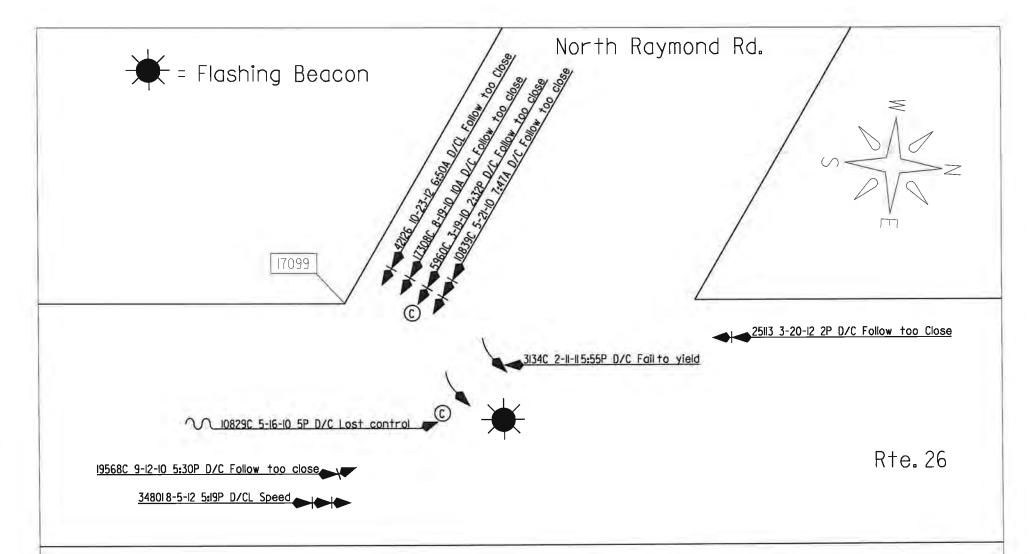
Appendix E: Crash History



Gray
17099
Study period 2010-2012
of Accidents-9
CRF 1.80

Prepared by M&O Traffic Engineering (GWC)

Maine Department Of Transportation - Traffic Engineering, Crash Records Section 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 DADAMETERS					
REPORT PARAMETERS Year 2010, Start Month 1 thro	ough Year 2012 End Mon	th: 12			
Route: 0026X	Start Node: 61550 End Node: 17105	Start Offset: 0 End Offset: 0		☐ Exclude First No	

Crash Summary I

				Nodes										
Node	Route - MP	Node Description	U/R	Total			y Cras			Percent	Annual M	Crash Rate	Critical	CRF
5 0/0		L. MANNENWI DI ISE DADKIWAY GUAKED S	ID 0	Crashes	K	A	В	С	PD		Ent-Veh	0.41	Rate	1.44
P61550	0026X - 18.64	Int of MAINE WILDLIFE PARK WAY SHAKER F	D 2	7	0	1	0	2	4	42.9	5.633 Sta	0.41 atewide Crash Rat	0.29 e: 0,11	
A66246	0026X - 18.67	Int of RD INV 3209444 SHAKER RD	2	0	0	0	0	0	0	0.0	0.000 Sta	0.00 atewide Crash Rat	0.00 re: 0.11	0.00
66244	0026X - 18.70	Non Int SHAKER RD	2	0	0	0	0	0	0	0.0	5.640 Sta	0.00 atewide Crash Rat	0.29 te: 0.11	0.00
59746	0026X - 18.79	Int of DUNN DR SHAKER RD	2	0	0	0	0	0	0	0.0	5.616 Sta	0.00 atewide Crash Rat	0.29 te: 0.11	0.0
17250	0026X - 18.85	Int of SEAGULL DR SHAKER RD	2	3	0	0	1	0	2	33.3	5.321	0.19 atewide Crash Ral	0.29	0.0
17097	0026X - 18.93	Int of HANNAFORD Z, LIBBY HILL RD, SHAKEF	R RD 9	11	0	0	0	2	9	18.2	5.333	0.69 atewide Crash Rat	1.12	0.0
17251	0026X - 19.04	Int of SHAKER RD, SPRUCE DR	2	1	0	0	0	0	1	0.0	4.990	0.07 atewide Crash Rat	0.30	0.0
17252	0026X - 19.15	Int of ADLER DR SHAKER RD	2	0	0	0	0	0	0	0.0	4.935	0.00 atewide Crash Rai	0.30	0.0
17098	0026X - 19.37	Int of FAIRVIEW AV, SHAKER RD	2	0	0	0	0	0	0	0.0	4.867	0.00 atewide Crash Ra	0.30	0.0
17253	0026X - 19.60	Non Int SHAKER RD	2	0	0	0	0	0	0	0.0	5.078	0.00 atewide Crash Ra	0.30	0.0
17099	0026X - 20.16	Int of N RAYMOND RD SHAKER RD	2	9	0	0	0	2	7	22.2	5.822		0.29	1.8
17100	0026X - 20.24	Int of SHAKER RD WEYMOUTH RD	2	3	0	0	1	2	0	100.0	3.830		0.32	0.0
17101	0026X - 20.48	Int of MARIE RD SHAKER RD	2	0	0	0	0	0	0	0.0	2.966 St	0.00 atewide Crash Ra	0.34 te: 0.11	0.0
17254	0026X - 20.61	Int of SHAKER RD SPIRO AV	2	0	0	0	0	0	0	0.0	2.900 St	0.00 atewide Crash Ra	0.34 te: 0.11	0.0
17102	0026X - 20.92	Int of GAME FARM RD SHAKER RD	2	0	0	0	0	0	0	0.0	2.908 St	0.00 atewide Crash Ra	0.34 te: 0.11	0.0
17103	0026X - 21.18	Int of MAYBERRY RD SHAKER RD	2	0	0	0	0	0	0	0.0	2.865 St	0.00 atewide Crash Ra	0.34 ite: 0.11	0.0
17255	0026X - 21.24	Int of CHARLONATE DR SHAKER RD	2	0	0	0	0	0	0	0.0	2.771		0.35	0.0
18313	0026X - 21.42	Int of LINDAN LN SHAKER RD	2	0	0	0	0	0	0	0.0	2.687 Si	0.00 tatewide Crash Ra	0.35 ate: 0.11	5 0.0
17104	0026X - 21.57	Int of BLUEBERRY LN, SHAKER RD	2	1	0	0	0	0	1	0.0	2.717		0.35	5 0.0
17105	5 0026X - 21.84	TL Gray New Gloucester	2	0	0	0	0	0	0	0.0	2.583	0.00 tatewide Crash Ra	0.35 ate: 0.11	5 0.0
Study \	Years: 3.00	NOI	DE TOTALS:	35	0	1	2	8	24	31.4	79.462	2 0.15	0.21	0.7

							Sect	ons									
Start	End	Element	Offset	Route - MP	Section	U/R		10113	Iniu	ıry Cra	ashes		Percent	Annual	Crash Rate (Critical	CRF
Node	Node		Begin - End		Length		Crashes	K	A	В	С	PD	Injury	HMVM	Orasii Nate	Rate	CKF
	IE WILDLI		0 - 0.03	0026X - 18.64 ST RTE 26	0.03	2	0	0	0	0	0	0	0.0	0.00160	0.00 Statewide Crash Rat	546.45	0.00
	NV 320944	3117102 4 SHAKER RI	0 - 0.03 D	0026X - 18.67 ST RTE 26	0.03	2	1	0	0	0	0	1	0.0	0.00081	412.88 Statewide Crash Rate	640.88	0.00
66244 Non Int SH	AKER RD	3117100	0 - 0.09	0026X - 18.70 ST RTE 26	0.09	2	0	0	0	0	0	0	0.0	0.00531	0.00 Statewide Crash Rate	401.70	0.00
59746 Int of DUNI	V DR SHA		0 - 0.06	0026X - 18.79 ST RTE 26	0.06	2	3	0	0	1	0	2	33.3	0.00319	313.31 Statewide Crash Rate	457.58	0.00
17097 Int of HANI RD	17250 NAFORD Z	3130500 Z, LIBBY HILL I	0 - 0.08 RD, SHAKER	0026X - 18.85 ST RTE 26	0.08	2	0	0	0	0	0	0	0.0	0.00423	0.00 Statewide Crash Rate	425.62	0.00
17097 Int of HANN RD	17251 NAFORD Z	3106545 , LIBBY HILL F	0 - 0.11 RD, SHAKER	0026X - 18.93 ST RTE 26	0.11	2	1	0	0	0	0	1	0.0	0.00549	60.72 Statewide Crash Rate	398.34 e: 168.29	0.00
17251 Int of SHAR		3122279 PRUCE DR	0 - 0.11	0026X - 19.04 ST RTE 26	0.11	2	2	0	0	0	0	2	0.0	0.00543	122.85 Statewide Crash Rate	399.48	0.00
		3117953 SHAKER RD	0 - 0.22	0026X - 19.15 ST RTE 26	0.22	2	4	0	1	1	1	1	75.0	0.01067	124.94 Statewide Crash Rate	339.44	0.00
		3129291 SHAKER RD	0 - 0.23	0026X - 19.37 ST RTE 26	0.23	2	2	0	0	0	1	1	50.0	0.01107	60.24 Statewide Crash Rate	336.64	0.00
		3106547 D SHAKER R	0 - 0.56 D	0026X - 19.60 ST RTE 26	0.56	2	20	0	1	3	1	15	25.0	0.02992	222.79 Statewide Crash Rate	274.25	0.00
		3106546 D SHAKER RI	0 - 0.08 D	0026X - 20.16 ST RTE 26	0.08	2	1	0	0	0	0	1	0.0	0.00332	100.49 Statewide Crash Rate	453.04	0.00
		3106548 EYMOUTH RI	0 - 0.24	0026X - 20.24 ST RTE 26	0.24	2	2	0	0	0	1	1	50.0	0.00711	93.78 Statewide Crash Rate	373.68	0.00
17101 Int of MARI	17254 ERD SHA	3122277 KER RD	0 - 0.13	0026X - 20.48 ST RTE 26	0.13	2	2	0	0	0	1	1	50.0	0.00380	175.67 Statewide Crash Rate	437.56	0.00
17102 Int of GAME	17254 E FARM R	3106549 D SHAKER RI	0 - 0.31	0026X - 20.61 ST RTE 26	0.31	2	2	0	0	1	1	0	100.0	0.00888	75.05 Statewide Crash Rate	354.23	0.00
		3130501 D SHAKER RI	0 - 0.26 D	0026X - 20.92 ST RTE 26	0.26	2	2	0	0	0	0	2	0.0	0.00730	91.32 Statewide Crash Rate	371.27	0.00
		3106550 SHAKER RD	0 - 0.06	0026X - 21.18 ST RTE 26	0.06	2	0	0	0	0	0	0	0.0	0.00166	0.00 Statewide Crash Rate	541.66	0.00
17255	18313	3106599 DR SHAKERI	0 - 0.18	0026X - 21.24 ST RTE 26	0.18	2	0	0	0	0	0	0	0.0	0.00483	0.00 Statewide Crash Rate	411.41	0.00
17104	18313	3106552 I, SHAKER RE	0 - 0.15	0026X - 21.42 ST RTE 26	0.15	2	0	0	0	0	0	0	0.0	0.00397	0.00	432.51	0.00
17104	17105	3106551 I, SHAKER RE	0 - 0.27	0026X - 21.57 ST RTE 26	0.27	2	3	0	0	0	1	2	33.3	0.00701	Statewide Crash Rate 142.60 Statewide Crash Rate	374.92	0.00

