

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

External # **01480597** Crash ID **1480597**

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

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident # **240028139**

ORI **MI8121800**

Department Name  
**ANN ARBOR POLICE DEPARTMENT**

Reviewer  
**GILMORE (31801)**

Crash Date **06/21/2024** Crash Time **13:00** 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 **None of These** Relation to Roadway **On Road** Weather **Clear** Area **INTR Within Intersection**

City/Twsp **89 - Ann Arbor** Contributing Circumstances  
1st **Backup due to regular conge** 2nd Light **Daylight** Road Surface Condition **Dry** Total Lanes **5** Speed Limit **40** Posted **Yes**

Work Zone (if applicable) Type Workers Present Activity Location

LOCATION Prefix **WASHTENAW** Road Type **AVE** Suffix Divided Roadway

Distance / Direction **20 FT E** Trafficway **01-Not physically divided**

LOCATION Prefix **HURON** Road Type **PKWY** Suffix Divided Roadway

UNIT/DRIVER Unit Number **01** Unit Known **Yes** State Driver License Number Date of Birth (Age) **(23)** License Type  Operator  Cycle  Farm  Moped  Chauffeur  Recreation  Endorsements Sex **F** Race **H** Total Occupants **01** Hazardous Action **None**

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

UNIT/DRIVER Driver Condition at Time of Crash  
1st **Appeared Normal** 2nd Driver Distracted By **Not Distracted** Ejected **No** Trapped **No** Airbag Deployed **Not Deployed**

UNIT/DRIVER Hospital **NONE** Ambulance **NONE**

UNIT/DRIVER 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**

UNIT/DRIVER 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

UNIT/DRIVER Vehicle Registration **MI** State **MI** Vehicle Description **2013 CHEVROLET MALIBU** Model **MALIBU** Color **SILVER**

UNIT/DRIVER VIN **Passenger Car, SUV, Van** Vehicle Type **Not Applicable** Special Vehicles Private Trailer Type Vehicle Defect

UNIT/DRIVER 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**

UNIT/DRIVER Insurance Company **UNKNOWN** Insurance Policy # **UNKNOWN** Towed By **SAKSTRUP'S TOWING** Towed To **SAKSTRUP'S TOWING**

UNIT/DRIVER Location of Greatest Damage **01** First Impact **01** Extent of Damage (Power Unit and/or Trailers) **Functional Damage** Vehicle Direction **W** Vehicle Use **Private** Action Prior **Going Straight Ahead**

UNIT/DRIVER 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

PASSENGERS Hospital Ambulance

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

TRUCK/BUS GVWR/GCWR Vehicle Configuration Cargo Body Type Medical Card Hazardous Material  Placard  Cargo Spill ID # Class #

TRUCK/BUS  10,000 lbs. or Less  10,001 - 26,000 lbs.  Greater than 26,000 lbs.

OWNERS Owner Information Owner Information

OWNERS Damaged Property Public Owner & Phone

Unit Number <b>02</b>	Unit Known <b>Yes</b>	State Driver License Number	Date of Birth (Age) <b>11/15/1978 (45)</b>	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>01</b>	Hazardous Action <b>Failed to yield</b>		
Unit Type <b>B</b>	Driver Information [REDACTED]			Driver is Owner	Injury <b>A</b>	Position <b>Bicyclist</b>		Restraint <b>Helmet Not Worn</b>			
Driver Condition at Time of Crash 1st <b>Unknown</b>			2nd			Driver Distracted By <b>Not Distracted</b>		Ejected <b>No</b>	Trapped <b>No</b>	Airbag Deployed <b>Not Equipped</b>	
Hospital <b>UNIVERSITY OF MICHIGAN HEALTH</b>					Ambulance <b>HURON VALLEY AMBULANCE INC</b>						
Alcohol Suspected <b>No</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 in Vehicle <b>00-No Automation</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 at Intersection</b>			
Sequence of Events First <b>* 17-Motor veh in transport</b>		Second		Third		Fourth					
(* indicates MOST harmful event)											

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

<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		
ID #	Class #					

<b>OWNERS</b>	Owner Information			Owner Information		
	Witness Information			Witness Information		

Investigated at Scene <b>Yes</b>	Reported Date (Time) <b>06/21/2024 (13:00)</b>	1st Investigator Name (Badge) <b>SGT. K. PETERLE (309)</b>	2nd Investigator Name (Badge) <b>KELSO</b>	Photos
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**Narrative**

**UNIT 1 DRV REPORTED SHE WAS WB WASHTENAW WITH GREEN SIGNAL FOR HURON PKWY WHEN SHE STRUCK UNIT 2 AS SHE ENTERED INTERSECTION**

**UNIT 2 UNABLE TO PROVIDE STATEMENT**

**WITNESSES AND SURV FOOTAGE CONFIRM UNIT 1 WB WASHTENAW WITH GREEN SIGNAL AND STRUCK NB BIKE AS IT CROSSED OVER WASHTENAW AT HURON PKWY**

**ADVANCED CRASH INVESTIGATION AAPD 24-28139**

