

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI8121800

Department Name
ANN ARBOR POLICE DEPARTMENT

Incident # 25005032
Reviewer STEPHENSON (34401)

Crash Date 10/01/2025	Crash Time 19:52	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/Twp 89 - Ann Arbor	Contributing Circumstances 1st None 2nd	Light Dark-Lighted	Road Surface Condition Dry	Total Lanes 4	Speed Limit 35
Posted Yes					
Work Zone (if applicable) Type Workers Present Activity Location					

Prefix	Primary Road Name PLYMOUTH	Road Type RD	Suffix	Divided Roadway
Distance / Direction 300 FT W		Trafficway 01-Not physically divided		
Prefix	Intersecting Road Name NIXON	Road Type	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	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 B	Total Occupants 01	Hazardous Action Failed to yield
Unit Type M	Driver Information [REDACTED] (344-000-0000)				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 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 checked="" type="radio"/> Hazardous <input type="radio"/> Other 25AA02283		
Vehicle Registration [REDACTED]		State OK	Vehicle Description 2018	Make NISSAN	Model VERSA	Color				
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 USAA		Insurance Policy # [REDACTED]		Towed By			Towed To			
Location of Greatest Damage 08	First Impact 08	Extent of Damage (Power Unit and/or Trailers) Minor Damage		Vehicle Direction E	Vehicle Use Private		Action Prior Going Straight Ahead			
Sequence of Events First * 15-Pedestrian Second Third Fourth (* 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				

Carrier Information		USDOT	MC	MPSC
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 DEMETRICE LASHALLE GRIGGS 979 JEFFERSON ST YPSILANTI MI 48197-5211 (313) 696-8303	Owner Information
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Damaged Property	Public	Owner & Phone
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UNIT/DRIVER	Unit Number 02	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED]	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 M	Race A	Total Occupants 00	Hazardous Action None	
	Unit Type P	Driver Information [REDACTED]				Driver is Owner [REDACTED]	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 [REDACTED]		Action Prior Crossing not at Intersect				
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			
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 # [REDACTED]		
Class # [REDACTED]												
OWNERS	Owner Information				Owner Information							
	Witness Information				Witness Information							
WITNESSES	Investigated at Scene Yes				Reported Date (Time) 10/01/2025 (19:52)		1st Investigator Name (Badge) POLGER (183)		2nd Investigator Name (Badge) DOWNER (150)		Photos	
	Narrative PEDESTRIAN WAS IN CROSSWALK LOCATED ON PLYMOUTH RD., WEST OF NIXON AND EAST OF TRAVERWOOD DR. WHILE WALKING NORTH IN CROSSWALK, HE WAS STRUCK BY UNIT 1. UNIT 1 WAS IN SOUTHERN MOST LANE TRAVELING EAST THROUGH CROSSWALK WHEN THE FRONT LEFT OF THE VEHICLE STRUCK THE PEDESTRIAN. ACCORDING TO THE DRIVER OF UNIT 1, SHE WAS TRAVELING AT APPROX. 35mph AND DID NOT SEE THE PEDESTRIAN. ACCORDING TO DRIVER OF UNIT 1, THE FLASHING YELLOW LIGHTS AT THE CROSSWALK WERE NOT ACTIVATED. HOWEVER, THE PEDESTRIAN STATED THE LIGHTS WERE ACTIVATED. PEDESTRIAN SUFFERED A HEAD INJURY AND WAS TRANSPORTED TO MICHIGAN MEDICINE. DRIVER OF UNIT 1 STATED SHE WAS NOT INJURED. DRIVER OF UNIT 1 CITED. THE FRONT LEFT OF UNIT 1 SUFFERED MINOR DAMAGE. NO WITNESSES.				Diagram 							