | 28 |
| 06/04/14 | 0 | 11 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| 01:00 | 0 . | 9 | 2 | 0 | 1888 ST - 10.1 - 1 | 0 | - 0 | . 1 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| 02:00 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| 03:00 | 0 | 4.000.004 | 2 | 0 | . 1 | 0 | 0 | 1. | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| 04:00 | 0 | 3 | 4 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| 05:00 | 0.4 | 35 | 28 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 70 |
| 06:00 | 2 | 77 | 92 | 0 | 30 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 202 |
| 07:00 | 1.0 | 191 | 200 | 3 | 56 | 2 | 1 | 884990 1 4 | 0 | 1 | 0 | 0 | 0 | 0 | 456 |
| 08:00 | 1 | 194 | 142 | 3 | 39 | 4 | 0 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 388 |
| 09:00 | 2 | 133 | 73 | 2 | 18 | 0 | 1 | 5 | . 0 | 1 | 0 | 0 | 0 | 0 | 235 |
| 10:00 | 0 | 85 | 63 | 1 | 17 | 2 | 0 | 4 | 0 | 0 | 0 | 0 . | 0 | 0 | 172 |
| 11:00 |) | 73 | 79 | 3 | 22 | 1 | . 0 | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 185 |
| 12 PM | 1 | 72 | 107 | 0 | 31 | 3 | 0 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 219 |
| 13:00 | 0 | 77 | 77 | 1 | 21 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 179 |
| Total | 49 | 2681 | 1509 | 18 | 380 | 16 | 4 | 41 | 8 | 5 | 0 | 0 | 0 | 0 | 4711 |
| Percent | 1.0% | 56.9% | 32.0% | 0.4% | 8.1% | 0.3% | 0.1% | 0.9% | 0.2% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | |
| AM Peak Vol. | | | | | | | | | | | | | | | |
| PM Peak | 16:00 | 17:00 | 17:00 | 15:00 | 16:00 | 12:00 | 14:00 | 14:00 | 15:00 | 18:00 | | | | | 17:00 |
| Vol. | 8 | 407 | 107 | 2 | 34 | 3 | 1 | 5 | 2 | 1 | | | | | 537 |

Salem Township COMBINED

Site Code: 0012640021

Report for 06/03/2014 2:00:00 PM to 06/04/2014 1:59:59 PM

SPEED STATISTICS - 45 - 50 mph

| Speed in MPH | 1 - 25 | 26 - 35 | 36 - 40 | 41 - 42 | 43 - 45 | 46 - 47 | 48 - 50 | 51 - 52 | 53 - 55 | 56 - 57 | 58 - 60 | 61 - 61 | 62 - 65 | 66 - 9999 |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|------------|------------|-----------|--------------|
| Count | 5 | 57 | 141 | 144 | 439 | 482 | 880 | 573 | 773 | 434 | 427 | 95 | 197 | 64 |
| Percent | 0.1 | 1.2 | 3.0 | 3.1 | 9.3 | 10.2 | 18.7 | 12.2 | 16.4 | 9.2 | 9.1 | 2.0 | 4.2 | 1.4 |
| Over Speed | 25 | 35 | 40 | 42 | 45 | 47 | 50 | 52 | 55 | 57 | 60 | 61 | 65 | 9999 |
| Count Percent | 4706 99.9 | 4649 98.7 | 4508 95.7 | 4364 92.6 | 3925 83.3 | 3443 73.1 | 2563 54.4 | 1990 42.2 | 1217 25.8 | 783 16.6 | 356 7.6 | 261 5.5 | 64 1.4 | 0 0.0 |

| Percentile | 5% | 10% | 15% | 45% | 50% | 55% | 85% | 90% | 95% |
|------------|----|-----|-----|-----|-----|-----|-----|-----|-----|
| Speed | 41 | 44 | 45 | 50 | 51 | 52 | 58 | 60 | 62 |

Average 51 (Mean)

Pace Speed 47-56 Number in 2730 Pace

Percent in 57.9

Pace

Appendix B – Crash Data



Authority: 1949 PA 300, Sec.257.622 Crash ID Page 01 of 01 External # Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) ####### 8214899 STATE OF MICHIGAN TRAFFIC CRASH REPORT Closed SANITIZ MI 8118100 Washtenaw Co Sheriff's Office FLORES (01286) Crash Date Crash Time No. of Units Special Circumstances NoneO Hit and Run O Deer O Fleeing Police O Fatal 11/20/2011 O Non-Traffic Area 02:43 Single Motor Vehicle 01 O School Bus County raffic Cont Relation to Roadway Special Study 81 - Washtenaw None Shoulder Clear 10 - NON-FRWY Straight roadway Construction Zone (if applicable) Type Lane Closed Activity 12 - Salem Twp Dark-Unlighted Dry 02 Prefix Road Type RD Road Name TERRITORIAL Traffic Way 01 - Not physically divided Access Control
01 - No access control Distance 1,000 Feet E Prefix Intersecting Road PONTIAC TRL Road Type Suffix Unit Known State Driver License Number Date of Birth (Age) Total Occupants SANITIZED SANITIZED icense Type Endorsements Unit Numbe Operator
 Chauffer
 Moped O Cycle O Farm O Recreation 01 MI ############ 12/23/1985 (25) Μ 01 Yes Position Restraint В ΜV REFUSED 01 04 ANN ARBOR, MI 48105-9572 (###) ###-#### Driver Condition nterlock Trapped Airbag Deployed Ambulance Ejected ●1 O2 O3 O4 O5 O6 O7 O8 O9 O99 REFUSED No No O Yes • No
Test Type O Field O Refused O PBT Not offered O Breath O Blood O Yes • No Test Type O Blood Test Results Test Results O Hazardous O Urine O Urine Vehicle Registration Insurance / Policv # Special Vehicles Private Trailer Type Vehicle Defect ############ MI 0 Vehicle Description FORD MUSTANG SILVER 2008 Greatest Damage 01 01 Damage No W 01 - Private 18 - Avoiding object • 39 - Tree 03 - Ran off roadway-left (
indicates MOST harmful event) Passenger Information Date of Birth (Age) Position Restraint Hospital Airbag Deployed rapped Passenger Information Date of Birth (Age) Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Position Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restrain Airbag Deployed Ejected Ambulance Trapped Carrier Information Carrier Source **GVWR** ICCMC USDOT Driver's CDL Type CDL Exempt O Farm O Other OH OP OT ON OS OX Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material Third Fourth O Placard O Cargo Spill Owner Information Owner Information Person Advised of Damaged Traffic Control Damaged Property Contact Date: ##/##/####

Owner & Phone

File Class 93001

O ORV/Snowmobile

50

Divided Roadway

Divided Roadway

01 - Speed too fast

O Other

MPSC

028 029 030 035 036

ID#

Class #

Public

CDL Restrictions

Hazardous Action

Passenger Car

Contact Time: ##:##

SANITIZED SANITIZED SANITIZED

| | Unit Number Unit Known State Driver License Number Date of Birth Unit Type Driver Information | | | | | | | | Age) | | O Op O Ch O Mo | erator auffer | Endorse O Cycl O Farn O Recr | e n | Sex | Total Od | cupants | Hazardous Ad | tion | |
|-------------|--|--------------|---------|------------------------|---------------------|-----------|---------|--------|--------------|--------|----------------------|-------------------|---------------------------------------|----------------|---------|---------------|--------------------|------------------|------------|--|
| E R | Unit Type | Driver Infor | matior | 1 | | | | | | Injury | / | Position | Restraint | Hospital | | | | | | |
| <u> </u> | Driver Condition | | O 5 C | 06 07 08 | 09 099 | | Interlo | ck E | jected | Trap | ped | Airbag Dep | loyed | Ambulance | | | | | | |
| 7 / D R | Alcohol O Yes Test Type | | ΟP | | ath O Blood | O Urine | Test R | esults | 1- | T | Yes est Type | O No e O Blood | O Urine | | Results | | O Ha | Issued | O Other | (1) b B (1) |
| _ | Vehicle Regis | tration 5 | tate | Insurance / F | rollcy # | | | | | owea | To/By | | | | | | | icles Private Tr | aller Type | /ehicle Defect |
| $ \cap $ | VIN | | | Vehicle Description | | Make | | | Model | | | | Color | | | Year | | ehicle Type | | |
| | Location of Greatest Dam | iage | First | Impact | Extent of Damage | Driveable | | Vehic | le Direction | n V | ehicle U | Jse | | | | Actio | n Prior | | | |
| | Sequence of Events (• indicates N | //OST harmf | ul evei | First nt) | | | Second | d | | | | | Third | | | | Fo | urth | | |
| | Passenger Inf | | | | | | Di | ate of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | In | ijury | Airbag D | eploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Inf | formation | | | | | Di | ate of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | In | njury | Airbag D | eploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Inf | ormation | | | | | Di | ate of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| GER | | | | | | | In | ijury | Airbag D | eploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| Z | Passenger Inf | ormation | | | | | Di | ate of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| ΑS | | | | | | | In | ijury | Airbag D | eploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| Д | Passenger Inf | ormation | | | | | Di | ate of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | In | ijury | Airbag D | eploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Inf | ormation | | | | | Di | ate of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | In | njury | Airbag D | eploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| (O | Carrier Inform | ation | | | | | | | | | Carrie | r Source | GVWR | IC | CCMC | | USDO ⁻ | Г | MPSC | |
| BU : | | | | | | | | | | | Driver | 's CDL Typ | e Endo | rsements | CD | L Exemp | t I | CDL Restriction | s | |
| J C K, | Interstate/Intra | actoto V | obiolo | Tuno | Type & Axle Pe | Lloit | | | | | | Corgo Por | | OP OT OS OX | С | Farm Other | ordono M | O 28 O 29 | | 35 O 36 |
| TRL | mierstale/intra | astate v | ehicle | туре | First | Second | Third | | Fourth | | | Cargo Boo | зу гуре | iviedicai Ca | ira | | rdous M Placard | O Cargo Spill | ID# | Class # |
| RS | Owner Informa | ation | | | • | | | | | | Owner | r Informatio | n | | | | | | | • |
| JWWC | Owner Informa | | | | | | | | | | | | | | | | | | | |
| _ | Witness Inform | | | | | | | | | | Witnes | ss Informati | ion | | | | | | | |
| VITNE | | | | | | | | | | | | | | | | | | | | |
| | restigated | Reported | Date (| Time) 1: | st Investigator Na | | | | | | | gator Name | | | | | notos By | | | |
| | Scene Yes | S ##/##/ | ###1 | # (##:##) | ########## | ######### | #### (| #### | ###) | # | #### | | !###### | ##### (## | ####) |] 1 | ##### | ######### | ####### | #### |
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| Compliance: Required MSP UD-10 Penalty: \$100 and/or 90 days (Rev 5/09) | Do Not Use | | Crash ID 8089422 | Page | OI 1 |
|---|---|--|--|--|--------------------------------------|
| ODI: | IGAN TRAFFIC | C CRASH | REPORT | | 200-1 |
| MI- 7 1 0 2 6 0 0 | irtment Name MSP-4 | (PSILANTI | | Incident Disposition Open | 1. / 1 |
| County Traffic Control (Location of First Impact) City/Twp Signal On Road | Single Single Shoulder Shoulder Shoulder/Curb Rear Rear Rear Rear | Motor Vehicle Oschool B On Special Stud Weather Mark Only On End End-Left Turn | Bus Hit and Run O thy Local O Clear O Cloudy O Fog/Smoke O Rain O | State Severe Wind Snow/Blowing Snow Sleet/Hail Other/Unknown | Non-Traffic Area ORV/Snowmobile |
| 1 2 Stop Sign Median Yield Sign | Other/Unknown Sides | | ne) O Dawn O | Dark-Lighted Dark-Unlighted | Area Total Lan |
| Construction Zone (If applicable) (Mark One Fit Type Lane Closed Const./Maint. Yes (Utility No | | Wipe-Opposite /Unknown | tion Dry Sno | Other/Unknown Debris Other/ Unknown | Speed Limit Posted 5 5 6 No |
| Prefix Road Name | E R R Z 7 O R Z A | N L. | Divided Roadway (N) | | Road Type Suffix |
| Distance 25 OFT | | Beginning of Ramp Trace and of Ramp | Mcway 234 | Acces | Control 23 |
| Prefix Intersecting Road CURTS | | | Divided Roadway N | | Road Type Suffix |
| Unit Number State / M J Unit Type | | O 3 2 7 | 1938 | | Sex Total Occup Heza Actio |
| ® M ^V O B O P | | <u></u> | Injur O K | y Position Re | ST. MANYS |
| | State ✓ Zip 4 3 ♠ 7 Refused Not offered sw Field PBT Breath B | B 9 99 brit Results To FARS When Available) | O | Ejected Yes Trapped Yes | 24,006 |
| Δ | _ | | В | Deployed C |)No |
| Drugs (Yes (and No Test Type (| BloodUrineTest Result | 15 | | Citation Issued Hazardous Other | |
| | ď | CHEV | Model | 4 Cotor | ~ " " |
| Location of Greatest Damage | | shicle Type | Vehicle Direction Speci | ial Vahirles Private | Trailer Type 0234567 |
| First Impact | O VA C | MO Other Of Truck/Bus | | (5) 6 Vehicle | |
| | St C | SM (Complete Truck/Sha Section) Date of Birth | West Vehicle | um D234 | 0 5 6 7 8 9 10 (straint Hospital |
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| Injury OK OA OB CO | Airbag Denkoved Yes No | | | | Yes Yes |
| <u>မ</u> | | Date of Birth | | Sex Position Re | straint. Hospital |
| δ | | | | <u> </u> | Ambulance |
| ۵. | | | | | Ejected Trapped |
| Injury OK OA OB OC OC | Airbag Deployed Yes No | Not Equipped | | | Yes Yes |
| | Age | Pos. Rest. | | | |
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| | Age | Pos. Rest. | | | |
| | Age | Pos. Rest. Damaged Property | | | Public |

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| | Unit Number | | State Driver Lice | ense Number | | Date of Birth (| (Age) | | O Ope O Cha O Mor | erator suffer ped | Endorse O Cycl O Farn O Recr | e n reation | Sex | Total Oc | ccupants | Hazardous Ad | tion | |
|----------|-----------------------------------|---------------------|----------------------|-----------------------------|----------------|-----------------|---------------|---------|-------------------------|-------------------------|---------------------------------------|-----------------------|---------|----------|----------------------|--------------------------|-------------|----------------|
| ш | Unit Type | Driver Informa | ation | | | | | Injury | | osition | Restraint | Hospital | | | | | | |
| N | Driver Condition | | 5 06 07 08 | 09 099 | | Interlock | Ejected | Trappe | d A | irbag Dep | loyed | Ambulance | | | | | | |
| a U / | Alcohol O Yes Test Type | O Field | O Refused O No | eath O Blood | O Urine | Test Results | | | t Type | O No O Blood | O Urine | | Results | | | zardous | O Other | |
| | Vehicle Regist | tration Sta | te Insurance / I | Policy # | | | To | owed To | o/By | | | | | Spe | cial Vehic | cles Private Tr | ailer Type | Vehicle Defect |
| Z | VIN | | Vehicle Descripti | | lake | | Model | | | | Color | | | Year | Ve | ehicle Type | | |
| | Location of Greatest Dama | | First Impact | Extent of Damage | Driveable | Vehic | cle Direction | n Veh | nicle U | se | | | | Action | n Prior | | | |
| | Sequence of Events (indicates M | IOST harmful | First event) | <u>.</u> | 1 | Second | | | | | Third | | | | Fou | urth | | |
| | Passenger Info | ormation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | ormation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| S C | Passenger Info | ormation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| A F | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
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| S d | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | ormation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| o. | | ation | | | | • | | C | Carrier | Source | GVWR | IC | ССМС | | USDOT | | MPSC | |
| K/BI | | | | | | | | C | Oriver's | CDL Typ | | orsements OP OT OS OX | 0 | Exemp | t (| ODL Restriction | | 35 O 36 |
| LRIC | Interstate/Intra | state Veh | nicle Type | Type & Axle Per U First | Init Second | Third | Fourth | | | Cargo Boo | | Medical Ca | | Haza | ardous Ma Placard | aterial O Cargo Spill | ID# | Class# |
| S.O. | Owner Informa | ation | | 1 | | | | C | Owner | Informatio | n | • | | | | | ! | |
| OWNERS | | | | | | | | | | | | | | | | | | |
| SSENTIME | Witness Inform | nation | | | | | | V | Vitnes | s Informati | ion | | | | | | | |
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| | nvestigated t Scene Yes | Reported D: ##/##/# | | st Investigator Name | | ### (### | ###) | | | ator Name | | ##### (## | ####) | | otos By | !######## | ####### | #### |
| | arrative UNIT#1 WA | AS E/B ON | NORTH TE | RRITORIAL RE | O WHEN D | RIVER LO | OST | | Diagra | ım I | | Ĩ | | | | | | |
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Authority: 1949 PA 300, Sec.257.622 Page 01 of 01 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) ####### 8265081 File Class 93001 Incident Disposition STATE OF MICHIGAN TRAFFIC CRASH REPORT Closed SANITIZ MI 8118100 Washtenaw Co Sheriff's Office HOY (00689) Crash Date Crash Time No. of Units Special Circumstances NoneO Hit and Run O Fatal 01/19/2012 O Deer O Fleeing Police O Non-Traffic Area O ORV/Snowmobile 09:38 Single Motor Vehicle 01 O School Bus County raffic Contro Relation to Roadway Special Study 81 - Washtenaw Shoulder Snow/Blowing Snow 11 - NON-FRWY Curved roadway None Construction Zone (if applicable) Lane Closed Activity 10 - Northfield Twp Daylight 02 50 Snowy Divided Roadway LOCATION Prefix E Road Name NORTH TERRITORIAL Road Type RD Traffic Way 01 - Not physically divided Access Control
01 - No access control Distance 150 Feet E Prefix Intersecting Road SPENCER Suffix Divided Roadway SANITIZED SANITIZED Unit Known Total Occupants Hazardous Action State Driver License Numbe Date of Birth (Age) icense Type Endorsements Unit Numbe Operator
Chauffer
Moped O Cycle O Farm O Recreation 01 MI ############### 05/09/1993 (18) 01 Μ 01 - Speed too fast Yes Unit Type Position Restraint В ST. JOSEPH MERCY HOSPITAL MV 01 04 (###) ###-#### WHITMORE LAKE, MI 48189-9511 Driver Condition Interlock Ejected Trapped Airbag Deployed 01 02 03 04 05 06 07 08 09 •99 HURON VALLEY AMBULANCE, INC No Yes O Refused O PBT Not offered O Breath O Blood O Yes • No Test Type O Blood Test Results Test Results O Hazardous O Other Test Type O Field O Urine O Urine Vehicle Registration Insurance / Policv # Special Vehicles Private Trailer Type Vehicle Defect ############ MI 0 Vehicle /ehicle Type Description FORD **TAURUS BLUE** 2003 Passenger Car Greatest Damage 10 01 Damage No Ε 01 - Private 01 - Going Straight Ahead • 39 - Tree Fourth 06 - Overturn 01 - Loss of control 04 - Ran off roadway-right (
indicates MOST harmful event) Date of Birth (Age) Restraint Hospital Airbag Deployed rapped Passenger Information Date of Birth (Age) Restraint Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Position Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restrain Airbag Deployed Ejected Ambulance Trapped Carrier Information Carrier Source **GVWR** ICCMC USDOT MPSC Driver's CDL Type Endorsements CDL Exempt CDL Restrictions O Farm O Other OH OP OT ON OS OX 028 029 030 035 036 Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material ID# Third Fourth O Placard O Cargo Spill Owner Information WHITMORE LAKE, MI 48189-951 (###) ###-### Person Advised of Damaged Traffic Control Damaged Property Public Contact Date: ##/##/#### Owner & Phone

