

**FY 2018 HIGH RISK RURAL ROADS
FUNDING APPLICATION**

FOR

NORTH TERRITORIAL ROAD

CONTACT PERSON:

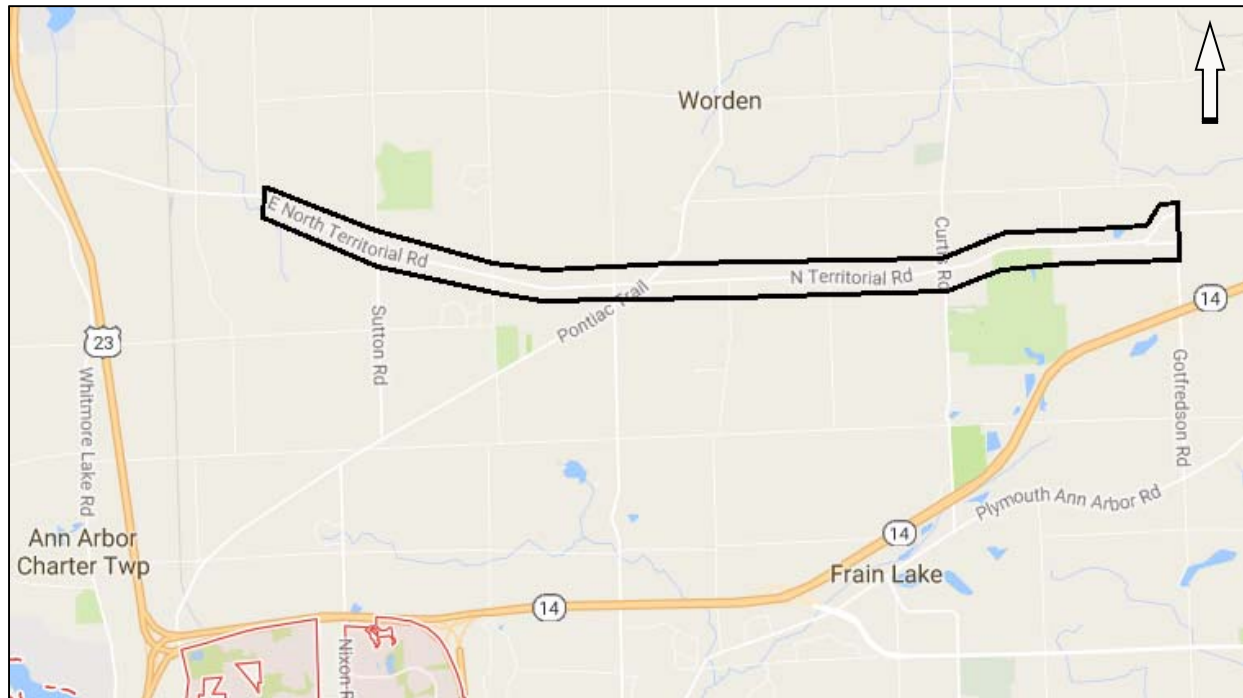
**BRENT M. SCHLACK, P.E.
TRAFFIC & SAFETY SECTION
WASHTENAW COUNTY ROAD COMMISSION**



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 taken on North Territorial Road on July 29, 2016.

Photo 1 - North Territorial Road



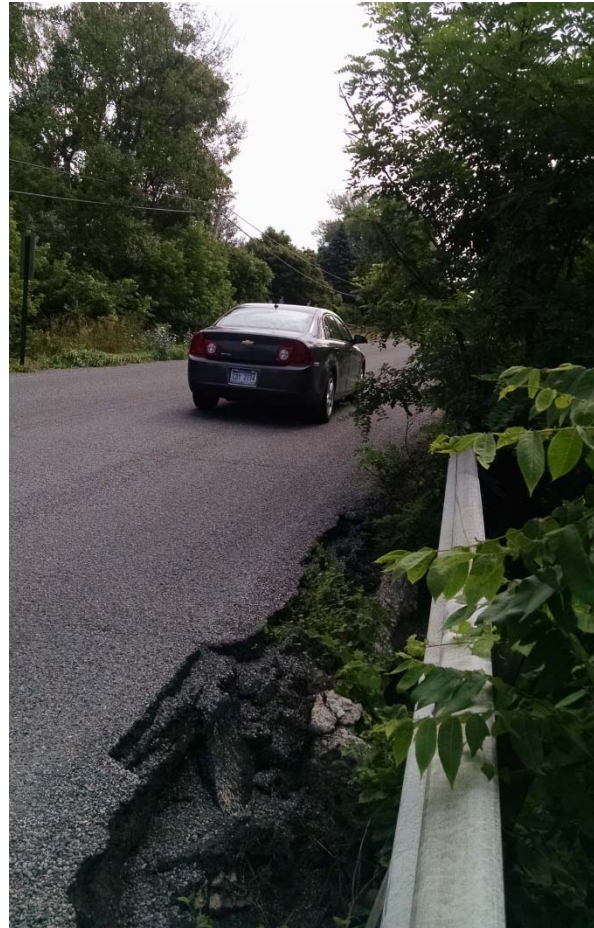
Photo 2 - North Territorial Road



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:

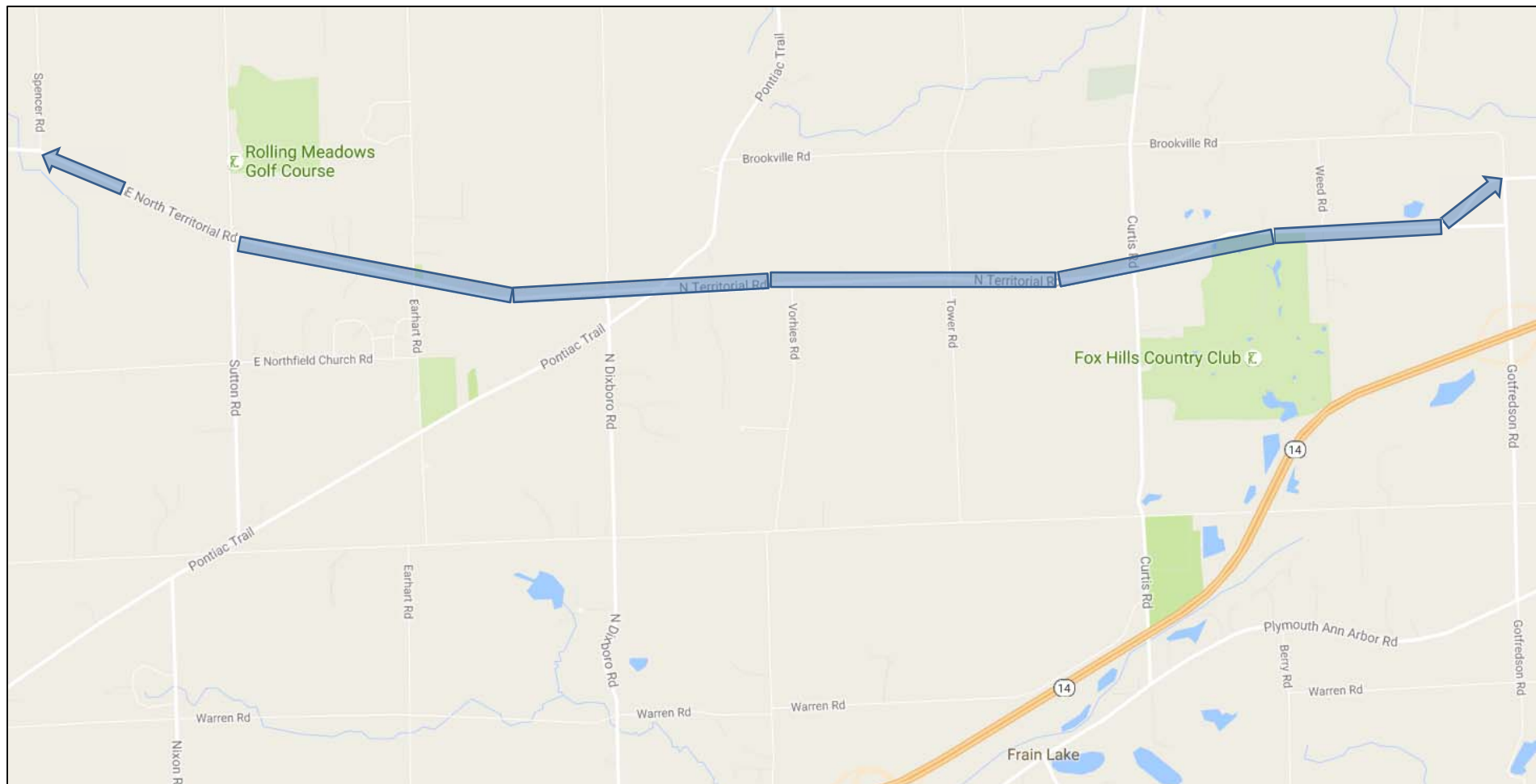
- Waters Road - FY 2011 Roadside Safety Improvement Project;
- Rawsonville Road at Martz Road - FY 2012 Signalization Project;
- Plymouth Road at Ford Road and at Curtis Road - FY 2014 Intersection Improvements;
- Hewitt Road and Huron River Drive - FY 2015 - 4 to 3 Conversions.



