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Authority: 1949 P								Externa	ıl#			Crash	h ID					Page	01 of 01				
Compliance: Requested Penalty: \$100 and	d/or 90	days	P UD-10E (Rev 11					12717				2599							Class 9300-1				
STATE OF MICHIGAN					TRAFFIC CRASH REPORT												Incident # 220019840						
MI 8121800						Department N Ann Arbo								Reviewer PULFORD (37700)									
						Single Motor Vehicle Special Circumstar  None O Fleeing Police						O Hit and Run O School Bus						Special Checks O Fatal O Non-Traffic Area O ORV/Snowmobile					
County 81 - Washt		Traffic (	Relation to Roadway On the Road						Weather Cloudy					Area NON-FRWY Straight Roadway									
ity/Twsp Contributing Circumstances  89 - Ann Arbor 1st None					2nd						Light Road Surface Daylight Dry					ndition		Total Lan	es Speed Limi 25		osted Yes		
Vork Zone (if ap Type	plicable	)	V	Act	Activity						Location												
Prefix S			imary Road SHLEY	d Name					Road T	уре						Suffix			Divide	d Roadway			
Prefix S Distance 25 Fee		ion						rafficway Not Phys	sically	Divid	ded												
Prefix W			tersecting F IBERTY	Road Name					Road T ST	уре						Suffix			Divide	d Roadway			
Unit Number 01									of Birth (Age) Lie ##/#### (29)			icense Type  Operator Chauffeur O Moped			ndorsements O Cycle O Farm O Recreation				tal Occupants Hazardous Actio 11 Failed to Y			ı	
Unit Type MV	MV ####################################									Drive No	r is Ow		njury O	Position Fro	nt - Left				Restraint Shoulder	der and Lap Belt			
ISI	DEXTER, MI 48130-1205 (###) ###-###  Driver Condition at Time of Crash 1st Appeared Normal  Driver Distr. Not Distr.														Ejected	Trapp	ed	Airbag Deployed Not Deployed					
Hospital NONE	Hospital NONE										Ambulance NONE												
Alcohol Suspe No																							
No	Drug Suspected No Contributing Factor No Police O PBT O Refused ● Not Offered No										Test Results: OI						tion Issued Hazardous Other						
Vehicle Regis 3DG485	stration			Vehicle Description		Year <b>2019</b>	FOR					Model Color WHITE											
VIN 1FTYE2	CM4ł	KB21		hicle Type Passenger (	Car,	SUV, Van		cial Vehicle ot Appli				Private Trailer Type Vehicle Defect											
Automation S No	ystem(s	) in Vehi		nation System I Automatio		n Vehicle					Automation System Level Engaged at Time of Crash No Automation												
Insurance Co		#####	######	########		ance Policy # ##########	####	######	#####	###	Tower					То	Towed To						
Location of Greatest Dam	Location of First Impact Extent of Damage (Power Unit and/or Trailers) Vehicle Direction of Greatest Damage 01 01 Minor Damage NE								(ehicle Use Commercial (Business)						Action Prior Turning Left								
Sequence of Events (● indicates N	MOST h	armful e		Pedestrian			Sec	ond						Third					Fourth				
Passenger Inf	formatio	n						Date of Bi	rth (Age)	)	Sex	Race	e Po	sition	n Restraint								
2								Injury	Ejected	Tra	pped	Airba	g Dep	loyed					•				
Hospital									<u> </u>	•	Ambulance												
Passenger Inf	Passenger Information Date of Birth (Age)									)	Sex	Race	Restraint Restraint										
Injury Ejected ITs									Tra	pped	d Airbag Deployed												
Hospital									!		Ambu	lance											
Carrier Inform	nation										USDC	T				MC			MPSC				
n 2											Driver	's CDL	Туре	ОН	rsements OP O	Т	ODL Exem O Farm O Other	pt	1				
	GVWR/GCWR O 10,000 lbs. or Less O 10,001 - 26,000 lbs. O Greater than 26,000 lbs.										Cargo	o Bod	O N dy Type	OS O		Ha		us Material ard O Cargo	Spill ID#	С	Class #		
Owner Inform		#####	######	########							Owne	r Inforn	nation	1	•					•	•		
#######	####	#####	######	#######	####	#, ## #####	-####	(###)	###-#	###													
