

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

External # Crash ID
 01515050 1515050

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 File Class 9300-1

Incident #

240052296

Reviewer

RIED (32501)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI	MI8121800	Department Name	ANN ARBOR POLICE DEPARTMENT														
Crash Date	11/01/2024	Crash Time	01:01	No. of Units	02	Crash Type	Single Motor Vehicle	Special Circumstances	<input type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Unknown	<input type="radio"/> Hit and Run <input type="radio"/> School Bus <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	None of These		Relation to Roadway	On Road		Weather	Clear		Area	NON-FRWY Straight roadway					
City/Twp	89 - Ann Arbor	Contributing Circumstances	1st None		2nd	Light	Dark-Lighted		Road Surface Condition	Dry		Total Lanes	2	Speed Limit	25	Posted	No
Work Zone (if applicable)																	
Type	Workers Present		Activity		Location												

LOCATION	Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway	
		HILL				
	Distance / Direction		Trafficway			
	10 FT S		01-Not physically divided			
	Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway	
		OXFORD				

UNIT / DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Race	Total Occupants	Hazardous Action	
	01	Yes	MI	[REDACTED]	[REDACTED] (19)	<input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	M	W	01	Failed to yield	
	Unit Type	Driver Information				Driver is Owner	Injury	Position		Restraint		
	M	[REDACTED]				Yes	O	Front-Left		Shoulder and lap belt		
	Driver Condition at Time of Crash				Driver Distracted By		Ejected		Trapped		Airbag Deployed	
	1st Appeared Normal				Not Distracted		No		No		Not Deployed	
	Hospital					Ambulance						
	NONE					NONE						
	Alcohol Suspected	Contributing Factor	Alcohol Test Type			Alcohol Test Results		Interlock Device				
	No	No	<input type="radio"/> Breath	<input type="radio"/> Blood	<input type="radio"/> Urine	<input type="radio"/> Pending	Test Results:		No			
	Drug Suspected	Contributing Factor	Drug Test Type			Drug Test Results		Citation Issued				
	No	No	<input type="radio"/> Blood	<input type="radio"/> Urine	<input type="radio"/> Field	<input type="radio"/> Refused	<input type="radio"/> Not Offered	<input type="radio"/> Pending	Test Results:		<input type="radio"/> Hazardous <input type="radio"/> Other 24AA02740	
	Vehicle Registration		State	Vehicle Description	Year	Make	Model	Color				
	[REDACTED]		NJ	Passenger Car, SUV, Van	2015	HONDA	CIVIC	RED				
	VIN	Vehicle Type	Special Vehicles			Private Trailer Type		Vehicle Defect				
	[REDACTED]	Passenger Car, SUV, Van	Not Applicable									

Automation System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash											
0-No	00-No Automation	00-No Automation											
Insurance Company			Insurance Policy #			Towed By			Towed To				
GEICO			[REDACTED]			SAKSTRUP'S TOWING			SAKSTRUPS				
Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)			Vehicle Direction	Vehicle Use			Action Prior				
01	01	Functional Damage			W	Private			Going Straight Ahead				
Sequence of Events	First	Second			Third			Fourth					
* 15-Pedestrian													
(* indicates MOST harmful event)													

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

OWNERS TRUCK/BUS	Carrier Information					USDOT			MC		MPSC					
	[REDACTED]					Driver's CDL Type			Endorsements		CDL Exempt					
	[REDACTED]					<input type="radio"/> H	<input type="radio"/> P	<input type="radio"/> T	<input type="radio"/> N	<input type="radio"/> S	<input type="radio"/> X	<input type="radio"/> Farm	<input type="radio"/> Other			
	GVWR/GCWR					Vehicle Configuration			Cargo Body Type		Medical Card		Hazardous Material	ID #	Class #	
	<input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.					[REDACTED]			[REDACTED]		[REDACTED]		<input type="radio"/> Placard	<input type="radio"/> Cargo Spill		