Appendix A – Location Data



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



Page 1

N Territorial Rd E of Spencer Rd
E of Spencer Rd

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

[illegible]

Washtenaw County Road Commission

Northfield Township

N Territorial Rd E of Spencer Rd
E of Spencer Rd

Site Code: 0022230020

Date Start: 24-Jun-14

WB, EB

Start Time	Bikes	Cars & Trailers	2 Axle Long	Buses	2 Axle 6 Tire	3 Axle Single	4 Axle Single	<5 Axl Double	5 Axle Double	>6 Axl Double	<6 Axl Multi	6 Axle Multi	>6 Axl Multi	Not Classified	Total
11:00	3	77	59	2	33	0	1	2	2	0	0	0	0	0	179
12 PM	2	98	83	2	26	1	0	4	2	2	0	0	1	0	221
13:00	3	101	51	3	20	5	0	0	1	0	0	0	0	1	185
14:00	0	99	90	4	33	3	1	4	2	2	0	0	1	0	239
15:00	3	187	127	3	52	0	0	7	2	1	0	0	0	1	383
16:00	0	408	127	1	27	0	1	5	1	0	0	0	0	0	570
17:00	2	639	138	1	27	1	0	1	0	1	0	0	0	0	810
18:00	2	290	73	2	18	0	0	2	1	0	0	0	0	1	389
19:00	1	147	51	0	7	0	0	2	0	0	0	0	0	0	208
20:00	1	116	28	0	11	0	0	0	0	0	0	0	0	0	156
21:00	2	61	25	0	11	0	0	0	0	0	0	0	0	0	99
22:00	3	48	19	0	3	0	0	0	0	0	0	0	0	0	73
23:00	0	27	15	0	3	0	0	0	0	0	0	0	0	0	45
06/25/14	0	11	5	0	0	0	0	0	0	0	0	0	0	0	16
01:00	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4
02:00	0	3	0	0	0	0	0	0	2	0	0	0	0	0	5
03:00	1	5	2	0	0	0	0	0	0	0	0	0	0	0	8
04:00	0	13	4	0	5	0	0	0	0	0	0	0	0	0	22
05:00	3	68	15	0	13	0	1	1	0	0	0	0	0	0	101
06:00	5	206	56	1	23	2	0	1	2	0	0	0	0	1	297
07:00	3	393	96	2	25	8	0	4	2	0	0	0	0	1	534
08:00	7	357	79	4	32	2	0	5	1	2	0	0	0	0	489
09:00	3	177	74	2	31	2	1	3	2	0	0	0	0	0	295
10:00	2	109	43	4	13	1	0	3	0	0	0	0	0	1	176
Total	46	3644	1260	31	413	25	5	44	20	8	0	0	2	6	5504
Percent	0.8%	66.2%	22.9%	0.6%	7.5%	0.5%	0.1%	0.8%	0.4%	0.1%	0.0%	0.0%	0.0%	0.1%	
AM Peak Vol.	11:00 3	11:00 77	11:00 59	11:00 2	11:00 33		11:00 1	11:00 2	11:00 2						11:00 179
PM Peak Vol.	13:00 3	17:00 639	17:00 138	14:00 4	15:00 52	13:00 5	14:00 1	15:00 7	12:00 2	12:00 2			12:00 1	13:00 1	17:00 810

Washtenaw County Road Commission

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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

Washtenaw County Road Commission

Page 1

Northfield Township

N Territorial Rd E of Earhart Rd
Earhart / Dixboror

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

Start Time	02-Jun-14		Mon Total	03-Jun-14		Tue Total	04-Jun-14		Wed Total	05-Jun-14		Thu Total	06-Jun-14		Fri Total	Day Average
	WB	EB		WB	EB		WB	EB		WB	EB		WB	EB		
12:00 AM	*	*	*	*	*	*	*	*	*	13	8	21	*	*	*	21
01:00	*	*	*	*	*	*	*	*	*	4	3	7	*	*	*	7
02:00	*	*	*	*	*	*	*	*	*	3	6	9	*	*	*	9
03:00	*	*	*	*	*	*	*	*	*	3	5	8	*	*	*	8
04:00	*	*	*	*	*	*	*	*	*	4	17	21	*	*	*	21
05:00	*	*	*	*	*	*	*	*	*	20	94	114	*	*	*	114
06:00	*	*	*	*	*	*	*	*	*	52	295	347	*	*	*	347
07:00	*	*	*	*	*	*	*	*	*	105	675	780	*	*	*	780
08:00	*	*	*	*	*	*	*	*	*	123	371	494	*	*	*	494
09:00	*	*	*	*	*	*	*	*	*	114	191	305	*	*	*	305
10:00	*	*	*	*	*	*	*	*	*	105	95	200	*	*	*	200
11:00	*	*	*	*	*	*	86	94	180	*	*	*	*	*	*	180
12:00 PM	*	*	*	*	*	*	116	123	239	*	*	*	*	*	*	239
01:00	*	*	*	*	*	*	93	101	194	*	*	*	*	*	*	194
02:00	*	*	*	*	*	*	200	108	308	*	*	*	*	*	*	308
03:00	*	*	*	*	*	*	248	119	367	*	*	*	*	*	*	367
04:00	*	*	*	*	*	*	406	119	525	*	*	*	*	*	*	525
05:00	*	*	*	*	*	*	520	146	666	*	*	*	*	*	*	666
06:00	*	*	*	*	*	*	272	104	376	*	*	*	*	*	*	376
07:00	*	*	*	*	*	*	114	78	192	*	*	*	*	*	*	192
08:00	*	*	*	*	*	*	67	49	116	*	*	*	*	*	*	116
09:00	*	*	*	*	*	*	60	49	109	*	*	*	*	*	*	109
10:00	*	*	*	*	*	*	31	20	51	*	*	*	*	*	*	51
11:00	*	*	*	*	*	*	23	15	38	*	*	*	*	*	*	38
Total	0	0	0	0	0	0	2236	1125	3361	546	1760	2306	0	0	0	
24 Hr. Avg.																5667
AM Peak	-	-	-	-	-	-	-	-	11:00	-	-	07:00	-	-	-	07:00
Vol.	-	-	-	-	-	-	-	-	180	-	-	780	-	-	-	780
PM Peak	-	-	-	-	-	-	-	-	17:00	-	-	-	-	-	-	17:00
Vol.	-	-	-	-	-	-	-	-	666	-	-	-	-	-	-	666

Washtenaw County Road Commission

Northfield Township

N Territorial Rd E of Earhart Rd
Earhart / Dixboror

Site Code: 0022530021

Date Start: 04-Jun-14

WB, EB

Start Time	Bikes	Cars & Trailers	2 Axle Long	Buses	2 Axle 6 Tire	3 Axle Single	4 Axle Single	<5 Axl Double	5 Axle Double	>6 Axl Double	<6 Axl Multi	6 Axle Multi	>6 Axl Multi	Not Classified	Total
11:00	1	103	50	2	13	2	3	4	1	1	0	0	0	0	180
12 PM	1	131	55	4	31	7	2	5	0	1	0	0	1	1	239
13:00	0	101	57	1	27	3	0	4	0	1	0	0	0	0	194
14:00	0	179	71	3	36	3	3	9	2	1	0	0	0	1	308
15:00	0	234	78	2	38	7	3	1	1	2	0	0	0	1	367
16:00	2	350	116	4	42	2	1	5	0	1	0	0	1	1	525
17:00	2	484	124	1	46	3	1	2	0	1	0	0	0	2	666
18:00	1	248	100	0	27	0	0	0	0	0	0	0	0	0	376
19:00	1	127	45	0	16	0	0	2	0	0	0	0	1	0	192
20:00	1	77	28	0	9	0	0	0	1	0	0	0	0	0	116
21:00	1	76	18	1	11	0	0	0	1	0	0	0	0	1	109
22:00	0	43	6	0	2	0	0	0	0	0	0	0	0	0	51
23:00	2	23	8	0	5	0	0	0	0	0	0	0	0	0	38
06/05/14	0	11	9	0	1	0	0	0	0	0	0	0	0	0	21
01:00	0	6	0	0	1	0	0	0	0	0	0	0	0	0	7
02:00	0	6	2	0	1	0	0	0	0	0	0	0	0	0	9
03:00	0	4	2	0	2	0	0	0	0	0	0	0	0	0	8
04:00	0	12	3	0	5	0	0	1	0	0	0	0	0	0	21
05:00	2	74	18	1	11	7	1	0	0	0	0	0	0	0	114
06:00	9	223	68	1	37	3	0	1	0	4	0	0	0	1	347
07:00	6	557	162	2	47	2	0	2	1	1	0	0	0	0	780
08:00	5	328	103	5	44	2	0	3	1	2	0	0	1	0	494
09:00	4	170	79	3	37	3	0	3	2	2	0	0	0	2	305
10:00	2	119	55	0	18	3	1	1	0	0	0	0	1	0	200
Total	40	3686	1257	30	507	47	15	43	10	17	0	0	5	10	5667
Percent	0.7%	65.0%	22.2%	0.5%	8.9%	0.8%	0.3%	0.8%	0.2%	0.3%	0.0%	0.0%	0.1%	0.2%	
AM Peak	11:00	11:00	11:00	11:00	11:00	11:00	11:00	11:00	11:00	11:00					11:00
Vol.	1	103	50	2	13	2	3	4	1	1					180
PM Peak	16:00	17:00	17:00	12:00	17:00	12:00	14:00	14:00	14:00	15:00			12:00	17:00	17:00
Vol.	2	484	124	4	46	7	3	9	2	2			1	2	666

Washtenaw County Road Commission

Page 1

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	0.8	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	5642	5598	5509	5433	5184	4844	3821	2910	1512	824	271	202	35	0
Percent	99.6	98.8	97.2	95.9	91.5	85.5	67.4	51.3	26.7	14.5	4.8	3.6	0.6	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

Washtenaw County Road Commission

Salem Township

N Territorial Rd E of Curtis Rd
Curtis / Weed

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

Start Time	02-Jun-14		Mon Total	03-Jun-14		Tue Total	04-Jun-14		Wed Total	05-Jun-14		Thu Total	Fri		Fri Total	Day Average
	WB	EB		WB	EB		WB	EB		WB	EB		WB	EB		
12:00 AM	*	*	*	*	*	*	11	8	19	*	*	*	*	*	*	19
01:00	*	*	*	*	*	*	13	5	18	*	*	*	*	*	*	18
02:00	*	*	*	*	*	*	7	2	9	*	*	*	*	*	*	9
03:00	*	*	*	*	*	*	7	6	13	*	*	*	*	*	*	13
04:00	*	*	*	*	*	*	5	30	35	*	*	*	*	*	*	35
05:00	*	*	*	*	*	*	20	120	140	*	*	*	*	*	*	140
06:00	*	*	*	*	*	*	57	321	378	*	*	*	*	*	*	378
07:00	*	*	*	*	*	*	136	488	624	*	*	*	*	*	*	624
08:00	*	*	*	*	*	*	156	348	504	*	*	*	*	*	*	504
09:00	*	*	*	*	*	*	111	192	303	*	*	*	*	*	*	303
10:00	*	*	*	*	*	*	106	115	221	*	*	*	*	*	*	221
11:00	*	*	*	*	*	*	124	127	251	*	*	*	*	*	*	251
12:00 PM	*	*	*	*	*	*	124	158	282	*	*	*	*	*	*	282
01:00	*	*	*	*	*	*	107	124	231	*	*	*	*	*	*	231
02:00	*	*	*	*	*	*	167	141	308	*	*	*	*	*	*	308
03:00	*	*	*	*	*	*	294	126	420	*	*	*	*	*	*	420
04:00	*	*	*	529	151	680	*	*	*	*	*	*	*	*	*	680
05:00	*	*	*	498	239	737	*	*	*	*	*	*	*	*	*	737
06:00	*	*	*	360	149	509	*	*	*	*	*	*	*	*	*	509
07:00	*	*	*	189	90	279	*	*	*	*	*	*	*	*	*	279
08:00	*	*	*	175	80	255	*	*	*	*	*	*	*	*	*	255
09:00	*	*	*	124	59	183	*	*	*	*	*	*	*	*	*	183
10:00	*	*	*	60	41	101	*	*	*	*	*	*	*	*	*	101
11:00	*	*	*	36	15	51	*	*	*	*	*	*	*	*	*	51
Total	0	0		1971	824		1445	2311	3756	0	0	0	0	0	0	
Total			0			2795										
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

