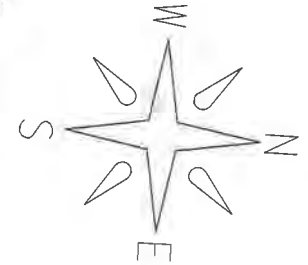


Appendix E: Crash History

 = Flashing Beacon

North Raymond Rd.



17099

42026 10-23-12 6:50A D/C Follow too Close
17308C 8-19-10 10A D/C Follow too close
5960C 3-19-10 2:32P D/C Follow too close
10839C 5-21-10 7:47A D/C Follow too close

25113 3-20-12 2P D/C Follow too Close

3134C 2-11-11 5:55P D/C Fail to yield

10829C 5-16-10 5P D/C Lost control

19568C 9-12-10 5:30P D/C Follow too close

348018-5-12 5:19P D/CL Speed

Rte. 26

Gray

17099

Study period 2010-2012

of Accidents-9

CRF 1.80

Prepared by M&O Traffic Engineering (GWC)

Crash Summary Report

Report Selections and Input Parameters

REPORT SELECTIONS

☒ Crash Summary I ☐ Section Detail ☒ Crash Summary II ☐ 1320 Public ☐ 1320 Private ☐ 1320 Summary

REPORT DESCRIPTION

Rte 26 in Gray

REPORT PARAMETERS

Year 2010, Start Month 1 through Year 2012 End Month: 12

Route: **0026X**

Start Node: **61550**

Start Offset: **0**

☐ Exclude First Node

End Node: **17105**

End Offset: **0**

☐ Exclude Last Node

Maine Department Of Transportation - Traffic Engineering, Crash Records Section

Crash Summary I

Crash Summary															
Node	Route - MP	Node Description	U/R	Nodes						Percent Annual M Injury Ent-Veh	Crash Rate	Critical Rate	CRF		
				Total Crashes	K	A	B	C	PD						
P61550	0026X - 18.64	Int of MAINE WILDLIFE PARK WAY SHAKER RD	2	7	0	1	0	2	4	42.9	5.633	0.41	0.29	1.44	
												Statewide Crash Rate:	0.11		
A66246	0026X - 18.67	Int of RD INV 3209444 SHAKER RD	2	0	0	0	0	0	0	0.0	0.000	0.00	0.00	0.00	
												Statewide Crash Rate:	0.11		
66244	0026X - 18.70	Non Int SHAKER RD	2	0	0	0	0	0	0	0.0	5.640	0.00	0.29	0.00	
												Statewide Crash Rate:	0.11		
59746	0026X - 18.79	Int of DUNN DR SHAKER RD	2	0	0	0	0	0	0	0.0	5.616	0.00	0.29	0.00	
												Statewide Crash Rate:	0.11		
17250	0026X - 18.85	Int of SEAGULL DR SHAKER RD	2	3	0	0	1	0	2	33.3	5.321	0.19	0.29	0.00	
												Statewide Crash Rate:	0.11		
17097	0026X - 18.93	Int of HANNAFORD Z, LIBBY HILL RD, SHAKER RD	9	11	0	0	0	2	9	18.2	5.333	0.69	1.12	0.00	
												Statewide Crash Rate:	0.64		
17251	0026X - 19.04	Int of SHAKER RD, SPRUCE DR	2	1	0	0	0	0	1	0.0	4.990	0.07	0.30	0.00	
												Statewide Crash Rate:	0.11		
17252	0026X - 19.15	Int of ADLER DR SHAKER RD	2	0	0	0	0	0	0	0.0	4.935	0.00	0.30	0.00	
												Statewide Crash Rate:	0.11		
17098	0026X - 19.37	Int of FAIRVIEW AV, SHAKER RD	2	0	0	0	0	0	0	0.0	4.867	0.00	0.30	0.00	
												Statewide Crash Rate:	0.11		
17253	0026X - 19.60	Non Int SHAKER RD	2	0	0	0	0	0	0	0.0	5.078	0.00	0.30	0.00	
												Statewide Crash Rate:	0.11		
17099	0026X - 20.16	Int of N RAYMOND RD SHAKER RD	2	9	0	0	0	2	7	22.2	5.822	0.52	0.29	1.80	
												Statewide Crash Rate:	0.11		
17100	0026X - 20.24	Int of SHAKER RD WEYMOUTH RD	2	3	0	0	1	2	0	100.0	3.830	0.26	0.32	0.00	
												Statewide Crash Rate:	0.11		
17101	0026X - 20.48	Int of MARIE RD SHAKER RD	2	0	0	0	0	0	0	0.0	2.966	0.00	0.34	0.00	
												Statewide Crash Rate:	0.11		
17254	0026X - 20.61	Int of SHAKER RD SPIRO AV	2	0	0	0	0	0	0	0.0	2.900	0.00	0.34	0.00	
												Statewide Crash Rate:	0.11		
17102	0026X - 20.92	Int of GAME FARM RD SHAKER RD	2	0	0	0	0	0	0	0.0	2.908	0.00	0.34	0.00	
												Statewide Crash Rate:	0.11		
17103	0026X - 21.18	Int of MAYBERRY RD SHAKER RD	2	0	0	0	0	0	0	0.0	2.865	0.00	0.34	0.00	
												Statewide Crash Rate:	0.11		
17255	0026X - 21.24	Int of CHARLONATE DR SHAKER RD	2	0	0	0	0	0	0	0.0	2.771	0.00	0.35	0.00	
												Statewide Crash Rate:	0.11		
18313	0026X - 21.42	Int of LINDAN LN SHAKER RD	2	0	0	0	0	0	0	0.0	2.687	0.00	0.35	0.00	
												Statewide Crash Rate:	0.11		
17104	0026X - 21.57	Int of BLUEBERRY LN, SHAKER RD	2	1	0	0	0	0	1	0.0	2.717	0.12	0.35	0.00	
												Statewide Crash Rate:	0.11		
17105	0026X - 21.84	TL Gray New Gloucester	2	0	0	0	0	0	0	0.0	2.583	0.00	0.35	0.00	
												Statewide Crash Rate:	0.11		
Study Years: 3.00		NODE TOTALS:		35	0	1	2	8	24	31.4	79.462	0.15	0.21	0.71	

Maine Department Of Transportation - Traffic Engineering, Crash Records Section

Crash Summary I

Crash Summary																		
Start Node	End Node	Element	Offset Begin - End	Route - MP	Sections										Annual HMVM	Crash Rate	Critical Rate	CRF
					Section U/R Length	Total Crashes	K	Injury Crashes				Percent Injury						
					A	B	C	PD										
61550	66246	3140051	0 - 0.03	0026X - 18.64	0.03	2	0	0	0	0	0	0	0.0	0.00160	0.00	546.45	0.00	
Int of MAINE WILDLIFE PARK WAY SHAKER RD				ST RTE 26														
66246	66244	3117102	0 - 0.03	0026X - 18.67	0.03	2	1	0	0	0	0	1	0.0	0.00081	412.88	640.88	0.00	
Int of RD INV 3209444 SHAKER RD				ST RTE 26														
66244	59746	3117100	0 - 0.09	0026X - 18.70	0.09	2	0	0	0	0	0	0	0.0	0.00531	0.00	401.70	0.00	
Non Int SHAKER RD				ST RTE 26														
59746	17250	3139023	0 - 0.06	0026X - 18.79	0.06	2	3	0	0	1	0	2	33.3	0.00319	313.31	457.58	0.00	
Int of DUNN DR SHAKER RD				ST RTE 26														
17097	17250	3130500	0 - 0.08	0026X - 18.85	0.08	2	0	0	0	0	0	0	0.0	0.00423	0.00	425.62	0.00	
Int of HANNAFORD Z, LIBBY HILL RD, SHAKER RD				ST RTE 26														
17097	17251	3106545	0 - 0.11	0026X - 18.93	0.11	2	1	0	0	0	0	1	0.0	0.00549	60.72	398.34	0.00	
Int of HANNAFORD Z, LIBBY HILL RD, SHAKER RD				ST RTE 26														
17251	17252	3122279	0 - 0.11	0026X - 19.04	0.11	2	2	0	0	0	0	2	0.0	0.00543	122.85	399.48	0.00	
Int of SHAKER RD, SPRUCE DR				ST RTE 26														
17098	17252	3117953	0 - 0.22	0026X - 19.15	0.22	2	4	0	1	1	1	1	75.0	0.01067	124.94	339.44	0.00	
Int of FAIRVIEW AV, SHAKER RD				ST RTE 26														
17098	17253	3129291	0 - 0.23	0026X - 19.37	0.23	2	2	0	0	0	1	1	50.0	0.01107	60.24	336.64	0.00	
Int of FAIRVIEW AV, SHAKER RD				ST RTE 26														
17099	17253	3106547	0 - 0.56	0026X - 19.60	0.56	2	20	0	1	3	1	15	25.0	0.02992	222.79	274.25	0.00	
Int of N RAYMOND RD SHAKER RD				ST RTE 26														
17099	17100	3106546	0 - 0.08	0026X - 20.16	0.08	2	1	0	0	0	0	1	0.0	0.00332	100.49	453.04	0.00	
Int of N RAYMOND RD SHAKER RD				ST RTE 26														
17100	17101	3106548	0 - 0.24	0026X - 20.24	0.24	2	2	0	0	0	1	1	50.0	0.00711	93.78	373.68	0.00	
Int of SHAKER RD WEYMOUTH RD				ST RTE 26														
17101	17254	3122277	0 - 0.13	0026X - 20.48	0.13	2	2	0	0	0	1	1	50.0	0.00380	175.67	437.56	0.00	
Int of MARIE RD SHAKER RD				ST RTE 26														
17102	17254	3106549	0 - 0.31	0026X - 20.61	0.31	2	2	0	0	1	1	0	100.0	0.00888	75.05	354.23	0.00	
Int of GAME FARM RD SHAKER RD				ST RTE 26														
17102	17103	3130501	0 - 0.26	0026X - 20.92	0.26	2	2	0	0	0	0	2	0.0	0.00730	91.32	371.27	0.00	
Int of GAME FARM RD SHAKER RD				ST RTE 26														
17103	17255	3106550	0 - 0.06	0026X - 21.18	0.06	2	0	0	0	0	0	0	0.0	0.00166	0.00	541.66	0.00	
Int of MAYBERRY RD SHAKER RD				ST RTE 26														
17255	18313	3106599	0 - 0.18	0026X - 21.24	0.18	2	0	0	0	0	0	0	0.0	0.00483	0.00	411.41	0.00	
Int of CHARLONATE DR SHAKER RD				ST RTE 26														
17104	18313	3106552	0 - 0.15	0026X - 21.42	0.15	2	0	0	0	0	0	0	0.0	0.00397	0.00	432.51	0.00	
Int of BLUEBERRY LN, SHAKER RD				ST RTE 26														
17104	17105	3106551	0 - 0.27	0026X - 21.57	0.27	2	3	0	0	0	1	2	33.3	0.00701	142.60	374.92	0.00	
Int of BLUEBERRY LN, SHAKER RD				ST RTE 26														
															Statewide Crash Rate: 168.29			

Crash Summary I

Sections																	
Start Node	End Node	Element	Offset Begin - End	Route - MP	Section U/R Length	Total Crashes	K	Injury Crashes				Percent Injury	Annual HMVM	Crash Rate	Critical Rate	CRF	
								A	B	C	PD						
Study Years:	3.00				Section Totals:	3.20	45	0	2	6	7	30	33.3	0.12559	119.44	221.41	0.54
					Grand Totals:	3.20	80	0	3	8	15	54	32.5	0.12559	212.33	326.78	0.65

Crash Summary

Section Details

Crash Summary														
Start Node	End Node	Element	Offset Begin - End	Route - MP	Total Crashes	K	Injury Crashes				Crash Report	Crash Date	Crash Mile Point	Injury Degree
							A	B	C	PD				
61550	66246	3140051	0 - 0.03	0026X - 18.64	0	0	0	0	0	0	2012-33274	07/17/2012	18.69	PD
66246	66244	3117102	0 - 0.03	0026X - 18.67	1	0	0	0	0	1				
66244	59746	3117100	0 - 0.09	0026X - 18.70	0	0	0	0	0	0				
59746	17250	3139023	0 - 0.06	0026X - 18.79	3	0	0	1	0	2	2012-42456	10/26/2012	18.81	B
											2012-42995	11/01/2012	18.81	PD
											2010-8743C	04/13/2010	18.84	PD
17097	17250	3130500	0 - 0.08	0026X - 18.85	0	0	0	0	0	0	2010-26063C	11/29/2010	18.94	PD
17097	17251	3106545	0 - 0.11	0026X - 18.93	1	0	0	0	0	1				
17251	17252	3122279	0 - 0.11	0026X - 19.04	2	0	0	0	0	2				
											2010-21731C	10/08/2010	19.05	PD
17098	17252	3117953	0 - 0.22	0026X - 19.15	4	0	1	1	1	1	2012-36974	08/20/2012	19.18	B
											2010-20126C	09/16/2010	19.25	PD
											2010-12001C	06/09/2010	19.26	A
											2010-13022C	06/21/2010	19.27	C
17098	17253	3129291	0 - 0.23	0026X - 19.37	2	0	0	0	1	1	2012-42992	11/01/2012	19.54	PD
											2012-33708	07/03/2012	19.55	C

