2011-12395

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency ME0030500	Report Nu 11-2874	mber		ash Date 0/11/2011	Crash T 15:58		cene Date 11/2011	At Scere 16:05	ne Time
City or Town Portland		Street or Highv	vay		Int o	CONGRESS ST	PFREE ST, H	[GH	Off Road
	est Intersection to Crash S		Distance Fro	om Nearest Ir Feet ✓ M	Latitat		Longitud - 70.263		
Node 1 18533	Node 2 18534	Measuren	nent Node		I	ted Speed Limit Miles Per Hour	✓ Unknown N/A		t Posted 25 t Posted 45
(F1) Type of Crash 5 - Pedestrians		I			of Location	Willos F CF Floar	14//1		
(F3) Weather Conditio	n			(F4) Light	Condition				
1 - Clear (F5) Road Grade				1 - Daylig	jht Surface Con	dition			
2 - On Grade				1 - Dry	Surface Con	dition			
(F7) Traffic Control De 1 - Traffic Signals (Traffic Cor	ntrol Device (Operational (pre-c ✓ Yes	rash)? No	Пυ	nk
(F8) Location of First F	<u> </u>			Total Dam	age over Thi	<u> </u>	Yes 🔽	— <u> </u>	
<u> </u>	umstances - Environment	1		(F9) Contr	buting Circu	mstances - Enviro		NO	
1 - None	Double			(540) 0	-11	Decidence Decidence	0		
(F10) Contributing Circ 1 - None	cumstances - Koad 1			1 - None	Houting Circ	umstances -Road	_		
In or Near a Construct	ion, Maintenance, or Utilit		Unk		Workers Pr	esent?	No	U	nk
(F11) Location of the C	Crash related to Work Zor	ie		(F12) Type	of Work Zoi	ne			
Law Enforcement Pres		ent Vehicle Or	nly No		s Related? Directly Invol	ved Yes. Ind	irectly Involved	✓	No
LIGHT ON HIGH ST ROADWAY IN LEFT INTERSECTION. SH JUST ABOUT TO WI WALKING IN HER T BRAKES AT LAST SI PEDESTRIAN ON H WITNESS SAID PEI AT AN ANGLE JUST INTERSECTION. PE SIDE JUST AS HE W	SHE WAS JUST PROC (NORTHBOUND) AN TRAVEL LANE OVER O IE DID NOT SEE PEDE ESTBOUND SIDEWALK TRAVEL LANE. SHE AT ECOND AND AS A RES	D CONTINUE CONGRESS S STRIAN UNT COF HIGH S TEMPTED TO ULT STRUCK SING OVER I GRESS ST. ICK FROM HI THE WESTBO	ED ON ET. TIL HE WA: T. STILL D APPLY T. T. STILL T.		CONGR	ESS ST.	CONGRE	ESS ST.	
Witness Last Name	THAT PEDESTRIAN W		INING OF	Address		City	S	tate	Zip
* Witness Last Name	First		MI	* ME* Address		City	S	tate	Zip
Non Vehicle Property	Damage Description				Γ			Jtilities	Private
Property Owner Name				Address		City		tate	Zip
Non Vehicle Property				, 1001000	Γ			Jtilities	Private
				To 17					
Property Owner Name				Address		City	S	tate	Zip
Reporting Officer Officer Robert Ha	awkins	Badge#	Report D		Approved E Administr	_{Sy} ator Erin e Claı		proved 0/12/2	

Maine Department of Public Safety

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Form 13:20A Revised January 2010

Last Modified: 10/12/2011 10:17

11-2874	STAT	L OI MAIN	IL ONA							UN	IT P	<u> </u>
	/IN 5 FNYF28116B009987	License *			Jnit Typ Sport) (Vehi	cle				
No Insurance NAIC	Insurance Comp	any Name			nsurano *	ce Poli	cy Nun	nber				
(U2) Vehicle Make 26 - HONDA			Vehicle Yea	,	3) Vehic		or					_
(U4)Vehicle Configuration	GVWR or G	CWR				0 11		tle e e	20.000			
Vehicle Has 9 or More Seats	Vehicle Tra			0,001 - North	- ,			> than outhbo)		
Ye (U5) Special Function Vehicle	Emergency		Westbo	und	N	ot on F	Roadwa	ay	Unkı	10		
1 - No Special Function		✓ Exempt Vehicl	e Emergency	venicie K	espondi	ng to s	cene	f ———	Ye	s [No	
Extent of Damage No	Damage Observed	Minor Damage	Fun	ctional Da	mage		Tov	ved Du	ue to Di	sablin	Dama	аg
(U6) Most Damaged Area			(U7) Most H 9 - Pedest		ent							
(U8) Pre Crash Actions			(U9) Contrib	-	umstand	ces - V	ehicle					
1 - Following roadway (U10) Sequence of Events 1			1 - None (U10) Seque	ence of Fv	ents 2							_
21 - Motor Vehicle In Tra			17 - Pedes	strian								_
(U10) Sequence of Events 3 50 - No Other Events			(U10) Seque 50 - No Ot									
✓ Driver Bicycle ☐ Last Known Operat	Pedestrian License Nu	ımber ✓ Active [No License		State ME	Licer C	nse Cla	ass E	ndorse	ments	Restri	ct
DRIVER Last Name	First Name	M	I DRIVER AC	<u> </u>	<u> </u>	17	City	/		Stat	e Z	ip.
