

Authority: 1946 PA 300, Sec.257.822
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 01417279
Crash ID 1417279

Page 1 of 1
File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

| | | | | | | | | |
|---|--|---|---------------------------|---|--|-------------------------|---|----------------------|
| ORI MI8121800 | | Department Name ANN ARBOR POLICE DEPARTMENT | | | | Incident # 230049600 | | |
| Crash Date 11/06/2023 | | Crash Time 16:42 | No. of Units 02 | Crash Type Single Motor Vehicle | Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Fleeting Police <input type="radio"/> Unknown <input type="radio"/> Animal | | Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile | |
| County 81 - Washtenaw | | Traffic Control Stop Sign | | Relation to Roadway On Road | | Weather Clear | Area INTR Within Intersection | |
| City/Twp 89 - Ann Arbor | | Contributing Circumstances 1st None 2nd | | Light Daylight | Road Surface Condition Dry | Total Lanes 2 | Speed Limit 25 | Posted Yes |
| Work Zone (if applicable) Type Workers Present Activity Location | | | | | | | | |

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|----------|-----------------------------------|--|-------------------------|--|--------|--|-----------------|--|
| LOCATION | Prefix GEDDES | | Road Type AVE | | Suffix | | Divided Roadway | |
| | Distance / Direction AT | | | | | | | |
| | Prefix HILL | | Road Type ST | | Suffix | | Divided Roadway | |

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|-------------|---|----------------------------------|--|--|-----------------------------------|---|--|--|----------------------|---|---------------------------------|--|
| UNIT/DRIVER | Unit Number 01 | Unit Known Yes | State Driver License Number | | Date of Birth (Age) [REDACTED] | License Type <input type="radio"/> Operator <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Moped | Endorsements <input type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Animal | Sex M | Race W | Total Occupants 02 | Hazardous Action None | |
| | 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 | | | | | 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 <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 checked="" 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 checked="" type="radio"/> Not Offered | | | Drug Test Results <input type="radio"/> Pending Test Results: | | Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other | | | | |

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|---|--|--|---|--------------------------------------|-------------------------------|---|
| Vehicle Registration GZU9857 | State OH | Vehicle Description 2014 HOND CRV | Year 2014 | Make HOND | Model CRV | Color BLACK |
| VIN [REDACTED] | Vehicle Type Passenger Car, SUV, Van | | 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 STATE FARM | | Insurance Policy # [REDACTED] | | Towed By SAKSTRUP'S TOWING | | Towed To SAKSTRUPS |
| Location of Greatest Damage 01 | 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 16-Bicyclist Second Third Fourth (* indicates MOST harmful event) | | | | | | |

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|-----------------------|-------------------------------------|----------------------|-----------------------------------|--------------------------------------|-----------------------------------|-----------|--|--------------------------|
| PASSENGERS | Passenger Information [REDACTED] | | Date of Birth (Age) [REDACTED] | Sex F | Position 03-FRONT-RIGHT | | Restraint 04-SHOULDER AND LAP BELT | |
| | Injury O | Ejected NO | Trapped NO | Airbag Deployed 98-UNKNOWN | | | | |
| | Hospital NONE | | | | | | | Ambulance NONE |
| | 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 | |

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|-----------|--|--|---|-----------------|---|---|------|---------|
| TRUCK/BUS | Carrier Information | | USDOT | | MC | MPSC | | |
| | 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 # | Class # |
| | 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 | | GDLE Exempt <input type="radio"/> Farm <input type="radio"/> Other | | | |

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|--------|---------------------------------|--|---------------------------------|---------------|
| OWNERS | Owner Information [REDACTED] | | Owner Information [REDACTED] | |
| | Damaged Property | | Public | Owner & Phone |

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|---|----------------------------------|--|---|--|--|---|--|----------------------|--|--|--|
| Unit Number 02 | Unit Known Yes | State MI | Driver License Number [REDACTED] | Date of Birth (Age) [REDACTED] | 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 M | Race W | Total Occupants 01 | Hazardous Action Disregard traffic control | |
| Unit Type B | Driver Information [REDACTED] | | | Driver is Owner | Injury A | Position Bicyclist | Restraint Helmet Not Worn | | | | |
| Driver Condition at Time of Crash 1st 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 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 Turning left | | |
| Sequence of Events First * 17-Motor veh in transport | | | | Second | | | Third | | | Fourth | |

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|-----------------------|-----------------------|--|---------------------|---------------------|-----------------|-----------------|-----------|-----------|
| 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 | | | |
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|--|-----------------------|-----------------|--|---|------|---------|
| 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 # | Class # |

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|-------------------|-------------------|
| Owner Information | Owner Information |
|-------------------|-------------------|

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|---------------------|---------------------|
| Witness Information | Witness Information |
|---------------------|---------------------|

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|-------------------------------------|---|--|-------------------------------|--------|
| Investigated at Scene Yes | Reported Date (Time) 11/06/2023 (16:42) | 1st Investigator Name (Badge) DETROYER, SOPHIE (066) | 2nd Investigator Name (Badge) | Photos |
|-------------------------------------|---|--|-------------------------------|--------|

Narrative
 UNIT 2 WAS TRAVELING NB HILL AT GEDDES. UNIT 1 WAS TRAVELING EB GEDDES AT HILL. UNIT 2 DISREGARDED THE STOP SIGN AT HILL TURNING LEFT ONTO GEDDES. UNIT 1 DID NOT HAVE A STOP SIGN AND COLLIDED WITH UNIT 2. UNIT 1 HAD FRONT END DAMAGE. DRIVER OF UNIT 2 SUSTAINED SERIOUS INJURY AND WAS TRANSPORTED TO UM ER BY HVA. PLEASE SEE AAPD CR#23-49600 FOR MORE INFORMATION