Crash Summary

Section Details

Start Node	End Node	Element	Offset Begin - End	Route - MP	Total Crashes	K	Injury Crashes				Crash Report	Crash Date	Crash Mile Point	Injury Degree
							A	B	C	PD				
17099	17253	3106547	0 - 0.56	0026X - 19.60	20	0	1	3	1	15	2011-19746	12/19/2011	19.67	PD
											2010-10594C	05/28/2010	19.71	PD
											2012-47252	12/10/2012	19.81	C
											2010-8738C	04/06/2010	19.83	PD
											2011-3705C	02/14/2011	19.87	PD
											2012-47253	12/10/2012	19.88	PD
											2011-2102C	01/31/2011	19.89	PD
											2012-49722	12/30/2012	19.93	PD
											2012-22609	02/23/2012	19.94	PD
											2012-47886	12/10/2012	19.94	PD
											2012-30392	06/06/2012	19.95	PD
											2012-3541	02/09/2012	19.97	PD
											2012-893	01/10/2012	20.04	PD
											2010-12204C	06/09/2010	20.05	PD
											2012-23369	03/01/2012	20.07	PD
											2011-6570	07/30/2011	20.13	B
											2012-35691	08/07/2012	20.14	B
											2010-21906C	10/09/2010	20.14	PD
											2011-3058C	02/05/2011	20.15	A
											2011-9350C	06/26/2011	20.15	B
17099	17100	3106546	0 - 0.08	0026X - 20.16	1	0	0	0	0	1	2011-2100C	01/24/2011	20.17	PD
17100	17101	3106548	0 - 0.24	0026X - 20.24	2	0	0	0	1	1	2011-13831	10/23/2011	20.35	C
											2012-22696	02/24/2012	20.45	PD
17101	17254	3122277	0 - 0.13	0026X - 20.48	2	0	0	0	1	1	2010-24546C	11/12/2010	20.53	C
											2012-28104	05/08/2012	20.54	PD
17102	17254	3106549	0 - 0.31	0026X - 20.61	2	0	0	1	1	0	2010-9985C	05/10/2010	20.66	B
											2012-23560	03/02/2012	20.90	C
17102	17103	3130501	0 - 0.26	0026X - 20.92	2	0	0	0	0	2	2010-29882C	12/27/2010	20.97	PD
											2011-15830	11/13/2011	21.09	PD
17103	17255	3106550	0 - 0.06	0026X - 21.18	0	0	0	0	0	0				
17255	18313	3106599	0 - 0.18	0026X - 21.24	0	0	0	0	0	0				
17104	18313	3106552	0 - 0.15	0026X - 21.42	0	0	0	0	0	0				

Crash Summary

Section Details														
Start Node	End Node	Element	Offset Begin - End	Route - MP	Total Crashes	K	Injury Crashes				Crash Report	Crash Date	Crash Mile Point	Injury Degree
							A	B	C	PD				
17104	17105	3106551	0 - 0.27	0026X - 21.57	3	0	0	0	1	2	2011-367C	01/12/2011	21.62	PD
											2011-6920C	04/19/2011	21.67	C
											2011-15614	11/09/2011	21.81	PD
Totals:					45	0	2	6	7	30				

Crash Summary II - Characteristics

Crashes by Day and Hour

	AM											Hour of Day											PM												
Day Of Week	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	Un	Tot									
SUNDAY	0	0	0	0	0	0	0	0	1	1	1	0	1	0	0	1	0	3	0	2	0	1	0	0	0	11									
MONDAY	0	0	3	0	0	0	1	1	1	0	0	0	1	0	1	1	2	4	1	0	1	0	0	0	0	17									
TUESDAY	0	0	0	0	1	1	1	0	0	0	0	0	0	0	1	1	2	2	4	1	1	0	0	0	0	15									
WEDNESDAY	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1	1	1	0	1	0	0	0	0	0	7									
THURSDAY	0	0	0	0	0	0	0	3	0	0	1	0	0	0	1	0	1	2	2	0	0	0	0	0	0	10									
FRIDAY	0	0	0	0	0	0	0	2	0	0	1	0	0	0	3	0	1	2	1	1	0	2	2	0	0	15									
SATURDAY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	0	1	0	0	0	5									
Totals	0	0	3	0	1	1	2	6	2	1	3	0	2	2	9	4	9	14	8	5	2	4	2	0	0	80									

Vehicle Counts by Type

Unit Type	Total	Unit Type	Total
1-Passenger Car	88	23-Bicyclist	0
2-(Sport) Utility Vehicle	34	24-Witness	12
3-Passenger Van	0	25-Other	0
4-Cargo Van (10K lbs or Less)	1	Total	161
5-Pickup	20		
6-Motor Home	0		
7-School Bus	1		
8-Transit Bus	0		
9-Motor Coach	0		
10-Other Bus	0		
11-Motorcycle	3		
12-Moped	0		
13-Low Speed Vehicle	0		
14-Autocycle	0		
15-Experimental	0		
16-Other Light Trucks (10,000 lbs or Less)	0		
17-Medium/Heavy Trucks (More than 10,000 lbs)	1		
18-ATV - (4 wheel)	0		
20-ATV - (2 wheel)	0		
21-Snowmobile	0		
22-Pedestrian	1		

Maine Department Of Transportation - Traffic Engineering, Crash Records Section
Crash Summary II - Characteristics

Crashes by Driver Action at Time of Crash

Driver Action at Time of Crash	Dr 1	Dr 2	Dr 3	Dr 4	Dr 5	Other	Total
No Contributing Action	8	30	3	1	0	0	42
Ran Off Roadway	2	0	0	0	0	0	2
Failed to Yield Right-of-Way	7	0	0	0	0	0	7
Ran Red Light	0	0	0	0	0	0	0
Ran Stop Sign	0	0	0	0	0	0	0
Disregarded Other Traffic Sign	0	0	0	0	0	0	0
Disregarded Other Road Markings	0	0	0	0	0	0	0
Exceeded Posted Speed Limit	3	0	0	0	0	0	3
Drove Too Fast For Conditions	3	0	0	0	0	0	3
Improper Turn	1	0	0	0	0	0	1
Improper Backing	1	0	0	0	0	0	1
Improper Passing	0	0	0	0	0	0	0
Wrong Way	0	0	0	0	0	0	0
Followed Too Closely	26	1	0	0	0	0	27
Failed to Keep in Proper Lane	2	0	0	0	0	0	2
Operated Motor Vehicle in Erratic, Reckless, Careless, Negligent or Aggressive Manner	2	0	0	0	0	0	2
Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway	1	0	0	0	0	0	1
Over-Correcting/Over-Steering	1	0	0	0	0	0	1
Other Contributing Action	2	1	0	0	0	0	3
Unknown	1	0	0	0	0	0	1
Total	60	32	3	1	0	0	96

Crashes by Apparent Physical Condition And Driver

Apparent Physical Condition	Dr 1	Dr 2	Dr 3	Dr 4	Dr 5	Other	Total
Apparently Normal	73	57	9	1	0	0	140
Physically Impaired or Handicapped	0	1	0	0	0	0	1
Emotional(Depressed, Angry, Disturbed, etc.)	1	0	0	0	0	0	1
Ill (Sick)	0	0	0	0	0	0	0
Asleep or Fatigued	4	0	0	0	0	0	4
Under the Influence of Medications/Drugs/Alcohol	1	1	0	0	0	0	2
Other	1	0	0	0	0	0	1
Total	80	59	9	1	0	0	149

Driver Age by Unit Type

Age	Driver	Bicycle	SnowMobile	Pedestrian	ATV	Total
09-Under	0	0	0	0	0	0
10-14	0	0	0	0	0	0
15-19	15	0	0	0	0	15
20-24	13	0	0	0	0	13
25-29	12	0	0	0	0	12
30-39	31	0	0	0	0	31
40-49	29	0	0	0	0	29
50-59	23	0	0	0	0	23
60-69	19	0	0	0	0	19
70-79	4	0	0	0	0	4
80-Over	2	0	0	0	0	2
Unknown	0	0	0	1	0	1
Total	148	0	0	1	0	149

Crash Summary II - Characteristics

Most Harmful Event			
Most Harmful Event	Total	Most Harmful Event	Total
1-Overturn / Rollover	0	38-Other Fixed Object (wall, building, tunnel, etc.)	0
2-Fire / Explosion	0	39-Unknown	2
3-Immersion	0	40-Gate or Cable	0
4-Jackknife	1	41-Pressure Ridge	0
5-Cargo / Equipment Loss Or Shift	0	Total	78
6-Fell / Jumped from Motor Vehicle	0		
7-Thrown or Falling Object	0		
8-Other Non-Collision	0		
9-Pedestrian	0		
10-Pedalcycle	0		
11-Railway Vehicle - Train, Engine	0		
12-Animal	6		
13-Motor Vehicle in Transport	67		
14-Parked Motor Vehicle	1		
15-Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle	0		
16-Work Zone / Maintenance Equipment	0		
17-Other Non-Fixed Object	0		
18-Impact Attenuator / Crash Cushion	0		
19-Bridge Overhead Structure	0		
20-Bridge Pier or Support	0		
21-Bridge Rail	0		
22-Cable Barrier	0		
23-Culvert	0		
24-Curb	0		
25-Ditch	0		
26-Embankment	0		
27-Guardrail Face	0		
28-Guardrail End	0		
29-Concrete Traffic Barrier	0		
30-Other Traffic Barrier	0		
31-Tree (Standing)	0		
32-Utility Pole / Light Support	0		
33-Traffic Sign Support	1		
34-Traffic Signal Support	0		
35-Fence	0		
36-Mailbox	0		
37-Other Post Pole or Support	0		

Traffic Control Devices		
Traffic Control Device	Total	
1-Traffic Signals (Stop & Go)	12	
2-Traffic Signals (Flashing)	4	
3-Advisory/Warning Sign	1	
4-Stop Signs - All Approaches	0	
5-Stop Signs - Other	4	
6-Yield Sign	3	
7-Curve Warning Sign	0	
8-Officer, Flagman, School Patrol	1	
9-School Bus Stop Arm	2	
10-School Zone Sign	0	
11-R.R. Crossing Device	0	
12-No Passing Zone	8	
13-None	42	
14-Other	1	
Total	78	

Injury Data		
Severity Code	Injury Crashes	Number Of Injuries
K	0	0
A	3	3
B	8	11
C	15	20
PD	54	0
Total	80	34

Road Character	
Road Grade	Total
1-Level	71
2-On Grade	9
3-Top of Hill	0
4-Bottom of Hill	0
5-Other	0
Total	80

Light	
Light Condition	Total
1-Daylight	43
2-Dawn	4
3-Dusk	5
4-Dark - Lighted	14
5-Dark - Not Lighted	14
6-Dark - Unknown Lighting	0
7-Unknown	0
Total	80

Crash Summary II - Characteristics**Crashes by Year and Month**

Month	2010	2011	2012	Total
JANUARY	2	3	4	9
FEBRUARY	0	5	3	8
MARCH	1	1	4	6
APRIL	3	1	0	4
MAY	4	0	2	6
JUNE	3	2	3	8
JULY	0	2	3	5
AUGUST	2	0	3	5
SEPTEMBER	3	1	0	4
OCTOBER	3	3	3	9
NOVEMBER	2	3	2	7
DECEMBER	2	3	4	9
Total	25	24	31	80

Report is limited to the last 10 years of data.

Crash Summary II - Characteristics**Crashes by Crash Type and Type of Location**

Crash Type	Straight Road	Curved Road	Three Leg Intersection	Four Leg Intersection	Five or More Leg Intersection	Driveways	Bridges	Interchanges	Other	Parking Lot	Private Way	Cross Over	Railroad Crossing	Total
Object in Road	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rear End / Sideswipe	12	1	16	11	0	2	0	0	0	0	0	0	0	42
Head-on / Sideswipe	3	1	0	0	0	0	0	0	0	0	0	0	0	4
Intersection Movement	0	0	4	0	0	6	0	0	0	0	0	0	0	10
Pedestrians	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Train	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Went Off Road	7	0	2	0	0	0	0	0	0	0	0	0	0	9
All Other Animal	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Bicycle	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Jackknife	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Rollover	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fire	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Submersion	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Thrown or Falling Object	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bear	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Deer	10	0	0	0	0	0	0	0	0	0	0	0	0	10
Moose	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Turkey	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	35	3	23	11	0	8	0	0	0	0	0	0	0	80

Maine Department Of Transportation - Traffic Engineering, Crash Records Section

Crash Summary II - Characteristics**Crashes by Weather, Light Condition and Road Surface**

Weather Light	Dry	Ice/Frost	Mud, Dirt, Gravel	Oil	Other	Sand	Slush	Snow	Unknown	Water (Standing, Moving)	Wet	Total
Blowing Sand, Soil, Dirt												
Dark - Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Not Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	0	0	0	0	0	0	0
Daylight	0	0	0	0	0	0	0	0	0	0	0	0
Dusk	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Blowing Snow												
Dark - Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Not Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	0	0	0	0	0	0	0
Daylight	0	0	0	0	0	0	0	0	0	0	0	0
Dusk	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Clear												
Dark - Lighted	12	0	0	0	0	0	0	0	0	0	1	13
Dark - Not Lighted	7	1	0	0	0	0	0	0	0	0	0	8
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	3	0	0	0	0	0	0	0	0	0	0	3
Daylight	30	0	0	0	0	0	0	0	0	0	0	30
Dusk	1	0	0	0	0	0	0	0	0	0	0	1
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Cloudy												
Dark - Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Not Lighted	1	0	0	0	0	0	0	0	0	0	0	1
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	1	0	0	0	0	0	0	0	0	0	0	1
Daylight	5	0	0	0	0	1	0	0	0	0	0	6
Dusk	2	0	0	0	0	0	0	0	0	0	0	2
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Crash Summary II - Characteristics**Crashes by Weather, Light Condition and Road Surface**

Weather Light	Dry	Ice/Frost	Mud, Dirt, Gravel	Oil	Other	Sand	Slush	Snow	Unknown	Water (Standing, Moving)	Wet	Total
Fog, Smog, Smoke												
Dark - Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Not Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	0	0	0	0	0	0	0
Daylight	0	0	0	0	0	0	0	0	0	0	0	0
Dusk	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Other												
Dark - Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Not Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	0	0	0	0	0	0	0
Daylight	0	0	0	0	0	0	0	0	0	0	0	0
Dusk	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Rain												
Dark - Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Not Lighted	0	0	0	0	0	0	0	0	0	0	1	1
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	0	0	0	0	0	0	0
Daylight	0	0	0	0	0	0	0	0	0	0	5	5
Dusk	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Severe Crosswinds												
Dark - Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Not Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	0	0	0	0	0	0	0
Daylight	0	0	0	0	0	0	0	0	0	0	0	0
Dusk	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Crash Summary II - Characteristics

