

Authority: 1949 PA 300, Sec.257-622  
Compliance: Required MSP UD-10E  
Penalty: \$100 and/or 90 days (Rev 11/2020)

External # 1373073  
Crash ID 2912688

Page 01 of 01  
File Class 5400-2

Incident #  
230023349

Reviewer  
KING (32301)

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 8121800		Department Name Ann Arbor Police Department							
Crash Date 06/02/2023	Crash Time 20:38	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 None		Relation to Roadway On the Road		Weather Clear		Area NON-FRWY Straight Roadway		
City/Twsp 89 - Ann Arbor	Contributing Circumstances 1st None		2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 02	Speed Limit 25	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location									

LOCATION	Prefix S	Primary Road Name UNIVERSITY	Road Type AVE	Suffix	Divided Roadway
	Distance / Direction 500 Feet W				
	Trafficway Not Physically Divided				
LOCATION	Prefix E	Intersecting Road Name UNIVERSITY	Road Type AVE	Suffix	Divided Roadway

UNIT / DRIVER	Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (19)	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 H	Total Occupants 00	Hazardous Action Improper Lane Use
	Unit Type P	Driver Information ##### TROY, MI 48083 (###) ###-####				Driver is Owner No	Injury A	Position Pedestrian	Restraint No Belts Available		
	Driver Condition at Time of Crash 1st Physically Disabled				2nd Other		Driver Distracted By Unknown		Ejected	Trapped	Airbag Deployed Not Equipped
	Hospital UNIV OF MICHIGAN HEALTH SYSTEM					Ambulance HURON VALLEY AMB INC					
	Alcohol Suspected Yes	Contributing Factor Yes	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Field <input checked="" type="radio"/> Blood <input type="radio"/> PBT <input type="radio"/> Urine <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input checked="" type="radio"/> Pending Test Results:		Interlock Device No			
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Field <input type="radio"/> Urine <input type="radio"/> Refused <input checked="" 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 No		Automation System Level in Vehicle No Automation				Automation System Level Engaged at Time of Crash 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 Going Straight Ahead		

PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint
					Injury	Ejected	Trapped	Airbag Deployed	
	Hospital				Ambulance				
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint
					Injury	Ejected	Trapped	Airbag Deployed	
	Hospital				Ambulance				

TRUCK / BUS	Carrier Information				USDOT		MC	MPSC
					Driver's CDL Type		Endorsements OH OP OT ON OS OX	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 #

OWNERS	Owner Information				Owner Information			

Damaged Property				Public	Owner & Phone

UNIT / DRIVER	Unit Number	02	Unit Known	Yes	State	MI	Driver License Number	#####	Date of Birth (Age)	###/##/#### (20)	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	02	Hazardous Action	None									
	Unit Type	MV	Driver Information ##### ##### WARREN MI, MI 48089-2173 (###) ###-####							Driver is Owner	Yes	Injury	O	Position	Front - Left	Restraint Shoulder and Lap Belt															
	Driver Condition at Time of Crash 1st Emotional							2nd							Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed												
	Hospital REFUSED							Ambulance REFUSED																							
	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 type="radio"/> Hazardous <input type="radio"/> Other																
	Vehicle Registration		ENL3569		State	MI	Vehicle Description		Year		2008		Make	FORD		Model		ESCAPE		Color			RED								
	VIN		1FMCU03148KB03052		Vehicle Type		Passenger Car, SUV, Van		Special Vehicles		Not Applicable		Private Trailer Type				Vehicle Defect														
	Automation System(s) in Vehicle		No		Automation System Level in Vehicle		No Automation		Automation System Level Engaged at Time of Crash		No Automation																				
	Insurance Company				#####				Insurance Policy #				#####				Towed By				SAKSTRUP'S TOWING				Towed To				BREWERS		
Location of Greatest Damage		08		First Impact	08		Extent of Damage (Power Unit and/or Trailers)				Functional Damage		Vehicle Direction	E		Vehicle Use		Private		Action Prior				Going Straight Ahead							
Sequence of Events				First <input checked="" type="radio"/> 15 - Pedestrian				Second				Third				Fourth															
PASSENGERS	Passenger Information ##### ##### YPSILANTI, MI 48197 (###) ###-####							Date of Birth (Age)	###/##/#### (31)		Sex	F	Race	B	Position	Front - Right		Restraint Shoulder and Lap Belt													
								Injury	O	Ejected		Trapped		Airbag Deployed		Not Deployed															
	Hospital REFUSED							Ambulance REFUSED																							
	Passenger Information ##### ##### YPSILANTI, MI 48197 (###) ###-####							Date of Birth (Age)			Sex		Race		Position			Restraint													
							Injury		Ejected		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		GVWR		GCWR		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																							
Investigated at Scene		Yes		Reported Date (Time)		06/02/2023 (20:38)		1st Investigator Name (Badge)				CIOCHON (074)				2nd Investigator Name (Badge)								Photos		No					
Narrative							Diagram																								
UNIT 1 WAS TRAVELING ON AN ELECTRIC SCOOTER HEADING WB ON S UNIVERSITY AVE, JUST WEST OF E UNIVERSITY AVE. UNIT 2 WAS TRAVELING EB ON S UNIVERSITY AVE APPROACHING E UNIVERSITY AVE. UNIT 1 LOST CONTROL OF THE SCOOTER DUE TO HIS IMPAIRMENT FROM ALCOHOL AND COLLIDED WITH UNIT 2. UNIT 1 WAS TAKEN TO THE UOFM HOSPITAL BY HVA FOR OBSERVED/APPARANT HEAD TRAUMA. UNIT 2 REFUSED MEDICAL TREATMENT. UNIT 2 SUSTAINED HEAVY DAMAGE TO FRONT FENDER AND WINDSHIELD DAMAGE AFTER THE DRIVER OF UNIT 1 WAS THROWN ONTO THE VEHICLE AFTER THE INITIAL VEHICLE CONTACT. UNIT 2 WAS TOWED TO BREWERS TOWING.																															