Crash Summary I

		الد				Sect	ions		-							
Start	End	Element	Offset	Route - MP	Section U/	R Total		Inju	ry Cra	ashes		Percent	Annual	Crash Rate	Critical	CRF
Node	Node	•	Begin - End		Length	Crashes	K	Α	В	С	PD	lnjury	HMVM		Rate	
Study Y	ears:	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

						Jui		- ,					
					Sect	ion D	etails						
	Element	Offset	Route - MP	Total		Inju	ry Cra	shes		Crash Report	Crash Date	Crash	Injury
Node		Begin - End		Crashes	K	Α	В	С	PD	·			Degree
66246	3140051	0 - 0.03	0026X - 18 64	0	Λ	0	0	0					
66244	3117102	0 - 0.03		1	_				1	2012 22274	07/47/0040	40.00	
59746	3117100	0 - 0.09			_	•			1	2012-33214	07/17/2012	18.69	PD
		0 - 0.06	0026X - 18.79	3	0	0	1	0	2	2012-42456	10/26/2012	18.81	В
										2012-42995	11/01/2012	18.81	PD
										2010-8743C	04/13/2010	18 84	PD
	3130500	0 - 0.08	0026X - 18.85	0	0	0	0	0	0			10.01	
17251	3106545	0 - 0.11	0026X - 18.93	1	0	0	Ō	Ö	1	2010-26063C	11/29/2010	18 94	PD
17252	3122279	0 - 0.11	0026X - 19.04	2	0	0	0	0	2	2011-12067	10/03/2011	19.05	PD
										2010-21731C	10/08/2010	19.05	PD
17252	3117953	0 - 0.22	0026X - 19.15	4	0	1	1	1	1	2012-36974	08/20/2012	19.18	В
										2010-20126C	09/16/2010	19.25	PD
										2010-12001C	06/09/2010	19.26	Α
47050	0.40000.4									2010-13022C	06/21/2010	19.27	С
1/253	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	С
	66244 59746 17250 17250 17251 17252 17252	Node 66246 3140051 66244 3117102 59746 3117100 17250 3139023 17250 3130500 17251 3106545 17252 3122279 17252 3117953	Node Begin - End 66246 3140051 0 - 0.03 66244 3117102 0 - 0.03 59746 3117100 0 - 0.09 17250 3139023 0 - 0.06 17251 3106545 0 - 0.11 17252 3122279 0 - 0.11 17252 3117953 0 - 0.22	Node Begin - End 66246 3140051 0 - 0.03 0026X - 18.64 66244 3117102 0 - 0.03 0026X - 18.67 59746 3117100 0 - 0.09 0026X - 18.70 17250 3139023 0 - 0.06 0026X - 18.79 17251 3106545 0 - 0.11 0026X - 18.93 17252 3122279 0 - 0.11 0026X - 19.04 17252 3117953 0 - 0.22 0026X - 19.15	Node Begin - End Crashes 66246 3140051 0 - 0.03 0026X - 18.64 0 66244 3117102 0 - 0.03 0026X - 18.67 1 59746 3117100 0 - 0.09 0026X - 18.70 0 17250 3139023 0 - 0.06 0026X - 18.79 3 17251 3106545 0 - 0.11 0026X - 18.85 0 17252 3122279 0 - 0.11 0026X - 19.04 2 17252 3117953 0 - 0.22 0026X - 19.15 4	End Node Element Begin - End Route - MP Crashes Total Crashes K 66246 3140051 0 - 0.03 0026X - 18.64 0 0 66244 3117102 0 - 0.03 0026X - 18.67 1 0 59746 3117100 0 - 0.09 0026X - 18.70 0 0 17250 3139023 0 - 0.06 0026X - 18.79 3 0 17251 3106545 0 - 0.11 0026X - 18.85 0 0 17252 3122279 0 - 0.11 0026X - 19.04 2 0 17252 3117953 0 - 0.22 0026X - 19.15 4 0	End Node Element Begin - End Offset Crashes Route - MP Crashes Total Crashes Inju A 66246 3140051 0 - 0.03 0026X - 18.64 0 0 0 66244 3117102 0 - 0.03 0026X - 18.67 1 0 0 59746 3117100 0 - 0.09 0026X - 18.70 0 0 0 17250 3139023 0 - 0.06 0026X - 18.79 3 0 0 17251 3106545 0 - 0.11 0026X - 18.85 0 0 0 17252 3122279 0 - 0.11 0026X - 19.04 2 0 0 17252 3117953 0 - 0.22 0026X - 19.15 4 0 1	Node Begin - End Crashes K A B 66246 3140051 0 - 0.03 0026X - 18.64 0 0 0 0 66244 3117102 0 - 0.03 0026X - 18.67 1 0 0 0 59746 3117100 0 - 0.09 0026X - 18.70 0 0 0 0 17250 3139023 0 - 0.06 0026X - 18.79 3 0 0 1 17251 3106545 0 - 0.11 0026X - 18.93 1 0 0 0 17252 3122279 0 - 0.11 0026X - 19.04 2 0 0 0 17252 3117953 0 - 0.22 0026X - 19.15 4 0 1 1	End Node Element Begin - End Offset Begin - End Route - MP Crashes Total Crashes Injury Crashes 66246 3140051 0 - 0.03 0026X - 18.64 0	End Node Element Route - End Route - MP Crashes Total Crashes Injury Crashes 66246 3140051 0 - 0.03 0026X - 18.64 0 1 1 1 1	Figure F	Figure F	Figure F

Crash Summary

									<u>J</u>					
						Sect	ion De							
Start Node	End Node	Element	Offset	Route - MP	Total Crashes	K	-	ry Cra		PD	Crash Report	Crash Date	Crash Mile Point	Injury Degree
voue	Node		Begin - End		Clasiles	N.	Α	В	С	PD			111110 1 01111	203.00
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	С
											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	В
											2012-35691	08/07/2012	20.14	В
											2010-21906C	10/09/2010	20.14	PD
											2011-3058C	02/05/2011	20.15	Α
											2011-9350C	06/26/2011	20.15	В
17099	17100	3106546	0 - 0.08	0026X - 20.16	1	0	0	0	0	1	2011-2100C	01/24/2011	20.17	PD
17100		3106548	0 - 0.24	0026X - 20.24	2	0	0	0	1	1	2011-13831	10/23/2011	20.35	С
											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	С
											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	В
		-									2012-23560	03/02/2012	20.90	С
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

						Sect	ion D	etails						
Start	End	Element	Offset	Route - MP	Total		Inju	ry Cra	shes		Crash Report	Crash Date	Crash	Injury
Node	Node		Begin - End		Crashes	K	Α	В	С	PD			Mile Point	
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	С
											2011-15614	11/09/2011	21.81	PD
				Totals:	45	0	2	6	7	30				

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

										Cr	ashes	by D	ay an	d Hoı	ır											
						AM					ŀ	Hour c	f Day						РМ							
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 Dri	ver Ac	tion at	Time	of Cra	sh		
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 Appare	nt Phy	sical C	onditi	on An	d Driv	er	
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
III (Sick)	0	0	0	0	0	0	Ω
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

	-	Drive	r Age by Uni	it 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 38-Other Fixed Object (wall, building, tunnel, etc.)

40-Gate or Cable

41-Pressure Ridge

Total

0

2

0

0

78

	Most Har	mful Event
Most Harmful Event	Total	
1-Overturn / Rollover	0	38-Other Fixe
2-Fire / Explosion	0	39-Unknown
3-Immersion	0	40-Gate or C
4-Jackknife	1	41-Pressure
5-Cargo / Equipment Loss Or Shift	0	Total
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	1-Traffic S
18-Impact Attenuator / Crash Cushion	0	2-Traffic S
19-Bridge Overhead Structure	0	3-Advisory
20-Bridge Pier or Support	0	4-Stop Sig
21-Bridge Rail	0	5-Stop Sig
22-Cable Barrier	0	6-Yield Sig
23-Culvert	0	7-Curve W
24-Curb	0	8-Officer, I
25-Ditch	0	9-School E
26-Embankment	0	10-School
27-Guardrail Face	0	11-R.R. C
28-Guardrail End	0	12-No Pas
29-Concrete Traffic Barrier	0	13-None
30-Other Traffic Barrier	0	14-Other
31-Tree (Standing)	0	Total
32-Utility Pole / Light Support	0	iotai
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
Α	3	3
В	8	11
С	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

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

Crashes by Year and Month

Month	2010	2011	2012	To
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

				Cras	hes by Cra	ish Type a	nd 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	Tota
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

Weather Light	Dry	Ice/Frost	Mud, Dirt, Gravel	Oil	Other	Sand	Slush	Snow	Unknown	Water (Standing, Moving)	Wet	Total
Blowing Sand, Soil, Dirt										<u>.</u>		
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	Ö	0	0	0
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	o	0	0
Dawn	0	0	0	0	0	0	0	0	0	o	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	Ö	0	0
Unknown	0	0	0	0	0	0	0	0	Ö	Ö	0	0
Blowing Snow								Ü	Ŭ	v	U	U
Dark - Lighted	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
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 0
Clear						Ü	Ü	J	O	U	U	U
Dark - Lighted	12	0	0	0	0	0	0	0	0	0	1	40
Dark - Not Lighted	7	1	0	0	o	0	0	0	0	0	0	13
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	8
Dawn	3	0	0	0	Ö	0	0	0	0	0	0	0
Daylight	30	0	0	0	0	0	0	0	0	0	0	3 30
Dusk	1	0	0	0	0	0	0	0	0	0	0	1
Unknown	0	0	0	0	Ö	0	0	0	0	0	0	•
Cloudy			-	•	Ü	0	· ·	U	U	U	U	0
Dark - Lighted	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
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	1
Dawn	1	0	0	0	0	0	0	0	0	0	0	4
Daylight	5	0	0	0	0	1	0	0	0	0	0	1 6
Dusk	2	0	Ö	0	0	0	0	0	0	0	ŭ	•
Unknown	0	0	0	0	0	0	0	0	0	0	0 0	2 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	

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

			Crashes	by Wea	ther, Light (Condition a	and Road S	urface				
Weather Light	Dry	ice/Frost	Mud, Dirt, Gravel	Oil	Other	Sand	Slush	Snow	Unknown	Water (Standing, Moving)	Wet	Total
Sleet, Hail (Freezing Rain or Di	rizzle)									moving)		
Dark - Lighted	0	0	0	0	0	0	0					
Dark - Not Lighted	0	0	0	0	0	0	0	1	0	0	0	1
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	U	U	0	0	0	0	0
Daylight	0	0	0	0	0	U	0	0	0	0	0	0
Dusk	0	0	0	0	U	O -	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Snow	0	U	0	0	0	0	0	0	0	0	0	0
Dark - Lighted	0	0	0	0	0	0	0					
Dark - Not Lighted	0	0	n	n	0	0	0	0	0	0	0	0
Dark - Unknown Lighting	0	0	n	0	0	0	0	4	0	0	0	4
Dawn	0	0	0	0	0	U	U	0	0	0	0	0
Daylight	0	0	0	0	0	U	O .	0	0	0	0	0
Dusk	n	1	0	0	0	U	O	2	0	0	0	2
Unknown	n	0	0	0	U	0	0	1	0	0	0	2
		U	U	<u> </u>	0	0	0	0	0	0	0	0
OTAL	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 REPORT DESCRIPTION Shaker/Wildlife Park	Section Detail	☐Crash Summary II	☑1320 Public	□1320 Private	□1320 Summary									
REPORT PARAMETERS Year 2010, Start Month 1 three	ough Year 2012 End	Month: 12												
Route: 0026A	Start Node: 615 End Node: 615			☐Exclude First No										

