

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External # 0194144
Crash ID 9191526

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Incident # 1502180199 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition
Closed
Reviewer
Steve Austin

OR#: MI 7017000
Department Name
Ottawa Co Sheriff's Office

Crash Date 02/18/2015
Crash Time 18:10
No. of Units 01
Crash Type Single Motor Vehicle
Special Circumstances
 School Bus None Deer Fleeing Police
 Hit and Run OORV/Snowmobile

County 70 - Ottawa
Traffic Control None
Relation to Roadway Outside of shoulder/curb
Special Study
Weather Cloudy
Area 10 - NON-FRWY Straight roadway

City/Twsp 05 - Georgetown Twp
Construction Zone (if applicable) Type
Lane Closed Activity
Light Dark-Lighted
Road Condition Snowy
Total Lanes 02
Speed Limit 55
Posted No

LOCATION
Prefix Road Name 36TH
Road Type AVE
Suffix Divided Roadway
Distance 300 Feet N
Traffic Way 01 - Not physically divided
Access Control 01 - No access control
Prefix Intersecting Road BLACK STAR
Road Type ST
Suffix Divided Roadway

DRIVER
Unit Number 01
Unit Known Yes
State MI
Driver License Number #####
Date of Birth (Age) ##### (21)
License Type
 Operator Cycle
 Chaffeur Farm
 Moped Recreation
Endorsements
Sex F
Total Occupants 01
Hazardous Action 01 - Speed too fast

Unit Type MV
Driver Information

HUDSONVILLE, MI 49426 (###) ###-####
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
Test Results
Drugs
 Yes No Other
Test Type Blood Urine
Citation Issued
 Hazardous Other

Vehicle Registration #####
State MI
Insurance / Policy # #####
Towed To/By HUDSONVILLE TOWING
Special Vehicles 0
Private Trailer Type
Vehicle Defect

VIN #####
Vehicle Description SATURN ION
Make Model
Color BLU
Year 2005
Vehicle Type Passenger Car

Location of Greatest Damage 08
First Impact 08
Extent of Damage 3
Driveable No
Vehicle Direction N
Vehicle Use 01 - Private
Action Prior 01 - Going Straight Ahead

Sequence of Events
First 01 - Loss of control
Second 31 - Utility pole
Third 32 - Other pole
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
 H P O T
 N S X
CDL Exempt Farm Other
CDL Restrictions 28 29 30 35 36
Interstate/Intrastate Vehicle Type Type & Axle Per Unit
First Second Third Fourth
Cargo Body Type Medical Card Hazardous Material Placard Cargo Spill
ID # Class #

OWNERS
Owner Information
Owner Information

Person Advised of Damaged Traffic Control
Contact Name: OCCDA
Contact Date: 02/18/2015
Contact Time: 18:30
Damaged Property
AMERITECH PHONE BOX AND POLE
Public Yes
Owner & Phone

(###) ###-####

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 <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 type="radio"/> 099				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance			
	Alcohol <input type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT				Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Drugs <input type="radio"/> Yes <input type="radio"/> No Test Type <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			

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		

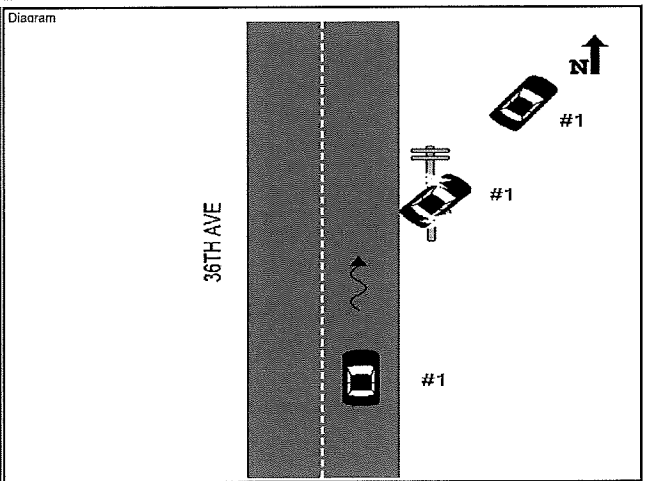
TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC
					Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> 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 #	Class #

OWNERS	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Yes	Reported Date (Time)	02/18/2015 (18:23)	1st Investigator Name (Badge)	BRIAN WILLIAMS (1110)	2nd Investigator Name (Badge)		Photos By	NONE
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Narrative
 #1 ADVISED THAT SHE WAS N/B 36TH AVE AT APPROXIMATELY 45 MPH AND LOST CONTROL AND STATED THAT SHE MOVED THE STEERING WHEEL SLIGHTLY IN AN ATTEMPT TO NOT OVER CORRECT. #1 ADVISED THAT SHE WENT INTO THE DITCH ON THE EAST SIDE OF THE ROAD WAY AND STRUCK A PHONE POLE AND PHONE BOX. #1 DENIES INJURIES #1 VEHICLE DAMAGE MODERATE, VEHICLE TOWED BY HUDSONVILLE TOWING. #1 CITED FOR VIOLATION OF BASIC SPEED LAW AND NO PROOF OF VALID INSURANCE