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

UNIT / DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number	Date of Birth (Age) [REDACTED] (18)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	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 2nd					Driver Distracted By Not Distracted			Ejected No	Trapped No	Airbag Deployed Not Equipped			
	Hospital UNIVERSITY OF MICHIGAN HEALTH					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"/> Field <input type="radio"/> PBT	<input type="radio"/> Urine <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						
	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		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 Crossing at Intersection					
Sequence of Events (* indicates MOST harmful event)		First	Second	Third				Fourth						
* 17-Motor veh in transport														
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position			Restraint				
					<input type="radio"/> Injury	<input type="radio"/> Ejected	<input type="radio"/> Trapped	Airbag Deployed						
	Hospital					Ambulance								
	Passenger Information				Date of Birth (Age)	Sex	Position			Restraint				
					<input type="radio"/> Injury	<input type="radio"/> Ejected	<input type="radio"/> Trapped	Airbag Deployed						
	Hospital					Ambulance								
	Passenger Information				Date of Birth (Age)	Sex	Position			Restraint				
					<input type="radio"/> Injury	<input type="radio"/> Ejected	<input type="radio"/> Trapped	Airbag Deployed						
	Hospital					Ambulance								
	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					
TRUCK / BUS OWNERS	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 #		
	Owner Information					Owner Information								
	Witness Information					Witness Information								
						Age:								
	Age:					Age:								
	Investigated at Scene Yes	Reported Date (Time) 11/01/2024 (01:01)	1st Investigator Name (Badge) ROSE (044)	2nd Investigator Name (Badge)			Photos							
	Narrative UNIT ONE: Driver of unit one stated he did not see the pedestrian within the crosswalk before he struck him.					Diagram								
	OFFICER WITNESS: I, Officer Rose, observed the pedestrian crossing from the south side of Hill to the north sidewalk. As the pedestrian was within the crosswalk unit one struck him causing him to be thrown up onto the windshield and then into the roadway.					 <p>Not To Scale</p>								


 240052296 AA
 11/1/2024 FRI

PIA PERSONAL INJURY ACCIDENT

 INCIDENT - PIA PERSONAL INJURY ACCIDENT
OXFORD RD & HILL ST, ANN ARBOR MI

RECEIVER: WDGALLOWAYJ
 DISPATCHER: WDGALLOWAYJ
 ORIGIN: PHONE
 -CAL-
 01:01:01
 -RCV-
 01:01:01
 -DIS-
 01:01:19
 -ARV-
 01:02:11
 -CLR-
 01:27:59

BADGES:
 BEAT: AAPC
 AREA: C

COMPLAIN:

ACTIVITY:

Unit Cd.	Disp Dt.	Enrt Dt.	Arr Dt.	CLR Dt.	ENR Hosp.	ARV Hosp.	ENR Jail	ARV Jail	DISP	Ofcr. 1	Ofcr. 2
1V1	01:01:19			01:01:48						AAKANDTJ	
1Z22	01:01:19			01:27:59						AAROSEM	AAJOHNSONA
1Z24	01:01:19			01:17:05						AALUKASJ	AAWEBBB
321	01:01:19		01:02:11	01:21:14						AAMERKELJ	

COMMENTS:

01:01:01 TOW BEAT: SAKS WDGALLOWAYJ
 01:05:34 HVA ARRIVAL WDGALLOWAYJ
 01:08:33 1 HOOK WDGALLOWAYJ
 01:09:14 SAKS X1 WDDUNSTANL
 ----- 3>> WDGALLOWAYJ/11/01/2024 00:59:43 OXFORD AND HILL FOR PED STRUCK -----
 01:10:01 ----- 4>> WDHIEMSTRAC/11/01/2024 01:00:08 HVA REQ ----- WDGALLOWAYJ
 ----- 5>> WDGALLOWAYJ/11/01/2024 01:00:36 CONSCIOUS AND BREATHING - REQ HVA EMERGENT -----