Crash Summary I

				Nodes										
Node Route - MP		oute - MP Node Description		Total		Injury Crashes				Percent	Annual M	Crash Rate	Critical	CRF
				Crashes	K	Α	В	С	PD	Injury	Ent-Veh	Orașii Nate	Rate	Oiti
P61550	0026A - 1.63	Int of MAINE WILDLIFE PARK WAY SHAKER RD	2	7	0	1	0	2	4	42.9	5.633 Sta	0.41 Itewide Crash Rat	0.31 e: 0.12	1.35
Study Y	'ears: 3.00	NODE TOTA	LS:	7	0	1	0	2	4	42.9	5.633	0.41	0.31	1.35

2010-1420C

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency MEMSP0B00	Report Number SP10-005362		Crash Date 1/22/2010	Crash Time 21:18	At Scene 1/22/2		At Sce 21:21	
City or Town Gray	Street or H ST RTE 2			Nearest Inters	secting Street			Off Roa
Direction FROM Nearest Inte	ersection to Crash Site		From Nearest Int		/	Longitud	de	
Node 1 Noc 0		urement Node	Distance to	Scene Posted Spe	1-1-2-1-1-1	Unknown N/A		ot Posted 2 ot Posted 4
(F1) Type of Crash 2 - Rear End / Sideswipe			(F2) Type o					
(F3) Weather Condition			(F4) Light C	Condition				
1 - Clear (F5) Road Grade			4 - Dark -	Lighted Surface Condition			_	
1 - Level			1 - Dry					
(F7) Traffic Control Device 6 - Yield Sign			Traffic Cont	trol Device Operation	nal (pre-crash Yes	1)? No	Πυ	nk
(F8) Location of First Harmful	Event		Total Dama	ge over Threshold?	,			III.
(F9) Contributing Circumstand	ces - Environment 1		(F9) Contrib	outing Circumstance	✓ Yes		No	
	The state of the s		(i a) contrib	rating Girbanistanic	23 Eliviorine	SIII Z		
(F10) Contributing Circumstar	nces - Road 1		(F10) Contri	ibuting Circumstand	ces -Road 2			
In or Near a Construction, Ma	intenance, or Utility Work Zo	ne?		Workers Present?				
(F11) Location of the Crash re	Yes No	o Un		of Work Zone	Yes	No	U	nk
			(, 12) Type (5. 1751K 26HC				
aw Enforcement Present at \ Officer Present	Work Zone? Law Enforcement Vehicle	Only N	School Bus	Related?	Yes, Indirect	de e lance de ce a		No
	e rear while Unit 2 yielde	d to traffic.	CRASH DIA	ST RTE 28				
NARRATIVE Unit 1 struck Unit 2 in the	e rear while Unit 2 yielde	d to traffic.	CRASH DIA	N)	ST RTE 26A	NOT TO SO	CALE	
Unit 1 struck Unit 2 in the	e rear while Unit 2 yielder	d to traffic.	Address	ST RTE 26	ST RTE 26A		ZALE tate	Zip
Vitness Last Name				ST RTE 26	ST RTE 26A	St		Zip
Vitness Last Name	First First	MI	Address	ST RTE 26	ST RTE 28A	St St	tate	Zip
Vitness Last Name Vitness Last Name Vitness Last Name	First First	MI	Address	ST RTE 28	ST RTE 28A	St St	tate tate	Zip
Vitness Last Name Vitness Last Name Vitness Last Name Vitness Last Name Voperty Owner Name	First First Description	MI	Address	ST RTE 28	City City City or To	St St St	tate tate Utilities	Zip Private Zip
Witness Last Name Witness Last Name Witness Last Name Non Vehicle Property Damage Property Owner Name	First First Description	MI	Address	State	City City City or To	St St St St St	tate tate Utilities	Zip Private Zip
	First First Description	MI	Address Address Address	State	City City or To	St St St St St St	tate tate Utilities tate	Zip Private Zip Private

Last Modified: 1/24/2010 18:41

SP1								ST	ГАТ	E	OF MAI	١E	CR	ASH	IR	EPC	RT				UN	IIT P	ΑC
Unit I	_			Run?		VIN 1G1A	K15F2	26776	7858		Licens	e Plat	e	State		Unit Ty	-	ar					
	-	surar	nce	NA	IC	1-0		surance		any	Name		-1					licy Nu	mber				
(U2)				e			- **					Ve	hicle \	/ear](1	J3) Ver	icle C	olor					
11 -													006	0014	_	6 - Ye	low						
(U4)\	√eh	icle (Conf	igura	tion									or GCW 0,000 lb			10,00	1 - 26,0	00 lbs.		> than	26,000) lb
		Has 9			Y	es [No	HAZN	//AT PI	acar	ded? Yes No	1	Eas	Fravel I tbound		Westl	ound		Not on F		Southbo ay [ound Unk	nov
		ecial I Spec									Exempt Vehic	le En	nerger	ncy Veł	nicle f	Respon	ding to	Scene	?	□ Ye	es [No	
Exter	nt o	f Dan	nag	• [Ne	Dama	ge Obs	served		Mi	nor Damage			Functio	nal D	amage		✓ To	wed Du	ue to D	isablin	g Dama	age
		st Da										(U	7) Mos	st Harm	ful E	/ent							
		Oras				r						(U	9) Cor	ntributir	g Cir	cumsta	nces -	Vehicle	9				_
		owin	_										- Non										
U10)) Se	equer	nce	of Ev	ents	1						(U	10) Se	quence	9 01 ⊑	vents 2							
U10)) Se	quer	ice	of Ev	ents	3						(U	10) Se	quenc	e of E	vents 4							
V		er Last		/cle [own (] Opera	Pedes ator	trian	Lice	nse N	umbe	er Active			Susper	ded	State ME	Lic C	ense C		ndorse	ements	Restr A,M	icti
ORIV *	ER.	Last	Nai	ne				First Na	ame		V	.,	RIVER ME*	Addre	SS			Ci	ty		Sta	te Z	lìp
Citati	ion	Numl	ber	Pe	ndin								olation	1				Vio	lation 2				
NWC	IER	Last	Na	ne (s	kip it	same a	s Driv	er) Firs	t Nam	е	MI		VNER	Addre	SS			City	/		Stat	e Zi	ip
D1) I	Driv	er Di	stra	cted	Ву									dition a		e of Cr	ash						
						of Cras	h 1									t Time	of Cra	sh 2					
Alcoh	nol T		ed 1		Tes	t Not G			st Refu		Bloo		Alcoh	ol Test	Resu	ılt Penc	ing	Alcoh	ol BAC	Result	t		
Orug	Brea Tes			JUr	Tes	t Not G	iven		st Refu		Field Sobriety or P	_	ug Tes	st Resu	lt		sitive	П	Negativ	e [Pen	ding	
D4) I	Non	Mot	oris		ine ation	at Time	Other of Cr	ash				(D:	5) Nor	Motor	ist Ac	tion Pri	or to C	rash					
D6) I	Non	Mot	oris	Acti	on at	Time o	f Cras	h 1				(Di	6) Nor	Motor	ist Ac	tion at	Гіте с	of Crash	1 2				
D7) I	Ped	lestria	an N	laneı	uvers							(Di	8) Bicy	clist M	aneu	vers		_					
	PF	RSON	J TV	PF 1-	Drive	r 2-Pass	enger	3-Pedes	trian 6	-Drive	er/Owner, 7-Bicy	cle 8-	Passer	nger/Ow	ner 2	1-I ast K	nown C	perator	25-Last	Known	Operato	r/Owne	r
SEAT 1-Fror 2-Sec 3-Thir 4-Fou 5-Oth 6-Unk EJEC 1-Not 2-Ejec 3-Fied	RON nt Ro cond I rd Ro irth R er Ro cnowi	W Row Row Row Dw	SEA 1-Le 2-Mi 3-Rig 4-Ot 5-Un	T POS it (drive ddle jht ner known HELI 1-DO 2-Otl	ITION er) MET L DT-Cor her He	SEAT F 1-Sleep 2-Other 3- Uner 4-Trailir 5-Riding (non-tra 6- Unkn SE npliant Mo	OSITIO er Section Enclosed (log Unit g on Mot illing unit own	N OTHER on of Cab ed Cargo A Cargo Are tor Vehicle	R Al (truck)1- Area 2- ea 3- e Ext 5- (k 6- C	RBAG Not A Not D Deplo Deplo Deplo nee, a Deplo ombin	DEPLOYED Ripplicable 1- apployed 2- yed - Front 3- yed - Side 4- yed - Other in belt) 6- yed - 7- ation 8- yment - Curtain 9-	ESTRAI Not App None U Shoulde Shoulde Lap Bel Restrain Child R Child R Child R	INT SYS blicable sed - Mo er and La er Belt O It Only U nt Used estraint estraint estraint er Seat	otor Vehic ap Belt U anly Used sed - Other - Forward - Rear Fa	le Occ sed Facing	INJ 1-A upant 2-B 3-B 4-B 5-C 6-S 7-D 8-A y 9-C	JRY TY mputatio eeding oken Bo urns oncussio nock zziness orasion/l	ones on Bruises of Pain	INJURY A 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest S 8-Internal 9-Entire B 10-Other	AREA Stomach	INJURY 1-Fatal 2-Incap 3-NonIr 4-Possi 5-No In INJURY 1-Office 2-Indivi	CDEGRE acitating acapacita ble Injury jury CINFO Ser Observ dual State cal, Parar	ting OUF
joc					Helm								. ,000 011							AMB	CODES		e st
erson Type		lude D				Bicyclist,	and Ped	lestrians	(1	Sex M,F,U	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Ba Deploy	g ed Ejecte	Restra Syste	int Helme m Use	t Injury Degree	Injury Type	Injury Area	Inj Info Source	A C
6	*		-eq. 103	2.1981						F	04/02/81	1	1			1	3		5			2	
2	*									М	09/19/73	2	3			1	3		5			2	
2	*									F	10/26/89	1	3			1	3		5			2	
									1							1							
																+							
						ic Safe													m 13:2				

