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Reporting Agency <b>ME0030500</b>		Report Number <b>11-2874</b>		Crash Date <b>10/11/2011</b>		Crash Time <b>15:58</b>		At Scene Date <b>10/11/2011</b>		At Scene Time <b>16:05</b>							
City or Town <b>Portland</b>			Street or Highway <b>HIGH ST</b>			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. <b>0.01</b> <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude <b>43.653960</b>			Longitude <b>-70.263200</b>								
Node 1 <b>18533</b>		Node 2 <b>18534</b>		Measurement Node		Distance to Scene <b>0.0s</b> <b>T.01s</b>		Posted Speed Limit <b>Miles Per Hour</b>		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45							
(F1) Type of Crash <b>5 - Pedestrians</b>						(F2) Type of Location <b>1 - Straight Road</b>											
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>1 - Daylight</b>											
(F5) Road Grade <b>2 - On Grade</b>						(F6) Road Surface Condition <b>1 - Dry</b>											
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						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 <b>1 - On Roadway</b>						Total Damage over Threshold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
(F9) Contributing Circumstances - Environment 1 <b>1 - None</b>						(F9) Contributing Circumstances - Environment 2											
(F10) Contributing Circumstances - Road 1 <b>1 - None</b>						(F10) Contributing Circumstances -Road 2 <b>1 - None</b>											
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><b>PEDESTRIAN SAID HE WAS CROSSING HIGH ST.(WESTBOUND) AT CONGRESS ST. INTERSECTION. HE WAS CROSSING AT AN ANGLE JUST NORTH OF THE CROSSWALK WHEN HE WAS STRUCK BY V.#1 JUST BEFORE REACHING THE SIDEWALK ON THE WESTBOUND SIDE OF HIGH ST. HE WAS NOT LOOKING AND DID NOT SEE V.#1.</b></p> <p><b>V.#1 DRIVER SAID SHE WAS JUST PROCEEDING WITH A GREEN LIGHT ON HIGH ST. (NORTHBOUND) AND CONTINUED ON ROADWAY IN LEFT TRAVEL LANE OVER CONGRESS ST. INTERSECTION. SHE DID NOT SEE PEDESTRIAN UNTIL HE WAS JUST ABOUT TO WESTBOUND SIDEWALK OF HIGH ST. STILL WALKING IN HER TRAVEL LANE. SHE ATTEMPTED TO APPLY BRAKES AT LAST SECOND AND AS A RESULT STRUCK PEDESTRIAN ON HIS LEFT SIDE.</b></p> <p><b>WITNESS SAID PEDESTRIAN WAS CROSSING OVER HIGH ST. AT AN ANGLE JUST NORTH OF THE CONGRESS ST. INTERSECTION. PEDESTRIAN WAS STRUCK FROM HIS LEFT SIDE JUST AS HE WAS ABOUT TO MAKE THE WESTBOUND SIDEWALK. HE WAS NOT IN THE CROSSWALK.</b></p> <p><b>MEDCU REPORTED THAT PEDESTRIAN WAS COMPLAINING OF...</b></p>						<p>CRASH DIAGRAM</p>											
Witness Last Name <b>*</b>			First		MI		Address <b>* ME*</b>		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 <b>Officer Robert Hawkins</b>				Badge# <b>12</b>		Report Date <b>10/11/2011</b>		Approved By <b>Administrator Erin e Clark</b>				Approved Date <b>10/12/2011</b>					

Report Number  
**11-2874**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>SFNYF28116B009987</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>2 - (Sport) Utility Vehicle</b>
<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>	
(U2) Vehicle Make <b>26 - HONDA</b>			Vehicle Year <b>2006</b>	(U3) Vehicle Color <b>5 - Green</b>	
(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 checked="" type="checkbox"/> No		HAZMAT Placarded ? <input type="checkbox"/> Yes <input checked="" 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 <b>1 - No Special Function</b>			<input checked="" 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 checked="" 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 <b>9 - Pedestrian</b>		
(U8) Pre Crash Actions <b>1 - Following roadway</b>			(U9) Contributing Circumstances - Vehicle <b>1 - None</b>		
(U10) Sequence of Events 1 <b>21 - Motor Vehicle In Transport</b>			(U10) Sequence of Events 2 <b>17 - Pedestrian</b>		
(U10) Sequence of Events 3 <b>50 - No Other Events</b>			(U10) Sequence of Events 4 <b>50 - No Other Events</b>		