Washtenaw County Road Commission

Salem Township

N Territorial Rd E of Curtis Rd
Curtis / Weed

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

WB, EB

Start Time	Bikes	Cars & Trailers	2 Axle Long	Buses	2 Axle 6 Tire	3 Axle Single	4 Axle Single	<5 Axl Double	5 Axle Double	>6 Axl Double	<6 Axl Multi	6 Axle Multi	>6 Axl Multi	Not 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	1	0	1	0	0	0	0	0	0	737
18:00	8	378	100	0	19	0	0	2	1	1	0	0	0	0	509
19:00	6	209	51	0	11	0	0	2	0	0	0	0	0	0	279
20:00	3	177	58	0	16	0	0	1	0	0	0	0	0	0	255
21:00	4	144	30	0	4	0	0	1	0	0	0	0	0	0	183
22:00	0	69	25	0	7	0	0	0	0	0	0	0	0	0	101
23:00	0	41	9	0	1	0	0	0	0	0	0	0	0	0	51
06/04/14	0	13	4	0	2	0	0	0	0	0	0	0	0	0	19
01:00	0	14	3	0	1	0	0	0	0	0	0	0	0	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	1	0	0	0	0	0	0	13
04:00	0	14	10	0	9	0	0	2	0	0	0	0	0	0	35
05:00	0	60	63	0	17	0	0	0	0	0	0	0	0	0	140
06:00	2	166	149	0	60	0	0	1	0	0	0	0	0	0	378
07:00	3	325	219	2	71	0	1	2	0	1	0	0	0	0	624
08:00	1	264	178	5	49	2	0	3	0	1	0	0	1	0	504
09:00	4	162	98	2	31	1	0	5	0	0	0	0	0	0	303
10:00	0	108	79	1	26	1	1	5	0	0	0	0	0	0	221
11:00	0	125	89	2	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	1	282
13:00	0	105	82	2	39	0	0	2	1	0	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	0	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

Vol.

16:00

17:00

17:00

16:00

12:00

16:00

12:00

18:00

18:00

12:00

17:00

8

549

160

3

43

1

6

1

1

1

737

Washtenaw County Road Commission

N Territorial Rd E of Curtis Rd
Curtis / Weed

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	6527	6401	5952	5501	4291	3522	2739	2372	1725	1219	642	504	159	0
Percent	99.6	97.7	90.9	84.0	65.5	53.8	41.8	36.2	26.3	18.6	9.8	7.7	2.4	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

Washtenaw County Road Commission

Salem Township

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

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

Start Time	02-Jun-14		Mon Total	03-Jun-14		Tue Total	04-Jun-14		Wed Total	05-Jun-14		Thu Total	Fri		Fri Total	Day Average
	WB	EB		WB	EB		WB	EB		WB	EB		WB	EB		
12:00 AM	*	*	*	*	*	*	5	10	15	*	*	*	*	*	*	15
01:00	*	*	*	*	*	*	8	5	13	*	*	*	*	*	*	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	*	*	*	*	*	*	77	102	179	*	*	*	*	*	*	179
02:00	*	*	*	128	114	242	*	*	*	*	*	*	*	*	*	242
03:00	*	*	*	199	118	317	*	*	*	*	*	*	*	*	*	317
04:00	*	*	*	316	130	446	*	*	*	*	*	*	*	*	*	446
05:00	*	*	*	365	172	537	*	*	*	*	*	*	*	*	*	537
06:00	*	*	*	214	120	334	*	*	*	*	*	*	*	*	*	334
07:00	*	*	*	123	87	210	*	*	*	*	*	*	*	*	*	210
08:00	*	*	*	98	155	253	*	*	*	*	*	*	*	*	*	253
09:00	*	*	*	46	79	125	*	*	*	*	*	*	*	*	*	125
10:00	*	*	*	32	33	65	*	*	*	*	*	*	*	*	*	65
11:00	*	*	*	11	17	28	*	*	*	*	*	*	*	*	*	28
Total	0	0	0	1532	1025	2557	828	1326	2154	0	0	0	0	0	0	
24 Hr. Avg.																4711
AM Peak	-	-	-	-	-	-	-	-	07:00	-	-	-	-	-	-	07:00
Vol.	-	-	-	-	-	-	-	-	456	-	-	-	-	-	-	456
PM Peak	-	-	-	-	-	17:00	-	-	12:00	-	-	-	-	-	-	17:00
Vol.	-	-	-	-	-	537	-	-	219	-	-	-	-	-	-	537

Washtenaw County Road Commission

Salem Township

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

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

WB, EB

Start Time	Bikes	Cars & Trailers	2 Axle Long	Buses	2 Axle 6 Tire	3 Axle Single	4 Axle Single	<5 Axl Double	5 Axle Double	>6 Axl Double	<6 Axl Multi	6 Axle Multi	>6 Axl Multi	Not 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	1	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	0	8	0	0	0	0	0	0	0	0	0	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	0	0	0	0	65
23:00	0	17	10	0	1	0	0	0	0	0	0	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	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	1	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	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	191	200	3	56	2	1	1	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	1	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 Vol.	16:00	17:00	17:00	15:00	16:00	12:00	14:00	14:00	15:00	18:00					17:00
	8	407	107	2	34	3	1	5	2	1					537

Washtenaw County Road Commission

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

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	4706	4649	4508	4364	3925	3443	2563	1990	1217	783	356	261	64	0
Percent	99.9	98.7	95.7	92.6	83.3	73.1	54.4	42.2	25.8	16.6	7.6	5.5	1.4	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
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8214899

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8118100		Department Name Washtenaw Co Sheriff's Office		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
Crash Date 11/20/2011	Crash Time 02:43	No. of Units 01	Crash Type Single Motor Vehicle						
County 81 - Washtenaw	Traffic Control None	Relation to Roadway Shoulder		Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway			
City/Twsp 12 - Salem Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Unlighted	Road Condition Dry	Total Lanes 02	Speed Limit 50	Posted Yes

Prefix	Road Name TERRITORIAL	Road Type RD	Suffix	Divided Roadway
Distance 1,000 Feet E	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
Prefix	Intersecting Road PONTIAC TRL	Road Type	Suffix	Divided Roadway

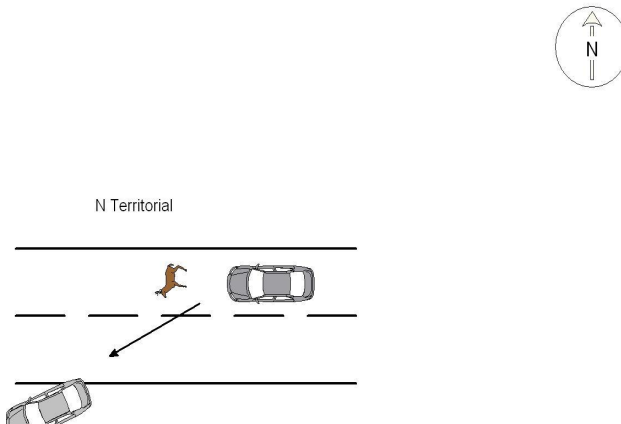
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 12/23/1985 (25)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 01 - Speed too fast
Unit Type MV	Driver Information ##### ##### ANN ARBOR, MI 48105-9572 (###) ###-####				Injury B	Position 01	Restraint 04	Hospital REFUSED	
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance REFUSED	
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description FORD		Make MUSTANG	Model SILVER	Year 2008	Vehicle Type Passenger Car		
Location of Greatest Damage 01	First Impact 01	Extent of Damage 3	Driveable No	Vehicle Direction W	Vehicle Use 01 - Private	Action Prior 18 - Avoiding object			
Sequence of Events (● indicates MOST harmful event)		First 03 - Ran off roadway-left		Second ● 39 - Tree	Third	Fourth			

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

Carrier Information		Carrier Source	GVWR	ICCMC	USDOT	MPSC	
		Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36		
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #

Owner Information	Owner Information
-------------------	-------------------

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

UNIT / DRIVER	Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital					
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance					
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration		State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect		
	VIN		Vehicle Description		Make	Model	Color		Year	Vehicle Type				
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior				
	Sequence of Events (● indicates MOST harmful event)		First		Second		Third		Fourth					
	PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital			
Injury						Airbag Deployed	Ejected	Trapped	Ambulance					
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
TRUCK / BUS	Carrier Information						Carrier Source		GVWR	ICCMC	USDOT	MPSC		
							Driver's CDL Type		Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		
OWNERS	Owner Information						Owner Information							
WITNESS	Witness Information						Witness Information							
Investigated at Scene		Yes	Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)				2nd Investigator Name (Badge) ##### (#####)				Photos By #####	
Narrative VEH 1 WHILE SWERVING TO AVOID A DEER RAN OFF THE ROAD TO THE LEFT, AND STRUCK A TREE.						Diagram 								

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-8102600

Department Name MSP-TPSILANTZ

Incident Disposition ☐ Open ☒ Closed
Reviewer CP

Crash Date Month <u>08</u> Day <u>14</u> Year <u>2011</u>			Crash Time Military <u>1529</u>		No. of Units <u>01</u>	Crash Type <input checked="" type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Local <input type="radio"/> State <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County <u>81</u>	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign		Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input checked="" type="radio"/> Outside of Shoulder/Curb <input type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Snowy <input type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Debris <input type="radio"/> Other/Unknown <input type="radio"/> Slushy		Area <u>10</u>	Total Lanes <u>2</u>	
Construction Zone (If applicable) (Mark One From Each Group) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility Lane Closed <input type="radio"/> Yes <input type="radio"/> No Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None												Speed Limit <u>55</u>	Posted <input checked="" type="radio"/> Yes <input type="radio"/> No

Prefix	Road Name <u>NORTH TOWN ROAD</u>	Divided Roadway <input type="radio"/> (N) <input type="radio"/> (S) <input type="radio"/> (E) <input type="radio"/> (W)	Road Type <u>RD</u>	Suffix
Distance <u>.25</u>	Intersecting Road <u>CURTIS</u>	Trafficway <input checked="" type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4)	Access Control <input checked="" type="radio"/> (2) <input type="radio"/> (3)	