* Citation Number Pending			* ME* Violation 1				Viola	ation 2				_
OWNER Last Name (skip if	OWNER Ad	Idress			City			State	e Zi	р		
* (D1) Driver Distracted By			* ME* (D2) Conditi	ion at Time	e of Cras	sh						
1 - Not Distracted			1 - Appare	ently Nor	mal							
(D3) Driver Actions at Time (19 - Other Contributing			(178) Swer							Surfac	e, Mo	to
	Not Given Test Refu		I Nicobol 3	Γest Resul					Result			
Drug Test Urine	Drug Test R	Result	Pos	sitive		legativ	e [Pend	ing			
(D4) Non Motorist Location a	Other at Time of Crash		(D5) Non M	otorist Acti	on Prior	to Cra	ash					_
(D6) Non Motorist Action at ⁷	Fime of Crash 1		(D6) Non M	otorist Acti	on at Ti	me of	Crash	2				
(D7) Pedestrian Maneuvers	(D8) Bicyclis	st Maneuv	ers							_		
, ,	O December 2 Dedectring C					O	arotor O	E l cot l	(novem C)norst-	/Ours	_
DEDOON TYPE 4 Date		Driver/Owner 7 Di			1 204 1/2-		ειαιυΓ Ζ	J-∟aSt I	CHOWN C	•	Owner DEGRE	
PERSON TYPE 1-Driver, SEAT ROW SEAT POSITION	SEAT POSITION OTHER AI	RBAG DEPLOYED RE	STRAINT SYSTEM	•	INJUF	RY TYPE		IJURY A				
SEAT ROW SEAT POSITION 1-Front Row 1-Left (driver) 2-Second Row 2-Middle	SEAT POSITION OTHER AI 1-Sleeper Section of Cab (truck) ¹ - 2-Other Enclosed Cargo Area 2-	RBAG DEPLOYED RE Not Applicable 1-N Not Deployed 2-N	STRAINT SYSTEN Not Applicable None Used - Motor	// Vehicle Occup	INJUF 1-Amp pant 2-Blee	RY TYPE outation eding	1- 2-	Face Head		1-Fatal 2-Incapa		inc
SEAT ROW SEAT POSITION 1-Front Row 1-Left (driver) 2-Second Row 2-Middle 3-Third Row 3-Right 4-Fourth Row 4-Other	SEAT POSITION OTHER AI 1-Sleeper Section of Cab (truck)1- 2-Other Enclosed Cargo Area 3- 3- Unenclosed Cargo Area 4- 4-Trailing Unit 4-	RBAG DEPLOYED RE Not Applicable 1-N Not Deployed 2-N Deployed - Front 3-S Deployed - Side 4-S	STRAINT SYSTEM Not Applicable None Used - Motor Shoulder and Lap B Shoulder Belt Only I	// Vehicle Occup elt Used	INJUF 1-Amp pant 2-Blee 3-Brol 4-Burr	RY TYPE outation eding ken Bone	1- 2- es 3- 4-	Face		1-Fatal 2-Incapa 3-NonInc 4-Possib	capacitat le Injury	
SEAT ROW SEAT POSITION 1-Front Row 1-Left (driver) 2-Second Row 2-Middle 3-Third Row 3-Right	SEAT POSITION OTHER AI 1-Sleeper Section of Cab (truck)1- 2-Other Enclosed Cargo Area 2- 3- Unenclosed Cargo Area 3- 4-Trailing Unit 5- Fikiding on Motor Vehicle Ext 5- (non-trailing unit) (ki	RBAG DEPLOYED Not Applicable Not Deployed Deployed - Front Deployed - Side Deployed - Other nee, air belt,) RE 1-N 2-N 3-S 5-E 6-F 6-F	STRAINT SYSTEM Not Applicable Shoulder and Lap B Shoulder Belt Only Used Restraint Used - Oth	Nehicle Occupelt Used Used	INJUF 1-Amp pant 2-Blee 3-Brol 4-Burr	RY TYPE outation eding ken Bone ns icussion ck	1- 2- es 3- 4- 5- 6-	Face Head Neck Back		1-Fatal 2-Incapa 3-NonIn	capacitat le Injury ıry	