Page 2

Unit ID Hit Run? VIN	41	License	Plate		(U1) Unit Ty					NIT F	
Z INAIC	AL58F387166459	v Name		ME	1 - Passen		r cy Numbe	r			_
No Insurance	*	y Ivanie			*	ICG I ON	by Ivailibe				
(U2) Vehicle Make 11 - CHEVROLET			Vehicle Y	⁄ear	(U3) Veh)r				
(U4)Vehicle Configuration			GVWR o	or GCWF		_	_			_	_
				0,000 lbs			26,000 lb]> tha		1 00
Vehicle Has 9 or More Seats?	HAZMAT Place	arded? TYes TNo	Vehicle 1	Travel Di tbound	irection [North		n Roadv	Southb	ound	kno
(U5) Special Function Vehicle 1 - No Special Function		Exempt Vehicle	-		cle Respond				es es	□No	
Extent of Damage	nage Observed	Minor Damage	F	Function	al Damage	[Towed	Due to			_
(U6) Most Damaged Area 7 - Rear Driver Side			(U7) Mos	st Harmfı	ul Event						
(U8) Pre Crash Actions			(U9) Cor	tributing	Circumstar	nces - Ve	ehicle			-	
1 - Following roadway			1 - None	е			3111010				
(U10) Sequence of Events 1			(U10) Se	quence	of Events 2						
(U10) Sequence of Events 3			(U10) Se	quence	of Events 4						_
	estrian License Num	ber ✓ Active			ermit State		se Class	Endors	ement		tricí
Last Known Operator DRIVER Last Name	Fìrst Name	MI	DRIVER	Suspend Address	- A	C	City		Sta	ate :	Zip
★ Citation Number Pending			* ME* Violation	1			Violation	n 2			_
DWNER Last Name (skip if same	as Driver\ First Name	MI	OWNER				City		Sta	ite 7	Zip
k	as official harmanic	1911	* ME*			- o lo	Jity		018	2	- 'P
D1) Driver Distracted By			(D2) Con 1 - Appa		Time of Cra Normal	asn					
D3) Driver Actions at Time of Cra	ash 1		(D3) Driv	er Action	ns at Time c	of Crash	2				
Alcohol Test Test Not	Given Test Refuse Other Chemical Test (No			ol Test F	Result Pendi	ing A	Alcohol BA	C Resu	lt		
Drug Test Test Not	Given Test Refuse		Drug Tes	t Result	ПРс	sitive	Nega	ntive	Per	ndina	
Urine D4) Non Motorist Location at Tin	Other		(D5) Non	Motoris	t Action Price	_		II V TO		uniy	_
D6) Non Motorist Action at Time	of Crash 1		(D6) Non	Motorist	t Action at T	ime of C	Crash 2				
D7) Pedestrian Maneuvers			(D8) Bicy	clist Mar	neuvers						
PERSON TYPE 1-Driver, 2-Pa	ssenger, 3-Pedestrian. 6-Dri	ver/Owner, 7-Bicvc	le, 8-Passen	ger/Owne	 ∋r, 24-Last Kr	own Ope	rator 25-La	st Known	Operat	or/Owne	 ег
SEAT ROW SEAT POSITION SEAT	POSITION OTHER AIRBA	G DEPLOYED RES	STRAINT SYS	_	INJL	IRY TYPE	INJUR	Y AREA	INJUR	Y DEGRI	
2-Second Row 2-Middle 2-Oth		Deployed 2-No	ot Applicable one Used - Mo houlder and La	tor Vehicle	Occupant 2-Ble	nputation eeding oken Bones	1-Face 2-Head 3-Neck	d		i pacitating ncapacita	
4-Fourth Row 4-Other 4-Tra	illing Unit 4-Dep	ayed - Side 4-Si	houlder and La houlder Belt Or ap Belt Only Us	nly Used	4-Bu		4-Back 5-Arm((ible Injur	
6-Unknown (non-	trailing unit) (knee,	air bell,) 6-Re	estraint Used - hild Restraint -	- Other	6-Sh		6-Leg(y INFO S	SOU
EJECTED HELMET USE 1-Not Ejected 1-DOT-Compliant M	Combi	nation 8-Cl	hild Restraint - hild Restraint - hild Restraint -	Rear Facin	ng 8-Ab	rasion/Brui mplaint of	ises 8-Inter	nal	1-Offic	er Obsen idual Stat	vatio
2-Ejected Partially 3-Ejected Totally 3-No Helmet		10-E	Booster Seat Child Restraint		10-C		10-Oth			ical, Para	
								AME	CODES	- see coo	de s
Person Include Driver, Passengers, Bicyclis Type Last Name, First Name, Mi	st, and Pedestrians Sex (M,F,	DOB I	Seat Seat Pos Pos Row		ir Bag eployed Ejected	Restraint System	Helmet Inju Use Degi		Injury Area	Inj Info Source	
6 *	F		1 1	Outel	1	3	4	9	3	2	Ī
		07,03,30		-		-	-	-	1	-	-
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		1			-				-		t

Page 3

2010-18815C

STATE OF MAINE CRASH REPORT

FIRST PAGE

MEMSPOBOO		Number)63367		rash Date 3/30/2010	Crash Time 14:05	At Scene 8/30/20		At Scene Tim L4:20
City or Town Gray		Street or High	way		Nearest Interse	cting Street		Off
Direction FROM Neare			1	rom Nearest Int	er. Latitude		Longitude	
Node 1 61550	Node 2		ment Node		Scene Posted Speed	- Inches	Unknown N/A	Not Poste
(F1) Type of Crash 2 - Rear End / Sides	swine			(F2) Type o				
(F3) Weather Condition 1 - Clear				(F4) Light C	ondition			
(F5) Road Grade				(F6) Road S	Surface Condition			
1 - Level (F7) Traffic Control De	vice			1 - Dry Traffic Cont	rol Device Operation			
6 - Yield Sign (F8) Location of First H	armful Event			Total Dama	ge over Threshold?	Yes	No	Unk
		200				✓Yes)
(F9) Contributing Circu	mstances - Environme	ent 1		(F9) Contrib	uting Circumstances	- Environme	ent 2	
(F10) Contributing Circ	umstances - Road 1			(F10) Contri	buting Circumstance	s -Road 2		
In or Near a Constructi		tility Work Zone'	? Unl		Workers Present?	Yes	□No	Unk
(F11) Location of the C					of Work Zone			LJoin
Law Enforcement Pres				School Bus	Related?			
Officer Prese		ment Vehicle O	nly N	o Yes, Di	irectly Involved 🔲	Yes, Indirectl	ly Involved	No
proceeding with car not clear to him. V1	ition as the interse Op. told me she sa	ction's traffic	flow was	ot	Entrance to sand pX		RI 26	
proceeding with car not clear to him. V1	ition as the interse Op. told me she sa	ction's traffic	flow was	ot	Entrance to sand pik	RI 25	RI 26	T v
proceeding with car not clear to him. V1 see him slow again.	ition as the interse Op. told me she sa	ction's traffic	flow was	Address	Rt 26-A	1/4	RI 20	te 2
proceeding with car not clear to him. V1 see him slow again.	Ition as the interse Op. told me she sa	ction's traffic w V2 proceed	flow was and did n		Rt 20-A	FIL 26		
proceeding with car not clear to him. V1 see him slow again. Witness Last Name Witness Last Name	Ition as the interse Op. told me she sa Fi	ction's traffic w V2 proceed	flow was l and did n	Address	Rt 20-A	RI. 26	Sta	
proceeding with car not clear to him. V1 see him slow again. Witness Last Name Witness Last Name	Ition as the interse Op. told me she sa Fi	ction's traffic w V2 proceed	flow was l and did n	Address	RI 20-A	RI 26	Sta	ite Z
proceeding with car not clear to him. V1 see him slow again. Witness Last Name Witness Last Name Non Vehicle Property Deporty Owner Name	Pamage Description	ction's traffic w V2 proceed	flow was l and did n	Address	RI 20-A	ity City or T	Sta Sta Sta Sta Sta	ite Z
V2 Op told me he is proceeding with can not clear to him. V1 see him slow again. Witness Last Name Witness Last Name Non Vehicle Property C Property Owner Name Non Vehicle Property C	Pamage Description	ction's traffic w V2 proceed	flow was l and did n	Address	Rt 28-A C C State C State	ity City or T	Sta Sta Sta Sta Sta	tilities Pr
proceeding with call not clear to him. V1 see him slow again. Witness Last Name Witness Last Name Non Vehicle Property Deproperty Owner Name	Pamage Description	ction's traffic w V2 proceed	flow was l and did n	Address Address Address Date	Rt 28-A C C State C State	ity City or T City or T	Sta Sta Sta Town Ut Sta App	tilities Pr

