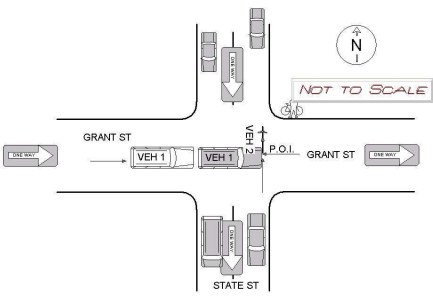


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Reporting Agency ME0030500		Report Number 11-002133		Crash Date 7/26/2011		Crash Time 09:35		At Scene Date 7/26/2011		At Scene Time 12:00													
City or Town Portland			Street or Highway GRANT ST			Nearest Intersecting Street 0507250 POR,STATE,GRANT 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 43.656540			Longitude -70.268360														
Node 1 16832		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 2 - Cloudy						(F4) Light Condition 1 - Daylight																	
(F5) Road Grade 2 - On Grade						(F6) Road Surface Condition 1 - Dry																	
(F7) Traffic Control Device 5 - Stop Signs - Other						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																	
NARRATIVE VEHICLE 1 ON GRANT ST WEST OF STATE ST WAITING TO CROSS. VEHICLE 2 A BICYCLE HEADING THE WRONG WAY ON STATE ST ACROSS GRANT ST CUT IN FRONT OF VEHICLE 1. VEHICLE 1 STRUCK THE REAR TIRE OF VEHICLE 2 KNOCKING HIM TO THE GROUND. NO DAMAGE MINOR INJURIES THE VEHICLE 2.						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 Officer Daniel Rose				Badge# 142		Report Date 7/26/2011		Approved By Administrator Erin e Clark				Approved Date 7/27/2011											

Report Number
11-002133

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1J4PR4GK7AC104837	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 33 - JEEP			Vehicle Year 2010	(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 10 - Pedalcycle		
(U8) Pre Crash Actions 9 - Starting in traffic			(U9) Contributing Circumstances - Vehicle 1 - None		
(U10) Sequence of Events 1 21 - Motor Vehicle In Transport			(U10) Sequence of Events 2 50 - No Other Events		
(U10) Sequence of Events 3 50 - No Other Events			(U10) Sequence of Events 4 50 - No Other Events		

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 <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 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

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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)	
			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
6	*	M	03/28/47	1	1		2	1	3	3	5			2	1

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Report Number
11-002133

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN	License Plate *	State	(U1) Unit Type 23 - Bicyclist
<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 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		
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 4 - Rear Passenger Quarter Panel			(U7) Most Harmful Event 10 - Pedalcycle		
(U8) Pre Crash Actions 2 - Wrong way into opposing traffic			(U9) Contributing Circumstances - Vehicle 1 - None		
(U10) Sequence of Events 1 18 - Pedalcycle			(U10) Sequence of Events 2 8 - Went Off Roadway Right		
(U10) Sequence of Events 3			(U10) Sequence of Events 4		

D

<input type="checkbox"/> Driver	<input checked="" type="checkbox"/> Bicycle	<input type="checkbox"/> Pedestrian	License Number *	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> No License	<input type="checkbox"/> Permit	State IL	License Class C	Endorsements 0	Restrictions
<input type="checkbox"/> Last Known Operator										
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 1 - Not Distracted				(D2) Condition at Time of Crash 1 - Apparently Normal			
(D3) Driver Actions at Time of Crash 1 13 - Wrong Way				(D3) Driver Actions at Time of Crash 2 3 - Failed to Yield Right-of-Way			
Alcohol Test		<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		Alcohol Test Result Pending		Alcohol BAC Result	
<input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)							
Drug Test		<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			
<input type="checkbox"/> Urine <input type="checkbox"/> Other							
(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
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
7	*	M	02/19/92	1	1		1	3	1	3	4	8	7	2	1

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