

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 30, 2016

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION BUILDINGS SAFETY ENGINEERING

1203 *Wayside Missionary Baptist Church, request to erect a structural buffer/barrier to ensure the safety of the church members and property.*



1203

Wayside Missionary Baptist Church

4860 Rohns St.
Detroit, Michigan 48214
(313) 290-2498

Rev. Dr. James R. Younger, Ed. D
Pastor
Isaiah Ford
Chairman – Deacon Board
Bertha Jackson
Chairwoman – Board of Trustees

June 16, 2016

The Honorable Brenda Jones
Detroit City Council

The Executive Board of the Wayside Missionary Baptist Church is requesting that a Permit be issued and authorized by the City of Detroit for the purpose of having a structural buffer/barrier erected to ensure the safety of our members and property.

On March 3, 2016, April 5, 2016, and June 15, 2016, our secure (iron rod gated parking lot) property has been involved in hit and run accidents. These accidents have caused a tremendous burden and strain on our congregants and our ability to keep making repairs. Moreover, these accidents have jeopardized the insurability of our church that has been a fixture in this city and community for nearly one hundred years.

It is of utmost urgency that we have a barrier in place to minimize the damage caused by these reckless and often drunken drivers who regularly speed down Warren Ave. at all times of the day and night. Contractors have already been working to repair the damage caused by the first two accidents. While they were in the process of making these repairs, another car hit our property again!

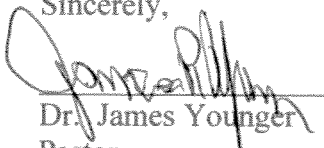
We can ill afford any more damages to our property. Something has to be done immediately!


Attached you will find the accident reports from the Detroit Police Department that will support the need for expediency regarding this matter.


We are requesting that the Permit allow for us to have: Four 10 ft. concrete poles that will extend 5 ft. – 6 ft. into the ground. This will serve as a buffer that will minimize and prevent any more damage to our property.

Providing a safe and secure environment is essential in maintaining our congregation and staying within our city and community.

Thank you so much for your help in this matter.

Sincerely,

Dr. James Younger
Pastor


Isaiah Ford
Chairman - Deacon Board


Bertha Jackson,
Chairwoman - Board of Trustees



DETROIT POLICE DEPARTMENT CRIME REPORT

DETROIT POLICE DEPARTMENT

Case No. 1606160455
 Report No. 1606160455.1
 Report Date: 6/16/2016 3:34:46 PM

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Subject: 0707 0702/ MDP NO ARREST

Case Report Status	S - SUBMITTED	Date Entered	6/16/2016 3:34:33 PM	Reporting Officer	238752 - CHEATHAM, KENNETH
County	82 - WAYNE	Entered By	238752 - CHEATHAM, KENNETH	Assisted By	
City/Township	99 - DETROIT	Date Verified		Assist Agency	
Occurred On (and Between)	6/10/2016 3:50:00 PM	Verified By			
Location	4840 ROHNS	Date Approved			
CSZ	CSZ	Approved By			
Census/Geo Code	5150	Connecting Cases			
Grnd	NE4 - 0304	Disposition	ACTIVE		
Call Source		Tactical Actions			
Vehicle Activity		Clearance Reason			
Vehicle Traveling		Date of Clearance			
Cross Street		Reporting Agency	DETROIT POLICE DEPARTMENT		
Means		Division	3rd/Northeast District		
Other Means		Notified			
Motive					
Other Motives					

Report Narrative 0702

P.O. CHEATHAM, K BADGE#2846

A- NONE

S- CALL IN FOR MDP

C- ON THE DATE OF JUNE 10, 2016 AT AROUND 3:50PM A GRAY CHEVY IMPALA (UNKNOWN PLATE) RAN INTO THE FENCE OF THE WAYSIDE MISSIONARY CHURCH AND FLED THE LOCATION. PER PRO (PASTOR) JAMES YOUNGER B/M/67 STATED THAT HIS MAINTENANCE MAN HEARD THE MDP AND THAT THE VEHICLE DESCRIBE WAS FLEEING FROM THE LOCATION.