Last Modified: 8/30/2010 15:28

1000		-0633						ST/	ATE	OF M	AIN	Ε	CR	ASH	IR	EPC	RT				U	NIT F	PAC
Unit	1D 1] Hit	Run?	VIN 1LN	IHM82	2 W7 :	1Y71(731	L:	cense	Plat	e	State ME		Unit T Passe		Car					
	Vo I	Insura	ance	NAIC		11		ance C	ompany	/ Name					1			olicy Nu	umber				
		ehicle INCC		е									hicle \	/ear		J3) Ve							
				guratio	n							_	/WR c		/R	- Gre					_		-
Vehi	icle	- Hae	9 or	More S	Seats ?		TH.	ΙΔΖΙΛΙΔ	T Placa	urded 2		Vo	< 10 ehicle	0,000 II		ion		1 - 26,0 rthbour	000 lbs.		> tha	n 26,00	00 lb
956					Yes [No		7 (8191)			No		Eas	tbound		West	bound		Not on			Unl	kno
				tion Ve Functi						Exempt '	Vehicle	En	nerger	ncy Ve	nicle f	Respor	ding to	Scene	?	Y	'es	No	
Exte	ent	of Da	mage		No Dam	nage O	bsen	ved		linor Dam	age	-		-unctic	nal D	amage		✓ To	owed D	ue to	Disabli	ng Dam	nag
			amag	ed Are	а							(U	7) Mos	st Harr	nful E	/ent							
_		ront re Cra	sh A	ctions								rus	9) Con	ıtributir	na Cir	cumsta	nces -	Vehicle	2				_
19 -	· M	lergiı	ng									1 .	- Non	е				0,1101					
(010)) &	seque	nce d	of Even	its 1							(0.	10) Se	quenc	e of E	vents 2	2						
(U10)) S	Seque	nce o	f Even	ts 3							(U	10) Se	quenc	e of E	vents 4							
V	Dr	iver				estrian		Licens	e Numb	er 🗸 A	ctive [No				State		ense C	lass E	Endors	ement		rict
DRIV	L /EF	Las R Las		wn Op	erator		Fire	* st Nam	ıe		MI	DF	RIVER	Susper		ME	C	Ci	tv		St	A ate	Zip
*												*	ME*										_ P
Citati	lior	1 Num	nber	Pend	ding 🗌							Vic	olation	1				Vio	lation 2	2			
AWO *	ΝEΙ	R Las	t Nar	ne (ski	p if same	as Dr	iver)	First N	lame	MI			VNER ME*	Addre	ss			City	/		Sta	te Z	Zip
(D1)	Dr	iver D	istra	cted By	((D2	2) Con			e of Ci	ash						
(D3)	Dri	iver A	ction	s at Tir	ne of Cra	ash 1					_		- Appa 3) Driv			mal Time	of Cras	sh 2					
14 -	Fc			oo Clo	sely		- 1	7				1							ol BAC		l I		
-		eath		Urine	Fest Not				Refused Test (No	t Field Sobrie	Blood y or PBT		Alcoh	ol Test	Resu	It Pend	ling	Alcon	OI BAC	Resu	It		
Drug	Te	est	Г	Urine	Fest Not	Given Tother]Test l	Refused		Blood	Dru	ug Tes	t Resu	ılt	ПР	ositive		Negativ	/e	Per	ding	
(D4) I	No	n Mo	torist		on at Tin							(DS	ō) Non	Motor	ist Ac	tion Pri	or to C	rash					
(D6) I	No	n Mo	torist	Action	at Time	of Cra	sh 1				-	(D6	3) Non	Motor	ist Ac	tion at	Time o	f Crash	12				_
(D7) I	Do	dostri	on M	aneuve	250							(DC) Dia	alias B									
(01)													B) Bicy										
SEAT				PE 1-Dri		ssenger FPOSITIO				rer/Owner, 7 G DEPLOYE	•		Passen NT SYS	_	ner, 24		nown C JRY TYF		25-Last INJURY A			or/Owne Y DEGRE	
1-From 2-Sec	nt R	Row d Row	1-Left 2-Mid	(driver) dle	1-Sle- 2-Oth	eper Sec ner Enclos	ction of sed Ca	Cab (tru argo Area	1ck)1-Not A	eployed	1-No 2-No	t App ne Us	licable sed - Mo	tor Vehic	le Occı	1-A _{Dant} 2-B	mputatio leeding	n	1-Face 2-Head		1-Fata 2-Incap	pacitating	
3-Thir 4-Fou 5-Oth	ırth	Row	3-Rig 4-Oth 5-Unk	ег	4-Tra	nenclosed hiling Unit ling on Mo			4-Depl	oyed - Front oyed - Side oyed - Other	4-Sh	oulde	r and La r Belt Or t Only Us	nly Used		4-B	roken Bo urns oncussio		3-Neck 4-Back 5-Arm(s)			ncapacita ible Injury ijury	
6-Unk	knov	wn			(non- 6- Un	trailing ur known	nit)		(knee, 6-Depk Combin	air belt,) oyed -	6-Re 7-Ch	strain	it Used - estraint -	Other Forward		7-D	nock izziness		6-Leg(s) 7-Chest S		INJUR	· · Y INFO S	
1-Not	Eje		lly	1-DOT-0 2-Other	Compliant M	Motorcycl	le Heln	net	7-Deple	oyment - Curt	ain 9-Ch	ild Re	estraint - estraint - er Seat	Rear Fa Used In	cing correctly	9-C	orasion/E omplaint Other	of Pain	8-Internal 9-Entire E 10-Other		2-Indiv	er Obsen idual Stat cal, Para	eme
3-Ejec	cted	d Totally	′	3-No He									Restraint	- Other						AMB	Observ CODES		le st
Person Type				_	ers, Bicyclis	I, and Pe	edestria	ans	Sex (M,F,L	n DOB	F	eat os	Seat Pos	Seat Pos	Air Bag	j Ejecte	Restrai	nt Helme	t Injury Degree	Injury Type	Injury Area	Inj Info Source	Α
6		ast Nam	ie, Fir	st Name,	Mi				F	11/10/		low		Other			1	1		1,750	1		
3	1			_					+	11/10/	30	1	1			1	3	-	5			2	
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	-										+							-					
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100		Numbe 06336					,	STA	TE	OF MAI	NE	CR	ASH	1 RE	EPO	RT				UN	IIT P	ΑC
Unit	ID 2	□ H	Hit R	un?	VIN 1G	CEK19	Z45Z	2616 4	3	Licen *	se Pla	te	State ME	(U1) 5 - P	Unit Ty Iickup	ре						
□ N	lo Ir	nsuran	ce	NAIC			Insurai *	nce Co	mpany	Name					Insurar *	ice Pol	icy Nu	mber				
		hicle N										ehicle \	/ear		3) Veh	cle Col	or					
		HEVRO										005	or GCW	_	- Blue				_			
(04)	ven	nicle C	JIHIQ	urauc)[[),000 II			10,001	- 26,00	00 lbs.		> thar	26,00	o Ib
					eats ?]Yes	□No		AZMAT	Placa	ded?]Yes []No		Eas	Travel tbound		Westb			lot on F		Southbo ay	ound Unk	nov
		ecial F Speci								Exempt Veh	icle Ei	merger	ncy Vel	nicle R	espond	ling to	Scene	?	Ye	es	No	
Exter	nt o	of Dam	age	V	No Da	mage C) Dbserv	ed	M	inor Damage			Functio	nal Da	mage		То	wed Du	ue to D	isablin	g Dam	age
		st Dar			a						(U	17) Mos	st Harn	nful Ev	ent							
		on-Co Crasl									(U	9) Cor	ntributir	ng Circ	umstar	ces - \	/ehicle					-
19 -	Me	erging									1	- Non	е									
(U10) Se	equen	ce of	Ever	nts 1						(U	10) Se	equenc	e of Ev	ents 2							
(U10) Se	equen	ce of	Ever	nts 3						(U	10) Se	quenc	e of E	ents 4							
V			Bicyo Knov		Pe erator	destriar	1 L	_icense	Numb	er 🗸 Active	e No		ise [] I Susper		State NH	Lice C	nse CI	ass E	ndorse	ements	Restr	ict
DRIV		Last		[Firs	t Name	:				Addre				Cit	У		Sta	te Z	ʻip
Citati	tion	Numb	er	Pend	ding [_	olation	1				Viol	ation 2				_
	NER	R Last	Nam	e (ski	p if sar	ne as D	river) l	First Na	ame	MI			Addre	SS			City			Sta	e Z	ip
* (D1)	Driv	ver Dis	strac	ted B	y						(D				e of Cra	nsh						
(D3)	Driv	ver Ac	tions	at Ti	me of 0	rash 1							arentl rer Acti		mal Time c	f Crash	12					
																			_			
Alcoh	hol Bre			Urin		ot Given		Test R mical T		Blo Field Sobriety or]Alcoh	ol Test	Resu	t Pendi	ng	Alcoho	ol BAC	Result			
Drug	Te	st	Г	Urin		t Given		Test R	lefused	Blo	od Dr	ug Tes	st Resu	ılt	Po	sitive		Negativ	e [Pen	ding	
(D4)	Nor	n Moto	rist		-	ime of 0					(D	5) Nor	Motor	ist Act	ion Pric	r to Cr	ash					
(D6)	Nor	n Moto	rist i	Action	at Tim	e of Cra	ash 1				(D	6) Nor	Motor	ist Act	ion at T	ime of	Crash	2		-		_
ו (/ט)	Pec	destria	n Ma	aneuv	ers						(D	8) Bicy	clist M	aneuv	ers							
	PE	RSON	TYP	E 1-Dr	iver, 2-F	assenge	ər, 3-Ре	destriar		er/Owner, 7-Bi	ycle, 8-	-Passer	nger/Ow	ner, 24								
SEAT 1-Fro	ont Re	ow 1	1-Left	POSITI (driver)	1-8	AT POSIT leeper Se	ection of	Cab (truc	k)1-Not A	pplicable	-Not An	INT SYS plicable			1-An	RY TYPE	1	NJURY A I-Face 2-Head	KEA	1-Fatat	/ DEGRE	E
2-Sec 3-Thir	ird Ro	ow 3	2-Midd 3-Righ	t	3-	Other Encl Unenclose	ed Cargo		3-Deple	yed - Front	3-Should	er and La	otor Venic ap Belt U inly Used	sed	pant 2-Ble 3-Bre 4-Bu	ken Bon	es 3	-nead 3-Neck I-Back		3-Nonli	acitating scapacita ble Injury	
4-Fou	ner R	low 5	1-Othe 5-Unkr		5-F	railing Un tiding on I n-trailing	Motor Ve	hicle Ext	5-Deplo	yed - Other	-Lap Be	It Only U	sed			ncussion	5	5-Arm(s) 6-Leg(s)		5-No In		
6-Unk					6-	Jnknown	unity		6-Deple Combin	yed -	7-Child R	estraint -	- Forward - Rear Fa		7-Dia	ziness rasion/Br	7	'-Chest S -Internal	tomach		/ INFO S	
1-Not	t Ejed			1-DOT		t Motorcy	cle Helm	net		yment - Curtain	9-Child R	estraint -	- Used In	correctly		mplaint o	f Pain 9		ody	2-Indivi	dual Stat	eme
		Totally		3-No H	r Helmet elmet								it - Other							Observ		
Person	n Inc	clude Dri	iveг, F	asseng	ers, Bicy	list, and F	Pedestria	ans	Sex		Seat	Seat	Seat	Air Bag	l =:	Restrain	t Helmet	Injury	Injury	Injury	see cod	e s
Туре		ist Name	, Firs	t Name	, Mi				(M,F,U) DOB	Pos Row	Pos	Pos Other	Deploye	d =jected	System	Use	Degree		Area	Source	C
1	*								М	05/06/72	1	1			1	3		5			2	
2	*								М	08/27/82	1	3			1	3		5			2	
	1																					
	+																					+
						a.a.s.																
Maine	e D	epartr	nenf	of P	ublic S	afety					Page	3					For	m 13:2	0A Re	vised .	Januar	v 2

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2011-3129C

STATE OF MAINE CRASH REPORT

FIRST PAGE

1	Reporting Agency ME0030000	Report Number 11-002922	2/	ash Date 5/2011	Crash Time 16:55	At Scene Date 2/5/2011	At Sc 17:1	ene Time 0
	City or Town Gray	Street or Highward 195 SB	ау		Nearest Interse	ecting Street		Off Road
	Direction FROM Nearest Intersection At Intersection North	on to Crash Site Douth East West	ístance Fro	m Nearest Inter Feet ☑ Mile	Latitudo	Longit	tude	
	Node 1 Node 2 0	Measureme 59746	ent Node	Distance to S	cene Posted Spec			ot Posted 25 ot Posted 45
11.7%	F1) Type of Crash 2 - Rear End / Sideswipe			(F2) Type of I	ocation g Intersection			
	F3) Weather Condition 5 - Snow			(F4) Light Co	ndition			
114	F5) Road Grade L - Level				rface Condition			
	F7) Traffic Control Device B - Officer, Flagman, School Pa	trol			l Device Operation	nal (pre-crash)?		Jnk
-	F8) Location of First Harmful Event			Total Damage	e over Threshold?	✓ Yes	` ∏No	
(F	F9) Contributing Circumstances - E	nvironment 1		(F9) Contribut	ting Circumstances			
(F	F10) Contributing Circumstances -	Road 1		(F10) Contrib	uting Circumstance	es -Road 2		
Ir	n or Near a Construction, Maintena	nce, or Utility Work Zone?	∏Unk	Work Zone W	orkers Present?	☐Yes ☐No		Jnk
(F	=11) Location of the Crash related t			(F12) Type of	Work Zone			
Li	aw Enforcement Present at Work Z	one? v Enforcement Vehicle Only	/	School Bus R		Yes, Indirectly Involv	ed []No
					FIRE FIGHTER			
W	ítness Last Name	First	MI	Address	C	City	State	Zip
W	fitness Last Name	First	МІ	Address	C	ity	State	Zip
No	on Vehicle Property Damage Descr	ription		1	State	City or Town	Utilities	Private
Pr	operty Owner Name			Address	С	ity	State	Zip
No	on Vehicle Property Damage Descr	íption		1	State	City or Town	Utilities	Private
Pr	operty Owner Name			Address	C	City	State	
				1				Zip

