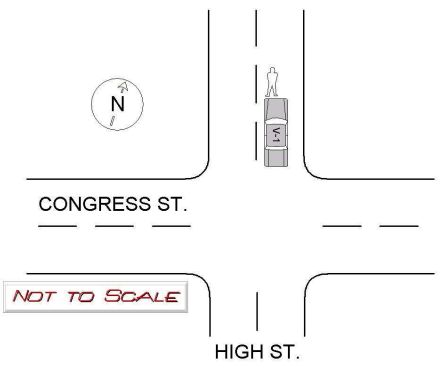


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Reporting Agency <b>ME0030500</b>		Report Number <b>13-000146</b>		Crash Date <b>1/12/2013</b>		Crash Time <b>23:44</b>		At Scene Date <b>1/12/2013</b>		At Scene Time <b>23:44</b>													
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST.</b>			Nearest Intersecting Street <b>HIGH ST.</b>			<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			Longitude														
Node 1 <b>18533</b>		Node 2 <b>18534</b>		Measurement Node		Distance to Scene <b>M:0s T:02s</b>		Posted Speed Limit <b>Miles 25 Hour</b>		<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 <b>5 - Pedestrians</b>						(F2) Type of Location <b>1 - Straight Road</b>																	
(F3) Weather Condition <b>4 - Rain</b>						(F4) Light Condition <b>4 - Dark - Lighted</b>																	
(F5) Road Grade <b>2 - On Grade</b>						(F6) Road Surface Condition <b>2 - Wet</b>																	
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						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 <b>1 - On Roadway</b>						Total Damage over Threshold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
(F9) Contributing Circumstances - Environment 1 <b>1 - None</b>						(F9) Contributing Circumstances - Environment 2																	
(F10) Contributing Circumstances - Road 1 <b>1 - None</b>						(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 <b>DRIVER OF V-1 STATED HE MADE A LEFT ONTO HIGH ST. FROM CONGRESS ST. ON A GREEN ARROW. HE THEN STRUCK DAVID RUNNING ACROSS THE ROAD. THERE WAS NOT A CROSS WALK AT THE LOCATION OF THE ACCIDENT.</b>						CRASH DIAGRAM 																	
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 <b>Officer Michael Bennis</b>				Badge# <b>65</b>		Report Date <b>1/12/2013</b>				Approved By <b>Administrator Erin e Clark</b>				Approved Date <b>1/14/2013</b>									

Report Number  
**13-000146**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>2FAFP71W64X141153</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>	
(U2) Vehicle Make <b>18 - FORD</b>			Vehicle Year <b>2004</b>	(U3) Vehicle Color <b>14 - White</b>	
(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 <b>2 - Taxi</b>			<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 <b>13 - Motor Vehicle in Transport</b>		
(U8) Pre Crash Actions <b>1 - Following roadway</b>			(U9) Contributing Circumstances - Vehicle <b>1 - None</b>		
(U10) Sequence of Events 1 <b>21 - Motor Vehicle In Transport</b>			(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 <b>*</b>	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> No License	<input type="checkbox"/> Permit	<input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
Citation Number	Pending <input type="checkbox"/>		Violation 1	Violation 2		
OWNER Last Name (skip if same as Driver) <b>*</b>	First Name	MI	OWNER Address <b>* ME*</b>	City	State	Zip

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(D1) Driver Distracted By <b>1 - Not Distracted</b>	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
(D3) Driver Actions at Time of Crash 1 <b>1 - No Contributing Action</b>	(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-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	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
<b>1</b>	<b>*</b>	<b>M</b>	<b>10/01/50</b>	<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>5</b>			<b>2</b>	<b>1</b>

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Report Number  
**13-000146**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>500</b>	<input type="checkbox"/> Hit Run?	VIN	License Plate *	State	(U1) Unit Type <b>22 - Pedestrian</b>
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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 <b>1 - Apparently Normal</b>					
(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 <b>3 - Intersection - Other</b>	(D5) Non Motorist Action Prior to Crash <b>1 - Crossing Roadway</b>					
(D6) Non Motorist Action at Time of Crash 1 <b>3 - Failure to Yield Right-Of-Way</b>	(D6) Non Motorist Action at Time of Crash 2					
(D7) Pedestrian Maneuvers <b>4 - Crossing No Signal or Crosswalk</b>	(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-Deployment - Curtain	6-Child Restraint - Forward Facing	6-Shock	6-Leg(s)	
EJECTED	HELMET USE		6-Deployment - Combination	7-Child Restraint - Rear Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet		7-Deployment - Curtain	8-Child Restraint - Used Incorrectly	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 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
<b>3</b>	*	<b>M</b>	<b>12/21/86</b>								<b>4</b>	<b>9</b>	<b>7</b>	<b>2</b>	<b>546</b>

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