Crashes by Weather, Light Condition and Road Surface

Weather Light	Dry	Ice/Frost	Mud, Dirt, Gravel	Oil	Other	Sand	Slush	Snow	Unknown	Water (Standing, Moving)	Wet	Total
Sleet, Hail (Freezing Rain or Drizzle)												
Dark - Lighted	0	0	0	0	0	0	0	1	0	0	0	1
Dark - Not Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	0	0	0	0	0	0	0
Daylight	0	0	0	0	0	0	0	0	0	0	0	0
Dusk	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Snow												
Dark - Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Not Lighted	0	0	0	0	0	0	0	4	0	0	0	4
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	0	0	0	0	0	0	0
Daylight	0	0	0	0	0	0	0	2	0	0	0	2
Dusk	0	1	0	0	0	0	0	1	0	0	0	2
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	62	2	0	0	0	1	0	8	0	0	0	80

Crash Summary Report

Report Selections and Input Parameters

REPORT SELECTIONS

☒ **Crash Summary I -
Single Node**

☐ **Section Detail**

☐ **Crash Summary II**

☒ **1320 Public**

☐ **1320 Private**

☐ **1320 Summary**

REPORT DESCRIPTION

Shaker/Wildlife Park

REPORT PARAMETERS

Year 2010, Start Month 1 through Year 2012 End Month: 12

Route: **0026A**

Start Node: **61550**

Start Offset: **0**

☐ **Exclude First Node**

End Node: **61550**

End Offset: **0**

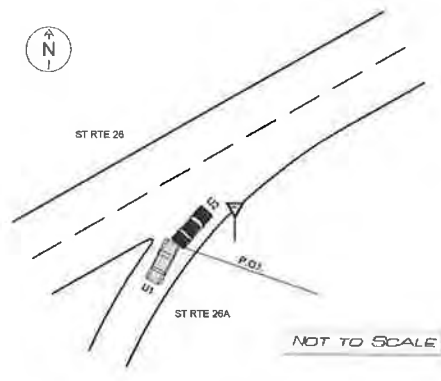
☐ **Exclude Last Node**

Maine Department Of Transportation - Traffic Engineering, Crash Records Section

Crash Summary I

Nodes														
Node	Route - MP	Node Description	U/R	Total Crashes	K	Injury A	Crashes B	Crashes C	PD	Percent Injury	Annual M Ent-Veh	Crash Rate	Critical Rate	CRF
P61550	0026A - 1.63	Int of MAINE WILDLIFE PARK WAY SHAKER RD	2	7	0	1	0	2	4	42.9	5.633	0.41	0.31	1.35
												Statewide Crash Rate: 0.12		
Study Years: 3.00		NODE TOTALS:		7	0	1	0	2	4	42.9	5.633	0.41	0.31	1.35

F
I
R
S
T

Reporting Agency MEMSPOB00		Report Number SP10-005362		Crash Date 1/22/2010	Crash Time 21:18	At Scene Date 1/22/2010	At Scene Time 21:21
City or Town Gray		Street or Highway ST RTE 26		Nearest Intersecting Street		<input type="checkbox"/> Off Road	
Direction FROM Nearest Intersection to Crash Site <input 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 checked="" type="checkbox"/> Miles		Latitude		Longitude	
Node 1 61550	Node 2 0	Measurement Node	Distance to Scene 0.05 Miles	Posted Speed Limit 40 Miles	<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45		
(F1) Type of Crash 2 - Rear End / Sideswipe				(F2) Type of Location 3 - Three 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 6 - Yield Sign				Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
(F8) Location of First Harmful Event				Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(F9) Contributing Circumstances - Environment 1				(F9) Contributing Circumstances - Environment 2			
(F10) Contributing Circumstances - Road 1				(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 type="checkbox"/> No			
NARRATIVE Unit 1 struck Unit 2 in the rear while Unit 2 yielded to traffic.				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 Trooper Gregory Tirado		Badge# 4672	Report Date 1/24/2010	Approved By Sgt. Joseph A. Mills, III		Approved Date 1/24/2010	

Report Number
SP10-005362

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1G1AK15F267767858	License Plate *	State GA	(U1) Unit Type 1 - Passenger Car											
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *											
(U2) Vehicle Make 11 - CHEVROLET			Vehicle Year 2006	(U3) Vehicle Color 16 - Yellow												
(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 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			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 checked="" type="checkbox"/> Towed Due to Disabling Damage																
(U6) Most Damaged Area 11 - Front Driver Corner			(U7) Most Harmful Event													
(U8) Pre Crash Actions 1 - Following roadway			(U9) Contributing Circumstances - Vehicle 1 - None													
(U10) Sequence of Events 1			(U10) Sequence of Events 2													
(U10) Sequence of Events 3			(U10) Sequence of Events 4													
<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 A,M <input type="checkbox"/> Last Known Operator																
DRIVER Last Name *		First Name	MI	DRIVER Address * ME*												
Citation Number		Pending <input type="checkbox"/>	Violation 1		Violation 2											
OWNER Last Name (skip if same as Driver) *		First Name	MI	OWNER Address * ME*												
(D1) Driver Distracted By		(D2) Condition at Time of Crash 1 - Apparently Normal														
(D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely		(D3) Driver Actions at Time of Crash 2														
Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		Alcohol Test Result Pending		Alcohol BAC Result												
Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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														
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-Deployment - Curtain 6-Shock 6-Leg(s) 6-Chest Stomach 6-Internal EJECTED HELMET USE 7-Child Restraint - Forward Facing 7-Dizziness 7-Chest Stomach 7-Entire Body 7-Medical, Paramedical Observation 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 8-Child Restraint - Rear Facing 8-Abrasion/Bruises 8-Internal 8-Entire Body 8-Entire Body 8-Entire Body 2-Ejected Partially 2-Other Helmet 9-Child Restraint - Used Incorrectly 9-Complaint of Pain 9-Complaint of Pain 9-Complaint of Pain 9-Complaint of Pain 3-Ejected Totally 3-No Helmet 10-Booster Seat 10-Other 10-Other 10-Other 10-Other 10-Other 10-Other 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	*		F	04/02/81	1	1			1	3		5			2	
2	*		M	09/19/73	2	3			1	3		5			2	
2	*		F	10/26/89	1	3			1	3		5			2	

Report Number
SP10-005362

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 1G1AL58F387166459	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *
(U2) Vehicle Make 11 - CHEVROLET			Vehicle Year 2008	(U3) Vehicle Color 10 - Red	
(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 1 - No Special Function			<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 checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage					
(U6) Most Damaged Area 7 - Rear Driver Side			(U7) Most Harmful Event		
(U8) Pre Crash Actions 1 - Following roadway			(U9) Contributing Circumstances - Vehicle 1 - None		
(U10) Sequence of Events 1			(U10) Sequence of Events 2		
(U10) Sequence of Events 3			(U10) Sequence of Events 4		
<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
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
(D1) Driver Distracted By			(D2) Condition at Time of Crash 1 - Apparently Normal		
(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 type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			<input type="checkbox"/> Alcohol Test Result Pending <input type="checkbox"/> 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		

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 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury	INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation
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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	*	F	07/03/56	1	1			1	3		4	9	3	2	

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Reporting Agency MEMSP0800		Report Number SP10-063367		Crash Date 8/30/2010		Crash Time 14:05		At Scene Date 8/30/2010		At Scene Time 14:20							
City or Town Gray				Street or Highway RT. 26				Nearest Intersecting Street At Rt. 26A				<input type="checkbox"/> Off Road					
Direction FROM Nearest Intersection to Crash Site <input 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 checked="" type="checkbox"/> Miles		Latitude		Longitude									
Node 1 61550		Node 2 0		Measurement Node		Distance to Scene 0.0 Miles 0.0 Kilometers		Posted Speed Limit 35 Miles Per Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45							
(F1) Type of Crash 2 - Rear End / Sideswipe						(F2) Type of Location 3 - Three 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 6 - Yield Sign						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk											
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2											
(F10) Contributing Circumstances - Road 1						(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 type="checkbox"/> No											
NARRATIVE V2 was yielding to NB traffic when V1 ran into the back of V2. V2 Op told me he is not familiar with the area and was proceeding with caution as the intersection's traffic flow was not clear to him. V1 Op. told me she saw V2 proceed and did not see him slow again.						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 Tr. Steven A. Green				Badge# 1839		Report Date 9/4/2010		Approved By Sgt Michael Edes				Approved Date 9/4/2010					

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Report Number
SP10-063367

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1LNHM82W71Y710731	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car										
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *										
(U2) Vehicle Make 42 - LINCOLN			Vehicle Year 2001	(U3) Vehicle Color 8 - Grey, Silver											
(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 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															
Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage															
(U6) Most Damaged Area 12 - Front			(U7) Most Harmful Event												
(U8) Pre Crash Actions 19 - Merging			(U9) Contributing Circumstances - Vehicle 1 - None												
(U10) Sequence of Events 1			(U10) Sequence of Events 2												
(U10) Sequence of Events 3			(U10) Sequence of Events 4												
<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 A									
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									
(D1) Driver Distracted By			(D2) Condition at Time of Crash 1 - Apparently Normal												
(D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely			(D3) Driver Actions at Time of Crash 2												
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		<input type="checkbox"/> Alcohol Test Result Pending											
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other		<input 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												
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-Deployment - Combination 6-Child Restraint - Forward Facing 6-Shock 6-Leg(s) 6-Chest Stomach 6-Internal															
EJECTED 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 7-Deployment - Curtain 8-Child Restraint - Rear Facing 7-Dizziness 7-7-Chest Stomach 7-Entire Body 7-Other															
2-Ejected Partially 2-Other Helmet 8-Abrasion/Bruises 8-Internal 8-Entire Body 8-Other															
3-Ejected Totally 3-No Helmet 9-Child Restraint - Used Incorrectly 9-Complaint of Pain 9-Other															
10-Booster Seat 10-Other															
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 Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	* Last Name, First Name, MI		F	11/10/56	1	1		1	3		5			2	

Report Number
SP10-063367

STATE OF MAINE CRASH REPORT

UNIT PAGE

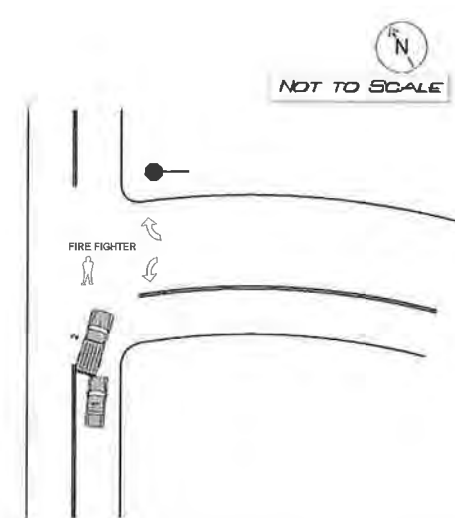
Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 1GCEK19Z45Z261643	License Plate *	State ME	(U1) Unit Type 5 - Pickup
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *
(U2) Vehicle Make 11 - CHEVROLET			Vehicle Year 2005	(U3) Vehicle Color 4 - Blue	
(U4) Vehicle 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 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 1 - No Special Function			<input type="checkbox"/> Exempt Vehicle		
Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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 15 - Non-Collision			(U7) Most Harmful Event		
(U8) Pre Crash Actions 19 - Merging			(U9) Contributing Circumstances - Vehicle 1 - None		
(U10) Sequence of Events 1			(U10) Sequence of Events 2		
(U10) Sequence of Events 3			(U10) Sequence of Events 4		
<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 NH C A					
<input type="checkbox"/> Last Known Operator					
DRIVER Last Name *		First Name	MI	DRIVER Address * NH*	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 * NH*	City State Zip
(D1) Driver Distracted By		(D2) Condition at Time of Crash 1 - Apparently Normal			
(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 type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		<input type="checkbox"/> Alcohol Test Result Pending <input type="checkbox"/> Alcohol BAC Result	
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other		<input 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			

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)	
EJECTED	HELMET USE		7-Child Restraint - Forward Facing	7-Child Restraint - Rear Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet		8-Child Restraint - Used Incorrectly	9-Child Restraint - Used Incorrectly	8-Abrasion/Bruises	8-Internal	1-Officer Observation
2-Ejected Partially	2-Other Helmet		10-Booster Seat	11-Child Restraint - Other	9-Complaint of Pain	9-Entire Body	2-Individual Statement
3-Ejected Totally	3-No Helmet				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
1	* Last Name, First Name, Mi	M	05/06/72	1	1			1	3		5			2
2	* Last Name, First Name, Mi	M	08/27/82	1	3			1	3		5			2

FIRST PAGE

Reporting Agency ME0030000		Report Number 11-002922		Crash Date 2/5/2011		Crash Time 16:55		At Scene Date 2/5/2011		At Scene Time 17:10													
City or Town Gray			Street or Highway I 95 SB			Nearest Intersecting Street			<input type="checkbox"/> Off Road														
Direction FROM Nearest Intersection to Crash Site <input 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 checked="" type="checkbox"/> Miles			Latitude			Longitude														
Node 1 61550		Node 2 0		Measurement Node 59746		Distance to Scene 0.3 Miles		Posted Speed Limit 35 Miles Per 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 2 - Rear End / Sideswipe						(F2) Type of Location 3 - Three Leg Intersection																	
(F3) Weather Condition 6 - Snow						(F4) Light Condition 3 - Dusk																	
(F5) Road Grade 1 - Level						(F6) Road Surface Condition 3 - Snow																	
(F7) Traffic Control Device 8 - Officer, Flagman, School Patrol						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																	
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2																	
(F10) Contributing Circumstances - Road 1						(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 type="checkbox"/> No																	
NARRATIVE UNIT 2 HAD SLOWED DOWN TO CHANGE DIRECTION AFTER BEING DIRECTED TO DO SO BY A FIRE FIGHTER DIRECTING TRAFFIC. UNIT 1 THEN RAN INTO THE BACK OF UNIT 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 B radley P. Rogers				Badge# 48		Report Date 2/5/2011				Approved By David Hall				Approved Date 2/5/2011									

Report Number
11-002922

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 2T1BR12E7XC202380	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car											
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *											
(U2) Vehicle Make 67 - TOYOTA			Vehicle Year 1999	(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 type="checkbox"/> No		HAZMAT Placarded ? <input type="checkbox"/> Yes <input 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																
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													
(U8) Pre Crash Actions 1 - Following roadway			(U9) Contributing Circumstances - Vehicle 1 - None													
(U10) Sequence of Events 1			(U10) Sequence of Events 2													
(U10) Sequence of Events 3			(U10) Sequence of Events 4													
<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 ME C A <input type="checkbox"/> Last Known Operator																
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											
(D1) Driver Distracted By		(D2) Condition at Time of Crash 1 - Apparently Normal														
(D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely		(D3) Driver Actions at Time of Crash 2 8 - Exceeded Posted Speed Limit														
Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Alcohol Test Result Pending Alcohol BAC Result														
Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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														
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 5-Lap Belt Only Used 5-Concussion 5-Arm(s) 5-No Injury 6-Unknown 6- Unknown (non-trailing unit) 6-Deployed - Other (knee, air belt,...) 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-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
6	* Last Name, First Name, MI		F	10/19/80	1	1			1	3		5			2	
2	* Last Name, First Name, MI		M	10/17/08	2	3			1	7		5			1	

Report Number
11-002922

STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID **2** ☐ Hit Run? VIN **1B7HF16Y1WS540300** License Plate ***** State **ME** (U1) Unit Type **5 - Pickup**

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☐ No Insurance NAIC Insurance Company Name * Insurance Policy Number *

(U2) Vehicle Make **15 - DODGE** Vehicle Year **1998** (U3) Vehicle Color **14 - White**

(U4) Vehicle Configuration GVWR or GCWR
☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > than 26,000 lbs.