Contact Time: ##:##

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| | Unit Number | | State Driver Lice | ense Number | | Date of Birth (| (Age) | | O Ope O Cha O Mor | erator suffer ped | Endorse O Cycl O Farn O Recr | e n reation | Sex | Total Oc | ccupants | Hazardous Ad | tion | |
|----------|-----------------------------------|---------------------|----------------------|-----------------------------|----------------|-----------------|---------------|---------|-------------------------|-------------------------|---------------------------------------|-----------------------|---------|----------|----------------------|--------------------------|-------------|----------------|
| ш | Unit Type | Driver Informa | ation | | | | | Injury | | osition | Restraint | Hospital | | | | | | |
| N | Driver Condition | | 5 06 07 08 | 09 099 | | Interlock | Ejected | Trappe | d A | irbag Dep | loyed | Ambulance | | | | | | |
| a U / | Alcohol O Yes Test Type | O Field | O Refused O No | eath O Blood | O Urine | Test Results | | | t Type | O No O Blood | O Urine | | Results | | | zardous | O Other | |
| | Vehicle Regist | tration Sta | te Insurance / I | Policy # | | | To | owed To | o/By | | | | | Spe | cial Vehic | cles Private Tr | ailer Type | Vehicle Defect |
| Z | VIN | | Vehicle Descripti | | lake | | Model | | | | Color | | | Year | Ve | ehicle Type | | |
| | Location of Greatest Dama | | First Impact | Extent of Damage | Driveable | Vehic | cle Direction | n Veh | nicle U | se | | | | Action | n Prior | | | |
| | Sequence of Events (indicates M | IOST harmful | First event) | <u>.</u> | 1 | Second | | | | | Third | | | | Fou | urth | | |
| | Passenger Info | ormation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | ormation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| S C | Passenger Info | ormation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| A F | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| U. | Passenger Info | ormation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| S d | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | ormation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| o. | | ation | | | | • | | C | Carrier | Source | GVWR | IC | ССМС | | USDOT | | MPSC | |
| K/BI | | | | | | | | C | Oriver's | CDL Typ | | orsements OP OT OS OX | 0 | Exemp | t (| ODL Restriction | | 35 O 36 |
| LRIC | Interstate/Intra | state Veh | nicle Type | Type & Axle Per U First | Init Second | Third | Fourth | | | Cargo Boo | | Medical Ca | | Haza | ardous Ma Placard | aterial O Cargo Spill | ID# | Class# |
| S.O. | Owner Informa | ation | | 1 | | | | C | Owner | Informatio | n | • | | | | | ! | |
| OWNERS | | | | | | | | | | | | | | | | | | |
| SSENTIME | Witness Inform | nation | | | | | | V | Vitnes | s Informati | ion | | | | | | | |
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| | nvestigated t Scene Yes | Reported D: ##/##/# | | st Investigator Name | | ### (### | ###) | | | ator Name | | ##### (## | ####) | | otos By | !######## | ####### | #### |
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| ı | AND DAMA | | OOK TKEES | AND OVER TO | JINLD CA | OSING II | NJOINT | | | RD. | | | | | | | | |
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Authority: 1949 PA 300, Sec.257.622 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) ####### 8325353 STATE OF MICHIGAN TRAFFIC CRASH REPORT SANITIZED SANITIZED SANITIZED SANITIZ Department Name MSP Brighton MI 4701200 Crash Date Crash Time No. of Units Special Circumstances NoneO Hit and Run 04/24/2012 14:32 01 Single Motor Vehicle O School Bus Area Count raffic Con Relation to Roadway 81 - Washtenaw None Outside of shoulder/curb Clear 10 Construction Zone (if applicable Type Lane Closed Activity 12 - Salem Twp Daylight Dry Suffix Road Type Prefix N Road Name TERRITORIAL Traffic Way 01 - Not physically divided Distance 2,640 Feet W Prefix Intersecting Road TOWER Road Type Suffix Unit Known Date of Birth (Age) State Driver License Numbe icense Type Endorsements Unit Numbe Operator
Chauffer
Moped O Cycle O Farm O Recreation F 01 MI ############ 02/26/1992 (20) Yes Positio njur C ΜV NONE 01 04 CANTON, MI 48188 (###) ###-#### Driver Condition Interlock Ejected Trapped Airbag Deployed 01 02 03 04 05 06 07 •8 09 099 NONE No Yes O Yes • No
Test Type O Field O Yes No
Test Type O Blood O Refused O Not offered Test Results Test Results O PBT O Breath O Blood O Urine O Urine Vehicle Registration nsurance / Policv # ############ MA Vehicle Description CHEVROLET RED Extent of Greatest Damage 01 01 Damage No W 01 - Private Second 35 - Ditch • 39 - Tree 03 - Ran off roadway-left (
indicates MOST harmful event) Date of Birth (Age) Restraint Hospital kirbag Deployed Passenger Information Hospital Airbag Deployed Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed Passenger Information Airbag Deployed Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital kirbag Deployed Date of Birth (Age) Passenger Information Hospital Airbag Deployed Ejected Trapped Ambulance ICCMC Carrier Information Carrier Source GVWR Driver's CDL Type OH OP OT ON OS OX Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Third Fourth Owner Information Owner Information Person Advised of Damaged Traffic Control Damaged Property Contact Date: ##/##/####

Contact Time: ##:##

Owner & Phone

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| | Inciden | t Dispos | ###### ition | File | Class 930 | 01 |
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| cial Ch Fatal | | Non-Tra | ffic Area | o c | RV/Snow | mobile |
| | ON-FR | | Straight | | ay Posted | |
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| | Unit Number | Unit Known | State Driver Lice | erise Number | Dat | e of Birth | (Age) | | ense Typ Operate O Chauffe O Moped | or er | Endorse O Cycl O Farr O Rec | le n | Sex | i otal Oc | cupants | Hazardous Ad | JUON | |
| ~ | Unit Type | Driver Infor | mation | | • | | | Injury | Posit | tion | Restraint | Hospital | | | | - | | |
| | Driver Condition | | 05 06 07 08 | 09 099 | In | terlock | Ejected | Trapped | l Airba | ag Dep | loyed | Ambulance | | | | | | |
| / D R | Alcohol O Yes | O No | O Refused O No | ot offered | | est Results | | Drugs O Yes | | No No | . 0115 | | Results | | | Issued | O Other | |
| | Test Type Vehicle Regis | | O PBT O Britate Insurance / I | | O Urine | | To | owed To/ | Type C By | B1000 | I O Urin | e | | Spe | cial Vehi | icles Private T | railer Type | Vehicle Defect |
| \geq | VIN | | Vehicle Descripti | Ma ion | | | Model | | | | Color | | | Year | V | ehicle Type | | |
| | Location of Greatest Dam | nage | First Impact | Extent of Damage | Driveable | | cle Direction | n Vehi | cle Use | | Tital | | | Action | | | | |
| | Sequence of Events (• indicates N | MOST harmfu | First ul event) | | Se | econd | | | | | Third | | | | FO | urth | | |
| | Passenger Inf | formation | | | | Date of | f Birth (Age) | S | Sex Po | sition | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | | | cted | Trapped | Ambulance | | | | | | |
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| PASSENGER | | | | | | Injury | Airbag De | eployed | Eje | cted | Trapped | Ambulance | | | | | | |
| | Passenger Inf | formation | | | | Date of | f Birth (Age) | S | Sex Po | sition | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag De | eployed | Eje | cted | Trapped | Ambulance | | | | | | |
| | Passenger Inf | formation | | | | Date of | f Birth (Age) | | | | Restraint | Hospital | | | | | | |
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| BUS | Carrier Inform | ation | | | | | | | arrier So | | GVWR | | ССМС | | USDO | | MPSC | |
| C K/E | | | | | | | | Dr | river's CI | OL Typ | Q.F | orsements I OP OT I OS OX | 0 | L Exemp Farm Other | | CDL Restriction O 28 O 29 | | O 35 O 36 |
| TRU | Interstate/Intra | astate V | ehicle Type | Type & Axle Per Un First S | it econd Th | nird | Fourth | | Cai | rgo Bo | dy Type | Medical Ca | ard | | rdous M Placard | aterial O Cargo Spill | ID# | Class # |
| | Owner Inform | ation | | - | | | | O | wner Info | rmatio | n | - | | | | | | - |
| OWNERS | | | | | | | | | | | | | | | | | | |
| VESS | Witness Inform | mation | | | | | | W | itness In | format | ion | | | | | | | |
| WITNE | | | | | | | | | | | | | | | | | | |
| | restigated Scene Yes | | | st Investigator Name | | ## (### | ###) | | | | e (Badge) ######## | ##### (## | ####) | | notos By | ######### | ###### | ##### |
| | rrative /ehicle #1 | was trav | eling W/B on N | I Territorial Rd. \ | √ehicle #1 ra | an off th | ne roadw | | Diagram | | | | | | | | | |
| | eft into a d | litch and | struck a tree. V | ehicle #1 then o | came to rest | | | | | | | | | | | | | N |
| | | | | | | | | | | | | N Ter | ritoria | ıl Rd | | | | |
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Authority: 1949 PA 300, Sec.257.622 Page 01 of 01 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) ####### 8377054 STATE OF MICHIGAN TRAFFIC CRASH REPORT Closed SANITIZ MI 8118100 Washtenaw Co Sheriff's Office COOK (00548) Crash Date Crash Time No. of Units Special Circumstances NoneO Hit and Run O Deer O Fleeing Police O Fatal 06/19/2012 O Non-Traffic Area 17:10 Single Motor Vehicle 01 O School Bus County raffic Contro Relation to Roadway Special Study 81 - Washtenaw None Outside of shoulder/curb Clear 10 - NON-FRWY Straight roadway Construction Zone (if applicable)
Type Lane Closed Activity 12 - Salem Twp Daylight Dry 02 Suffix Prefix Road Name N TERRITORIAL Road Type RD Traffic Way 01 - Not physically divided Access Control
01 - No access control Distance 1,320 Feet E Prefix Intersecting Road PONTIAC TRAIL Suffix SANITIZED SANITIZED Unit Known State Driver License Number Total Occupants Date of Birth (Age) icense Type Endorsements Unit Numbe Operator
Chauffer
Moped O Cycle O Farm O Recreation 12/03/1994 (17) 01 MI ############ Μ 01 Yes Position Restraint Hospita O ΜV NONE 01 04 (###) ###-#### FARMINGTON HILLS, MI 48336-1900 Driver Condition Interlock Trapped Airbag Deployed ●1 O2 O3 O4 O5 O6 O7 O8 O9 O99 No No NONE O Yes • No
Test Type O Field O Refused O PBT Not offered O Breath O Blood O Yes • No Test Type O Blood Test Results Test Results O Hazardous O Urine O Urine Vehicle Registration Insurance / Policv # Special Vehicles Private Trailer Type ############ MI 0 Vehicle Description JEEP WHITE 50 A 2012 Greatest Damage 02 02 Damage Yes W 01 - Private 01 - Going Straight Ahead • 39 - Tree 04 - Ran off roadway-right (
indicates MOST harmful event) Date of Birth (Age) Position Restraint Hospital Airbag Deployed rapped Passenger Information Date of Birth (Age) Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Positio Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restrain Airbag Deployed Ejected Ambulance Trapped Carrier Information Carrier Source **GVWR** ICCMC USDOT Driver's CDL Type Endorsements CDL Exempt O Farm O Other OH OP OT ON OS OX Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material Third Fourth O Placard O Cargo Spill Owner Information Owner Information Person Advised of Damaged Traffic Control Damaged Property Contact Date: ##/##/####

Contact Time: ##:##

Owner & Phone

File Class 93001

O ORV/Snowmobile

50

Divided Roadway

Divided Roadway

Hazardous Action

13 - Other

Passenger Car

O Other

MPSC

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Vehicle Defect

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| | One Number on | iii raiowii | Otate Briver Elec | nise Number | | ne or birtin | / vgc) | - 1 | O Ope O Cha O Mop | erator | O Cycle O Farm O Recr | 9 1 | CCX | Total Oct | лирино | Tiazardous Ac | 1011 | |
|-----------------|---|-------------|--|----------------------------|-----------------|--------------|---------------|------------------------|-------------------------|-----------------|-----------------------------|----------------|---------|---------------------------|------------------|------------------------------|---------|---------------|
| R | Unit Type Dri | iver Inform | nation | | | | | Injury | P | osition | Restraint | Hospital | | | | | | |
| А (| Driver Condition | | | | Ir | nterlock | Ejected | Trappe | ed A | irbag Depl | loyed | Ambulance | | | | | | |
| O R I | Alcohol | | 5 06 07 08 | | | | | Drugs | | 0.11: | | T | - t- | 1 | Citation | | | |
| $L \setminus D$ | O Yes O Test Type O Vehicle Registrat | | O Refused O No O PBT O Breate Insurance / F | eath O Blood | O Urine | est Results | | O Ye Tes owed To | st Type | O No O Blood | O Urine | | Results | Spec | | zardous cles Private Tr | O Other | ehicle Defect |
| I N N | VIN | | Vehicle Description | | ake | | Model | | | | Color | | | Year | Ve | ehicle Type | | |
| | Location of Greatest Damage | | First Impact | Extent of Damage | Driveable | Vehic | cle Direction | n Veh | hicle U | se | | | | Action | Prior | | | |
| | Sequence of Events | | First | | S | econd | | | | | Third | | | <u> </u> | Fou | urth | | |
| | (indicates MOS Passenger Inform | | I event) | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag D | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Inform | nation | | | | Date of | Birth (Age) | 1 | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag D | eployed | П | Ejected | Trapped | Ambulance | | | | | | |
| RS | Passenger Inform | nation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| IGEI | | | | | | Injury | Airbag D | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| SEL | Passenger Inform | nation | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| PAS | | | | | | Injury | Airbag D | eployed | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Inform | | | | | Date of | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag D | | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Inform | nation | | | | | Birth (Age) | | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | Injury | Airbag D | | | Ejected | Trapped | Ambulance | | | | | | |
| SNS | Carrier Information | n | | | | | | | | Source | GVWR | | ССМС | | USDOT | | MPSC | |
| CK/BU | | | | | | | | | Drivers | CDL Type | | OP OT OS OX | 0 | L Exempt Farm Other | | CDL Restriction O 28 O 29 | | 35 0 36 |
| TRU | Interstate/Intrasta | ite Vel | hicle Type | Type & Axle Per U First | nit Second T | hird | Fourth | | | Cargo Boo | dy Type | Medical Ca | rd | | dous Ma acard | aterial O Cargo Spill | ID# | Class # |
| ERS | Owner Informatio | n | | • | | | | (| Owner | Informatio | n | • | | • | | | • | • |
| OWNERS | | | | | | | | | | | | | | | | | | |
| SS | Witness Informati | ion | | | | | | ٧ | Witnes | s Informati | on | | | | | | | |
| WITNE | | | | | | | | | | | | | | | | | | |
| | | | | st Investigator Name | | ## (### | ###) | | | ator Name | | ##### (## | ####) | | otos By ##### | !######## | ####### | #### |
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| | | | | | | | | | _ | | N Territ | orial Rd | | | | | | |

