

CAD D-Card: AA 230023651



230023651 AA
6/5/2023 MON

ACU ACCIDENT INJ UNK

INCIDENT - ACU ACCIDENT INJ UNK

W STADIUM BLVD & S SEVENTH ST, ANN ARBOR MI

RECEIVER: WDLECLAIRS
DISPATCHER: WDSPARKSJ

ORIGIN: 911

-CAL-
07:44:01

-RCV-
07:44:23

-DIS-
07:44:54

-ARV-
07:46:48

-CLR-
08:40:31

BADGES:
BEAT: AAPB
AREA: B

00:00:31

00:01:54

00:53:43

COMPLAIN: [REDACTED]

ACTIVITY:

Unit Cd.	Disp Dt.	Enrt Dt.	Arr Dt.	CLR Dt.	ENR Hosp.	ARV Hosp.	ENR Jail	ARV Jail	DISP	Ofcr. 1	Ofcr. 2
1A1	07:45:07			07:45:37						AANORTHS	
1A3	07:45:33		07:46:55	08:40:31	08:17:47					AABALDWINJ	
1B2	07:44:54		07:46:48	08:16:46						AACUNNINGHAMZ	

COMMENTS:

07:44:23	BICYCLIST VS SCHOOL BUS									WDLECLAIRS	
07:44:23	TOW BEAT: TRIA									WDLECLAIRS	
07:44:32	HVA									WDLECLAIRS	
07:44:56	POSSIBLE BROKEN ELBOW PER THE CLR - JUST FROM LOOKING AT THE CRASH									WDLECLAIRS	
07:45:17	MY CLR LORENZETI/GINA// TX [REDACTED] - PASSERBY WHO SAW IT - ADVISED IT LOOKED LIKE THE CYCLIST WAS MOVING									WDSMITHB	
07:46:44	CLR MARK TX [REDACTED] AASERBY - BICYCLIST HAS INJURED ARM - ON THE GROUND									WDDUNSTANL	
07:47:17	COMPOUND FRACTURE ON ARM									WDSPARKSJ	
08:03:15	PED GOING TO UMER VIA HVA									AABALDWINJ	
08:03:33	BIKE IN BACK OF 1A3'S CAR									AABALDWINJ	
08:09:46	TAKING BIKE TO UMER									AABALDWINJ	
08:39:52	ALL PROPERTY TURNED OVER TO UMER SECURITY									AABALDWINJ	

Authority: 1949 PA 300, Sec.257.522
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 01373600
Crash ID 1373600

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File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident # 230023651

ORI MI8121800

Department Name ANN ARBOR POLICE DEPARTMENT

Reviewer ANUSZKIEWICZ (31501)

Crash Date 06/05/2023
Crash Time 07:44
No. of Units 02
Crash Type Single Motor Vehicle
Special Circumstances: None, Fleeing Police, Hit and Run, Unknown, School Bus, Animal
Special Checks: Fatal, Non-Traffic Area, ORV/Snowmobile

County 81 - Washtenaw
Traffic Control None of These
Relation to Roadway On Road
Weather Clear
Area INTR Within Intersection

City/Twp 89 - Ann Arbor
Contributing Circumstances: 1st None, 2nd None
Light Daylight
Road Surface Condition Dry
Total Lanes 5
Speed Limit 25
Posted Yes

Work Zone (if applicable) Type Workers Present Activity Location

LOCATION
Prefix W Primary Road Name STADIUM Road Type AVE Suffix Divided Roadway
Distance / Direction AT Trafficway 01-Not physically divided
Prefix S Intersecting Road Name SEVENTH Road Type AVE Suffix Divided Roadway

UNIT/DRIVER
Unit Number 01
Unit Known Yes
State MI
Driver License Number [REDACTED]
Date of Birth (Age) [REDACTED] (30)
License Type: Operator, Cycle, Chauffeur, Moped
Endorsements: Farm, Recreation
Sex F Race B Total Occupants 01 Hazardous Action Failed to yield

Unit Type M
Driver Information [REDACTED]
Driver is Owner No Injury O Position Front-Left Restraint Shoulder and lap belt

Driver Condition at Time of Crash: 1st Appeared Normal, 2nd [REDACTED]
Driver Distracted By Not Distracted
Ejected No Trapped No Airbag Deployed Not Deployed

Hospital NONE Ambulance NONE

Alcohol Suspected No Contributing Factor No
Alcohol Test Type: Breath, Blood, Urine, Field, PBT, Refused, Not Offered
Alcohol Test Results: Pending Test Results: Interlock Device No

Drug Suspected No Contributing Factor No
Drug Test Type: Blood, Urine, Field, Refused, Not Offered
Drug Test Results: Pending Test Results: Citation Issued: Hazardous, Other

Vehicle Registration [REDACTED] State MI
Vehicle Description Year Make Model Color YELLOW

VIN [REDACTED] Vehicle Type Truck/Bus Special Vehicles Bus Private Trailer Type Vehicle Defect

Automation System(s) in Vehicle 0-No Automation System Level in Vehicle 00-No Automation
Automation System Level Engaged at Time of Crash 00-No Automation