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

External # 0311247
Crash ID 1958695

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File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident # 2002200133

ORI MI 7017000

Department Name Ottawa Co Sheriff's Office

Reviewer Michael Vandenbosch

Crash Date 02/20/2020
Crash Time 16:12
No. of Units 01
Crash Type Single Motor Vehicle
Special Circumstances: None, Fleeing Police, Hit and Run, Unknown, School Bus, Animal
Special Checks: Fatal, Non-Traffic Area, ORV/Snowmobile

County 70 - Ottawa
Traffic Control None
Relation to Roadway Outside of Shoulder/Curb
Weather Clear
Area NON-FRWY Straight Roadway

City/Twp 05 - Georgetown Twp
Contributing Circumstances: 1st None, 2nd None
Light Daylight
Road Surface Condition Dry
Total Lanes 02
Speed Limit 55
Posted No

Work Zone (if applicable) Type: Workers Present, Activity, Location

LOCATION
Prefix 36TH, Primary Road Name 36TH, Road Type AVE, Suffix, Divided Roadway
Distance / Direction 75 Feet N, Trafficway Not Physically Divided
Prefix EAGLES ROOST, Intersecting Road Name, Road Type TRL, Suffix, Divided Roadway

UNIT DRIVER
Unit Number 01, Unit Known Yes, State MI, Driver License Number #####, Date of Birth (Age) ##### (16), License Type: Operator, Chauffeur, Moped, Endorsements: Cycle, Farm, Recreation, Sex F, Total Occupants 02, Hazardous Action Careless Driving

Unit Type MV, Driver Information: #####, HUDSONVILLE, MI 49426 (###) ###-####, Driver Is Owner No, Injury O, Position Front - Left, Restraint Shoulder and Lap Belt

Driver Condition at Time of Crash: 1st Appeared Normal, 2nd, Driver Distracted By Other Activity Inside Veh, Ejected, Trapped, Airbag Deployed Not Deployed

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, IMPEDED TRAFFIC

Vehicle Registration DLQ8662, State MI, Vehicle Description 2002 CHEVROLET, Model IMPALA, Color RED

VIN 2G1WF55K729250563, Vehicle Type Passenger Car, SUV, Van, Special Vehicles Not Applicable, Private Trailer Type, Vehicle Defect

Automation System(s) in Vehicle No, Automation System Level in Vehicle No Automation, Automation System Level Engaged at Time of Crash No Automation

Insurance Company: #####, Insurance Policy #: #####, Towed By NONE, Towed To NONE

Location of Greatest Damage 01, First Impact 01, Extent of Damage (Power Unit and/or Trailers) Minor Damage, Vehicle Direction S, Vehicle Use Private, Action Prior Going Straight Ahead

Sequence of Events: First 04 - Ran Off Roadway-Right, Second 28 - Traffic Sign / Post, Third, Fourth

PASSENGERS
Passenger Information: #####, GRANDVILLE, MI 49418 (###) ###-####, Date of Birth (Age) ##### (16), Sex F, Position Front - Right, Restraint Shoulder and Lap Belt

Hospital NONE, Ambulance NONE, Injury O, Ejected, Trapped, Airbag Deployed Not Equipped

Passenger Information: Date of Birth (Age), Sex, Position, Restraint

Hospital, Ambulance

Carrier Information: USDOT, MC, MPSC

Driver's CDL Type, Endorsements: H, P, T, N, S, X, CDL Exempt: Farm, Other

GVWR/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 #

OWNERS
Owner Information

Damaged Property NO PARKING SIGN, Public No, Owner & Phone: ##### (###) ###-####

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			
Automation System(s) in Vehicle		Automation System Level in Vehicle			Automation System Level Engaged at Time of Crash				
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 ● indicates MOST harmful event)		First		Second		Third		Fourth	

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

TRUCK/IBUS	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			
GWR/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	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
Yes	02/20/2020 (16:12)	JOE MICHMERHUIZEN (1169)		No

Narrative

#1 said she was going South on 36th Ave. when she reached down toward her right to pickup something that had fallen. #1 says as she leaned over to pick it up her car swerved to the right going off onto the shoulder and crashing into a no parking sign that was along the road. The sign was knocked onto #1's car shattering the windshield with minor damage from the pole to the front of the car.