Authority: 1949 PA 300, Sec.257.622 Page 01 of 01 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) ####### 8818585 STATE OF MICHIGAN TRAFFIC CRASH REPORT Closed SANITIZ Department Name MSP Brighton MI 4701200 **CHARLES BACHMEIER** Crash Date Crash Time No. of Units Special Circumstances NoneO Hit and Run O Deer O Fleeing Police O Fatal 12/24/2013 O Non-Traffic Area O ORV/Snowmobile 15:00 Single Motor Vehicle 01 O School Bus County raffic Cont Relation to Roadway 81 - Washtenaw None Outside of shoulder/curb Cloudy 10 - NON-FRWY Straight roadway Construction Zone (if applicable) Type Lane Closed Activity 12 - Salem Twp Daylight Dry 02 55 Suffix Prefix Divided Roadway LOCATION Road Name TERRITORIAL Road Type RD Traffic Way 01 - Not physically divided Access Control
01 - No access control Distance 1,320 Feet E Intersecting Road CURTIS Prefix Suffix Divided Roadway SANITIZED SANITIZED Unit Known Total Occupants State Driver License Numbe Date of Birth (Age) icense Type Endorsements Hazardous Action Unit Numbe Operator
Chauffer
Moped O Cycle O Farm O Recreation 06/18/1958 (55) 01 MI ############### F 01 Yes 13 - Other Position Restraint Hospita O ΜV NONE 01 04 PLYMOUTH, MI 48170 (###) ###-#### Driver Condition Interlock Trapped Airbag Deployed Ejected ●1 O2 O3 O4 O5 O6 O7 O8 O9 O99 No Yes NONE O Yes • No
Test Type O Field O Refused O PBT Not offered O Blood O Yes • No Test Type O Blood Test Results Test Results O Hazardous O Other O Urine O Urine Vehicle Registration Insurance / Policv # Special Vehicles Private Trailer Type Vehicle Defect ############ MI 0 Vehicle Description MAZD 6 RED 2006 Passenger Car Greatest Damage 01 01 Damage No Е 01 - Private 20 - Avoiding vehcl front/back • 39 - Tree 04 - Ran off roadway-right (
indicates MOST harmful event) Date of Birth (Age) Position Restraint Hospital Airbag Deployed rapped mbulance Passenger Information Date of Birth (Age) Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Positio Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restrain Airbag Deployed Ejected Ambulance Trapped Carrier Information Carrier Source **GVWR** ICCMC USDOT MPSC Driver's CDL Type Endorsements CDL Exempt CDL Restrictions O Farm O Other OH OP OT ON OS OX 028 029 030 035 036 Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material ID# Third Fourth O Placard O Cargo Spill Owner Information Owner Information Person Advised of Damaged Traffic Control Damaged Property Contact Date: ##/##/#### Owner & Phone

Contact Time: ##:##

File Class 93001

Class #

Public

SANITIZED SANITIZED SANITIZED

| | Unit Number Unit Known State Driver License Number Date of Birth (A | | | | | | | | | License O Op O Ch | e Type perator nauffer | Endorse O Cycl O Farn | e | Sex | Total O | ccupants | Hazardous Ad | tion | |
|------------|---|---------------|-----------|------------------------|----------------------|---------------|-------------|---------------|-------|-------------------------|------------------------------|-------------------------------|---------------------|---------|---------------|----------|--------------------|------------|----------------|
| | Unit Type | Driver Inform | nation | | | | | | Injur | O Mo | oped Position | O Farn O Recr Restraint | reation Hospital | | | | | | |
| E R | | | | | | | | | | | | | | | | | | | |
| $V \mid V$ | O1 O2 | | 5 06 | 07 08 | 09 099 | In | terlock | Ejected | Trap | pped . | Airbag Dep | loyed | Ambulance | | | | | | |
| UNIT/DRIV | Alcohol O Yes Test Type | | O PB | | ath O Blood O | Te O Urine | est Results | | 1 | Yes Fest Typ | O No e O Blood | O Urine | | Results | | О На | Issued izardous | O Other | V-1:-1:- B(1- |
| _ | Vehicle Regist | ration Sta | ate | Insurance / P | | | | | | To/By | | | | | | | icles Private Tr | ailer Type | Vehicle Defect |
| П | VIN | | | Vehicle Description | Ma on | | | Model | | | | Color | | | Year | | ehicle Type | | |
| | Location of Greatest Dama | age | First Ir | mpact | Extent of Damage | Driveable | Vehic | cle Direction | n \ | √ehicle l | Jse | | | | Actio | n Prior | | | |
| | Sequence of Events (• indicates M | IOST harmfu | | First | | S | econd | | | | | Third | | | | Fo | urth | | |
| | Passenger Info | | i evenii) | | | | Date of | Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | Injury | Airbag D | eploy | red | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | ormation | | | | | Date of | Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| | g | | | | | | Injury | Airbag D | | | Ejected | Trapped | Ambulance | | | | | | |
| | D l-f | | | | | | | | | Sex | Position | Restraint | | | | | | | |
| ERS | Passenger init | ormation | | | | | | Birth (Age) | | | | | Hospital | | | | | | |
| D N | | | | | | | Injury | Airbag D | | | Ejected | Trapped | Ambulance | | | | | | |
| SSE | Passenger Info | ormation | | | | | Date of | Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| ΡA | Passenger Info | | | | | | Injury | Airbag D | eploy | red | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | ormation | | | | | Date of | Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | Injury | Airbag D | eploy | red | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | ormation | | | | | Date of | Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | Injury | Airbag D | eploy | red | Ejected | Trapped | Ambulance | | | | | | |
| S | Carrier Informa | ation | | | | | 1 | | | Carrie | r Source | GVWR | IC | CCMC | | USDOT | Г | MPSC | |
| TRUCK/BUS | | | | | | | | | | Driver | 's CDL Typ | | orsements | | L Exemp | ot | CDL Restriction | ns | |
| JCK | Interstate/Intra | state Ve | hicle Ty | vne | Type & Axle Per Ur | it | | | | | Cargo Boo | O H O N dv Type | OP OT OS OX | 0 | Farm Other | ardous M | O 28 O 29 | O 30 C | 0 35 O 36 |
| TR | | | | | First S | econd Ti | nird | Fourth | | | Ů | | | | | | O Cargo Spill | | |
| ERS | Owner Informa | ation | | | | | | | | Owne | r Informatio | in | | | | | | | |
| OWNERS | | | | | | | | | | | | | | | | | | | |
| | Witness Inform | nation | | | | | | | | Witne | ss Informati | ion | | | | | | | |
| WITNESS | | | | | | | | | | | | | | | | | | | |
| Inv | estigated | Reported D | | | st Investigator Name | | | | | | igator Name | | | | | notos By | | | |
| Ь | Scene Yes | ##/##/# | #### | (##:##) | ############ | ######### | ## (### | ###) | # | /#### Diagr | | ###### | ##### (## | ####) | 1 | ##### | ######### | ###### | !#### |
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Authority: 1949 PA 300, Sec.257.622 Page 01 of 01 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) 0423309 8874970 Incident # 140006538 File Class 93001 STATE OF MICHIGAN TRAFFIC CRASH REPORT Closed SANITIZ MI 8118100 Washtenaw Co Sheriff's Office EGELER (00265) Crash Date Crash Time No. of Units Special Circumstances NoneO Hit and Run O Deer O Fleeing Police O Fatal 01/25/2014 O Non-Traffic Area O ORV/Snowmobile 01:03 Single Motor Vehicle 01 O School Bus County raffic Contro Relation to Roadway Special Study 81 - Washtenaw None Outside of shoulder/curb Snow/Blowing Snow 10 - NON-FRWY Straight roadway Construction Zone (if applicable) Type Lane Closed Activity 12 - Salem Twp Dark-Unlighted 02 50 Snowy Prefix Divided Roadway LOCATION Road Name NORTH TERRITORIAL Road Type RD Traffic Way 01 - Not physically divided Access Control
01 - No access control Distance 100 Feet E Intersecting Road VORHIES Prefix Suffix Divided Roadway SANITIZED SANITIZED Unit Known State Driver License Number Date of Birth (Age) icense Type Endorsements Total Occupants Hazardous Action Unit Numbe Operator
Chauffer
Moped O Cycle O Farm O Recreation 01 MI ############### F 02 ##/##/### (19) 01 - Speed too fast Yes Unit Type Position Restraint В REFUSED ΜV 01 04 SOUTH LYON, MI 48178-9693 (###) ###-#### Driver Condition Trapped Airbag Deployed Ambulance Interlock Ejected ●1 O2 O3 O4 O5 O6 O7 O8 O9 O99 REFUSED No Yes O Yes • No
Test Type O Field O Refused O PBT Not offered O Breath O Blood O Yes • No Test Type O Blood Test Results Test Results O Hazardous O Other O Urine O Urine Vehicle Registration Insurance / Policv # Special Vehicles Private Trailer Type Vehicle Defect DESTINATION/FRIEND ############ MI 0 Vehicle Description FORD **TAURUS** GRAY 2001 Passenger Car Greatest Damage 08 80 Damage Yes W 01 - Private 01 - Going Straight Ahead • 39 - Tree 01 - Loss of control 04 - Ran off roadway-right (
indicates MOST harmful event) Date of Birth (Age) Restraint Hospital Airbag Deployed rapped Passenger Information Date of Birth (Age) Restraint Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Positio Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restrain Airbag Deployed Ejected Ambulance Trapped ANITIZED Carrier Information Carrier Source **GVWR** ICCMC USDOT MPSC Driver's CDL Type Endorsements CDL Exempt CDL Restrictions O Farm O Other OH OP OT ON OS OX 028 029 030 035 036 Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material ID# Class # Third Fourth O Placard O Cargo Spill Owner Information Person Advised of Damaged Traffic Control Damaged Property Public Contact Name Contact Date: Owner & Phone

Contact Time

SANITIZED SANITIZED SANITIZED

| | Unit Number | Unit Known | State | e Driver Lice | nse Number | Date of Birth (Age) | | | | | e Type perator hauffer oped | Endorse O Cycl O Farn O Reci | le | Total O | tal Occupants Hazardous Action | | | | | | | |
|--|---|---|-----------|---------------|------------|---------------------|------|---------------|--------------------|--------------------------|---|---------------------------------------|--------------|----------------|--------------------------------|-------------------------------------|-------------|------|---------|--|--|--|
| E R | Unit Type | Type Driver Information | | | | | | | Inj | ury | Position | | | | | | | | | | | |
| I V E | Driver Condition | | | | | | | | | apped | Airbag Dep | loyed | Ambulance | | | | | | | | | |
| UNIT/DRIV | Alcohol OYes ONo ORefused ONot offered Test Test Type O Field O PBT O Breath O Blood O Urine | | | | | | | | | ugs O Yes Test Typ | O No pe O Blood | I O Urin | Test Results | | | Citation Issued O Hazardous O Other | | | | | | |
| 上 7 | Vehicle Regist | | Towe | | | | | | | | ecial Vehi | icles Private Tr | ailer Type | Vehicle Defect | | | | | | | | |
| A U | /IN Vehicle Make Description | | | | | | | Мо | del | | | Color | Yea | | | V | ehicle Type | | | | | |
| | Location of Greatest Dam | ocation of reatest Damage First Impact Extent of Driveable Damage | | | | | ٧ | ehicle Direc | tion | Vehicle | Use | | | | Actio | n Prior | | | | | | |
| Sequence of First Second Events (● indicates MOST harmful event) | | | | | | | | | | | | Third | | | | Fo | urth | | | | | |
| | Passenger Info | | ii eveni, | , | | | Dat | e of Birth (A | ge) | Sex | Position | Restraint | Hospital | | | | | | | | | |
| | | | | | | | Inju | ry Airba | g Depl | oyed | Ejected | Trapped | Ambulance | | | | | | | | | |
| | Passenger Information Date of Birth (Age) | | | | | | | | | | | Restraint | Hospital | | | | | | | | | |
| | Passenger Information Date of Birth (Age) | | | | | | | | | | Ejected | Trapped | Ambulance | | | | | | | | | |
| S | | | | | | | | | | | Position | Restraint | Hospital | | | | | | | | | |
| GER | | | | Inju | ry Airba | g Depl | oyed | Ejected | Trapped | Ambulance | | | | | | | | | | | | |
| EN | Passenger Information Da | | | | | | | | | Sex | Position | Restraint | Hospital | | | | | | | | | |
| ASS | Passenger Information Passenger Information Passenger Information Passenger Information | | | | | | | | Injury Airbag Depl | | | Trapped | Ambulance | | | | | | | | | |
| Д | | | | | | | | | ge) | Sex | Position | Restraint | Hospital | | | | | | | | | |
| | Inju | | | | | | | | | oyed | Ejected | Trapped | Ambulance | | | | | | | | | |
| Passenger Information Date o | | | | | | | | | ge) | Sex | Position | Restraint | Hospital | | | | | | | | | |
| | | | | | | | Inju | ry Airba | g Depl | oyed | Ejected | Trapped | Ambulance | | | | | | | | | |
| | Carrier Informa | ation | | | | | | | | Carrie | er Source | GVWR | l lie | CCMC | | USDOT | г | MPSC | | | | |
| TRUCK/BUS | | auon | | | | | | | | | Driver's CDL Type Endorsements CDL Exempt CDL Restrictions | | | | | | | | | | | |
| CK/ | | | | | | | | | | | OH OP OT OF OT OOT OOT OOT OOT OOT OOT OOT OO | | | | | | | | 35 036 | | | |
| TRU | 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 | | | | | | | | Class # | | | |
| ERS | Owner Informa | ation | | | | | | | | Owne | Owner Information | | | | | | | | | | | |
| OWNERS | | | | | | | | | | | | | | | | | | | | | | |
| | Witness Inforn | nation | | | | | | | | Witne | Witness Information | | | | | | | | | | | |
| Witness Information Witness | | | | | | | | | | | | | | | | | | | | | | |
| Inv | | | | | | | | | | | | Investigator Name (Badge) Photos By | | | | | | | | | | |
| | Narrative Diac | | | | | | | | | | | | Diagram | | | | | | | | | |
| | UNIT 1 WAS WB ON N. TERRITORIAL, LOST CONTROL AND LEFT THE ROADWAY, STRIKING THE TREE AND CAUSING MINOR INJURY. | | | | | | | | | | | NOT TO SCALE | | | | | | | | | | |
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| | | | | | | | | | | | | | | N.T | erritorial R | d 50 mph | , | | | | | |

Authority: 1949 PA 300, Sec.257.622 Page 01 of 01 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) 0423552 8877742 Incident # 140006672 File Class 93001 STATE OF MICHIGAN TRAFFIC CRASH REPORT Closed SANITIZ MI 8118100 Washtenaw Co Sheriff's Office HOY (00689) Crash Date Crash Time No. of Units Special Circumstances NoneO Hit and Run O Fatal 01/25/2014 O Deer O Fleeing Police O Non-Traffic Area O ORV/Snowmobile 17:15 Single Motor Vehicle 01 O School Bus County Fraffic Contro Relation to Roadway Special Study 81 - Washtenaw None Outside of shoulder/curb Snow/Blowing Snow 10 - NON-FRWY Straight roadway Construction Zone (if applicable) Type Lane Closed Activity 12 - Salem Twp Daylight Snowy 02 50 Prefix Road Type Divided Roadway LOCATION Road Name NORTH TERRITORIAL Distance 400 Feet W Traffic Way 01 - Not physically divided Access Control
01 - No access control Prefix Intersecting Road CURTIS Road Type Suffix Divided Roadway SANITIZED SANITIZED Unit Known Date of Birth (Age) Total Occupants State Driver License Number License Type Endorsements Hazardous Action Unit Numbe Operator
 Chauffer
 Moped O Cycle O Farm O Recreation 01 MI ############### ##/##/### (20) Μ 01 Yes 01 - Speed too fast Position Restraint Hospita O ΜV NONE 01 04 SALINE, MI 48176-1013 (###) ###-#### Driver Condition Interlock Trapped Airbag Deployed Ejected ●1 O2 O3 O4 O5 O6 O7 O8 O9 O99 No No NONE O Yes ● No
Test Type O Blood O Yes • No
Test Type O Field O Refused O PBT Not offered O Breath O Blood Test Results Test Results Hazardous O Other O Urine O Urine Vehicle Registration Insurance / Policv # Special Vehicles Private Trailer Type Towed To/By DONS - 7344494484 ############ MI 0 Vehicle Description SUBARU **IMPREZA** SILVER 2010 Passenger Car Greatest Damage 00 01 Damage No Ε 01 - Private 01 - Going Straight Ahead • 06 - Overturn 01 - Loss of control 04 - Ran off roadway-right (
indicates MOST harmful event) Date of Birth (Age) Restraint Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restraint Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Positio Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restrain Airbag Deployed Ejected Ambulance Trapped Carrier Information Carrier Source **GVWR** ICCMC USDOT MPSC Driver's CDL Type Endorsements CDL Exempt CDL Restrictions O Farm O Other OH OP OT ON OS OX 028 029 030 035 036 Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material ID# Third Fourth O Placard O Cargo Spill Owner Information Owner Information Person Advised of Damaged Traffic Control Damaged Property Contact Name Contact Date: Owner & Phone

