

Authority: 1946 PA 300, Sec.257.622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 182852  
Crash ID

Page 1  
File Class 93001  
Incident # 20169901  
Reviewer  
Sgt. Ken Anderson (25)

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI5090200		Department Name: Chesterfield Township Police Department					
Crash Date: 05/27/2016	Crash Time: 11:15	No. of Units: 02	Crash Type: Other	Special Circumstances: <input checked="" type="checkbox"/> None <input type="checkbox"/> Fleeing Police	O Hit and Run <input type="checkbox"/> Unknown	O School Bus <input type="checkbox"/> Animal	Special Checks: <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile
County: 50 - MACOMB	Traffic Control: Signal	Relation to Roadway: On the Road	Weather: Clear	Area Intersection Related-Other			
City/Township: 3 - CHESTERFIELD TWP	Contributing Circumstances: 1st: None	2nd:	Light: Daylight	Road Surface Condition: Dry	Total Lanes: 06	Speed Limit: 50	Posted: Yes
Work Zone (if applicable): Type	Workers Present: No	Activity:	Location:				

Prefix: 23 MILE	Primary Road Name: 23 MILE	Road Type: RD	Suffix:	Divided Roadway:
Distance/Direction: 100.0 Feet E	Trafficway: Not Physically Divided			
Prefix: WATERSIDE	Intersecting Road Name: WATERSIDE	Road Type: BI VD	Suffix:	Divided Roadway:

Unit Number: 01	Unit Known: Yes	State: SC	Driver License Number:	Date of Birth (Age): (47)	License Type: <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Motorist	Endorsements: <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex: M	Total Occupants: 01	Hazardous Action: Improper Backing
Unit Type: MV	Driver Information: MARK RANALLI 2100 NORRIS HWY CENTRAL SC 296308941 (864)633-9095				Driver is Owner: No	Injury: O	Position: Front - Left	Restraint: Shoulder & Lap Belt	
Driver Condition at Time of Crash: 1st: Appeared Normal					Driver Distracted By: Not Distracted		Ejected: No	Trapped: No	Airbag Deployed: Not Deployed
Hospital: None					Ambulance: None				
Alcohol Suspected: No	Contributing Factor: No	Alcohol Test Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Field <input type="checkbox"/> OPBT <input type="checkbox"/> Urine <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Alcohol Test Results: Pending		Interlock Device: No		
Drug Suspected: No	Contributing Factor: No	Drug Test Type: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Drug Test Results: Pending		Citation Issued: <input checked="" type="checkbox"/> Hazardous IMPROPER BACKING <input type="checkbox"/> Other		
Vehicle Registration: 7822LG	State: OK	Vehicle Description: 2012	Make: FRHT	Model: FRHT	Color: WHI				
VIN: 1FUJGLBG3CSBL5084	Vehicle Type: Truck/Bus	Special Vehicles: None	Private Trailer Type: Travel Trailer	Vehicle Defect:					
Insurance Company: OLD REPUBLIC INS. COMPANY		Insurance Policy #: Z-35726-37		Towed By: N/A		Towed To: N/A			
Location of Greatest Damage: 05	Extent of Damage (Power Unit and/or Trailers): No Damage			Vehicle Direction: W	Vehicle Use: Commercial (Business)		Action Prior: Backing		
Sequence of Events: First: 17 - Motor Vehicle in Transport Second: Third: Fourth:									

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

Carrier Information: ILC BLAIR FREIGHT SERVICE 1215 N FANT ST ANDERSON SC 29621		USDOT: 000001636313	MC: 603162	MPSC: 000000000000			
GVWR/GCWR: <input type="checkbox"/> 10,000 lbs. or Less <input type="checkbox"/> 10,001 - 26,000 lbs. <input checked="" type="checkbox"/> Greater than 26,000 lbs.		Vehicle Configuration: Tractor / Semi Trailer (One Trailer)	Cargo Body Type: Van / Enclosed Box	Medical Card: Yes	Hazardous Material: <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #:	Class #:
Owner Information: RYDER TRUCK RENTAL 1215 N FANT ST ANDERSON SC 29621				Owner Information:			

