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:

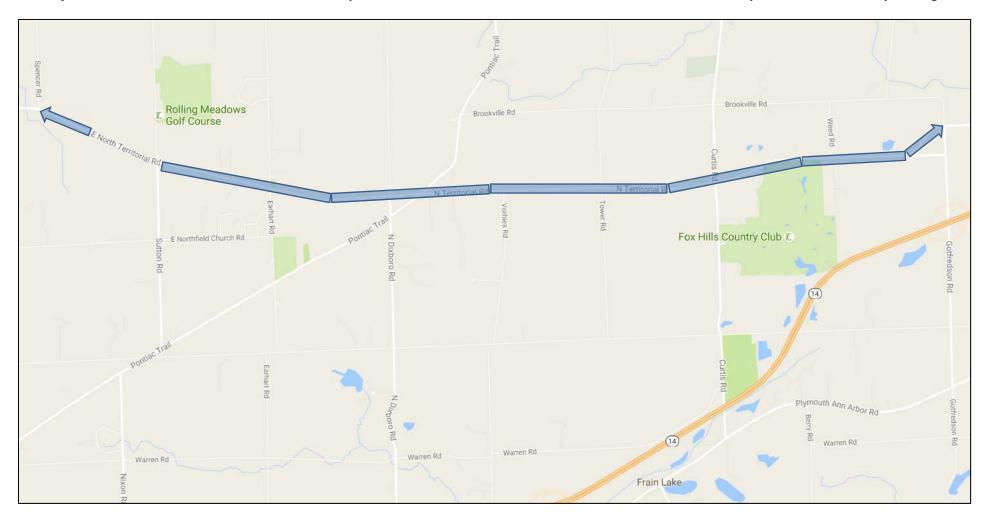
- Waters Road FY 2011 Roadside Safety Improvement Project;
- Rawsonville Road at Martz Road FY 2012 Signalization Project;
- Plymouth Road at Ford Road and at Curtis Road FY 2014 Intersection Improvements;
- Hewitt Road and Huron River Drive FY 2015 4 to 3 Conversions.



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
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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
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11:00	*	*	*	98	81	179	*	*	*	*	*	*	*	*	*	179
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Northfield Township

N Territorial Rd E of Spencer Rd E of Spencer Rd

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

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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
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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
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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
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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
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04:00	*	*	*	529	151	680	*	*	*	*	*	*	*	*	*	680
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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	#####	#########	#######	####
١					OID A DEER	RAN OFF	THE R	ROAE	TO TH	ΗE										
_	LI I, AND	JIKOC	·IX A	TIVEE.																$\left(\begin{array}{c} N \\ \end{array}\right)$
													N Territo	rial						
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											11									

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
w				O M	Ambulance
ш ш					Ejected Trapped
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.			
	Age	Pos. Rest.			
	Age	Pos. Rest. Damaged Property			Public

SANITIZED SANITIZED SANITIZED SANITIZED

	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						
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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#
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	nvestigated t Scene Yes	Reported D: ##/##/#		st Investigator Name		### (###	###)			ator Name		##### (##	####)		otos By	!########	#######	####
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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: ##:##

Class #

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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						
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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#
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SSENTIME	Witness Inform	nation						V	Vitnes	s Informati	ion							
	nvestigated t Scene Yes	Reported D: ##/##/#		st Investigator Name		### (###	###)			ator Name		##### (##	####)		otos By	!########	#######	####
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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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	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						
	Passenger Inf	formation				Date of	f Birth (Age) Airbag De			cted	Restraint Trapped	Hospital Ambulance						
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	Passenger Inf	formation				Date of	f Birth (Age)				Restraint	Hospital						
						Injury	Airbag De	eployed	Eje	cted	Trapped	Ambulance						
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 #
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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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l																		

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

028 029 030 035 036

ID#

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CDL Restrictions

Vehicle Defect

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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						
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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							
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				st Investigator Name		## (###	###)			ator Name		##### (##	####)		otos By #####	!########	#######	####
	rrative	TRAVE	LING WEST I	BOUND ON N	TERRITORI	AL RD	LINIT 1		Diagra	m								
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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

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	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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ı	STOPPED STRUCK A		I OF	· IHEM.	#1 RAN OFF R	OADWAY F	RIGHT	AND			N								
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																\$50,480			

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										
											N I											

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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
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										M				VEH. 1			
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																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			
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)				NORTH	TERRITORIAL		
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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) 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	
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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

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	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 #
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	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		√ —≥
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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

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		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							
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Δ	Passenger Ini						Inj	ury	Airbag [Deploy	ed	Ejected	Trapped	Ambulance							
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	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									-
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	roommate	nad gotter	n arui	nk and tai	ken the car v	without pern	nission.						~► .								
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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

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	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					
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S V	Hospital									•				Ambu	ance												
Ф	Passenger Info	ormatio	n								ate of Bir			Sex		sition					Restrai	int					
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	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						
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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)	
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O Placard O Cargo Spill	_	<i>,</i> UI	На				ID#	Class #

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	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		
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S.	Hospital									Ambula	ince									
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CK/BUS	Carrier Inform	nation								USDOT					МС			MPSC		
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⊣ □	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								
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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

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Divided Roadway

Divided Roadway

Other

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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			
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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 #
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OWNERS	Owner Informa	ation									Owner I	nformation								
WITNESS	Witness Inform	nation									Witness	Information								
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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