

## 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	-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
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
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

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 File Class 9300-1

Incident # 250022929

Reviewer ANUSZKIEWICZ (31501)

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI8121800	Department Name <b>ANN ARBOR POLICE DEPARTMENT</b>								
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"/> School Bus <input type="radio"/> Unknown <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 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"/> Chauffer <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				Driver is Owner No	Injury O	Position Front-Left			Restraint Shoulder and lap belt
	Driver Condition at Time of Crash 1st 2nd 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 25AA00780		
	Vehicle Registration [REDACTED] MI		State MI	Vehicle Description 2017	Year	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	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	First * 15-Pedestrian	Second Third Fourth			
	(* indicates MOST harmful event)					

PASSENGER	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				
P	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 checked="" 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 <b>AREA WIDE TRANSPORT INC</b>			Owner Information			

Damaged Property	Public	Owner & Phone		
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Unit Number <b>02</b>	Unit Known <b>Yes</b>	State <b>MI</b>	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (30)	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 <b>F</b>	Race <b>W</b>	Total Occupants <b>00</b>	Hazardous Action <b>None</b>
Unit Type <b>P</b>	Driver Information [REDACTED]				Driver is Owner	Injury <b>A</b>	Position <b>Pedestrian</b>	Restraint <b>No belts available</b>		
Driver Condition at Time of Crash 1st [REDACTED] 2nd [REDACTED]				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 checked="" 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 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 <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 (* indicates MOST harmful event) <b>* 17-Motor veh in transport</b>			First	Second	Third	Fourth					

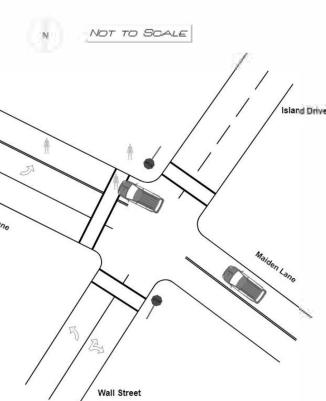
P A S S E N G E R S	Passenger Information			Date of Birth (Age)	Sex	Position			Restraint		
				Injury	Ejected	Trapped	Airbag Deployed				
Hospital											
Passenger Information			Date of Birth (Age)	Sex	Position			Restraint			
			Injury	Ejected	Trapped	Airbag Deployed					
Hospital											
Passenger Information			Date of Birth (Age)	Sex	Position			Restraint			
			Injury	Ejected	Trapped	Airbag Deployed					
Hospital											

T R U C K / B U	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 checked="" 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 #

O W N E R S	Owner Information				Owner Information				

W I T N E S S	Witness Information				Witness Information				
				Age:					

Investigated at Scene <b>No</b>	Reported Date (Time) <b>05/15/2025 (12:54)</b>	1st Investigator Name (Badge) <b>OFC GILBEE (051)</b>	2nd Investigator Name (Badge)	Photos						
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Narrative <b>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.</b>	Diagram 
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