

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

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

STATE OF MICHIGAN TRAFFIC CRASH REPORT

OR: 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 None Fleeing Police	OH and Run Unknown	OSchool Bus OAnimal	Special Checks Fatal Non-Traffic Area ORW/Snowmobile
County 50 - MACOMB	Traffic Control Signal	Relation to Roadway On the Road	Weather Clear	Area Intersection Related-Other			
City/Twp 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 Nc	Activity	Location				

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

Unit Number 01	Unit Known Yes	State SC	Driver License Number	Date of Birth (Age)	License Type Operator Chauffeur Moped	Endorsements Cycle Farm Recreation	Sex M	Total Occupants 01	Hazardous Action Improper Backing		
Unit Type MV	Driver Information MARK RANALLI	Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder & Lap Belt						
Driver Condition at Time of Crash 1st Appeared Normal			2nd		Driver Distracted By Not Distracted	Ejected No	Trapped No	Airbag Deployed Not Deployed			
Hospitals None		Ambulance None			Alcohol Suspected No		Contributing Factor No		Alcohol Test Results Pending	Test Results:	Interlock Device No
Drug Suspected No		Contributing Factor No		Drug Test Type Blood Urine Field	Urine Refused Not Offered	Drug Test Results Pending		Test Results:	Citation Issued Hazardous IMFRCPER BACKING Other		
Vehicle Registration OK	State	Vehicle Description Truck/Bus	Year 2012	Make FRHT	Model FRHT	Color WHI					
VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect							
Insurance Company OLD REPUBLIC INS. COMPANY	Insurance Policy #	Towed By N/A	Towed To N/A								
Location of Greatest Damage 05	First Impact	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 LLC BLAIR FREIGHT SERVICE 1215 N FANT ST ANDERSON SC 29621	USDOT 000001636313	MC 603162	MPSC 000000000000
GVWR/GCWR O 10,000 lbs. or Less O 10,001 - 26,000 lbs. # Greater than 26,000 lbs.	Vehicle Configuration Tractor / Semi Trailer (One Trailer)	Cargo Body Type Van / Enclosed Box	Medical Card Yes
Hazardous Material O Placement O Cargo Spill		ID #	Class #

Owner Information RYDER TRUCK RENTAL 1215 N FANT ST ANDERSON SC 29621	Owner Information
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Damaged Property	Public	Owner & Phone
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Unit Number 02	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	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 None
Unit Type MV	Driver Information ANETA MONIKA ADAMUS				Driver is Owner No	Injury O	Position Front - Left	Restraint Shoulder & Lap Belt	
Driver Condition at Time of Crash 1st Appeared Normal				2nd		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="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> FET <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 checked="" 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 [REDACTED]	State MI	Vehicle Description [REDACTED]	Year 2010	Make MAZDA	Model CX-7	Color PLE		VIN [REDACTED]	
Insurance Company AMERIPRISE		Insurance Policy # [REDACTED]			Towed By N/A		Towed To N/A		
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Minor Damage			Vehicle Direction W	Vehicle Use Private	Action Prior Slowing/Stop on Roadway		
Sequence of Events (● indicates MOST harmful event)									

Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Hospital				Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Hospital				Ambulance			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Hospital				Ambulance			

Carrier Information			USDOT	MC	MPSC
[REDACTED]			Driver's CDL Type	Endorsements <input type="radio"/> OH <input type="radio"/> OP <input type="radio"/> OT <input type="radio"/> ON <input type="radio"/> OS <input type="radio"/> OX	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 MACIEJ JERZY ADAMUS 32750 KATHLEEN DR CHESTERFIELD MI 48047	Owner Information
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Witness Information	Witness Information
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Investigated at Scene Yes	Reported Date (Time) 05/27/2016 (11:29)	1st Investigator Name (Badge) Off. Craig Suppon (52)	2nd Investigator Name (Badge)	Photos No
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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.

