



TO: Mayor and Council

FROM: Milton Dohoney Jr., City Administrator

CC: Nick Hutchinson, City Engineer
Jordan Roberts, Public Services Area Administrator
Mariah Walton, Deputy City Administrator

SUBJECT: August 18, 2025 Council Agenda Response Memo

DATE: August 14, 2025

CA-9 – Resolution to Approve a Best Source Purchase Order with D2 Traffic Technologies for Traffic Signal LiDAR Sensor Equipment and Supporting Analytics Software (\$36,975.00)

Question #1: Can you explain exactly what the AI analytics engine is doing with the LiDAR data? Specifically, which classifications or detections are performed by the AI versus the LiDAR hardware itself? (Councilmember Harrison)

Response: LiDAR (Light Detection and Ranging) is a remote sensing technology that uses laser light to measure distances and create detailed three-dimensional models. LiDAR systems create a raw point cloud of data that can be used for a variety of applications. The LiDAR unit only creates the raw data; the analytics software uses the raw data to map the intersection and provides access to new intersection analytics tools.

Question #2: How accurately can the system identify a wheelchair, walker, cane, or other mobility device as distinct from a pedestrian without a device, and what is the detection confidence range (in percentage terms) under typical and adverse weather conditions? (Councilmember Harrison)

Response: The system does not currently categorize pedestrian types. However, we have received the following from the manufacturer: Support for identifying wheelchairs and mobility devices as a classification is currently in development. Detection confidence

is highly linked to distance of the object from the sensor, so a wheelchair that is close to the sensor would be detected with a high accuracy.

Additionally, the manufacturer has the following comments regarding the weather impacts: Weather conditions do not play a significant part in detection of these classifications. Detection of walker frames or canes would currently require a sensor to be placed very close to an object as they are so small/thin. Currently anyone with a frame or cane would be classified as a pedestrian.

Question #3: If the system detects a mobility device, is that classification used to automatically adjust pedestrian signal timing for accessibility, and how is that implemented in the traffic control software? (Councilmember Harrison)

Response: As stated above the system does not classify the type of pedestrian. However, the system is able to detect the speed of an object (e.g. pedestrian, cyclist, vehicle). This information can be used to influence the traffic signal timing and progression through sequencing. This is a feature city staff could explore in the future as we become more comfortable with this new technology.

Question #4: Has the vendor's AI model been trained and validated using data that includes individuals with a range of mobility devices and body types, and has it been tested in environments similar to Ann Arbor's? (Councilmember Harrison)

Response: Staff received the following from the manufacturer: Yes, the AI model has been trained with a range of mobility devices and body types. Wheelchair/mobility device classification has been trained and validated, but as it has not yet been fully released, it has not been tested in full deployment.

Question #5: What performance metrics or acceptance testing will be used to verify that the AI system meets our detection and accessibility goals, and what remedies are available if detection rates fall short? (Councilmember Harrison)

Response: City staff have been testing this detection system for over two months. Staff have been monitoring the system and are pleased with how the system is operating for standard detection operation. Staff are beginning to explore the secondary uses of the system in order to determine if this new technology will be equipment that we are interested in expanding across the system as existing detection systems reach their end of life.

CA-13 - Resolution Authorizing Membership in and Commitment to Washtenaw Health Initiative (WHI) Charter and Statement of Commitment (\$10,000.00)

Question #1: Of the community ambassadors engaged for this work, how many are Ann Arbor residents? (Councilmember Harrison)

Response: The Community Advisory Board (CAB) currently has one Ann Arbor resident engaged in this work and is also actively seeking new members. CAB meetings are open to anyone who is interested in sharing their voice. [Meeting and other board information is posted on the WHI's CAB website page linked here.](#)

Question #2: What specific selection criteria were used for choosing community ambassadors? The resolution notes “lived experiences.” Can you elaborate on what experiences were prioritized and how those were assessed? (Councilmember Harrison)

Response: With the mission of the WHI rooted in improving the health of low-income, uninsured, and under-insured populations, community ambassadors and advisory board members were intentionally recruited from community residents who had experienced barriers to accessing and navigating health and social services. This included challenges such as lack of insurance, difficulty finding culturally appropriate care, transportation barriers, and navigating complex eligibility systems.

While these shared experiences ensured that ambassadors could authentically represent the populations the WHI seeks to serve, we also prioritized diversity across multiple dimensions, including race, ethnicity, age, gender identity, and areas of health and social service use, to ensure a broad range of perspectives. This balance allowed the Community Advisory Board to be grounded in common understanding while still bringing forward diverse insights that enrich programmatic decision-making. Current community advisory board members include:

- Retired UAW autoworker with years of community involvement
- University of Michigan grad (PH D) with experience navigating the health care and transportation systems
- Retired Marine with experience supporting loved ones utilizing CMH services
- Community advocate that has worked with several non-profits and a particular interest in the needs of seniors
- Pharmacist and University of Michigan grad who works for the VA and has insights into veteran's care issues
- Former UPS employee who changed careers due to injury and works with the homeless/unhoused
- Retired social worker with over 25 years of experience working on housing
- Former patient care tech and UAW autoworker forced to medically retire after serious health issues

Question #3: Are WHI meetings open to the public, and if so, how is meeting information shared with the community? If not, what avenues exist for public observation or participation? (Councilmember Harrison)

Response: The WHI facilitates several types of meetings including:

- **Stakeholder Meetings (open to the public):** WHI hosts 2-3 meetings a year that are open to the public. These meetings focus on providing updates on topics of interest to the WHI member organizations and help guide the strategic direction of the WHI and its working groups.
- **Workgroup Meetings (open to the public):** Currently the WHI [Communications Committee](#), [Community Advisory Board](#), and [Healthy Aging Collaborative](#) groups meet regularly. These meetings are open to anyone who is interested in attending.
- **Steering Committee Meetings:** The governing body of the initiative, the steering committee meets once a quarter. These meetings are not open to the public.

WHI's Communications Committee is responsible for maintaining and updating the WHI website as well as a bi-monthly newsletter that publicly shares WHI and community related news. [All upcoming WHI meetings that anyone is welcome to attend can be found here.](#)