Unit Number <u>1</u>	State <u>MI</u>	Date of Birth <u>03241938</u>	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup <u>01</u>	Hazard Action <u>16</u>
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City <u>CANTON</u>	State <u>MI</u>	Zip <u></u>	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <u>01</u>	Restraint <u>04</u>
Driver Condition <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Results <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No	Ambulance <u>811006</u>
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results <input type="radio"/> Blood <input type="radio"/> Urine	Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	

Vehicle Description <u>CHEV IMPALA</u>		Color <u>04</u>	Year <u>04</u>
Location of Greatest Damage <u>01</u>		Vehicle Type <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM <input type="radio"/> OR <input type="radio"/> Other <input type="radio"/> Truck/Bus	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input checked="" type="radio"/> East <input type="radio"/> West
First Impact <u>01</u>		Extent of Damage <u>2</u>	Driveable <input type="radio"/> Yes <input checked="" type="radio"/> No
Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	
Vehicle Use <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11		Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	

Date of Birth <u></u>		Sex <input type="radio"/> M <input type="radio"/> F	Position <u></u>	Restraint <u></u>	Hospital <u></u>
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No	Ambulance <u></u>
Date of Birth <u></u>		Sex <input type="radio"/> M <input type="radio"/> F	Position <u></u>	Restraint <u></u>	Hospital <u></u>
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No	Ambulance <u></u>

Age <u></u>	Pos. <u></u>	Rest. <u></u>
Age <u></u>	Pos. <u></u>	Rest. <u></u>

Damaged Property

Public ☐ Y ☐ N

UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action		
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital			
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance			
	Alcohol Test Type <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> PB T <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Drugs Test Type <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect	
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type			
	Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior			
	Sequence of Events (● indicates MOST harmful event)				First		Second		Third		Fourth	
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
Injury						Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
TRUCK / BUS		Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
							Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36		
		Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information						
WITNESS	Witness Information					Witness Information						
Investigated at Scene Yes												
Reported Date (Time)		1st Investigator Name (Badge)			2nd Investigator Name (Badge)			Photos By				
##/##/#### (##:##)		##### (#####)			##### (#####)			#####				
Narrative					Diagram							
UNIT#1 WAS E/B ON NORTH TERRITORIAL RD WHEN DRIVER LOST CONTROL ON THE SNOWY ROADWAY. UNIT#1 LEFT THE ROADWAY TO THE RIGHT, STRUCK TREES AND OVERTURNED CAUSING INJURY AND DAMAGE.												

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8118100		Department Name Washtenaw Co Sheriff's Office				Reviewer HOY (00689)			
Crash Date 01/19/2012	Crash Time 09:38	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 81 - Washtenaw	Traffic Control None	Relation to Roadway Shoulder		Special Study	Weather Snow/Blowing Snow	Area 11 - NON-FRWY Curved roadway			
City/Twp 10 - Northfield Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Snowy	Total Lanes 02	Speed Limit 50	Posted Yes

LOCATION	Prefix E	Road Name NORTH TERRITORIAL	Road Type RD	Suffix	Divided Roadway
	Distance 150 Feet E	Traffic Way 01 - Not physically divided			Access Control 01 - No access control
	Prefix	Intersecting Road SPENCER	Road Type RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 05/09/1993 (18)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### WHITMORE LAKE, MI 48189-9511 (###) ###-####			Injury B	Position 01	Restraint 04	Hospital ST. JOSEPH MERCY HOSPITAL			
Driver Condition 01 02 03 04 05 06 07 08 09 ● 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance HURON VALLEY AMBULANCE, INC		
Alcohol ○ Yes ● No ○ Refused ● Not offered Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine				Test Results			Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other	
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description FORD		Make TAURUS	Model	Color BLUE	Year 2003	Vehicle Type Passenger Car		
Location of Greatest Damage 10	First Impact 01	Extent of Damage 3	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second 04 - Ran off roadway-right		Third ● 39 - Tree		Fourth 06 - Overturn		

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type		Endorsements	CDL Exempt	CDL Restrictions	
						OH OP OT ON OS OX		O Farm O Other	O 28 O 29 O 30 O 35 O 36		
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
		First	Second	Third	Fourth			O Placard O Cargo Spill			

OWNERS	Owner Information	Owner Information
	#####	
	##### WHITMORE LAKE, MI 48189-951 (###) ###-####	

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital		
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance		
	Alcohol Test Type <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> PBOT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Drugs Test Type <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine				Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type		
	Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior		
Sequence of Events (● indicates MOST harmful event)											
First											
Second											
Third											
Fourth											

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

TRUCK / BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC	
					Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)	2nd Investigator Name (Badge) ##### (#####)	Photos By #####
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Narrative UNIT#1 WAS E/B ON NORTH TERRITORIAL RD WHEN DRIVER LOST CONTROL ON THE SNOWY ROADWAY. UNIT#1 LEFT THE ROADWAY TO THE RIGHT, STRUCK TREES AND OVERTURNED CAUSING INJURY AND DAMAGE.	Diagram
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Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
#####

Crash ID
8325353

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 4701200		Department Name MSP Brighton		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> ORV/Snowmobile	
Crash Date 04/24/2012	Crash Time 14:32	No. of Units 01	Crash Type Single Motor Vehicle	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 81 - Washtenaw	Traffic Control None	Relation to Roadway Outside of shoulder/curb	Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway
City/Twsp 12 - Salem Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Dry
		Total Lanes 02	Speed Limit 45	Posted Yes	

LOCATION	Prefix N	Road Name TERRITORIAL	Road Type	Suffix	Divided Roadway
	Distance 2,640 Feet W	Traffic Way 01 - Not physically divided	Access Control 01 - No access control		
	Prefix	Intersecting Road TOWER	Road Type	Suffix	Divided Roadway

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 02/26/1992 (20)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 16 - Careless/negligent
	Unit Type MV	Driver Information ##### CANTON, MI 48188 (###) ###-####				Injury C	Position 01	Restraint 04	Hospital NONE	
	Driver Condition <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input checked="" type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 099				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance NONE	
	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other
	Vehicle Registration #####	State MA	Insurance / Policy # #####		Towed To/By #####		Special Vehicles 0	Private Trailer Type	Vehicle Defect	
	VIN #####	Vehicle Description CHEVROLET	Make	Model	Color RED	Year 2000	Vehicle Type Passenger Car			
	Location of Greatest Damage 01	First Impact 01	Extent of Damage 4	Driveable No	Vehicle Direction W	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			

Sequence of Events (● indicates MOST harmful event)	First 03 - Ran off roadway-left	Second 35 - Ditch	Third ● 39 - Tree	Fourth
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PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	Hospital
			Injury	Airbag Deployed	Ejected	Trapped	Ambulance

TRUCK/BUS	Carrier Information		Carrier Source	GVWR	ICCMC	USDOT	MPSC
	Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 028 <input type="radio"/> 029 <input type="radio"/> 030 <input type="radio"/> 035 <input type="radio"/> 036		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information		Owner Information	

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

UNIT / DRIVER	Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital					
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance					
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration		State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect		
	VIN		Vehicle Description		Make	Model	Color		Year	Vehicle Type				
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior				
	Sequence of Events (● indicates MOST harmful event)		First		Second		Third			Fourth				
	PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital			
Injury						Airbag Deployed	Ejected	Trapped	Ambulance					
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance						
TRUCK / BUS	Carrier Information						Carrier Source		GVWR	ICCMC	USDOT	MPSC		
							Driver's CDL Type		Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		
OWNERS	Owner Information						Owner Information							
WITNESS	Witness Information						Witness Information							
Investigated at Scene		Yes	Reported Date (Time) ##/##/#### (##:##)		1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)				Photos By #####			
Narrative Vehicle #1 was traveling W/B on N Territorial Rd. Vehicle #1 ran off the roadway left into a ditch and struck a tree. Vehicle #1 then came to rest.						Diagram 								

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8118100		Department Name Washtenaw Co Sheriff's Office				Reviewer COOK (00548)			
Crash Date 06/19/2012	Crash Time 17:10	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 81 - Washtenaw		Traffic Control None	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway		
City/Twp 12 - Salem Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 50	Posted Yes

LOCATION	Prefix	Road Name N TERRITORIAL	Road Type RD	Suffix	Divided Roadway
	Distance 1,320 Feet E	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road PONTIAC TRAIL	Road Type RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 12/03/1994 (17)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 13 - Other	
Unit Type MV	Driver Information ##### ##### FARMINGTON HILLS, MI 48336-1900 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ● Not offered ○ PBT ○ Breath ○ Blood ○ Urine				Test Results		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other		
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By #####			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description JEEP		Make 50 A	Model	Color WHITE		Year 2012	Vehicle Type Passenger Car	
Location of Greatest Damage 02		First Impact 02	Extent of Damage 3	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead	
Sequence of Events (● indicates MOST harmful event)		First 04 - Ran off roadway-right		Second ● 39 - Tree		Third		Fourth		

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

TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC		
					Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions		
		OH	OP	OT	<input type="checkbox"/> Farm	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36					
		ON	OS	OX	<input type="checkbox"/> Other						
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #	Class #

OWNERS	Owner Information	Owner Information

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

Page 01 of 01
Incident # ##### File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 4701200		Department Name MSP Brighton				Reviewer CHARLES BACHMEIER			
Crash Date 12/24/2013	Crash Time 15:00	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 81 - Washtenaw	Traffic Control None	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Cloudy	Area 10 - NON-FRWY Straight roadway			
City/Twp 12 - Salem Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Dry	Total Lanes 02	Speed Limit 55	Posted Yes

LOCATION	Prefix	Road Name TERRITORIAL	Road Type RD	Suffix	Divided Roadway
	Distance 1,320 Feet E	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road CURTIS	Road Type RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) 06/18/1958 (55)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 13 - Other
Unit Type MV	Driver Information ##### ##### PLYMOUTH, MI 48170 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE		
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance NONE	
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ○ PBT ● Not offered ○ Breath ○ Blood ○ Urine				Test Results		Drugs ○ Yes ● No Test Type ○ Blood ○ Urine		Citation Issued ○ Hazardous ○ Other	
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By #####			Special Vehicles 0	Private Trailer Type Vehicle Defect
VIN #####		Vehicle Description MAZD		Make 6	Model RED	Color 2006	Year Passenger Car	Vehicle Type	
Location of Greatest Damage 01		First Impact 01	Extent of Damage 4	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 20 - Avoiding vehcl front/back		
Sequence of Events (● indicates MOST harmful event)		First 04 - Ran off roadway-right		Second ● 39 - Tree		Third		Fourth	

