

CAD D-Card: AA 250022929



250022929 AA
5/15/2025 THU

ACU ACCIDENT INJ UNK

INCIDENT - ACU ACCIDENT INJ UNK
MAIDEN LN & ISLAND DR, ANN ARBOR MI
W/O

RECEIVER: WDDAILEYD
DISPATCHER: WDACKERJ

ORIGIN: 911

BADGES:
BEAT: AAPC
AREA: C

-CAL-
12:54:07
00:01:16

-RCV-
12:55:23
00:01:06

-DIS-
12:56:29
00:06:09

-ARV-
13:02:38
00:55:16

-CLR-
13:57:54

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
1M13	12:56:29		13:02:38	13:57:54						AAGILBEEJ	

COMMENTS:

12:55:23	SIL DODGE SUV VS PED										WDDAILEYD
12:55:23	TOW BEAT: BREW										WDDAILEYD
12:55:51	PED IS AWAKE & BREATHING										WDDAILEYD
12:56:01	S1 VEH STILL ON SCENE										WDDAILEYD
12:56:57	PED HAS SCRATCHES TO HANDS & FEET, UNK OTHER INJUR HVA EN ROUTE										WDDAILEYD

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

External #
01566422

Crash ID
1566422

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

Incident #
250022929

Reviewer
ANUSZKIEWICZ (31501)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI8121800		Department Name ANN ARBOR POLICE DEPARTMENT					
Crash Date 05/15/2025	Crash Time 12:54	No. of Units 02	Crash Type Single Motor Vehicle	Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> Fleeing Police <input type="radio"/> Hit and Run <input type="radio"/> Unknown <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/Twsp 89 - Ann Arbor	Contributing Circumstances 1st None	2nd	Light Daylight	Road Surface Condition Dry	Total Lanes 3	Speed Limit 30	Posted Yes
Work Zone (if applicable) Type		Workers Present	Activity	Location			

LOCATION	Prefix	Primary Road Name MAIDEN	Road Type LN	Suffix	Divided Roadway
	Distance / Direction 20 FT W				
	Trafficway 01-Not physically divided				
	Prefix	Intersecting Road Name ISLAND	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] (30)	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 W	Total Occupants 01	Hazardous Action Failed to yield
	Unit Type M	Driver Information [REDACTED]				Driver is Owner No	Injury O	Position Front-Left	Restraint Shoulder and lap belt		
	Driver Condition at Time of Crash 1st Appeared Normal				2nd	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 25AA00780 <input type="radio"/> Other		
	Vehicle Registration [REDACTED]	State MI	Vehicle Description 2017	Make DODGE	Model GRAND CARAVAN	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 ACCREDITED SPECIALTY INS		Insurance Policy # [REDACTED]		Towed By		Towed To				

Location of Greatest Damage 01		First Impact 01	Extent of Damage (Power Unit and/or Trailers) Minor Damage	Vehicle Direction W	Vehicle Use Commercial(business)	Action Prior Going Straight Ahead
Sequence of Events (★ indicates MOST harmful event)		First * 15-Pedestrian	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 <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

OWNERS	Owner Information AREA WIDE TRANSPORT INC		Owner Information	
	[REDACTED]		[REDACTED]	

Damaged Property	Public	Owner & Phone

N D R	Unit Number 02	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (30)	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 F	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 [REDACTED] 2nd [REDACTED]				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 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 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 * 17-Motor veh in transport		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 <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	Witness Information				Witness Information							
	[REDACTED] Age:				[REDACTED] Age:							
Investigated at Scene No		Reported Date (Time) 05/15/2025 (12:54)		1st Investigator Name (Badge) OFC GILBEE (051)		2nd Investigator Name (Badge)		Photos				
Narrative The driver of unit 1 was traveling W/B on Maiden Ln approaching the intersection of Island Dr when he struck a pedestrian in the crosswalk. The pedestrian was crossing Maiden Ln walking S/B from the north side of the roadway. She was in the crosswalk at the time she was struck. Witnesses on scene confirmed this. The driver of the vehicle stated he looked away from the roadway for one second then that was when he hit the pedestrian.					Diagram 							