



# OFFICIAL MEDIA RELEASE

## KENT COUNTY SHERIFF DEPARTMENT



### Traffic Crash Supplement

Incident # 16-143126      Date: 09/01/2016      Time of Incident: 0541      Township: 05 - Byron

Type of Incident: Fatal Accident      Location: Byron Center Ave and 76th St.

Reporting Officer: Deputy J. Taylor      Assisting Departments: Byron Township Fire/Rescue and AMR

Release Completed By: Sgt. E. Rakow

Fire \_\_\_ Ambulance \_\_\_ Helicopter \_\_\_ Other Police Agencies \_\_\_ Utilities etc.

**ALCOHOL Contributing Factor?**  
Y  N  UNK

#### Vehicles

**ALCOHOL Contributing Factor?**  
Y  N  UNK

Veh: 1    Make: Oldsmobile    Model: Intrigue    Yr: 1998  
 Driver: Cindy Drier    Age: 59  
 City: Husonville    Twp: \_\_\_\_\_    State: MI  
 Injuries: fatal    Seatbelt: Y  N  UNK   
 \_\_\_\_\_  
 Direction of Travel: E/B  
 Hospital: \_\_\_\_\_    Transport By: \_\_\_\_\_

Veh: 2    Make: Ford    Model: F150    Yr: 2010  
 Driver: Luis Rivera Ortiz    Age: 33  
 City: Woming    Twp: \_\_\_\_\_    State: MI  
 Injuries: minor    Seatbelt: Y  N  UNK   
 \_\_\_\_\_  
 Direction of Travel: S/B  
 Hospital: \_\_\_\_\_    Transport By: \_\_\_\_\_

Relatives Notified  YES    Names Can Be Released  YES

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#### Passengers

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Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_  
 Injuries: \_\_\_\_\_ Seatbelt:   
 Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_  
 Injuries: \_\_\_\_\_ Seatbelt:   
 Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_  
 Injuries: \_\_\_\_\_ Seatbelt:   
 Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_  
 Injuries: \_\_\_\_\_ Seatbelt:   
 Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

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 City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_  
 Injuries: \_\_\_\_\_ Seatbelt:   
 Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ Twp: \_\_\_\_\_ State: \_\_\_\_\_  
 Injuries: \_\_\_\_\_ Seatbelt:   
 Hospital: \_\_\_\_\_ Transport By: \_\_\_\_\_

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