

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

External # 01091691
Crash ID 1091691

Page 1 of 1
File Class 54001
Incident # 200002982
Reviewer MERVYN

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI8245300	Department Name HAMTRAMCK PD				
Crash Date 05/11/2020	Crash Time 13:25	No. of Units 02	Crash Type Angle	Special Circumstances <input type="radio"/> None <input type="radio"/> Fleeing Police <input checked="" type="radio"/> Hit and Run <input type="radio"/> Unknown <input type="radio"/> School Bus <input type="radio"/> Animal	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County 82 - Wayne	Traffic Control Signal	Relation to Roadway On Road	Weather Clear	Area NON-FRWY Straight roadway	
City/Twp 82 - Hamtramck	Contributing Circumstances 1st None 2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 4
Work Zone (if applicable) Type	Workers Present	Activity	Location		

Prefix CANIFF	Primary Road Name CANIFF	Road Type	Suffix Divided Roadway
Distance / Direction 16 FT E	Trafficway 01-Not physically divided		
Prefix JOS CAMPAU	Intersecting Road Name JOS CAMPAU	Road Type	Suffix Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (19)	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 M	Total Occupants 01	Hazardous Action Disregard traffic control
Unit Type M	Driver Information DETROIT MI 48212-1855			Driver Is Owner Yes	Injury B	Position Front-Left	Restraint Shoulder and lap belt		
Driver Condition at Time of Crash 1st Unknown 2nd				Driver Distracted By Unknown		Ejected No	Trapped No	Airbag Deployed Deployed-Front	

Hospital	Ambulance OTHER
----------	---------------------------

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"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered	Alcohol Test Results <input type="radio"/> Pending	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 checked="" type="radio"/> Other 20HM01636
-----------------------------	----------------------------------	---	--	---------------	---

Vehicle Registration [REDACTED]	State MI	Vehicle Description 2002 BUICK CENTURY	Year 2002	Make BUICK	Model CENTURY	Color GOLD
VIN [REDACTED]	Vehicle Type Passenger Car, SUV, Van	Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect		

Automation System(s) in Vehicle 0-No	Automation System Level in Vehicle 00-No Automation	Automation System Level Engaged at Time of Crash 00-No Automation
--	---	---

Insurance Company NONE	Insurance Policy # 000000000	Towed By NATIONWIDE RECOVERY - 313-822-	Towed To
----------------------------------	--	---	----------

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

Sequence of Events (w indicates MOST harmful event)	First * 47-Motor veh in transport	Second 03-Ran off roadway-left	Third 45-Other fixed object	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
GVWR/GCWR <input checked="" 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

Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> C <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other
Hazardous Materials <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #	Class #

Owner Information DETROIT MI 48212-1855	Owner Information
---	-------------------

Damaged Property BUILDING AT 11325 JOS CAMPAU	Public NO	Owner & Phone [REDACTED]
---	---------------------	------------------------------------