Damaged Property:	Public:	Owner & Phone:
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Unit Number <b>02</b>	Unit Known <b>Yes</b>	State <b>MI</b>	Driver License Number <b>[REDACTED]</b>	Date of Birth(Age) <b>[REDACTED] (40)</b>	License Type <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex <b>F</b>	Total Occupants <b>01</b>	Hazardous Action <b>None</b>
Unit Type <b>MV</b>	Driver Information <b>ANETA MONIKA ADAMUS</b> <b>32750 KATHLEEN DR</b> <b>CHESTERFIELD MI 48047 (586)243-4535</b>				Driver is Owner <b>No</b>	Injury <b>O</b>	Position <b>Front - Left</b>	Restraint <b>Shoulder &amp; Lap Belt</b>	
Driver Condition at Time of Crash 1st <b>Appeared Normal</b> 2nd					Driver Distracted By <b>Not Distracted</b>		Ejected <b>No</b>	Trapped <b>No</b>	Airbag Deployed <b>Not Deployed</b>
Hospital <b>None</b>					Ambulance <b>None</b>				
Alcohol Suspected <b>No</b>	Contributing Factor <b>No</b>	Alcohol Test Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> PET <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Alcohol Test Results <input type="checkbox"/> Pending Test Results:		Interlock Device <b>No</b>		
Drug Suspected <b>No</b>	Contributing Factor <b>No</b>	Drug Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Drug Test Results <input type="checkbox"/> Pending Test Results:		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other		
Vehicle Registration <b>BKJ4347</b>	State <b>MI</b>	Vehicle Description <b>Passenger Car, SUV, Van</b>	Year <b>2010</b>	Make <b>MAZDA</b>	Model <b>CX-7</b>	Color <b>PLE</b>			
VIN <b>JM3ER4W37A0339254</b>		Vehicle Type <b>Passenger Car, SUV, Van</b>		Special Vehicles <b>None</b>	Private Trailer Type	Vehicle Defect			
Insurance Company <b>AMERIPRISE</b>		Insurance Policy # <b>AX01036747</b>		Towed By <b>N/A</b>		Towed To <b>N/A</b>			
Location of Greatest Damage <b>01</b>	First Impact <b>01</b>	Extent of Damage (Power Unit and/or Trailers) <b>Minor Damage</b>		Vehicle Direction <b>W</b>	Vehicle Use <b>Private</b>	Action Prior <b>Slowing/Stop on Roadway</b>			
Sequence of Events (# indicates MOST harmful event) First <b>17 - Motor Vehicle In Transport</b> Second Third Fourth									

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

Carrier Information		USDOT	MC	MPSC
		Driver's CDL Type OH OP OT ON OS OX	CDL Exempt Of Farm Of Other	
GVWR/GCWR <input type="checkbox"/> 10,000 lbs. or Less <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill

Owner Information <b>MACIEJ JERZY ADAMUS</b> <b>32750 KATHLEEN DR</b> <b>CHESTERFIELD MI 48047</b>	Owner Information
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Witness Information	Witness Information
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Investigated at Scene <b>Yes</b>	Reported Date (Time) <b>05/27/2016 (11:29)</b>	1st Investigator Name (Badge) <b>Off. Craig Suppon (52)</b>	2nd Investigator Name (Badge)	Photos <b>No</b>
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Narrative Unit 02 stated she was WB on 23 Mile Rd. behind Unit 01 in the turn lane to turn onto SB Waterside when Unit 01 began to back up. Unit 02 stated 01 backed into her. Unit 01 stated he missed his turn and that he did not see Unit 02 behind him. Unit 01 stated he backed up into Unit 02.	Diagram 
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