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Reporting Agency ME0030500		Report Number 13-003518		Crash Date 12/6/2013		Crash Time 12:50		At Scene Date 12/6/2013		At Scene Time 13:10										
City or Town Portland			Street or Highway FREE ST			Int of CONGRESS ST, FREE ST, HIGH ST			<input type="checkbox"/> Off Road											
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. 210 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 43.654130			Longitude -70.262680											
Node 1 18533		Node 2 0		Measurement Node 18533		Distance to Scene 0 :s : Tenths		Posted Speed Limit Miles Per Hour		<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 5 - Pedestrians						(F2) Type of Location 5 - Five or More Leg Intersection														
(F3) Weather Condition 4 - Rain						(F4) Light Condition 1 - Daylight														
(F5) Road Grade 1 - Level						(F6) Road Surface Condition 2 - Wet														
(F7) Traffic Control Device 13 - None						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 1 - None														
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>unit 1 was making a left turn. Pedestrian 1 was walking across road, not in a crosswalk.</p> <p>Unit 1 said "i was making the corner from congress to free street. I had just stopped to let someone cross in the crosswalk. I started going again and suddenly I saw a male in front of my car. I slammed on the brakes, stopping. I did not see this male because he was right in my blind spot. I am not injured."</p> <p>pedestrian 1 said "I was walking across the street, not in the crosswalk. I started walking across the street and a car turned just as i was walking by. I jumped back out of the way but the car's bumper hit my left knee. I don't think i am injured and i am refusing medcu. I do want a police report done to make sure it is documented."</p> <p>No injuries reported at the scene. P1 had a cast on his left foot(same leg that he said was hit) but he said that it does not hurt.</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 Mark Kezal				Badge# 87		Report Date 12/6/2013				Approved By Supervisor Aaron Pepin				Approved Date 12/9/2013						

Report Number
13-003518

STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1N4BL11E12C252203	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 2002	(U3) Vehicle Color 5 - Green	
(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 checked="" 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		
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 13 - Motor Vehicle in Transport		
(U8) Pre Crash Actions 6 - Making left turn			(U9) Contributing Circumstances - Vehicle 1 - None		
(U10) Sequence of Events 1 21 - Motor Vehicle In Transport			(U10) Sequence of Events 2 21 - Motor Vehicle In Transport		
(U10) Sequence of Events 3 21 - Motor Vehicle In Transport			(U10) Sequence of Events 4 21 - Motor Vehicle In Transport		

D

<input checked="" 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	State ME	License Class B	Endorsements N,P	Restrictions Q
DRIVER Last Name *			First Name	MI	DRIVER 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 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		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-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	07/18/63	1	1		2	1	3	3	5			2	1

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Report Number
13-003518

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 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 * MA*	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	<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 3 - Intersection - Other	(D5) Non Motorist Action Prior to Crash 1 - Crossing Roadway					
(D6) Non Motorist Action at Time of Crash 1 3 - Failure to Yield Right-Of-Way	(D6) Non Motorist Action at Time of Crash 2 1 - No Improper Action					
(D7) Pedestrian Maneuvers 4 - Crossing No Signal or Crosswalk	(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
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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-Deployment - Curtain	6-Child Restraint - Forward Facing	6-Shock	6-Leg(s)	
			6-Deployment - Combination	7-Child Restraint - Rear Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
EJECTED	HELMET USE		7-Deployment - Curtain	8-Child Restraint - Used Incorrectly	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	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	*	M	09/28/81								4	9	6	2	1

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