Contact Time

Vehicle Defect

Class #

Public

SANITIZED SANITIZED SANITIZED SANITIZED

| Unit Number Unit Known State Driver License Number Unit Type Driver Information | | | Date of Birth (Age) | | | O Op O Ch O Me | O Operator O Chauffer O Moped O | | ements le n reation | Sex | Total O | ccupants | Hazardous Ad | ction | | | |
|--|------------|------------------------|------------------------------------|---------------|-------------------|----------------------|---------------------------------|----------|-------------------------------------|------------|--------------|----------|--------------|---------------------|-----------------------|-------------|----------------|
| | iniatioi | | | | I | Ie. · · | Injur | - | | Restraint | · | | | | | | |
| Driver Condition O1 O2 O3 O4 | 05 (| 06 07 08 | 09 099 | | Interlock | Ejected | Trap | | Airbag Dep | oloyed | Ambulance | | | | | | |
| Alcohol O Yes O No Test Type O Field | Test Resul | ts | | Yes | O No e O Blood | d O Urin | Test | | Citation Issued O Hazardous O Other | | | | | | | | |
| Vehicle Registration | State | Insurance / P | Policy # | | | T | owed | To/By | | | | | Spe | ecial Vehi | icles Private T | railer Type | Vehicle Defect |
| VIN | | Vehicle Description | Ma on | ake | | Model | | | | Color | | | Year | ٧ | ehicle Type | • | |
| Location of Greatest Damage | Firs | t Impact | Extent of Damage | Driveable | Veh | icle Directio | n V | /ehicle | Use | | | | Actio | n Prior | | | |
| Sequence of Events (● indicates MOST harm | nful eve | First nt) | ı | | Second | | | | | Third | | | | Fo | urth | | |
| Passenger Information | | | | | Date of | of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | Injury | Airbag D | Deploy | red | Ejected | Trapped | Ambulance | | | | | | |
| Passenger Information | | | | | Date of | of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | Injury | Airbag D | Deploy | red | Ejected | Trapped | Ambulance | | | | | | |
| Passenger Information | | | | | Date of | of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | Injury | Airbag D | Peploy | red | Ejected | Trapped | Ambulance | | | | | | |
| Passenger Information | | | | | Date of | of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | Injury | Airbag D | Peploy | red | Ejected | Trapped | Ambulance | | | | | | |
| Passenger Information | | | | | Date of | of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | Injury | Airbag D | Deploy | red | Ejected | Trapped | Ambulance | | | | | | |
| Passenger Information | | | | | Date of | of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | Injury | Airbag D | Peploy | red | Ejected | Trapped | Ambulance | | | | | | |
| Carrier Information | | | | | • | | | Carrie | er Source | GVWR | 10 | ССМС | | USDOT | Γ | MPSC | |
| | | | | | | | | Drive | 's CDL Typ | 0 H | orsements | С | L Exemp | ot | CDL Restriction | | 035 036 |
| Interstate/Intrastate | Vehicle | Туре | Type & Axle Per Ur First S | nit second | Third | Fourth | | | Cargo Bo | ody Type | Medical Ca | | | ardous M Placard | aterial O Cargo Spill | ID# | Class # |
| Owner Information | | | | | | | | Owne | r Informatio | on | | | | | | ļ | |
| Owner Information | | | | | | | | | | | | | | | | | |
| Witness Information | | | | | | | | Witne | ss Informa | tion | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| vestigated Reporte | | | st Investigator Name J. HILOBUK (7 | | | | 2nd | d Invest | igator Nam | ie (Badge) | | | P | hotos By | | | |
| arrative | | ` 1 | | | DITORI | | | Diag | ram | | | | | | | | |
| VEHICLE 1 WAS I VEH. 1 DRIVER S | | | | | | | ST | | | | | | | | | | N |
| CONTROL ON TH | | | | | | | | | | X | V | Tree | | | | | \checkmark |
| ROAD TO THE RI | | | | IT A FEW | SMALL | TREES | AS | | | Je. | | | | | | | |
| | | | | | | | | | | M | | | | VEH. 1 | | | |
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| | | | | | | | | | | NORTH T | ERRITORIAL I | ROAD | | | | | |
| | | | | | | | | | | | | | | | | Not | TO SCALE |

Authority: 1949 PA 300, Sec.257.622 Page 01 of 01 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) 0529080 9186782 Incident # 150000387 File Class 93001 STATE OF MICHIGAN TRAFFIC CRASH REPORT Closed SANITIZ MI 8196400 Northfield Township Police Department **DAVIDSON (05103)** Crash Date Crash Time No. of Units Special Circumstances O Deer O Fleeing Police O Fatal 01/29/2015 NoneHit and Run O Non-Traffic Area O ORV/Snowmobile 08:37 Single Motor Vehicle 01 O School Bus Count raffic Contro Relation to Roadway Special Study 81 - Washtenaw None Outside of shoulder/curb Cloudy 10 - NON-FRWY Straight roadway Construction Zone (if applicable) Type Lane Closed Activity 10 - Northfield Twp Daylight 02 50 Icy Suffix Prefix Divided Roadway LOCATION Road Name NORTH TERRITORIAL Road Type RD Traffic Way 01 - Not physically divided Access Control
01 - No access control Distance 1,500 Feet W Prefix Intersecting Road DIXBORO Suffix Divided Roadway SANITIZED SANITIZED Unit Known Date of Birth (Age) Total Occupants State Driver License Number icense Type Endorsements Hazardous Action Unit Numbe Operator
Chauffer
Moped O Cycle O Farm O Recreation 01 MI ############### Μ 01 Yes ##/##/### (51) 01 - Speed too fast Unit Type Position Restraint Hospita O MV NONE 01 04 (###) ###-#### WHITMORE LAKE, MI 48189-9036 Driver Condition Interlock Ejected Trapped Airbag Deployed ●1 O2 O3 O4 O5 O6 O7 O8 O9 O99 No No NONE O Yes ● No
Test Type O Blood O Yes • No
Test Type O Field O Refused O PBT Not offered O Breath O Blood Test Results Test Results O Hazardous O Other O Urine O Urine Vehicle Registration Insurance / Policv # Special Vehicles Private Trailer Type Vehicle Defect TRIANGLE ############ MI 0 Vehicle Color Description CHEVROLET COLORADO TAN 2004 Pickup truck Extent of Greatest Damage 07 02 Damage Yes Ε 01 - Private 01 - Going Straight Ahead Second 39 - Tree • 39 - Tree 01 - Loss of control (
indicates MOST harmful event) Date of Birth (Age) Position Restraint Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restraint Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Positio Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restrain Airbag Deployed Ejected Ambulance Trapped ANITIZED Carrier Information Carrier Source **GVWR** ICCMC USDOT MPSC Driver's CDL Type Endorsements CDL Exempt CDL Restrictions O Farm O Other OH OP OT ON OS OX 028 029 030 035 036 Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material ID# Third Fourth O Placard O Cargo Spill Owner Information Person Advised of Damaged Traffic Control Damaged Property Contact Name: Contact Date: Owner & Phone

Contact Time

Class #

Public

SANITIZED SANITIZED SANITIZED

| | Unit Number | Unit Know | n Sta | ate Driver Lice | ense Number | | Date of Birth | (Age) | | O Op O Ch O Mo | erator auffer | Endorse O Cycl O Farn O Recr | e | Sex | Total Oc | cupants | Hazardous Ad | ction | |
|---------------------------------|---|-------------|---------|----------------------|----------------------------|----------------|---------------|----------------|-------|----------------------|-------------------|---------------------------------------|------------|---------|----------------------------|---------------------|--|---------------|----------------|
| E R | Unit Type | Driver Info | rmation | 1 | | | | | Injur | y I | Position | Restraint | Hospital | | | | | | |
| $\langle \cdot \cdot \rangle$ | Driver Condition | | 05 0 | 06 07 08 | 09 099 | | Interlock | Ejected | Trap | ped | Airbag Dep | loyed | Ambulance | | | | | | |
| UNIT/DRIV | Alcohol O Yes Test Type | | 0 F | | eath O Blood | O Urine | Test Result | | Т | Yes est Type | O No e O Blood | O Urine | | Results | Con | | zardous | O Other | Vahiala Dafaat |
| LIN | Vehicle Regist | tration | State | Insurance / F | | | | | | To/By | | | | | | | | aller Type | Vehicle Defect |
| n | VIN | | - | Vehicle Descripti | on | Make | | Model | | | | Color | | | Year | | ehicle Type | | |
| | Location of Greatest Dam | age | Firs | t Impact | Extent of Damage | Driveable | | icle Direction | n \ | ehicle U | Jse | | | | Action | Prior | | | |
| | Sequence of Events (• indicates N | 1OST harm | ful eve | First nt) | | | Second | | | | | Third | | | | Foi | urth | | |
| | Passenger Info | ormation | | | | | Date o | f Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | Injury | Airbag D | eploy | ed | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | ormation | | | | | Date o | f Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | Injury | Airbag D | eploy | ed | Ejected | Trapped | Ambulance | | | | | | |
| S | Passenger Info | ormation | | | | | Date o | f Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| GER | | | | | | | Injury | Airbag D | eploy | ed | Ejected | Trapped | Ambulance | | | | | | |
| N E | Passenger Info | ormation | | | | | Date o | f Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| ASS | Passenger Info | | | | | | Injury | Airbag D | eploy | ed | Ejected | Trapped | Ambulance | | | | | | |
| Р | Passenger Infe | ormation | | | | | Date o | f Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | Injury | Airbag D | eploy | ed | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Info | ormation | | | | | Date o | f Birth (Age) |) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | Injury | Airbag D | | ed | Ejected | Trapped | Ambulance | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| $S \cap S$ | Carrier Informa | ation | | | | | | | | | r Source | GVWR | | ССМС | | USDOT | | MPSC | |
| SK/E | | | | | | | | | | Driver | 's CDL Typ | e Endo O H O N | OP OT | 0 | Exempt Farm Other | | CDL Restriction O 28 O 29 | | 35 036 |
| TRUCK/BUS | Interstate/Intra | state \ | /ehicle | Туре | Type & Axle Per U First | Jnit Second | Third | Fourth | | | Cargo Boo | | Medical Ca | ard | | rdous Ma Placard | aterial O Cargo Spill | ID# | Class # |
| | Owner Informa | ation | | | | | | | | Owner | r Informatio | n | | | - | | | | • |
| OWNERS | | | | | | | | | | | | | | | | | | | |
| | Witness Inforn | nation | | | | | | | | Witnes | ss Informati | on | | | | | | | |
| WITNESS | | | | | | | | | | | | | | | | | | | |
| Inv | estigated Scene Yes | Reported | | | st Investigator Name | | | | 2nd | d Investi | gator Name | e (Badge) | | | Ph | otos By | | | |
| | rrative | 1 | | ` ′ | | | . = | | | Diagr | am | | | | | | | | |
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| | | | | | | | | | | | | 170.0 | | | | | $\begin{pmatrix} \mathbf{n} \\ \mathbf{n} \end{pmatrix}$ | | DIXBORO |
| | | | | | | | | | | | | אסד דם | SCALE | | | | • | | |
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| | | | | | | | | | | | |) | | | | NORTH | TERRITORIAL | | |
| | | | | | | | | | | - | Unit | 1 | | | | | | $\overline{}$ | |
| | | | | | | | | | | | | | | | | | | | |

Authority: 1949 PA 300, Sec.257.622 Page 01 of 01 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) 0563463 9306399 Incident # 150046005 STATE OF MICHIGAN TRAFFIC CRASH REPORT Closed SANITIZ MI 8118100 Washtenaw Co Sheriff's Office HOY (00689) Crash Date Crash Time No. of Units Special Circumstances NoneO Hit and Run O Deer O Fleeing Police O Fatal 06/11/2015 O Non-Traffic Area 09:07 Single Motor Vehicle 01 O School Bus County raffic Contro Relation to Roadway Special Study 81 - Washtenaw None Outside of shoulder/curb Clear 10 - NON-FRWY Straight roadway Construction Zone (if applicable) Type Lane Closed Activity 12 - Salem Twp Daylight Dry 02 50 Suffix Prefix Divided Roadway LOCATION Road Name NORTH TERRITORIAL Road Type RD Traffic Way 01 - Not physically divided Access Control
01 - No access control Distance 500 Feet W Prefix Intersecting Road CURTIS Suffix Divided Roadway SANITIZED SANITIZED Unit Known Total Occupants State Driver License Number Date of Birth (Age) icense Type Endorsements Hazardous Action Unit Numbe Operator
Chauffer
Moped O Cycle O Farm O Recreation 01 MI ############### Μ 01 Yes ##/##/### (25) 06 - Drove left of center Position Restraint В MV REFUSED 01 04 FENTON, MI 48430-9159 (###) ###-#### Driver Condition Interlock Trapped Airbag Deployed Ambulance Ejected ●1 O2 O3 O4 O5 O6 O7 O8 O9 O99 REFUSED No Yes O Yes • No
Test Type O Field O Refused O PBT Not offered O Blood O Yes • No Test Type O Blood Test Results Test Results O Hazardous O Urine O Urine Vehicle Registration Insurance / Policv # Special Vehicles Private Trailer Type Towed To/By DONS - 7344494484 ############ MI 0 Vehicle Description FORD **FOCUS** WHITE 2014 Passenger Car Greatest Damage 01 01 Damage W 01 - Private 01 - Going Straight Ahead • 39 - Tree 03 - Ran off roadway-left 02 - Cross centerline/median (
indicates MOST harmful event) Date of Birth (Age) Restraint Hospital Airbag Deployed Passenger Information Date of Birth (Age) Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Positio Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restrain Airbag Deployed Ejected Ambulance Trapped Carrier Information Carrier Source **GVWR** ICCMC USDOT Driver's CDL Type Endorsements CDL Exempt CDL Restrictions O Farm O Other OH OP OT ON OS OX 028 029 030 035 036 Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material Third Fourth O Placard O Cargo Spill Owner Information Owner Information Person Advised of Damaged Traffic Control Damaged Property Contact Name Contact Date: Owner & Phone

