

Authority: 1949 PA 300, Sec.257-622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2020)

External # 0041171
Crash ID 2394112

Page 01 of 01
File Class 93001

Incident #
219443

Reviewer
Rachel L Adamczyk

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 1161900		Department Name Niles Police Department									
Crash Date 10/17/2021	Crash Time 17:33	No. of Units 02	Crash Type Angle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input 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 11 - Berrien	Traffic Control Signal		Relation to Roadway On the Road		Weather Clear		Area INTR Within Intersection				
City/Twsp 67 - Niles	Contributing Circumstances 1st None		2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 04	Speed Limit 35	Posted Yes		
Work Zone (if applicable) Type Workers Present Activity Location											

LOCATION	Prefix S	Primary Road Name 13TH	Road Type ST	Suffix	Divided Roadway
	Distance / Direction 5 Feet S				
	Trafficway Not Physically Divided				
	Prefix E	Intersecting Road Name MAIN	Road Type ST	Suffix	Divided Roadway

UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	License Type <input type="radio"/> Operator <input checked="" type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Race W	Total Occupants 01	Hazardous Action Improper Turn
	Unit Type MV	Driver Information TYLER ROBERT FISHER 2320 REDBUD TRL NILES, MI 49120				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 Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed
	Hospital NONE					Ambulance NONE					
	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 Test Results:		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 type="radio"/> Other			
	Vehicle Registration 080X058	State MI	Vehicle Description 2001	Make EMERGENCY ONE	Model LADDER	Color RED					
	VIN 4EN3ABA8911003582	Vehicle Type Other	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 MICHIGAN MUNICIPAL LEAGUE		Insurance Policy # MML001229038			Towed By		Towed To			

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

TRUCK / BUS	Carrier Information				USDOT	MC	MPSC
					Driver's CDL Type OH OP OT ON OS OX	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/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 #

OWNERS	Owner Information CITY OF NILES 333 N 2ND ST NILES, MI 49120				Owner Information			

Damaged Property	Public	Owner & Phone

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	[REDACTED]	Date of Birth (Age)	[REDACTED]	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	Race	W	Total Occupants	01	Hazardous Action	None							
	Unit Type	MV	Driver Information KRYSTAL ROSE MCCULLY [REDACTED]							Driver is Owner	No	Injury	O	Position	Front - Left	Restraint Shoulder and Lap Belt													
	Driver Condition at Time of Crash 1st Appeared Normal									Driver Distracted By Not Distracted				Ejected		Trapped		Airbag Deployed Not Deployed											
	Hospital NONE										Ambulance NONE																		
	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 Test Results:			Interlock Device No																	
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	Vehicle Description	[REDACTED]	State	MI	Vehicle Description	Year	2003	Make	CHEVROLET	Model	TAHOE	Color	GLD																
	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				Towed To				
Location of Greatest Damage		08	First Impact	08	Extent of Damage (Power Unit and/or Trailers)				Minor Damage				Vehicle Direction		E		Vehicle Use				Private				Action Prior		Stopped on Roadway		
Sequence of Events										First <input checked="" type="radio"/> 17 - Motor Veh in Transport										Second Third Fourth									
Sequence of Events										<input checked="" type="radio"/> 17 - Motor Veh in Transport (• indicates MOST harmful event)																			
PASSENGERS	Passenger Information										Date of Birth (Age)		Sex	Race	Position	Restraint													
											Injury	Ejected	Trapped	Airbag Deployed															
	Hospital										Ambulance																		
	Passenger Information										Date of Birth (Age)		Sex	Race	Position	Restraint													
											Injury	Ejected	Trapped	Airbag Deployed															
	Hospital										Ambulance																		
TRUCK / BUS	Carrier Information										USDOT				MC		MPSC												
											Driver's CDL Type				Endorsements				CDL Exempt										
											<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X				<input type="radio"/> Farm <input type="radio"/> Other														
GVWR/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		No	Reported Date (Time)		10/17/2021 (17:41)		1st Investigator Name (Badge)				MICHAEL STANTON (6704)				2nd Investigator Name (Badge)				Photos				Yes						
Narrative										Diagram																			
Veh. #2 was E/B Main St. and stopped for red light. Veh. #1 was fire truck on emergency call. Veh. #1 was N/B and turned left onto W/B Main St. A rear tire of #1 rubbed the front of #2 and caused damage. Photos were taken.																													