

CAD D-Card: AA 250030445



250030445 AA
6/23/2025 MON

PIA PERSONAL INJURY ACCIDENT

INCIDENT - PIA PERSONAL INJURY ACCIDENT
S MAPLE RD & W LIBERTY ST, ANN ARBOR MI
S/OFF

RECEIVER: WDREEDYS
DISPATCHER: WDDUNSTANL

ORIGIN: 911

-CAL-
07:10:46

-RCV-
07:11:28
00:00:58

-DIS-
07:12:26
00:03:20

-ARV-
07:15:46
02:15:17

-CLR-
09:31:03

BADGES:
BEAT: AAPB
AREA: B

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
1A3	07:14:06		07:16:10	07:32:20						AACUNNINGHAMZ	
1F1	07:12:26		07:15:46	09:31:04	08:13:57					AARAYMONDW	
1M15	07:20:40			07:32:41						AAKELSOM	

COMMENTS:

07:11:28	CAR/PED- CALLER SAID HE HIT HER									WDREEDYS	
07:11:28	TOW BEAT: TRIA									WDREEDYS	
07:11:46	SAID BREATHING - NOT GOOD HE SAID									WDREEDYS	
07:12:33	55 YR OLD									WDREEDYS	
07:13:30	A3 AND M15 ALSO ON THE WAY									WDDUNSTANL	
07:14:56	323 EN ROUTE									WDDUNSTANL	
07:15:52	HVA ON SCENE									WDDUNSTANL	
07:16:02	SB TRAF BLOCKED									WDDUNSTANL	
07:17:16	ALERT AND CONSCIOUS - HEAD INJURY									WDDUNSTANL	
07:26:12	323 ARRIVAL									WDDUNSTANL	

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

External # **01576943** Crash ID **1576943**

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File Class **9300-1**

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident # **250030445**
Reviewer **VERHELLE (33600)**

ORI **MI8121800** Department Name **ANN ARBOR POLICE DEPARTMENT**

Crash Date **06/23/2025** Crash Time **07:10** No. of Units **02** Crash Type **Single Motor Vehicle** Special Circumstances None Hit and Run School Bus Fleeing Police Unknown Animal Fatal Non-Traffic Area 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 **None** Light **Daylight** Road Surface Condition **Dry** Total Lanes **3** Speed Limit **35** Posted **Yes**

Work Zone (if applicable) Type **Workers Present** Activity **Activity** Location **Location**

LOCATION
Prefix **S** Primary Road Name **MAPLE** Road Type **RD** Suffix **RD** Divided Roadway **Divided Roadway**
Distance / Direction **25 FT S** Trafficway **01-Not physically divided**
Prefix **BENS** Intersecting Road Name **BENS** Road Type **ST** Suffix **ST** Divided Roadway **Divided Roadway**

UNIT / DRIVER
Unit Number **01** Unit Known **Yes** State **MI** Driver License Number **[REDACTED]** Date of Birth (Age) **[REDACTED] (42)** License Type Operator Cycle Chauffeur Moped Endorsements Farm 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 **None** 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 Breath Blood Urine Field PBT Refused Not Offered Alcohol Test Results Pending Test Results: **No** Interlock Device **No**

Drug Suspected **No** Contributing Factor **No** Drug Test Type Blood Urine Field Refused Not Offered Drug Test Results Pending Test Results: **No** Citation Issued Hazardous Other **25AA01289**

Vehicle Registration **[REDACTED]** State **MI** Vehicle Description **2025 MAZDA** Make **MAZDA** Model **CX-5** Color **[REDACTED]**
VIN **[REDACTED]** Vehicle Type **Passenger Car, SUV, Van** Special Vehicles **Not Applicable** Private Trailer Type **[REDACTED]** Vehicle Defect **[REDACTED]**

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 **PROGRESSIVE** Insurance Policy # **[REDACTED]** Towed By **[REDACTED]** Towed To **[REDACTED]**

Location of Greatest Damage **08** First Impact **08** Extent of Damage (Power Unit and/or Trailers) **Minor Damage** Vehicle Direction **S** Vehicle Use **Private** Action Prior **Going Straight Ahead**

Sequence of Events *** 15-Pedestrian** (★ indicates MOST harmful event)

PASSENGERS
Passenger Information: Date of Birth (Age) **[REDACTED]** Sex **[REDACTED]** Position **[REDACTED]** Restraint **[REDACTED]**
Injury **[REDACTED]** Ejected **[REDACTED]** Trapped **[REDACTED]** Airbag Deployed **[REDACTED]**

Hospital **[REDACTED]** Ambulance **[REDACTED]**

Passenger Information: Date of Birth (Age) **[REDACTED]** Sex **[REDACTED]** Position **[REDACTED]** Restraint **[REDACTED]**
Injury **[REDACTED]** Ejected **[REDACTED]** Trapped **[REDACTED]** Airbag Deployed **[REDACTED]**

Hospital **[REDACTED]** Ambulance **[REDACTED]**

TRUCK/BUS
Carrier Information: USDOT **[REDACTED]** MC **[REDACTED]** MPSC **[REDACTED]**
Driver's CDL Type **[REDACTED]** Endorsements H P T N S X CDL Exempt Farm Other **[REDACTED]**

GVWR/GCWR **[REDACTED]** Vehicle Configuration **[REDACTED]** Cargo Body Type **[REDACTED]** Medical Card **[REDACTED]** Hazardous Material Placard Cargo Spill **[REDACTED]** ID # **[REDACTED]** Class # **[REDACTED]**

OWNERS
Owner Information **EAN HOLDINGS LLC** Owner Information **[REDACTED]**

Damaged Property **[REDACTED]** Public **[REDACTED]** Owner & Phone **[REDACTED]**

Unit Number 02	Unit Known Yes	State MI	Driver License Number	Date of Birth (Age) (69)	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			Driver is Owner	Injury A	Position Pedestrian		Restraint No belts available		
Driver Condition at Time of Crash 1st Appeared Normal				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 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 In roadway other reason			
Sequence of Events First * 17-Motor veh in transport (* indicates MOST harmful event)			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				

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	
GWR/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
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Witness Information	Witness Information
Age:	Age:

Investigated at Scene Yes	Reported Date (Time) 06/23/2025 (07:10)	1st Investigator Name (Badge) OFFICER RAYMOND (012)	2nd Investigator Name (Badge)	Photos
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Narrative

UNIT 1 WAS TRAVELING SB ON S MAPLE RD.

UNIT 2 ACTIVATED THE PEDESTRIAN CROSSWALK LIGHTS TO CROSS S MAPLE RD.

UNIT 1 FAILED TO YIELD TO UNIT 2, COLLIDING WITH UNIT 2 AS THEY ENTERED THE ROADWAY WITHIN THE CROSSWALK.

UNIT 2 APPEARED TO SUFFER A SERIOUS HIP AND HEAD INJURY AND WAS TRANSPORTED TO U OF M HOSPITAL BY HVA.

I WAS NOT ABLE TO OBTAIN A PHONE NUMBER FROM UNIT 2, DUE TO HER BEING TREATED AND TRANSPORTED BY HVA.

