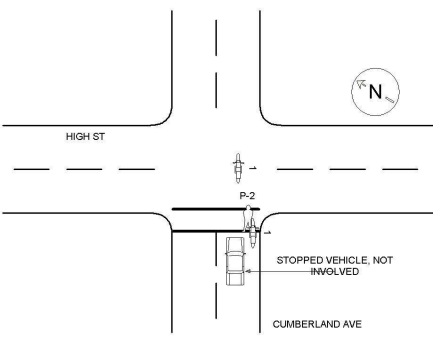


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Reporting Agency ME0030500		Report Number 11-1848		Crash Date 6/28/2011		Crash Time 11:53		At Scene Date 6/28/2011		At Scene Time 11:55										
City or Town Portland			Street or Highway CUMBERLAND AV			0508955 POR, HIGH ST, CUMBERLAND AVE.			<input 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 43.655600			Longitude -70.265530											
Node 1 18535		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 checked="" type="checkbox"/> Yes <input 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 PEDESTRIAN WAS CROSSING CUMBERLAND AVE AT HIGH ST IN CROSSWALK. V-1 PASSED STOPPED TRAFFIC ON RIGHT AND STRUCK PEDESTRIAN. V-1 FLED SCENE.						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 6/28/2011		Approved By Administrator Erin e Clark				Approved Date 6/29/2011								

Report Number
11-1848

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID 1	<input checked="" type="checkbox"/> Hit Run?	VIN 1HD1CX3107K467103	License Plate *	State ME	(U1) Unit Type 11 - Motorcycle
<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *		Insurance Policy Number *	
(U2) Vehicle Make 24 - HARLEY DAVIDSON			Vehicle Year 2007	(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 type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage		
(U6) Most Damaged Area 16 - Unknown		(U7) Most Harmful Event 13 - Motor Vehicle in Transport
(U8) Pre Crash Actions 18 - Overtaking Passing		(U9) Contributing Circumstances - Vehicle 1 - None
(U10) Sequence of Events 1 21 - Motor Vehicle In Transport		(U10) Sequence of Events 2
(U10) Sequence of Events 3		(U10) Sequence of Events 4

D

<input type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/>	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 I	Restrictions
<input checked="" type="checkbox"/> Last Known Operator						
DRIVER Last Name Last Name	First Name	MI	DRIVER Address Address	City	State	Zip
*			* ME*			
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

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(D1) Driver Distracted By 1 - Not Distracted	(D2) Condition at Time of Crash 1 - Apparently Normal
(D3) Driver Actions at Time of Crash 1 12 - Improper Passing	(D3) Driver Actions at Time of Crash 2 3 - Failed to Yield Right-of-Way
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical TEST (Not Field Sobriety or PBT)	<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	(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-Child Restraint - Used Incorrectly	8-Abrasion/Bruises	8-Internal	1-Officer Observation
2-Ejected Partially	2-Other Helmet		9-Child Restraint - Used Incorrectly	10-Booster Seat	9-Complaint of Pain	9-Entire Body	2-Individual Statement
3-Ejected Totally	3-No Helmet		11-Child Restraint - Other	10-Other	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
25	*	M	12/17/49	1	1		1	2	1	3	5			2	1

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Report Number
11-1848

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

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 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	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 1 - Intersection - 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-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-Child Restraint - Used Incorrectly	8-Abrasion/Bruises	8-Internal	1-Officer Observation
2-Ejected Partially	2-Other Helmet		9-Child Restraint - Used Incorrectly	10-Booster Seat	9-Complaint of Pain	9-Entire Body	2-Individual Statement
3-Ejected Totally	3-No Helmet		11-Child Restraint - Other	10-Other	10-Other	10-Other	3-Medical, Paramedical Observation

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	09/07/99								4	2	6	3	546

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