Last Modified: 2/12/2011 00:26

Report Number 11-002922 S	TATE	OF MAIN	IE C	RA	\SH	RE	POP	RT				UN	IT P	٩G
Unit ID Hit Run? VIN 2T1BR12E7XC20	2380	License *	Plate	1		(U1) Ur 1 - Pa :		e er Car						
No Insurance NAIC Insurance	Company	Name				In *	suran	ce Polic	y Num	ber				
(U2) Vehicle Make			Veh	icle Y	ear	, ,	Vehic Black	le Colo	r					
67 - TOYOTA (U4)Vehicle Configuration			GVV	VR o	r GCW	R								
Vehicle Has 9 or More Seats ? HAZI	MAT Placar	ded 2		1	,000 lb	s. Direction		0,001 - North) lbs		> than outhbo	26,000 und) lb
Yes No	VIAT Flacat	Yes No		East	bound	V	Vestbo	und	□No		oadwa		Unkr	VO
(U5) Special Function Vehicle 1 - No Special Function		Exempt Vehicl	e Eme	ergen	cy Veh	icle Res	spond	ng to S	cene ?		Ye:	s [No	
Extent of Damage	M	inor Damage		√ F	unction	nal Dan	nage		Tow	ed Du	e to Di	sabling	j Dama	age
(U6) Most Damaged Area			(U7)	Mos	t Harm	ful Ever	nt							
12 - Front (U8) Pre Crash Actions			(U9)	Con	tributin	g Circui	mstan	ces - Ve	hicle					
1 - Following roadway (U10) Sequence of Events 1				None		of Eve	nte 2							_
,														_
(U10) Sequence of Events 3			(U10)) Se	quence	of Eve	nts 4							
✓ Driver Bicycle Pedestrian Licot Last Known Operator	nse Numb				Suspen		itate 1E	Licen	se Cla	ss Er	ndorser	ments	Restri A	cti
DRIVER Last Name First N *	ame	M	DRI * M		Addres	ss			City			Stat	ie Z	ip
Citation Number Pending			-	ation	1				Viola	tion 2				
OWNER Last Name (skip if same as Driver) Fire	st Name	MI	OWI		Addres	S			City			Stat	e Zi	p
(D1) Driver Distracted By			,			t Time		sh						
(D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely								Crash ed Limi						
Alcohol Test Test Not Given Te	est Refused cal Test (Not	Blood				Result		1	Alcohol	BACI	Result			
Drug Test Test Not Given Te	st Refused	Blood	Drug	g Tes	t Resu	lt	Pos	sitive	□ Ne	egative	9 [Pend	ding	
(D4) Non Motorist Location at Time of Crash			(D5)	Non	Motori	st Actio	n Prio	r to Cra	sh					
(D6) Non Motorist Action at Time of Crash 1			(D6)	Non	Motori	st Actio	n at T	me of 0	Crash 2	2				
(D7) Pedestrian Maneuvers			(D8)	Ricy	cliet M	aneuve	re							
,														
PERSON TYPE 1-Driver, 2-Passenger, 3-Pede SEAT ROW SEAT POSITION SEAT POSITION OTHER	AIRBA	DEPLOYED RE	cie, 8-P STRAIN			ner, 24-L	INJU	RY TYPE	IN.	JURY A		INJURY	DEGRE	
1-Front Row 1-Left (driver) 1-Sleeper Section of Cat 2-Second Row 2-Middle 2-Other Enclosed Cargo	Area 2-Not L	eployed 2-N	lot Appli Ione Use	ed - Mo	tor Vehic	le Occupa	int 2-Ble	putation eding ken Bone	2-1	Face Head Neck		1-Fatal 2-Incapa	acitating capacital	ina
3-Third Row 3-Right 3- Unenclosed Cargo And 4-Fourth Row 4-Fourth Row 4-Other 4-Trailing Unit 5-Other Row 5-Unknown 5-Riding on Motor Vehicle	4-Deple	yed - Side 4-9	noulder shoulder ap Belt (Belt Or	p Belt Us nly Used	sea	4-Bui		4-1	Back Arm(s)			ole Injury	
6-Unknown (non-trailing unit)		air belt,) 6-F	Restraint	Used -	Other Forward	Facing		ziness	6-l 7-0	Leg(s) Chest St	omach		INFO S	
EJECTED HELMET USE 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet	Combin 7-Deplo	nation 8-0 syment - Curtain 9-0	hild Res	traint - traint -	Rear Fac	cing	9-Co	asion/Bru nplaint of	Pain 9-l	Internal Entire Bo	ody	2-Individ	r Observi dual State	eme
2-Ejected Partially 3-Ejected Totally 3-No Helmet			Booster Child R		t - Other		10-0	ner	10	-Other		Observa	al, Paran ation	nea
Person Include Driver, Passengers, Bicyclist, and Pedestrians	Sex		Seat	Seat	Seat	Air Bag		Restraint	Helmet	Injury	AMB C	ODES -	see cod	e sl
Type Last Name, First Name, Mi	(M,F,U) DOB	Pos Row	Pos	Pos (Deployed	Ejected	Restraint System	Use	Degree	Туре		Source	C
6 *	F	10/19/80	1	1			1	3		5			2	
2 *	М	10/17/08	2	3			1	7		5			1	
											-			
											A Rev	بالثور		

Dogg 10 of 22 on 1/15/2014 11-55 AM

Page 2

11000		2922			ST	ATE	OF MAI	NE	CR	ASI	1R	EPC	RT				1.11	NIT I	> Δ(
-	it ID		it Run?	VIN 1B7HF	.6Y1WS540		Licen				(U1)	Unit T	/pe				0	NII I	7(
	No I	nsurand	e NAIC		Insurance (/ Name				15		nce Po	licy N	ımber				
14.		ehicle M	ake						/ehicle	Year		<u>J*</u> J3) Vel		olor					
		ODGE	nfiguratio	n					1998 3VWR	or CCV		4 - WI	nite						
10.	+) V G	nicle Co	inigurano	11					- V V V C				10,001	- 26,0	000 lbs]> tha	n 26,0	00 Ib
			or More S	Yes N		AT Placa	irded?]Yes □ No			stbound		West			Not on		Southb vay	ound Un	kno
			nction Ve I Function				Exempt Vehi	cle E	Emerge	ncy Ve	hicle F	Respon	ding to	Scene	?	ΠY	es	□No	
Ext	tent o	of Dama	ge 🔲	No Damage	Observed	V	linor Damage			Function	onal D	amage		Пт	owed D	ue to [Disablir	ng Dar	nag
			aged Area	а				((J7) Mo	st Harr	nful E	vent							
	Rea	e Crash	Actions					- 0	J9) Coi	ntributi	on Cin	auma eta	2000	Vahial					
			in traffic						Non		ng Cira	cumsta	nces -	venici	9				
(U1	0) S	equence	of Even	ts 1				(L	J10) Se	equenc	e of E	vents 2							
(U1	0) S	equence	of Even	ts 3				-(1	J10) Se	equenc	e of E	vents 4							
_	75.				EVI					Ì									
_		Last K	cycle 🔲 nown Ope	Pedestria erator	*	se Numb	er Active	□N	lo Licer	nse Susper		State ME	Lice	ense C	lass E	ndors	ements	Res	trict
DRI *	IVER	R Last N	ame		First Nan	ne			RIVER ME*	R Addre	SS			Ci	ty		Sta	ate	Zip
Cita	ation	Numbe	r Pend	ing				-	iolation	1				Vio	lation 2				
ow	NER	R Last N	ame (skip	if same as	Driver) First N	Vame	MI		WNER	Addre	SS			City	/		Sta	te Z	Zip
* D1) Driv	ver Distr	acted By						ME* 02) Cor	ndition	at Tim	e of Cr	ash						_
(D3)) Driv	ver Actic	ns at Tin	ne of Crash	1			_	- App				£ 0	L 0					
(DO	, 0111	voi Acac	nis at Tiji	ie di Ciasii	I			(L	03) Driv	/er Acti	ons at	. Time (or Cras	n 2					
Alco	hol Bre		Urine	est Not Give		Refused Test (Not	Bloc	d BT)	Alcoh	ol Test	Resu	lt Pend	ing	Alcoh	ol BAC	Resul	t		
Dru	g Tes	st	Urine	est Not Give	n Test			_	rug Tes	st Resu	ılt	Po	sitive		Vegativ	e [Pen	ding	
D4) Nor	n Motori:		n at Time of				(D)5) Nor	Motor	ist Act	ion Pri	or to Cr	ash					
D6)) Nor	n Motoris	st Action :	at Time of C	rash 1			(D)6) Non	Motor	ict Act	ion at I	ime of	Crach	2				
					100111			(0	JO) NOI	IVIOLOI	ISI AUI	ionati	inte of	Clasii	2				
D7)) Ped	destrian	Maneuve	rs				(D	8) Bicy	clist M	aneuv	ers							
	PE	RSON T	YPE 1-Driv	er, 2-Passen	ger, 3-Pedestria	an, 6-Driv	er/Owner, 7-Bicy	cle, 8	-Passer	nger/Ow	ner, 24	-Last Kr	own Op	erator :	25-Last I	Known	Operato	or/Owne	er
	T ROV		AT POSITIO eft (driver)	N SEAT POS	TION OTHER section of Cab (tru	AIRBAC	DEPLOYED R		INT SYS	TEM			RY TYPI		NJURY A I-Face	REA	INJURY	/ DEGRI	ΕE
	econd l	Row 2-M	liddle	2-Other En	closed Cargo Are sed Cargo Area	a 2-Not D	eployed 2.	None L	Jsed - Mo ler and La	otor Vehic	le Occu	pant 2-Ble	eding oken Bon	- 2	2-Head 3-Neck		2-Incap	acitating	
	ourth R	Row 4-0		4-Trailing L			yed - Side 4.	Should	ler Beit O	nly Used		4-Bu		2	l-Back 5-Arm(s)			ble Injur	
	nknowi			(non-trailing 6- Unknow		6-Deplo	ir belt,) 6. yed - 7.	Restrai	int Used - Restraint -	- Other	Facing	6-Sh 7-Di:	ock ziness	6	3-Leg(s) '-Chest S	tomach		/ INFO S	OU
1-No	CTED ot Ejec	ted	HELMET 1-DOT-C	USE ompliant Motoro	vcle Helmet	Combin 7-Deplo	yment - Curtain g.	Child R	Restraint - Restraint -			9-Co	rasion/Br mplaint c		3-Internal 3-Entire B	ody		r Obsen dual Stai	
		Partially Totally	2-Other F 3-No Heli						er Seat Restrain	t - Other		10-C	ther	1	0-Other		3-Medio	al, Para ation	med
	Incl	lude Driver	Passenger	s, Bicyclist, and	Pedaetriane	_		Seat		Cook						AMB	CODES -	see cod	le si
erso Type			irst Name,		r cucatilaria	Sex (M,F,U	DOB	Pos	Seat Pos	Seat Pos Other	Air Bag Deploye	d Ejected	Restrain System	t Helmet Use	Injury Degree	Injury Type		Inj Info Source	C
1	*					F	04/03/90	1	1			1	3		5			2	
2	*					F	12/12/91	1	3			1	3		5			2	
																			-
-	-																	-	
lain	e De	partme	nt of Pub	lic Safety		1		age :	3			1		For	n 13:20	A Day			_

