

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 type="checkbox"/> None <input type="checkbox"/> Fleeing Police <input type="checkbox"/> Hit and Run <input type="checkbox"/> Unknown <input type="checkbox"/> 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/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: No	Activity:	Location:	

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

Unit Number: 01	Unit Known: Yes	State: SC	Driver License Number:	Date of Birth (Age):	License Type: <input 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			Driver is Owner: No	Injury: No	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"/> Urine <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered			Alcohol Test Results: Pending		Infract 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 type="checkbox"/> Not Offered			Drug Test Results: Pending		Citation Issued: <input type="checkbox"/> Hazardous <input type="checkbox"/> IMPCPER BACKING <input type="checkbox"/> Other		
Vehicle Registration: OK	State: OK	Vehicle Description: 2012	Make: FRHT	Model: FRHT	Color: WHI				
VIN:	Vehicle Type: Truck/Bus	Special Vehicles: None	Private Trailer Type: Travel Trailer	Vehicle Defect:					
Insurance Company: OLD REPUBLIC INS. COMPANY	Insurance Policy #:	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	USDOT: 000001636313	MC: 603162	MPSC: 000000000000			
ANDERSON SC 29621	Driver's CDL Type: Group A	Endorsements: <input type="checkbox"/> OH <input type="checkbox"/> OF <input type="checkbox"/> OT <input type="checkbox"/> OS <input type="checkbox"/> OX	CDL Exempt: <input type="checkbox"/> Farm <input type="checkbox"/> 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: Trailer / Semi Trailer (One Trailer)	Cargo Body Type: Van / Enclosed Box	Medicaid Card: Yes	Hazardous Material: <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #:	Class #:
Owner Information: RYDER TRUCK RENTAL		Owner Information:				
ANDERSON SC 29621						

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 • Operator • Chauffeur • Motorist	Endorsements • Cyclist • Farm • Recreation	Sex F	Total Occupants 01	Hazardous Action None
Unit Type MV	Driver Information ANETA MONIKA ADAMUS CHESTERFIELD MI 48047				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 • Breath • Blood • Urine • Field • FET • Refused • Not Offered			Alcohol Test Results • Pending • Test Results:		Intracard 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 [REDACTED]	State MI	Vehicle Description 2010	Year 2010	Make MAZDA	Model CX-7	Color PLE			
VIN [REDACTED]	Vehicle Type Passenger Car, SUV, Van		Special Vehicles None		Private Trailer Type	Vehicle Defect			
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)									
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		USDOT	MC	MPSC
		Driver's CDL Type	Endorsements • OH • OP • OT • ON • OS • OX	CDL Exempt • Farm • Other
GWR/GCWR • 10,000 lbs. or Less • 10,001 - 26,000 lbs. • Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material • Placard • Cargo Spill
		ID #	Class #	

Owner Information	Owner Information
MACIEJ JERZY ADAMUS [REDACTED] CHESTERFIELD MI 48047	

Witness Information	Witness Information

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	Diagram
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.	