O- NONE

T- NONE

Offense Detail: 2901 - DAMAGE TO PROPERTY - BUSINESS PROPERTY

Offense Description	2901 - DAMAGE TO PROPERTY - BUSINESS PROPERTY		
IBR Code	290 -	Location	04 - CHURCH/SYNAGOGUE/TEMPLE
	DESTRUCTION/DAMAGE/VANDALISM OF PROPERTY		
IBR Group	A	Offense Completed?	YES
Crime Against	PR	Hate Bias	00 - NONE (NO BIAS)
Offense File Class	29000 - DAMAGE TO PROPERTY	Domestic Violence	NO
PACC		No. Prem. Entered	
Local Code		Entry Method	
		Type Security	
		Tools Used	
Using Criminal Activity			
Weapons			

Suspect S1: UNKNOWN SUSPECT

Suspect Number	S1	DOB		Place of Brth	
Name	UNKNOWN SUSPECT	Age	00	SSN	
AKA		Sex	U - UNKNOWN	DLN	
Alert(s)		Race	U - UNKNOWN	DLN State	
		Ethnicity	U - UNKNOWN	DLN Country	
Address		Ht.		Occupation Grade	

DETROIT POLICE DEPARTMENT CRIME REPORT

DETROIT POLICE DEPARTMENT

Case No. 1606160455
 Report No. 1606160455.1
 Report Date: 6/16/2016 3:34:46 PM

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CSZ	Wt	Employer/School
Home Phone	Eye Color	Employer Address
Work Phone	Hair Color	Employer CSZ
Email Address	Hair Style	Res. County
	Hair Length	Res. Country
	Facial Hair	Resident Status
	Complexion	U - UNKNOWN
	Build	
	Teeth	

Scars/Marks/Tattoos
 Suspect MO
 Other MO
 Attire
 Habitual Offender Status

Suspect Notes **DRIVING A GRAY IMPALA UNKNOWN PLATE.**

Victim V1: [E] WAYSIDE MISSIONARY CHURCH

Victim Code	V1	Victim Of	2901 - DAMAGE TO PROPERTY - BUSINESS PROPERTY
Victim Type	B - BUSINESS		
Name	[E] WAYSIDE MISSIONARY CHURCH	DOB	Place of Birth
AKA		Age	SSN
Alert(s)		Sex	DLN
		Race	DLN State
Address	4840 Rohns	Ethnicity	DLN Country
CSZ		Ht.	Occupation/Grade
Home Phone		Wt	Employer/School
Work Phone	313 402-6881	Eye Color	Employer Address
Email Address		Hair Color	Employer CSZ
		Facial Hair	Res. County
		Complexion	Res. Country
			WAYNE
Attire			USA - UNITED STATES
Injury			OF AMERICA
Circumstances			Resident Status
			Testify

Law Enforcement Officer Killed or Assaulted Information	Type Assignment Activity Other ORI	Justifiable Homicide Circumstances
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Victim Offender Relationships

Offender Relationship

Victim Notes

Other Entity: O1 -- YOUNGER, JAMES R.

Entity Code	O1		
Entity Type	PRO - PERSON REPORTING OFFENSE		
Name	YOUNGER, JAMES R.	DOB	11/26/1948
AKA		Age	67
Alert(s)		Sex	M - MALE
		Race	B - BLACK
Address	4840 Rohns	Ethnicity	U - UNKNOWN
CSZ		Ht.	
Home Phone		Wt	
Work Phone		Eye Color	Place of Birth
Email Address		Hair Color	SSN
		Facial Hair	DLN
			DLN State
			DLN Country
			Occupation/Grade
			Employer/School
			Employer Address
			Employer CSZ
			Res. County
			WAYNE

DETROIT POLICE DEPARTMENT CRIME REPORT

DETROIT POLICE DEPARTMENT

Case No. 1604050153
 Report No. 1604050153.1
 Report Date: 4/5/2016

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Subject: 04-04desk-accident private property damage

Case Report Status: A - APPROVED
 County: 82 - WAYNE
 City/Township: 99 - DETROIT
 Occurred On: 3/27/2016 6:00:00 PM
 (and Between): 3/31/2006 3:00:00 PM
 Location: 4860 ROHNS
 CSZ: DETROIT, MI 48214
 Census/Ged Code: 6150
 Grid: NE2 - 0302
 Call Source:

