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Authority: 1949 F Compliance: Rec Penalty: \$100 an	quired	MSP I	22 JD-10E (Rev 11/	2020)		External # Crash ID 1278427 2618185												Page 01 of 02 File Class 9300-1							
STAT	E (	OF N	/IICI	HIGA	N T	RAFI	FIC	CF	RAS	SH	R	ΕP	OF	RT			Ī	ncide	nt # 0023209						
								Police Department											<sub>ver</sub> HERBA (3	34800)					
Crash Date 06/17/2022	06/47/2022 22:06 02 Single Meter Vehicle •									umstan Police	0	Hit and Unkno		O Se O Ai	chool Bus nimal		Special Cl O Fatal								
County Traffic Control Relation to Road 81 - Washtenaw Signal On the Roa										Clear								rea INTR Within Intersection							
City/Twsp Contributing Circumstances 89 - Ann Arbor 1st 2nd None									Light Road Surface Corn Dark-Lighted Dry							ce Cond	lition		Total Lane	Speed Limit 25	Posted No				
Work Zone (if applicable) Type Workers Present Activity											Location														
Prefix E		Prim AN	ary Road N	Name					Road T	уре					S	uffix			Divideo	d Roadway					
Distance / Direction Trafficway AT Not Physically Divided																									
Prefix		Inter GL		oad Name					Road T AVE	уре					S	uffix		Divided Roadway							
Unit Number 01	Unit K Yes			r License Num				f Birth (Ag	,	Li	Operator     Ochauffeur     Moped			ndorsem O Cycle O Farm O Recrea		Sex M	Race To			Hazardous Action Failed to Yi					
Unit Type MV	###	Information	##			Driver Yes	is Own		or Injury Position O Front - Left				<u> </u>	F	Restraint Shoulder and Lap Belt										
	ANN ARBOR, MI 48103-2015 (###) ###-####  Driver Condition at Time of Crash 1st Fatigued or Asleep  Driver Dis Not D											ı			1	Ejected	Trappe	oed Airbag Deployed Not Deployed							
Hospital NONE												nce VE			•										
Alcohol Susp No	Contributing Factor   No												est Resu	ılts:		Interloo No	ck Device								
Drug Suspected Contributing Factor Drug Test Type Drug									Test Re Pendino		Te	est Resu				n Issued azardous ther									
Vehicle Registration CHF3764 State Wehicle Year Make Description 2011 CHEVROLET													SI	Model LVER					Color RED						
1GB0C\			94 P	icle Type ickup Truc				ial Vehicle ot Applic			Private Trailer Type Vehicle Defect														
Automation S No		s) in Vehicle		ation System L Automatio	n						Automation System Level Engaged at Time of Crash No Automation														
				#######		### <sup>#</sup> ####				###	Towed							Towed To							
Location of Greatest Dan	nage			No Dama		r Unit and/or		W	Direction		/ehicle Use Private							Action Prior Turning Left							
Sequence of Events (• indicates !	MOST H			Pedestrian			Secor	nd					Thin	d					Fourth						
Passenger In	formatio	n						Date of Bir	th (Age)		Sex	Race	Positio	n					Restraint						
2							I	njury	Ejected	Trap	ped	Airbag I	Deploye	ed											
Hospital							<u> </u>			<u> </u>	Ambula	nce													
Passenger In	formatio	on						Date of Bir	th (Age)		Sex	Race	Positio	n					Restraint						
							Ī.	njury	Ejected	Trap	ped	Airbag	Deploye	ed											
Hospital							!				Ambula	nce													
Carrier Inform	nation										USDOT					МС		MPSC							
												Driver's CDL Type Endorsements CDL Exempt OH OP OT OFarm													
1	GVWR/GCWR										O N O S O X O Other  Cargo Body Type Medical Card Hazardous Material O Placard O Cargo Spill							Spill ID#	Class #						
