

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MB121800	Department Name ANN ARBOR POLICE DEPARTMENT			Report # 238610087	Reviewer PIT (31601)
Crash Date 03/06/2023	Crash Time 14:46	No. of Units 02	Crash Type Single Motor Vehicle	Special Circumstances <input type="checkbox"/> None <input type="checkbox"/> Heavy Police	<input type="checkbox"/> Hit and Run <input type="checkbox"/> Unknown <input type="checkbox"/> School Bus <input type="checkbox"/> Other
County 81 - Washtenaw	Traffic Control Stop Sign	Location to Roadway On Road	Weather Rain	Area NON-FRWY Straight roadway	
City/Town 89 - Ann Arbor	Contributing Circumstances 1st None 2nd		Light Daylight	Road Surface Condition Wet	Total Lanes 2 Speed Limit 25 Posted No
Work Zone (if applicable) Type: Workers Present: Activity: Location:					

LOCATION	Prefix CATHERINE	Primary Road Name CATHERINE	Road Type ST	Suffix	Divided Roadway
	Distance / Direction 10 FT E		Tollflow 01 Not physically divided		
	Prefix N	Intersecting Road Name INGALLS	Road Type ST	Suffix	Divided Roadway

UNIT DRIVER	Unit Number 01	Unit Known No	State Driver License Number	Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Driver <input type="checkbox"/> Motorist	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Reinstatement	Sex	Race	Total Occupants 00	Hazardous Action Failed to yield	
	Unit Type M	Driver Information			Driver to Owner	Injury	Position	Restraint Restraint Use Unknown			
	Driver Condition at Time of Crash 1st 2nd				Driver Distracted By Unknown		Ejected No	Trapped No	Airbag Deployed Unknown		
	Hospital NONE				Ambulance NONE						
	Alcohol Suspected No	Contributing Factor	Alcohol Test Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered		Alcohol Test Results <input type="checkbox"/> Pending Test Results:		Interlock Device No				
	Drug Suspected No	Contributing Factor	Drug Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Field <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered		Drug Test Results <input type="checkbox"/> Pending Test Results:		Clanton Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other				
	Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color				
	VIN	Vehicle Type Passenger Car, SUV, Van	Special Vehicle Not Applicable	Private Trailer Type	Vehicle Detail						
	Automatic System(s) in Vehicle Automation System Level in Vehicle 98-Unknown				Automation System Level Engaged at Time of Crash 98-Unknown						
	Insurance Company		Insurance Policy #		Towed By		Towed To				
Location of Greatest Damage 98	First Impact 98	Extent of Damage (Power Unit and/or Trailer) Minor Damage		Vehicle Direction W	Vehicle Use	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							
	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							

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC
	Driver's CDL Type		Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other	
	GVWR/GCWR <input type="checkbox"/> 10,000 lbs. or Less <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Placed <input type="checkbox"/> Cargo Spill
	M #		Class #		

OWNERS	Owner Information		Owner Information	
	Damaged Property		Public	Owner & Phone

Unit Number 02	Unit Known Yes	State MI	Driver License Number	Date of Birth (Age) (15)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Driver <input type="checkbox"/> Motor	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Sex F	Race W	Total Occupants 00	Hazardous Action None
Unit Type P	Operator [REDACTED]	Driver's Contact [REDACTED]	Injury A	Position Pedestrian	Assistant No bells available					
Driver's Condition at Time of Crash 1st 2nd			Driver Distracted By Not Distracted			Ejected No	Trapped No	Airbag Deployed Not Equipped		
Hospital UNIVERSITY OF MICHIGAN HEALTH SYSTEM					Ambulance HURON VALLEY AMBULANCE INC					
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Flat <input type="checkbox"/> PBT <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered			Alcohol Test Results <input type="checkbox"/> Pending Test Results		Interlock Device No			
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Flat <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered			Drug Test Results <input type="checkbox"/> Pending Test Results		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other			
Vehicle Registration 1A	State MI	Vehicle Description [REDACTED]	Year [REDACTED]	Make [REDACTED]	Model [REDACTED]	Color [REDACTED]				
Vehicle Type [REDACTED]	Special Vehicle 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 Trailer) No Damage		Vehicle Direction	Vehicle Use			Action Prior Crossing at Intersection		
Sequence of Events * 17-Motor veh in transport			Second * 17-Motor veh in transport			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										
Center Information				USDOT		NAC	MFDC			
				Driver's CDL Type		Endorsements <input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> X	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other			
GVWR/GCWR <input type="checkbox"/> 10,000 lbs. or Less <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.			Vehicle Configuration	Large Body Type	Medical Card	Hazardous Material <input type="checkbox"/> Flammable <input type="checkbox"/> Cargo Spill		U #	Loss #	
OWNERS										
Owner Information					Owner Information					
WITNESSES										
Witness Information					Witness Information					
					Age:					
Investigated at Scene Yes										
Reported Date (Time) 03/06/2023 (14:46)		1st Investigator Name (Badge) A SORELLO (125)			2nd Investigator Name (Badge)			Photos		
NARRATIVE					Diagram					
<p>REPORT: UNIT 2 WAS WALKING SOUTH ACROSS THE CROSSWALK OF THE INTERSECTION OF CATHERINE ST AND N INGALLS ST. UNIT 2 WAS STRUCK BY UNIT 1.</p> <p>UNIT 1 WAS TRAVELING WEST ON CATHERINE ST APPROACHING THE INTERSECTION OF N INGALLS. UNIT 1 STRUCK UNIT 2 AS UNIT 2 WAS CROSSING THE RD. UNIT 1 FLED THE SCENE.</p>										

