Kent County Sheriff Department

Public Information Officer: 632-6236 Monday - Friday, 8 a.m. to 5 p.m. 701 Ball Ave. NE, Grand Rapids, MI 49503 Dispatch - 632-6100 / 1-800-442-4661

Information Services: 632-6200 Detective Bureau: 632-6125

News Release

Incident # 17-216374 Date: 4/8/2017	Time of Incident: 1845 Township: 17-Plainfield								
Type of Incident: Fatal Crash	Location: Rogue River Rd NE/Woodwater Dr NE								
Reporting Officer: Deputy Mike Levand and Deputy Joe Saladino	Assisting Departments: Plainfield Fire, Rockford Ambulance								
Release Completed By: Sergeant Lude									
Fire Ambulance Helicopter Other Police Agencies Utilities etc.									
ALCOHOL Contributing Factor? Y □ N ☑ UNK □ Veh	ALCOHOL Contributing Factor? icles Y □ N ☒ UNK □								
Veh: 1 Make: Honda Model: CBR600 Yr: 1990	Veh: 2 Make: GMC Model: Sierra Yr: 20	008							
Driver: Jonathon David-Allen Harden Age: 25	Driver: Ryan Gregory Dargie Age: 20								
City: Sand Lake Twp: 25-Sand Lake Village State: MI	City: Rockford . Twp: 09-Courtland State: N	MI							
Injuries: Fatal Seatbelt: Y N UNK	Injuries: None Seatbelt: Y⊠ N□ UN	ıĸ□							
Direction of Travel:E/B	Direction of Travel: W/B	3							
Hospital: Spectrum/Blodgett Transport By: Medical Examiner	Hospital: Transport By:								
Relatives Notified YES Names Can Be Released YES	Relatives Notified NO Names Can Be Released YI	ES							
Passengers	Passengers								
Name: NONE Age:	Name: Crystal Lynn Dargie Age: 3	35							
City:Twp:State:	City: Rockford Twp: 09-Courtland State:								
Injuries: Seatbelt:	Injuries: Bruised thumb Seatbelt	t: 🔲							
Hospital: Transport By:	Hospital: Transport By:								
Name: Age:	Name: Age:								
City: Twp: State:	City: Twp: State: _								
Injuries:Seatbelt:	Injuries:Seatbelt	t: 🔲							
Hospital: Transport By:	Hospital: Transport By:								
Name: Age:	Name: Age:								
City: Twp: State:	City: State: _								
Injuries: Seatbelt:	Injuries: Seatbelt								
Hospital: Transport By:	Hospital: Transport By:								
Name: Age:	Name: Age:								
City: Twp: State:	City: Twp: State: _								
Injuries: Seatbelt:	Injuries:Seatbel								
Hospital: Transport By:	Hospital: Transport By:								

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Release Co	mpleted By:	Sergear	t Lude				
Fire Aml	oulance Helicopter O	ther Police A	Agencies Utilities e	etc. I	KCSD Officers a	nd Titles or Specialities	
DESCRIPT	TION OF INCIDENT:						
	Supervisor Signatur	re:			Date:		