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| Reporting Agency<br><b>ME0030500</b>   |  | Report Number<br><b>12-000074</b> |  | Crash Date<br><b>1/11/2012</b>   |  | Crash Time<br><b>08:22</b>  |  | At Scene Date<br><b>1/11/2012</b>                |                                   | At Scene Time<br><b>08:30</b>  |  |
| City or Town<br><b>Portland</b>  |  |                                   | Street or Highway<br><b>State Street</b> |  |  | Nearest Intersecting Street<br><b>Congress Street</b>   |  |  | <input type="checkbox"/> Off Road |  |  |
| Direction FROM Nearest Intersection to Crash Site<br><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.<br><input type="checkbox"/> Feet <input type="checkbox"/> Miles |  | Latitude  |  | Longitude  |                                   |  |  |
| Node 1<br><b>16818</b>   |  | Node 2<br><b>0</b>                |  | Measurement Node   |  | Distance to Scene<br><b>0</b> Miles <b>0</b> Tenths   |  | Posted Speed Limit<br><b>Miles 25 Hour</b>       |                                   | <input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25<br><input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45 |  |
| (F1) Type of Crash<br><b>5 - Pedestrians</b>   |  |                                   |  |  |  | (F2) Type of Location<br><b>4 - Four Leg Intersection</b>   |  |  |                                   |  |  |
| (F3) Weather Condition<br><b>1 - Clear</b>   |  |                                   |  |  |  | (F4) Light Condition<br><b>1 - Daylight</b>   |  |  |                                   |  |  |
| (F5) Road Grade<br><b>3 - Top of Hill</b>  |  |                                   |  |  |  | (F6) Road Surface Condition<br><b>1 - Dry</b>   |  |  |                                   |  |  |
| (F7) Traffic Control Device<br><b>1 - Traffic Signals (Stop &amp; Go)</b>  |  |                                   |  |  |  | Traffic Control Device Operational (pre-crash)?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk             |  |  |                                   |  |  |
| (F8) Location of First Harmful Event<br><b>1 - On Roadway</b>  |  |                                   |  |  |  | Total Damage over Threshold?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |                                   |  |  |
| (F9) Contributing Circumstances - Environment 1<br><b>1 - None</b>   |  |                                   |  |  |  | (F9) Contributing Circumstances - Environment 2   |  |  |                                   |  |  |
| (F10) Contributing Circumstances - Road 1<br><b>1 - None</b>   |  |                                   |  |  |  | (F10) Contributing Circumstances -Road 2  |  |  |                                   |  |  |
| In or Near a Construction, Maintenance, or Utility Work Zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk  |  |                                   |  |  |  | Work Zone Workers Present?<br><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?<br><input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No  |  |                                   |  |  |  | School Bus Related?<br><input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input checked="" type="checkbox"/> No |  |  |                                   |  |  |
| <p>NARRATIVE</p> <p><b>Vehicle 1 was stopped south bound in the right turning lane of State Street for the red light at Congress Street.</b></p> <p><b>Pedestrian was walking east bound on Congress Street heading towards the intersection of Congress and State Streets.</b></p> <p><b>Pedestrian had the signal to walk in the cross walk and started to do so.</b></p> <p><b>Operator of vehicle 1 stated that she had come to a full stop at the red light on State and Congress Street and looked to her left to see if traffic was clear. She stated that she never saw the pedestrian until she hit him.</b></p> <p><b>The accident was witnessed by a crossing guard that was working at that intersection.</b></p> <p><b>The pedestrian was struck by vehicle 1 and thrown to the ground. He complained of pain on his left wrist, left shoulder and left ear. He was transported to the Maine Medical Center by Portland MEDCU. At the time of this report he may have a fractured or broken left wrist. His injuries were not life threatening.</b></p> |  |                                   |  |  |  | <p>CRASH DIAGRAM</p>  |  |  |                                   |  |  |
| Witness Last Name<br>*   |  | First                             |  | MI   |  | Address<br>* 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<br><b>Officer Cong Van Nguyen</b>  |  |                                   |  | Badge#<br><b>145</b>   |  | Report Date<br><b>1/11/2012</b>   |  | Approved By<br><b>Administrator Erin e Clark</b> |                                   | Approved Date<br><b>1/11/2012</b>  |  |

