

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 8121800		Department Name Ann Arbor Police Department		Incident # 220023209	
Crash Date 06/17/2022		Crash Time 23:06	No. of Units 03	Crash Type Single Motor Vehicle	
County 81 - Washtenaw		Traffic Control Signal		Relation to Roadway On the Road	Weather Clear
City/Twp 89 - Ann Arbor		Contributing Circumstances 1st None 2nd		Light Dark-Lighted	Road Surface Condition Dry
Work Zone (if applicable) Type		Workers Present	Activity	Location	

Reviewer
SCHERBA (34800)

Special Checks
 Fatal Non-Traffic Area ORV/Snowmobile

Prefix E	Primary Road Name ANN	Road Type ST	Suffix	Divided Roadway
Distance / Direction AT		Trafficway Not Physically Divided		
Prefix	Intersecting Road Name GLEN	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (70)	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 M	Race W	Total Occupants 01	Hazardous Action Failed to Yield
Unit Type MV	Driver Information ##### ANN ARBOR, MI 48103-2015 (###) ###-####				Driver is Owner Yes	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Fatigued or Asleep 2nd				Driver Distracted By Not Distracted		Ejected	Trapped	Airbag Deployed Not Deployed		

Hospital NONE	Ambulance NONE	
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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
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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
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Vehicle Registration CHF3764	State MI	Vehicle Description 2011	Year	Make CHEVROLET	Model SILVERADO	Color RED
VIN 1GB0CVCL5BF250994	Vehicle Type Pickup Truck	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
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Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) No Damage	Vehicle Direction W	Vehicle Use Private	Action Prior Turning Left
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Sequence of Events First <input checked="" type="radio"/> 15 - Pedestrian	Second	Third	Fourth
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Passenger Information	Date of Birth (Age)	Sex	Race	Position	Restraint
	Injury	Ejected	Trapped	Airbag Deployed	

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

Hospital	Ambulance
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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 <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 #
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Owner Information ##### ##### #####, ## #####-#### (###) ###-####	Owner Information
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Damaged Property	Public	Owner & Phone
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SANITIZED

SANITIZED

Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (43)	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 U	Total Occupants 00	Hazardous Action None	
Unit Type P	Driver Information ##### ##### YPSILANTI, MI 48197-8204 (###) ###-####			Driver is Owner No	Injury A	Position Pedestrian	Restraint No Belts Available				
Driver Condition at Time of Crash 1st 2nd				Driver Distracted By Not Distracted			Ejected	Trapped	Airbag Deployed Not Equipped		
Hospital UNIV OF MICHIGAN HEALTH SYSTEM					Ambulance HURON VALLEY AMB 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 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	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 Crossing at Intersection			
Sequence of Events ● 17 - Motor Veh in Transport		First		Second		Third		Fourth			

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			

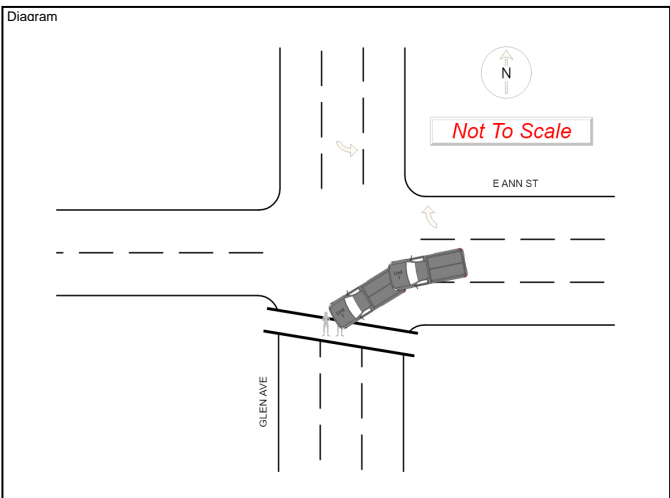
Carrier Information	USDOT	MC	MPSC			
	Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other			
GVWR/GCWR <input type="radio"/> 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
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Investigated at Scene Yes	Reported Date (Time) 06/17/2022 (23:06)	1st Investigator Name (Badge) ROSE (044)	2nd Investigator Name (Badge) JERORE (184)	Photos No
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Narrative
 UNIT 1: DRIVER OF UNIT ONE STATED HE WAS TURNING LEFT FROM E ANN ST ONTO GLEN AVE. DRIVER OF UNIT ONE STATED HE HAD A GREEN LIGHT AND DID NOT SEE THE PEDESTRIANS IN THE CROSSWALK UNTIL HE STRUCK THEM. UNIT 2: JOSHI WAS CONFUSED DUE TO HER INJURIES AND WAS UNABLE TO PROVIDE A STATEMENT ON WHAT HAD OCCURED. UNIT 3: ARIGANELLO STATED HER AND JOSHI WERE CROSSING FROM THE WEST SIDE OF GLEN AVE TO THE EAST SIDE. ARIGANELLO STATED THAT THEY HAD A WALK INDICATOR AND ENTERED THE CROSSWALK. ARIGANELLO CONTINUED THAT AS THEY GOT ACCROSS ONE LANE ON GLEN AVE THEY WERE STRUCK AND KNOCKED DOWN BY UNIT 1. ARIGANELLO STATED THEY WERE UNDER UNIT 1, BUT THE TIRES DID NOT GO OVER THEM.



