

SANITIZED

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2020)

External # 0003318
Crash ID 2507401

Page 01 of 01
File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 8190300		Department Name U of M Ann Arbor Department of Public Safety					Incident # 2290300671		
Crash Date 02/10/2022	Crash Time 07:18	No. of Units 02	Crash Type Single Motor Vehicle	Special Circumstances <input type="checkbox"/> None <input checked="" 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 Other Related			
City/Twsp 89 - Ann Arbor	Contributing Circumstances 1st None 2nd		Light Dawn	Road Surface Condition Slush	Total Lanes 01	Speed Limit 25	Posted Yes		
Work Zone (if applicable) Type Workers Present Activity Location									

LOCATION	Prefix E	Primary Road Name CANCER CENTER CIRCLE	Road Type DR	Suffix	Divided Roadway
	Distance / Direction 6 Feet S		Trafficway Not Physically Divided		
	Prefix E	Intersecting Road Name MEDICAL CENTER	Road Type DR	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/##/#### (60)	License Type <input type="checkbox"/> Operator <input checked="" 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 01	Hazardous Action Failed to Yield
Unit Type MV	Driver Information ##### MILAN, MI 48160 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Activity Outside Vehicle			Ejected	Trapped	Airbag Deployed Not Deployed	
Hospital NONE		Ambulance NONE								
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 DE04604	State MI	Vehicle Description 2016	Year	Make FORD	Model STARCRAFT BUS	Color WHI				
VIN 1FDGF5GY1GEC06930	Vehicle Type Truck / Bus		Special Vehicles Bus		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 08	Extent of Damage (Power Unit and/or Trailers) No Damage		Vehicle Direction S	Vehicle Use Commercial (Business)			Action Prior Turning Left		
Sequence of Events First ● 15 - Pedestrian (● indicates MOST harmful event)										

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 GOLDEN LIMOUSINE 11900 CARPENTER RD MILAN, MI 48160			USDOT	MC	MPSC
				Driver's CDL Type Group B	Endorsements OH OP OT ON OS OX	CDL Exempt <input type="checkbox"/> Farm <input type="checkbox"/> Other
	GVWR/GCWR <input type="checkbox"/> 10,000 lbs. or Less <input checked="" type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.	Vehicle Configuration Bus 16+		Cargo Body Type 14	Medical Card Yes	Hazardous Material <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill

OWNERS	Owner Information #####		Owner Information	
	#####			
	#####, ## ####-#### (###) ###-####			

Damaged Property	Public	Owner & Phone
------------------	--------	---------------

Unit Number 02	Unit Known Yes	State Driver License Number #####	Date of Birth (Age) ##/##/#### (56)	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 B	Total Occupants 00	Hazardous Action None
Unit Type P	Driver Information ##### SOUTHFIELD, MI 48037 (###) ###-####			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 NONE				Ambulance NONE					
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 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 ● (● indicates MOST harmful event)		First ● 17 - Motor Veh in Transport		Second		Third		Fourth	

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="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 #

OWNERS	Owner Information			Owner Information			

WITNESS	Witness Information			Witness Information			

Investigated at Scene Yes	Reported Date (Time) 02/10/2022 (08:41)	1st Investigator Name (Badge) GARRY VELD (170)	2nd Investigator Name (Badge)	Photos Yes
------------------------------	--------------------------------------------	---------------------------------------------------	-------------------------------	---------------

Narrative
 Unit 1 stated she saw the pedestrian as she was turning but a vehicle drove passed in front of her she turned to avoid the other car and when she finished the turn she struck the pedestrian. Wooten, the pedestrian stated that she was crossing the street at the Cancer Center, she saw the bus waiting to turn left and thought the bus driver saw her, she started crossing the street and then she saw the bus coming toward her. She stated she tried to run, but the bus hit her.