File Class 93001

O ORV/Snowmobile

O Other

MPSC

ID#

Class #

Public

Vehicle Defect

Contact Time

SANITIZED SANITIZED SANITIZED

| | Unit Number | | | | Licens | se number | | | Date of | Birth (| Age) | | O Ch O Mo | erator auffer ped | O Cycle O Farm O Recr | e n eation | Sex | I otal O | cupants | Hazardous Ad | tion | |
|------------|---|----------------|---------|--------------------|------------------|--------------------------|---------------|-------------|---------|---------|-------------|---------|-----------------|-------------------------|-----------------------------|------------------|-----------|--------------------------|--------------------|------------------------------|------------|----------------|
| E R | Unit Type | Driver Info | rmatio | n | | | | | | | | Injury | ′ | Position | Restraint | Hospital | | | | | | |
| \wedge | Driver Condition | | 05 (| 06 07 | 08 0 | 09 099 | | | Interlo | ock E | Ejected | Trapp | ped / | Airbag Dep | loyed | Ambulance | | | | | | |
| . / D R | Alcohol O Yes Test Type | | 0 F | | O Breat | th O Bloo | od C | Urine | Test F | Results | | Te | Yes est Type | O No e O Blood | O Urine | | Results | | O Ha | Issued | O Other | |
| ヒート | Vehicle Regist | tration | State | Insuranc | ce / Poli | licy # | | | | | | Fowed ' | To/By | | | | | Spe | cial Vehi | icles Private Tr | ailer Type | Vehicle Defect |
| ו | VIN | | | Vehi Desc | icle cription | 1 | Mal | ke | | | Model | | | | Color | | | Year | V | ehicle Type | | |
| | Location of Greatest Dam | age | Firs | st Impact | | Extent of Damage | | Driveable | 0 | | le Directio | on V | ehicle L | | 71 | | | Action | n Prior | -11 | | |
| | Sequence of Events (• indicates N | IOST harm | ful eve | First ent) | | | | | Secor | na | | | | | Third | | | | FO | urth | | |
| | Passenger Inf | ormation | | | | | | | | Date of | Birth (Age | :) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | | | Ī | njury | Airbag [| Deploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Inf | ormation | | | | | | | | Date of | Birth (Age | :) | Sex | Position | Restraint | Hospital | | | | | | |
| | | | | | | | | | Ī | njury | Airbag [| Deploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| Я | Passenger Inf | ormation | | | | | | | | Date of | Birth (Age | ·) | Sex | Position | Restraint | Hospital | | | | | | |
| NGE | | | | | | | | | Ī | njury | Airbag D | Deploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| S | Passenger Inf | ormation | | | | | | | | Date of | Birth (Age | :) | Sex | Position | Restraint | Hospital | | | | | | |
| PAS | | | | | | | | | | njury | Airbag D | | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Inf | ormation | | | | | | | L | | Birth (Age | | Sex | | Restraint | Hospital | | | | | | |
| | | | | | | | | | | njury | Airbag [| | | Ejected | Trapped | Ambulance | | | | | | |
| | Passenger Inf | ormation | | | | | | | L | | Birth (Age | | Sex | | Restraint | Hospital | | | | | | |
| | | | | | | | | | l' | njury | Airbag [| Deploye | ed | Ejected | Trapped | Ambulance | | | | | | |
| $3 \cup S$ | Carrier Inform | ation | | | | | | | | | | | | r Source | GVWR | | CCMC | | USDOT | | MPSC | |
| CK/E | | | | | | | | | | | | | Driver' | s CDL Typ | ОН | OP OT OS OX | 0 | L Exemp Farm Other | t | CDL Restriction O 28 O 29 | |) 35 O 36 |
| TRU | Interstate/Intra | astate \ | /ehicle | Туре | | Type & Axle First | Per Uni Se | it econd | Third | | Fourth | I | | Cargo Boo | ју Туре | Medical C | ard | | rdous M Placard | aterial O Cargo Spill | ID# | Class # |
| ERS | Owner Informa | ation | | | | | | | | | | | Owner | Informatio | n | | | | | | | |
| OWNERS | | | | | | | | | | | | | | | | | | | | | | |
| ESS | Witness Inform | nation | | | | | | | | | | | Witnes | ss Informati | on | | | | | | | |
| WITN | | | | | | | | | | | | | | | | | | | | | | |
| | vestigated Scene Yes | Reported 06/11 | | (Time) 5 (09:07 | | Investigator DEP BRIA | | | | | | 2nd | Investi | gator Name | e (Badge) | | | Pł | notos By | | | |
| | arrative | S TPAV | EI IN | IG WES | 10 T | I NI TERI | RITOE | DIAL PD | INI SA | II EM | TW/P | - | Diagr | am | | | | | | | | |
| | DRIVER 1 | | | | | | | | | | | | | | | | | | | | | |
| | ANOTHER HE THEN L | | | | | | | | | | | | | | | | | | | | Ü | |
| | DAMAGE. | -0000 | 0111 | NOL A | 100 | moon | \ | 0/100/ | | 14001 | (1 / (I VL | | | | | | | | | No | т то 9сл | ALE |
| | | | | | | | | | | | | | | | | r. | ו דרי | יחסדוםם | AL DOM | 2 | | |
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| | | | | | | | | | | | | | _ | | V A.S | West | 1 | KV. | / | | | <i>*</i> |
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| | | | | | | | | | | | | | II | | | 1 | • | | | | | |

Authority: 1949 PA 300, Sec.257.622 Page 01 of 01 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) 0577228 9352926 Incident # 150003071 File Class 93001 STATE OF MICHIGAN TRAFFIC CRASH REPORT Closed SANITIZ MI 8196400 Northfield Township Police Department SMITH (05107) Crash Date Crash Time No. of Units Special Circumstances O Deer O Fleeing Police O Fatal 08/04/2015 NoneHit and Run O Non-Traffic Area O ORV/Snowmobile 21:04 Single Motor Vehicle 01 O School Bus raffic Cont Relation to Roadway Special Study 81 - Washtenaw None Outside of shoulder/curb Cloudy 10 - NON-FRWY Straight roadway Construction Zone (if applicable) Lane Closed Activity 10 - Northfield Twp Dark-Unlighted 50 Dry 02 Suffix Prefix Divided Roadway LOCATION Road Name NORTH TERRITORIAL Road Type RD Traffic Way 01 - Not physically divided Access Control
01 - No access control Distance 2,900 Feet W Prefix Intersecting Road EARHART Suffix Divided Roadway SANITIZED SANITIZED Unit Known State Driver License Numbe Date of Birth (Age icense Type Endorsements Total Occupants Hazardous Action Unit Numbe Operator
Chauffer
Moped O Cycle O Farm O Recreation 01 MI ############### F 01 ##/##/### (23) Yes 16 - Careless/negligent Unit Type Position Restraint MV UNIV OF MICHIGAN HEALTH SYSTEM-MEDICAL CENTER Α 01 04 COMMERCE TWP. MI 48382-2091 (###) ###-#### Driver Conditio Interlock Ejected Trapped Airbag Deployed 01 •2 •3 04 05 06 07 08 09 099 HURON VALLEY AMBULANCE INC No Yes ● Yes O No Test Type ● Blood O Refused O PBT Not offered O Breath Blood Test Results Test Results O Hazardous O Other Test Type O Field O Urine O Urine Vehicle Registration nsurance / Policv # Special Vehicles Private Trailer Type Vehicle Defect DON'S BODY SHOP ############ MI 0 Vehicle /ehicle Type Description HONDA CIVIC GRAY 2015 Passenger Car Greatest Damage 10 02 Damage No W 01 - Private 01 - Going Straight Ahead Third 39 - Tree • 39 - Tree 04 - Ran off roadway-right (
indicates MOST harmful event) Passenger Information Date of Birth (Age) Position Restraint Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restraint Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Positio Hospital Airbag Deployed Passenger Information Date of Birth (Age Restrain Airbag Deployed Ejected Ambulance Trapped ANITIZED Carrier Information Carrier Source **GVWR** ICCMC USDOT MPSC Driver's CDL Type Endorsements CDL Exempt CDL Restrictions O Farm O Other OH OP OT ON OS OX O 28 O 29 O 30 O 35 O 36 Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material ID# Class # Third Fourth O Placard O Cargo Spill Owner Information Person Advised of Damaged Traffic Control Damaged Property Public Contact Name Contact Date: Owner & Phone

Contact Time

SANITIZED SANITIZED SANITIZED SANITIZED

| | Unit Number | Unit Known | State Driver Lic | erise Number | | Date of Bi | illi (Age) | | O Op O Ch O Mo | erator auffer pped | O Cycl O Farn O Recr | ements e n reation | Sex | Total Occupa | nts Hazardous A | ction | |
|--|--|--|--|--|-----------------------|----------------|-----------------|----------|----------------------|--------------------------|----------------------------|--|---------|-------------------------|-------------------------------|---------------|---------------|
| E R | Unit Type | Driver Informa | ation | | • | | | Injury | y F | Position | Restraint | Hospital | • | | | | |
| S I V E | Driver Condition | | 5 06 07 08 | 09 099 | | Interlock | Ejected | Trap | ped / | Airbag Dep | loyed | Ambulance | | | | | |
| UNIT/DRIV | Alcohol O Yes Test Type | O Field | O Refused O No | eath O Blood | O Urine | Test Res | | T | Yes est Type | O No e O Blood | O Urine | | Results | 0 | ion Issued Hazardous | O Other | |
| L | Vehicle Registr | ration Sta | te Insurance / | · | ake | | Model | | To/By | | Color | | | Special V Year | ehicles Private T | railer Type V | ehicle Defect |
| \cap | Location of | | Descript First Impact | Extent of | Driveable | V | ehicle Directio | n V | ehicle U | Jse | | | | Action Prio | r | | |
| | Greatest Dama Sequence of Events | age | First | Damage | | Second | | | | | Third | | | | Fourth | | |
| | (indicates M Passenger Info | | event) | | | I Date | e of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | |
| | r dosonger mile | ,,,,,, | | | | Injur | | | | Ejected | Trapped | Ambulance | | | | | |
| | Passenger Info | ormation | | | | | e of Birth (Age | | Sex | Position | Restraint | Hospital | | | | | |
| | | | | | | Injur | y Airbag D | Deploye | ed | Ejected | Trapped | Ambulance | | | | | |
| S | Passenger Info | ormation | | | | Date | e of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | |
| GEF | | | | | | Injur | y Airbag D | Deploye | ed | Ejected | Trapped | Ambulance | | | | | |
| SEN | Passenger Info | ormation | | | | Date | e of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | |
| PAS | Passenger Info | | | | | Injur | y Airbag D | Deploye | ed | Ejected | Trapped | Ambulance | | | | | |
| | Passenger Info | ormation | | | | Date | e of Birth (Age |) | Sex | Position | Restraint | Hospital | | | | | |
| | | | | | | Injur | y Airbag D | Peploye | ed | Ejected | Trapped | Ambulance | | | | | |
| | Passenger Info | ormation | | | | | e of Birth (Age | | Sex | Position | Restraint | Hospital | | | | | |
| | | | | | | Injur | y Airbag D | Deploye | ed | Ejected | Trapped | Ambulance | | | | | |
| $S \cap S$ | Carrier Informa | ation | | | | | | | | r Source | GVWR | | CCMC | USE | | MPSC | |
| CK/E | | | | | | | | | Driver' | 's CDL Typ | | orsements OPOT OSOX | 01 | Exempt Farm Other | O 28 O 29 | | 35 O 36 |
| TRUCK/BUS | Interstate/Intra | state Veh | nicle Type | Type & Axle Per Ur First S | nit Second | Third | Fourth | | | Cargo Boo | dy Type | Medical Ca | rd | Hazardous O Placar | s Material d O Cargo Spill | ID# | Class # |
| = | Owner Informa | tion | | | | | | | Owner | r Informatio | n | | | ļ | | | |
| 뿔 | | | | | | | | | | | | | | | | | |
| M _O | | | | | | | | | | | | | | | | | |
| | Witness Inform | ation | | | | | | | Witnes | ss Informati | ion | | | | | | |
| | Witness Inform | ation | | | | | | | Witnes | ss Informati | ion | | | | | | |
| WITNESS | Witness Inform estigated Scene Yes | Reported D | ate (Time) 015 (21:04) | Ist Investigator Name J. SCUEREB (| | | | 2nd | | ss Informati | | | | Photos | Ву | | |
| Inv at : | estigated Scene Yes | Reported D 08/04/2 | 015 (21:04) | | 5095) | AL RD. | , PER A 9 | <u> </u> | | gator Name | e (Badge) | ARHART RD | | Photos | Ву | | |
| Invat: | estigated Scene Yes rrative VEH #1 WA | Reported D 08/04/2 S TRAVE | 015 (21:04) ELING WEST WAS SWERV | J. SCÜEREB (ON NORTH TE | ERRITORIA | FLAT | TIRE. VE | 11 | d Investi | gator Name | e (Badge) | JARHART RD | | Photos | Ву | | √ —≥ |
| Na N | estigated Scene Yes rrative VEH #1 WA CALLER, TI | Reported D 08/04/2 AS TRAVE HE VEH \ F ROADW TREE, AN | 015 (21:04) ELING WEST WAS SWERV VAY TO THE | J. SCUEREB (| ERRITORIA ING ON A | FLAT , STRI | TIRE. VE JCK | 11 | d Investi | gator Name | e (Badge) | H H | Q. | Photos | Ву | | √— ℤ |
| Na N | estigated Scene Yes rrative /EH #1 WA CALLER, Ti | Reported D 08/04/2 AS TRAVE HE VEH \ F ROADW TREE, AN | 015 (21:04) ELING WEST WAS SWERV VAY TO THE | J. SCÜEREB (ON NORTH TE /ING AND DRIV | ERRITORIA ING ON A | FLAT , STRI | TIRE. VE JCK | 11 | d Investi | gator Name | e (Badge) | H H | Q. | Photos | Ву | | √ —z |
| Na N | estigated Scene Yes rrative VEH #1 WA CALLER, TI | Reported D 08/04/2 AS TRAVE HE VEH \ F ROADW TREE, AN | 015 (21:04) ELING WEST WAS SWERV VAY TO THE | J. SCÜEREB (ON NORTH TE /ING AND DRIV | ERRITORIA ING ON A | FLAT , STRI | TIRE. VE JCK | 11 | d Investi | gator Name | e (Badge) | H H | Q. | Photos | Ву | | √ —z |
| Na N | estigated Scene Yes rrative VEH #1 WA CALLER, TI | Reported D 08/04/2 AS TRAVE HE VEH \ F ROADW TREE, AN | 015 (21:04) ELING WEST WAS SWERV VAY TO THE | J. SCÜEREB (ON NORTH TE /ING AND DRIV | ERRITORIA ING ON A | FLAT , STRI | TIRE. VE JCK | 11 | d Investi | gator Name | e (Badge) | HARON TO THE TOTAL TO THE TANK | Q. | Photos | Ву | | √ —≥ |
| Na N | estigated Scene Yes rrative VEH #1 WA CALLER, TI | Reported D 08/04/2 AS TRAVE HE VEH \ F ROADW TREE, AN | 015 (21:04) ELING WEST WAS SWERV VAY TO THE | J. SCÜEREB (ON NORTH TE /ING AND DRIV | ERRITORIA ING ON A | FLAT , STRI | TIRE. VE JCK | 11 | d Investi | gator Name | e (Badge) | NORTH | Q | Photos | Ву | | √ —≥ |
| Na N | estigated Scene Yes rrative VEH #1 WA CALLER, TI | Reported D 08/04/2 AS TRAVE HE VEH \ F ROADW TREE, AN | 015 (21:04) ELING WEST WAS SWERV VAY TO THE | J. SCÜEREB (ON NORTH TE /ING AND DRIV | ERRITORIA ING ON A | FLAT , STRI | TIRE. VE JCK | 11 | d Investi | gator Name | e (Badge) | HARON TO THE TOTAL TO THE TANK | Q. | Photos | Ву | | √ —ℤ |

Authority: 1949 PA 300, Sec.257.622 Page 01 of 01 External # Crash ID Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006) 9287343 0202665 Incident # 12314615 File Class 54001 STATE OF MICHIGAN TRAFFIC CRASH REPORT Open SANITIZ Department Name MSP Brighton MI 4701200 CHRISTOPHER PASCOE Crash Date Crash Time No. of Units Special Circumstances O None
Hit and Run O Deer O Fleeing Police O Fatal 04/25/2015 O Non-Traffic Area O ORV/Snowmobile 00:46 Single Motor Vehicle 01 O School Bus County raffic Cont Relation to Roadway 81 - Washtenaw None Outside of shoulder/curb Rain 10 - NON-FRWY Straight roadway Construction Zone (if applicable) Type Lane Closed Activity 12 - Salem Twp Dark-Unlighted Dry 02 55 Suffix Divided Roadway LOCATION Prefix N Road Name TERRITORIAL Road Type RD Traffic Way 01 - Not physically divided Access Control
01 - No access control Distance 1,320 Feet E Intersecting Road CURTIS Prefix Suffix Divided Roadway SANITIZED SANITIZED Unit Known Date of Birth (Age) Total Occupants State Driver License Numbe icense Type Endorsements Hazardous Action Unit Numbe Operator
Chauffer
Moped O Cycle O Farm O Recreation 01 MI ############ Μ 01 Yes ##/##/### (23) 16 - Careless/negligent Unit Type Position Restraint Hospita O MV NONE 01 09 YPSILANTI, MI 48198 (###) ###-### Driver Condition Interlock Ejected Trapped Airbag Deployed 01 02 03 04 05 06 07 08 09 •99 No No NONE Orugs
O Yes ● No
Test Type O Blood O Refused O PBT Not offered O Breath O Blood Test Results Test Results Hazardous O Other Test Type O Field O Urine O Urine Vehicle Registration Insurance / Policv # Special Vehicles Private Trailer Type Vehicle Defect TRIANGLE TOWING ############ MI 0 Vehicle Description DODGE NEON BLU 2001 Passenger Car Greatest Damage 10 03 Damage No W 01 - Private 08 - Slowing/stop on roadway • 39 - Tree 01 - Loss of control 03 - Ran off roadway-left (
indicates MOST harmful event) Date of Birth (Age) Restraint Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restraint Hospital Airbag Deployed Eiected Trapped Ambulance Passenger Information Date of Birth (Age) Positio Restraint Hospital Airbag Deployed rapped Passenger Information Airbag Deployed Eiected Trapped Ambulance Passenger Information Restraint Date of Birth (Age) Positio Hospital Airbag Deployed Passenger Information Date of Birth (Age) Restrain Airbag Deployed Ejected Ambulance Trapped Carrier Information Carrier Source **GVWR** ICCMC USDOT MPSC Driver's CDL Type Endorsements CDL Exempt CDL Restrictions O Farm O Other OH OP OT ON OS OX 028 029 030 035 036 Interstate/Intrastate Vehicle Type Type & Axle Per Unit First Second Cargo Body Type Medical Card Hazardous Material ID# Class # Third Fourth O Placard O Cargo Spill Owner Information Person Advised of Damaged Traffic Control Damaged Property Public Contact Name Contact Date: Owner & Phone