Date Entered: 4/5/2016 12:09:41 PM
 Entered By: ██████ - DEAN, LEANN
 Date Verified: 4/5/2016 3:16:30 PM
 Verified By: ██████ - SMITH, STEPHANIE
 Date Approved: 4/6/2016 7:22:54 PM
 Approved By: ██████ - OWEN, DONALD
 Connecting Cases:
 Disposition: ACTIVE
 Tactical Actions:
 Clearance Reason:
 Date of Clearance:
 Reporting Agency: DETROIT POLICE DEPARTMENT
 Division: 3rd/Northeast District
 Notified:

Reporting Officer: ██████ - DEAN, LEANN
 Assisted By:
 Ass st Agency:

Vehicle Activity:
 Vehicle Traveling:
 Cross Street:
 Means:
 Other Means:
 Motive:
 Other Motives:

Report Narrative:

A: NONE

S: WALK-IN #4 DESK

C: I TALKED TO PRO WHO STATED SHE WAS NOTIFIED ON ABOVE DATE AND TIME THAT THE WROUGHT IRON GATES TO THE ABOVE LOCATION (WAYSIDE MISSIONARY BAPTIST CHURCH) WERE STRUCK BY AN UNKNOWN VEHICLE PRO STATED THAT TWO FENCE POLES ALONG WITH TWO SECTIONS OF THE WROUGHT IRON GATES WERE DAMAGED WITH OBVIOUS VEHICLE DEBRIS ON THE GROUND. INSURANCE COMPANY IS UNKNOWN AT THIS TIME.

O: NONE

T: NONE

Offense Detail: 9910 - TRAFFIC, NON-CRIMINAL - ACCIDENT

Offense Description: 9910 - TRAFFIC, NON-CRIMINAL - ACCIDENT
 IBR Code: Location: 04 - CHURCH/SYNAGOGUE/TEMPLE
 IBR Group: Offense Completed?: NO
 Crime Against: Hate/Bias: 00 - NONE (NO BIAS)
 Offense File Class: 93001 - ACCIDENT, TRAFFIC
 PACC: Domestic Violence: NO
 Local Code: Tools Used:
 Using:
 Criminal Activity:
 Weapons:

Suspect S1: UNKNOWN SUSPECT

Suspect Number: S1	DOB:	Place of Birth:
Name: UNKNOWN SUSPECT	Age: 00	SSN:
AKA:	Sex: U - UNKNOWN	DLN:
Alert s:	Race: U - UNKNOWN	DLN State:
Address:	Ethnicity: U - UNKNOWN	DLN Country:
CSZ:	Ht:	Occupation/Grade:
	Wt:	Employer/School:
Home Phone:	Eye Color:	Employer Address:
Work Phone:	Hair Color:	Employer CSZ:
Email Address:	Hair Style:	Res. County:
	Hair Length:	Res. Country:
	Facial Hair:	Resident Status: U - UNKNOWN

DETROIT POLICE DEPARTMENT CRIME REPORT

DETROIT POLICE DEPARTMENT

Case No. 1604050153
Report No. 1604050153.1
Report Date: 4/5/2016

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Complexion	
Build	
Teeth	
Scars/Marks/Tattoos	
Suspect MO	
Other MO	
Attire	
Habitual Offender Status	
Suspect Notes	

Other Entity: O1 - KUYKENDALL, NANCY

Entity Code	O1			
Entity Type	PRO - PERSON REPORTING OFFENSE			
Name	KUYKENDALL, NANCY	DOB		Place of Birth
AKA		Age		SSN
Alert(s)		Sex		DLN
		Race		DLN State
Address	4860 Rohns	Ethnicity		DLN Country
CSZ	DETROIT, MI 48214	Ht		Occupation/Grade
		Wt		Employer/School
Home Phone	313 704-7992	Eye Color		Employer Address
Work Phone		Hair Color		Employer CSZ
Email Address		Facial Hair		Res Country
		Complexion		Res Country
Alert				Resident Status
Entity Notes				

Property Description Item 1: 9994 - OTHER BUILDING MATERIAL - GLASS, BRICK, CARPET - WROUGHT IRON FENCE