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
						Driver's CDL Type		Endorsements	CDL Exempt	CDL Restrictions		
						OH OP OT ON OS OX		O Farm O Other	O 28 O 29 O 30 O 35 O 36			
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
										O Placard O Cargo Spill		

OWNERS	Owner Information	Owner Information

Person Advised of Damaged Traffic Control Contact Name: ##### Contact Date: ##/##/#### Contact Time: ##:##	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital					
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance					
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Test Type <input type="radio"/> Field <input type="radio"/> PBT		<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine											
	Vehicle Registration	State	Insurance / Policy #			Towed To/By				Special Vehicles	Private Trailer Type	Vehicle Defect		
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type					
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior				
	Sequence of Events (● indicates MOST harmful event)		First		Second		Third			Fourth				
PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
TRUCK / BUS	Carrier Information						Carrier Source	GVWR	ICCMC	USDOT	MPSC			
							Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #				
OWNERS	Owner Information						Owner Information							
WITNESS	Witness Information						Witness Information							
Investigated at Scene		Yes	Reported Date (Time) ##/##/#### (##:##)	1st Investigator Name (Badge) ##### (#####)		2nd Investigator Name (Badge) ##### (#####)		Photos By #####						
Narrative #1 SWERVED OFF THE ROAD TO AVOID THE VEHICLE WHICH SUDDENLY STOPPED IN FRONT OF THEM. #1 RAN OFF ROADWAY RIGHT AND STRUCK A TREE.						Diagram 								

Authority: 1949 PA 300, Sec.257-622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
0423309

Crash ID
8874970

Page 01 of 01
Incident # 140006538 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8118100		Department Name Washtenaw Co Sheriff's Office				Reviewer EGELER (00265)	
Crash Date 01/25/2014	Crash Time 01:03	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 81 - Washtenaw	Traffic Control None	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Snow/Blowing Snow		
City/Twsp 12 - Salem Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Dark-Unlighted	Road Condition Snowy	
Total Lanes 02		Speed Limit 50		Posted Yes			

Prefix	Road Name NORTH TERRITORIAL	Road Type RD	Suffix	Divided Roadway
Distance 100 Feet E	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
Prefix	Intersecting Road VORHIES	Road Type RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (19)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 02	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### SOUTH LYON, MI 48178-9693 (###) ###-####				Injury B	Position 01	Restraint 04	Hospital REFUSED		
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance REFUSED		
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By DESTINATION/FRIEND			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description FORD		Make TAURUS	Model GRAY	Year 2001	Vehicle Type Passenger Car			
Location of Greatest Damage 08	First Impact 08	Extent of Damage 5	Driveable Yes	Vehicle Direction W	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead				
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second 04 - Ran off roadway-right		Third ●39 - Tree		Fourth		

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

Carrier Information		Carrier Source	GVWR	ICCMC	USDOT	MPSC
		Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36	
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID # Class #

Owner Information ##### ##### #####, ## ####-#### (###) ###-####	Owner Information
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Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	Unit Known	State		Driver License Number		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants	Hazardous Action		
	Unit Type	Driver Information							Injury	Position	Restraint	Hospital					
	Driver Condition 01 02 03 04 05 06 07 08 09 099							Interlock	Ejected	Trapped	Airbag Deployed	Ambulance					
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered							Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Test Type <input type="radio"/> Field <input type="radio"/> PBT		<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine							<input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine							
	Vehicle Registration	State	Insurance / Policy #					Towed To/By					Special Vehicles	Private Trailer Type	Vehicle Defect		
	VIN		Vehicle Description		Make	Model		Color		Year	Vehicle Type						
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use				Action Prior						
	Sequence of Events (● indicates MOST harmful event)		First		Second		Third		Fourth								
PASSENGERS	Passenger Information							Date of Birth (Age)		Sex	Position	Restraint	Hospital				
								Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information							Date of Birth (Age)		Sex	Position	Restraint	Hospital				
								Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information							Date of Birth (Age)		Sex	Position	Restraint	Hospital				
								Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information							Date of Birth (Age)		Sex	Position	Restraint	Hospital				
								Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information							Date of Birth (Age)		Sex	Position	Restraint	Hospital				
								Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
	Passenger Information							Date of Birth (Age)		Sex	Position	Restraint	Hospital				
								Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
TRUCK / BUS	Carrier Information							Carrier Source		GVWR	ICCMC	USDOT	MPSC				
								Driver's CDL Type		Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #						
	Owner Information							Owner Information									
WITNESS	Witness Information							Witness Information									
Investigated at Scene		Yes	Reported Date (Time) 01/25/2014 (01:03)		1st Investigator Name (Badge) EGELER (265)			2nd Investigator Name (Badge)			Photos By						
Narrative UNIT 1 WAS WB ON N. TERRITORIAL, LOST CONTROL AND LEFT THE ROADWAY, STRIKING THE TREE AND CAUSING MINOR INJURY.							Diagram <div>NOT TO SCALE</div> <p>N. Territorial Rd. - 50 mph</p>										

Page 01 of 01
Incident # 140006672 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8118100		Department Name Washtenaw Co Sheriff's Office						Reviewer HOY (00689)			
Crash Date 01/25/2014	Crash Time 17:15	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile				
County 81 - Washtenaw		Traffic Control None	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Snow/Blowing Snow		Area 10 - NON-FRWY Straight roadway			
City/Twp 12 - Salem Twp		Construction Zone (if applicable) Type Lane Closed Activity			Light Daylight		Road Condition Snowy		Total Lanes 02	Speed Limit 50	Posted Yes

LOCATION	Prefix	Road Name NORTH TERRITORIAL	Road Type	Suffix	Divided Roadway
	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

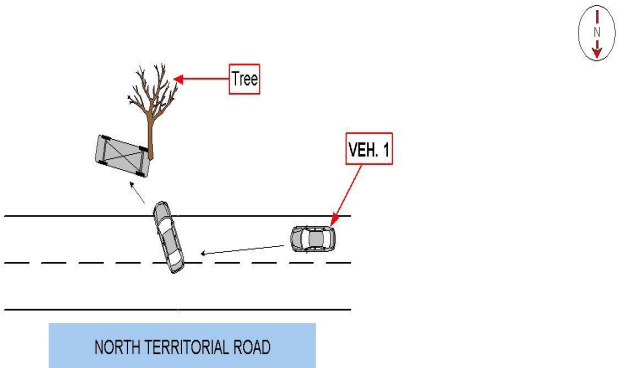
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (20)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### SALINE, MI 48176-1013 (###) ###-####			Injury O	Position 01	Restraint 04	Hospital NONE			
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes ● No Test Type ○ Field ○ Refused ○ PBT ● Not offered ○ Breath ○ Blood ○ Urine				Drugs ○ Yes ● No Test Type ○ Blood ○ Urine			Citation Issued ● Hazardous ○ Other			
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By DONS - 7344494484			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description SUBARU		Make IMPREZA	Color SILVER		Year 2010	Vehicle Type Passenger Car		
Location of Greatest Damage 00		First Impact 01	Extent of Damage 6	Driveable No	Vehicle Direction E	Vehicle Use 01 - Private		Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control			Second 04 - Ran off roadway-right		Third ● 06 - Overturn			
Fourth										

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions	
							<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36		
Interstate/Intrastate	Vehicle Type	Type & Axle	Per Unit			Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
		First	Second	Third	Fourth			<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill			

OWNERS	Owner Information	Owner Information

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

UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action		
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital			
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance			
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect	
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type			
	Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior			
	Sequence of Events (● indicates MOST harmful event)				First		Second		Third		Fourth	
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital		
Injury						Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital				
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance				
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC		
						Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
OWNERS	Owner Information					Owner Information						
WITNESS	Witness Information					Witness Information						
Investigated at Scene		Yes	Reported Date (Time)	01/25/2014 (17:15)		1st Investigator Name (Badge)			J. HILOBUK (744)		2nd Investigator Name (Badge)	Photos By
Narrative					Diagram							
VEHICLE 1 WAS DRIVING EASTBOUND ON NORTH TERRITORIAL RD. VEH. 1 DRIVER STATED THAT HE WAS GOING ABOUT 60 MPH AND LOST CONTROL ON THE SNOW COVERED ROAD. VEHICLE 1 WENT OFF THE ROAD TO THE RIGHT INTO THE DITCH AND HIT A FEW SMALL TREES AS IT ROLLED OVER. \NDISP: CLOSED.					 <p>NORTH TERRITORIAL ROAD</p> <p>NOT TO SCALE</p>							

Page 01 of 01
Incident # 150000387 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8196400		Department Name Northfield Township Police Department					Reviewer DAVIDSON (05103)		
Crash Date 01/29/2015	Crash Time 08:37	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 81 - Washtenaw	Traffic Control None	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Cloudy	Area 10 - NON-FRWY Straight roadway			
City/Twp 10 - Northfield Twp	Construction Zone (if applicable) Type		Lane Closed	Activity	Light Daylight	Road Condition Icy	Total Lanes 02	Speed Limit 50	Posted Yes

LOCATION	Prefix	Road Name NORTH TERRITORIAL	Road Type RD	Suffix	Divided Roadway
	Distance 1,500 Feet W	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road DIXBORO	Road Type RD	Suffix	Divided Roadway

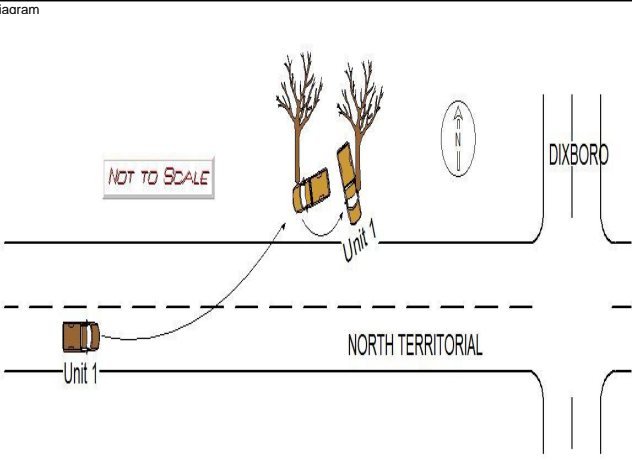
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (51)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action 01 - Speed too fast	
Unit Type MV	Driver Information ##### ##### WHITMORE LAKE, MI 48189-9036 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE		
Driver Condition ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE		
Alcohol ○ Yes ● No ○ Refused ● Not offered Test Type ○ Field ○ PBT ○ Breath ○ Blood ○ Urine					Drugs ○ Yes ● No Test Type ○ Blood ○ Urine			Citation Issued ○ Hazardous ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By TRIANGLE			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description CHEVROLET	Make COLORADO	Model TAN	Year 2004	Vehicle Type Pickup truck				
Location of Greatest Damage	07	First Impact 02	Extent of Damage 4	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead	
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of control		Second 39 - Tree		Third ● 39 - Tree		Fourth		

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements		CDL Exempt	CDL Restrictions	
							<input type="checkbox"/> H <input type="checkbox"/> N	<input type="checkbox"/> P <input type="checkbox"/> S	<input type="checkbox"/> T <input type="checkbox"/> X	<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth				Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		ID #	Class #

OWNERS	Owner Information	Owner Information
	#####	
	#####	
	#####, ## #####-#### (###) ###-####	

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

UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action			
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital				
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance				
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect		
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type				
	Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior				
	Sequence of Events (● indicates MOST harmful event)				First		Second		Third		Fourth		
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital					
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance					
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC			
						Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036				
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		
OWNERS	Owner Information					Owner Information							
WITNESS	Witness Information					Witness Information							
Investigated at Scene		Yes	Reported Date (Time)		01/29/2015 (08:37)		1st Investigator Name (Badge)		S. SCHULTZ (5077)		2nd Investigator Name (Badge)	Photos By	
Narrative					Diagram								
UNIT 1 WAS EAST BOUND, LOST CONTROL ON ICY ROADWAY, SPUN BACKWARD INTO FIRST TREE AND THEN ROTATED INTO SECOND TREE.													

