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Reporting Agency ME0030500		Report Number 12-002407		Crash Date 9/25/2012		Crash Time 16:57		At Scene Date 9/25/2012		At Scene Time 16:57	
City or Town Portland			Street or Highway STATE ST			0507248 POR, STATE 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 43.655220		Longitude -70.267670			
Node 1 16830		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 9 - Bicycle						(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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1 4 - Glare						(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>UNIT NO. 1 STOPPED FOR RED LIGHT ON CUMBERLAND AVENUE TRAVELING WEST AND GETTING READY TO MAKE A LEFT TURN ON TO STATE STREET. UNIT NO. 2 (BICYCLE) STOPPED AT RED LIGHT ON CUMBERLAND AVENUE TRAVELING EAST AND GETTING READY TO CONTINUE STRAIGHT ON CUMBERLAND AVENUE. LIGHT CHANGES FROM RED TO GREEN, UNIT NO. 2 STARTS ON CUMBERLAND AVENUE AND CONTINUES STRAIGHT THRU INTERSECTION. UNIT NO. 1 HAS AFTERNOON SUN/GLARE IN HIS EYES AND DOES NOT SEE UNIT NO. 1 WHEN MAKING LEFT TURN FROM CUMBERLAND AVENUE ON TO STATE STREET.</p> <p>FRONT END OF UNIT NO. 1 STRIKES BICYCLIST ON LEFT SIDE, SENDING UP INTO THE AIR AND THEN ON THE GROUND. UNIT NO. 2 (BICYCLIST) HAD VERY MINOR INJURIES AND WAS TRANSPORTED TO MAINE MEDICAL CENTER BY MEDCU.</p> <p>I (OFC. DAVID COTE) WITNESSED THE ACCIDENT AND THE CAMERA SYSTEM IN VEHICLE 5 CAPTURED THE ACCIDENT.</p>						<p>CRASH DIAGRAM</p>					
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 David Cote				Badge# 4		Report Date 9/25/2012		Approved By Administrator Erin e Clark		Approved Date 9/26/2012	

Report Number
12-002407

STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1GCEC19V51E232146	License Plate *	State ME	(U1) Unit Type 5 - Pickup
<input type="checkbox"/> No Insurance	NAIC 42919	Insurance Company Name *		Insurance Policy Number *	
(U2) Vehicle Make 11 - CHEVROLET			Vehicle Year 2001	(U3) Vehicle Color 4 - Blue	
(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 type="checkbox"/> Eastbound <input checked="" 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		
(U10) Sequence of Events 3			(U10) Sequence of Events 4		

D

<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 5 - External Distraction (outside the vehicle)				(D2) Condition at Time of Crash 1 - Apparently Normal				
(D3) Driver Actions at Time of Crash 1 3 - Failed to Yield Right-of-Way				(D3) Driver Actions at Time of Crash 2 20 - Unknown				
Alcohol Test		<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	
<input type="checkbox"/> Breath	<input type="checkbox"/> Urine	<input type="checkbox"/> Other Chemical TEST (Not Field Sobriety or PBT)		Drug Test Result				<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
Drug Test				<input checked="" type="checkbox"/> Test Not Given	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Blood	<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	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	12/31/66	1	1		2	1	3		5			2	1

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Report Number
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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 *
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(U2) Vehicle Make	Vehicle Year	(U3) Vehicle Color
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(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.
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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
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(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
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(U8) Pre Crash Actions	(U9) Contributing Circumstances - Vehicle
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input type="checkbox"/> Driver <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
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BICYCLIST Last Name *	First Name	MI	BICYCLIST Address * ME*	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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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
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
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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
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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
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(D4) Non Motorist Location at Time of Crash 5 - Travel Lane - Other Location	(D5) Non Motorist Action Prior to Crash 2 - Waiting to Cross Roadway
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(D6) Non Motorist Action at Time of Crash 1 1 - No Improper Action	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers 1 - Bicycle - Riding with Traffic
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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	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
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