Item No	1
Property Category	9994 - OTHER BUILDING MATERIAL - GLASS, BRICK, CARPET
Property Class	88
IGR Type	77 - OTHER
UCR Type	K - MISCELLANEOUS
Status	D - DESTROYED/DAMAGED/VANDALIZED
Count	1
Value	
Manufacturer	
Model	
Serial No	
License No	
Color	
Description	WROUGHT IRON FENCE
Vehicle Year	
Body Style	
State	
License Year	
Recovered Date/Time	
Owner	
Disposition	
Evidence Tag	
Lock Seals	
Evidence Recovered Date/Time	
Evidence Recovered By	
Evidence Recovered From	
Evidence Location	
Alert(s)	

DETROIT POLICE DEPARTMENT CRIME REPORT

DETROIT POLICE DEPARTMENT

Case No. 1604050153
Report No. 1604050153.1
Report Date: 4/5/2016

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Drug Type
Drug Quantity
Drug Measure

Property Notes

Authority: 1949 PA 300, Sec. 257.022
Compliance: Required MSP UD-108
Penalty: \$100 and/or 90 days (Rev. 11/2006)

External # 725878
Crash ID

Page 1
Incident # 725878 File Class :
Incident Disposition:
Open
Reviewer
FRED BOWENS (L296)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI8234911	Department Name Detroit Police Department				
Crash Date 03/03/2016	Crash Time 10:20	No. of Units 03	Crash Type Angle	Special Circumstances <input type="checkbox"/> School Bus <input type="checkbox"/> Horse <input type="checkbox"/> Off-Highway <input type="checkbox"/> Other <input type="checkbox"/> School Bus <input type="checkbox"/> Horse <input type="checkbox"/> Off-Highway <input type="checkbox"/> Other	Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile
County 82 - WAYNE	Traffic Control Stop sign	Relation to Roadway On Road	Special Study None	Weather Cloudy	Area 87 - NON-FRWY in Intersection
City/Town 89 - DETROIT	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Daylight	Road Condition Wet
		Total Lanes	Speed Limit	Posted	
		03	30	Yes	

Prefix ROHNS	Road Name ROHNS	Road Type ST	Suffix Divided Roadway
Distance (ft.) 5.0 Feet N	Traffic Way 04 - One-way traffic		Access Control 01 - No access control
Prefix E	Intersecting Road WARREN	Road Type AVE	Suffix Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number W300343497237	Date of Birth (Age) 03/24/1981 (54)	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"/> Restricted	Sex M	Total Occupants 02	Hazardous Action 03 - Failed to yield	
Unit Type MV	Driver Information IRA LEE WHITE 1085 VAN DYKE ST APT 407 DETROIT MI 48214 (313)879-7284			Injury 0	Position 01	Restraint 04	Hospital None			
Driver Condition <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 099				Interlock No	Ejected	Trapped	Airbag Deployed Yes	Ambulance Detroit Fire Dept E.M.S		
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No Test Type <input type="checkbox"/> Fluid <input type="checkbox"/> PBT				Test Results <input type="checkbox"/> Released <input type="checkbox"/> Not Offered <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Drugs <input type="checkbox"/> Yes <input 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 DGH2740	State MI	Insurance/Policy # TRUMBULL INS 58PHB209582	Towed To/By # TAYLORMADE TOW WHITE		Special Vehicle <input type="checkbox"/>	Private Trailer Type <input type="checkbox"/>	Vehicle Defect <input type="checkbox"/>			
VIN JTLKT324284095638	Vehicle Description TOYOTA	Make TOYOTA	Model XB	Color GRY	Year 2006	Vehicle Type Passenger Car, SUV, Van				
Location of Greatest Damage 01	First Impact 01	Extent of Damage 02	Drivable No	Vehicle Direction S	Vehicle Use 07 - Private	Action Prior 10 - Starting up on roadway				
Sequence of Events First				Second		Third		Fourth		
(* indicates MOST harmful event)				* 17 - Motor veh in transport						

Passenger Information JUANITA CULLER COMAGE 15567 MANNING DETROIT MI 48205 (313)879-7254	Date of Birth (Age) 11/29/1966 (66)	Sex F	Position 03	Restraint 04	Hospital None
Passenger Information	Injury 0	Airbag Deployed Yes	Ejected	Trapped	Ambulance Detroit Fire Dept E.M.S
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Passenger Information	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Passenger Information	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Passenger Information	Injury	Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Passenger Information	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Carrier Information	Carrier Source GVWR ICCMC USDOT MPSC
Driver's CDL Type	Endorsements OH OP OT OR OS OX
CDL Exempt OF OOther	CDL Restrictions 028 029 030 035 038
Interstate/Intrastate	Vehicle Type
Type and Axle Per Unit First Second Third Fourth	Cargo Body Type
Medical Card	Hazardous Material ID # Class #
	<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill

