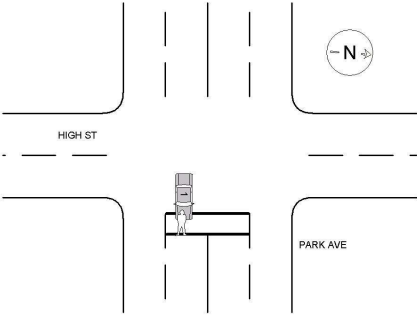


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Reporting Agency ME0030500		Report Number 11-3554		Crash Date 12/20/2011		Crash Time 07:54		At Scene Date 12/20/2011		At Scene Time 07:55										
City or Town Portland			Street or Highway HIGH ST			Int of HIGH ST, HIGH ST EXT, PARK AV			<input type="checkbox"/> 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 43.657580			Longitude -70.266820											
Node 1 18538		Node 2 0		Measurement Node		Distance to Scene 0 :s 0 : Tenths		Posted Speed Limit Miles 30 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 5 - Pedestrians						(F2) Type of Location 4 - Four Leg Intersection														
(F3) Weather Condition 1 - Clear						(F4) Light Condition 1 - Daylight														
(F5) Road Grade 1 - Level						(F6) Road Surface Condition 1 - Dry														
(F7) Traffic Control Device 1 - Traffic Signals (Stop & Go)						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														
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														
NARRATIVE V-1 WAS EAST ON PARK AVE. CROSSING HIGH ST WITH GREEN LIGHT. PEDESTRIAN WAS CROSSING PARK AVE IN CROSSWALK AGAINST SIGNAL. V-1 STRUCK PEDESTRIAN IN RIGHT LEG. VERY MINOR INJURY						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 Officer Robert Pelletier				Badge# 120		Report Date 12/20/2011		Approved By Administrator Erin e Clark				Approved Date 12/20/2011								

Report Number
11-3554

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1N4DLU1D2WC170108	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 50 - NISSAN			Vehicle Year 1998	(U3) Vehicle Color 1 - Black	
(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 type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input checked="" 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 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 9 - Pedestrian		
(U8) Pre Crash Actions 1 - Following roadway			(U9) Contributing Circumstances - Vehicle 1 - None		
(U10) Sequence of Events 1 21 - Motor Vehicle In Transport			(U10) Sequence of Events 2 17 - Pedestrian		
(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 1 - Not Distracted			(D2) Condition at Time of Crash 1 - Apparently Normal						
(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 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
6	*	M	05/02/61	1	1		1	1	3		5			2	1
2	*	M	11/17/97	1	3		1	1	3		5			2	1

Report Number
11-3554

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 checked="" type="checkbox"/> Pedestrian	<input type="checkbox"/> Last Known Operator	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 1 - Apparently Normal						
(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	Other Chemical Test (Not Field Sobriety or PBT)		<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	Other		Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending				
(D4) Non Motorist Location at Time of Crash 1 - Intersection - Marked Crosswalk	(D5) Non Motorist Action Prior to Crash 1 - Crossing Roadway						
(D6) Non Motorist Action at Time of Crash 1 2 - Dart/Dash	(D6) Non Motorist Action at Time of Crash 2						
(D7) Pedestrian Maneuvers 2 - Crossing against 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-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
3	*	F	10/10/00								3	8	6	3	1

A