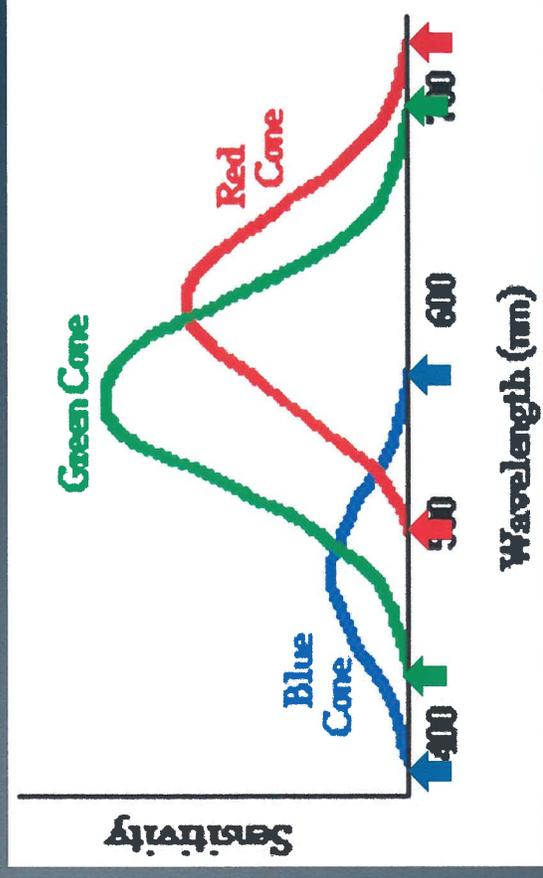


Science Behind Green Lights...

- Your eye's retina is lined with a variety of light sensing cells known as rods and cones.
- Rods: sensitive to the intensity of light
- Cones: color-sensing cells of the retina
 - Cones are either sensing red, green, or blue
 - Other colors are seen via a combination of 2 or more cones

The green cone is the highest sensitivity as well as the largest range of wavelength.



Authority: 1949 PA 300, Sec.257 622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 333671
Crash ID

Page 1
File Class : 93001
Incident # 61132616
Reviewer Sergeant RODOLFO GONZALEZ (60)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI4106100	Department Name Michigan State Police Rockford						
Crash Date 02/16/2016	Crash Time 20:00	No of Units 02	Crash Type Rear End	Special Circumstances <input type="checkbox"/> None <input type="checkbox"/> Fleeing Police <input type="checkbox"/> Hill and Run Unknown <input type="checkbox"/> School Bus <input type="checkbox"/> Animal	Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile		
County 41 - KENT	Traffic Control None	Relation to Roadway On the Road	Weather Rain	Area 06 - All Other Freeway Areas			
City/Twp 2 - ALGOMA TWP	Contributing Circumstances 1st 96	2nd	Light Dark-Unlighted	Road Surface Condition Ice	Total Lanes 02	Speed Limit 70	Posted Yes
Work Zone (if applicable) Type	Works Present	Activity	Location				

Prefix US-131	Road Type	Suffix S	Divided Roadway
Distance/Direction 0.2 Miles N	Trafficway 03 - Divided Hwy with Barrier		
Prefix 14 MILE	Intersecting Road Name RD	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number F420772785893	Date of Birth (Age) 11/22/1995 (20)	License Type <input checked="" 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 F	Total Occupants 03	Hazardous Action 01 - Speed too fast
Unit Type MV	Driver Information SOLANGE TAMU FOLUKE 6240 W OUTER DR DETROIT MI 48235 (678)779-8162				Driver is Owner No	Injury C	Position 01	Restraint 04	
Driver Condition at Time of Crash 1st 1				2nd		Driver Distracted By Not Distracted	Ejected	Trapped	Airbag Deployed Not Deployed
Hospital 410010					Ambulance 411005				
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Alcohol Test Results <input type="checkbox"/> Pending	Test Results	Interlock Device No		
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered			Drug Test Results <input type="checkbox"/> Pending	Test Results:	Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other		
Vehicle Registration GRK1236	State MI	Vehicle Description 2006 CHEV	Year 2006	Make CHEV	Model 4D	Color GRY	Vehicle Defect		
VIN 2G1WB58K169156076		Vehicle Type Passenger Car, SUV, Van	Special Vehicles	Private Trailer Type	Vehicle Defect				
Insurance Company SAFECO			Insurance Policy # MI65513	Towed By PREMIER	Towed To PREMIER				
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) 04		Vehicle Direction S	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
Sequence of Events First Second Third Fourth (● indicates MOST harmful event) ● 17 - Motor Vehicle In Transport									