Owner Information JUANITA CULLER COMAGE 15567 MANNING ST DETROIT MI 48205	Owner Information
------------------------------------------------------------------------------------	-------------------

Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:	Damaged Property WROUGHT IRON FENCE Owner and Phone WAYSIDE MBC 4860 ROHNS Phone: (313)571-0633	Public No
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Investigation

03/03/2016 7:28:18

Unit Number 02	Unit Known Yes	State MI	Driver License Number H818098009901	Date of Birth (Age) 11/25/1988 (27)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> C/Cycle <input type="checkbox"/> F/Ann <input type="checkbox"/> R/Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None
Unit Type MV	Driver Information BRITTANY HARPER 12543 MC COY CIR DETROIT MI 48213 (313)405-0122			Injury C	Position 01	Restraint 04	Hospital None		
Driver Condition 01 02 03 04 05 06 07 08 09 00				Interlock No	Ejected 	Trapped 	Airbag Deployed Yes		Ambulance None
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No			Test Results <input type="checkbox"/> Released <input type="checkbox"/> Not Offered <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Results <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other
Vehicle Registration CMQ3792	State MI	Insurance Policy #		Towed To/By # WAYNES TOW SUMLER			Special Vehicle 	Private Trailer Type 	Vehicle Defect
VIN ZG4WS52J831240425	Vehicle Description BUICK	Make BUICK	Model CENTURY	Color GLD	Year 2003	Vehicle Type Passenger Car, SUV, Van			
Location of Greatest Damage 10	First Impact 02	Extent of Damage 02	Driveable No	Vehicle Direction W	Vehicle Use 01 - Private		Arrest Prior 01 - Going Straight Ahead		
Sequence of Events First 17 - Motor veh in transport			Second 37 - Fence			Third 15 - Pedestrian			Fourth

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
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"/> M <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> OX		CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions <input type="checkbox"/> 028 <input type="checkbox"/> 029 <input type="checkbox"/> 030 <input type="checkbox"/> 035 <input type="checkbox"/> 036
Interstate/Intrastate	Vehicle Type	Type and Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill

Owner Information BRITTANY HARPER 12543 MCCOY CIR DETROIT MI 48213 (313)405-0122	Owner Information
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Witness Information	Witness Information
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Investigated at Scene Yes	Reported Date (Time) 03/03/2016 (10:55)	1st Investigator Name (Badge) EDWARD SUMLER (3720)	2nd Investigator Name (Badge)	Photo By
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Narrative
DRIVER #1 STOPPED AT STOP SIGN. STARTED TO PULL OUT INTO INTERSECTION AND STRUCK VEHICLE #2. IMPACT KNOCKED VEHICLE #2 INTO WROUGHT IRON FENCE AND PER PEDS, WAS HIT BY VEHICLE #2.



External #: 725878
Incident #: 725878

03/03/2016 7:58:78

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Motor	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex	Total Occupants	Hazardous Action					
Unit Type	Driver Information			Injury	Position	Restraint	Hospital							
Driver Condition 01 02 03 04 05 06 07 08 09 000				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance						
Alcohol Test Type	Yes	No Field	Refused PST	Not Offered Breath	Urine	Test Results	Drugs Test Type	Yes	No Blood	Urine	Test Results	Citation Issued	Hazardous	Other
Vehicle Registration	State	Insurance/Policy #			Towed To/By #			Special Vehicle	Private Trailer Type	Vehicle Defect				
VIN	Vehicle Description		Make	Model	Color	Year	Vehicle Type							
Location of Greatest Damage	First Impact	Extent of Damage	Odor/Visible	Vehicle Direction	Vehicle Use		Action Prior							
Sequence of Events			First	Second			Third			Fourth				
(* Indicate MOST harmful event)														

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
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						
Interstate/Intrastate		Vehicle Type	Type and 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 #
Driver's CDL Type		Endorsements OH OP OT OS OX	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions 028 029 030 035 036								

Owner Information	Owner Information
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Witness Information	Witness Information
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Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photo By
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Narrative	Diagram
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External #: 725878
Incident #: 725878

Investigative Purposes Only

725878