Vehicle Has 9 or More Seats? ☐ Yes ☐ No HAZMAT Placarded? ☐ Yes ☐ No Vehicle Travel Direction ☒ Northbound ☐ Southbound
☐ Eastbound ☐ Westbound ☐ Not on Roadway ☐ Unknown

(U5) Special Function Vehicle ☐ Exempt Vehicle Emergency Vehicle Responding to Scene? ☐ Yes ☐ No
1 - No Special Function

Extent of Damage ☐ No Damage Observed ☒ Minor Damage ☐ Functional Damage ☐ Towed Due to Disabling Damage

(U6) Most Damaged Area **6 - Rear** (U7) Most Harmful Event

(U8) Pre Crash Actions **10 - Slowing in traffic** (U9) Contributing Circumstances - Vehicle **1 - None**

(U10) Sequence of Events 1 (U10) Sequence of Events 2

(U10) Sequence of Events 3 (U10) Sequence of Events 4

D

☒ Driver ☐ Bicycle ☐ Pedestrian ☐ License Number ☒ Active ☐ No License ☐ Permit ☐ State **ME** ☐ License Class **C** ☐ Endorsements ☐ Restrictions **A**
☐ Last Known Operator *

DRIVER Last Name First Name MI DRIVER Address City State Zip
*** ME***

Citation Number Pending ☐ Violation 1 Violation 2

OWNER Last Name (skip if same as Driver) First Name MI OWNER Address City State Zip
*** ME***

(D1) Driver Distracted By (D2) Condition at Time of Crash
1 - Apparently Normal

(D3) Driver Actions at Time of Crash 1 (D3) Driver Actions at Time of Crash 2

Alcohol Test ☐ Test Not Given ☐ Test Refused ☐ Blood ☐ Alcohol Test Result Pending Alcohol BAC Result
☐ Breath ☐ Urine ☐ Other Chemical Test (Not Field Sobriety or PBT)

Drug Test ☐ Test Not Given ☐ Test Refused ☐ Blood Drug Test Result ☐ Positive ☐ Negative ☐ Pending
☐ Urine ☐ 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	
				8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	
				9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	
				10-Booster Seat	10-Other	10-Other	
				11-Child Restraint - Other			

EJECTED
1-Not Ejected
2-Ejected Partially
3-Ejected Totally

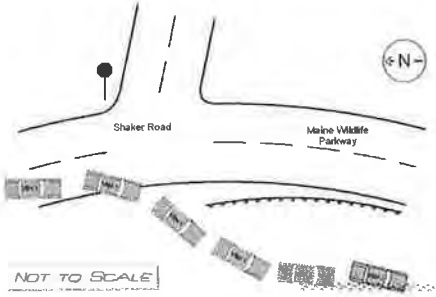
HELMET USE
1-DOT-Compliant Motorcycle Helmet
2-Other Helmet
3-No Helmet

AMB CODES - see code sheet

Person Type Include Driver, Passengers, Bicyclist, and Pedestrians Sex (M,F,U) DOB Seat Pos Row Seat Pos Other Air Bag Deployed Ejected Restraint System Use Injury Degree Injury Type Injury Area Injury Info Source Amb Code

Person Type	Last Name, First Name, Mi	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Use	Injury Degree	Injury Type	Injury Area	Injury Info Source	Amb Code
1	*	F	04/03/90	1	1			1	3	5			2	
2	*	F	12/12/91	1	3			1	3	5			2	

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Reporting Agency ME0030000		Report Number 11-029512		Crash Date 12/9/2011		Crash Time 19:37		At Scene Date 12/9/2011		At Scene Time 19:41		
City or Town Gray				Street or Highway ST RTE 26				Nearest Intersecting Street Int of GRAY BYPASS RD, ST RTE 26				<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 43.898620		Longitude -70.343390				
Node 1 61550		Node 2 0		Measurement Node		Distance to Scene 0.0 Miles		Posted Speed Limit 35 Miles per Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25	<input type="checkbox"/> Not Posted 45	
(F1) Type of Crash 7 - Went Off Road						(F2) Type of Location 3 - Three 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						
NARRATIVE VEH 1 travelling South on Shaker Rd. VEH 1 left roadway to the right and continued over the embankment before coming to rest in the ditch.						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 Dep Patrick Ferriter				Badge# 53		Report Date 12/9/2011		Approved By Sgt David Hall		Approved Date 12/25/2011		

Report Number
11-029512

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1G1AK58F287303393	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *
(U2) Vehicle Make 11 - CHEVROLET			Vehicle Year 2008	(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 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					
Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" 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 8 - Went Off Roadway Right
(U10) Sequence of Events 3 34 - Embankment	(U10) Sequence of Events 4

<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 0	Restrictions 0			
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
(D1) Driver Distracted By 1 - Not Distracted		(D2) Condition at Time of Crash 1 - Apparently Normal					
(D3) Driver Actions at Time of Crash 1 18 - Over-Correcting/Over-Steering		(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"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result			
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		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					

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 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Not Deployed 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury
EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally		HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet	INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation				

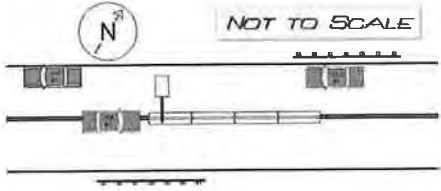
Include Driver, Passengers, Bicyclist, and Pedestrians														Sex (M,F,U)		DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
Person Type	Last Name, First Name, MI																											
6	*													F	02/14/53	1	1		2	1	3		5			2	1	

2012-3518

STATE OF MAINE CRASH REPORT

FIRST PAGE

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Reporting Agency ME0030000		Report Number 12-001571		Crash Date 1/21/2012		Crash Time 21:58		At Scene Date 1/21/2012		At Scene Time 22:05					
City or Town Gray				Street or Highway GRAY BYPASS RD				Nearest Intersecting Street Int of GRAY BYPASS RD, ST RTE 26				<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 43.898620		Longitude -70.343390							
Node 1 61550		Node 2 0		Measurement Node		Distance to Scene 405 Feet 1 Miles		Posted Speed Limit 45 Miles Per Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25	<input type="checkbox"/> Not Posted 45				
(F1) Type of Crash 7 - Went Off Road						(F2) Type of Location 3 - Three Leg Intersection									
(F3) Weather Condition 1 - Clear						(F4) Light Condition 5 - Dark - Not Lighted									
(F5) Road Grade 1 - Level						(F6) Road Surface Condition 5 - Ice/Frost									
(F7) Traffic Control Device 3 - Advisory/Warning Sign						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 3 - Median						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 2 - Road Surface Condition (Wet, Icy, Snow, Slush, etc.)						(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 Unit # 1 lost control on road way went onto a median struck a sign then ended up in other lane.						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 Dep George Bradbury				Badge# 29		Report Date 1/21/2012		Approved By Sgt David Hall				Approved Date 2/13/2012			

Maine Department of Public Safety

Page 1

Form 13:20A Revised January 2010

Last Modified: 2/13/2012 17:56

Report Number
12-001571

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 2HGES16503H501500	License Plate *	State NY	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *
(U2) Vehicle Make 26 - HONDA			Vehicle Year 2003	(U3) Vehicle Color 5 - Green	
(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 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					

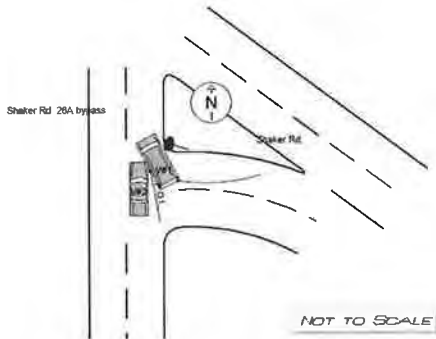
Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage	
(U6) Most Damaged Area 1 - Front Passenger Corner	(U7) Most Harmful Event 33 - Traffic Sign Support
(U8) Pre Crash Actions 1 - Following roadway	(U9) Contributing Circumstances - Vehicle 1 - None
(U10) Sequence of Events 1 10 - Cross Median	(U10) Sequence of Events 2
(U10) Sequence of Events 3	(U10) Sequence of Events 4

<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 NY	License Class O	Endorsements	Restrictions
DRIVER Last Name *		First Name	MI	DRIVER Address * NY*		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 * NY*		City State Zip	
(D1) Driver Distracted By 1 - Not Distracted		(D2) Condition at Time of Crash 1 - Apparently Normal				
(D3) Driver Actions at Time of Crash 1 2 - Ran Off Roadway		(D3) Driver Actions at Time of Crash 2 9 - Drove Too Fast For Conditions				
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				

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 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury
EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally		HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet	INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 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
	Last Name	First Name, MI														
6	*		M	05/07/62	1	1		2	1	3		5			2	1
2	*		F	04/26/68	1	3		2	1	3		5			2	1

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Reporting Agency ME0030000		Report Number 12-010611		Crash Date 5/15/2012		Crash Time 16:26		At Scene Date 5/15/2012		At Scene Time 16:30										
City or Town Gray			Street or Highway GRAY BYPASS RD			Nearest Intersecting Street Int of GRAY BYPASS RD, ST RTE 26			<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 43.898620		Longitude -70.343390												
Node 1 61550		Node 2 0		Measurement Node		Distance to Scene 0.05 Miles		Posted Speed Limit 45 MPH		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45										
(F1) Type of Crash 4 - Intersection Movement						(F2) Type of Location 3 - Three Leg Intersection														
(F3) Weather Condition 2 - Cloudy						(F4) Light Condition 3 - Dusk														
(F5) Road Grade 1 - Level						(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 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														
NARRATIVE Vehicle #1 was turning right onto the 26-A Bypass from Shaker Rd and took the wrong entrance, pulling out in front of 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 Sgt Paul Thorpe						Badge# 23		Report Date 5/15/2012		Approved By Sgt Paul Thorpe				Approved Date 5/15/2012						

12-010611

STATE OF MAINE CRASH REPORT

UNIT PAGE

[illegible]

Report Number
12-010611

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 4S3BH675147620312	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance	NAIC 35882	Insurance Company Name *		Insurance Policy Number *	
(U2) Vehicle Make 65 - SUBARU			Vehicle Year 2004	(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 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			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 checked="" type="checkbox"/> Towed Due to Disabling Damage					
(U6) Most Damaged Area 11 - Front Driver Corner			(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		
(U10) Sequence of Events 3			(U10) Sequence of Events 4		
<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 <input type="checkbox"/> State ME License Class C Endorsements 0 Restrictions A <input type="checkbox"/> Last Known Operator					
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
(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 checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or BBT)			Alcohol Test Result Pending Alcohol BAC Result		
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			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		

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)										
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-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
6	*		F	06/16/73	1	1		2	1	3		4	9	3	2	305

F I R S T	Reporting Agency ME0030000		Report Number 12-012992		Crash Date 6/10/2012		Crash Time 21:42		At Scene Date 6/10/2012		At Scene Time 21:44												
	City or Town Gray			Street or Highway ST RTE 26			Nearest Intersecting Street Int of GRAY BYPASS RD, ST RTE 26			<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 43.898620		Longitude -70.343390														
	Node 1 61550		Node 2 0		Measurement Node		Distance to Scene 0:00 <input type="checkbox"/> Towing <input type="checkbox"/> Minus 35 Hrs.		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25		<input type="checkbox"/> Not Posted 45												
	(F1) Type of Crash 2 - Rear End / Sideswipe						(F2) Type of Location 3 - Three 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 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 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 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																	
<p>NARRATIVE</p> <p>V-1 was stopped at the intersection of Rt. 26 and 26 A (bypass), turning East onto Rt. 26. Driver of V-1 stated that she looked both ways before starting from stopped at the intersection, did not observe any vehicles and proceeded East onto Rt. 26. Driver of V-1 stated that as soon as she started out she had noticed the motorcycle, but had already struck the rear left side of V-2. V-2 was traveling North on Rt. 26 A (bypass). V-2 was sideswiped by V-1 at the intersection of Rt. 26 and 26 A. V-2 and its driver came to rest approximately 150 feet from the impact point, on Rt. 26. Driver of V-2 had an obvious amputation of his lower left leg, from the impact with V-1. Driver of V-1 was not injured and refused to be evaluated by rescue personnel.</p>						<p>CRASH DIAGRAM</p>																	
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 Dep Arthur Brown				Badge# 49		Report Date 6/10/2012		Approved By Sgt. Anthony Hovey				Approved Date 6/15/2012											

