

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 -CAL- 22:53:30 -RCV- 22:53:57 -DIS- 22:55:05 -ARV- 22:57:31 -CLR- 00:00:44

BADGES:
BEAT: AAPC
AREA: C

COMPLAIN: [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	AANORTHS
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 UOJM WDDAILEYD

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

External # Crash ID
 01577834 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 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	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	Primary Road Name	Road Type	Suffix	Divided Roadway	
	E	HURON	ST			
	Distance / Direction	Trafficway				
	AT	01-Not physically divided				
	Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway	
	N	MAIN	ST			

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] (53)	<input type="radio"/> Operator <input type="radio"/> Chauffer <input type="radio"/> Moped	<input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	F	W	01	Failed to yield	
	Unit Type	M	Driver is Owner				Injury	Position	Restraint			
			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"/> Field	<input type="radio"/> Blood <input type="radio"/> PBT	<input type="radio"/> Urine <input type="radio"/> Refused	<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"/> Field	<input type="radio"/> Urine <input type="radio"/> Refused	<input type="radio"/> Not Offered	<input type="radio"/> Pending	Test Results:	<input type="radio"/> Hazardous <input type="radio"/> Other 25AA01311				
	Vehicle Registration		State	Vehicle Description	Year	Make	Model	Color				
	[REDACTED]		MI	Passenger Car, SUV, Van	2015	FORD	EXPLORER	RED				
	VIN	Vehicle Type		Special Vehicles		Private Trailer Type		Vehicle Defect				

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				
FARM BUREAU			PA										
Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)		Vehicle Direction	Vehicle Use	Action Prior							
02	02	Minor Damage		W	Private	Turning right							
Sequence of Events	First	Second		Third		Fourth							
* 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								

OWNERS TRUCK/BUS	Carrier Information					USDOT			MC		MPSC		
						Driver's CDL Type			Endorsements		CDL Exempt		
						<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.										<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	Driver License Number	Date of Birth (Age) [REDACTED] (37)	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 F	Race B	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 Unknown					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 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	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								
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 #		
	Owner Information					Owner Information								
WITNESS	Witness Information					Witness Information								
Age:					Age:									
Investigated at Scene Yes	Reported Date (Time) 06/25/2025 (22:53)	1st Investigator Name (Badge) DAVISON (095)	2nd Investigator Name (Badge)			Photos								
Narrative Unit #1 was traveling westbound on E. Huron St and began to turn right onto N. Main St. Unit #2 was walking westbound on E. Huron St and attempted to cross N. Main St using the crosswalk. Unit #2 stated that she waited for the crosswalk signal before she crossed the road. While she was trying to cross the street, she was struck by Unit #1. Unit #1 stated that she had a green light and tried to turn. Unit #1 stated that Unit #2 had crossed the street in front of her and she struck her.					Diagram 									