Insurance Company ACE AMERICAN INSURANCE Insurance Policy # [REDACTED] Towed By Towed To

Location of Greatest Damage 06 First Impact 06 Extent of Damage (Power Unit and/or Trailers) No Damage Vehicle Direction SW Vehicle Use Commercial(business) Action Prior Turning right

Sequence of Events: First * 16-Bicyclist, Second, Third, Fourth (* indicates MOST harmful event)

PASSENGERS
Passenger Information: Date of Birth (Age), Sex, Position, Restraint, Injury, Ejected, Trapped, Airbag Deployed
Hospital Ambulance

Passenger Information: Date of Birth (Age), Sex, Position, Restraint, Injury, Ejected, Trapped, Airbag Deployed
Hospital Ambulance

Passenger Information: Date of Birth (Age), Sex, Position, Restraint, Injury, Ejected, Trapped, Airbag Deployed
Hospital Ambulance

TRUCK/BUS
Carrier Information: USDOT, MC, MPSC
Driver's CDL Type GROUP A Endorsements: H, C, P, T, N, S, X CDL Exempt: Farm, Other

GVWR/GCWR: 10,000 lbs. or Less, 10,001 - 26,000 lbs., Greater than 26,000 lbs. Vehicle Configuration 04-BUS 16+ Cargo Body Type 14 Medical Card YES Hazardous Material: Placard, Cargo Spill ID # Class #

OWNERS
Owner Information

Damaged Property Public Owner & Phone

Unit Number 02	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (52)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex M	Race P	Total Occupants 01	Hazardous Action None
Unit Type B	Driver Information [REDACTED]			Driver is Owner No	Injury A	Position Bicyclist		Restraint Helmet Worn		
Driver Condition at Time of Crash 1st 2nd				Driver Distracted By Not Distracted			Ejected No	Trapped No	Airbag Deployed Not Equipped	
Hospital UNIVERSITY OF MICHIGAN HEALTH SYSTEM					Ambulance HURON VALLEY AMBULANCE INC					
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Alcohol Test Results <input type="checkbox"/> Pending		Test Results:		Interlock Device No	
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Not Offered			Drug Test Results <input type="checkbox"/> Pending		Test Results:		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other	
Vehicle Registration	State	Vehicle Description	Year	Make	Model		Color			
VIN		Vehicle Type		Special Vehicles Not Applicable		Private Trailer Type		Vehicle Defect		
Automation System(s) In Vehicle 0-No		Automation System Level in Vehicle 00-No Automation			Automation System Level Engaged at Time of Crash 00-No Automation					
Insurance Company			Insurance Policy #		Towed By			Towed To		
Location of Greatest Damage 11	First Impact 11	Extent of Damage (Power Unit and/or Trailers) No Damage		Vehicle Direction	Vehicle Use		Action Prior Going Straight Ahead			
Sequence of Events First		Second			Third		Fourth			
* 17-Motor veh in transport (* indicates MOST harmful event)										

PASSENGERS	Passenger Information			Date of Birth (Age)	Sex	Position		Restraint			
	Injury			Ejected	Trapped	Airbag Deployed					
	Hospital			Ambulance							
	Passenger Information			Date of Birth (Age)	Sex	Position		Restraint			
Injury			Ejected	Trapped	Airbag Deployed						
Hospital			Ambulance								
Passenger Information			Date of Birth (Age)	Sex	Position		Restraint				
Injury			Ejected	Trapped	Airbag Deployed						
Hospital			Ambulance								

TRUCK/BUS	Carrier Information			USDOT		MC	MPSC				
	GVWR/GCWR <input type="checkbox"/> 10,000 lbs. or Less <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.			Vehicle Configuration		Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill		ID #	Class #
	Driver's CDL Type			Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X		CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other					

OWNERS	Owner Information			Owner Information							
	Witness Information			Witness Information							

Investigated at Scene Yes	Reported Date (Time) 06/05/2023 (07:44)	1st Investigator Name (Badge) CUNNINGHAM (062)		2nd Investigator Name (Badge) YOUNG (082)		Photos				
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Narrative
UNIT 1 WAS EAST ON STADIUM AVE AT 7TH AVE. UNIT 1 TURNED RIGHT ONTO 7TH. AS THE BUS WAS COMPLETING ITS TURN A BICYCLIST STRUCK THE REAR OF THE BUS.

BICYCLIST STATES WAS GOING EAST ON STADIUM APPROACHING THE INTERSECTION OF 7TH. THE BICYCLIST STATED THAT HE THOUGHT THE BUS WAS GOING STRAIGHT AND CONTINUED INTO THE INTERSECTION AND STRUCK THE BUS THAT WAS TURNING.

WITNESS STATES THAT SHE SAW THE BUS TURN, AS THE BUS WAS COMPLETING ITS TURN A BICYCLIST STRUCK THE BACK OF THE BUS.

VIDEO FROM INSIDE THE BUS SHOWS THE BUS PASS THE BICYCLIST, THE BUS TURNS LEFT WHEN THE BICYCLIST WAS BEHIND THE BUS, THE BICYCLIST STRUCK THE SIDE OF THE BUS AS THE BUS WAS TURNING.

