

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-8190600 Department Name Pittsfield Twp Police Dept

Crash Date Month <u>07</u> Day <u>28</u> Year <u>2009</u>	Crash Time Military <u>0507</u>	No. of Units <u>02</u>	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input checked="" type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown	Special Circumstances <input type="radio"/> School Bus <input type="radio"/> Local <input type="radio"/> State <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown	Special Checks <input checked="" type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County <u>81</u>	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown	Weather (Mark Only One) <input type="radio"/> Clear <input checked="" type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Icy <input type="radio"/> Debris <input type="radio"/> Other/Unknown <input type="radio"/> Slushy	Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Area <u>10</u> Total Lanes <u>2</u>
Construction Zone (if applicable) (Mark One From Each Group) Type <input type="radio"/> Const./Maint. <input type="radio"/> Utility	Lane Closed <input type="radio"/> Yes <input type="radio"/> No	Activity <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None	Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Icy	Speed Limit <u>55</u>	Posted <input type="radio"/> Yes <input checked="" type="radio"/> No

Prefix MAPLE Road Name MAPLE Divided Roadway N S E W Road Type ROAD Suffix

Distance 300 FT MI North East Beginning of Ramp South West End of Ramp

Trafficway 2 3 4 Access Control 2 3

Prefix WOODVIEW Intersecting Road WOODVIEW Divided Roadway N S E W Road Type LANE Suffix

Unit Number <u>1</u>	State <u>MI</u>	Driver License Number [REDACTED]	Date of Birth [REDACTED]	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup <u>01</u>	Hazard Action <u>16</u>
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	Name <u>NICHOLAS JACOB WAHL</u>	Street Address [REDACTED]		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position <u>01</u>	Restraint <u>09</u>	Hospital <input type="radio"/> Yes <input type="radio"/> No
Driver Condition <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/> Yes <input checked="" type="radio"/> No	Not offered <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Field <input checked="" type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results <u>000</u>	Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results	Vehicle Registration <u>MI</u>	Insurance <u>SAKSTRIPS / PTPD</u>	Towed to <u>SAKSTRIPS / PTPD</u>	VIN [REDACTED]	Vehicle Description <u>DODGE CARAVAN</u>
Location of Greatest Damage <u>02</u>	Extent of Damage <u>4</u>	Driveable <input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM	OR <input type="radio"/> Other <input type="radio"/> Truck/Bus	Vehicle Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7

First Name	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital <input type="radio"/> Yes <input type="radio"/> No
Middle	Street Address	Ambulance <input type="radio"/> Ejected <input type="radio"/> Trapped			
Last	City	Ejected <input type="radio"/> Yes <input type="radio"/> No			
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No			

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Middle	Street Address	Ambulance <input type="radio"/> Ejected <input type="radio"/> Trapped			
Last	City	Ejected <input type="radio"/> Yes <input type="radio"/> No			
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No			

Owner <input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input checked="" type="radio"/> Witness	Name [REDACTED]	Address [REDACTED]
Phone Number [REDACTED]	Age [REDACTED]	Pos [REDACTED]
Rest [REDACTED]	[REDACTED]	

Owner <input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input checked="" type="radio"/> Witness	Name [REDACTED]	Address [REDACTED]
Phone Number [REDACTED]	Age [REDACTED]	Pos [REDACTED]
Rest [REDACTED]	[REDACTED]	

Person Advised of Damaged Traffic Control
Date
Time
Name

Damaged Property
Public Y N

Owner & Phone
Name
Phone

UD-10 SERIAL NUMBER
9562224

Serial Override Number

Do Not Write or Mark in This Area

Do Not Write or Mark Below This Line

Do Not Write or Mark on This Side of The Line

14580

GS03 Printed in U.S.A. PASSENGERS Do Not Write or Mark on This Side of The Line

BACK

Unit Number: 2 State: MI Driver License Number: [REDACTED] Date of Birth: [REDACTED]

NCS

Unit Type: MV B P E (train)

Name: TIMOTHY ALLEN PENCEKOWSKI

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Phone Number: [REDACTED]

Driver Condition: (2) (3) (4) (5) (6) (7) (8) (9) (10)

Interlock: Yes No Refused Not offered

Alcohol: Yes No Test Type: Field PBT Breath Blood Urine

Drugs: Yes No Test Type: Blood Urine

Vehicle Registration: [REDACTED] State: [REDACTED] Insurance: [REDACTED]

Vehicle Description: TREK Make Model: COMPOSITE 2100 Color: GRAY

Location of Greatest Damage: (6) (7) (8) (9) (10) (11) (12)