CAD D-Card: AA 230010007



230010007 AA
3/6/2023 MON

PIA PERSONAL INJURY ACCIDENT

INCIDENT - PIA PERSONAL INJURY ACCIDENT

CATHERINE ST & N INGALLS ST, ANN ARBOR MI

RECEIVER: WOLEMASTERK
DISPATCHER: WDDOHERTYM

ORIGIN: PHONE -CAL- -RCV- -DIS- -ARV- -CLR-
14:46:25 14:46:25 14:47:11 14:52:49 15:12:00
BADGES: 00:00:46 00:05:38 00:19:11
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	DESP	Ofer, 1	Ofer, 2
1C1	14:47:11			14:55:38						AADATTOLOA	
1F3	14:47:11		14:52:49	15:12:00						AABORELLOA	AAGILBEEJ

COMMENTS:

14:46:25	BLK DODGE CHARGER HIT A PED-----LEG PAIN	WOLEMASTERK
14:46:25	TDW BEAT: BREW	WOLEMASTERK
14:46:37	CHARGER FLED W5 ON CATHERINE	WOLEMASTERK
14:47:21	TOT HVA FOR PAI	WOLEMASTERK
14:49:07	UMPS ADV FOR BOL	WDMAURYK
15:11:48	DARK GRY CHARGER OR CHALLENGER MISSING PASSENGER SIDE MIRROR	WDDOHERTYM

CR No: 230010007



ANN ARBOR POLICE DEPARTMENT

JUSTICE CENTER, 301 E. HURON ST.
ANN ARBOR MI 48104
734.794.6930



Case Report

Administrative Details:

CR No 230010007	Subject C3155 - Personal Injury Traffic Crash PIA
Report Date/Time 03/06/2023 14:46	Occurrence Date/Time 03/06/2023 14:46
Location CATHERINE ST&N INGALLS ST	Call Source PHONE
Dispatched Offense C3155 Personal Injury Traffic Crash PIA	Verified Offense C3155 Personal Injury Traffic Crash PIA
County 81 - Washtenaw	City/Twp/Village 89 - Ann Arbor
Division Patrol - Days	

Action Requested:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Arrest warrant | <input type="checkbox"/> Review only |
| <input type="checkbox"/> Search warrant | <input type="checkbox"/> Forfeiture |
| <input type="checkbox"/> Juvenile petition | <input type="checkbox"/> Other |

CR No: 230010007



Offenses:		
C3155 - Personal Injury Traffic Crash PIA [AABORELLOA (12501)]		
IBR Code / IBR Group /	Offense File Class	
Crime Against	Location Type 13 - Highway/Road/Alley/Sidewalk	Offense Completed Completed
Domestic Violence No	Hate/Bias 00 - None (No Bias)	
Using A-Alcohol: No C-Computer Equipment: No D-Drugs/Narcotics: No	Cargo Theft	

People:				
SUSPECT, UNKNOWN (S-SUSPECT) [AABORELLOA (12501)]				
Last Name SUSPECT	First Name UNKNOWN	Middle Name	Suffix	Mr/Mrs/Ms
DOB (Age)	Sex U	Race UNKNOWN	Ethnicity UNKNOWN	Country of Citizenship
Street Address	Apt #	County	Country	Home Phone UNKNOWN
City	State	Zip	Cell Phone UNKNOWN	Email

V-VICTIM) [AABORELLOA (12501)]				
Victim Type I - Individual	Victim of C3155 - Personal Injury Traffic Crash PIA			
PE:	W.Type:	Last Name	First Name	Middle Name R
Aliases	Driver License#	DL State IL	DL Country	Personal ID#
DOB (Age) (21)	Sex F	Race WHITE	Ethnicity Unknown	Country of Citizenship
Street Address	Apt #	County	Country	Home Phone UNKNOWN
City	State	Zip	Cell Phone	Email
Victim Injury				

