

Authority: 1949 PA 300, Sec.257-822
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2006)

External # 00038825
Crash ID 38825

Page 1 of 1
Incident # 100011724 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI8234300	Department Name DEARBORN PD		Incident Disposition CLOSED	
Crash Date 03/12/2010	Crash Time 09:40	No. of Units 2	Crash Type 4-ANGLE	Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run
County 82 - WAYNE	Traffic Control SIGNAL	Relation to Roadway ON ROAD	Special Study	Weather CLOUDY
City/Twp 95 - DEARBORN	Construction Zone (if applicable) Type	Lane Closed	Activity	Light DAYLIGHT
Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		Area 09-INTERSECTION RELATED-OTHER		Speed Limit 35
Road Condition DRY		Total Lanes 4	Posted YES	Reviewer HAYES (00319)

LOCATION	Prefix S	Road Name MILLER	Road Type	Suffix	Divided Roadway
	Distance 10 FT SE	Traffic Way 1-NOT PHYSICALLY DIVIDED		Access Control 1-NO ACCESS CONTROL	
	Prefix DIX	Intersecting Road	Road Type	Suffix	Divided Roadway

Unit Number 1	Unit Known Y	State MI	Driver License Number S300982008871	Date of Birth (Age) 11/13/1931 (78)	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 F	Total Occupants 1	Hazardous Action 03-FAILED TO YIELD
Unit Type M	Driver Information ZIHRA SAAD 5718 N MELBORN ST DEARBORN HEIGHTS MI 48127-2334 (313) 561-3143			Injury O	Position 01	Restraint 4	Hospital NONE		
Driver Condition <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 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock NO	Ejected NO	Trapped NO	Airbag Deployed NO	Ambulance NONE	
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT		Refused <input type="radio"/> Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Drugs <input type="radio"/> Yes <input checked="" 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 BHL1627	State MI	Insurance / Policy # STATE FARM 0325703F0222G			Towed To/By		Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN 2G1WB58K981266732	Vehicle Description	Make CHEVROLET	Model IMPALA	Color SILVER	Year 2008	Vehicle Type 01-PASSENGER CAR			
Location of Greatest Damage 2	First Impact 2	Extent of Damage 2	Driveable YES	Vehicle Direction E	Vehicle Use 01-PRIVATE		Action Prior 02-TURNING LEFT		
Sequence of Events First * 17-MOTOR VEH IN TRANSPORT Second Third Fourth (* indicates MOST harmful event)									

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	

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"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36	
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	
	Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:		Damaged Property Owner & Phone	
		Public		

Unit Number 2	Unit Known Y	State MI	Driver License Number W123785135673	Date of Birth (Age) 08/29/1988 (21)	License Type <input 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 M	Total Occupants 1	Hazardous Action 00-NONE
Unit Type M	Driver Information TARAEEL DAJON WEBSTER 15858 BRAMELL ST DETROIT MI 48223-1015 (313) 778-4032				Injury O	Position 01	Restraint 4	Hospital NONE	
Driver Condition <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 99				Interlock NO	Ejected NO	Trapped NO	Airbag Deployed NO	Ambulance NONE	
Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Test Results		Citation issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other	
Vehicle Registration 4KPL31	State MI	Insurance / Policy # AFFIRMATIVE 2479030000			Towed To/By		Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN 1FMDU34X3TUB92750	Vehicle Description FORD		Model	Color GREEN	Year 1996	Vehicle Type 01-PASSENGER CAR			
Location of Greatest Damage 7	First Impact 7	Extent of Damage 2	Drivesable YES	Vehicle Direction N	Vehicle Use 01-PRIVATE		Action Prior 01-GOING STRAIGHT AHEAD		
Sequence of Events First: * 17-MOTOR VEH IN TRANSPORT Second: Third: 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	

Carrier Information				Carrier Source	GWR	ICCMC	USDOT	MPSC
Driver's CDL Type				Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36		
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		ID # Class #

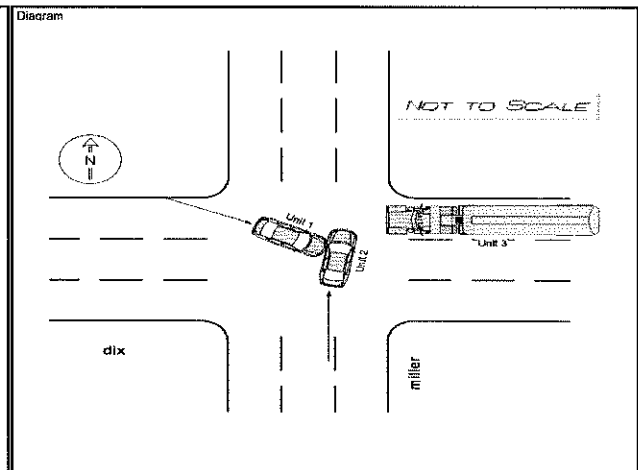
Owner Information				Owner Information			
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Witness Information ROBERT PUENTE 12811 RONDA SOUTHGATE MI 48195 (313) 492-1740 Age:				Witness Information Age:			
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Investigated at Scene YES	Reported Date (Time) 03/12/2010 (09:40)	1st Investigator Name (Badge) LEWIS (328)	2nd Investigator Name (Badge)	Photos By
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Narrative
DRIVER #2 STATED THAT HE WAS N/B ON MILLER WHEN VEHICLE #1 MADE A LEFT TURN AND STRUCK HIS VEHICLE. WITNESS STATED THE SAME THING AS DRIVER # 2. DRIVER # 1 SAID SHE WAS NOT SURE WHERE VEHICLE #2 CAME FROM.

UNIT #3 = WITNESS LOCATION.



Call For Service

CFS Number: 100011580

Date: 3/11/2010

Call For Service

CFS Number	100011580	Complainant	
Date	3/11/2010	Address	E Frd Rd&n Melborn
Dispatcher	00937 - Black, Brian	City, State, Zip	DEARBORN, MI 48120
Call Source	0 - Telephone	Phone	
Received	1:38:45 PM	Call type	
Dispatched	1:38:58 PM	Reported Offense	C3336 - Assist Citizen
Arrived	1:40:18 PM	Verified Offense	C3330 - Assist Other Law Enforcement Agency
Cleared	1:57:07 PM	Tow Company	
Location	E Frd Rd&n Melborn	Vehicle	
City, State, Zip	DEARBORN, MI 48120	Vehicle License	
Jurisdiction		Disposition	N - No Report
Grid		Priority	
Sector		Classification	
Map	0 - N/A	Agency	DB - Dearborn Police Department
X Coordinate	4090688	Case	
Y Coordinate	0092461		

Officers

00399 - Mullins, Jeffery

Notes - C3336 GENERAL ASSIST

00937 - 13:38:45 ASSIST HTS

Responded to 5718 Melborn in Dbn. Hts on an officer calling for assistance fighting with a subject. On arrival along with several Dbn. Hts. units I stood by until the subject was placed in custody by Dbn. Hts.