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Reporting Agency ME0030500		Report Number 11-2749		Crash Date 9/29/2011		Crash Time 01:36		At Scene Date 9/29/2011		At Scene Time 01:38	
City or Town Portland			Street or Highway CONGRESS ST			Int of CONGRESS ST, FREE ST, HIGH ST			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 43.653960			Longitude -70.263200		
Node 1 18533		Node 2 0		Measurement Node		Distance to Scene 0 :s 0 : Tenths		Posted Speed Limit 0 Miles Per Hour		<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash 5 - Pedestrians						(F2) Type of Location 4 - Four Leg Intersection					
(F3) Weather Condition 1 - Clear						(F4) Light Condition 4 - Dark - Lighted					
(F5) Road Grade 3 - Top of Hill						(F6) Road Surface Condition 1 - Dry					
(F7) Traffic Control Device 2 - Traffic Signals (Flashing)						Traffic Control Device Operational (pre-crash)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event 1 - On Roadway						Total Damage over Threshold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1 1 - None						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1 1 - None						(F10) Contributing Circumstances -Road 2 1 - None					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input checked="" type="checkbox"/> No					
<p>NARRATIVE</p> <p>Unit 1, Maine Conservation 35C, a 1999 gold Subaru Legacy, was traveling North on High Street. It stopped at the intersection of Congress Street for a flashing red light. After stopping, it accelerated through the intersection striking a pedestrian, Jonathan Rogers, while he walked West across High Street in the crosswalk located on the North side of Congress Street. Unit 1, owned and operated by Seth Begin, stopped briefly but then left the scene of the crash. Rogers had only minor injuries and refused Medcu at the time. A short time later, Unit 1 was found a short distance away with fresh damage to the hood and windshield. Begin was also found during this investigation and issued a summons for LSA in violation of 29A-2252.</p> <p>For further details please see Portland Police case #11-9668.</p>						<p>CRASH DIAGRAM</p>					
Witness Last Name *		First		MI		Address * ME*		City		State Zip	
Witness Last Name *		First		MI		Address * ME*		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address City State Zip					
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address City State Zip					
Reporting Officer Officer Jonathan Roberts				Badge# 186		Report Date 9/29/2011		Approved By Administrator Erin e Clark		Approved Date 9/29/2011	

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Reporting Agency ME0030500		Report Number 11-2749		Crash Date		Crash Time		At Scene Date		At Scene Time		
City or Town			Street or Highway			Nearest Intersecting Street			<input type="checkbox"/> Off Road			
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude			Longitude			
Node 1		Node 2		Measurement Node		Distance to Scene Miles : Tenths		Posted Speed Limit Miles Per Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45		
(F1) Type of Crash						(F2) Type of Location						
(F3) Weather Condition						(F4) Light Condition						
(F5) Road Grade						(F6) Road Surface Condition						
(F7) Traffic Control Device						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
(F8) Location of First Harmful Event						Total Damage over Threshold? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2						
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2						
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone						
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No						
NARRATIVE						CRASH DIAGRAM						

Witness Last Name *			First		MI		Address * ME*		City		State Zip	
Witness Last Name			First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private						
Property Owner Name						Address		City		State Zip		
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private						
Property Owner Name						Address		City		State Zip		
Reporting Officer			Badge#		Report Date		Approved By			Approved Date		

Report Number
11-2749

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID 1	<input checked="" type="checkbox"/> Hit Run?	VIN 4S3BD4354X7256168	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *		Insurance Policy Number *	
(U2) Vehicle Make 65 - SUBARU			Vehicle Year 1999	(U3) Vehicle Color 6 - Gold	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle 1 - No Special Function			<input type="checkbox"/> Exempt Vehicle		
Emergency Vehicle Responding to Scene ?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage					
(U6) Most Damaged Area			(U7) Most Harmful Event 9 - Pedestrian		
(U8) Pre Crash Actions 1 - Following roadway			(U9) Contributing Circumstances - Vehicle		
(U10) Sequence of Events 1			(U10) Sequence of Events 2		
(U10) Sequence of Events 3			(U10) Sequence of Events 4		