Report Number
12-012992

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 5J6RE4H71BL053433	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 26 - HONDA			Vehicle Year 2011	(U3) Vehicle Color 7 - Brown											
(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"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown											
(U5) Special Function Vehicle 1 - No Special Function			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 checked="" type="checkbox"/> Towed Due to Disabling Damage															
(U6) Most Damaged Area 11 - Front Driver Corner			(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 50 - No Other Events												
(U10) Sequence of Events 3 50 - No Other Events			(U10) Sequence of Events 4 50 - No Other Events												
<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										
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										
(D1) Driver Distracted By 1 - Not Distracted			(D2) Condition at Time of Crash 3 - Emotional(Depressed, Angry, Disturbed, etc.)												
(D3) Driver Actions at Time of Crash 1 3 - Failed to Yield Right-of-Way			(D3) Driver Actions at Time of Crash 2 1 - No Contributing Action												
Alcohol Test <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Other		Test Not Given <input checked="" type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or BBT)		Alcohol BAC Result											
Drug Test <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Other		Test Not Given <input checked="" type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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												
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-Deployed - Forward Facing 6-Shock 6-Leg(s) 6-Leg(s)															
7-Deployment - Curtain 7-Child Restraint - Rear Facing 7-Dizziness 7-Chest Stomach 7-Chest Stomach															
8-Child Restraint - Used Incorrectly 8-Abrasion/Bruises 8-Internal 8-Internal															
9-Child Restraint - Other 9-Complaint of Pain 9-Entire Body 9-Entire Body															
10-Booster Seat 10-Other 10-Other 10-Other															
11-Child Restraint - Other 11-Child Restraint - Other 11-Child Restraint - Other															
EJECTED HELMET USE															
1-Not Ejected 1-DOT-Compliant Motorcycle Helmet															
2-Ejected Partially 2-Other Helmet															
3-Ejected Totally 3-No Helmet															
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	* Last Name, First Name, MI	F	02/12/49	1	1		2	1	3		5			2	305

Report Number
12-012992

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 1HFSC1800SA901303	License Plate *	State ME	(U1) Unit Type 11 - Motorcycle
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *
(U2) Vehicle Make 26 - HONDA			Vehicle Year 1995	(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 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					

Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage	
(U6) Most Damaged Area 7 - Rear Driver Side	(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 50 - No Other Events
(U10) Sequence of Events 3	(U10) Sequence of Events 4

<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 0	Restrictions M			
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
(D1) Driver Distracted By 6 - Unknown		(D2) Condition at Time of Crash 2 - Physically Impaired or Handicapped					
(D3) Driver Actions at Time of Crash 1 1 - No Contributing Action		(D3) Driver Actions at Time of Crash 2					
Alcohol Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		Alcohol Test Result Pending <input type="checkbox"/> Alcohol BAC Result					
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		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					

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 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt, etc.) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury	INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 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	02/19/54	1	1		1	3	1	3	2	1	6	3	305

STATE OF MAINE CRASH REPORT

Report Number
12-012992

Narrative / Diagram Supplemental

Case # 12-012992

CUMBERLAND COUNTY SHERIFF'S OFFICE
VOLUNTARY STATEMENT
(NOT UNDER ARREST)

I, Claudia Raessler am not under arrest, for nor am I being detained for any criminal offenses concerning the events I am about to make known to CCSO.
Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following of my own free will for whatever purposes it may serve.

THIS FORM MUST BE SIGNED

I was driving home to North Yarmouth
from Norway, Me. - Turning & Left @ the
inter section of 26/26A - I hit the
back end of a motorcycle with a single
passenger.

The cycle continued past me after being
struck. I ^{had} stopped immediately on impact
got out of the car - immediately ^{ran} to the
man laying on the side of the road behind

ImageMan Twain.Net Version 2.71 TrialOrder Online at www.data-tech.com

Several people had stopped & the police arrived. -
had

SIGNED:

DATE/TIME: 6/10/2012 WITNESS:

No.	V/P Code	Name (last, first, middle)	DOR	Age	Sex	Race	Ethnic	Height	Weight	Hair	Eyes
	10	Claudia Raessler	2-12-49	63	F	W	H				
Street Address			Apt. #	City		State		ZIP		Resident Status R N	
Residence Phone	Business Phone	Victim Type	Type Injury	Victim of Off. #	V. of Susp.	Rel.	V. of Susp.	Rel.	V. of Susp.	Rel.	Using Alcohol Drugs
Occupation		Employer/School		Business Address			City			State	

CCSO#8

Crash Summary Report

Report Selections and Input Parameters

REPORT SELECTIONS

☒ **Crash Summary I -
Single Node**

☐ **Section Detail**

☐ **Crash Summary II**

☒ **1320 Public**

☐ **1320 Private**

☐ **1320 Summary**

REPORT DESCRIPTION

26/Libby Hill

REPORT PARAMETERS

Year 2010, Start Month 1 through Year 2012 End Month: 12

Route: **0026X**

Start Node: **17097**

Start Offset: **0**

☐ **Exclude First Node**

End Node: **17097**

End Offset: **0**

☐ **Exclude Last Node**

Maine Department Of Transportation - Traffic Engineering, Crash Records Section

Crash Summary I

Nodes															
Node	Route - MP	Node Description	U/R	Total Crashes	K	A	B	C	PD	Percent Annual M Injury	Ent-Veh	Crash Rate	Critical Rate	CRF	
17097	0026X - 17.89	Int of HANNAFORD Z, LIBBY HILL RD, SHAKER RD	9	11	0	0	0	2	9	18.2	5.333	0.69	1.12	0.00	
												Statewide Crash Rate:		0.64	
Study Years: 3.00		NODE TOTALS:		11	0	0	0	2	9	18.2	5.333	0.69	1.12	0.61	

F I R S T	Reporting Agency MEMSP0600		Report Number SP10-069011		Crash Date 9/20/2010		Crash Time 17:55		At Scene Date 9/20/2010		At Scene Time 18:15									
	City or Town Gray			Street or Highway ST RTE 26			Nearest Intersecting Street			<input type="checkbox"/> Off Road										
	Direction FROM Nearest Intersection to Crash Site <input 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 checked="" type="checkbox"/> Miles		Latitude		Longitude											
	Node 1 17097		Node 2 0		Measurement Node		Distance to Scene 0.0 Miles		Posted Speed Limit 35 mph		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45									
	(F1) Type of Crash 2 - Rear End / Sideswipe						(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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk													
	(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
	(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2													
(F10) Contributing Circumstances - Road 1						(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 type="checkbox"/> No														
NARRATIVE UNIT 2 STOPPED AT THE TRAFFIC LIGHT ON RTE 26 NB AND LIBBY MILL ROAD IN GRAY. UNIT 1 WAS STOPPED DIRECTLY BEHIND UNIT 2. UNIT 1 SAW UNIT 2'S BRAKE LIGHTS GO OUT AND ASSUMED SHE WAS MOVING FORWARD. UNIT 1 COLLIDED INTO UNIT 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 FERN CLOUTIER				Badge# 0731		Report Date		Approved By				Approved Date								

Report Number
SP10-069011

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 19UUA662XA018873	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car										
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *										
(U2) Vehicle Make 1 - ACURA			Vehicle Year 2004	(U3) Vehicle Color 2 - Beige											
(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 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												
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												
(U8) Pre Crash Actions 11 - Stopped in traffic			(U9) Contributing Circumstances - Vehicle 1 - None												
(U10) Sequence of Events 1			(U10) Sequence of Events 2												
(U10) Sequence of Events 3			(U10) Sequence of Events 4												
<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 0 Restrictions 0 <input type="checkbox"/> Last Known Operator															
DRIVER Last Name *		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) *		First Name	MI	OWNER Address	City State Zip										
(D1) Driver Distracted By		(D2) Condition at Time of Crash 1 - Apparently Normal													
(D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely		(D3) Driver Actions at Time of Crash 2													
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input 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 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													
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															
<table border="1"><tr><td>SEAT ROW 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown</td><td>SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown</td><td>SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown</td><td>AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain</td><td>RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other</td><td>INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruiases 9-Complaint of Pain 10-Other</td><td>INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other</td><td>INJURY DEGREE 1-Fatal 2-Incapacitating 3-NonIncapacitating 4-Possible Injury 5-No Injury</td><td>INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation</td></tr></table>						SEAT ROW 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruiases 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-NonIncapacitating 4-Possible Injury 5-No Injury	INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation	
SEAT ROW 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruiases 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-NonIncapacitating 4-Possible Injury 5-No Injury	INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 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	03/23/91	1	1			1	3		5			2	
2	*	F	01/14/91	1	3			1	3		5			3	

Report Number
SP10-069011

STATE OF MAINE CRASH REPORT

UNIT PAGE

UNIT
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Unit ID 2	<input type="checkbox"/> Hit Run?	VIN JHMG8H29AS002533	License Plate * ME	(U1) Unit Type 1 - Passenger Car											
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *	Insurance Policy Number *											
(U2) Vehicle Make 26 - HONDA		Vehicle Year 2010	(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 type="checkbox"/> No		HAZMAT Placarded ? <input type="checkbox"/> Yes <input 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													
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 6 - Rear		(U7) Most Harmful Event													
(U8) Pre Crash Actions 11 - Stopped in traffic		(U9) Contributing Circumstances - Vehicle 1 - None													
(U10) Sequence of Events 1		(U10) Sequence of Events 2													
(U10) Sequence of Events 3		(U10) Sequence of Events 4													
<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											
DRIVER Last Name *		First Name	MI	DRIVER Address * ME*											
Citation Number Pending <input type="checkbox"/>		Violation 1		Violation 2											
OWNER Last Name (skip if same as Driver) *		First Name	MI	OWNER Address * ME*											
(D1) Driver Distracted By		(D2) Condition at Time of Crash 1 - Apparently Normal													
(D3) Driver Actions at Time of Crash 1		(D3) Driver Actions at Time of Crash 2													
Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		Alcohol Test Result Pending <input type="checkbox"/> Alcohol BAC Result													
Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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													
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-Deployed - Side 4-Shoulder Belt Only Used 4-Burns 4-Back 4-Possible Injury															
5-Other Row 5-Unknown 5-Trailing Unit 5-Lap Belt Only Used 5-Concussion 5-Arm(s) 5-No Injury															
6-Unknown 6-Unknown 6-Deployment - Other (knee, air belt, etc) 6-Shock 6-Leg(s) 6-Leg(s)															
7-Child Restraint - Forward Facing 7-Dizziness 7-Chest Stomach 7-Chest Stomach															
8-Child Restraint - Rear Facing 8-Abrasion/Bruises 8-Internal 8-Internal															
9-Child Restraint - Used Incorrectly 9-Complaint of Pain 9-Entire Body 9-Entire Body															
10-Booster Seat 10-Other 10-Other 10-Other															
11-Child Restraint - Other 11-Child Restraint - Other 11-Child Restraint - Other 11-Child Restraint - Other															
EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet															
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	*	F	02/24/44	1	1			1	3		5			2	
2	*	F	09/17/85	1	3			1	3		5			2	

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Reporting Agency MEMSP0800		Report Number SP10-073093		Crash Date 10/5/2010		Crash Time 19:02		At Scene Date 10/5/2010		At Scene Time 19:10			
City or Town Gray				Street or Highway ST RTE 26				Nearest Intersecting Street				<input type="checkbox"/> Off Road	
Direction FROM Nearest Intersection to Crash Site <input 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 checked="" type="checkbox"/> Miles		Latitude		Longitude					
Node 1 17097		Node 2 0		Measurement Node		Distance to Scene 0.0 Miles		Posted Speed Limit 45 Miles		<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 2 - Rear End / Sideswipe						(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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2							
(F10) Contributing Circumstances - Road 1						(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 type="checkbox"/> No							
NARRATIVE Unit 1 was attempting to turn into left turning lane when he struck Unit 2 in the left rear as she was stopped at a red light.						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 Trooper Gregory Tirado				Badge# 4672		Report Date 10/9/2010		Approved By Sgt. Joseph A. Mills, III		Approved Date 10/9/2010			

UNIT PAGE

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Report Number SP10-073093		STATE OF MAINE CRASH REPORT				UNIT PAGE									
Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1G8ZK5276SZ155900	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car										
<input type="checkbox"/> No Insurance NAIC 23035		Insurance Company Name *		Insurance Policy Number *											
(U2) Vehicle Make 62 - SATURN			Vehicle Year 1995	(U3) Vehicle Color 8 - Grey, Silver											
(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 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															
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 1 - Front Passenger Corner			(U7) Most Harmful Event												
(U8) Pre Crash Actions 6 - Making left turn			(U9) Contributing Circumstances - Vehicle 1 - None												
(U10) Sequence of Events 1			(U10) Sequence of Events 2												
(U10) Sequence of Events 3			(U10) Sequence of Events 4												
<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 0 Restrictions 0 <input type="checkbox"/> Last Known Operator															
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									
(D1) Driver Distracted By			(D2) Condition at Time of Crash 1 - Apparently Normal												
(D3) Driver Actions at Time of Crash 1			(D3) Driver Actions at Time of Crash 2 14 - Followed Too Closely												
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			<input 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 type="checkbox"/> Other			<input 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												
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-Deployment - Combination 6-Deployment - Other 6-Shock 6-Leg(s) 6-Chest Stomach 6-Internal 7-Deployment - Curtain 7-Child Restraint - Forward Facing 7-Dizziness 7-Entire Body 7-Other 8-Child Restraint - Rear Facing 8-Abrasion/Bruises 8-Complaint of Pain 8-Other 9-Child Restraint - Used Incorrectly 9-Other 10-Booster Seat 10-Other 11-Child Restraint - Other															
EJECTED HELMET USE 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 2-Ejected Partially 2-Other Helmet 3-Ejected Totally 3-No Helmet															
AMB CODES - see code sheet															
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians		Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*		M	05/18/63	1	1		1	3		5			2	

