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| Reporting Agency ME0030500 | | Report Number 13-2755 | | Crash Date 10/1/2013 | | Crash Time 08:24 | | At Scene Date 10/1/2013 | | At Scene Time 08:30 | | | | | | | | | | | | | |
| City or Town Portland | | | Street or Highway YORK ST | | | Nearest Intersecting Street Int of HIGH ST, YORK 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 43.651150 | | | Longitude -70.258110 | | | | | | | | | | | | | | |
| Node 1 18529 | | Node 2 0 | | Measurement Node | | Distance to Scene 0 Miles 0 Tenths | | Posted Speed Limit Miles 25 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 9 - Bicycle | | | | | | (F2) Type of Location 4 - Four Leg Intersection | | | | | | | | | | | | | | | | | |
| (F3) Weather Condition 1 - Clear | | | | | | (F4) Light Condition 1 - Daylight | | | | | | | | | | | | | | | | | |
| (F5) Road Grade 4 - Bottom of Hill | | | | | | (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 | | | | | | | | | | | | | | | | | |
| <p>NARRATIVE</p> <p>V2 WAS STOPPED ON HIGH ST FOR THE RED LIGHT AT YORK ST. V1 WAS GOING EAST ON YORK ST IN THE THRU/RIGHT TURN LANE AND APPROACHING HIGH ST WITH A GREEN LIGHT. BICYCLE WAS GOING EAST IN THE BIKE LANE ON YORK ST AND WAS APPROACHING HIGH ST. BICYCLE WAS JUST BEHIND V1.</p> <p>AS V1 AND BICYCLE REACHED HIGH ST V1 MADE A QUICK AND UNEXPECTED RIGHT TURN ONTO HIGH ST TO AVOID STOPPED TRAFFIC AHEAD ON YORK ST. MR DOYON SAID THAT HE ACTIVATED HIS TURN SIGNAL TOO LATE AND WHILE TURNING. BICYCLE WAS ATTEMPTING TO GO STRAIGHT THRU INTERSECTION. BIKE STRUCK RIGHT FRONT OF V1. MR CORREIA WAS THEN THROWN ONTO THE HOOD OF V2.</p> <p>MR CORREIA COMPLAINED OF PAIN TO FACE, NOSE AND HAND. HE WAS SEEN BY PARAMEDICS AND NOT TRANSPORTED.</p> <p>AMH</p> | | | | | | <p>CRASH DIAGRAM</p> | | | | | | | | | | | | | | | | | |
| Witness Last Name | | | First | | | MI | | | Address | | | 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 John Morin | | | | Badge# 19 | | Report Date 10/1/2013 | | Approved By Supervisor Andrew Hutchings | | | | Approved Date 10/1/2013 | | | | | | | | | | | |

Report Number
13-2755

STATE OF MAINE CRASH REPORT

UNIT PAGE

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| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 2HNYD188X6H500821 | License Plate * | State ME | (U1) Unit Type 2 - (Sport) Utility Vehicle |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name * | | Insurance Policy Number * | |
| (U2) Vehicle Make 1 - ACURA | | | Vehicle Year 2006 | (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 1 - Front Passenger Corner | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport |
| (U8) Pre Crash Actions 5 - Making right turn | | (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 |

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| <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 | Restrictions |
| DRIVER Last Name * | First Name | MI | DRIVER Address * ME* | 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 * ME* | 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 16 - Operated Motor Vehicle in Erratic, Reckless, Careless, Negligent or Aggressive Manner | (D3) Driver Actions at Time of Crash 2 |
| 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 |
| 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 |
| (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 |
|-------------|--------------------------------------------------------|-------------|-----------------|--------------|----------|----------------|------------------|----------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| 6 | * | M | 09/17/70 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 3 | 1 |
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Report Number
13-2755

STATE OF MAINE CRASH REPORT

UNIT PAGE

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| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN 4S4WX86D474405923 | License Plate * | State ME | (U1) Unit Type 2 - (Sport) Utility Vehicle |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name * | | Insurance Policy Number * | |
| (U2) Vehicle Make 65 - SUBARU | | | Vehicle Year 2007 | (U3) Vehicle Color 8 - Grey, Silver | |
| (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 1 - No Special Function | | | <input type="checkbox"/> Exempt Vehicle | | |
| 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 | | | Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| (U6) Most Damaged Area 10 - Front Driver Quarter Panel | (U7) Most Harmful Event 13 - Motor Vehicle in Transport |
| (U8) Pre Crash Actions 11 - Stopped in traffic | (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 |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|--------------|--------------|
| <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 | Restrictions |
| DRIVER Last Name * | First Name | MI | DRIVER Address * ME* | 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 * ME* | 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 1 - No Contributing Action | (D3) Driver Actions at Time of Crash 2 |
| 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 |
| 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 |
| (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 | 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 |
|-------------|--------------------------------------------------------|-------------|-----------------|--------------|----------|----------------|------------------|----------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| 6 | * | F | 02/22/71 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 3 | 1 |
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Report Number
13-2755

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 23 - Bicyclist |
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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 | | |

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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 | | |
| (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"/> Last Known Operator | <input checked="" type="checkbox"/> Bicycle | <input type="checkbox"/> Pedestrian | License Number * | <input type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | State | License Class | Endorsements | Restrictions |
| BICYCLIST Last Name * | First Name | MI | BICYCLIST 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 | |

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| (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 <input type="checkbox"/> 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 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 6 - Bicycle Lane | 5 - Walking/Cycling Along Roadway with Traffic (In or Adjacent to Travel) |
| (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 | (D8) Bicyclist Maneuvers 1 - Bicycle - Riding with Traffic |

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-Child Restraint - Forward Facing | 6-Shock | 6-Leg(s) | |
| EJECTED | HELMET USE | | 7-Deployment - Curtain | 8-Child Restraint - Rear Facing | 7-Dizziness | 7-Chest Stomach | INJURY INFO SOURCE |
| 1-Not Ejected | 1-DOT-Compliant Motorcycle Helmet | | | 9-Child Restraint - Used Incorrectly | 8-Abrasion/Bruises | 8-Internal | 1-Officer Observation |
| 2-Ejected Partially | 2-Other Helmet | | | 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 | 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 | |
|-------------|--------------------------------------------------------|-------------|-----------------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|----------|
| 7 | * Last Name, First Name, Mi | M | 12/20/72 | | | | | | | | 1 | 3 | 9 | 1 | 3 | 1 |
| | | | | | | | | | | | | | | | | |
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