Authority: 1949 PA 300, Sec.257-622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
0563463

Crash ID
9306399

Page 01 of 01
Incident # 150046005 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8118100		Department Name Washtenaw Co Sheriff's Office		Reviewer HOY (00689)	
Crash Date 06/11/2015	Crash Time 09:07	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 81 - Washtenaw	Traffic Control None	Relation to Roadway Outside of shoulder/curb		Special Study	Weather Clear
City/Twsp 12 - Salem Twp	Construction Zone (if applicable) Type Lane Closed Activity		Light Daylight	Road Condition Dry	Total Lanes 02
				Speed Limit 50	Posted Yes

Prefix	Road Name NORTH TERRITORIAL	Road Type RD	Suffix	Divided Roadway
Distance 500 Feet W	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
Prefix	Intersecting Road CURTIS	Road Type RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (25)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action 06 - Drove left of center	
Unit Type MV	Driver Information ##### ##### FENTON, MI 48430-9159 (###) ###-####				Injury B	Position 01	Restraint 04	Hospital REFUSED		
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance REFUSED		
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other	
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By DONS - 7344494484			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description FORD		Make FOCUS	Color WHITE	Year 2014	Vehicle Type Passenger Car			
Location of Greatest Damage 01	First Impact 01	Extent of Damage 5	Driveable No	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First 02 - Cross centerline/median		Second 03 - Ran off roadway-left		Third ● 39 - Tree		Fourth		

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

TRUCK/BUS	Carrier Information		Carrier Source	GVWR	ICCMC	USDOT	MPSC
	Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36	
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information	Owner Information

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

UNIT / DRIVER	Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants	Hazardous Action		
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital						
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance						
	Alcohol <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered				Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other				
	Vehicle Registration		State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect			
	VIN		Vehicle Description		Make	Model	Color		Year	Vehicle Type					
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior					
	Sequence of Events		First		Second		Third		Fourth						
	(● indicates MOST harmful event)														
	PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital				
Injury						Airbag Deployed	Ejected	Trapped	Ambulance						
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital						
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance							
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital						
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance							
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital						
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance							
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital						
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance							
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital						
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance							
TRUCK / BUS	Carrier Information						Carrier Source		GVWR	ICCMC	USDOT	MPSC			
							Driver's CDL Type		Endorsements OH OP OT ON OS OX		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	CDL Restrictions 028 029 030 035 036			
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #			
	OWNERS	Owner Information						Owner Information							
Witness Information						Witness Information									
WITNESS	Investigated at Scene Yes						Reported Date (Time) 06/11/2015 (09:07)		1st Investigator Name (Badge) DEP BRIAN REX (952)				2nd Investigator Name (Badge)		Photos By
	Narrative VEH 1 WAS TRAVELING WEST ON N TERRITORIAL RD IN SALEM TWP. DRIVER 1 STATED HE SWERVED HIS VEHICLE TO THE LEFT TO MISS ANOTHER UNKNOWN VEHICLE THEN CAME INTO HIS LANE OF TRAVEL. HE THEN LOSS CONTROL AND STRUCK A TREE CAUSING INJURY AND DAMAGE.						Diagram 								

Page 01 of 01
Incident # 150003071 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8196400		Department Name Northfield Township Police Department							Reviewer SMITH (05107)		
Crash Date 08/04/2015		Crash Time 21:04	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 81 - Washtenaw		Traffic Control None		Relation to Roadway Outside of shoulder/curb		Special Study	Weather Cloudy	Area 10 - NON-FRWY Straight roadway			
City/Twp 10 - Northfield Twp		Construction Zone (if applicable) Type Lane Closed Activity			Light Dark-Unlighted		Road Condition Dry		Total Lanes 02	Speed Limit 50	Posted Yes

LOCATION	Prefix	Road Name NORTH TERRITORIAL	Road Type RD	Suffix	Divided Roadway
	Distance 2,900 Feet W	Traffic Way 01 - Not physically divided		Access Control 01 - No access control	
	Prefix	Intersecting Road EARHART	Road Type RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (23)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex F	Total Occupants 01	Hazardous Action 16 - Careless/negligent	
Unit Type MV	Driver Information ##### ##### COMMERCE TWP, MI 48382-2091 (###) ###-####				Injury A	Position 01	Restraint 04	Hospital UNIV OF MICHIGAN HEALTH SYSTEM-MEDICAL CENTER		
Driver Condition ○ 1 ● 2 ● 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 99				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance HURON VALLEY AMBULANCE INC		
Alcohol ● Yes ○ No Test Type ○ Field ○ Refused ● Not offered ○ PBT ○ Breath ● Blood ○ Urine				Test Results		Drugs ● Yes ○ No Test Type ● Blood ○ Urine		Citation Issued ○ Hazardous ○ Other		
Vehicle Registration #####	State MI	Insurance / Policy # #####			Towed To/By DON'S BODY SHOP			Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description HONDA		Make CIVIC	Model GRAY	Year 2015	Vehicle Type Passenger Car			
Location of Greatest Damage 10	First Impact 02	Extent of Damage 7	Driveable No	Vehicle Direction W	Vehicle Use 01 - Private			Action Prior 01 - Going Straight Ahead		
Sequence of Events (● indicates MOST harmful event)		First 04 - Run off roadway-right		Second ● 39 - Tree		Third 39 - Tree		Fourth		

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

TRUCK/BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type		Endorsements	CDL Exempt	CDL Restrictions	
								<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36		
										<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit	First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
									<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		

OWNERS	Owner Information	Owner Information
	#####	
	#####	
	#####, ## #####-#### (###) ###-####	

Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:	Damaged Property Owner & Phone	Public
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UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital		
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance		
	Alcohol 0 Yes 0 No 0 Refused 0 Not offered Test Type 0 Field 0 PBT 0 Breath 0 Blood 0 Urine				Test Results				Drugs 0 Yes 0 No 0 Test Type 0 Blood 0 Urine		Citation Issued 0 Hazardous 0 Other
	Vehicle Registration	State	Insurance / Policy #			Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect
	VIN		Vehicle Description	Make	Model	Color		Year	Vehicle Type		
	Location of Greatest Damage	First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior		
	Sequence of Events (● indicates MOST harmful event)				First		Second		Third		Fourth
	PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital			
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance			
TRUCK / BUS	Carrier Information					Carrier Source	GVWR	ICCMC	USDOT	MPSC	
						Driver's CDL Type	Endorsements 0 H 0 P 0 T 0 N 0 S 0 X	CDL Exempt 0 Farm 0 Other	CDL Restrictions 0 28 0 29 0 30 0 35 0 36		
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth			Cargo Body Type	Medical Card	Hazardous Material 0 Placard 0 Cargo Spill		ID #	Class #
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes Reported Date (Time) 08/04/2015 (21:04) 1st Investigator Name (Badge) J. SCUEREB (5095) 2nd Investigator Name (Badge) Photos By											
Narrative VEH #1 WAS TRAVELING WEST ON NORTH TERRITORIAL RD., PER A 911 CALLER, THE VEH WAS SWERVING AND DRIVING ON A FLAT TIRE. VEH #1 RAN OFF ROADWAY TO THE RIGHT, STRUCK A TREE, STRUCK ANOTHER TREE, AND CAME TO REST FACING SOUTH ON NORTH TERRITORIAL RD					Diagram <div>NOT TO SCALE</div>						

Authority: 1949 PA 300, Sec.257 622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)				External # 0202665				Crash ID 9287343				Page 01 of 01 Incident # 12314615 File Class 54001						
STATE OF MICHIGAN TRAFFIC CRASH REPORT												Incident Disposition Open						
ORI: MI 4701200				Department Name MSP Brighton								Reviewer CHRISTOPHER PASCOE						
Crash Date 04/25/2015		Crash Time 00:46		No. of Units 01		Crash Type Single Motor Vehicle		Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Deer <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run				Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile						
County 81 - Washtenaw		Traffic Control None		Relation to Roadway Outside of shoulder/curb		Special Study		Weather Rain		Area 10 - NON-FRWY Straight roadway								
City/Twsp 12 - Salem Twp		Construction Zone (if applicable) Type Lane Closed Activity				Light Dark-Unlighted		Road Condition Dry		Total Lanes 02		Speed Limit 55		Posted Yes				
LOCATION	Prefix N		Road Name TERRITORIAL				Road Type RD		Suffix		Divided Roadway							
	Distance 1,320 Feet E		Traffic Way 01 - Not physically divided				Access Control 01 - No access control											
	Prefix		Intersecting Road CURTIS				Road Type RD		Suffix		Divided Roadway							
UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####			Date of Birth (Age) ##/##/#### (23)		License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex M	Total Occupants 01	Hazardous Action 16 - Careless/negligent			
	Unit Type MV	Driver Information ##### ##### YPSILANTI, MI 48198 (###) ###-####						Injury O	Position 01	Restraint 09	Hospital NONE							
	Driver Condition <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input checked="" type="radio"/> 99						Interlock No	Ejected	Trapped	Airbag Deployed No		Ambulance NONE						
	Alcohol <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine						Test Results		Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other					
	Vehicle Registration #####		State MI	Insurance / Policy # #####			Towed To/By TRIANGLE TOWING				Special Vehicles 0		Private Trailer Type		Vehicle Defect			
	VIN #####		Vehicle Description DODGE		Make NEON		Model BLU		Year 2001		Vehicle Type Passenger Car							
	Location of Greatest Damage 10		First Impact 03		Extent of Damage 5		Driveable No		Vehicle Direction W		Vehicle Use 01 - Private		Action Prior 08 - Slowing/stop on roadway					
	Sequence of Events (• indicates MOST harmful event)						First 01 - Loss of control		Second 03 - Ran off roadway-left		Third •39 - Tree		Fourth					
	PASSENGERS	Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital					
								Injury	Airbag Deployed		Ejected	Trapped	Ambulance					
Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital							
						Injury	Airbag Deployed		Ejected	Trapped	Ambulance							
Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital							
						Injury	Airbag Deployed		Ejected	Trapped	Ambulance							
Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital							
						Injury	Airbag Deployed		Ejected	Trapped	Ambulance							
Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital							
						Injury	Airbag Deployed		Ejected	Trapped	Ambulance							
Passenger Information						Date of Birth (Age)		Sex	Position	Restraint	Hospital							
						Injury	Airbag Deployed		Ejected	Trapped	Ambulance							
TRUCK/BUS	Carrier Information								Carrier Source GVWR		ICCMC		USDOT		MPSC			
									Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36			
									Interstate/Intrastate		Vehicle Type		Type & Axle Per Unit First Second Third Fourth		Cargo Body Type		Medical Card	
	Owner Information ##### ##### #####, ## ####-#### (###) ###-####								Owner Information									
Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:								Damaged Property						Public				
								Owner & Phone										

