

SANITIZED

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

External # 1312946
Crash ID 2733625

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File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI 8121800	Department Name Ann Arbor Police Department			Incident # 220042039		Reviewer VERHELLE (33600)	
Crash Date 10/25/2022	Crash Time 16:38	No. of Units 02	Crash Type Single Motor Vehicle	Special Circumstances <input checked="" type="checkbox"/> None <input type="checkbox"/> Fleeting 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 Cloudy	Area INTR Within Intersection		
City/Twsp 89 - Ann Arbor	Contributing Circumstances 1st None 2nd		Light Daylight	Road Surface Condition Dry	Total Lanes 05	Speed Limit 45	Posted Yes
Work Zone (if applicable) Type Workers Present Activity Location							

Prefix N	Primary Road Name MAIN	Road Type ST	Suffix	Divided Roadway	
Distance / Direction AT		Trafficway Not Physically Divided			
Prefix	Intersecting Road Name DEPOT	Road Type ST	Suffix	Divided Roadway	

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ##/##/#### (19)	License Type <input checked="" 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 M	Race W	Total Occupants 01	Hazardous Action Failed to Yield
Unit Type MV	Driver Information ##### MILFORD, MI 48380-3344 (###) ###-####				Driver is Owner No	Injury O	Position Front - Left		Restraint Shoulder and Lap Belt	
Driver Condition at Time of Crash 1st Emotional 2nd				Driver Distracted By Not Distracted			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 checked="" type="checkbox"/> Hazardous <input type="checkbox"/> Other		

Vehicle Registration DRP9682	State MI	Vehicle Description Year 2010	Make FORD	Model EXPEDITION	Color SILVER
VIN 1FMJK2A5XAEA53521	Vehicle Type Passenger Car, SUV, Van	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 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) Minor Damage	Vehicle Direction E	Vehicle Use Private	Action Prior Turning Left
Sequence of Events First ● 16 - Bicyclist (● indicates MOST harmful event)					

PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint
	Hospital				Ambulance				
	Passenger Information				Date of Birth (Age)	Sex	Race	Position	Restraint
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		
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Damaged Property	Public	Owner & Phone
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SANITIZED

Unit Number 02	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (51)	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 M	Race W	Total Occupants 01	Hazardous Action None	
Unit Type B	Driver Information ##### ##### ANN ARBOR, MI 48105-9649 (###) ###-####			Driver is Owner No	Injury A	Position Bicyclist	Restraint Helmet Worn				
Driver Condition at Time of Crash 1st Appeared Normal				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 N	Vehicle Use		Action Prior Going Straight Ahead			
Sequence of Events ● indicates MOST harmful event)		First ● 17 - Motor Veh in Transport		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) 10/25/2022 (16:38)	1st Investigator Name (Badge) ANDREW DATTOLO (084)	2nd Investigator Name (Badge)	Photos No
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Narrative
UNIT ONE WAS TRAVELING SOUTH ON N. MAIN ST., NORTH OF DEPOT ST, POSITIONED IN THE LEFT TURN LANE. UNIT TWO WAS TRAVELING NORTH ON N. MAIN ST., SOUTH OF DEPOT ST., POSITIONED IN THE FAR RIGHT SIDE OF THE RIGHT LANE. UNIT ONE FAILED TO YIELD UNIT TWO WHEN TURNING LEFT ONTO DEPOT ST. FROM N. MAIN ST., CAUSING THE COLLISION.

