



OFFICIAL MEDIA RELEASE
KENT COUNTY SHERIFF DEPARTMENT



Traffic Crash Supplement

Incident # 17-254876 Date: 11/09/2017 Time of Incident: 2000 Township: 14 - Nelson

Type of Incident: SINGLE VEHICLE ACCIDENT - FATAL Location: NORTHLAND DR NE, NORTH OF 18 MILE RD NE

Reporting Officer: DEPUTY MCMAINS Assisting Departments: _____

Release Completed By: DEPUTY MCMAINS

Fire ___ Ambulance ___ Helicopter ___ Other Police Agencies ___ Utilities etc.

ALCOHOL Contributing Factor?
Y N UNK

Vehicles

ALCOHOL Contributing Factor?
Y N UNK

Veh: 1 Make: FORD Model: MUSTANG Yr: 1999

Driver: PATRICK TODD BRECKEN Age: 21

City: COMSTOCK PARK Twp: PLAINFIELD State: MI

Injuries: FATAL Seatbelt: Y N UNK

Direction of Travel: S/B

Hospital: _____ Transport By: _____

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

Name: JONATHAN MICHAEL BRECKEN Age: 15

City: GRAND HAVEN Twp: _____ State: MI

Injuries: MINOR INJURIES Seatbelt:

Hospital: Spectrum/BW/DT Transport By: ROCKFORD AMB

Name: _____ Age: _____

City: _____ Twp: _____ State: _____

Injuries: _____ Seatbelt:

Hospital: _____ Transport By: _____

Name: TREY BRYAN STREET Age: 17

City: CEDAR SPRINGS Twp: CEDAR SPRINGS State: MI

Injuries: MINOR INJURIES Seatbelt:

Hospital: Spectrum/BW/DT Transport By: ROCKFORD AMB

Name: _____ Age: _____

City: _____ Twp: _____ State: _____

Injuries: _____ Seatbelt:

Hospital: _____ Transport By: _____

Name: N/A Age: _____

City: _____ Twp: _____ State: _____

Injuries: _____ Seatbelt:

Hospital: _____ Transport By: _____

Name: _____ Age: _____

City: _____ Twp: _____ State: _____

Injuries: _____ Seatbelt:

Hospital: _____ Transport By: _____

Name: N/A Age: _____

City: _____ Twp: _____ State: _____

Injuries: _____ Seatbelt:

Hospital: _____ Transport By: _____

Name: _____ Age: _____

City: _____ Twp: _____ State: _____

Injuries: _____ Seatbelt:

Hospital: _____ Transport By: _____