UNIT / DRIVER	Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants	Hazardous Action							
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital											
	Driver Condition 01 02 03 04 05 06 07 08 09 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance											
	Alcohol 0 Yes 0 No 0 Refused 0 Not offered Test Type 0 Field 0 PBT 0 Breath 0 Blood 0 Urine				Test Results				Drugs 0 Yes 0 No 0 Test Type 0 Blood 0 Urine				Test Results		Citation Issued 0 Hazardous 0 Other					
	Vehicle Registration	State	Insurance / Policy #			Towed To/By				Special Vehicles	Private Trailer Type	Vehicle Defect								
	VIN		Vehicle Description	Make	Model	Color			Year	Vehicle Type										
	Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use			Action Prior										
	Sequence of Events (● indicates MOST harmful event)		First		Second		Third			Fourth										
	PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital									
Injury						Airbag Deployed	Ejected	Trapped	Ambulance											
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital											
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital											
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital											
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital											
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
Passenger Information				Date of Birth (Age)		Sex	Position	Restraint	Hospital											
				Injury	Airbag Deployed	Ejected	Trapped	Ambulance												
TRUCK / BUS	Carrier Information						Carrier Source	GVWR	ICCMC	USDOT	MPSC									
							Driver's CDL Type		Endorsements 0 H 0 P 0 T 0 N 0 S 0 X		CDL Exempt 0 Farm 0 Other	CDL Restrictions 0 28 0 29 0 30 0 35 0 36								
	Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material 0 Placard 0 Cargo Spill		ID #	Class #										
OWNERS	Owner Information						Owner Information													
WITNESS	Witness Information						Witness Information													
Investigated at Scene		Yes	Reported Date (Time)		04/25/2015 (01:21)		1st Investigator Name (Badge)				DANIEL CLISE (212)				2nd Investigator Name (Badge)		Photos By		NONE	
Narrative							Diagram													
<p>The crash was called in by a resident in the area. They advised dispatch they heard the noise and saw a car in trees. Upon arrival the driver had fled the scene. We searched the with the patrol car FLIR and was assisted by 1248. It appeared the vehicle was heavily applying the brakes and lost control. The vehicle went sideways and ran off the road into the ditch. Once in the ditch the vehicle struck multiple small and large trees. The car owner said that her roommate had gotten drunk and taken the car without permission.</p>							<p>N.T.territorial</p>													

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

External # 0657760
Crash ID 9717258

Page 01 of 01
File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 8118100		Department Name Washtenaw Co Sheriff's Office				Incident # 160037910	
Crash Date 05/17/2016	Crash Time 21:37	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input checked="" type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 81 - Washtenaw	Traffic Control None	Relation to Roadway Outside of Shoulder/Curb		Weather Clear	Area NON-FRWY Curved Roadway		
City/Twp 12 - Salem Twp	Contributing Circumstances 1st 2nd		Light Dark-Unlighted	Road Surface Condition Dry	Total Lanes 02	Speed Limit 50	
Work Zone (if applicable) Type		Workers Present	Activity	Location			

Prefix	Primary Road Name NORTH TERRITORIAL	Road Type RD	Suffix	Divided Roadway
Distance / Direction 1,320 Feet W		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name CURTIS	Road Type RD	Suffix	Divided Roadway

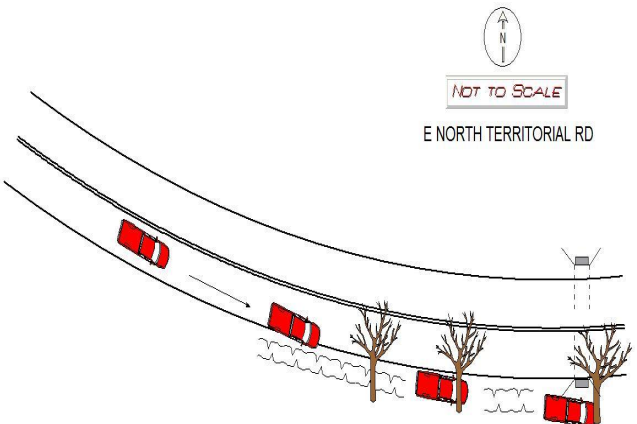
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (38)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Total Occupants 01	Hazardous Action Careless Driving
Unit Type MV	Driver Information ##### ##### PLYMOUTH, MI 48170-2623 (###) ###-####				Driver is Owner Injury K	Position Front - Left	Restraint Restraint Use Unknown		
Driver Condition at Time of Crash 1st Unknown				Driver Distracted By		Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:		Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####		State MI	Vehicle Description 2015	Make FORD	Model SUPER DUTY		Color RED		
VIN #####		Vehicle Type Pickup Truck	Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
Insurance Company #####			Insurance Policy # #####			Towed By DONS - 7344494484		Towed To	
Location of Greatest Damage 01	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Disabling Damage		Vehicle Direction E	Vehicle Use Commercial (Business)		Action Prior Going Straight Ahead		
Sequence of Events First 04 - Ran Off Roadway-Right (● indicates MOST harmful event)		Second 39 - Tree		Third 08 - Fire / Explosion		Fourth			

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

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC
	Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill

Owner Information ##### ##### #####, ## #####-#### (###) ###-####	Owner Information
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Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Driver is Owner	Injury	Position	Restraint		
	Driver Condition at Time of Crash 1st 2nd				Driver Distracted By			Ejected	Trapped	Airbag Deployed	
	Hospital					Ambulance					
	Alcohol Suspected	Contributing Factor	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device			
	Drug Suspected	Contributing Factor	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color				
	VIN	Vehicle Type		Special Vehicles		Private Trailer Type		Vehicle Defect			
	Insurance Company			Insurance Policy #			Towed By		Towed To		
	Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)		Vehicle Direction	Vehicle Use		Action Prior			
Sequence of Events First Second Third Fourth (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	TRUCK/BUS	Carrier Information					USDOT	MC	MPSC		
					Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other				
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #		
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene		Yes	Reported Date (Time)	05/17/2016 (21:37)		1st Investigator Name (Badge)		2nd Investigator Name (Badge)		Photos	
				REX (952)						No	
Narrative					Diagram						
VEH 1 WAS TRAVELING EAST ON N TERRITORIAL RD, RAN OFF THE ROADWAY RIGHT, STRUCK SEVERAL TREES ALONG THE WAY INCLUDING A LARGE STUMP BEFORE COMING TO REST AGAINST A LARGE TREE HEAD ON. THE VEHICLE THEN CAUGHT FIRE. WNOTE: DUE TO EXTENSIVE FIRE DAMAGE, ETC. IT IS UNKNOWN AT THIS TIME IF THE SEATBELT WAS USED AND WHETHER THE AIRBAGS WERE DEPLOYED.											

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 8196400		Department Name Northfield Township Police Department							Reviewer DAVIDSON (05103)		
Crash Date 02/09/2016		Crash Time 07:02	No. of Units 01	Crash Type Single Motor Vehicle		Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal			Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 81 - Washtenaw		Traffic Control None			Relation to Roadway Outside of Shoulder/Curb		Weather Snow		Area NON-FRWY Straight Roadway		
City/Twp 10 - Northfield Twp		Contributing Circumstances 1st 2nd		Light Dark-Unlighted		Road Surface Condition Snow		Total Lanes 02	Speed Limit 50	Posted Yes	
Work Zone (if applicable) Type Workers Present Activity Location											

LOCATION	Prefix E	Primary Road Name NORTH TERRITORIAL	Road Type RD	Suffix	Divided Roadway
	Distance / Direction 700 Feet W		Trafficway Not Physically Divided		
	Prefix	Intersecting Road Name DIXBORO	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (32)	License Type ● Operator ○ Chauffeur ○ Moped	Endorsements ○ Cycle ○ Farm ○ Recreation	Sex M	Total Occupants 01	Hazardous Action Speed Too Fast
Unit Type MV	Driver Information ##### ##### WIXOM, MI 48393-2514 (###) ###-####			Driver is Owner	Injury O	Position Front - Left	Restraint Shoulder and Lap Belt		
Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By			Ejected	Trapped	Airbag Deployed Deployed - Front
Hospital NONE					Ambulance NONE				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type ○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ● Not Offered			Alcohol Test Results ○ Pending Test Results:		Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type ○ Blood ○ Urine ○ Field ○ Refused ○ Not Offered			Drug Test Results ○ Pending Test Results:		Citation Issued ○ Hazardous ○ Other		
Vehicle Registration #####		State MI	Vehicle Description Year Make 2008 CHEVROLET	Model IMPALA			Color WHITE		
VIN #####		Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect	
Insurance Company #####			Insurance Policy # #####		Towed By DON'S BODY SHOP			Towed To	
Location of Greatest Damage 01		First Impact 01	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Going Straight Ahead	
Sequence of Events (● indicates MOST harmful event)		First 01 - Loss of Control		Second 04 - Ran Off Roadway-Right		Third ● 39 - Tree		Fourth	