Authority: 1949 PA 300, Sec.257.622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2020)		External # 1278427		Crash ID 2618185		Page 02 of 02 File Class 9300-1			
STATE OF MICHIGAN TRAFFIC CRASH REPORT									
ORI MI 8121800			Department Name Ann Arbor Police Department					Incident # 220023209	
Crash Date 06/17/2022		Crash Time 23:06	No. of Units 03	Crash Type Single Motor Vehicle		Special Circumstances <input checked="" type="checkbox"/> None <input type="checkbox"/> Fleeing Police <input type="checkbox"/> Hit and Run <input type="checkbox"/> Unknown <input type="checkbox"/> School Bus <input type="checkbox"/> Animal		Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile	
County 81 - Washtenaw		Traffic Control Signal		Relation to Roadway On the Road		Weather Clear		Area INTR Within Intersection	
City/Twp 89 - Ann Arbor		Contributing Circumstances 1st None		2nd None		Light Dark-Lighted		Road Surface Condition Dry	
Total Lanes 03		Speed Limit 25		Posted No		Work Zone (if applicable) Type Workers Present		Activity Location	

LOCATION	Prefix E		Primary Road Name ANN			Road Type ST		Suffix		Divided Roadway		
	Distance / Direction AT						Trafficway Not Physically Divided					
	Prefix GLEN		Intersecting Road Name			Road Type AVE		Suffix		Divided Roadway		

Unit Number 03	Unit Known Yes	State MI	Driver License Number #####		Date of Birth (Age) ###/##/#### (43)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation		Sex F	Race W	Total Occupants 00	Hazardous Action None
Unit Type P	Driver Information ##### ANN ARBOR, MI 48105-1558 (###) ###-####					Driver is Owner No	Injury B	Position Pedestrian		Restraint No Belts Available		
Driver Condition at Time of Crash 1st Not Distracted					2nd Not Distracted		Ejected	Trapped	Airbag Deployed Not Equipped			

Hospital UNIV OF MICHIGAN HEALTH SYSTEM						Ambulance HURON VALLEY AMB INC					
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Alcohol Suspected No	Contributing Factor No	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 checked="" 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"/> Field <input type="checkbox"/> Refused <input checked="" 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	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 Crossing at Intersection			
Sequence of Events ● 17 - Motor Veh in Transport					First		Second			Third		Fourth	

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						

Carrier Information					USDOT		MC		MPSC			
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"/> Placard <input type="checkbox"/> Cargo Spill	
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				

Owner Information						Owner Information					
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Damaged Property				Public		Owner & Phone			
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SANITIZED SANITIZED SANITIZED SANITIZED SANITIZED SANITIZED SANITIZED

Unit Number	Unit Known	State Driver License Number		Date of Birth (Age)	License Type <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	Endorsements <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	Sex	Race	Total Occupants	Hazardous Action	
Unit Type	Driver Information			Driver is Owner	Injury	Position		Restraint			
Driver Condition at Time of Crash 1st		2nd		Driver Distracted By		Ejected	Trapped	Airbag Deployed			
Hospital				Ambulance							
Alcohol Suspected	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			
Drug Suspected	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:	Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other			
Vehicle Registration		State	Vehicle Description	Year	Make	Model		Color			
VIN		Vehicle Type		Special Vehicles		Private Trailer Type		Vehicle Defect			
Automation System(s) in Vehicle		Automation System Level in Vehicle				Automation System Level Engaged at Time of Crash					
Insurance Company			Insurance Policy #		Towed By			Towed To			
Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)		Vehicle Direction	Vehicle Use		Action Prior				
Sequence of Events	First		Second		Third		Fourth				
● indicates MOST harmful event											
PASSENGERS	Passenger Information			Date of Birth (Age)	Sex	Race	Position	Restraint			
	Injury	Ejected	Trapped	Airbag Deployed							
Hospital				Ambulance							
PASSENGERS	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 <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"/> Placard <input type="checkbox"/> Cargo Spill		ID #	Class #		
OWNERS	Owner Information				Owner Information						
	Witness Information				Witness Information						
Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)		2nd Investigator Name (Badge)		Photos					
Narrative					Diagram						