

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Off: MI-6316300

Department Name Oakland Co. Sheriff's Office

Crash Date Month Day Year 11 01 2007	Crash Time Military 0800	No. of Units 2	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 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 checked="" type="radio"/> Other/Unknown	Special Circumstances <input type="radio"/> None <input type="radio"/> Deer <input type="radio"/> School Bus <input checked="" type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> State <input type="radio"/> Local	Special Checks <input 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"/> Off/Snowmobile
County 63	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 checked="" type="radio"/> Clear <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Fog/Smoke <input type="radio"/> Sleet/Hail <input type="radio"/> Rain <input type="radio"/> Other/Unknown	Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Dusk <input type="radio"/> Other/Unknown	Area 13
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"/> Snowy <input type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Icy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	Speed Limit 25	Poised <input checked="" type="radio"/> Yes <input type="radio"/> No

Prefix	Road Name WENTWORTH	Divided Roadway (N S E W)	Road Type	Suffix
Distance 1000	FT <input checked="" type="radio"/> North <input checked="" type="radio"/> East <input type="radio"/> Beginning of Ramp MI <input type="radio"/> South <input type="radio"/> West <input type="radio"/> End of Ramp	Trailway <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Access Control <input checked="" type="radio"/> 2 <input type="radio"/> 3	
Prefix	Intersecting Road MAIDSTONE	Divided Roadway (N S E W)	Road Type	Suffix

Unit Number 1	State	Date of Birth	License Type <input 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 type="radio"/> M <input type="radio"/> F	Total Occup 13	Hazard Action
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City	State	Zip	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position 01	Restraint <input type="radio"/> Yes <input type="radio"/> No
Driver Condition <input type="radio"/> Yes <input type="radio"/> No	Interlock <input type="radio"/> Yes <input type="radio"/> No	Refused <input type="radio"/> Yes <input type="radio"/> No	Not offered <input type="radio"/> Yes <input type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>	Hospital <input type="radio"/> Yes <input type="radio"/> No
Alcohol <input type="radio"/> Yes <input type="radio"/> No	Test Type Field <input type="radio"/> PBT <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 Blood <input type="radio"/> Urine	Test Results	Ambulance <input type="radio"/> Yes <input type="radio"/> No

Vehicle Description Dusk	Make	Model	Color	Year
Location of Greatest Damage 0 1 2 3 4 5 6 7 8 9 10 11 12	Vehicle Type <input 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	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Special Vehicles 1 2 3 4 5 6	Private Trailer Type 1 2 3 4 5 6 7
First Impact	Extent of Damage	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Use 1 2 3 4 5 6 7 8 9 10 11	Vehicle Defect 1 2 3 4 5 6

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	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint <input type="radio"/> Yes <input type="radio"/> No	Hospital <input type="radio"/> Yes <input type="radio"/> No
			Ambulance <input type="radio"/> Yes <input type="radio"/> No				
			Ejected <input type="radio"/> Yes <input type="radio"/> No				
			Trapped <input type="radio"/> Yes <input type="radio"/> No				

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			Ambulance <input type="radio"/> Yes <input type="radio"/> No				
			Ejected <input type="radio"/> Yes <input type="radio"/> No				
			Trapped <input type="radio"/> Yes <input type="radio"/> No				

Age	Pos	Rest
Age	Pos	Rest

Damaged Property	Public <input type="radio"/> Y <input type="radio"/> N
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SANITIZED