Report Number
SP10-073093

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 5NMSG73D17H065476	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car																																																																																									
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *																																																																																									
(U2) Vehicle Make 27 - HYUNDAI			Vehicle Year 2007	(U3) Vehicle Color 5 - Green																																																																																										
(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 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																																																																																											
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			Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
(U6) Most Damaged Area 7 - Rear Driver Side			(U7) Most Harmful Event																																																																																											
(U8) Pre Crash Actions 11 - Stopped in traffic			(U9) Contributing Circumstances - Vehicle 1 - None																																																																																											
(U10) Sequence of Events 1			(U10) Sequence of Events 2																																																																																											
(U10) Sequence of Events 3			(U10) Sequence of Events 4																																																																																											
<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 I																																																																																								
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																																																																																								
(D1) Driver Distracted By			(D2) Condition at Time of Crash 1 - Apparently Normal																																																																																											
(D3) Driver Actions at Time of Crash 1			(D3) Driver Actions at Time of Crash 2																																																																																											
Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			<input type="checkbox"/> Alcohol Test Result Pending			Alcohol BAC Result																																																																																								
Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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																																																																																											
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																																																																																														
<table border="1"><thead><tr><th>SEAT ROW</th><th>SEAT POSITION</th><th>SEAT POSITION OTHER</th><th>AIRBAG DEPLOYED</th><th>RESTRAINT SYSTEM</th><th>INJURY TYPE</th><th>INJURY AREA</th><th>INJURY DEGREE</th></tr></thead><tbody><tr><td>1-Front Row</td><td>1-Left (driver)</td><td>1-Sleeper Section of Cab (truck)</td><td>1-Not Applicable</td><td>1-Not Applicable</td><td>1-Amputation</td><td>1-Face</td><td>1-Fatal</td></tr><tr><td>2-Second Row</td><td>2-Middle</td><td>2-Other Enclosed Cargo Area</td><td>2-Not Deployed</td><td>2-None Used - Motor Vehicle Occupant</td><td>2-Bleeding</td><td>2-Head</td><td>2-Incapacitating</td></tr><tr><td>3-Third Row</td><td>3-Right</td><td>3-Unenclosed Cargo Area</td><td>3-Deployed - Front</td><td>3-Shoulder and Lap Belt Used</td><td>3-Broken Bones</td><td>3-Neck</td><td>3-Nonincapacitating</td></tr><tr><td>4-Fourth Row</td><td>4-Other</td><td>4-Trailing Unit</td><td>4-Deployed - Side</td><td>4-Shoulder Belt Only Used</td><td>4-Burns</td><td>4-Back</td><td>4-Possible Injury</td></tr><tr><td>5-Other Row</td><td>5-Unknown</td><td>5-Riding on Motor Vehicle Ext (non-trailing unit)</td><td>5-Deployed - Other (knee, air belt,...)</td><td>5-Lap Belt Only Used</td><td>5-Concussion</td><td>5-Arm(s)</td><td>5-No Injury</td></tr><tr><td>6-Unknown</td><td></td><td>6-Unknown</td><td>6-Deployed - Combination</td><td>6-Restraint Used - Other</td><td>6-Shock</td><td>6-Leg(s)</td><td></td></tr><tr><td>EJECTED</td><td>HELMET USE</td><td></td><td>7-Deployment - Curtain</td><td>7-Child Restraint - Forward Facing</td><td>7-Dizziness</td><td>7-Chest Stomach</td><td>INJURY INFO SOURCE</td></tr><tr><td>1-Not Ejected</td><td>1-DOT-Compliant Motorcycle Helmet</td><td></td><td></td><td>8-Child Restraint - Rear Facing</td><td>8-Abrasion/Bruises</td><td>8-Internal</td><td>1-Officer Observation</td></tr><tr><td>2-Ejected Partially</td><td>2-Other Helmet</td><td></td><td></td><td>9-Child Restraint - Used Incorrectly</td><td>9-Complaint of Pain</td><td>9-Entire Body</td><td>2-Individual Statement</td></tr><tr><td>3-Ejected Totally</td><td>3-No Helmet</td><td></td><td></td><td>10-Booster Seat</td><td>10-Other</td><td>10-Other</td><td>3-Medical, Paramedical Observation</td></tr></tbody></table>							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)		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-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
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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	*		F	10/01/65	1	1			1	3		5			2																																																																															

F I R S T	Reporting Agency ME0030000		Report Number 10-033505		Crash Date 12/8/2010		Crash Time 19:40		At Scene Date 12/8/2010		At Scene Time 19:43									
	City or Town Gray			Street or Highway LIBBY HILL RD			Nearest Intersecting Street			<input type="checkbox"/> Off Road										
	Direction FROM Nearest Intersection to Crash Site <input 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 checked="" type="checkbox"/> Miles		Latitude		Longitude											
	Node 1 17097		Node 2 0		Measurement Node 17097		Distance to Scene 1.0 Miles		Posted Speed Limit 15 MPH		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45									
	(F1) Type of Crash 2 - Rear End / Sideswipe						(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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk													
	(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
	(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2													
(F10) Contributing Circumstances - Road 1						(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 type="checkbox"/> No														
NARRATIVE Vehicle 2 was stopped waiting for traffic light. Vehicle 1 drove into the back of vehicle 2 causing damage to both vehicles.						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 Deputy Hawes			Badge# 154			Report Date 12/8/2010			Approved By Sgt. Hall			Approved Date 12/8/2010								

Report Number
10-033505

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1G8ZG5280YZ236460	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *

(U2) Vehicle Make 62 - SATURN	Vehicle Year 2000	(U3) Vehicle Color 5 - Green
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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 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
---	---	---

Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage
--

(U6) Most Damaged Area 12 - Front	(U7) Most Harmful Event
---	-------------------------

(U8) Pre Crash Actions 11 - Stopped in traffic	(U9) Contributing Circumstances - Vehicle 1 - None
--	--

(U10) Sequence of Events 1	(U10) Sequence of Events 2
----------------------------	----------------------------

(U10) Sequence of Events 3	(U10) Sequence of Events 4
----------------------------	----------------------------

<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 0	Restrictions 0
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DRIVER Last Name *	First Name	MI	DRIVER Address * ME*	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) First Name *	MI	OWNER Address * ME*	City	State	Zip
---	----	-------------------------------	------	-------	-----

(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
--	--

Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input 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 type="checkbox"/> Other	<input 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 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-NonIncapacitating 4-Possible Injury 5-No Injury
EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally	HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet	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	* Last Name, First Name, MI	M	08/06/80	1	1			1	3		5			2	
2	*	F	09/20/80	1	3			1	3		5			2	
2	*	F	09/25/09	2	2			1	7		5			1	

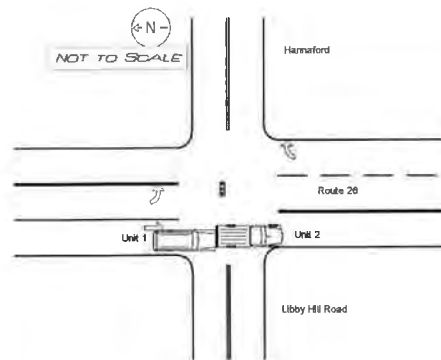
Report Number
10-033505

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 1J8FF28W27D369550	License Plate *	State ME	(U1) Unit Type 2 - (Sport) Utility Vehicle											
<input type="checkbox"/> No Insurance		NAIC 22055	Insurance Company Name *		Insurance Policy Number *											
(U2) Vehicle Make 33 - JEEP			Vehicle Year 2007	(U3) Vehicle Color 10 - Red												
(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 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																
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 5 - Rear Passenger Corner			(U7) Most Harmful Event													
(U8) Pre Crash Actions 11 - Stopped in traffic			(U9) Contributing Circumstances - Vehicle 1 - None													
(U10) Sequence of Events 1			(U10) Sequence of Events 2													
(U10) Sequence of Events 3			(U10) Sequence of Events 4													
<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"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator <input type="checkbox"/> * <input type="checkbox"/> Suspended ME C 0 0																
DRIVER Last Name *		First Name MI		DRIVER Address * ME*												
Citation Number Pending		Violation 1		Violation 2												
OWNER Last Name (skip if same as Driver) *		First Name MI		OWNER Address * ME*												
(D1) Driver Distracted By		(D2) Condition at Time of Crash 1 - Apparently Normal														
(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 type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		Alcohol BAC Result												
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other		<input 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														
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-Deployment - Combination 6-Deployed - Other 6-Shock 6-Leg(s) 6-Leg(s) 6-Chest Stomach 6-Internal EJECTED HELMET USE 7-Deployment - Curtain 7-Child Restraint - Forward Facing 7-Dizziness 7-Child Restraint - Used Incorrectly 7-Complaint of Pain 7-Other 7-Other 7-Other 7-Other 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 8-Child Restraint - Rear Facing 8-Abrasion/Bruises 8-Entire Body 8-Other 8-Other 8-Other 8-Other 2-Ejected Partially 2-Other Helmet 9-Child Restraint - Used Incorrectly 9-Child Restraint - Used Incorrectly 9-Child Restraint - Used Incorrectly 9-Child Restraint - Used Incorrectly 9-Child Restraint - Used Incorrectly 9-Child Restraint - Used Incorrectly 9-Child Restraint - Used Incorrectly 3-Ejected Totally 3-No Helmet 10-Booster Seat 10-Booster Seat 10-Booster Seat 10-Booster Seat 10-Booster Seat 10-Booster Seat 10-Booster Seat 10-Booster Seat AMB CODES - see code sheet																
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians		Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos Other	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*		F	10/17/75	1	1			1	3		5			2	
2	*		F	04/16/95	1	3			1	3		5			2	

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Reporting Agency MEMSPOB00		Report Number SP11-009096		Crash Date 2/4/2011		Crash Time 21:25		At Scene Date 2/4/2011		At Scene Time 21:25	
City or Town Gray			Street or Highway ST RTE 26			Nearest Intersecting Street			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input 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 checked="" type="checkbox"/> Miles		Latitude		Longitude			
Node 1 17097		Node 2 0		Measurement Node		Distance to Scene 0.0 12-10-5		Posted Speed Limit 35 HOV 3		<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 2 - Rear End / Sideswipe						(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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1						(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 type="checkbox"/> No					
NARRATIVE Unit 2 slowed to allow pedestrians to cross. Unit 1 was following too close. Unit 1 struck Unit 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 Tpr Chris P. Farley				Badge# 1330		Report Date 2/9/2011		Approved By Sgt. Donald Shead		Approved Date 2/9/2011	

Report Number
SP11-009096

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1GKET16S636110911	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 23 - GMC			Vehicle Year 2003	(U3) Vehicle Color 14 - White	
(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 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					
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
(U8) Pre Crash Actions 1 - Following roadway	(U9) Contributing Circumstances - Vehicle 1 - None
(U10) Sequence of Events 1	(U10) Sequence of Events 2
(U10) Sequence of Events 3	(U10) Sequence of Events 4

<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
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	
(D1) Driver Distracted By		(D2) Condition at Time of Crash 1 - Apparently Normal				
(D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely		(D3) Driver Actions at Time of Crash 2				
Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result		
Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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				

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	
				8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	
				9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	
				10-Booster Seat	10-Other	10-Other	
				11-Child Restraint - Other			
EJECTED	HELMET USE	INJURY INFO SOURCE					
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet	1-Officer Observation					
2-Ejected Partially	2-Other Helmet	2-Individual Statement					
3-Ejected Totally	3-No Helmet	3-Medical, Paramedical Observation					

AMB CODES - see code sheet														
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	Inj Info Source	Amb Code
6	*	F	06/04/73	1	1			1	3		5		2	
2	*	F	02/23/96	1	3			2	3		5		2	
2	*	M	07/15/98	2	3			1	3		5		2	

Report Number
SP11-009096

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 1D7HU18D54J229347	License Plate *	State ME	(U1) Unit Type 5 - Pickup
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *
(U2) Vehicle Make 15 - DODGE			Vehicle Year 2004	(U3) Vehicle Color 10 - Red	
(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 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		
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			Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(U6) Most Damaged Area 6 - Rear			(U7) Most Harmful Event		
(U8) Pre Crash Actions 10 - Slowing in traffic			(U9) Contributing Circumstances - Vehicle 1 - None		
(U10) Sequence of Events 1			(U10) Sequence of Events 2		
(U10) Sequence of Events 3			(U10) Sequence of Events 4		
<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 0
DRIVER Last Name First Name MI *			DRIVER Address City State Zip * ME*		
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 * ME*		
(D1) Driver Distracted By			(D2) Condition at Time of Crash 1 - Apparently Normal		
(D3) Driver Actions at Time of Crash 1			(D3) Driver Actions at Time of Crash 2		
Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			Alcohol Test Result Pending Alcohol BAC Result		
Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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		

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 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury
EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally	HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet	INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 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
6	* Last Name, First Name, MI	M	09/17/71	1	1			1	3		5			2
2	* Last Name, First Name, MI	M	04/15/98	1	3			1	3		5			2

F I R S T	Reporting Agency MEMSP0800		Report Number SP11-040874		Crash Date 6/8/2011		Crash Time 16:29		At Scene Date 6/8/2011		At Scene Time 17:04				
	City or Town Gray			Street or Highway ST RTE 26			Nearest Intersecting Street			<input type="checkbox"/> Off Road					
	Direction FROM Nearest Intersection to Crash Site <input 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 checked="" type="checkbox"/> Miles		Latitude		Longitude						
	Node 1 17097		Node 2 0		Measurement Node		Distance to Scene 0.0 Miles		Posted Speed Limit 40 Miles Per Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45				
	(F1) Type of Crash 2 - Rear End / Sideswipe						(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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk								
	(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
	(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2								
(F10) Contributing Circumstances - Road 1						(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 type="checkbox"/> No									
NARRATIVE Unit 1 was stationary at the intersections of Libby Hill Rd and Rt. 26. Unit 2 was stationary at the intersections of Libby Hill Rd and Rt. 26 in front of Unit 1. The traffic began to move and Unit 1 did not pay attention to see if Unit 2 was moving. Unit 1 crashed into the rear of Unit 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 Tr. Elgin Physic			Badge# 3898		Report Date 6/13/2011		Approved By Sgt. Joseph A. Mills, III			Approved Date 6/13/2011					

Report Number
SP11-040874

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 3GNEK12T54G146769	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 11 - CHEVROLET			Vehicle Year 2004	(U3) Vehicle Color 14 - White	
(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 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					
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 12 - Front			(U7) Most Harmful Event		
(U8) Pre Crash Actions 9 - Starting in traffic			(U9) Contributing Circumstances - Vehicle 1 - None		
(U10) Sequence of Events 1			(U10) Sequence of Events 2		
(U10) Sequence of Events 3			(U10) Sequence of Events 4		
<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"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator					
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
(D1) Driver Distracted By			(D2) Condition at Time of Crash 1 - Apparently Normal		
(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 type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Alcohol Test Result Pending <input type="checkbox"/> Alcohol BAC Result		
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other			<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> 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		

