



OFFICIAL MEDIA RELEASE
KENT COUNTY SHERIFF DEPARTMENT



Traffic Crash Supplement

Incident # 16-151621 Date: 10/21/2016 Time of Incident: 1034 Township: 14 - Nelson
 Type of Incident: Serious Personal Injury Accident Location: 18 mile rd/Myers Lake ave
 Reporting Officer: Chris Hawley Assisting Departments: Rockford Ambulance, Cedar Springs Fire, and
 Release Completed By: Chris Hawley Consumers Energy

Fire Ambulance Helicopter Other Police Agencies Utilities etc.

ALCOHOL Contributing Factor?
Y N UNK

Vehicles

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Y N UNK

Veh: 1 Make: Dodge Model: Caravan Yr: 2008
 Driver: Kellie Lynn Austin Age: 41
 City: Rockford Twp: Courtland State: MI
 Injuries: Unconscious at the scene Seatbelt: Y N UNK
 Direction of Travel: S/B
 Hospital: Spectrum/BW/DT Transport By: Rockford Ambulance

Veh: 2 Make: Chevy Model: Suburban Yr: 2012
 Driver: Tia Nicole Powell Age: 30
 City: Gowen Twp: Spencer State: MI
 Injuries: back and stomach pain Seatbelt: Y N UNK
 Direction of Travel: E/B
 Hospital: Spectrum/BW/DT Transport By: Rockford Ambulance

Relatives Notified YES Names Can Be Released YES

Relatives Notified YES Names Can Be Released YES

Passengers

Passengers

Name: _____ Age: _____
 City: _____ Twp: _____ State: _____
 Injuries: _____ Seatbelt:
 Hospital: _____ Transport By: _____

Name: Tamera Kaye Townes Age: 55
 City: Cedar Springs Twp: Nelson State: MI
 Injuries: Back pain and feeling dizzy Seatbelt:
 Hospital: Spectrum/BW/DT Transport By: Rockford Ambulance

Name: _____ Age: _____
 City: _____ Twp: _____ State: _____
 Injuries: _____ Seatbelt:
 Hospital: _____ Transport By: _____

Name: Isaiah Houston Powell Age: 2
 City: Gowen Twp: Spencer State: MI
 Injuries: bump on lip 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: _____

Name: _____ Age: _____
 City: _____ Twp: _____ State: _____
 Injuries: _____ Seatbelt:
 Hospital: _____ Transport By: _____