D

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <b>*</b>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements	Restrictions
DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>ME*</b>	City	State Zip
Citation Number	Pending <input type="checkbox"/>		Violation 1	Violation 2	
OWNER Last Name (skip if same as Driver) <b>*</b>	First Name	MI	OWNER Address <b>ME*</b>	City	State Zip

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(D1) Driver Distracted By <b>1 - Not Distracted</b>	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
(D3) Driver Actions at Time of Crash 1 <b>19 - Other Contributing Action</b>	(D3) Driver Actions at Time of Crash 2 <b>17 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway</b>
Alcohol Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	Alcohol Test Result Pending Alcohol BAC Result
Drug Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	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

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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-Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)	
EJECTED	HELMET USE		7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet			8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation
2-Ejected Partially	2-Other Helmet			9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement
3-Ejected Totally	3-No Helmet			10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation

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
1	* Last Name, First Name, Mi	F	06/24/65	1	1		2	1	3	3	5			2	1
2	* Last Name, First Name, Mi	M	02/14/01	2	5		1	1	7	3	5			1	1

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Report Number  
**11-2874**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>500</b>	<input type="checkbox"/> Hit Run?	VIN	License Plate *	State	(U1) Unit Type <b>22 - Pedestrian</b>
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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 <b>1 - Apparently Normal</b>					
(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	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 <b>5 - Travel Lane - Other Location</b>	(D5) Non Motorist Action Prior to Crash <b>1 - Crossing Roadway</b>					
(D6) Non Motorist Action at Time of Crash 1 <b>13 - Other</b>	(D6) Non Motorist Action at Time of Crash 2 <b>1 - No Improper Action</b>					
(D7) Pedestrian Maneuvers <b>4 - Crossing No Signal or Crosswalk</b>	(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-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
EJECTED	HELMET USE			8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet			9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement
2-Ejected Partially	2-Other Helmet			10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation
3-Ejected Totally	3-No Helmet			11-Child Restraint - Other			

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians 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
<b>3</b>	*	<b>M</b>	<b>06/14/85</b>								<b>4</b>	<b>9</b>	<b>4</b>	<b>3</b>	<b>546</b>

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# STATE OF MAINE CRASH REPORT

Report Number

11-2874

## Narrative / Diagram Supplemental

**PEDESTRIAN SAID HE WAS CROSSING HIGH ST.(WESTBOUND) AT CONGRESS ST. INTERSECTION. HE WAS CROSSING AT AN ANGLE JUST NORTH OF THE CROSSWALK WHEN HE WAS STRUCK BY V.#1 JUST BEFORE REACHING THE SIDEWALK ON THE WESTBOUND SIDE OF HIGH ST. HE WAS NOT LOOKING AND DID NOT SEE V.#1.**

**V.#1 DRIVER SAID SHE WAS JUST PROCEEDING WITH A GREEN LIGHT ON HIGH ST. (NORTHBOUND) AND CONTINUED ON ROADWAY IN LEFT TRAVEL LANE OVER CONGRESS ST. INTERSECTION. SHE DID NOT SEE PEDESTRIAN UNTIL HE WAS JUST ABOUT TO WESTBOUND SIDEWALK OF HIGH ST. STILL WALKING IN HER TRAVEL LANE. SHE ATTEMPTED TO APPLY BRAKES AT LAST SECOND AND AS A RESULT STRUCK PEDESTRIAN ON HIS LEFT SIDE.**

**WITNESS SAID PEDESTRIAN WAS CROSSING OVER HIGH ST. AT AN ANGLE JUST NORTH OF THE CONGRESS ST. INTERSECTION. PEDESTRIAN WAS STRUCK FROM HIS LEFT SIDE JUST AS HE WAS ABOUT TO MAKE THE WESTBOUND SIDEWALK. HE WAS NOT IN THE CROSSWALK.**

**MEDCU REPORTED THAT PEDESTRIAN WAS COMPLAINING OF MINOR NECK AND BACK PAIN AND MAY HAVE TEMPORARILY BEEN KNOCKED UNCONSCIOUS. THEY REPORTED NO VISIBLE SIGNS OF TRAUMA. HE WAS TRANSPORTED TO MERCY HOSPITAL EMERGENCY.**