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)	
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-Abrasion/Bruiases	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
				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
1	*	F	01/11/55	1	1			1	3		5			2	

Report Number
SP11-040874

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 1Y1SK5266VZ419471	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *
(U2) Vehicle Make 21 - GEO			Vehicle Year 1997	(U3) Vehicle Color 8 - Grey, Silver	
(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 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					
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					

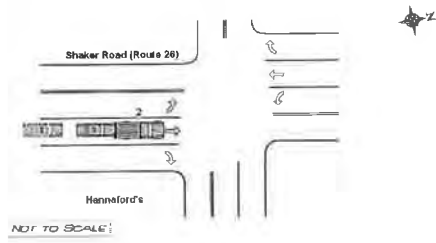
(U6) Most Damaged Area 5 - Rear Passenger Corner	(U7) Most Harmful Event
(U8) Pre Crash Actions 11 - Stopped in traffic	(U9) Contributing Circumstances - Vehicle 1 - None
(U10) Sequence of Events 1	(U10) Sequence of Events 2
(U10) Sequence of Events 3	(U10) Sequence of Events 4

<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 0	Restrictions 0				
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	
(D1) Driver Distracted By				(D2) Condition at Time of Crash 1 - Apparently Normal				
(D3) Driver Actions at Time of Crash 1				(D3) Driver Actions at Time of Crash 2				
Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)				<input type="checkbox"/> Alcohol Test Result Pending				Alcohol BAC Result
Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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				

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					
				8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal					
				9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body					
				10-Booster Seat	10-Other	10-Other					
				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	Info Source	Amb Code
6	*	M	10/08/83	1	1			1	3		5			2	

F
I
R
S
T

Reporting Agency ME0030000		Report Number 11-023599		Crash Date 9/26/2011		Crash Time 16:44		At Scene Date 9/26/2011		At Scene Time 17:30		
City or Town Gray				Street or Highway Shaker Road				Nearest Intersecting Street Int of LIBBY HILL RD, ST RTE 26				<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 43.902650		Longitude -70.345650				
Node 1 17097		Node 2 0		Measurement Node		Distance to Scene 10.0 Miles		Posted Speed Limit 35		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45		
(F1) Type of Crash 2 - Rear End / Sideswipe						(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 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						
NARRATIVE Unit 2 was stopped in traffic. Unit 1 was approaching Unit 2 from the rear. The operator of Unit 1 failed to stop in time causing the front of Unit 1 to strike the rear of Unit 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 Dep Andrew Hanna				Badge# 52		Report Date 9/26/2011		Approved By Sgt David Hall		Approved Date 9/30/2011		

UNIT PAGE

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Report Number 11-023599		STATE OF MAINE CRASH REPORT				UNIT PAGE										
Unit ID 1	<input type="checkbox"/> Hit Run?	VIN JM1BC1411V0166575	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car											
<input type="checkbox"/> No Insurance		NAIC 23035	Insurance Company Name *		Insurance Policy Number *											
(U2) Vehicle Make 44 - MAZDA			Vehicle Year 1997	(U3) Vehicle Color 14 - White												
(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			Exempt Vehicle <input type="checkbox"/> 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 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													
(U10) Sequence of Events 3			(U10) Sequence of Events 4													
<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 I Restrictions 0																
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											
(D1) Driver Distracted By 1 - Not Distracted			(D2) Condition at Time of Crash 1 - Apparently Normal													
(D3) Driver Actions at Time of Crash 1 19 - Other Contributing Action			(D3) Driver Actions at Time of Crash 2													
Alcohol Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			Alcohol Test Result Pending <input type="checkbox"/> Alcohol BAC Result													
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			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													
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-Deployed - Side 4-Shoulder Belt Only Used 4-Shock 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-Deployment - Combination 6-Child Restraint - Forward Facing 6-Shock 6-Leg(s) 6-Leg(s)																
EJECTED HELMET USE 7-Deployment - Curtain 7-Child Restraint - Rear Facing 7-Dizziness 7-Chest Stomach 7-Internal																
1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 8-Abrasion/Bruises 8-Entire Body 8-Other																
2-Ejected Partially 2-Other Helmet 9-Complaint of Pain 9-Other																
3-Ejected Totally 3-No Helmet 10-Booster Seat 10-Other																
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 Other	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*		M	09/29/66	1	1		2	1	3		5			2	1

Report Number
11-023599

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 1FTDF15N7LLB27809	License Plate *	State ME	(U1) Unit Type 5 - Pickup
<input type="checkbox"/> No Insurance	NAIC 35882	Insurance Company Name *		Insurance Policy Number *	
(U2) Vehicle Make 18 - FORD			Vehicle Year 1990	(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 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					
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 6 - Rear			(U7) Most Harmful Event 13 - Motor Vehicle in Transport		
(U8) Pre Crash Actions 11 - Stopped in traffic			(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		
<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 <input type="checkbox"/> State ME <input type="checkbox"/> License Class C <input type="checkbox"/> Endorsements 0 <input type="checkbox"/> Restrictions A					
DRIVER Last Name *		First Name		MI	DRIVER Address * ME*
Citation Number		Pending <input type="checkbox"/>		Violation 1	Violation 2
OWNER Last Name (skip if same as Driver) *		First Name		MI	OWNER Address * ME*
(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 checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or BBT)		<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result	
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		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			

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

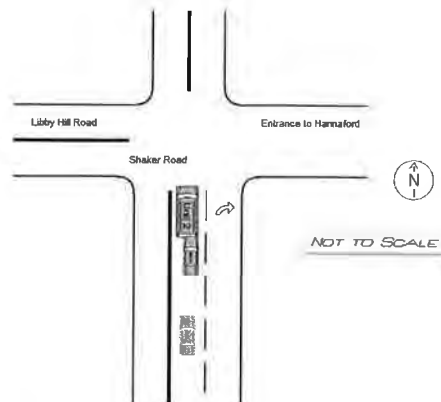
SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	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-Abrasion/Bruiases	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
				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	* Last Name, First Name, Mi	M	07/22/56	1	1		2	1	3		4	9	4	2	1
2	* Last Name, First Name, Mi	F	08/08/66	1	3		2	1	3		4	9	4	2	1

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Reporting Agency ME0030000		Report Number 11-024927		Crash Date 10/13/2011		Crash Time 14:38		At Scene Date 10/13/2011		At Scene Time 14:45	
City or Town Gray			Street or Highway ST RTE 26			Nearest Intersecting Street Int of LIBBY HILL RD, ST RTE 26			<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 43.902650		Longitude -70.345650			
Node 1 17097		Node 2 0		Measurement Node		Distance to Scene 0.1 Miles		Posted Speed Limit 35 Miles Per 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 2 - Rear End / Sideswipe						(F2) Type of Location 4 - Four Leg Intersection					
(F3) Weather Condition 4 - Rain						(F4) Light Condition 1 - Daylight					
(F5) Road Grade 1 - Level						(F6) Road Surface Condition 2 - Wet					
(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					
NARRATIVE Unit 1 was stopped at the red light and unit 2 slammed into rear of unit 1.						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 Dep Matthew Thompson				Badge# 56		Report Date 10/13/2011		Approved By Sgt David Hall		Approved Date 10/15/2011	

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN KL1TD5DE0BB137510	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car																								
<input type="checkbox"/> No Insurance		NAIC 22292	Insurance Company Name *		Insurance Policy Number *																								
(U2) Vehicle Make 11 - CHEVROLET			Vehicle Year 2011	(U3) Vehicle Color 10 - Red																									
(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"/> Eastbound <input type="checkbox"/> Westbound <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown																									
(U5) Special Function Vehicle 1 - No Special Function			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 checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage																													
(U6) Most Damaged Area 12 - Front			(U7) Most Harmful Event 14 - Parked Motor Vehicle																										
(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 50 - No Other Events																										
(U10) Sequence of Events 3			(U10) Sequence of Events 4																										
<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																								
DRIVER Last Name *		First Name		MI	DRIVER Address * ME*																								
Citation Number Pending <input type="checkbox"/>					City State Zip																								
Violation 1		Violation 2																											
OWNER Last Name (skip if same as Driver) *		First Name		MI	OWNER Address * ME*																								
Citation Number					City State Zip																								
Violation 1		Violation 2																											
(D1) Driver Distracted By 1 - Not Distracted			(D2) Condition at Time of Crash 1 - Apparently Normal																										
(D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely			(D3) Driver Actions at Time of Crash 2 16 - Operated Motor Vehicle in Erratic, Reckless, Careless, Negligent or Aggressive Manner																										
Alcohol Test <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Urine <input type="checkbox"/> 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 checked="" type="checkbox"/> Blood <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																										
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 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown		SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown		SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown		AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain		RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other		INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other		INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other		INJURY DEGREE 1-Fatal 2-Incapacitating 3-NonIncapacitating 4-Possible Injury 5-No Injury		INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation													
EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally		HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet																											
Person Type		Include Driver, Passengers, Bicyclist, and Pedestrians		Sex (M,F,U)		DOB		Seat Pos Row		Seat Pos Other		Air Bag Deployed		Ejected		Restrained System		Helmet Use		Injury Degree		Injury Type		Injury Area		Inj Info Source		Amb Code	
1		*		M		05/07/90		1		1		2		1		3		3		5						2		1	

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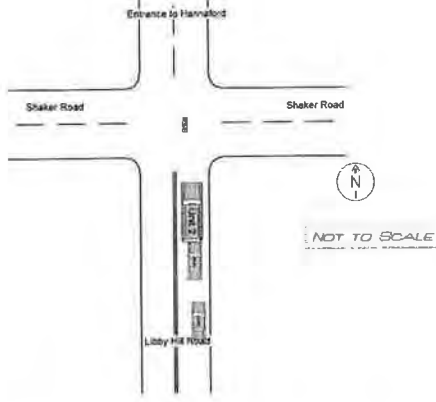
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Report Number 11-024927		STATE OF MAINE CRASH REPORT										UNIT PAGE											
Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 5FNRL18653B153346	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car																		
<input type="checkbox"/> No Insurance		NAIC 22683	Insurance Company Name *				Insurance Policy Number *																
(U2) Vehicle Make 26 - HONDA				Vehicle Year 2003		(U3) Vehicle Color 15 - Tan																	
(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																	
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 6 - Rear				(U7) Most Harmful Event 13 - Motor Vehicle in Transport																			
(U8) Pre Crash Actions 11 - Stopped in traffic				(U9) Contributing Circumstances - Vehicle 1 - None																			
(U10) Sequence of Events 1 50 - No Other Events				(U10) Sequence of Events 2																			
(U10) Sequence of Events 3				(U10) Sequence of Events 4																			
<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 A															
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														
(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 type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<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 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				(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 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown		SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown		SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown		AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain		RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other		INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other		INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other		INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury		INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation							
EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally												HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet		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	* Last Name, First Name, MI			M	08/11/64	1	1		2	1	3	3	5			2	1						

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Reporting Agency ME0030000		Report Number 12-000383		Crash Date 1/6/2012		Crash Time 14:12		At Scene Date 1/6/2012		At Scene Time 14:17					
City or Town Gray				Street or Highway LIBBY HILL RD				Nearest Intersecting Street Int of LIBBY HILL RD, ST RTE 26				<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 checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 43.902540		Longitude -70.346400							
Node 1 17097		Node 2 0		Measurement Node 17097		Distance to Scene 0.0 <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Posted Speed Limit 30 <input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45							
(F1) Type of Crash 2 - Rear End / Sideswipe						(F2) Type of Location 4 - Four Leg Intersection									
(F3) Weather Condition 2 - Cloudy						(F4) Light Condition 1 - Daylight									
(F5) Road Grade 1 - Level						(F6) Road Surface Condition 7 - Sand									
(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									
NARRATIVE Unit 1 was traveling north on Libby Hill Road and did not stop in time striking unit 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 Dep Matthew Thompson				Badge# 56		Report Date 1/6/2012		Approved By Sgt. Anthony Hovey				Approved Date 2/8/2012			

Report Number
12-000383

STATE OF MAINE CRASH REPORT

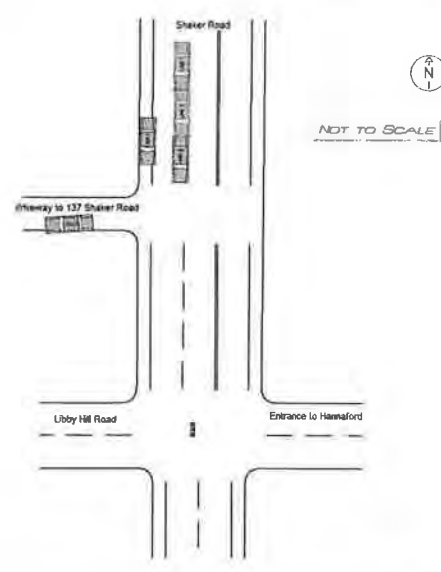
UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 1GYEK63N84R312914	License Plate *	State ME	(U1) Unit Type 2 - (Sport) Utility Vehicle
<input type="checkbox"/> No Insurance		NAIC 23035	Insurance Company Name *		Insurance Policy Number *
(U2) Vehicle Make 9 - CADILLAC			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 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					
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 6 - Rear			(U7) Most Harmful Event 13 - Motor Vehicle in Transport		
(U8) Pre Crash Actions 11 - Stopped 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			(U10) Sequence of Events 4		
<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"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator <input type="checkbox"/> Suspended ME C 0					
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
(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 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 <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> 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		

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-Constraint Used - Other	6-Shock	6-Leg(s)	
EJECTED	HELMET USE		7-Child Restraint - Forward Facing	7-Child Restraint - Rear Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet		8-Child Restraint - Used Incorrectly	9-Child Restraint - Used Incorrectly	8-Abrasion/Bruises	8-Internal	1-Officer Observation
2-Ejected Partially	2-Other Helmet		10-Booster Seat	11-Child Restraint - Other	9-Complaint of Pain	9-Entire Body	2-Individual Statement
3-Ejected Totally	3-No Helmet				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
6	Last Name, First Name, MI	F	10/19/65	1	1		2	1	3		5			2 1
2		M	01/14/97	1	3		2	1	3		5			2 1
2		F	05/01/96	2	1		2	1	3		5			2 1
2		M	05/20/96	2	3		2	1	3		5			2 1
2		F	03/15/96	3	1		2	1	3		5			2 1