Passenger Information GABRIEL MONTANA TIMMONS-NEIMS 8034 HARTWELL ST DETROIT MI 48228				Date of Birth (Age) 07/20/1992 (23)	Sex M	Position 04	Restraint 03
Hospital 410010				Ambulance 411005			
Passenger Information TAYJONA IMANI-NICOLE SMITH 19723 PLAINVIEW DETROIT MI 48219				Date of Birth (Age) 12/11/1998 (17)	Sex F	Position 03	Restraint 04
Hospital 410010				Ambulance 411005			
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
Hospital				Ambulance			

Carrier Information			USDOT	MC	MPSC			
GVWR/GCWR <input type="checkbox"/> 10,000 lbs. or Less <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.			Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #	Class #
Driver's CDL Type <input type="checkbox"/> OH <input type="checkbox"/> OP <input type="checkbox"/> OT <input type="checkbox"/> ON <input type="checkbox"/> OS			Endorsements <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Exempt				

Owner Information		Owner Information	
-------------------	--	-------------------	--

Damaged Property	Public	Owner & Phone
------------------	--------	---------------

Unit Number 02	Unit Known Yes	State MI	Driver License Number S530809085751	Date of Birth (Age) 09/29/1976 (39)	License Type <input checked="" 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 01	Hazardous Action 00 - None	
Unit Type MV	Driver Information TYLER BENJAMIN SMITH 11800 SHANER AVE NE CEDAR SPRINGS MI 49319				Driver is Owner No	Injury O	Position 01	Restraint 04		
Driver Condition at Time of Crash 1st 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="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Alcohol Test Results <input type="checkbox"/> Pending Test Results:		Interlock Device No			
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered			Drug Test Results <input type="checkbox"/> Pending Test Results:		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other			
Vehicle Registration 025X176	State MI	Vehicle Description 2012 FREIGHTLINER	Year 2012	Make FREIGHTLINER	Model PLOW TRUCK	Color GRN			Vehicle Defect	
VIN 1FVAC7DV4CHBM6019		Vehicle Type Other	Special Vehicles	Private Trailer Type	Towed To					
Insurance Company FLEET			Insurance Policy # MCRD4100AF		Towed By				Towed To	
Location of Greatest Damage 11	First Impact 06	Extent of Damage (Power Unit and/or Trailers) 01		Vehicle Direction S	Vehicle Use 08 - Other Government Use		Action Prior 01 - Going Straight Ahead			
Sequence of Events First Second Third Fourth (● indicates MOST harmful event) ● 17 - Motor Vehicle In Transport										

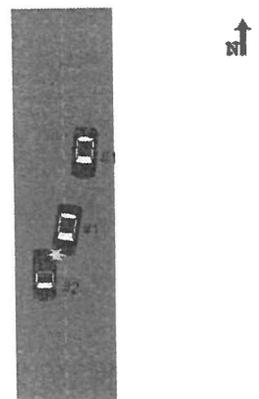
PASSENGER INFORMATION	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint	
				Injury	Ejected	Trapped	Airbag Deployed	
	Hospital							Ambulance
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint	
			Injury	Ejected	Trapped	Airbag Deployed		
Hospital							Ambulance	
Passenger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

Carrier Information				USDOT	MC	MPSC
				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
GVWR/GCWR <input type="checkbox"/> 10,000 lbs or Less <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> Greater than 26,000 lbs		Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill
ID #		Class #				

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene No	Reported Date (Time) 02/15/2016 (23:55)	1st Investigator Name (Badge) Trooper CHRISTOPHER BOVEN (964)	2nd Investigator Name (Badge)	Photos No
------------------------------------	---	---	-------------------------------	---------------------

Narrative Vehicle 1 was traveling SB on Us-131 in the left lane when the driver lost sight of the road due to snow/rain impairment and ran into the rear end of a County Plow truck travelling in the right lane. The driver of the plow truck advised he did not feel the impact and observed vehicle 1 spinning in the roadway behind him with debris falling off the vehicle. The plow truck driver advised he was in the right lane laying salt and did not observe any other vehicles in the area. Driver of vehicle 1 stated that the plow truck changed lanes and hit her however the damage to the vehicle does not match that account.	Diagram 
---	--