

Incident Report

EMMET COUNTY SHERIFFS DEPARTMENT

2002-000520-I

Incident No 2002-000520-I	Date & Time Rept 01/24/2002 16:25	Offense: 930015 SERIOUS TRAFFIC ACCIDENT (INJURY)
Occurred From: 01/24/2002 16:25	Occurred Until: 01/24/2002 16:25	Incident Location E BRUTUS RD/NORTH CONWAY RD
Current Disp CLOSED	Disposed To	Municipality PLEASANTVIEW TW
Disposition Date / /	Juveniles Only? NO	TTY Sent? Canceled? TTY number NO
Photos? NO	Consent? NO	Affidavit? NO
Officer Assigned 2423 ERICKSON, MICHAEL R	Investigating Officer 2423 ERICKSON, MICHAEL R	Optional Date/Time / / 00:00

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S

2-11-02 Lt Roth arrested Angela Wiertalla on warrant originating from this incident. OUIL causing Serious Injury.

DRIVER OF VEH 2 STATED THAT VEH 1 CROSSED THE CENTER LINE & THEN CROSSED BACK INTO THE EAST BOUND LANE. DRIVER OF VEH 2 STATED THAT IT LOOKED LIKE THE DRIVER OF VEH 1 LOST CONTROL, CROSSED OVER THE CENTER LINE AGAIN & HIT HER VEH HEAD-ON. DRIVER OF VEH 1 STATED THAT SHE HAD BEEN DRINKING. IT SHOULD BE NOTED THAT THE POINT OF IMPACT WAS IN THE WEST BOUND LANE.

DRIVER 1 HAZARD ACTION 06
DRIVER 2 HAZARD ACTION 00

----- [01/24/2002] --- [16:26] -----
2 CAR ACCIDENT. 2 INJURIES HAVING TROUBLE GETTING DOORS OPEN. ON BRUTUS RD EAST OF N CONWAY RD.

----- [01/24/2002] --- [16:33] -----
4301 4321 ON ROUTE

----- [01/24/2002] --- [16:41] -----
4386 ON SCENE...WILL ASSUME 43 COMMAND

----- [01/24/2002] --- [16:45] -----
4302 ON SCENE

----- [01/24/2002] --- [16:48] -----
ECRC BEEN ADVISED (ED) 539-8925

----- [01/24/2002] --- [16:49] -----
STATUS CHECK BY KDH

----- [01/24/2002] --- [16:51] -----
NEED 2 NO PREFERENCE WRECKERS HERE, FULL SIZE VAN AND DODGE NEON WITH EXTENSIVE FRONT END DAMAGE.

----- [01/24/2002] --- [16:53] -----
PETOSKEY TOWING ON ROUTE W/2

COPY

Continued

EMMET COUNTY SHERIFFS DEPARTMENT

2002-000520-I

Incident No	Date & Time Rept	Offense: 930018
2002-000520-I	01/24/2002 16:25	SERIOUS TRAFFIC ACCIDENT (INJURY)

