



250030927 AA
6/25/2025 WED

ACU ACCIDENT INJ UNK

INCIDENT - ACU ACCIDENT INJ UNK
N MAIN ST & E HURON ST, ANN ARBOR MI

RECEIVER: WDDAILEYD
DISPATCHER: WDISSAA

ORIGIN: 911
BADGES:
BEAT: AAPC
AREA: C

-CAL-
22:53:30

-RCV-
22:53:57
00:01:08

-DIS-
22:55:05
00:02:26

-ARV-
22:57:31
01:03:13

-CLR-
00:00:44

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
1D21	22:55:35		22:58:28	23:08:24						AASPARLINGE	
1F21	22:56:00		22:57:31	00:00:44	23:26:24	23:34:07				AADAVISONP	AANORTH5
1W22	22:55:05		22:58:09	23:24:19						AABOTTIN	AACOREM

COMMENTS:

22:53:57	CAR VS PED	WDDAILEYD
22:53:57	TOW BEAT: TRIA	WDDAILEYD
22:54:28	CLR IS DRIVER - RED FORD EXPLORER PED IS AWAKE & BREATHING - BLEEDING	WDDAILEYD
22:55:05	CLR SAID SHE MOVED HER TO THE SIDEWALK	WDDAILEYD
22:55:52	CLR FRAZZLED, HAVING A HARD TIME ANSWERING QUESTIONS	WDDAILEYD
22:56:33	HVA OTW	WDSHAWJ
23:26:24	FOLLOW UP UOFM	WDDAILEYD

Authority: 1940 PA 300, Sec.257-622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # 01577834
Crash ID 1577834

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File Class 9300-1

Incident #
250030927

Reviewer
ANUSZKIEWICZ (31501)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI8121800		Department Name ANN ARBOR POLICE DEPARTMENT					
Crash Date 06/25/2025	Crash Time 22:53	No. of Units 02	Crash Type Other	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 Signal	Relation to Roadway On Road	Weather Clear	Area INTR Within Intersection			
City/Twp 89 - Ann Arbor	Contributing Circumstances 1st None 2nd		Light Dark-Lighted	Road Surface Condition Dry	Total Lanes 5	Speed Limit 30	Posted Yes
Work Zone (if applicable) Type		Workers Present	Activity	Location			

LOCATION	Prefix E	Primary Road Name HURON	Road Type ST	Suffix	Divided Roadway
	Distance / Direction AT				
	Trafficway 01-Not physically divided				
UNIT/DRIVER	Prefix N	Intersecting Road Name MAIN	Road Type ST	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (53)	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 F	Race W	Total Occupants 01	Hazardous Action Failed to yield
Unit Type M	[REDACTED]				Driver is Owner Yes	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 25AA01311 <input type="radio"/> Other			
Vehicle Registration [REDACTED]	State MI	Vehicle Description 2015	Make FORD	Model EXPLORER	Color RED					
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 FARM BUREAU		Insurance Policy # PA		Towed By		Towed To				
Location of Greatest Damage 02	First Impact 02	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction W	Vehicle Use Private		Action Prior Turning right			
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				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			
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
	Injury				Ejected	Trapped	Airbag Deployed	
	Hospital				Ambulance			

TRUCK/BUS	Carrier Information		USDOT	MC	MPS			
	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 #
	Driver's CDL Type <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X		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				

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