Vehicle Type: PA VA PU ST CY MO GC SM OR Other Truck/Bus

Vehicle Direction: North South East West

Special Vehicles: (1) (2) (3) (4) (5) (6)

Private Trailer Type: (1) (2) (3) (4) (5) (6) (7)

Vehicle Defect: (1) (2) (3) (4) (5) (6)

Vehicle Use: (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

First Name: [REDACTED] Middle: [REDACTED] Last: [REDACTED] Date of Birth: [REDACTED] Sex: [REDACTED] Position: [REDACTED] Restraint: [REDACTED] Hospital: [REDACTED] Ambulance: [REDACTED]

Injury: K A B C O Airbag Deployed: Yes No Not Equipped

First Name: [REDACTED] Middle: [REDACTED] Last: [REDACTED] Date of Birth: [REDACTED] Sex: [REDACTED] Position: [REDACTED] Restraint: [REDACTED] Hospital: [REDACTED] Ambulance: [REDACTED]

Injury: K A B C O Airbag Deployed: Yes No Not Equipped

Owner Witness Name: [REDACTED] Address: [REDACTED] Phone Number: [REDACTED] Age: [REDACTED] Pos: [REDACTED] Rest: [REDACTED]

Uninjured Passenger Name: [REDACTED] Address: [REDACTED] Phone Number: [REDACTED] Age: [REDACTED] Pos: [REDACTED] Rest: [REDACTED]

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

Unit Reported on Front

Action Prior	First	Second	Third	Fourth
01	16			

Unit Reported Above

Action Prior	First	Second	Third	Fourth
01	17			

Unit Number: [REDACTED] Carrier Name: [REDACTED]

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Carrier Source: Papers Vehicle Log Book Driver

ICCMC: [REDACTED] Driver's CDL Type: A B C H P T N S X

USDOT: [REDACTED] CDL Restrictions: Interstate Intra (MI Only) 28 29 30

MPSC: [REDACTED] CDL Exempt: Farm Other

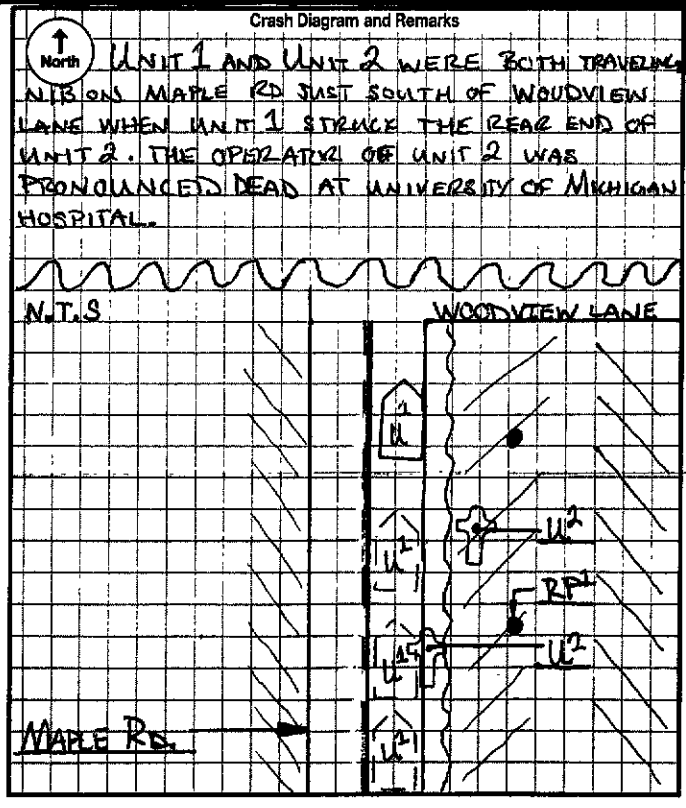
Vehicle Type: AS AA AH AN AP AL AT AY AZ BS BB BH BN BP BX BH BN BP CX CH CP CS Other

Medical Card: Y N

Hazardous Material: Placard Cargo Spill

Type & Axles Per Unit: [REDACTED]

Cargo Body Type: (1) (2) (3) (4) (5) (6) (7) (8)



UD-10 SERIAL NUMBER: 9562224

Investigated at Scene: [REDACTED] Reported Date/Time: 07/28/2009 AT 0509 HRS

Investigator Name(s) & Badge # (Print Only): P. GRAY-3144 S. MCCORMICK - 3057

Photos By: BEARD/MCCORMICK/GRAY

K. BEARD-3147

Do Not Write or Mark Below This Line