W-WITNESS) [AABORELLOA (12501)]				
PE:	W.Type: EY	Last Name	First Name	Middle Name
Aliases	Driver License#	DL State MI	DL Country USA	Personal ID#
DOB (Age) (23)	Sex F	Race WHITE	Ethnicity Unknown	Country of Citizenship
Street Address	Apt #	County	Country USA	Home Phone UNKNOWN
City	State	Zip	Cell Phone	Email

Property:		
3498 - Other Vehicle Part/Accessory 5438 [AABORELLOA (12501)]		
Property Class	IBR Type	UCR Type

03	03 - VEHICLE PARTS/ACCESSORIES	1A - MISCELLANEOUS		
Status		Count	Value	

CR No: 230010007



E - Evidence (Including Other Seized Property And Tools)		1	1
Description PASSENGER SIDE MIRROR DARK GREY		Disposition EVIDENCE	Evidence Tag 230010007.001
Recovered Date/Time	Location	Owner [S40812929] SUSPECT, UNKNOWN	

3501 - Automobile/Car/Vehicle (not Stolen Or Recovered) 5403 [AABORELLOA (12501)]				
Property Class 03	IBR Type 03 - Automobiles	UCR Type V - Other Vehicle (not Stolen or Recovered)		
Status I - Information Only		Count 1	Value 1	
Manufacturer DODGE	Model CHARGER	Serial No.	License No.	Color GRY - Gray
Vehicle Year	Body Style 4D - 4 Door	State 2021	License Year	
Description SUSPECT VEHICLE		Disposition	Evidence Tag	
Recovered Date/Time	Location	Owner [S40812929] SUSPECT, UNKNOWN		

Narrative:

CR No: 230010007-001 Written By: AABORELLOA (12501) Date: 03/06/2023 05:06 PM

REPORT:

On 03/06/23 at approximately 1446 hours Officer GILBEE and I (Officer BORELLO) were dispatched to a vehicle vs pedestrian hit and run crash that occurred on Catherine St near N Ingalls St.

INFORMATION:

Upon arrival I made contact with the pedestrian that was hit by the vehicle. [REDACTED]

VICTIM STATEMENT: [REDACTED]

[REDACTED] said she was walking S/B on N Ingalls St approaching the intersection of Catherine. She was listening to her music through her headphones at the time. As she was crossing the roadway at the crosswalk, she was struck by the suspect's vehicle. [REDACTED] was unable to provide any information about what occurred and did not see the suspect vehicle.

WITNESS STATEMENT: [REDACTED]

While on scene I was approached by [REDACTED] [REDACTED] said she witnessed the crash and was able to provide me with a description of the suspect vehicle and direction of travel.

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██████████ said ██████████ was walking S/B on Ingalls crossing Catherine ST. The suspect vehicle was traveling W/B on Catherine. The suspect vehicle struck ██████████ in the intersection and continued without stopping.

SUSPECT VEHICLE DESCRIPTION:

██████████ described the vehicle as a black Dodge Charger. She was unable to provide a license plate or any additional information about the car. Additionally, ██████████ did not see the driver.

AREA CANVASS:

I checked the area for cameras but did not locate any. I did however locate a passenger side mirror lying at the intersection. The mirror was consistent with the suspect vehicle and damage described by ██████████. I collected the mirror and later logged it into AAPD property.

VEHICLE IDENTIFICATION:

I located a part number on the mirror and contacted Cueter Chrysler located on Washtenaw Ave. I spoke to an employee in the service department and provided him with photographs and a part number from the mirror. The year 2021 was printed on several part labels I located. He was able to confirm the mirror belonged to a Dodge Charger.

OFFICER ACTION:

AAPD put out a media release containing the details of the incident. The media release contained information about the suspect vehicle.

I went to AATA and spoke to a staff member about the bus routes in regard to the incident. The staff member said the buses do not drive down Catherine and Ingalls anymore and would not be able to provide us with any video footage.

I then contacted U of M Department of transportation. The staff member said yesterday one of the U of M bus drivers called into the transportation dispatch advising a female had been hit by a car. The staff member advised he will check and see if he has any footage of the incident. Additionally, I was contacted by Sgt Richmond from the U of M PD. He said he was going to try to get camera footage from the buses.

SUSPECT VEHICLE:

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Dodge Charger

Dark Gray

2021

Missing passenger side mirror.

PROPERTY:

Dodge Charger dark grey passenger side mirror.

Mirror has a stamp inside labeled 2021.

Logged into AAPD property as evidence.

VICTIM INJURIES:

I went to U of M Hospital and spoke with [REDACTED]

[REDACTED]

[REDACTED] parents were present at the hospital at the time I spoke with her. [REDACTED]

signed a medical release form which I have attached to my report.

DISPOSITION:

Report filed.

Attachments:					
File Name	File Type	Comments	Date	By	Role
Attachments Included In This Report:					
med release 23-10007.pdf	pdf	MED RELEASE 23-10007	03/07/2023 07:04 PM	BORELLO, ANTHONY	POLICEOFFICER