Owner Inform						ļ				1	Owner	Informa	ation												
#######	####	######	######	######## ######## ####################	####, ##	#####-1 	####	(###)	###-#	###															
Damaged Prope	rty								Public	0	wner &	Phone													

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	Unit Number 02	Yes MI ########################### (43)									License O Op O Ch O Mo	erator auffeu		ndorsemen O Cycle O Farm O Recreatio		Sex F	Race U	Total 00	Occupants	None					
	Unit Type P	###	#####	####### #######	######### ######### 8197-8204	########					Drive No	er is Own )	- 1	njury A	Position Pedes	trian				Restraint No Belts	Availa	ıble			
	Driver Conditi 1st	on at Tin	ne of Cra	ash		2nd						cted By tracte				E	Ejected	Тгарре	Airbag Deployed Not Equipped						
E R	Hospital UNIV OF MICHIGAN HEALTH SYSTEM											Ambul HU		I VALL	EY AMB	INC									
$R \mid V$	Alcohol Suspected No Contributing Factor No Signature 1													Test Resu	ılts:		Interlock No								
<b>Q</b> /	No No													Test Resu	ılts:		O Haz	ardous							
<b>⊢</b>	Vehicle Regis	cle Registration State Vehicle Year Make Description													Model				Color						
$\overline{}$	VIN	VIN Vehicle Type Special Vehicles Not Applicable													Trailer Type				/ehicle						
	Automation S	/stem(s)	in Vehic		ation System Automatio		cle								nation Systemation Automa		at Time	of Cras	sh						
	Insurance Cor ########						#######					Towed					ved To								
	Location of Greatest Dam	cation of eatest Damage 11 Trist Impact   Extent of Damage (Power Unit and/or Trailers)   Vehicle Direction   No Damage   No D									n V	ehicle L	Jse							ng at Inte	rsectio	n			
	Sequence of First Second Events • 17 - Motor Veh in Transport  (• indicates MOST harmful event)													Thir	d				Fourth						
	Passenger Information Date of Birth (Age)											Sex Race Position								Restraint					
R S		Injury Ejected lospital assenger Information  Date of Birth (Age)									Tra	apped	Airba	g Deploye	ed										
ENGERS	Hospital											Ambul	ance												
	Passenger Inf											Sex	Rac	Position	n				Restraint						
PASS	Injury Ejected									Tra	apped	Airba	g Deploye	ed											
	Hospital												ance												
S N	Carrier Inform	ation										USDO	Т				MC		MPSC						
K/B												Driver'	s CDL	Туре	OH O		0	Exemp Farm Other	ı İ						
TRUCK/BUS	GVWR/GCWF O 10,000 lb		ss 01	10,001 - 26,0	000 lbs. O G	Greater than 2		ehicle (	Configura	ition			Carg	o Body Ty		ledical Ca		Haz	Hazardous Material ID # Class # O Placard O Cargo Spill						
WNERS	Owner Inform	ation										Owner Information													
OWNE																									
ESS	Witness Inforr	nation										Witness Information													
WITNESS																									
	restigated Scene Yes			e (Time) 22 (23:06		gator Name (	Badge)					Investi EROF		Name (Ba	dge)				Photos No						
	rrative JNIT 1: DF	RIVER	OF U	INIT ONI	E STATED	HE WAS	S TURNIN	NG LE	FT FR	ROM E		Diagra	am												
l	ANN ST O						_				ιν										N				
ı	JNTIL HE										ıLK									No	ot To S	Scale			
l	HER INJUF HAD OCCU											EANNST											_		
l	CROSSING												_							<u>\$</u>			_		
ARIGANELLO STATED THAT THEY HAD A WALK INDICATOR AND ENTERED THE CROSSWALK. ARIGANELLO CONTINUED THAT AS THEY																						_			