Contact Time

SANITIZED SANITIZED SANITIZED

| | | Unit Known | | e Driver Lice | nse Number | | Date of E | sirtn (/ | Age) | | O Ci | perator nauffer oped | O Cycl O Farr O Rec | le n reation | Sex | Total O | ccupants | Hazardo | ous Action | | |
|-----------|----------------------------------|-------------------------|----------|------------------------|-------------------------|-------------------|-----------|----------|--------------|----------|----------------|----------------------------|---------------------------|---------------------------|---------|--------------------------|---------------------|----------------------|--------------|-------|----------------|
| ш | | Driver Inform | iation | | | | | | | Injur | | Position | | Hospital | | | | | | | |
| \ | Driver Conditi O1 O2 | ion 03 04 0 | 5 06 | 07 08 | 09 099 | | Interloc | k E | jected | Trap | ped | Airbag Dep | oloyed | Ambulance | | | | | | | |
| 7 / P | Alcohol O Yes Test Type | | O PB | | ath O Blood | O Urine | Test Re | esults | | Т | Yes est Typ | O No e O Blood | d O Urin | | Results | I Co- | ОНа | n Issued azardous | | Other | labiala Dafaat |
| | Vehicle Regis | stration Sta | ate | Insurance / P | olicy # | | | | | lowed | To/By | | | | | Spe | ecial Veh | icles Priv | ate I railer | Type | ehicle Defect |
| Z | VIN | | | Vehicle Description | on | Make | | | Mode | | | | Color | | | Year | ٧ | ehicle Typ | oe . | | |
| | Location of Greatest Dam | nage | First Ir | mpact | Extent of Damage | Driveable | , | Vehic | le Direction | on V | /ehicle l | Jse | | | | Actio | n Prior | | | | |
| | Sequence of Events (indicates N | MOST harmful | | First | | | Second | l | | | | | Third | | | | Fo | ourth | | | |
| Ī | Passenger In | formation | | | | | Da | ite of I | Birth (Age | ·) | Sex | Position | Restraint | Hospital | | | | | | | |
| | | | | | | | Inj | ury | Airbag [| Deploy | ed | Ejected | Trapped | Ambulance | | | | | | | |
| ı | Passenger In | formation | | | | | Da | ite of I | Birth (Age | ·) | Sex | Position | Restraint | Hospital | | | | | | | |
| ı | | | | | | | Inj | ury | Airbag [| Deploy | ed | Ejected | Trapped | Ambulance | | | | | | | |
| ۷. ص | Passenger In | formation | | | | | Da | ite of I | Birth (Age | ·) | Sex | Position | Restraint | Hospital | | | | | | | |
| S. P. | | | | | | | Inj | ury | Airbag [| Deploy | ed | Ejected | Trapped | Ambulance | | | | | | | |
| U. | Passenger In | formation | | | | | Da | ite of I | Birth (Age | :) | Sex | Position | Restraint | Hospital | | | | | | | |
| Δ | Passenger Ini | | | | | | Inj | ury | Airbag [| Deploy | ed | Ejected | Trapped | Ambulance | | | | | | | |
| | Passenger In | | | | | | Da | ite of I | Birth (Age | :) | Sex | Position | Restraint | Hospital | | | | | | | |
| ı | | | | | | | Inj | ury | Airbag [| Deploy | ed | Ejected | Trapped | Ambulance | | | | | | | |
| | Passenger In | formation | | | | | L | | Birth (Age | | Sex | Position | Restraint | Hospital | | | | | | | |
| | | | | | | | Inj | ury | Airbag [| Deploy | ed | Ejected | Trapped | Ambulance | | | | | | | |
| S. | | nation | | | | | | | | | Carrie | r Source | GVWR | I | CCMC | | USDO' | Т | MP | SC | |
| C K / B I | | | | | | | | | | | Driver | 's CDL Typ | 0 H | orsements I OP OT I OS OX | 0 | L Exemp Farm Other | ot | CDL Rest O 28 | | 30 O | 35 036 |
| TRIC | Interstate/Intra | astate Ve | hicle Ty | уре | Type & Axle Pe First | er Unit Second | Third | | Fourth | ı | | Cargo Bo | dy Type | Medical Ca | ard | | ardous N Placard | faterial O Cargo | Spill | # | Class # |
| S S | Owner Inform | ation | | | • | | | | | | Owne | r Informatio | on | | | | | | | | |
| OWNERS | | | | | | | | | | | | | | | | | | | | | |
| S | Witness Infor | mation | | | | | | | | | Witne | ss Informat | tion | | | | | | | | |
| MITNE | | | | | | | | | | | | | | | | | | | | | |
| | nvestigated t Scene Yes | Reported D 6 04/25/2 | | | st Investigator Na | | | | | 2nd | d Invest | igator Nam | e (Badge) | | | | hotos By | | | | |
| | arrative | was called | l in h | v a reside | ent in the are | a They adv | isad di | enat | ch they | <u> </u> | Diagr | am | | | | | | | | | - |
| 1 | | | | - | ees. Upon a | - | | | - | , | | | | | | | | | | | IN |
| ı | | | | - | atrol car FLII | | | - | | lt | | | | | | | | | A | A 4 | 4 |
| 1 | | | | - | he road into | | | | | ie | | | | | | | | | 4 | | |
| L | | - | | | rge trees. Th | | | | ner | | | | | | | 2 | | ~ | | | |
| | roommate | nad gotter | n arui | nk and tai | ken the car v | without pern | nission. | | | | | | ~► . | | | | | | | | |
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| | | | | | | | | | | | | N.Teri | itorial | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |

Authority: 1949 PA 300, Sec.257.622 External # Page 01 of 01 Crash ID MSP UD-10E Compliance: Required No Penalty: \$100 and/or 90 days 0657760 9717258 File Class 93001 STATE OF MICHIGAN TRAFFIC CRASH REPORT 160037910 SANITIZED SANITIZED SANITIZ MI 8118100 Washtenaw Co Sheriff's Office ARCHER (00957) Crash Date Crash Time No. of Units pecial Circumstances O Hit and Run O Unknown O Non-Traffic Area O ORV/Snowmobile 05/17/2016 NoneFleeing Police O School Bus O Animal 21:37 Single Motor Vehicle 01 Traffic Contro County Weathe 81 - Washtenaw None Outside of Shoulder/Curb Clear NON-FRWY Curved Roadway City/Twsp Contributing Circumstances 12 - Salem Twp Dark-Unlighted 02 50 Work Zone (if applicable) Type Workers Present Activity Location Suffix Prefix Divided Roadway Road Type NORTH TERRITORIAL RD Trafficway Not Physically Divided Distance / Direction 1,320 Feet W Intersecting Road Name CURTIS Suffix Divided Roadway Unit Known Date of Birth (Age) State Driver License Numbe License Type Endorsements Total Occupants Hazardous Action Unit Number Operator
Chauffeur
Moped O Cycle O Farm O Recreation 01 MI ########### ##/##/### (38) M 01 Yes Careless Driving Unit Type Driver is Owner Position Restraint Use Unknown MV Front - Left PLYMOUTH, MI 48170-2623 (###) ###-#### Driver Condition at Time of Crash Driver Distracted By Ejected Trapped Airbag Deployed
Not Deployed Unknown NONE NONE Alcohol Suspected Alcohol Test Type nterlock Device ontributing Factor Alcohol Test Results O Breath O Field O Blood O PBT O Urine
O Refused • Not Offered No Nο O Pending Test Results: No Drug Suspected No Contributing Facto O Urine O Blood O Pending Test Results: O Hazardous O Field O Refused O Not Offered Make ############ MI Description 2015 **FORD** SUPER DUTY RFD /ehicle Type Pickup Truck rivate Trailer Type Vehicle Defect Special Vehicles
Not Applicable ############################## DONS - 7344494484 Location of Greatest Damage Extent of Dai age (Power Unit and/or Trailers) Vehicle Di 02 Disabling Damage Ε Commercial (Business) Going Straight Ahead Sequence of Events
(

indicates MOST harmful event) 04 - Ran Off Roadway-Right 08 - Fire / Explosion • 39 - Tree Passenger Information Date of Birth (Age) Position Restraint Airbag Deployed Hospital Ambulance Passenger Information Date of Birth (Age) Restraint Position Ejected Injury Airbag Deployed rapped Hospital Ambulance Passenger Information Date of Birth (Age) Sex Position Restraint apped Airbag Deployed Injury USDOT MPSC Carrier Information Endorsements OH OP OT ON OS OX ehicle Configuration GVWR/GCWR Cargo Body Type 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 Information Owner Information ######### (###) ###-#### Damaged Property Owner & Phone Public

SANITIZED SANITIZED SANITIZED SANITIZED

| | Onitradinisci | Onicia | | | Diivei | Electise (Val | ilibei | | | Date of | Ditti (Ag | <u> </u> | | O Ch O Mo | erator auffeu ped | r ur | O Cycle O Farm O Recre | ation | GCX | Total | occupani | | izardous | Action | | | |
|-------------|---|-----------|-------------------|--------------|---------|--------------------------------|----------|-----------|-------------|-----------|------------|----------|--------------------|--------------|-------------------------|----------|------------------------------|----------------|-----------|-------------------------|--------------------|--------|-----------------|--------|-------------|---------|--------|
| | Unit Type | Driver I | Informat | ion | | | | | | | | | Drive | er is Ow | ner II | njury | Position | 1 | | | R | estrai | nt | | | | |
| | Driver Condition | on at Tir | me of Cr | rash | | | 2nd | | | | | Drive | er Distra | acted By | ' | | | E | Ejected | Trapp | oed Ai | irbag | Deployed | ı | | | |
| / E R | Hospital | | | | | | | | | | | | | Ambu | ance | | | | | | | | | | | | _ |
| R I | Alcohol Suspe | ected | Contribu | ıting Fa | ictor | Alcohol Tes O Breath | 0 | Blood | O Urine | | . 0" | | ohol Te D Pendi | st Resu | | Test Re | sults: | | Interlock | c Device | 9 | | | | | | |
| _ / D | Drug Suspecte | ed | Contribu | ıting Fa | ictor | O Field Drug Test T O Blood | уре О | Urine | O Refuse | | ot Ollered | Dru | g Test D Pendi | Results | | Test Re | sults: | | | zardous | · | | | | | | |
| _ _ Z | Vehicle Regist | tration | | State | | O Field hicle escription | 0 | Year | O Not Off | Make | 9 | | | | | | Model | | O Oth | ner | | | Color | | | | |
| \cap | VIN | | | | Vehic | cle Type | | | | Specia | al Vehicle | s | | | | Privat | te Trailer T | уре | | | Vehicle | Defec | t | | | | |
| | Insurance Cor | npany | | | | | Insu | rance P | olicy # | | | | | Towed | Ву | | | | | То | wed To | | | | | | |
| | Location of Greatest Dam | age | F | irst Imp | | Extent of Da | amage | (Power | Unit and/or | | | Direct | tion \ | ehicle l | Jse | | | | | Acti | on Prior | | | | | | |
| | Sequence of Events (• indicates N | 1OST ha | armful e | Fir vent) | st | | | | | Secon | id | | | | | Th | nird | | | | F | ourth | | | | | |
| | Passenger Info | ormatio | n | | | | | | | D | ate of Bir | th (Age | e) | Sex | Pos | sition | | | | | Restrai | int | | | | | |
| | | | | | | | | | | Ir | njury | Ejecte | d Tr | apped | Airba | g Deplo | yed | | | | <u> </u> | | | | | | _ |
| S | Hospital | | | | | | | | | | | | | Ambu | ance | | | | | | | | | | | | |
| E R | Passenger Info | ormatio | n | | | | | | | D | ate of Bir | th (Age | e) | Sex | Pos | sition | | | | | Restrai | int | | | | | |
| EN G | | | | | | | | | | Ir | njury | Ejecte | d Tr | apped | Airba | g Deplo | yed | | | | | | | | | | |
| S V | Hospital | | | | | | | | | • | | | | Ambu | ance | | | | | | | | | | | | |
| Ф | Passenger Info | ormatio | n | | | | | | | | ate of Bir | | | Sex | | sition | | | | | Restrai | int | | | | | |
| | | | | | | | | | | lr | njury | Ejecte | d Tr | | | g Deplo | yed | | | | | | | | | | |
| | Hospital | | | | | | | | | | | | | Ambu | ance | | | | | | | | | | | | |
| BUS | Carrier Informa | ation | | | | | | | | | | | | USDC | | | | | МС | | | MPS | С | | | | |
| CK/E | | | | | | | | | | | | | | Driver | s CDI | L Type | ОН | OP OT OS OX | c | L Exem Farm Other | npt | | | | | | |
| TRU | GVWR/GCWF O 10,000 lb | | ss O | 10,001 | - 26,00 | 00 lbs. O | Greate | er than 2 | | Vehicle (| Configurat | tion | | | Carg | go Body | Туре | Medical Ca | ard | | zardous Placard | | ial Cargo Sp | ill | # | Class # | |
| ERS | Owner Informa | ation | | | | | | | | | | | | Owne | r Infor | mation | | • | | | | | | | | • | |
| NMO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ESS | Witness Inform | nation | | | | | | | | | | | | Witne | ss Info | ormation | | | | | | | | | | | |
| WITN | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | restigated Scene Yes | | rted Dat 17/20 | | | 1st Invest | | | Badge) | | | | 2nd | d Investi | gator | Name (E | Badge) | | | F | Photos No | | | | | | |
| | rrative /EH 1 WAS | S TRA | AVELI | NG E | AST | ONNT | ERF | RITOR | IAL RD, | RAN | OFF TI | HE | | Diagr | am | | | | | | | | | - | | | |
| | ROADWAY | | | | | | | | | | | | | | | | | | | | | | | (N |) | | |
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| | DEPLOYE | | *** | | | | | | L 7 (11 (D) | .00 11 | LIKE | | | \ | \ | | | \ | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | ~ | · wit | | 2 | | ~ | γ~ ~ | | |

Authority: 1949 PA 300, Sec.257.622 Crash ID External # Compliance: Required N Penalty: \$100 and/or 90 days MSP UD-10E 0630026 9634990 STATE OF MICHIGAN TRAFFIC CRASH REPORT SANITIZED SANITIZED SANITIZ MI 8196400 Northfield Township Police Department Crash Date Crash Time No. of Units oecial Circum O Hit and Run O Unknown O School Bus O Animal 02/09/2016 NoneO Fleeing Police 07:02 Single Motor Vehicle 01 County Fraffic Cont Weathe 81 - Washtenaw Outside of Shoulder/Curb None Snow Contributing Circumstances 2nd 10 - Northfield Twp Dark-Unlighted Work Zone (if applicable) Type Workers Present Activity Location Suffix Prefix Road Type Е NORTH TERRITORIAL RD Distance / Direction 700 Feet W Trafficway Not Physically Divided Intersecting Road Name DIXBORO Road Type Suffix Unit Known State Driver License Numbe Date of Birth (Age) Endorsements Unit Number License Type Operator
Chauffeur
Moped O Cycle O Farm O Recreation 01 MI ########### ##/##/### (32) Yes Unit Type Driver is Owner Position river Information Front - Left MV 0 WIXOM, MI 48393-2514 (###) ###-#### Driver Condition at Time of Crash Driver Distracted By Ejected Appeared Normal NONE NONE Alcohol Suspected Alcohol Test Type ontributing Factor Alcohol Test Results O Breath O Field O Blood O PBT O Urine
O Refused • Not Offered No Nο O Pending Test Results: Drug Suspected No Contributing Facto O Urine O Blood O Pending Test Results: O Field O Refused O Not Offered Make ############ MI Description CHEVROLET 2008 IMPALA /ehicle Type Passenger Car, SUV, Van rivate Trailer Type Special Vehicles
Not Applicable ############################### Insurance Policy # DON'S BODY SHOP Location of Greatest Damage Extent of Dar Vehicle D ehicle Use 01 Functional Damage Private Sequence of Events
(

indicates MOST harmful event) • 39 - Tree 01 - Loss of Control 04 - Ran Off Roadway-Right Passenger Information Date of Birth (Age) Airbag Deployed Hospital Ambulance Passenger Information Date of Birth (Age) Position Injury Ejected Airbag Deployed rapped Hospital Ambulance Passenger Information Date of Birth (Age) Sex Position Airbag Deployed Injury apped USDOT Carrier Information OH OP OT ON OS OX ehicle Configuration GVWR/GCWR argo Body Type O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs Owner Information Owner Information ######### (###) ###-#### Damaged Property Owner & Phone Public

