



OFFICIAL MEDIA RELEASE
KENT COUNTY SHERIFF DEPARTMENT



Date: August 2, 2013

Complaint Number: 13-134051
Type of Incident: Traffic Accident
Reporting Officer: Deputy Brad Mercer
Supervisor Approval: Sgt. Jim Loughrin

On 8/2/13 at 1212 hours, the Oakfield Township Fire Department was dispatched to a report of a car on fire near Beardslee Rd NE / Tully Ave NE. They found a yellow car in the ditch along Beardslee. The engine compartment was on fire. The passenger compartment was full of smoke. As they began putting the fire out a male in the vehicle sat up. He had been sitting in the driver's seat but was lying across the passenger seat. The firefighters immediately pulled him from the vehicle. He was the only occupant.

Aeromed was called to respond to the scene; however they were disregarded before they arrived. Rockford Ambulance transported the driver to Spectrum Butterworth Hospital. He is being treated in the burn unit for 3rd degree burns to his legs and one arm.

At this time it is believed that the driver fell asleep and crashed into the ditch. It is unknown why the car started on fire.

Media contact: Undersheriff Jon Hess 616-632-6236



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Traffic Crash Supplement

Incident # 13-134051 Date: 08/02/2013 Time of Incident: 1212 Township: 15 - Oakfield
 Type of Incident: PERSONAL INJURY ACCIDENT Location: BEARDSLEE ST NE / TULLY AVE NE
 Reporting Officer: DEPUTY BRAD MERCER Assisting Departments: OAKFIELD FIRE DEPARTMENT;
 Release Completed By: BRAD MERCER ROCKFORD AMBULANCE

Fire Ambulance Helicopter Other Police Agencies Utilities etc.

ALCOHOL Contributing Factor?
Y N UNK

Vehicles

ALCOHOL Contributing Factor?
Y N UNK

Veh: 1 Make: MAZDA Model: PROTEGE Yr: _____
 Driver: DON REITSMA Age: 28
 City: FREMONT Twp: _____ State: MI
 Injuries: 3RD DEGREE BURNS Seatbelt: Y N UNK
 _____ Direction of Travel: WB
 Hospital: Spectrum/BW/DT Transport By: ROCKFORD AMB

Veh: _____ Make: _____ Model: _____ Yr: _____
 Driver: _____ Age: _____
 City: _____ Twp: _____ State: _____
 Injuries: _____ Seatbelt: Y N UNK
 _____ Direction of Travel: _____
 Hospital: _____ Transport By: _____

Relatives Notified YES Names Can Be Released YES

Relatives Notified Names Can Be Released

Passengers

Passengers

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

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