

CAD D-Card: AA 230045087



230045087 AA  
10/8/2023 SUN

PIA PERSONAL INJURY ACCIDENT

INCIDENT - PIA PERSONAL INJURY ACCIDENT  
JACKSON AVE & BURWOOD AVE, ANN ARBOR MI

RECEIVER: WDCRAMERK  
DISPATCHER: WDLECLAIRS

ORIGIN: 911

-CAL- 18:14:10 00:01:07  
-RCV- 18:15:17 00:03:42

-DIS- 18:18:59 00:03:00

-ARV- 18:21:59 00:30:59

-CLR- 18:52:58

BADGES:  
BEAT: AAPB  
AREA: B

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   |
|----------|----------|----------|----------|----------|-----------|-----------|----------|----------|------|------------|-----------|
| 1F1      | 18:19:34 |          | 18:21:59 | 18:52:58 | 18:43:39  |           |          |          |      | AAJOHNSONA | AASPRATTR |
| 325      | 18:18:59 |          |          | 18:34:59 |           |           |          |          |      | AARIEDD    |           |

COMMENTS:

|          |   |           |
|----------|---|-----------|
| 18:15:17 | BICYCLIST VS BLK SUBERU                   | WDCRAMERK |
| 18:15:17 | TOW BEAT: TRIA                            | WDCRAMERK |
| 18:16:03 | BICYCLIST AWAKE AND TALKING - NO BLOCKING | WDCRAMERK |
| 18:17:23 | HVA ADVISED                               | WDCRAMERK |

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

External # **01408497** Crash ID **1408497**

Page 1 of 1  
File Class **9300-1**

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident # **230045087**

ORI **MI8121800** Department Name **ANN ARBOR POLICE DEPARTMENT**

Reviewer **VERHELLE (33600)**

Crash Date **10/08/2023** Crash Time **18:14** No. of Units **02** Crash Type **Other** Special Circumstances  None  Hit and Run  School Bus  Fleeing Police  Unknown  Animal  Fatal  Non-Traffic Area  ORV/Snowmobile

County **81 - Washtenaw** Traffic Control **None of These** Relation to Roadway **On Road** Weather **Clear** Area **NON-FRWY Straight roadway**

City/Twsp **89 - Ann Arbor** Contributing Circumstances 1st **Glare** 2nd **Daylight** Light **Daylight** Road Surface Condition **Dry** Total Lanes **3** Speed Limit **35** Posted **Yes**

Work Zone (if applicable) Type **Workers Present** Activity **Location**

LOCATION Prefix **W** Primary Road Name **JACKSON** Road Type **Divided Roadway** Suffix **Divided Roadway**

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

Prefix **BURWOOD** Road Type **Divided Roadway** Suffix **Divided Roadway**

UNIT/DRIVER Unit Number **01** Unit Known **Yes** State **MI** Driver License Number **[REDACTED]** Date of Birth (Age) **[REDACTED] (76)** License Type  Operator  Cycle  Chauffeur  Farm  Moped  Recreation  Endorsements  Cycle  Farm  Recreation  Sex **M** Race **A** Total Occupants **01** Hazardous Action **Failed to yield**

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

Driver Condition at Time of Crash 1st **Appeared Normal** 2nd **Not Distracted** 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: **No** Interlock Device **No**

Drug Suspected **No** Contributing Factor **No** Drug Test Type  Blood  Urine  Field  Refused  Not Offered  Pending Test Results: **23AA01764** Citation Issued  Hazardous  Other

Vehicle Registration **[REDACTED]** State **MI** Vehicle Description **2016 SUBARU CROSSTREK** Model **CROSSTREK** Color **[REDACTED]**

VIN **[REDACTED]** Vehicle Type **Passenger Car, SUV, Van** Special Vehicles **Not Applicable** Private Trailer Type **[REDACTED]** Vehicle Defect **[REDACTED]**

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 **[REDACTED]** Towed To **[REDACTED]**

Location of Greatest Damage **08** First Impact **08** Extent of Damage (Power Unit and/or Trailers) **Minor Damage** Vehicle Direction **S** Vehicle Use **Private** Action Prior **Turning left**

Sequence of Events **\* 16-Bicyclist** (★ indicates MOST harmful event)

Sequence of Events **\* 16-Bicyclist** (★ indicates MOST harmful event)

PASSENGERS Passenger Information Date of Birth (Age) Sex Position Restraint

Injury Ejected Trapped Airbag Deployed

Hospital Ambulance

PASSENGERS Passenger Information Date of Birth (Age) Sex Position Restraint

Injury Ejected Trapped Airbag Deployed

Hospital Ambulance

PASSENGERS 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  H  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 Cargo Body Type Medical Card Hazardous Material  Placard  Cargo Spill ID # Class #

OWNERS Owner Information Owner Information

Owner Information

Damaged Property Public Owner & Phone

Damaged Property Public Owner & Phone

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

|                       |                       |  |  |                     |                     |          |                 |                 |
|-----------------------|-----------------------|--|--|---------------------|---------------------|----------|-----------------|-----------------|
| 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<br><input type="radio"/> H <input type="radio"/> P <input type="radio"/> T<br><input type="radio"/> N <input type="radio"/> S <input type="radio"/> X | CDL Exempt<br><input type="radio"/> Farm<br><input type="radio"/> Other |   |
|           | GVWR/GCWR<br><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<br><input type="radio"/> Placard <input type="radio"/> Cargo Spill |

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

|         |                     |  |  |                     |  |  |
|---------|---------------------|--|--|---------------------|--|--|
| WITNESS | Witness Information |  |  | Witness Information |  |  |
|         | Age:                |  |  | Age:                |  |  |

|                                     |   |  |                               |        |
|-------------------------------------|---|--|-------------------------------|--------|
| Investigated at Scene<br><b>Yes</b> | Reported Date (Time)<br><b>10/08/2023 (18:14)</b> | 1st Investigator Name (Badge)<br><b>A. JOHNSON (077)</b> | 2nd Investigator Name (Badge) | Photos |
|-------------------------------------|---|--|-------------------------------|--------|

Narrative  
**Vehicle 2 was travelling eastbound on Jackson in the bike lane crossing Burwood, when the driver of Vehicle 1 failed to yield while making a left turn striking Vehicle 2 on the left side causing serious injury to his left leg.**