SEAT ROW 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown EJECTED 1-Not Ejected 1-DOT-Com	SEAT POSITION OTHER 1.1-Sleeper Section of Cab (truck)1-2-Other Enclosed Cargo Area 2-3- Unenclosed Cargo Area 3-4-Trailing Unit 4-5-Riding on Motor Vehicle Ext (non-trailing unit) 6- Unknown 6-Unknown 6-Un	RBAG DEPLOYED RE Not Applicable 1-N Not Deployed 2-N Deployed - Front 3-S Deployed - Side 4-S Deployed - Other nee, air belt,) 6-F Deployed - 7-C ombination 8-C Deployment - Curtain 9-C	STRAINT SYSTEM lot Applicable lone Used - Motor shoulder and Lap B shoulder Belt Only I ap Belt Only Used Restraint Used - Ott shild Restraint - Re shild Restraint - Use	Vehicle Occup left Used Used her rward Facing	INJUF 1-Amp pant 2-Blee 3-Brol 4-Burr 5-Con 6-Sho 7-Dizz 8-Abra 9-Con	RY TYPE putation eding ken Bone ns ucussion ock ziness asion/Brunplaint of	1- 2- 2- 3- 4- 5- 6- 7- 4- 8- Pain 9-	Face Head Neck Back Arm(s) Leg(s) Chest S Internal Entire B	tomach ody	1-Fatal 2-Incapa 3-NonInd 4-Possik 5-No Inju INJURY 1-Officel 2-Individ	capacitat le Injury Iry INFO SO Observa ual State	OU atio
SEAT ROW 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown 5-Unknown HELMET US	SEAT POSITION OTHER AI 1-Sleeper Section of Cab (truck)1- 2-Other Enclosed Cargo Area 2- 3- Unenclosed Cargo Area 4-Trailing Unit 4- 5-Riding on Motor Vehicle Ext (non-trailing unit) (ki 6- Unknown 6- Epilant Motorcycle Helmet 7- net	RBAG DEPLOYED RE Not Applicable 1-N Not Deployed 2-N Deployed - Front 3-c Deployed - Side 4-c Deployed - Other 5-L Deployed - Other 5-L Deployed - 7-C ombination 8-C Deployment - Curtain 9-C	STRAINT SYSTEM Not Applicable None Used - Motor Shoulder and Lap B Shoulder Belt Only Used Restraint Used - Ott Child Restraint - For Shild Restraint - For	Vehicle Occupelt Used Used Used Her ward Facing ar Facing ed Incorrectly	INJUF 1-Amp 1-Amp 2-Blee 3-Brol 4-Burr 5-Con 6-Sho 7-Dizz 8-Abra	RY TYPE putation eding ken Bone ns ucussion ock ziness asion/Brunplaint of	1- 2- 2- 3- 4- 5- 6- 7- 4- 8- Pain 9-	Face Head Neck Back Arm(s) Leg(s) Chest S	tomach ody	1-Fatal 2-Incapa 3-NonInda 4-Possib 5-No Inju INJURY 1-Officed 2-Individ 3-Medica Observa	capacitat le Injury INFO SO Observa ual State al, Paran tion	OU atio
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eport Number 1-2874	STATE (OF MAIN	E CR								UI	NIT P	'AG	
Init ID Hit Run? VIN		License F	Plate	State		nit Typ Pedest								
No Insurance NAIC	Insurance Company N	Name	·		11	nsuran	ce Poli	icy Nur	mber					
J2) Vehicle Make			Vehicle Y	'ear	(U3	3) Vehic	cle Col	or						
(U4)Vehicle Configuration				r GCW			0.001	26.00)O lbc		> than	26.00)0 lbs	
Vehicle Has 9 or More Seats ? HAZMAT Placarded ?				Image: Second control of the contro										
Yes		Yes No	Emerger	tbound		Nestbo				Roadwa	ay [Unk	know	
		Exempt Vehicle								Y6	es	No		
	age Observed Mir	nor Damage		unctio				Тот	wed Du	ue to D	isablin	g Dam	nage	
