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Reporting Agency ME0030500		Report Number 13-003173		Crash Date 11/8/2013		Crash Time 17:58		At Scene Date 11/8/2013		At Scene Time 18:03		
City or Town Portland			Street or Highway STATE ST EXT			Int of PARK AV, STATE ST, STATE ST EXT			<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 43.657240			Longitude -70.268730			
Node 1 16833		Node 2 0		Measurement Node		Distance to Scene 0 :s 0 : Tenths		Posted Speed Limit 25 Miles 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 4 - Dark - Lighted						
(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 checked="" type="checkbox"/> Yes <input 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						
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>Vehicle 1 was traveling southbound on State Street towards Park Avenue. Bicyclist was traveling westbound on Park Avenue towards State Street. Bicyclist failed to stop for red light and struck vehicle 1 as vehicle 1 entered the intersection of Park Avenue and State Street. Vehicle 1 suffered damage to left front quarter panel area and windshield. Witness to accident stated that vehicle 1 had green light and that bicyclist did not stop for red light. Bicyclist was wearing dark clothing and did not have lights on bicycle. MEDCU transported bicyclist to Maine Medical Center but bicyclist refused any medical treatment and left hospital against medical advise. I was advised that the bicyclist was intoxicated. I was not able to speak to the bicyclist due to him leaving the hospital prior to my arrival.</p>						<p>CRASH DIAGRAM</p>						
Witness Last Name *			First		MI		Address * ME*		City		State Zip	
Witness Last Name *			First		MI		Address * ME*		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 Thien Duong				Badge# 15		Report Date 11/8/2013		Approved By Administrator Erin e Clark		Approved Date 11/12/2013		

Report Number
13-003173

STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID 1	<input type="checkbox"/> Hit Run?	VIN KMHFU45E84A301413	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance	NAIC 22055	Insurance Company Name *		Insurance Policy Number *	
(U2) Vehicle Make 27 - HYUNDAI			Vehicle Year 2004	(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 checked="" 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 type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage		
(U6) Most Damaged Area 12 - Front		(U7) Most Harmful Event 13 - Motor Vehicle in Transport
(U8) Pre Crash Actions 1 - Following roadway		(U9) Contributing Circumstances - Vehicle 1 - None
(U10) Sequence of Events 1 21 - Motor Vehicle In Transport		(U10) Sequence of Events 2 18 - Pedalcycle
(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 *	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> No License	<input type="checkbox"/> Permit	<input type="checkbox"/> Suspended	State ME	License Class C	Endorsements 0	Restrictions 0
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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)	
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	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	08/05/71	1	1		2	1	3		5			1	1

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Report Number
13-003173

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 *
(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		
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			

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(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 checked="" type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator	License Number * <input type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended

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BICYCLIST Last Name *	First Name	MI	BICYCLIST 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	City	State	Zip
(D1) Driver Distracted By	(D2) Condition at Time of Crash 6 - Under the Influence of Medications/Drugs/Alcohol					
(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	Other Chemical Test (Not Field Sobriety or PBT)		<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 3 - Intersection - Other	(D5) Walking/Cycling Along Roadway with Traffic (In or Adjacent to Travel)					
(D6) Non Motorist Action at Time of Crash 1 4 - Failure to Obey Traffic Signs, Signals, or Officer	(D6) Non Motorist Action at Time of Crash 2 9 - Not Visible (Dark Clothing, No Lighting, Etc.)					
(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
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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

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	
7	* Last Name, First Name, Mi	M	01/12/65								3	4	10	10	1	546

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