Report Number  
**12-000074**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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|--|-----------------------------------|---|--|--|--|
| Unit ID<br><b>1</b>  | <input type="checkbox"/> Hit Run? | VIN<br><b>4S4BP68C654314303</b>   | License Plate<br><b>*</b>  | State<br><b>ME</b>   | (U1) Unit Type<br><b>1 - Passenger Car</b> |
| <input type="checkbox"/> No Insurance  | NAIC                              | Insurance Company Name<br><b>*</b>  |  | Insurance Policy Number<br><b>*</b>  |  |
| (U2) Vehicle Make<br><b>65 - SUBARU</b>  |                                   |   | Vehicle Year<br><b>2005</b>  | (U3) Vehicle Color<br><b>4 - Blue</b>  |  |
| (U4) Vehicle Configuration   |                                   |   | GVWR or GCWR<br><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 ?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   | HAZMAT Placarded ?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Vehicle Travel Direction<br><input type="checkbox"/> Northbound <input type="checkbox"/> Southbound<br><input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown |  |
| (U5) Special Function Vehicle<br><b>1 - No Special Function</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<br><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<br><b>9 - Pedestrian</b>             |  |
| (U8) Pre Crash Actions<br><b>3 - Right turn on red</b>   | (U9) Contributing Circumstances - Vehicle<br><b>1 - None</b> |  |
| (U10) Sequence of Events 1<br><b>17 - Pedestrian</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<br><b>*</b> | <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | State<br><b>ME</b>             | License Class<br><b>C</b> | Endorsements<br><b>0</b> | Restrictions<br><b>A</b> |
| DRIVER Last Name<br><b>*</b>   | First Name                 | MI  | DRIVER Address<br><b>* ME*</b> | City                      | State                    | Zip                      |

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|--|-------------|-------------|-------------------------------|------|-------|-----|
| Citation Number Pending <input type="checkbox"/>     | Violation 1 | Violation 2 |                               |      |       |     |
| OWNER Last Name (skip if same as Driver)<br><b>*</b> | First Name  | MI          | OWNER Address<br><b>* ME*</b> | City | State | Zip |

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| (D1) Driver Distracted By<br><b>1 - Not Distracted</b>   | (D2) Condition at Time of Crash<br><b>1 - Apparently Normal</b>  |
| (D3) Driver Actions at Time of Crash 1<br><b>3 - Failed to Yield Right-of-Way</b>  | (D3) Driver Actions at Time of Crash 2   |
| Alcohol Test<br><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<br><input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood                                    | Drug Test Result<br><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   |

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 |

| 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>6</b>    | <b>*</b>                  | <b>F</b>    | <b>10/20/47</b> | <b>1</b>     | <b>1</b> |                | <b>2</b>         | <b>1</b> | <b>3</b>         |            | <b>5</b>      |             |             | <b>1</b>        | <b>1</b> |
|             |                           |             |                 |              |          |                |                  |          |                  |            |               |             |             |                 |          |
|             |                           |             |                 |              |          |                |                  |          |                  |            |               |             |             |                 |          |
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Report Number  
**12-000074**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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|-----------------------|-----------------------------------|-----|--------------------|-------|--|
| Unit ID<br><b>500</b> | <input type="checkbox"/> Hit Run? | VIN | License Plate<br>* | State | (U1) Unit Type<br><b>22 - Pedestrian</b> |
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|---|--|---|------------------------------|
| <input type="checkbox"/> No Insurance   | NAIC   | Insurance Company Name<br>*   | Insurance Policy Number<br>* |
| (U2) Vehicle Make   | Vehicle Year   | (U3) Vehicle Color  |                              |
| (U4) Vehicle Configuration  | GVWR or GCWR<br><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 ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | HAZMAT Placarded ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Vehicle Travel Direction<br><input type="checkbox"/> Northbound <input type="checkbox"/> Southbound<br><input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown |                              |
| (U5) Special Function Vehicle<br><input type="checkbox"/> Exempt Vehicle                  | Emergency Vehicle Responding to Scene ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                              |

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|---|---|--|--|
| Extent of Damage<br><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<br>*   | <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<br>*  | 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<br><b>1 - Apparently Normal</b>   |  |                    |                    |              |              |
| (D3) Driver Actions at Time of Crash 1   | (D3) Driver Actions at Time of Crash 2  |  |                    |                    |              |              |
| Alcohol Test<br><input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood | Alcohol Test Result Pending   |  |                    | Alcohol BAC Result |              |              |
| Drug Test<br><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<br><b>1 - Intersection - Marked Crosswalk</b>  | (D5) Non Motorist Action Prior to Crash<br><b>1 - Crossing Roadway</b>  |  |                    |                    |              |              |
| (D6) Non Motorist Action at Time of Crash 1<br><b>1 - No Improper Action</b>   | (D6) Non Motorist Action at Time of Crash 2   |  |                    |                    |              |              |
| (D7) Pedestrian Maneuvers<br><b>1 - Crossing with Signal</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-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<br>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>09/27/68</b> |              |          |                |                  |         |                  |            | <b>3</b>      | <b>9</b>    | <b>10</b>   | <b>3</b>        | <b>546</b> |
|             |   |             |                 |              |          |                |                  |         |                  |            |               |             |             |                 |            |
|             |   |             |                 |              |          |                |                  |         |                  |            |               |             |             |                 |            |
|             |   |             |                 |              |          |                |                  |         |                  |            |               |             |             |                 |            |

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