J6) Most Damaged Area			(U7) Mos	t Harm	ful Eve	nt								
J8) Pre Crash Actions			(U9) Con	tributin	g Circu	ımstanı	ces - V	/ehicle						
J10) Sequence of Events 1			(U10) Se	quence	of Eve	ents 2								
J10) Sequence of Events 3			(U10) Se	quence	of Eve	ents 4								
Driver Bicycle Pedes	strian License Numbe	er Active	No Licen	se F Suspen		State	Lice	nse Cl	ass E	ndorse	ements	Resti	rictio	
EDESTRIAN Last Name	First Name	MI	PEDEST * ME*			S	<u> </u>	Cit	у		Sta	ite Z	Zip	
Citation Number Pending			Violation	1				Viol	ation 2					
OWNER Last Name (skip if same as Driver) First Name MI				OWNER Address City State Zip										
D1) Driver Distracted By			(D2) Con				sh							
(D3) Driver Actions at Time of Crash 1				1 - Apparently Normal (D3) Driver Actions at Time of Crash 2										
,			-,			01			I DAG	Result				
Breath Urine	Other Chemical Test (Not F	Blood Field Sobriety or PBT	Alcoh	ol Test	Result	Pendir	ng	AICOITC) BAC	Resuit				
Drug Test				Drug Test Result Positive Negative Pending										
D4) Non Motorist Location at Time - Travel Lane – Other Locat	_		(D5) Non 1 - Cros		_		r to Cr	ash						
D6) Non Motorist Action at Time of			(D6) Non	Motori	st Action	on at Ti	me of	Crash	2					
3 - Other O7) Pedestrian Maneuvers			1 - No I (D8) Bicy											
- Crossing No Signal or Cros PERSON TYPE 1-Driver, 2-Pas		er/Owner 7-Bicycle	8-Passer	iger/Owi	ner 24-l	ast Kno	own On	erator 2	5-Last	Known	Operato	or/Owne		
SEAT ROW SEAT POSITION SEAT	,	DEPLOYED RES	TRAINT SYS	Ü	,	INJUF	RY TYPE	i i	NJURY A		•	/ DEGRE		
2-Second Row 2-Middle 2-Othe	er Enclosed Cargo Area 2-Not De enclosed Cargo Area 3-Deploy	eployed 2-No yed - Front 3-Sho	ne Üsed - Mo oulder and La	ap Belt Us	le Occup	ant 2-Blee 3-Bro	eding ken Bon	es 3	-Head -Neck		2-Incap 3-Nonli	acitating ncapacita	ating	
5-Other Row 5-Unknown 5-Ridir	ng on Motor Vehicle Ext 5-Deploy	yed - Other 5-Lar	oulder Belt O Belt Only U	séd			ncussion	5	-Back -Arm(s)		4-Possi 5-No In	ble Injury jury	У	
6- Unk		yed - 7-Chi	straint Used - ild Restraint -	Forward			ziness asion/Br	7	-Leg(s) -Chest S -Internal			/ INFO S		
1-Not Ejected 1-DOT-Compliant M	7 Donlor	yment - Curtain 9-Chi	ild Restraint - ild Restraint - ooster Seat	Used Inc	correctly		nplaint o	f Pain 9	-Entire B 0-Other		2-Indivi	dual Stat	teme	
2-Ejected Partially 2-Other Helmet 3-No Helmet			hild Restrain	t - Other						AMD	Observ			
erson Include Driver, Passengers, Bicyclist	Jex .	DOB D	eat Seat	Seat Pos	Air Bag Deployed	Ejected	Restrain	t Helmet		Injury	Injury	Inj Info	Α	
Last Name, First Name, Mi	(M,F,U)		ow Fos	Other ¹	Deployed		System	USE	Degree		Area	Source	Т	
3 *	M	06/14/85							4	9	4	3	5	
		1	1	1	1	1		1	1	i .	1	I	1	

STATE OF MAINE CRASH REPORT Report Number **Narrative / Diagram Supplemental** 11-2874 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.