

Authority: 1949 PA 300, Sec.257.822  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 01442630  
Crash ID 1442630

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File Class 5400-1

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI <b>MI8121800</b>	Department Name <b>ANN ARBOR POLICE DEPARTMENT</b>			Incident # <b>240004582</b>
Crash Date <b>01/31/2024</b>	Crash Time <b>22:45</b>	No. of Units <b>02</b>	Crash Type <b>Other</b>	Reviewer <b>FAUVER (33201)</b>
County <b>81 - Washtenaw</b>	Traffic Control <b>None of These</b>	Relation to Roadway <b>On Road</b>	Weather <b>Clear</b>	Area <b>NON-FRWY Straight roadway</b>
City/Twp <b>89 - Ann Arbor</b>	Contributing Circumstances 1st <b>None</b>	2nd	Light <b>Dark-Lighted</b>	Road Surface Condition <b>Dry</b>
Work Zone (if applicable) Type	Workers Present	Activity	Location	

<b>LOCATION</b>	Prefix <b>W</b>	Primary Road Name <b>MOSLEY</b>	Road Type <b>ST</b>	Suffix	Divided Roadway
	Distance / Direction <b>5 FT W</b>				
	Prefix <b>S</b>	Intersecting Road Name <b>MAIN</b>	Road Type <b>ST</b>	Suffix	Divided Roadway

<b>UNIT/DRIVER</b>	Unit Number <b>01</b>	Unit Known <b>No</b>	State Driver License Number	Date of Birth (Age)	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	Race	Total Occupants <b>00</b>	Hazardous Action <b>None</b>	
	Unit Type <b>M</b>	Driver Information			Driver is Owner	Injury	Position		Restraint <b>Restraint Use Unknown</b>		
	Driver Condition at Time of Crash 1st <b>2nd</b>				Driver Distracted By <b>Unknown</b>		Ejected <b>No</b>	Trapped <b>No</b>	Airbag Deployed <b>Unknown</b>		
	Hospital <b>NONE</b>				Ambulance <b>NONE</b>						
	Alcohol Suspected <b>No</b>	Contributing Factor	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 <b>No</b>				
	Drug Suspected <b>No</b>	Contributing Factor	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 <b>CAR</b>	Year	Make <b>CAR</b>	Model <b>HATCHBACK</b>	Color <b>SILVER</b>				
	VIN		Vehicle Type <b>Passenger Car, SUV, Van</b>	Special Vehicles <b>Not Applicable</b>		Private Trailer Type	Vehicle Defect				
	Automation System(s) in Vehicle			Automation System Level in Vehicle <b>98-Unknown</b>		Automation System Level Engaged at Time of Crash <b>98-Unknown</b>					
	Insurance Company		Insurance Policy #		Towed By		Towed To				
Location of Greatest Damage <b>98</b>	First Impact <b>98</b>	Extent of Damage (Power Unit and/or Trailers) <b>Unknown</b>		Vehicle Direction <b>W</b>	Vehicle Use		Action Prior <b>Turning right</b>				
Sequence of Events First <b>* 15-Pedestrian</b> Second Third Fourth (* indicates MOST harmful event)											

<b>PASSENGERS</b>	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint
	Hospital			Ambulance			
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint
	Hospital			Ambulance			
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint
	Hospital			Ambulance			
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint
	Hospital			Ambulance			
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint
	Hospital			Ambulance			
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint
	Hospital			Ambulance			

<b>TRUCK/BUS</b>	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
	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		

<b>OWNERS</b>	Owner Information		Owner Information	
	Public		Owner & Phone	

Damaged Property	Public	Owner & Phone
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Unit Number <b>02</b>	Unit Known <b>Yes</b>	State <b>MI</b>	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (39)	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 <b>M</b>	Race <b>W</b>	Total Occupants <b>00</b>	Hazardous Action <b>Other</b>
Unit Type <b>P</b>	Driver Information [REDACTED]			Driver is Owner <b>No</b>	Injury <b>A</b>	Position <b>Pedestrian</b>	Restraint <b>No belts available</b>			
Driver Condition at Time of Crash 1st 2nd				Driver Distracted By <b>Outside the Vehicle (Includes Unspecified External Distraction)</b>			Ejected <b>No</b>	Trapped <b>No</b>	Airbag Deployed <b>Not Equipped</b>	
Hospital <b>UNIVERSITY OF MICHIGAN HEALTH SYSTEM</b>					Ambulance <b>REFUSED</b>					
Alcohol Suspected <b>Yes</b>	Contributing Factor <b>No</b>	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 <b>No</b>			
Drug Suspected <b>No</b>	Contributing Factor <b>No</b>	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 <b>Not Applicable</b>		Private Trailer Type		Vehicle Defect			
Automation System(s) in Vehicle <b>0-No</b>					Automation System Level Engaged at Time of Crash <b>00-No Automation</b>					
Insurance Company			Insurance Policy #		Towed By		Towed To			
Location of Greatest Damage <b>11</b>	First Impact <b>11</b>	Extent of Damage (Power Unit and/or Trailers) <b>No Damage</b>			Vehicle Direction	Vehicle Use		Action Prior <b>Crossing not at Intersect</b>		
Sequence of Events First <b>* 17-Motor veh in transport</b>				Second		Third		Fourth		

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

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	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other				

Owner Information	Owner Information
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Witness Information	Witness Information
Age:	Age:

Investigated at Scene <b>Yes</b>	Reported Date (Time) <b>01/31/2024 (23:00)</b>	1st Investigator Name (Badge) <b>ALCHIN (098)</b>	2nd Investigator Name (Badge)	Photos
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**Narrative**

PEDESTRIAN WAS STRUCK BY UNKNOWN SILVER CAR LISTED AS UNIT 1.

PEDESTRIAN WAS WALKING EB ON W. MOSLEY ST ABOUT 10 FT FROM THE CROSSWALK.

PEDESTRIAN ADVISED UNIT 1 WAS TRAVELING SB ON S. MAIN ST AND MADE A RIGHT-HAND TURN ONTO W. MOSLEY STRIKING THE PEDESTRIAN.

PEDESTRIAN SUSTAINED A SMALL LACERATION TO HEAD, HANDS, AND COMPLAINED OF LEG PAIN.