2011-19884

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency ME0030000	Report Number 11-029512	ei		sh Date '9/2011	Crash 19:37		12/9/		At Sce 19:41	
City or Town Gray		et or Highway			Neare Int o	st Intersection	ng Stree	t RD, ST RTE	26	Off R
Direction FROM Nearest Int ✓ At Intersection North	ersection to Crash Site		nce From	n Nearest Inte	r. Latitu			Langitu -70.34	ide	
Node 1		Measurement I	Node	Distance to S		ted Speed L	L L	Unknowi	n No	t Postec
61550				(F2) Type of	unino Logotion	Miles 35 : H	gur [N/A	No	t Postec
(F1) Type of Crash 7 - Went Off Road				3 - Three L		section				
(F3) Weather Condition				(F4) Light Co						
1 - Clear (F5) Road Grade				4 - Dark - L		ndition				
1 - Level				1 - Dry						
(F7) Traffic Control Device	9.60			Traffic Contr	ol Device	Operational	(pre-cra Yes	sh)? No	Πυ	nk
1 - Traffic Signals (Stop (F8) Location of First Harmfu				Total Damag	ge over Th		1.00			
1 - On Roadway							VY		No	
(F9) Contributing Circumstar	nces - Environment 1			(F9) Contribu	uting Circu	mstances -	Environi	ment 2		
1 - None (F10) Contributing Circumsta	ances - Road 1			(F10) Contrib	butina Circ	umstances -	-Road 2			
1 - None										
In or Near a Construction, N	laintenance, or Utility W	/ork Zone? ✓ No	Unk	Work Zone V	Workers P	resent?	Yes	No	Πυ	nk
(F11) Location of the Crash		[3] 140 [(F12) Type o	of Work Zo	ne	1			
				0.1.1.	D 1 (15					
Law Enforcement Present a Officer Present	t Work Zone? Law Enforcement	Vehicle Only	□No	School Bus I	Related? rectly Invo	lved TYe	s. Indire	ectly Involve	ed 🗸	No
	rtne embankment	before comin	g to			• / /			(+N-)	
right and continued ove rest in the ditch.	rthe embankment	before comin	g to		NOT TO	Shaker Road		Asire Villatin	(N)	
witness Last Name	Fìrst	before comin	MI	Address	NOT 70	City	/	Parkvay	State	
witness Last Name		before comin		Address	NOT TO	D SCALE	/	Parkvay		
rest in the ditch.	First First	before comin	MI		NOT TO	City	/	Parkvay	State	Z
Witness Last Name Witness Last Name Non Vehicle Property Dama	First First	before comin	MI		NOT TO	City City	/ / City c	Parkvay	State State	Z Pri
Witness Last Name Witness Last Name Non Vehicle Property Dama	First First ge Description	before comin	MI	Address	Not 78	City State	/ / City c	Parkvay	State State Utilities	Z Pri
Witness Last Name Witness Last Name Non Vehicle Property Dama Property Owner Name Non Vehicle Property Dama	First First ge Description	before comin	MI	Address	Not 78	City City City City	/ / City c	Pathvay	State State Utilities State	Z Pri
Witness Last Name	First First ge Description ge Description		MI	Address Address te	Approved Sgt Davi e	City City State City State State	/ / City c	Parkvay	State State Utilities State Utilities	Z I Date

Last Modified: 12/25/2011 21:15

Report Number 11-029512	STATE	OF MAIN	IE CF	RASH	1 RE	EPO	RT				U	NIT F	PΑ(
Unit ID Hit Run?	VIN 1G1AK58F287303393	License *	Plate	State ME		Unit Ty 'assen	pe ger Ca	ır					
No Insurance NAIC	Insurance Compar	ny Name				Insurar	nce Pol	icy Nu	mber				
(U2) Vehicle Make			Vehicle	Year	(U	" 3) Veh	icle Col	lor					
11 - CHEVROLET (U4)Vehicle Configuration			2008	or GCV		- Blac	K						
(04) Verlicie Corniguration			1	0.000			10,001	- 26,0	00 lbs.]> thar	26,00	00 11
Vehicle Has 9 or More Sea				Travel			Nortl				Southb		
(U5) Special Function Vehi		Yes No Exempt Vehicle		stbound ency Ve		Westb			Vot on	Roadv	vay	Unk	kno
1 - No Special Function		cxempt venici	e							Y	'es	No	
Extent of Damage	Damage Observed	Minor Damage]Functio	nal Da	mage		√ To	wed D	ue to l	Disablin	g Dam	nag
(U6) Most Damaged Area			(U7) Mo										
12 - Front (U8) Pre Crash Actions			(U9) Cc										
1 - Following roadway			1 - No	ne				GHICIE					
(U10) Sequence of Events 21 - Motor Vehicle In T			(U10) S 8 - We				abt						
(U10) Sequence of Events			(U10) S				giit						_
34 - Embankment	Defenda Die	, <u> </u>	4				h :	~	1-			le.	
✓ Driver Bicycle ☐ Last Known Opera	Pedestrian License Num	nber Active	No Lice	nse [] l Susper		State ME	Lice	nse Cl	ass E		ements	Resti 0	trict
DRIVER Last Name	First Name	М	DRIVE					Cit	У		Sta	te Z	Zip
Citation Number Pending	g		* ME*	n 1				Viol	ation 2)		_	_
JVVNER Last Name (skip if k	same as Driver) First Name	MI	OWNER * ME*	R Addre	SS			City			Stat	e Z	Zip
D1) Driver Distracted By			(D2) Co				ısh						
L - Not Distracted D3) Driver Actions at Time	of Crash 1		1 - App (D3) Dri				f Crook	2					
18 - Over-Correcting/O	ver-Steering		20 - Ur	iknowi	n	THILE U	i OldSII						
Alcohol Test Tes	st Not Given Test Refuse Other Chemical Test (N		Alcol	nol Test	Result	t Pendi	ng	Alcoho	BAC	Resul	t		
Drug Test Tes	t Not Given Test Refuse			st Resu	ılt		sitive		Jegativ	10	Pen	dinc	
Urine D4) Non Motorist Location	Other		(D5) No	n Motor	ict Acti				•cyali\	C		any	_
			(23) 140	T WIGID!	ioi AUI	on Mil	i io cia	4311					
D6) Non Motorist Action at	Time of Crash 1		(D6) No	n Motor	ist Acti	on at T	ime of	Crash	2				
D7) Pedestrian Maneuvers			(D8) Bic	yclist M	aneuve	ers				_			
PERSON TYPE 1 Deluga	, 2-Passenger, 3-Pedestrian, 6-Dr	iver/Owner 7 Dis	lo R Dess-	nace/O	DOE 24	Loct I/c	DIME OF	arata - ^	E '	Vno	On	-10	_
SEAT ROW SEAT POSITION	SEAT POSITION OTHER AIRBA	AG DEPLOYED RES	STRAINT SYS		IICI, Z4-	INJU	RY TYPE	11	NJURY A		INJURY	r/Owne DEGRE	
1-Front Row 1-Left (driver) 2-Second Row 2-Middle		Deployed 2-N	ot Applicable one Used - M			ant 2-Ble	putation eding	2	-Face -Head		1-Fatal 2-Incapa		
3-Third Row 3-Right 4-Fourth Row 4-Other 5-Other Row 5-Unknown	4-Trailing Unit 4-Dep	oloyed - Side 4-S	noulder and L noulder Belt (ap Belt Only L	Only Used	sed	4-Bu	ken Bone ns ncussion	4	-Neck -Back -Arm(s)		3-Nonin 4-Possi 5-No Inj	ole Injury	
6-Unknown	(non-trailing unit) (knee 6- Unknown 6-Dep	, air belt,) 6-R ployed - 7-C	estraint Used hild Restraint	- Other	Facing	6-Sho 7-Diz	ock ziness	6 7	-Leg(s) -Chest S	tomach	INJURY		sou
EJECTED HELMET US 1-Not Ejected 1-DOT-Com	SE Comb ppliant Motorcycle Helmet 7-Dep	oloyment - Curtain 9-C	hild Restraint hild Restraint	- Rear Fa	cina	9-Coi	asion/Bru nplaint of	Pain 9			1-Office 2-Individ	r Observ lual State	vatio temo
2-Ejected Partially 3-Ejected Totally 3-No Helme			Booster Seat Child Restrai	nt - Other		10-0	ner	1	0-Other		3-Medic Observa	al, Parar ition	med
erson Include Driver, Passengers,	Bicyclist, and Pedestrians Sea		Seat Seat	Seat	Air Rag		Restraint	Helmet	Injury	AMB Injury	CODES -	see cod	
Type Last Name, First Name, Mi	(M,F,	.U) DOB	Pos Pos Row	Pos Other	Deployed	Ejected	Restraint System	Use	Degree			Source	
6 *	F	02/14/53	1 1		2	1	3		5			2	
			-										_
						U 1					1 1		
													-

2012-3518

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency ME0030000	Report Numb 12-001571		1/2	21/2012	21:58	1/21/201	L2 22:05	
City or Town Gray	Stre GR/	et or Highway AY BYPASS RI	D		Nearest Interse	cting Street SYPASS RD, S	ST RTE 26	Off Ro
Direction FROM Nearest Int ✓ At Intersection North	ersection to Crash Site			n Nearest Inte			Longitude -70.343390	
Node 1	ode 2	Measurement N	Node	Distance to S	Scene Posted Spee	d Limit U	Inknown No	t Posted
61550 0 (F1) Type of Crash				(F2) Type of	Location Reilos 45	i™C - III	I/A NC	n i osted
7 - Went Off Road				3 - Three L	eg Intersection			
(F3) Weather Condition 1 - Clear				(F4) Light Co	ondition Not Lighted			
(F5) Road Grade					urface Condition			
1 - Level				5 - Ice/Fro		ol (pro proph)?	>	
(F7) Traffic Control Device 3 - Advisory/Warning Si	ian			Traine Conti	ol Device Operation	Yes	No U	lnk
(F8) Location of First Harmfo				Total Damag	ge over Threshold?	✓Yes	∏No	
3 - Median (F9) Contributing Circumstal	nces - Environment 1			(F9) Contrib	uting Circumstances			_
1 - None	icos Environment							
(F10) Contributing Circumst		Olively at a X		(F10) Contri 1 - None	buting Circumstance	es -Road 2		
2 - Road Surface Condit In or Near a Construction, M		Vork Zone?			Workers Present?			
	Yes	✓ No	Unk			Yes	No L	Jnk
(F11) Location of the Crash	related to Work Zone			(F12) Type of	of Work Zone			
Law Enforcement Present a				School Bus				No
Officer Present	Law Enforcement	Vehicle Only	No	Yes, Di	rectly Involved	Yes, Indirectly	IIIvoived V	1140
Unit # 1 lost control on		o a median str	ruck a		$\binom{N}{N}$	אסר ז	o Scale	
Unit # 1 lost control on		o a median str	ruck a			Nor n	D SCALE	
NARRATIVE Unit # 1 lost control on sign then ended up in of		o a median str	MI	Address		Not in	State	
Unit # 1 lost control on sign then ended up in o	ther lane.	o a median str		Address Address			MINING .	
Unit # 1 lost control on sign then ended up in of	First First	o a median str	MI			City	State	Z
Witness Last Name Witness Last Name	First First	o a median str	MI		State	City	State	Z ;
Witness Last Name Witness Last Name Witness Last Name Non Vehicle Property Dama	First First age Description	o a median str	MI	Address	State	City City City or To	State State Own Utilities State	z ; Pri
Witness Last Name Witness Last Name Witness Last Name Non Vehicle Property Dama	First First age Description	o a median str	MI	Address		City City or To	State State Own Utilities State	Z
Witness Last Name Witness Last Name Witness Last Name Non Vehicle Property Dama Property Owner Name Non Vehicle Property Dama	First First age Description	Badge# F	MI	Address Address Address		City City City or To	State State State State Own Utilities State	Z Pri Z Pri Z d Date