----- [01/24/2002] --- [16:59] -----
4302 CLEAR THE SCENE, ON ROUTE BACK TO THE FIRE STATION

----- [01/24/2002] --- [17:01] -----
CONVEY OCCURED 01/24/02 @ 17:01:27 TO: NMH

----- [01/24/2002] --- [17:02] -----
CONVEY OCCURED 01/24/02 @ 17:02:15 TO: NORTHERN

----- [01/24/2002] --- [17:04] -----
4301 BACK AT STN

----- [01/24/2002] --- [17:07] -----
I AM CLEAR THE SCENE AND ON ROUTE TO ER PRO FOLLOW UP

----- [01/24/2002] --- [17:07] -----
LEFT SCENE TO: ER

----- [01/24/2002] --- [17:08] -----
TIMES VISIFAXED TO 571

----- [01/24/2002] --- [17:15] -----
4481 CLEAR THE SCENE

----- [01/24/2002] --- [17:15] -----
4302 BACK AT THE FIRE HALL

----- [01/24/2002] --- [17:23] -----
ARRIVED ON CONVEY TO NORTHERN

----- [01/24/2002] --- [17:23] -----
TIMES VISIFAXED TO 588

----- [01/24/2002] --- [17:23] -----
TIMES SENT

----- [01/24/2002] --- [17:27] -----
ARRIVED ON CONVEY TO NMH

----- [01/24/2002] --- [17:27] -----
TIMES VISIFAXED TO 588

----- [01/24/2002] --- [17:30] -----
OUT AT ER

----- [01/24/2002] --- [17:40] -----
CLEARING FOR CALL TO SUNNY BANK

NAME: BETH PETER

OFFENSE: PIA PERSONAL INJURY ACC

rpt_rev.c 1.41

Date Printed: 02/11/2002

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COPY

Continued

EMMET COUNTY SHERIFFS DEPARTMENT

2002-000520-I

Incident No 2002-000520-I		Date & Time Rept 01/24/2002 16:25		Offense: 930018 SERIOUS TRAFFIC ACCIDENT (INJURY)	
-CAD TIMES: 16:26;16:27;16:37;19:14;					
P E R S O N S	Name/Address/Phone HARDENALBOM TRACY MARIE [REDACTED] MI [REDACTED]			Description Born [REDACTED] FEMALE Hgt. 0' 0" WHITE Wgt. 0 Hair [REDACTED] Eyes [REDACTED]	
	DRIVER 930018			SERIOUS TRAFFIC ACCIDENT (INJURY)	
	01/24/2002				
	VICTIM 93001			TRAFFIC ACCIDENT	
	01/24/2002				
	PETERSON BETH ELLEN [REDACTED] MI [REDACTED]			Born [REDACTED] FEMALE Hgt. 0' 0" WHITE Wgt. 0 Hair [REDACTED] Eyes [REDACTED]	
	WITNESS 93001			TRAFFIC ACCIDENT	
	01/24/2002				
	W [REDACTED], ANGELA JEAN [REDACTED] D MI [REDACTED]			Born [REDACTED] FEMALE Hgt. 0' 0" WHITE Wgt. 0 Hair [REDACTED] Eyes [REDACTED]	
	ARREST 8041			O.U.I.L.	
02/11/2002					
DRIVER 930018			SERIOUS TRAFFIC ACCIDENT (INJURY)		
01/24/2002					
SUSPECT 93001			TRAFFIC ACCIDENT		
01/24/2002					
Description/Name/Comments Make/Model/Stat Serial No./Qty/Value					
NO PROPERTY					
V E H I C L	Status/Plate Type/VIN		Reg/Evid/Value		Description
	ACCIDENT VA		[REDACTED] MI 0.00		1992 CHEV TAN
	ACCIDENT PA		[REDACTED] MI 0.00		1998 FORD GREEN
Category			Description		
NO M.O. INFORMATION					

COPY

Authority: 1949 PA 300, Sec. 257.022
Compliance Required
Penalty: \$100 and/or 90 days

Do Not Use

Page 1 of 1 UD-10 (1/89)

STATE OF MICHIGAN

Traffic Crash Report

Incident #

124-520-02

File #

95001

Incident Description

Reporter

NM

Crash Date: 01/24/2002
Crash Time: 02:16:25

Department Name

No. of Units: 1
Crash Type: 1 Single Motor Vehicle
Head On

Special Circumstances: 1 None
Weather (Mark Only One): 1 Clear

Light (Mark Only One): 1 Daylight

Special Checks: 1 Fatal (Report All)

1 Corrected Copy

County: 24
City: 11
Traffic Control: 1 Signal
1 Stop Sign
1 Yield Sign
1 None of These

Construction Zone (If applicable) (Mark One From Each Group)
Type: 1 Const./Maint.
1 Utility
Lane Closed: 1 Yes
1 No
Activity: 1 On Road
1 Off Road
1 None

Relation to Roadway: 1 On Road
1 Median
1 Shoulder
1 Outside of Shoulder/Curb
1 Gone
1 Other/Unknown

Area: 1 Dry
1 Wet
1 Icy
1 Snowy
1 Muddy
1 Shaky
1 Debris
1 Other/Unknown

Road Condition (Mark Only One): 1 Dry
1 Wet
1 Icy
1 Snowy
1 Muddy
1 Shaky
1 Debris
1 Other/Unknown

Total Lanes: 0
Speed Limit: 0

Unit Number: 11
Driver License Number: [REDACTED]
First Name: ANGELA
Middle: JEAN
Last: [REDACTED]
Street Address: [REDACTED]
Phone Number: [REDACTED]
Unit Type: 1 M
1 P
1 B
1 E (train)
Driver Condition: 1 Refused
1 Not offered
1 Passed
1 PET
1 BUI
1 BUI
1 UIR
1 Test Results

Date of Birth: [REDACTED]
Licenses Type: 1 O
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Sex: 1 M
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Hazard Action: 1 1
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Position: 1 04
Arrested/Hospital: 1 Yes
1 No
Citation Issued: 1 Hazardous
1 Other

Injury: 1 K
1 A
1 B
1 C
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Ejected/Threatened: 1 Yes
1 No
Airbag Deployed: 1 Yes
1 No
1 Not Equipped

Vehicle Registration: 1 M
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Vehicle Description (year, make, color): 1998 Ford Green

