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Reporting Agency <b>ME0030500</b>		Report Number <b>12-131</b>		Crash Date <b>1/17/2012</b>		Crash Time <b>09:05</b>		At Scene Date <b>1/17/2012</b>		At Scene Time <b>09:15</b>		
City or Town <b>Portland</b>			Street or Highway <b>STATE ST</b>			Nearest Intersecting Street <b>0507234 POR,STATE,SPRING 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 <b>43.651520</b>			Longitude <b>-70.264130</b>			
Node 1 <b>16816</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene <b>0</b> Miles <b>0</b> Tenths		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>4 - Four Leg Intersection</b>						
(F3) Weather Condition <b>2 - Cloudy</b>						(F4) Light Condition <b>1 - Daylight</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 checked="" type="checkbox"/> Yes <input 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						
<p>NARRATIVE</p> <p><b>MS ZWOLINSKI WAS STANDING ON THE SW CORNER OF SPRING/STATE ST AS SHOWN, WAITING FOR THE GREEN LIGHT TO CROSS STATE ST. V1 WAS STOPPED FOR THE RED LIGHT AT THE SAME LOCATION, WAITING FOR TRAFFIC TO CLEAR IN ORDER TO TURN RIGHT FROM SPRING ST TO STATE ST.</b></p> <p><b>THE LIGHT FOR SPRING ST TRAFFIC TURNED GREEN. MS ZWOLINSKI BEGAN TO CROSS STATE ST. MS KAVANAUGH ADMITTED TO ME THAT SHE WAS DISTRACTED BY FOCUSING ON OTHER PEDESTRIANS ON THE OTHER SIDE OF STATE ST WHILE BEGINNING TO TURN RIGHT. HER VEHICLE THEN STRUCK AND KNOCKED DOWN MS ZWOLINSKI.</b></p> <p><b>MS ZWOLINSKI THEN WALKED INTO THE MERCY HOSPITAL ER WHICH IS LOCATED AT THIS INTERSECTION.</b></p> <p><b>MS KEILSON WAS STANDING AT THE SE CORNER OF THE INTERSECTION WAITING TO CROSS STATE ST WHEN THIS HAPPENED. WHEN THE LIGHT TURNED GREEN FOR SPRING ST TRAFFIC SHE LOOKED DOWN MOMENTARILY TO CHECK HER FOOTING IN THE SNOW/ICE. WHEN SHE LOOKED UP MS ZWOLINSKI "WAS UP IN THE AIR" AFTER BEING STRUCK. SHE AND MS ZWOLINSKI SAID THAT SHE, MS ZWOLINSKI DID GO DOWN. MS KAVANAUGH SAID THAT MS ZWOLINSKI DID NOT GO DOWN....</b></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 <b>Officer John Morin</b>			Badge# <b>19</b>		Report Date <b>1/17/2012</b>		Approved By <b>Administrator Erin e Clark</b>			Approved Date <b>4/13/2012</b>		

Report Number  
**12-131**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>4S4BP61C156340287</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input checked="" type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>	
(U2) Vehicle Make <b>65 - SUBARU</b>			Vehicle Year <b>2005</b>	(U3) Vehicle Color <b>8 - Grey, Silver</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 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 <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 <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>5 - Making right turn</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	Restrictions
DRIVER Last Name <b>*</b>	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) <b>*</b>	First Name	MI	OWNER Address	City	State	Zip						

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(D1) Driver Distracted By <b>5 - External Distraction (outside the vehicle)</b>			(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>		
(D3) Driver Actions at Time of Crash 1 <b>3 - Failed to Yield Right-of-Way</b>			(D4) Driver Action at Time of Crash 2 <b>16 - Operated Motor Vehicle in Erratic, Reckless, Careless, Negligent or Aggressive Manner</b>		
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other			Alcohol BAC Result		
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other			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-Child Restraint - Forward Facing	6-Shock	6-Leg(s)	
EJECTED	HELMET USE		7-Deployment - Curtain	7-Child Restraint - Rear Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet			8-Child Restraint - Rear Facing	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	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>01/21/78</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  
**12-131**

# 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		

<input type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input checked="" 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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PEDESTRIAN Last Name *	First Name	MI	PEDESTRIAN 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)	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	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 <b>1 - Intersection - Marked Crosswalk</b>	(D5) Non Motorist Action Prior to Crash <b>1 - Crossing Roadway</b>
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(D6) Non Motorist Action at Time of Crash 1 <b>1 - No Improper Action</b>	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers <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-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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<b>3</b>	*	<b>F</b>	<b>12/21/57</b>								<b>3</b>	<b>9</b>	<b>4</b>	<b>3</b>	<b>1</b>

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# STATE OF MAINE CRASH REPORT

Report Number

12-131

## Narrative / Diagram Supplemental

**MS ZWOLINSKI WAS STANDING ON THE SW CORNER OF SPRING/STATE ST AS SHOWN, WAITING FOR THE GREEN LIGHT TO CROSS STATE ST. V1 WAS STOPPED FOR THE RED LIGHT AT THE SAME LOCATION, WAITING FOR TRAFFIC TO CLEAR IN ORDER TO TURN RIGHT FROM SPRING ST TO STATE ST.**

**THE LIGHT FOR SPRING ST TRAFFIC TURNED GREEN. MS ZWOLINSKI BEGAN TO CROSS STATE ST. MS KAVANAUGH ADMITTED TO ME THAT SHE WAS DISTRACTED BY FOCUSING ON OTHER PEDESTRIANS ON THE OTHER SIDE OF STATE ST WHILE BEGINNING TO TURN RIGHT. HER VEHICLE THEN STRUCK AND KNOCKED DOWN MS ZWOLINSKI.**

**MS ZWOLINSKI THEN WALKED INTO THE MERCY HOSPITAL ER WHICH IS LOCATED AT THIS INTERSECTION.**

**MS KEILSON WAS STANDING AT THE SE CORNER OF THE INTERSECTION WAITING TO CROSS STATE ST WHEN THIS HAPPENED. WHEN THE LIGHT TURNED GREEN FOR SPRING ST TRAFFIC SHE LOOKED DOWN MOMENTARILY TO CHECK HER FOOTING IN THE SNOW/ICE. WHEN SHE LOOKED UP MS ZWOLINSKI "WAS UP IN THE AIR" AFTER BEING STRUCK. SHE AND MS ZWOLINSKI SAID THAT SHE, MS ZWOLINSKI DID GO DOWN. MS KAVANAUGH SAID THAT MS ZWOLINSKI DID NOT GO DOWN.**

**MS ZWOLINSKI'S MAIN COMPLAINT FOR INJURY WAS PAIN TO HER TAIL BONE. SHE ALSO HAD ABRASIONS TO HER LEFT KNEE.**

**THERE ARE PEDESTRIAN CROSSING SIGNALS AT THIS INTERSECTION BUT NOBODY KNEW IF THEY HAD BEEN ACTIVATED.**