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

TRUCK/BUS	Carrier Information			USDOT		MC	MPSC	
				Driver's CDL Type		Endorsements		CDL Exempt
				<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		<input type="radio"/> Farm <input type="radio"/> Other		
GVWR/GCWR			Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material	
<input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.							<input type="radio"/> Placard <input type="radio"/> Cargo Spill	
							ID #	Class #

OWNERS	Owner Information	Owner Information
	#####	
	#####	
	#####, ## #####-### (###) ###-###	

Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action	
	Unit Type	Driver Information				Driver is Owner	Injury	Position	Restraint		
	Driver Condition at Time of Crash 1st 2nd				Driver Distracted By			Ejected	Trapped	Airbag Deployed	
	Hospital					Ambulance					
	Alcohol Suspected	Contributing Factor	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device			
	Drug Suspected	Contributing Factor	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
	Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color				
	VIN	Vehicle Type		Special Vehicles		Private Trailer Type		Vehicle Defect			
	Insurance Company			Insurance Policy #			Towed By		Towed To		
	Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)		Vehicle Direction	Vehicle Use		Action Prior			
Sequence of Events First Second Third Fourth (● indicates MOST harmful event)											
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint			
					Injury	Ejected	Trapped	Airbag Deployed			
	Hospital				Ambulance						
	TRUCK/BUS	Carrier Information					USDOT	MC	MPSC		
					Driver's CDL Type OH OP OT ON OS OX	Endorsements <input type="radio"/> Farm <input type="radio"/> Other	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other				
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #			
OWNERS	Owner Information					Owner Information					
WITNESS	Witness Information					Witness Information					
Investigated at Scene Yes		Reported Date (Time) 02/09/2016 (07:02)		1st Investigator Name (Badge) J. SCUEREB (5095)		2nd Investigator Name (Badge)		Photos No			
Narrative VEH #1 WAS TRAVELING WEST ON NORTH TERRITORIAL RD. VEH #1 LOSS CONTROL, RAN-OFF ROADWAY TO THE RIGHT, AND STRUCK A TREE.\NN*** NOTE ***\NTHIS VEH WAS ALSO STRUCK BY ANOTHER VEH A FEW MINUTES LATER AND IS LISTED AS A SEPARATE CRASH UNDER 16-494					Diagram <p style="text-align: right;">NOT TO SCALE</p>						

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

External # 0632439
Crash ID 9641983

Page 01 of 01
File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 8196400		Department Name Northfield Township Police Department				Incident # 160000573		
Crash Date 02/16/2016	Crash Time 10:44	No. of Units 01	Crash Type Single Motor Vehicle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police	<input type="radio"/> Hit and Run <input type="radio"/> Unknown	<input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 81 - Washtenaw	Traffic Control None	Relation to Roadway Outside of Shoulder/Curb		Weather Cloudy		Area NON-FRWY Straight Roadway		
City/Twp 10 - Northfield Twp	Contributing Circumstances 1st		2nd	Light Daylight	Road Surface Condition Wet	Total Lanes 02	Speed Limit 50	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location								

Prefix E	Primary Road Name NORTH TERRITORIAL	Road Type RD	Suffix	Divided Roadway
Distance / Direction 2,500 Feet E		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name SUTTON	Road Type RD	Suffix	Divided Roadway

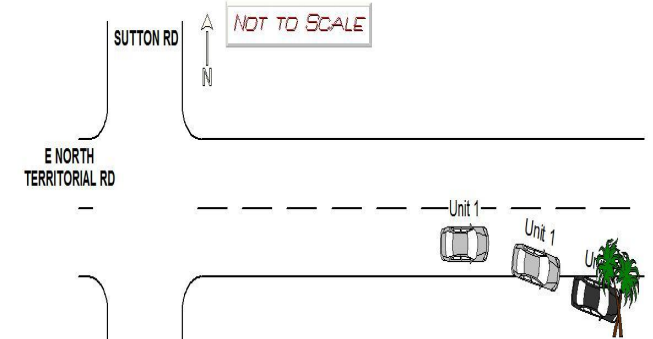
Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (27)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action Other
Unit Type MV	Driver Information ##### ##### ANN ARBOR, MI 48104-1221 (###) ###-####				Driver is Owner Injury B	Position Front - Left	Restraint Shoulder and Lap Belt		
Driver Condition at Time of Crash 1st Appeared Normal				2nd		Driver Distracted By	Ejected	Trapped	Airbag Deployed Deployed - Front
Hospital UNIV OF MICHIGAN HEALTH SYSTEM-MEDICAL CENTER					Ambulance HURON VALLEY AMBULANCE INC				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other		
Vehicle Registration #####	State OH	Vehicle Description 2014	Year	Make FORD	Model FOCUS	Color BLACK			
VIN #####	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable		Private Trailer Type	Vehicle Defect			
Insurance Company #####		Insurance Policy # #####		Towed By DON'S / DON'S			Towed To		
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Functional Damage		Vehicle Direction E	Vehicle Use Private	Action Prior Going Straight Ahead			
Sequence of Events First 04 - Ran Off Roadway-Right		Second 39 - Tree		Third		Fourth			

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

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC	
	Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

Owner Information ##### ##### #####, ## #####-#### (###) ###-####	Owner Information
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Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)		License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped		Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation		Sex	Total Occupants	Hazardous Action
	Unit Type	Driver Information				Driver is Owner	Injury	Position			Restraint		
	Driver Condition at Time of Crash 1st 2nd					Driver Distracted By			Ejected	Trapped	Airbag Deployed		
	Hospital					Ambulance							
	Alcohol Suspected	Contributing Factor	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending Test Results:			Interlock Device				
	Drug Suspected	Contributing Factor	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending Test Results:			Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other				
	Vehicle Registration		State	Vehicle Description	Year	Make	Model		Color				
	VIN		Vehicle Type		Special Vehicles		Private Trailer Type		Vehicle Defect				
	Insurance Company			Insurance Policy #			Towed By			Towed To			
	Location of Greatest Damage		First Impact	Extent of Damage (Power Unit and/or Trailers)		Vehicle Direction	Vehicle Use			Action Prior			
Sequence of Events First Second Third Fourth (● indicates MOST harmful event)													
PASSENGERS	Passenger Information				Date of Birth (Age)		Sex	Position			Restraint		
					Injury	Ejected	Trapped	Airbag Deployed					
	Hospital				Ambulance								
	Passenger Information				Date of Birth (Age)		Sex	Position			Restraint		
					Injury	Ejected	Trapped	Airbag Deployed					
	Hospital				Ambulance								
	Passenger Information				Date of Birth (Age)		Sex	Position			Restraint		
					Injury	Ejected	Trapped	Airbag Deployed					
	Hospital				Ambulance								
TRUCK/BUS	Carrier Information				USDOT			MC	MPSC				
					Driver's CDL Type			Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.		Vehicle Configuration		Cargo Body Type		Medical Card		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #	
OWNERS	Owner Information				Owner Information								
WITNESS	Witness Information				Witness Information								
Investigated at Scene Yes		Reported Date (Time) 02/16/2016 (10:44)		1st Investigator Name (Badge) R. PAQUETTE (5106)			2nd Investigator Name (Badge)			Photos No			
Narrative #1 WAS TRAVELING EAST ON NORTH TERRITORIAL RD, RAN OFF THE ROADWAY AND STRUCK A TREE.					Diagram 								

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 Twp**

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 =	$[FATCOST+((I/F) \times ACOST)]/[1+(I/F)]$	
=	$[1,210,000+(4.85 \times 62,500)] / [1+4.85]$	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 Safety Programs Unit, E. Line 5-Year Statewide, Non-Trunkline crash figures. (From 1-1-11 through 12-31-15) used.				

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

NOINF = 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 = 3.16

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 crashes	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
-	-	-	-	-	-

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
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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:
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Line	Pay Item	Description	Quantity	Units	Unit Price	Total
Category: 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
0008	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, CI 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

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



LOCAL AGENCY PROGRAMS SAFETY PROJECT SUBMITTAL FORM

FUNDING TEMPLATE:

FISCAL YEAR: 2018

LOCAL AGENCY Washtenaw County Road Commission		LOCAL AGENCY CONTACT Brent Schlack, P.E.	
PHONE NO. (734) 327-6670	FAX NO. (734) 761-3737	EMAIL ADDRESS schlackb@wcroads.org	
ALTERNATIVE CONTACT Roy Townsend		PHONE NO. (734) 327-6662	FAX NO. (734) 761-3737
EMAIL ADDRESS townsendr@wcroads.org		HOUSE DISTRICT 52	SENATE DISTRICT 22

PROPOSED PROJECT LOCATION, LIMITS AND PROJECT DESCRIPTION

North Territorial Road between Spencer Road and Gotfredson Road, Northfield and Salem Townships. Project consists of targeted tree removal/trimming/clearing, replacement of short span bridge with a concrete box culvert, and guardrail upgrades.

PROPOSED COST \$587,603	TIME OF RETURN (YEARS) 3.16	IMPROVEMENT CATEGORY (CHECK THE CATEGORY THAT APPLIES) <input type="checkbox"/> Intersection Improvements <input checked="" type="checkbox"/> Roadway and Structure Improvements <input checked="" type="checkbox"/> Roadside Improvements <input type="checkbox"/> Pedestrian and Bicycle Improvements <input type="checkbox"/> Other _____
BENEFIT TO COST RATIO	TOWNSHIP/CITY Northfield & SalemTwps	
PLEASE LIST THE CRASH REDUCTION FACTORS USED: Fixed Objects Removal (Trees)		
DOES A PROJECT IMPACT A SCHOOL OR OTHER SENSITIVE ORGANIZATION? PLEASE DESCRIBE: No		

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 data.

EXPLANATION OF HOW THE PROPOSED IMPROVEMENT WILL IMPROVE SAFETY AND REDUCE CRASHES

Crash patterns on North Territorial Road indicate that targeted tree removal, trimming, and clearing are needed at this location. Cross-section at the bridge over Wagner Drain is very narrow, replacement of short span bridge with a concrete box culvert will provide wider cross-section and will allow bringing guardrail up to standard.

HAS YOUR LOCAL AGENCY RECEIVED APPROVAL OF A SAFETY PROJECT OR HRRR PROJECT THROUGH MDOT'S LAP UNIT IN THE PAST 5 YEARS?

☒ YES
 ☐ NO
 ☒ SAFETY PROJECT
 ☒ HRRR PROJECT

IF YES, HAVE ALL PROJECTS BEEN COMPLETED?

☐ YES
 ☒ NO

IF NO, PLEASE EXPLAIN WHY

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

OTHER PROJECT CONSIDERATIONS