

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: S3001  
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 None Fleeing Police	Hit and Run Unknown	School Bus Animal	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 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 RD	Road Type RD	Suffix	Divided Roadway
Distance/Direction 100.0 Feet E	Trafficway Not Physically Divided			
Prefix WATERSIDE	Intersecting Road Name RI RD	Road Type RI RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State SC	Driver License Number	Date of Birth (Age)	License Type Operator Chauffeur Motorcycle	Endorsements Cycle Farm Recreation	Sex M	Total Occupants 01	Hazardous Action Improper Backing
Unit Type MV	Driver Information MARK RANALLI CENTRAL SC 296308941			Driver is Owner No	Injury No	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 Breath Blood Field OPBT			Urine Refused	Not Offered	Alcohol Test Results Pending	Test Results:	Interlock Device No
Drug Suspected No	Contributing Factor No	Drug Test Type Blood 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 ANDERSON SC 29621	USDOT 000001636313	MC 603162	MPSC 000000000000
GVWR/GCWR 0-10,000 lbs. or Less 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
Driver's CDL Type Group A	Endorsements OH OF OT ON OS OX	CDL Exempt Farm Other	Hazardous Material Placement Cargo Spill

Owner Information RYDER TRUCK RENTAL ANDERSON SC 29621	Owner Information
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Damaged Property	Public	Owner's Phone
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Unit Number <b>02</b>	Unit Known <b>Yes</b>	State <b>MI</b>	Driver License Number [REDACTED]	Date of Birth(Age) [REDACTED]	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> [REDACTED] <b>CHESTERFIELD MI 48047</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"/> FET <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Alcohol Test Results <input type="checkbox"/> Pending Test Results:		Inflator 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 [REDACTED]	State <b>MI</b>	Vehicle Description [REDACTED]	Year <b>2010</b>	Make <b>MAZDA</b>	Model <b>CX-7</b>	Color <b>PLE</b>		VIN [REDACTED]	
Insurance Company <b>AMERIPRISE</b>		Insurance Policy # [REDACTED]			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
[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 OH OP OT ON OS OX	CDL Exempt OFarm OOther
GWR/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	ID # Class #

Owner Information <b>MACIEJ JERZY ADAMUS</b> [REDACTED] <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.