(	OT ACC	ROSS	ONE	LANE O	N GLEN A	AVE THE	Y WERE	STRU	JCK AI	ND							<u></u>	18	Charles of the Control of the Contro	_			_		
ı	KNOCKED JNIT 1, BL							IEY V	VERE I	UNDE	R						AVE	,							
																	GLEN AVE		 						
l												1						I							

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Co	uthority: 1949 PA 300 ompliance: Required enalty: \$100 and/or 90	MS	7.622 SP UD-10E (Rev 11/2	2020)		Exter 1278	mal # 3427			Crash ID 618185					Page 02 o							
S	STATE (	OF	MICI	HIGAN	ITRAFI	FIC C	RA	SH	RI	EPC	RT			Ī	Incident # 22002							
O	RI MI 8121800				Department Nation Ann Arbor		partmer	nt						Ī	Reviewer SCHERBA (34800)							
	rash Date 06/17/2022		Crash Time 23:06	No. of Units 03	Crash Type Single Motor		Special Circ None O Fleein		0	Hit and Ri Unknown		School Bus Animal	,	Special Checks O Fatal O Non-Traffic Area O ORV/Snowmobile								
	ounty 81 - Washtenav	N	Traffic C Signa			Relation to On the				Weath Cle				rea INTR W	/ithin In	tersec	tion					
	<sub>ty/Twsp</sub> 89 - Ann Arbor			ting Circumstance st ne		nd		Light Da	ark-Ligh	ited	Road Surf Dry	ace Con	Total Lanes Speed Limit Posted 25 No									
Work Zone (if applicable) Type Workers Present Activity										Location												
z o	Prefix         Primary Road Name         Road Type           E         ANN         ST											;	Suffix	Divided Roadway								
ΑT	Distance / Dire	Distance / Direction Trafficway																				
LOCATION	Prefix		ntersecting Ro	oad Name			Road T AVE	Гуре				;	Suffix			Divide	ed Roadway					
	03 Ye	O3 Yes MI ###################### (43)								ype rator uffeur ed	Endorse O Cycl O Farn O Recr	e n reation	Sex F	Race W	W 00 None			tion				
	P ## ## AN	##### NN ARI	####### ####### BOR, MI	######################################		##		Driver No	r is Owne	er Injury B	Positi	<sup>on</sup> destrian				traint o Belts	Belts Available					
	Driver Condition at 1st	Time of C	rash	2nd	ı			Distract t Dist	cted By racted			Ej		Trappo	Airbag Deployed Not Equipped							
Ж	Hospital UNIV OF MIC	CHIGA	N HEALT	H SYSTEM					Ambular HUR		LLEY A	MB INC										
> - -	Alcohol Suspected No	No								Test I	Results:		ck Device									
_ D	No Suspected								Results ig	Test I	Results:		ОН	n Issued lazardous other								
-  -	Vehicle Registration										Model					Colo	r					
	VIN	VIN Vehicle Type Special Vehicles Not Applicable								Priv	ate Trailer	Туре		,	/ehicle De	efect						
	Automation System No	(s) in Veh		ation System Leve Automation	el in Vehicle					Ā	No Auto		el Engage	ed at Time	ed at Time of Crash							
	Insurance Company				urance Policy #	########	######	###	Towed E	Зу				Tov	Towed To							
	Location of Greatest Damage		First Impact	No Damage	e (Power Unit and/or e	Trailers) Veh	nicle Direction	on Ve	ehicle Us	е				Action Prior Crossing at Intersection								
	Sequence of Events (• indicates MOST	harmful e		Notor Veh in	Transport	Second		-			Third				Fou	urth						
Ī	Passenger Informat	tion				Date of	Birth (Age)	)	Sex	Race Po	sition			Restraint								
RS						Injury	Ejected	Tra	pped A	Airbag Dep	oloyed											
PASSENGERS	Hospital					·			Ambular	nce												
SE	Passenger Informat	tion				Date of	Birth (Age)	)	Sex	Race Po	sition				Re	estraint						
P A						Injury	Ejected	Tra	pped A	irbag Der	oloyed											
	Hospital						_		Ambular	nce												
SO									USDOT				MC		MI	PSC						