Vehicle Orientation: 1 North
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First Name: [REDACTED]
Middle: [REDACTED]
Last: [REDACTED]
Street Address: [REDACTED]
Phone Number: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]

Date of Birth: [REDACTED]
Sex: 1 M
1 F
Ejected/Threatened: 1 Yes
1 No
Injury: 1 K
1 A
1 B
1 C
1 D

Position: [REDACTED]
Arrested/Hospital: 1 Yes
1 No
Airbag Deployed: 1 Yes
1 No
1 Not Equipped

Date of Birth: [REDACTED]
Sex: 1 M
1 F
Ejected/Threatened: 1 Yes
1 No
Injury: 1 K
1 A
1 B
1 C
1 D

Position: [REDACTED]
Arrested/Hospital: 1 Yes
1 No
Airbag Deployed: 1 Yes
1 No
1 Not Equipped

Date of Birth: [REDACTED]
Sex: 1 M
1 F
Ejected/Threatened: 1 Yes
1 No
Injury: 1 K
1 A
1 B
1 C
1 D

Person Address: [REDACTED]
Date: [REDACTED]
Time: [REDACTED]
Name: [REDACTED]
Damaged Property: [REDACTED]

Person Address: [REDACTED]
Date: [REDACTED]
Time: [REDACTED]
Name: [REDACTED]
Damaged Property: [REDACTED]

Person Address: [REDACTED]
Date: [REDACTED]
Time: [REDACTED]
Name: [REDACTED]
Damaged Property: [REDACTED]

Person Address: [REDACTED]
Date: [REDACTED]
Time: [REDACTED]
Name: [REDACTED]
Damaged Property: [REDACTED]

Person Address: [REDACTED]
Date: [REDACTED]
Time: [REDACTED]
Name: [REDACTED]
Damaged Property: [REDACTED]

Person Address: [REDACTED]
Date: [REDACTED]
Time: [REDACTED]
Name: [REDACTED]
Damaged Property: [REDACTED]

Do Not Write or Mark in This Area

Do Not Write or Mark Below This Line

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Do Not Write or Mark Below This Line

Unit Number 111	State MI	Driver License Number H1635 1802 585 482	Date of Birth Month 04 Day 04 Year 1992	License Type O ☐ CY ☐ C ☐ F ☐ M ☐ R ☐	Sex M ☐ F ☐	Hazard Action ☐
First Name TRACY	Middle MARIE	Last HARDENBURGH	Position 1	Platoon 04	Assignment/Hospital Allied/NMH	
Unit Type CV ☐ P ☐ B ☐ E (train) ☐	Driver Condition 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐	Interlock ☐ Yes ☐ No	Injury K ☐ A ☐ B ☐ C ☐ O ☐	Escaped Trapped ☐ Yes ☐ No	Chained Issued ☐ Hazardous ☐ Other	
Alcohol ☐ Yes ☐ No	Test Type: ☐ Field ☐ PST ☐ Road ☐ Urine	Test Results	Airbag Deployed ☐ Yes ☐ No			
Drugs ☐ Yes ☐ No	Test Type: ☐ Blood ☐ Urine	Test Results				
Vehicle Registration 4 I	State MI	VIN 1992 Chev TAN	Vehicle Description (year, make, color)	Vehicle Direction ☐ North ☐ East ☐ South ☐ West	Special Vehicles ☐	
Insurance FARM BUREAU	Insured By Robinson/Robinson	Vehicle Type ☐ PA ☐ CY ☐ OR ☐ VA ☐ MO ☐ Other ☐ PU ☐ GC ☐ Truck/Bus ☐ ST ☐ SM	Vehicle Use ☐	Vehicle Defect ☐	Private Trailer Type ☐	
Location of Greatest Damage ☐	Extent of Vehicle Damage ☐	Drivable ☐ Yes ☐ No				
First Name First Name	Middle Middle	Last Last	Date of Birth Month Month Day Day Year Year	Sex M ☐ F ☐	Escaped Trapped ☐ Yes ☐ No	
Street Address Street Address	City City	State State	Zip Zip	Pos. Pos.	Res. Res.	Ambulance/Hospital Ambulance/Hospital
First Name First Name	Middle Middle	Last Last	Date of Birth Month Month Day Day Year Year	Sex M ☐ F ☐	Escaped Trapped ☐ Yes ☐ No	
Street Address Street Address	City City	State State	Zip Zip	Pos. Pos.	Res. Res.	Ambulance/Hospital Ambulance/Hospital

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark On This Side of The Line

Unit Reported on Front					Unit Reported Above				
Action Prior	First	Second	Third	Fourth	Action Prior	First	Second	Third	Fourth
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