| Page 01 of 01 File Class 93001 Incident # 160000493 Reviewer DAVIDSON (05103) Special Checks O Fatal O Non-Traffic Area O ORV/Snowmobile Area NON-FRWY Straight Roadway Indition Total Lanes Speed Limit Posted 02 Speed Too Fast Restraint Shoulder and Lap Belt | | | | | | | | |
|--|-----|-------------|--------|--------|-------|--------------------------|-------------|-------------|
| Reviewer DAVIDSON (05103) Special Checks | | | | File (| Class | 93001 | | |
| DAVIDSON (05103) Special Checks | | | | 16 | 000 | | | |
| O Fatal O Non-Traffic Area O ORV/Snowmobile Area NON-FRWY Straight Roadway Indition Total Lanes Speed Limit O2 50 For Yes Divided Roadway Action Speed Too Fast Restraint Shoulder and Lap Belt Trapped Airbag Deployed Deployed - Front Ook Device Other Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint Restraint MPSC CDL Exempt O Other | | | | D/ | AVIE | OSON (05 | 103) | |
| NON-FRWY Straight Roadway Indition Total Lanes Speed Limit Posted Yes Divided Roadway Divided Roadway Divided Roadway Divided Roadway Total Occupants Hazardous Action Speed Too Fast Restraint Shoulder and Lap Belt I Trapped Airbag Deployed Deployed - Front Ook Device On Issued Hazardous Other Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint Restraint Restraint Restraint | 18 | | | | | Non-Traffic Are | ea O ORV | /Snowmobile |
| Divided Roadway Restraint Shoulder and Lap Belt Divided Roadway Restraint Restraint Proped Too Fast Divided Roadway Divided Roadway Restraint Restraint Restraint Restraint Restraint Restraint Restraint MPSC CDL Exempt O Other Other | | | N-F | RW | Y S | traight Ro | adway | |
| Total Occupants Hazardous Action Speed Too Fast | ndi | tion | l | | | | | |
| Total Occupants Hazardous Action Speed Too Fast | | | | | | | | |
| Total Occupants Hazardous Action Speed Too Fast Restraint Shoulder and Lap Belt Trapped Airbag Deployed Deployed - Front Trapped Deployed - Front Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restrain | | | | | | Divided Ro | adway | |
| Total Occupants Hazardous Action Speed Too Fast Restraint Shoulder and Lap Belt Trapped Airbag Deployed Deployed - Front Trapped Deployed - Front Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restrain | | | | | | | | |
| Restraint Shoulder and Lap Belt Airbag Deployed Deployed - Front Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint Restraint Restraint MPSC CDL Exempt O Other | | | | | | Divided Ro | padway | |
| Restraint Shoulder and Lap Belt I Trapped Airbag Deployed Deployed - Front Ook Device On Issued Hazardous Other Color WHITE Vehicle Defect Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint MPSC CDL Exempt O Other | | To | otal (| Occup | ants | | | |
| Shoulder and Lap Belt I Trapped Airbag Deployed Deployed - Front Ock Device Deployed - Front I Towed To Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint MPSC CDL Exempt O Ther O Other Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth | | (| 01 | | | Speed T | oo Fast | |
| Deployed - Front lock Device Dion Issued Hazardous Other Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint MPSC CDL Exempt O Team O Other | | | | | | | nd Lap Belt | İ |
| ock Device on Issued Hazardous Other Color WHITE Vehicle Defect Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint MPSC CDL Exempt O Farm O Other | i | T | rapp | ed | Airb | ag Deployed eployed - | Front | |
| on Issued Hazardous Other Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint MPSC CDL Exempt O Farm O Other | | <u> </u> | | | | . , , - | • | |
| on Issued Hazardous Other Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint MPSC CDL Exempt O Farm O Other | ocl | k D | evice | 9 | | | | |
| Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint Restraint Restraint Other |) | | | | | | | |
| Color WHITE Vehicle Defect Towed To Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint MPSC CDL Exempt O Farm O Other | На | zar | | 3 | | | | |
| Restraint Restraint Restraint Restraint Restraint Restraint | | | | | | | | |
| Action Prior Going Straight Ahead Fourth Restraint Restraint Restraint MPSC CDL Exempt O Farm O Other | | | | Vehic | le De | efect | | |
| Restraint Restraint Restraint Restraint Restraint O Other | | | То | wed T | 0 | | | |
| Restraint Restraint Restraint Restraint O Dearm O Other | _ | _ | | | | raight Abo | ad | |
| Restraint Restraint MPSC CDL Exempt O Farm O Other | | | | JIII | | | uu | |
| Restraint Restraint MPSC CDL Exempt O Farm O Other | | | | | | | | |
| Restraint MPSC CDL Exempt O Farm O Other | | | | Rest | raint | | | |
| Restraint MPSC CDL Exempt O Farm O Other | _ | | | • | | | | |
| Restraint MPSC CDL Exempt O Farm O Other | | | | | | | | |
| MPSC CDL Exempt O Farm O Other | _ | | | Rest | raint | | | |
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| MPSC CDL Exempt O Farm O Other | | | | | | | | |
| CDL Exempt O Farm O Other | _ | | | Rest | raint | | | |
| CDL Exempt O Farm O Other | _ | | | | | | | |
| CDL Exempt O Farm O Other | | | | | | | | |
| CDL Exempt O Farm O Other | | | | | _ | | | |
| O Farm O Other | | | | | М | PSC | | |
| | C | Fa | arm | pt | _ | | | |
| O Placard O Cargo Spill | _ | <i>,</i> UI | На | | | | ID# | Class # |

Sex

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Citation Is

O Haza O Other

No

SANITIZED SANITIZED SANITIZED SANITIZED

| | Unit Number | | | river License Nu | ımber | D | Pate of Birth (Ag | e) | | License [*] O Ope O Cha O Mop | erator ouffeur oed | 0 | ndorseme O Cycle O Farm O Recrea | | Sex | Total (| | s Hazardous Ac | tion | |
|---------|------------------------------------|----------------|-------------------------|--|---------------------------------|---------------|-------------------|---------|-------------------|---|--------------------------|-----------|---|------------|---------------------------|-------------------------|--------------------|------------------------|---------|---------|
| | Unit Type | Driver Inforr | nation | | | | | | Drive | eris Own | er Inju | ry | Position | | | | R | estraint | | |
| | Driver Condit 1st | ion at Time of | Crash | | 2nd | | | Driver | Distra | cted By | | | | E | jected | Trap | ped Ai | irbag Deployed | | |
| A R | Hospital | | | | | | | | | Ambula | ince | | | <u> </u> _ | | | | | | |
| - - | Alcohol Susp | ected Contr | ributing Fact | tor Alcohol Tes O Breath O Field | O Blood | O Urine | O Not Offered | 0 | hol Tes Pendir | st Result ng | | st Resul | ts: | | Interlock | Devic | е | | | |
| Q / | Drug Suspect | ted Contr | ributing Fact | tor Drug Test O Blood | Type O Urine | | | Drug | Test F | Results ng | Te | st Resul | ts: | | Citation I | ardous | | | | |
| _ Z | Vehicle Regis | stration | State | O Field Vehicle Description | O Refused Year | O Not Offer | Make | | | | | 1 | Model | | O Oth | er | | Color | | |
| | VIN | | | Vehicle Type | | | Special Vehicle | S | | | | Private T | Frailer Ty | ре | | | Vehicle I | Defect | | |
| | Insurance Co | mpany | | | Insurance Poli | icy# | | | | Towed | Ву | | | | | То | owed To | | | |
| | Location of Greatest Dan | nage | First Impa | ct Extent of D | amage (Power U | nit and/or Tr | railers) Vehicle | Directi | ion V | ehicle Us | se | | | | | Act | ion Prior | | | |
| | Sequence of Events (• indicates ! | MOST harmfu | First | i | | : | Second | | | | | Third | I | | | | F | ourth | | |
| | Passenger In | formation | | | | | Date of Bir | th (Age |) | Sex | Positio | n | | | | | Restrai | nt | | |
| | | | | | | | Injury | Ejected | d Tra | apped | Airbag [| Deployed | d | | | | • | | | |
| S. | Hospital | | | | | | | | | Ambula | ince | | | | | | | | | |
| S E R | Passenger In | formation | | | | | Date of Bir | th (Age |) | Sex | Positio | n | | | | | Restrai | nt | | |
| Z U | Passenger In Hospital Passenger In | | | | | | Injury | Ejected | d Tra | | | Deployed | d | | | | | | | |
| S A | Hospital | | | | | | | | | Ambula | | | | | | | | | | |
| Ф | Passenger In | formation | | | | | Date of Bir | | | Sex | Positio | | | | | | Restrai | nt | | |
| | Hospital | | | | | | Injury | Ejected | 1 1176 | Ambula | | Deployed | u | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| CK/BUS | Carrier Inform | nation | | | | | | | | USDOT | | | | | МС | | | MPSC | | |
| C K / | | | | | | | | | | Driver's | CDLI | ype | | op ot | 0 | L Exen Farm Other | npt | | | |
| ⊣ □ | GVWR/GCW O 10,000 II | | O 10,001 - : | 26,000 lbs. O | Greater than 26, | | hicle Configurat | ion | | | Cargo E | Body Typ | pe | Medical Ca | ird | | zardous Placard | Material O Cargo Spill | ID# | Class # |
| OWNERS | Owner Inform | nation | | | | | | | | Owner | Informa | tion | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| WITNESS | Witness Infor | mation | | | | | | | | Witness | s Inform | ation | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | vestigated Scene Yes | | Date (Time) 2016 (07 | | stigator Name (Ba CUEREB (50 | | | | 2nd | I Investig | ator Na | me (Bad | lge) | | | | Photos No | | | |
| | arrative VEH #1 W. | AS TRAV | ELING V | VEST ON N | NORTH TER | RITORIA | AL RD. VEI | H #1 | | Diagra | m | | Poor | BORO RD | | | | | | |
| 1 | | | | | Y TO THE R | | | | | | | | | | | | | | | (—Z |
| 1 | | | | | LISTED AS | | | | | | | | | | | | | | | |
| | UNDER 16 | 6-494 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | ¥., | Y. | Unit 1 | | ٦ | | | | | |
| | | | | | | | | | | | 2/1 | | > | | NORTH TERRITORIA RO | | | | | |
| | | | | | | | | | | | l | | A | | | | | | | |
| | | | | | | | | | | | | - | | | | | | | | |
| | | | | | | | | | | | | | Ţ | 1 1 | | | | N/C | T TO SC | CALE |

Authority: 1949 PA 300, Sec.257.622 External # Crash ID Page 01 of 01 MSP UD-10E Compliance: Required No Penalty: \$100 and/or 90 days 9641983 0632439 File Class 93001 STATE OF MICHIGAN TRAFFIC CRASH REPORT 160000573 SANITIZED SANITIZED SANITIZ MI 8196400 Northfield Township Police Department SMITH (05107) Crash Date Crash Time No. of Units pecial Circum O Hit and Run O Unknown None
 Fleeing Police 02/16/2016 Single Motor Vehicle O School Bus O Animal O Non-Traffic Area 10.44 01 Fraffic Contro County Weathe 81 - Washtenaw None Outside of Shoulder/Curb Cloudy NON-FRWY Straight Roadway City/Twsp Contributing Circumstances 2nd 10 - Northfield Twp Daylight Wet Work Zone (if applicable) Type Workers Present Activity Location Suffix Prefix Road Type Е NORTH TERRITORIAL RD Trafficway Not Physically Divided Distance / Direction 2,500 Feet E Intersecting Road Name SUTTON Suffix Unit Number Unit Known Date of Birth (Age) State Driver License Numbe License Type Endorsements Total Occupants Hazardous Action Operator
Chauffeur
Moped O Cycle O Farm O Recreation F 01 MI ########### ##/##/### (27) 01 Yes Unit Type Driver is Owner Injury Position Priver Information Shoulder and Lap Belt MV В Front - Left ANN ARBOR, MI 48104-1221 Driver Condition at Time of Crash Driver Distracted By Ejected Trapped Airbag Deployed
Deployed - Front Appeared Normal UNIV OF MICHIGAN HEALTH SYSTEM-MEDICAL CENTER HURON VALLEY AMBULANCE INC Alcohol Suspected Alcohol Test Type nterlock Device Contributing Factor Alcohol Test Results O Breath O Field O Blood O PBT O Urine
O Refused • Not Offered No Nο O Pending Test Results: No Drug Suspected No Contributing Facto O Urine O Blood O Pending Test Results: O Hazardous O Field O Refused O Not Offered Make ############ OH Description 2014 FORD **FOCUS** ehicle Type rivate Trailer Type Vehicle Defect ############################## Passenger Car, SUV, Van Not Applicable Insurance Policy # Towed By DON'S / DON'S Location of Greatest Damage Extent of Dar age (Power Unit and/or Trailers) Vehicle Di ehicle Use 01 Functional Damage Ε Private Going Straight Ahead Sequence of Third Events
(

indicates MOST harmful event) 04 - Ran Off Roadway-Right • 39 - Tree Passenger Information Date of Birth (Age) Position Restraint Airbag Deployed Hospital Ambulance Passenger Information Date of Birth (Age) Restraint Position Ejected Injury Airbag Deployed rapped Hospital Ambulance Passenger Information Date of Birth (Age) Sex Position Restraint apped Airbag Deployed Injury USDOT MPSC Carrier Information Endorsements OH OP OT ON OS OX ehicle Configuration GVWR/GCWR Cargo Body Type O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs O Placard O Cargo Spill Owner Information Owner Information Damaged Property Owner & Phone Public

O ORV/Snowmobile

02

50

Divided Roadway

Divided Roadway

Other

BLACK

lass #

SANITIZED SANITIZED SANITIZED

| | Onit Number | Unit Kn | iown | State Dri | iver License Nur | riber | Dai | te of Birth (Age | *) | | O Oper O Chau O Mope | ator | O Cycle O Farm O Recre | | Sex | i otal Oc | ccupants | Hazardous A | ction | |
|-------------|--|----------------|----------|------------------------|----------------------------------|-------------------------------------|-------|------------------|-----------|-------------------|----------------------------|---------------|------------------------|----------------|-------------------------------|-----------------------|-------------|---------------|--------|---------|
| | Unit Type | Driver I | Informa | tion | | | | | | Driver | r is Owne | r Injury | Position | n | | | Res | straint | | |
| | Driver Condition | on at Tir | me of C | rash | | 2nd | | | Driver | Distrac | cted By | | <u> </u> | E | jected | Trappe | d Airb | pag Deployed | | |
| VER | Hospital | | | | | | | | | | Ambular | nce | | | | | | | | |
| ۳ _ | Alcohol Suspe | ected | Contrib | uting Facto | Or Alcohol Test O Breath O Field | O Blood O Ur | | O Not Offered | Alcol | hol Tes Pendin | st Results | Test Res | ults: | | Interlock | Device | | | | |
| 7 / D | Drug Suspecte | ed | Contrib | uting Facto | | | | | | Test R Pendin | Results | Test Res | ults: | | Citation I O Haz O Othe | ardous | | | | |
| _ Z) | Vehicle Regis | tration | | State | Vehicle Description | Year | | Make | | | | | Model | | | - | | Color | | |
| \supset | VIN | | | V | ehicle Type | | Sį | pecial Vehicles | 3 | | | | Trailer T | уре | | | ehicle De | efect | | |
| | Insurance Cor | mpany | | | | Insurance Policy # | | | | ls: | Towed E | | | | | | ed To | | | |
| | Location of Greatest Dam | age | ľ | First Impac | | mage (Power Unit an | | lers) Vehicle | Direction | on Ve | ehicle Us | e Thi | rd | | | Action | n Prior | urth | | |
| | Sequence of Events (• indicates N | MOST ha | armful e | | | | 36 | econa | | | | | iu | | | | FO | utti | | |
| | Passenger Inf | ormatio | n | | | | | Date of Birt | h (Age) |) | Sex | Position | | | | | Restraint | | | |
| | | | | | | | | Injury | Ejected | Tra | pped A | irbag Deploy | ed | | | | | | | |
| S | Hospital | | | | | | | _ | | | Ambular | | | | | | | | | |
| GER | Passenger Inf | ormatio | n | | | | | Date of Birt | | | | Position | | | | | Restraint | | | |
| SEN | Hospital | | | | | | | Injury | Ejected | ııra | Ambular | irbag Deploy | ea | | | | | | | |
| PAS | Passenger Inf Hospital Passenger Inf | ormatio | n | | | | | Date of Birt | h (Age) |) | | Position | | | | | Restraint | : | | |
| | , and the second | | | | | | | | Ejected | | | irbag Deploy | ed | | | | | | | |
| | Hospital | | | | | | | | | | Ambular | nce | | | | | | | | |
| S | Carrier Inform | ation | | | | | | | | | USDOT | | | | MC | | N | 1PSC | | |
| / B U : | | | | | | | | | | | Driver's | CDL Type | | sements | | _ Exemp | t | | | |
| UCK | GVWR/GCWF O 10,000 lb | ₹ | | | | | Vehi | icle Configurat | on | | 10 | Cargo Body T | 0 N | OP OT OS OX | 0 | Farm Other Haza | ardous M | aterial | ID# | Class # |
| - | | | ss O | 10,001 - 2 | 26,000 lbs. O | Greater than 26,000 l | os. | | | | | | | | | 01 | Placard | O Cargo Spill | | |
| OWNERS | Owner Informa | ation | | | | | | | | | Owner I | nformation | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| WITNESS | Witness Inform | nation | | | | | | | | | Witness | Information | | | | | | | | |
| _ | | T _a | | | 1 | | | | | | | | | | | la. | | | | |
| at | restigated Scene Yes | | | ite (Time) 016 (10: | | igator Name (Badge) QUETTE (5106 | 6) | | | 2nd | | itor Name (Ba | adge) | | | | notos No | | | |
| 1 | urative ≄1 WAS TF ROADWAY | | | | | I TERRITORIA | L RD, | RAN OFF | THE | | | 1 | UTTON RD | | OT TO | SCALI | | —— Unit 1— | Unit 1 | |