CK/BU									Driver's	CDL Type	ОН	orsements I OP OT	.	DL Exemp O Farm O Other	ot							
TRUC	GVWR/GCWR O 10,000 lbs. or I	Less O	10,001 - 26,0	000 lbs. O Great	ter than 26,000 lbs.	Vehicle Config	uration	!									ID#	Class #				
RS	Owner Information				<u>'</u>				Owner I	nformatio	1	•						•				
Owner Information																						
										Phone												

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Unit Number Unit Known State Driver License Number Date						of Birth	(Ago)		Lic	onco T	īvno.		ndorsen	onte	Sov	Paca	IΤο	stal Occupante	Hazaro	loue Action							
	OHIL NUMBER	United States Services Service							(Age)		0	cense Type O Operator O Chauffeur O Moped			ndorsen O Cycle O Farm O Recre		Sex	Race	100	otal Occupants	ınd∠ar(	JUUS ACTION					
	Unit Type	nit Type Driver Information									river is	Owne	er Inju		Position			<u> </u>		Restraint	Restraint						
	Driver Condition at Time of Crash 1st 2nd									Priver Di	trooto	d Dv				Ejected	Trap	nod	Airbag Deployed								
										niver Di							Пар	F mody Bobile) od									
ER	∠ Hospital uu											Ambulance  est Results Interlock Device															
RIV	Alcohol Suspected Contributing Factor Alcohol Test Type O Breath O Blood O Urine O Field O PBT O Refused O Not Offered													est Resu	ilts:												
/ D	Drug Suspect	ug Suspected Contributing Factor Drug Test Type O Blood O Urine O Field O Refused O Not Offered										sults	Te	est Resu	ılts:			n Issued azardou ther	ous								
上ーァ	Vehicle Regis	nicle Registration State Vehicle Year Make Description													Model				Color								
ı O	VIN			Veh	nicle Type		Sp	ecial Veh	nicles					Private 1	rivate Trailer Type					cle Defect							
	Automation Sy	/stem(s	) in Veh	icle Autom	nation System	Level in Vehicl	le						•	Autor	nation S	ystem Leve	l Engage	d at Tim	ne of C	Crash							
	Insurance Cor	mpany				Insurance Po	blicy #					owed I	Ву					T	owed '	То							
	Location of Greatest Dam	age	F	irst Impact	Extent of Dar	mage (Power L	Unit and/or Traile	ailers) Vehicle Direc			Vehi	icle Us	e					Act	tion Pr	or							
	Sequence of Events (• indicates N	1OST h	armful e	First event)	•		Se	cond			•			Thire	d				Fourth								
	Passenger Inf	ormatic	n					Date of	f Birth (	(Age)	\$	Sex	Race	Position						Restraint							
RS									Eje	ected	Trapp	ed A	d Airbag Deployed														
I G E	Hospital										А	mbula	nce														
SSEN	Passenger Inf	Passenger Information Date of Birth (Age)									-	Sex	Race	Positio	n					Restraint							
ΡΑ	njury Ejected 1											ed A	Airbag I	Deploye	ed												
	Hospital											mbula	nce														
BUS	Carrier Inform	ation									L	USDOT MC								MPSC							
SK/E											D	river's	CDL T	Type Endorsements OHOPO ONOS				DL Exer O Farm O Other									
TRUC	GVWR/GCWF O 10,000 lb		ess O	10,001 - 26,	000 lbs. O 0	Greater than 26		le Config	guration	n		Cargo Body Type Medical Card Hazardous Material II O Placard O Cargo Spill							ID#	Class #							
RS	Owner Informa	ation					<b>_</b>				0	wner I	nforma	ation													
OWNER																											
38	Witness Inform	nation									V	Witness Information															
WITNE																											
	restigated Scene	Repo	orted Dat	te (Time)	1st Investi	igator Name (B	Badge)				2nd In	vestiga	ator Na	ame (Ba	dge)				Photo	98							
Na	rrative	•			•					•	Diagram																