F I R S T	Reporting Agency ME0030000		Report Number 12-001811		Crash Date 1/24/2012		Crash Time 17:30		At Scene Date 1/25/2012		At Scene Time 12:37		
	City or Town Gray			Street or Highway ST RTE 26			Nearest Intersecting Street Int of SPRUCE DR, ST RTE 26			<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. 365 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 43.903410			Longitude -70.346230			
	Node 1 17097		Node 2 0		Measurement Node 17251		Distance to Scene 0 <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Posted Speed Limit 35 <input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45				
	(F1) Type of Crash 2 - Rear End / Sideswipe						(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							
NARRATIVE Unit 1 struck unit 2 that was stopped in traffic for the red light. Operator of Unit 2 was suspended.						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 Dep Matthew Thompson				Badge# 56		Report Date 1/25/2012		Approved By Sgt. Anthony Hovey		Approved Date 3/3/2012			

Report Number

12-001811

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN JF1SF63581H720365	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input type="checkbox"/> No Insurance	NAIC 31534	Insurance Company Name *	Insurance Policy Number *		
(U2) Vehicle Make 65 - SUBARU			Vehicle Year 2001	(U3) Vehicle Color 6 - Gold	
(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					
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 11 - Front Driver Corner			(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		
(U10) Sequence of Events 3			(U10) Sequence of Events 4		
<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 <input type="checkbox"/> Last Known Operator					
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	
(D1) Driver Distracted By 6 - Unknown			(D2) Condition at Time of Crash 1 - Apparently Normal		
(D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely			(D3) Driver Actions at Time of Crash 2		
Alcohol Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			Alcohol Test Result Pending Alcohol BAC Result		
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			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		

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	* Last Name, First Name, Mi	M	06/06/64	1	1		1	1	3		5			2	1

UNIT

REPORT

DRIVER

VEHICLE

CRASH

OCCUPANTS

Page 20 of 25 on 1/15/2014 11:47 AM

Report Number
12-001811

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 2G1WT55N479386241	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car
<input checked="" type="checkbox"/> No Insurance		NAIC	Insurance Company Name *		Insurance Policy Number *
(U2) Vehicle Make 11 - CHEVROLET			Vehicle Year 2007	(U3) Vehicle Color 10 - Red	
(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			Exempt Vehicle <input type="checkbox"/> Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 6 - Rear			(U7) Most Harmful Event 13 - Motor Vehicle in Transport		
(U8) Pre Crash Actions 11 - Stopped in traffic			(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		
<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator <input checked="" type="checkbox"/> Suspended ME C 0 A					
DRIVER Last Name *		First Name	MI	DRIVER Address * ME*	
Citation Number 2338671		Pending <input type="checkbox"/>		Violation 1 99-9999	
Violation 2 29-A-1611-1-01					
OWNER Last Name (skip if same as Driver) *		First Name	MI	OWNER Address * ME*	
(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 checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		Alcohol Test Result Pending <input type="checkbox"/> Alcohol BAC Result			
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		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			

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	
				8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	
				9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	
				10-Booster Seat	10-Other	10-Other	
				11-Child Restraint - Other			
EJECTED	HELMET USE						INJURY INFO SOURCE
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet						1-Officer Observation
2-Ejected Partially	2-Other Helmet						2-Individual Statement
3-Ejected Totally	3-No Helmet						3-Medical, Paramedical Observation

AMB CODES - see code sheet

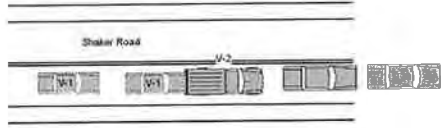
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	* Last Name, First Name, MI	M	01/11/73	1	1		2	1	3		5			2	1
2	* Last Name, First Name, MI	F	03/06/07	2	1		2	1	7		5			2	1
2	* Last Name, First Name, MI	F	04/25/09	2	3		1	1	7		5			2	1
2	* Last Name, First Name, MI	F	10/15/09	2	2		1	1	7		5			2	1

2012-30758

STATE OF MAINE CRASH REPORT

FIRST PAGE

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Reporting Agency ME0030000		Report Number 12-012676		Crash Date 6/7/2012		Crash Time 17:41		At Scene Date 6/7/2012		At Scene Time 17:55										
City or Town Gray			Street or Highway ST RTE 26			Nearest Intersecting Street Int of DUNN DR, ST RTE 26			<input type="checkbox"/> Off Road											
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. 388 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 43.900120		Longitude -70.343770												
Node 1 17097		Node 2 0		Measurement Node 59746		Distance to Scene 0.0 <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet		Posted Speed Limit 35 <input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45												
(F1) Type of Crash 2 - Rear End / Sideswipe						(F2) Type of Location 4 - Four Leg Intersection														
(F3) Weather Condition 1 - Clear						(F4) Light Condition 1 - Daylight														
(F5) Road Grade 2 - On Grade						(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														
NARRATIVE V-2 was stopped waiting for traffic to move when V-1 failed to see V-2 stopped and struck V-2's rear bumper.						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 Dep George Bernier				Badge# 32		Report Date 6/7/2012		Approved By Sgt. Anthony Hovey				Approved Date 6/15/2012								

Maine Department of Public Safety

Page 1

Form 13-20A Revised January 2010

Last Modified: 6/15/2012 00:24

UNIT PAGE

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Report Number
12-012676

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 3FADP4AJ5BM153135	License Plate *	State ME	(U1) Unit Type 1 - Passenger Car											
<input type="checkbox"/> No Insurance NAIC 20672		Insurance Company Name *		Insurance Policy Number *												
(U2) Vehicle Make 18 - FORD			Vehicle Year 2011	(U3) Vehicle Color 14 - White												
(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																
Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" 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 10 - Slowing in traffic			(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													
<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"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator <input type="checkbox"/> * <input type="checkbox"/> Suspended ME C 0 0																
DRIVER Last Name *		First Name		MI	DRIVER Address * ME*											
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											
(D1) Driver Distracted By 1 - Not Distracted			(D2) Condition at Time of Crash 1 - Apparently Normal													
(D3) Driver Actions at Time of Crash 1 20 - Unknown			(D3) Driver Actions at Time of Crash 2													
Alcohol Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			<input type="checkbox"/> Alcohol Test Result Pending Alcohol BAC Result													
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			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													
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-Deployment - Combination 6-Child Restraint - Forward Facing 6-Shock 6-Leg(s) 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-Abrasion/Bruises 8-Internal 8-Entire Body 1-Officer Observation 2-Ejected Partially 2-Other Helmet 9-Complaint of Pain 9-Complaint of Pain 2-Individual Statement 3-Ejected Totally 3-No Helmet 10-Booster Seat 10-Other 10-Other 3-Medical, Paramedical Observation 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	*		F	05/14/90	1	1		2	1	3		4	9	3	2	1

Report Number
12-012676

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 3GTRKVE31AG250958	License Plate *	State ME	(U1) Unit Type 5 - Pickup											
<input type="checkbox"/> No Insurance		NAIC 26042	Insurance Company Name *		Insurance Policy Number *											
(U2) Vehicle Make 23 - GMC			Vehicle Year 2010	(U3) Vehicle Color 10 - Red												
(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																
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 6 - Rear			(U7) Most Harmful Event 13 - Motor Vehicle in Transport													
(U8) Pre Crash Actions 11 - Stopped in traffic			(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													
<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 ME C I 0																
<input type="checkbox"/> Last Known Operator																
DRIVER Last Name *		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) First Name *		MI	OWNER Address		City State Zip											
(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 checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result												
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		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														
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-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-Concussion 5-Arm(s) 5-No Injury																
6-Unknown 6-Unknown 6-Deployment - Combination 6-Child Restraint - Forward Facing 6-Shock 6-Leg(s) 6-Chest Stomach																
EJECTED HELMET USE 7-Deployment - Curtain 7-Child Restraint - Rear Facing 7-Dizziness 7-Internal 7-Entire Body																
1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 8-Abrasion/Bruises 8-Complaint of Pain 8-Other 8-Other 8-Other																
2-Ejected Partially 2-Other Helmet 9-Complaint of Pain 9-Other 9-Other 9-Other																
3-Ejected Totally 3-No Helmet 10-Booster Seat 10-Other 10-Other 10-Other																
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
1	*		M	03/28/58	1	1		2	1	3		5			2	1

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Reporting Agency ME0030000		Report Number 12-024212		Crash Date 10/4/2012		Crash Time 16:50		At Scene Date 10/4/2012		At Scene Time 17:00																			
City or Town Gray			Street or Highway ST RTE 26			Nearest Intersecting Street Int of DUNN DR, ST RTE 26			<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. 202 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 43.901140		Longitude -70.344530																					
Node 1 17097		Node 2 0		Measurement Node 59746		Distance to Scene 0.0 Miles 0.0 Tenths		Posted Speed Limit 35 Mph		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45																			
(F1) Type of Crash 2 - Rear End / Sideswipe						(F2) Type of Location 4 - Four Leg Intersection																							
(F3) Weather Condition 4 - Rain						(F4) Light Condition 1 - Daylight																							
(F5) Road Grade 1 - Level						(F6) Road Surface Condition 2 - Wet																							
(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																							
NARRATIVE V-1 was traveling north on Route 26 in Gray. V-2 was stopped waiting for traffic to move through the traffic light. V-1 struck V-2 from behind causing damage to both vehicles.						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 Dep George Bernier				Badge# 32		Report Date 10/4/2012				Approved By Sgt David Hall				Approved Date 10/9/2012															

Report Number
12-024212

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID 1	<input type="checkbox"/> Hit Run?	VIN JTMBD33V065028513	License Plate *	State ME	(U1) Unit Type 2 - (Sport) Utility Vehicle
<input type="checkbox"/> No Insurance		NAIC 20796	Insurance Company Name *		Insurance Policy Number *

(U2) Vehicle Make 67 - TOYOTA	Vehicle Year 2006	(U3) Vehicle Color 14 - White
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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.
----------------------------	--

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 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
--	----------------------------

(U10) Sequence of Events 3	(U10) Sequence of Events 4
----------------------------	----------------------------

<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"/> State ME <input type="checkbox"/> License Class C <input type="checkbox"/> Endorsements 0 <input type="checkbox"/> Restrictions A

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
--	------------	----	-------------------------------	------	-------	-----

(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 14 - Followed Too Closely	(D3) Driver Actions at Time of Crash 2
--	--

Alcohol Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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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	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 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown 6-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury
EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally	HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet	INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation					

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
1	*	M	10/04/95	1	1		2	1	3		5			2	1

Report Number

12-024212

STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID
2☐ Hit Run?

VIN

1G2WJ52M0SF282147

License Plate

*

State

ME

(U1) Unit Type

1 - Passenger Car

☐ No Insurance

NAIC

36447

Insurance Company Name

*

Insurance Policy Number

*

(U2) Vehicle Make

58 - PONTIAC

Vehicle Year

1995

(U3) Vehicle Color

14 - White

(U4) Vehicle Configuration

GVWR or GCWR

☐ < 10,000 lbs.☐ 10,001 - 26,000 lbs.☐ > than 26,000 lbs.

Vehicle Has 9 or More Seats ?

☐ Yes☒ No

HAZMAT Placarded ?

☐ Yes☒ No

Vehicle Travel Direction

☒ Northbound☐ Southbound☐ Eastbound☐ Westbound☐ Not on Roadway☐ Unknown

(U5) Special Function Vehicle

1 - No Special Function

☐ Exempt Vehicle

Emergency Vehicle Responding to Scene ?

☐ Yes☐ No

Extent of Damage

☐ No Damage Observed☒ Minor Damage☐ Functional Damage☐ Towed Due to Disabling Damage

(U6) Most Damaged Area

6 - Rear

(U7) Most Harmful Event

13 - Motor Vehicle in Transport

(U8) Pre Crash Actions

11 - Stopped in traffic

(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

☒ Driver

Bicycle

☐ Pedestrian☐

License Number

☒ Active☐ No License☐ Permit

State

ME

License Class

C

Endorsements

Restrictions

☐ Last Known Operator

*

☐ Suspended

ME

C

0

DRIVER Last Name

First Name

MI

DRIVER Address

City

State

Zip

*

* ME*

Citation Number

Pending ☐

Violation 1

Violation 2

OWNER Last Name (skip if same as Driver) First Name

MI

OWNER Address

City

State

Zip

*

* ME*

(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

☒ Test Not Given☐ Test Refused☐ Blood☐ Alcohol Test Result Pending

Alcohol BAC Result

☐ Breath☐ Urine☐ Other Chemical Test (Not Field Sobriety or PBT)

Drug Test

☒ Test Not Given☐ Test Refused☐ Blood

Drug Test Result

☐ Positive☐ Negative☐ Pending☐ Urine☐ 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

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

5-Deployed - Other

5-Lap Belt Only Used

5-Concussion

5-Arm(s)

5-No Injury

6-Unknown

6-Unknown

6-Unknown

6-Deployed - Combination

6-Child Restraint - Forward Facing

6-Shock

6-Leg(s)

6-Chest Stomach

EJECTED

HELMET USE

1-DOT-Compliant Motorcycle Helmet

7-Deployment - Curtain

8-Child Restraint - Rear Facing

7-Dizziness

8-Internal

INJURY INFO SOURCE

1-Not Ejected

2-Other Helmet

2-Individual Statement

9-Child Restraint - Used Incorrectly

10-Booster Seat

8-Abrasion/Bruises

9-Entire Body

3-Medical, Paramedical

2-Ejected Partially

3-No Helmet

3-Medical, Paramedical

7-Deployment - Curtain

11-Child Restraint - Other

10-Other

10-Other

Observation

3-Ejected Totally

3-No Helmet

3-Medical, Paramedical

7-Deployment - Curtain

11-Child Restraint - Other

10-Other

10-Other

Observation

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

Inj Code

Amb Code

1

*

M

05/08/91

1

1

2

1

3

5

2

1