Appendix C – Time of Return Analysis



COMPUTED BENEFITS DERIVED THROUGH CRASH REDUCTION

TOR FY 2018 (Local Agency) Date: 29-Jul-16

Proj: North Territorial Road City/Twp.: Salem & Northfield Tov

Prepared by: Brent Schlack County: Washtenaw

PR Number: Spencer Road PR MP: Gotfredson Road

The method of evaluating crash costs, used below, is given on page 67 of Roy Jorgensen's report of Highway Safety Improvement Criteria 1966 edition. This same method is given in the Bureau of Public Roads IM21-3-67. In 1994 we have adapted the Q formula to blend Fatalities and A-injuries only. In the following analysis the costs provided by the National Safety Council (NSC) are:

2014 NSC VALUES:

Death \$1,512,000 =FATCOST
Disabling (A) injury: \$88,500 =ACOST
B-Injury \$25,600 =BCOST
PDO and/or Minor Injury Crash: \$11,300 =PDOCCST

BTOTAL = ADTa/ADTbx(QxR1+(BCOSTxR2)+(PDOCCSTxR3))

WHERE:

| BTOTAL= | Total Benefit in Dollars Over Years Used | 726660 |
|---------|--|-----------|
| ADTa = | Average traffic volume after the improvement | 1.1 |
| ADTb = | Average traffic volume before the improvement | 1.0 |
| R1 = | Reduction in fatalities and A-Injuries Combined. | 1.5 |
| R2 = | Reduction in B-injury crashes: | 3.8 |
| R3 = | Reduction in PDO and C-injury crashes | 6.0 |
| Q = | [FATCOST+((I/F)xACOST)]/[1+(I/F)] | |
| = | [1,210,000+(4.85 x 62,500)] / [1+4.85] | 331,700.0 |
| | for AREA TYPE ERR | |
| I/F = | | 4.85 |

| Q-Reference | Q | A-Injuries | Fatalities | I/F |
|-------------|---------------|---------------------------|-------------|------|
| RURAL | 331700 | 6034 | 1243 | 4.85 |
| URBAN | 270000 | 9226 | 1348 | 6.84 |
| BETWEEN | 295100 | 15260 | 2591 | 5.89 |
| Data from S | Safety Progra | ams Unit, E. | Line 5-Year | |
| Statewide, | Non-Trunklir | ne crash figu | res. | |
| (From 1-1-1 | 1 through 1 | <mark>2-31-15) use</mark> | ed. | |

Time of Return (T.O.R.) is based on 5.0 years of data.

NOINFB =No-Inflation Annual Benefit=BTOTAL/years 145332

With an inflation rate of 2.50%

B=Annual Benefit=Present Value (with Inflation) \$186,037

C = Project Cost \$587,603

TOR=C/B=COST/ANNUAL BENEFIT=

NUMBER OF CRASHES OR INJURED PERSONS.

| _ | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 |
|---|--------|--------|--------|--------|-----------|
| | 2011 | 2012 | 2013 | 2014 | 2015+2016 |

| Targeted Tree Removal – Tree cras | hes | 75% | %REDUCTION | | |
|-----------------------------------|-----|-----|------------|---|---|
| Number of Crashes | 2 | 3 | 1 | 2 | 7 |
| PDO+C Injury Crashes | 1 | 2 | 1 | 1 | 3 |
| B-Injured Persons | 1 | 1 | 0 | 1 | 2 |
| A-Injured or Killed Persons | 0 | 0 | 0 | 0 | 2 |
| | - | - | - | - | - |
| 0 | | 0% | %REDUCTION | | |
| Number of Crashes | 0 | 0 | 0 | 0 | 0 |
| PDO+C Injury Crashes | 0 | 0 | 0 | 0 | 0 |
| B-Injured Persons | 0 | 0 | 0 | 0 | 0 |
| A-Injured or Killed Persons | 0 | 0 | 0 | 0 | 0 |
| | - | - | - | - | - |
| 0 | | 0% | %REDUCTION | | |
| Number of Crashes | 0 | 0 | 0 | 0 | 0 |
| PDO+C Injury Crashes | 0 | 0 | 0 | 0 | 0 |
| B-Injured Persons | 0 | 0 | 0 | 0 | 0 |
| A-Injured or Killed Persons | 0 | 0 | 0 | 0 | 0 |
| | - | - | - | - | - |
| 0 | | 0% | %REDUCTION | | |
| Number of Crashes | 0 | 0 | 0 | 0 | 0 |
| PDO+C Injury Crashes | 0 | 0 | 0 | 0 | 0 |
| B-Injured Persons | 0 | 0 | 0 | 0 | 0 |
| A-Injured or Killed Persons | 0 | 0 | 0 | 0 | 0 |
| - | - | - | - | - | - |
| 0 | | 0% | %REDUCTION | | |
| Number of Crashes | 0 | 0 | 0 | 0 | 0 |
| PDO+C Injury Crashes | 0 | 0 | 0 | 0 | 0 |
| B-Injured Persons | 0 | 0 | 0 | 0 | 0 |
| A-Injured or Killed Persons | 0 | 0 | 0 | 0 | 0 |
| <u>-</u> | - | - | - | - | - |
| | | | | | |

| # A-Injuries: | 1 For reference only | |
|--------------------------|--|--|
| # Fatalities: | 1 For reference only; "Q" accounts | |
| _ | for the risk of a fatality. | |
| PROJECT COST ESTIMATE : | \$587,603 If unknown, enter "0" (zero). | |
| ADTb (before-volume) | 1.0 You may change these | |
| ADTa (after-volume) | 1.1 default ADT values. | |
| NUMBER OF YEARS OF DATA: | 5.00 3 to 5 years should be used. | |
| RATE OF INFLATION: | 2.50% | |
| AREA TYPE: | 1 (1 = RURAL,2 = URBAN,3 = BETWEEN) | |

REMARKS:

| 0 | North Territorial Road |
|---|---------------------------------|
| | Spencer Road to Gotfredson Road |
| | Spencer Road |
| | Gotfredson Road |
| | Segment safety improvements |

Appendix D – MERL Cost Estimate



Engineer's Opinion of Costs

Project Number: T&S HRRR4

Estimate Number: 1

Project Type: Safety

Location: N Territorial Rd

Description: Safety improvements on Territorial Rd between Spencer

Rd to Gotfredson Rd

Project Engineer: Brent Schlack

Date Created: 07/29/2016

Date Edited: 08/16/2016

Fed/State #:

Fed Item:

Control Section:

| Line | Pay Item | Description | Quantity | Units | Unit Price | Total |
|-------|------------|---|-----------|-------|-------------|--------------|
| Categ | jory: 0000 | | | | | |
| 0001 | 1500001 | Mobilization, Max | 1.000 | LSUM | \$53,418.00 | \$53,418.00 |
| 0002 | 2017002 | _ Clearing, Modified | 15.000 | Sta | \$1,000.00 | \$15,000.00 |
| 0003 | 2020002 | Tree, Rem, 19 inch to 36 inch | 30.000 | Ea | \$900.00 | \$27,000.00 |
| 0004 | 2020003 | Tree, Rem, 37 inch or Larger | 15.000 | Ea | \$1,500.00 | \$22,500.00 |
| 0005 | 2020004 | Tree, Rem, 6 inch to 18 inch | 80.000 | Ea | \$500.00 | \$40,000.00 |
| 0006 | 2020006 | Stump, Rem, 19 inch to 36 inch | 30.000 | Ea | \$250.00 | \$7,500.00 |
| 0007 | 2020007 | Stump, Rem, 37 inch or Larger | 15.000 | Ea | \$300.00 | \$4,500.00 |
| 8000 | 2020008 | Stump, Rem, 6 inch to 18 inch | 80.000 | Ea | \$120.00 | \$9,600.00 |
| 0009 | 2040035 | Guardrail, Rem | 100.000 | Ft | \$1.00 | \$100.00 |
| 0010 | 2040060 | Structures, Rem | 1.000 | LSUM | \$40,000.00 | \$40,000.00 |
| 0011 | 2050010 | Embankment, CIP | 3,200.000 | Cyd | \$10.00 | \$32,000.00 |
| 0012 | 2050016 | Excavation, Earth | 350.000 | Cyd | \$20.00 | \$7,000.00 |
| 0013 | 2050031 | Non Haz Contaminated Material Handling and Disposal, LM | 10.000 | Cyd | \$30.00 | \$300.00 |
| 0014 | 2060002 | Backfill, Structure, CIP | 1,500.000 | Cyd | \$15.00 | \$22,500.00 |
| 0015 | 2060010 | Excavation, Fdn | 1,800.000 | Cyd | \$10.00 | \$18,000.00 |
| 0016 | 2080036 | Erosion Control, Silt Fence | 900.000 | Ft | \$2.00 | \$1,800.00 |
| 0017 | 3027011 | _ Aggregate Base, 6 inch, Modified | 100.000 | Syd | \$15.00 | \$1,500.00 |
| 0018 | 3077031 | _ Shoulder, Cl II, Modified | 450.000 | Ton | \$25.00 | \$11,250.00 |
| 0019 | 4060005 | Culv Bedding, Box Culv | 215.000 | Cyd | \$50.00 | \$10,750.00 |
| 0020 | 4067001 | _ Culv, Precast Conc Box, 13 foot by 7 foot | 53.000 | Ft | \$3,000.00 | \$159,000.00 |
| 0021 | 5010002 | Cold Milling HMA Surface | 1,000.000 | Syd | \$2.00 | \$2,000.00 |
| 0022 | 5010005 | HMA Surface, Rem | 300.000 | Syd | \$3.00 | \$900.00 |
| 0023 | 5010051 | HMA, 4E3 | 420.000 | Ton | \$85.00 | \$35,700.00 |

Contract # T&S HRRR4 (N Territorial Rd)

MERL: 5.3.5

| Line | Pay Item | Description | Quantity | Units | Unit Price | Total |
|------|----------|--|-----------|-------|-------------|-------------|
| 0024 | 5010057 | HMA, 5E3 | 170.000 | Ton | \$90.00 | \$15,300.00 |
| 0025 | 8070000 | Guardrail, Type B | 150.000 | Ft | \$15.00 | \$2,250.00 |
| 0026 | 8070016 | Guardrail, Backed, Det G2 | 2.000 | Ea | \$1,500.00 | \$3,000.00 |
| 0027 | 8070042 | Guardrail Approach Terminal, Type 2B | 4.000 | Ea | \$2,000.00 | \$8,000.00 |
| 0028 | 8070080 | Guardrail Reflector | 24.000 | Ea | \$5.00 | \$120.00 |
| 0029 | 8070095 | Post, Mailbox | 1.000 | Ea | \$100.00 | \$100.00 |
| 0030 | 8100403 | Sign, Type III, Rem | 4.000 | Ea | \$10.00 | \$40.00 |
| 0031 | 8110231 | Pavt Mrkg, Waterborne, 4 inch, White | 900.000 | Ft | \$0.10 | \$90.00 |
| 0032 | 8110232 | Pavt Mrkg, Waterborne, 4 inch, Yellow | 900.000 | Ft | \$0.10 | \$90.00 |
| 0033 | 8110251 | Pavt Mrkg, Waterborne, 2nd Application, 4 inch, White | 900.000 | Ft | \$0.10 | \$90.00 |
| 0034 | 8110252 | Pavt Mrkg, Waterborne, 2nd Application, 4 inch, Yellow | 900.000 | Ft | \$0.10 | \$90.00 |
| 0035 | 8120022 | Barricade, Type III, High Intensity, Lighted, Furn | 8.000 | Ea | \$100.00 | \$800.00 |
| 0036 | 8120023 | Barricade, Type III, High Intensity, Lighted, Oper | 8.000 | Ea | \$5.00 | \$40.00 |
| 0037 | 8120170 | Minor Traf Devices | 1.000 | LSUM | \$5,000.00 | \$5,000.00 |
| 0038 | 8120330 | Sign, Portable, Changeable Message, Furn | 2.000 | Ea | \$2,000.00 | \$4,000.00 |
| 0039 | 8120331 | Sign, Portable, Changeable Message, Oper | 2.000 | Ea | \$150.00 | \$300.00 |
| 0040 | 8120350 | Sign, Type B, Temp, Prismatic, Furn | 545.000 | Sft | \$4.00 | \$2,180.00 |
| 0041 | 8120351 | Sign, Type B, Temp, Prismatic, Oper | 545.000 | Sft | \$1.00 | \$545.00 |
| 0042 | 8120370 | Traf Regulator Control | 1.000 | LSUM | \$10,000.00 | \$10,000.00 |
| 0043 | 8137011 | _ Riprap, Plain, Modified | 50.000 | Syd | \$65.00 | \$3,250.00 |
| 0044 | 8167011 | _ Turf Establishment, Performance | 1,000.000 | Syd | \$10.00 | \$10,000.00 |

Category 0000 Total: \$587,603.00

Estimate Total: \$587,603.00

Appendix E – Application Form



Michigan Department of Transportation

LOCAL AGENCY PROGRAMS SAFETY PROJECT SUBMITTAL FORM

| 1627 (10/08) | SUBINITI | AL FURIVI | | | |
|--|---|---|------------------------------|--|--|
| FUNDING TEMPLATE: | | FISCAL YEAR: 2018 | | | |
| LOCAL AGENCY Washtenaw County Road Comr | mission | LOCAL AGENCY CONTACT Brent Schlack, P.E. | | | |
| PHONE NO. | FAX NO. | EMAIL ADDRESS | | | |
| (734) 327-6670 | (734) 761-3737 | schlackb@wcroads.org | | | |
| ALTERNATIVE CONTACT | | PHONE NO. | FAX NO. | | |
| Roy Townsend | | (734) 327-6662 | (734) 761-3737 | | |
| EMAIL ADDRESS | | HOUSE DISTRICT | SENATE DISTRICT | | |
| townsendr@wcroads.org | | 52 22 | | | |
| North Territorial Road between | | on lad, Northfield and Salem Townshi with a concrete box culvert, and gu | | | |
| PROPOSED COST \$587,603 | TIME OF RETURN (YEARS) 3.16 | IMPROVEMENT CATEGORY (CHECK THE CATEGORY THAT APPLIES | | | |
| BENEFIT TO COST RATIO | TOWNSHIP/CITY Northfield & SalemTwps | Intersection Improvements | | | |
| PLEASE LIST THE CRASH REDUCTION FACTORS USED: Fixed Objects Removal (Trees) | | Roadway and Structure Improvements Roadside Improvements | | | |
| DOES A PROJECT IMPACT A SCHOOL OR OTHER SENSITIVE ORGANIZATION? PLEASE DESCRIBE: No | | Pedestrian and Bicycle Improvements Other | | | |
| ROADWAY DATA | | CROSS ROAD DATA (If an intersection improvement) | | | |
| PRIMARY ROUTE NAME North Territorial Road | | ROUTE NAME | | | |
| ADT 6,551 | | ADT | | | |
| PERCENT COMMERCIAL 9.5 | *NO. OF CRASHES 15 | PERCENT COMMERCIAL | *NO. OF CRASHES | | |
| * NO. OF FATAL CRASHES 1 | *NO. OF "A" TYPE CRASHES 1 | *NO. OF FATAL CRASHES | *NO. OF "A" TYPE CRASHES | | |
| *PERIOD OF CRASH DATA 2011-2016 | FUNCTIONAL CLASSIFICATION Rural Minor Arterial | *PERIOD OF CRASH DATA | FUNCTIONAL CLASSIFICATION | | |
| *Please attach Crash Summary and | UD-10's to your project submittal with | the most recent 5 years of available da | ata. | | |
| Crash patterns on North Territor Cross-section at the bridge over | ial Road indicate that targeted tre | OVE SAFETY AND REDUCE CRASHE e removal, trimming, and clearing a placement of short span bridge with standard. | are needed at this location. | | |
| YEARS? | IVED APPROVAL OF A SAFETY PRO | DJECT OR HRRR PROJECT THROUG | | | |
| IF YES, HAVE ALL PROJECTS BEE | N COMPLETED? I NO | | | | |
| IF NO. PLEASE EXPLAIN WHY | | | | | |

The WCRC currently has several projects in construction & design phases.

OTHER PROJECT CONSIDERATIONS