

CAD D-Card: AA 250005698



250005698 AA
2/6/2025 THU

PIA PERSONAL INJURY ACCIDENT

INCIDENT - PIA PERSONAL INJURY ACCIDENT
GREEN RD & BURBANK DR, ANN ARBOR MI

RECEIVER: WDROBERTSC
DISPATCHER: WDDELACRUZA

ORIGIN: 911

-CAL-
18:52:28

-RCV-
18:53:24
00:01:09

-DIS-
18:54:33
00:07:37

-ARV-
19:02:10
00:21:15

-CLR-
19:23:25

BADGES:
BEAT: AAPC
AREA: C

COMPLAIN: [REDACTED] [REDACTED] [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
1W21	19:00:20			19:03:00						AACOREM	
1W22	18:54:33		19:02:10	19:23:25						AAHORNINGD	AADOTTORJ

COMMENTS:

18:53:24 TOW BEAT: BREW
 18:53:24 TAN CHEVY SEADN STRUCK PEDESTRIAN
 18:54:07 CLR DOESN'T SEE THE VEH THAT STRUCK HIM ANY LONGER
 18:54:15 CLR TOT'ED HVA
 18:54:40 PEDESTRIAN BLEEDING FROM HIS NOSE, HE IS OUT OF THE ROAD
 18:56:05 LEFT SIDE OF FACE INJ BY NOSE AND MOUTH, BLEEDING MY CLR STATED SHE WITNESSED

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

External # **01542358** Crash ID **1542358**

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

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI8121800		Department Name ANN ARBOR POLICE DEPARTMENT				Incident # 250005698	
Crash Date 02/06/2025		Crash Time 18:52	No. of Units 02	Crash Type Single Motor Vehicle		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	
City/Twsp 89 - Ann Arbor		Contributing Circumstances 1st None		Light Dark-Lighted		Road Surface Condition Dry	
Work Zone (if applicable) Type		Workers Present		Activity		Location	

LOCATION	Prefix GREEN		Road Type RD		Suffix		Divided Roadway	
	Distance / Direction 25 FT S		Trafficway 01-Not physically divided					
	Prefix BURBANK		Road Type DR		Suffix		Divided Roadway	

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (43)	License Type <input checked="" 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 B	Total Occupants 01	Hazardous Action Failed to yield
	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				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 checked="" type="radio"/> Hazardous <input type="radio"/> Other 25AA00163			
	Vehicle Registration [REDACTED]	State MI	Vehicle Description 2014	Year 2014	Make CHEVROLET	Model CRUZE	Color SILVER				
	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			Automation System Level Engaged at Time of Crash 00-No Automation				

Insurance Company NONE	Insurance Policy # N/A	Towed By	Towed To
Location of Greatest Damage 07	First Impact 07	Extent of Damage (Power Unit and/or Trailers) Minor Damage	Vehicle Direction S
Vehicle Use Private		Action Prior Going Straight Ahead	
Sequence of Events First * 15-Pedestrian (* indicates MOST harmful event)			

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

Carrier Information	Owner Information DWAYNE	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 #			

OWNERS	Owner Information	
	[REDACTED]	

Damaged Property	Public	Owner & Phone
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Unit Number 02	Unit Known Yes	State Driver License Number	Date of Birth (Age) (34)	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 U	Total Occupants 00	Hazardous Action None		
Unit Type P	Driver Information			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"/> 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			
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 First			Second			Third			Fourth		
* 17-Motor veh in transport (* indicates MOST harmful event)											

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 <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 #

OWNERS	Owner Information			Owner Information		
	Witness Information			Witness Information		

WITNESS	Witness Information			Witness Information		
	Age:			Age:		

Investigated at Scene Yes	Reported Date (Time) 02/06/2025 (18:52)	1st Investigator Name (Badge) OFFICER D. HORNING (152)	2nd Investigator Name (Badge) OFFICER J. DOTTOR (054)	Photos
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Narrative
UNIT 1 WAS S/B ON GREEN RD AT BURBANK DR WHEN IT STRUCK UNIT 2 WHO WAS CROSSING GREEN RD IN THE CROSSWALK PER AN INDEPENDENT WITNESS.

UNIT 2 WAS TRANSPORTED TO U OF M HOSPITAL BY HVA FOR MEDICAL VALUATION.
UNIT 1 DRIVABLE FROM SCENE.
CRASH SLIP ISSUED.