D

<input checked="" type="checkbox"/> Driver	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Last Known Operator	License Number *	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> No License	<input type="checkbox"/> Permit	<input type="checkbox"/> Suspended	State ME	License Class C	Endorsements 0	Restrictions 0
DRIVER Last Name *			First Name	MI	DRIVER Address * ME*			City	State	Zip		
Citation Number			Pending <input type="checkbox"/>			Violation 1			Violation 2			

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OWNER Last Name (skip if same as Driver) First Name *			MI	OWNER Address * ME*			City	State	Zip
(D1) Driver Distracted By 6 - Unknwn			(D2) Condition at Time of Crash 6 - Under the Influence of Medications/Drugs/Alcohol						
(D3) Driver Actions at Time of Crash 1 3 - Failed to Yield Right-of-Way			(D3) Driver Actions at Time of Crash 2						

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Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood			<input type="checkbox"/> Alcohol Test Result Pending			Alcohol BAC Result		
Drug Test <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood			Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending					
(D4) Non Motorist Location at Time of Crash			(D5) Non Motorist Action Prior to Crash					
(D6) Non Motorist Action at Time of Crash 1			(D6) Non Motorist Action at Time of Crash 2					
(D7) Pedestrian Maneuvers			(D8) Bicyclist Maneuvers					

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-Nonincapacitating
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury
6-Unknown	6-Unknown	6-Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)	
			7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
				8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation
				9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement
				10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation
				11-Child Restraint - Other			

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*	M	09/08/78	1	1		1	1	3		5			1	

Report Number
11-2749

STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID 500	<input type="checkbox"/> Hit Run?	VIN	License Plate *	State	(U1) Unit Type 22 - Pedestrian
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *	Insurance Policy Number *
(U2) Vehicle Make	Vehicle Year	(U3) Vehicle Color	
(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No		

D

Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage			
(U6) Most Damaged Area	(U7) Most Harmful Event		
(U8) Pre Crash Actions	(U9) Contributing Circumstances - Vehicle		
(U10) Sequence of Events 1	(U10) Sequence of Events 2		
(U10) Sequence of Events 3	(U10) Sequence of Events 4		

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<input type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/>	License Number *	<input type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State	License Class	Endorsements	Restrictions
PEDESTRIAN Last Name *	First Name	MI	PEDESTRIAN Address	City	State	Zip
Citation Number	Pending <input type="checkbox"/>	Violation 1		Violation 2		
OWNER Last Name (skip if same as Driver)	First Name	MI	OWNER Address	City	State	Zip
(D1) Driver Distracted By	(D2) Condition at Time of Crash 6 - Under the Influence of Medications/Drugs/Alcohol					
(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2					
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result			
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending					
(D4) Non Motorist Location at Time of Crash 4 - Midblock - Marked Crosswalk	(D5) Non Motorist Action Prior to Crash 1 - Crossing Roadway					
(D6) Non Motorist Action at Time of Crash 1 1 - No Improper Action	(D6) Non Motorist Action at Time of Crash 2					
(D7) Pedestrian Maneuvers 1 - Crossing with Signal	(D8) Bicyclist Maneuvers					

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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-NonIncapacitating
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury
6-Unknown		6-Unknown	6-Deployment - Other	6-Child Restraint - Forward Facing	6-Shock	6-Leg(s)	
			6-Deployment - Curtain	7-Child Restraint - Rear Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
			7-Deployment - Other	8-Child Restraint - Used Incorrectly	8-Abrasion/Bruises	8-Internal	1-Officer Observation
				10-Booster Seat	9-Complaint of Pain	9-Entire Body	2-Individual Statement
				11-Child Restraint - Other	10-Other	10-Other	3-Medical, Paramedical Observation

AMB CODES - see code sheet

Person Type	Last Name, First Name, Mi	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
3	*	M	01/30/88								3	8	5	1	1

A