

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # **01396575** Crash ID **1396575**

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File Class **9300-1**

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident # **230037437**

ORI **MI8121800**

Department Name
ANN ARBOR POLICE DEPARTMENT

Reviewer
SCOTT (32201)

Crash Date **08/28/2023** Crash Time **08:58** No. of Units **02** Crash Type **Single Motor Vehicle** Special Circumstances
 None Hit and Run School Bus Fleeing Police Unknown Animal Fatal Non-Traffic Area ORV/Snowmobile

County **81 - Washtenaw** Traffic Control **Stop Sign** Relation to Roadway **On Road** Weather **Clear** Area **INTR Within Intersection**

City/Twsp **89 - Ann Arbor** Contributing Circumstances
1st **None** 2nd **None** Light **Daylight** Road Surface Condition **Dry** Total Lanes **2** Speed Limit **30** Posted **Yes**

Work Zone (if applicable)
Type **None** Workers Present **None** Activity **None** Location **None**

Prefix **GLAZIER** Primary Road Name **GLAZIER** Road Type **WAY** Suffix **None** Divided Roadway **None**

Distance / Direction **10 FT E** Trafficway **01-Not physically divided**

Prefix **GREEN** Intersecting Road Name **GREEN** Road Type **RD** Suffix **None** Divided Roadway **None**

Unit Number **01** Unit Known **Yes** State **MI** Driver License Number **[REDACTED]** Date of Birth (Age) **[REDACTED] (74)** License Type Operator Cycle Chauffeur Farm Moped Recreation Endorsements **None** Sex **F** Race **W** Total Occupants **01** Hazardous Action **Failed to yield**

Unit Type **M** Driver Information **[REDACTED]** Driver is Owner **Yes** Injury **O** Position **Front-Left** Restraint **Shoulder and lap belt**

Driver Condition at Time of Crash
1st **Appeared Normal** 2nd **None** 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 Pending Test Results: **None** Interlock Device **No**

Drug Suspected **No** Contributing Factor **No** Drug Test Type Blood Urine Field Refused Not Offered Pending Test Results: **None** Citation Issued Hazardous Other

Vehicle Registration **[REDACTED]** State **MI** Vehicle Description **2010 FORD FOCUS** Model **FOCUS** Color **RED**

VIN **[REDACTED]** Vehicle Type **Passenger Car, SUV, Van** Special Vehicles **Not Applicable** Private Trailer Type **None** Vehicle Defect **None**

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 **STATE FARM** Insurance Policy # **[REDACTED]** Towed By **BREWER'S TOWING** Towed To **None**

Location of Greatest Damage **11** First Impact **01** Extent of Damage (Power Unit and/or Trailers) **Minor Damage** Vehicle Direction **E** Vehicle Use **Private** Action Prior **Going Straight Ahead**

Sequence of Events
First *** 15-Pedestrian** Second **None** Third **None** Fourth **None**
(* indicates MOST harmful event)

Passenger Information
Date of Birth (Age) **[REDACTED]** Sex **[REDACTED]** Position **[REDACTED]** Restraint **[REDACTED]**

Injury **[REDACTED]** Ejected **[REDACTED]** Trapped **[REDACTED]** Airbag Deployed **[REDACTED]**

Hospital **[REDACTED]** Ambulance **[REDACTED]**

Passenger Information
Date of Birth (Age) **[REDACTED]** Sex **[REDACTED]** Position **[REDACTED]** Restraint **[REDACTED]**

Injury **[REDACTED]** Ejected **[REDACTED]** Trapped **[REDACTED]** Airbag Deployed **[REDACTED]**

Hospital **[REDACTED]** Ambulance **[REDACTED]**

Passenger Information
Date of Birth (Age) **[REDACTED]** Sex **[REDACTED]** Position **[REDACTED]** Restraint **[REDACTED]**

Injury **[REDACTED]** Ejected **[REDACTED]** Trapped **[REDACTED]** Airbag Deployed **[REDACTED]**

Hospital **[REDACTED]** Ambulance **[REDACTED]**

Carrier Information
USDOT **[REDACTED]** MC **[REDACTED]** MPSC **[REDACTED]**

Driver's CDL Type **[REDACTED]** Endorsements H P T N S X CDL Exempt Farm Other

GVWR/GCWR **[REDACTED]** Vehicle Configuration **[REDACTED]** Cargo Body Type **[REDACTED]** Medical Card **[REDACTED]** Hazardous Material Placard Cargo Spill **[REDACTED]** ID # **[REDACTED]** Class # **[REDACTED]**

Owner Information
[REDACTED] Owner Information **[REDACTED]**

Owner Information
[REDACTED] Owner Information **[REDACTED]**

Damaged Property **[REDACTED]** Public **[REDACTED]** Owner & Phone **[REDACTED]**

Damaged Property **[REDACTED]** Public **[REDACTED]** Owner & Phone **[REDACTED]**

Unit Number 02	Unit Known Yes	State	Driver License Number	Date of Birth (Age) 02/10/1958 (65)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Race W	Total Occupants 00	Hazardous Action None
Unit Type P	Driver Information [REDACTED]			Driver is Owner	Injury A	Position Pedestrian	Restraint No belts available			
Driver Condition at Time of Crash 1st Unknown				2nd			Driver Distracted By Unknown	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="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device No			
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> 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					
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 Crossing at Intersection			
Sequence of Events First * 17-Motor veh in transport				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			Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #

OWNERS	Owner Information			Owner Information		
	[REDACTED]			[REDACTED]		

WITNESSES	Witness Information			Witness Information		
	[REDACTED] Age:			[REDACTED] Age:		

Investigated at Scene Yes	Reported Date (Time) 08/28/2023 (08:58)	1st Investigator Name (Badge) SINGER, REBECCA (057)	2nd Investigator Name (Badge) SGT K PETTERLE (309)	Photos
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Narrative

PEDESTRIAN WAS CROSSING NORTH BOUND GREEN IN THE CROSSWALK ON THE EAST SIDE OF INTERSECTION AT GLAZIER WAY.

VEHICLE #1 WAS TRAVELING E/B ON GLAZIER WAY. VEHICLE #1 FAILED TO YIELD TO THE PEDESTRIAN RESULTING IN AN INJURY CRASH

PEDESTRIAN WAS TRANSPORTED BY HVA TO U OF M HOSPITAL

VEHICLE #1 WAS TOWED BY BREWERS DUE TO THE INJURY CRASH INVESTIGATION

SEE AAPD 23-37437 FOR ADVANCED CRASH INVESTIGATION