Damaged Proper	rty						_		Public		Owner &	& Phon	ne										

SANITIZED SANITIZED SANITIZED

Unit Number 02	Yes					Date of Birth (Age) ##/##/### (57)			License Ty O Oper O Chau O Mope	ator ffeur	Endorsements O Cycle O Farm O Recreation		Sex F	Race W	Total 00	Occupants	Hazardous None	Action			
Unit Type P								Drive No		is Owner Injury Position A Pedestrian					Restraint No Belts Available						
Driver Conditi 1st	ion at Time of			2nd					cted By tracted												
Hospital UNIV OF	Ambulance HURON VALLEY AMB INC																				
Alcohol Suspe No	Suspected Contributing Factor No Alcohol Test Type O Breath O Blood O Urine O Field O PBT O Refused Not Offered								est Results Interlock Device ding Test Results: No												
Drug Suspect No								Test F Pendir	Results ng	Test Re	sults:		Issued ardous	rdous							
						ke					Model		O Oth	ei		Color					
VIN Vehicle Type						cial Vehicle ot Applie			Private Trailer Type					Vehicle Defect							
Automation S No	Automation System(s) in Vehicle								Automation System Level Engaged at Time of Crash No Automation												
Insurance Co		#######	#########	Insurance Policy # ##################################	!####	!#####	#####	###	Towed By Towed To												
Location of Greatest Dam	nage 11	First Impact	Extent of Dam	mage (Power Unit and/o	or Trailer	s) Vehicle	e Direction	on V	ehicle Use	Э					n Prior OSSIN	Prior ssing at Intersection					
Sequence of First Second Events • 17 - Motor Veh in Transport (• indicates MOST harmful event)										Third Fourth											
Passenger Inf	formation					Date of Bi	rth (Age)		Sex	Race Posi	tion					Restraint					
n Y H	Injury Ejected T									irbag Deplo	yed										
Hospital  Passenger Inf				Ambulance																	
Passenger Inf	Passenger Information Date of Birth (Age)									Race Posi	tion				Restraint						
T A N					•	Injury	Ejected	Tra	apped A	irbag Deplo	yed										
Hospital											Ambulance										
Carrier Information									USDOT MC						MPSC						
/ Y :									Driver's CDL Type												
	GVWR/GCWR Vehicle Configuration 0 10,000 lbs. or Less 0 10,001 - 26,000 lbs. O Greater than 26,000 lbs.									Cargo Body Type Medical Card						Hazardous Material ID # O Placard O Cargo Spill			Class #		
Owner Inform	Owner Information									nformation											
Witness Inform		#######	·#####################################							Information		!######	######	#							
			!######## !#########	!####, ## #####	-####	(###)	###-#	###	######################################												
Investigated at Scene Yes	Reported D 05/25/2	ate (Time) 022 (12:		igator Name (Badge) LLER (120)				2nd	I Investiga	tor Name (E	Badge)				Photos No						
STATED HE THROUGH PEDESTRIA COLLIDED	E OBSERV AND TURI AN IN THE WITH THE	ED THE N LEFT C CROSSV PEDEST	LIGHT TURI ON TO S. AS WALK AND ' FRIAN WITH	Y ST APPROACH N YELLOW AND F HLEY ST. HE THI WAS UNABLE TO I THE FRONT MID DOTO THE HOOD	PROCE EN OB STOP DDLE O	SERVEI S. V1 TH DF THE	TO GO D THE EN VAN,	)	Diagran	1		S. Aethey S.					Not To S	cale			
THE GROUF FOR UNKN BEING TRASHE APPEADID NOT OUT OF THE PROOF TO THE PROOF TO THE PROOF TO THE PROOF THE P	IND. \N\NTI OWN INJU ANSPORTE ARED TO E BSERVE T D LOOKED THE VAN. \ THAT WAS	HE PEDE IRIES. SH ED TO TH BE STABI THE INITIA O AND OB INITHEF S ABLE T	ESTRIAN WARE WAS UNITE HOSPITALE WITH IN. AL CRASH. BSSERVED TREE IS VIDEO	AS TRANSPORTE RESPONSIVE AT IL. WHEN SHE GO JURIES TO HER I THE FIRST WITN HE PEDESTRIAN OF THE INCIDE ED BY OTHER OF	ED TO THE TO TO TO HEAD. HESS H I GOIN NT FR	U OF M TIME SH THE HO \N\NWIT IEARD T G UP OI OM A LO	BY HV DSPITA TNESS THE N THE OCAL	/A S AL SES				5 di	point of	Impaci							