Last Modified: 2/13/2012 17:56

12-001571	STATE	OF MAIN	NE CF	RASH	H RE	EPC	RT			LJI	NIT F	Α
Unit ID Hit Run? VIN 2HGES165	03H501500	License *			(U1)	Unit Ty				- 01	*** 1	, , , ,
	surance Company	/ Name		1	1		nce Policy	Number				
(U2) Vehicle Make			Vehicle	Year	I(U	3) Veh	icle Color					-
26 - HONDA			2003			- Gree	n					
(U4)Vehicle Configuration				or GCV 10,000 l			10,001 - 2	96 000 lbs		∃> thar	n 26.00	ın Ih
Vehicle Has 9 or More Seats ?	HAZMAT Placa	rded ?		Travel			Northb			Southb		70 10
Yes No		Yes No	_	astbound		Westb	ound [Not on			Unk	nov
(U5) Special Function Vehicle 1 - No Special Function		Exempt Vehicl	e Emerg	ency Ve	hicle R	espon	ding to Sc	ene ?	Y	'es	No	
Extent of Damage	served N	linor Damage		Functio	nal Da	ımage	✓	Towed D	Due to I	Disablir	ng Dam	age
(U6) Most Damaged Area				ost Harn								
1 - Front Passenger Corner				raffic S								
(U8) Pre Crash Actions 1 - Following roadway			(U9) Co		ng Circ	umstar	nces - Veh	nicle				
(U10) Sequence of Events 1				Sequenc	e of Ev	ents 2						
10 - Cross Median												
(U10) Sequence of Events 3			(U10) S	Sequenc	e of Ev	ents 4						
Driver Bicycle Pedestrian Last Known Operator	License Numb	er 🗸 Active		ense []		State NY	Licens	e Class	Endors	ements	Rest	rict
DRIVER Last Name	First Name	М	I DRIVE	R Addre		14.1	lo	City		Sta	ite Z	Zip
Citation Number Pending			* NY*	- d			-	1/2-1-1/	^			
Citation Number Pending			Violatio	n 1				Violation 2	4			
DWNER Last Name (skip if same as Driv	/er) First Name	MI	OWNEI	R Addre	SS			City		Sta	te Z	ip
D1) Driver Distracted By				ndition a	at Time	of Cra	ash					_
L - Not Distracted			1 - Ap	parenti	y Nor	mal						
D3) Driver Actions at Time of Crash 1 2 - Ran Off Roadway							f Crash 2					
Alcohol Test	Test Refused	Blood					onditions	cohol BAC	Resul	lt .		-
Breath Urine Other	Chemical Test (Not		TILIAICO	hol Test		Pendi	ng "		303			
Orug Test Vot Given Urine Other	Test Refused	Blood	Drug Te	est Resu	lt	Po	sitive [Negati	ve l	Pen	ding	
D4) Non Motorist Location at Time of Cr	ash		(D5) No	n Motor	íst Acti	on Pric	or to Crash					_
D6) Non Motorist Action at Time of Cras	h 1		(D6) No	n Motor	ist Acti	on at T	ime of Cra	ash 2				
D7) Pedestrian Maneuvers			(D8) Bid	cyclist M	aneuv	ers						_
PERSON TYPE 1-Driver, 2-Passenger,					ner, 24-							
	on of Cab (truck)1-Not A	pplicable 1-N	STRAINT SY ot Applicable			1-Am	RY TYPE putation	1-Face	AREA	1-Fatal	DEGRE	Ε
2-Second Row 2-Middle 2-Other Enclosed 3-Third Row 3-Right 3- Unenclosed 4-Tablia - Unenclosed 4-Tablia - Unenclosed 6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Cargo Area 3-Deplo	yed - Front 3-SI	one Used - N noulder and I	Lap Belt Us		3-Bro	ken Bones	2-Head 3-Neck		3-Nonin	acitating capacita	
4-Fourth Row 4-Other 4-Trailing Unit 5-Other Row 5-Unknown 5-Riding on Mot	or Vehicle Ext 5-Deplo	yed - Other 5-La	noulder Belt ap Belt Only	Used			ncussion	4-Back 5-Arm(s)		4-Possi 5-No Inj	ble Injury ury	
6-Unknown (non-trailing unii 6- Unknown EJECTED	6-Deplo	yed - 7-CI	estraint Used hild Restrain	- Forward			ziness	6-Leg(s) 7-Chest 8			INFO S	
1-Not Ejected 1-DOT-Compliant Motorcycle	Combin 7-Deplo	yment - Curtain 9-Ci	hild Restraini hild Restraini	t - Used Ind		9-Co	rasion/Bruise mplaint of Pa	in 9-Entire E	Body	2-Individ	r Observ dual State	eme
2-Ejected Partially 3-Ejected Totally 3-No Helmet			Booster Seat Child Restra			10-0	шег	10-Other		3-Media Observa	al, Paran ation	ned
Include Driver, Passengers, Bicyclist, and Ped	estrians -		Seat Soot	Seat						CODES -		
Type Last Name, First Name, Mi	Sex (M,F,U	DOB	Pos Pos Row	D	Air Bag Deployed	Ejected	Restraint He. System U	lmet Injury Ise Degree	Injury Type		Inj Info Source	A
6 *	М	05/07/62	1 1	J. Hot	2	1	3	5			2	
2 *	F	04/26/68	1 3		2	1	3	5				-
	r	J7/ 20/ 00	1 3	-		1	3	3	-		2	
aine Department of Public Safety		Pa	ige 2				F	orm 13:2	0A Re	vised .	lanuar	v 2

2012-28517

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency ME0030000	Report Number 12-010611	5/:	sh Date 15/2012	Crash Time 16:26	At Scene Date 5/15/2012	At Scen 16:30	ne Time	
City or Town Gray	Street or High GRAY BYPAS			Nearest Intersect Int of GRAY B	ting Street YPASS RD, ST R1	E 26	Off Road	
Direction FROM Nearest In	ntersection to Crash Site		n Nearest Inter. ∏Feet ☐ Miles	Latitude	Longi			
		nent Node	Distance to So	ene Posted Speed			Posted 25 Posted 45	
(F1) Type of Crash 4 - Intersection Moven	nant		(F2) Type of L	ocation g Intersection				
(F3) Weather Condition	lient		(F4) Light Con					
2 - Cloudy (F5) Road Grade			3 - Dusk (F6) Road Sur	face Condition				
1 - Level			1 - Dry	Device Operationa	ol (pro crash)?		_	
(F7) Traffic Control Device 5 - Stop Signs - Other			Trailic Control	Device Operationa	✓ Yes No	Ur	nk	
(F8) Location of First Harm 1 - On Roadway	nful Event		Total Damage	over Threshold?	✓ Yes [No		
(F9) Contributing Circumst	ances - Environment 1		(F9) Contribut	ing Circumstances	- Environment 2			
1 - None (F10) Contributing Circums	stances - Road 1		(F10) Contribu	iting Circumstances	s -Road 2			
1 - None In or Near a Construction,	Maintenance, or Utility Work Zone	? Unk	Work Zone W	orkers Present?	Yes ☐No	□Ur	nk	
(F11) Location of the Crasi	Yes No	OIIK	(F12) Type of	Work Zone	1165 1140		IK.	
Law Enforcement Present			School Bus R		Yes, Indirectly Invol	ved 🗸	No	
Officer Present NARRATIVE	Law Enforcement Vehicle O	nly No	CRASH DIAG		es, mairectly invol	ved V	140	
					NOT TO	SOALE		
Witness Last Name	First	MI	Address	С	ity	State	Zip	
Witness Last Name	First	MI	Address	С	ity	State	Zip	
Non Vehicle Property Dam	nage Description			State	City or Town	Utilities	Private	
Property Owner Name			Address	С	ity	State	Zip	
Non Vehicle Property Dam	nage Descríption			State	City or Town	Utilities	Private	
Property Owner Name			Address	С	ity	State	Zip	
Reporting Officer	Badge#	Report Da 5/15/20		proved By		Approved 5/15/20		
Sgt Paul Thorpe Maine Department of Pub			nge 1	geraal morpe	Form 13:20A			

Last Modified: 5/15/2012 17:06

Uni		VIN		OF MAI	_		State		Unit T					U	NIT	PA!
		1GNDU03EX3D2109		*			ME		assei	nger C						
	No Insurance NAIC 10022	Insurance Co	mpany N	lame					insura *	nce Po	licy Nu	ımber				
	2) Vehicle Make - CHEVROLET					ehicle	Year			nicle Co	olor					
_)Vehicle Configuration				_	003 WR	or GC\		- Blue	3	_	-				_
	SISTERIAL DE LA CONTRACTOR DE LA CONTRAC					< 1	0,000	lbs.			- 26,0		s. []> tha	n 26,0	00 1
Ver	nicle Has 9 or More Seats			ed? ′es ✔No	V		Travel stboun	Directi	on West	✓ Nor	thboun		Roady	Southb		knc
) Special Function Vehicl No Special Function	e		xempt Vehi	cle E				-		Scene					
_	ent of Damage —	Damage Observed	□Min	or Damage			Functi	onal Da	ename			wed	Due to		No.	-
(U6) Most Damaged Area	J		- Jamago	((nful Ev			V 10	wed	Due to	Disabili	iy Dai	nay
	- Front Driver Quarte	Panel			1	3 - Mc	otor V	ehicle	in Tra							
) Pre Crash Actions Making right turn					J9) Cor - Nor		ng Circ	umsta	nces - '	Vehicle					
(U10	0) Sequence of Events 1				_			e of Ev	rents 2						_	_
	- Motor Vehicle In Tra	nsport														
UTC	0) Sequence of Events 3				((110) Se	equenc	e of Ev	ents 4							
V	Driver Bicycle F	Pedestrian License	Number	Active	□N		nse 🔲 Suspei	Permit	State ME	Lice	ense Cl		Endors	ements	Res	tric
ORI\ *	VER Last Name	First Name				- Innered	Addre		1-45	ĮC.	Cit		J	Sta		Zip
Cita	tion Number Pending				-	ME* olation	1				Viola	ation	2			
wi	NER Last Name (skip if s	ame as Driver) First Na	me	MI	0	WNER	Addre	SS			City			Sta	te :	Zip
311	Driver Distracted By				*	ME*									- '	-112
	Not Distracted By							at Time		ash						
	Driver Actions at Time of				_			ons at		of Crasl	12					
	Failed to Yield Right-o	Not Given Test Re	efused	Bloo	4 -						Alcoho	IRAC	C Resul	t		_
-	Breath Urine	Other Chemical Te	est (Not Fie	ld Sobriety or P	BT)			Resul	Pend	ing		., JA	- 10301			
rug	Test Test	Not Given Test Re	efused	Bloo	d Dr	ug Tes	st Resu	ılt	Po	sitive		legati	ive	Pen	ding	
04)	Non Motorist Location at				(D	5) Non	Motor	ist Acti	on Pric	or to Cr	ash					
261	Non Motorist Action at Ti	me of Crash 1			/0	G) Non	Mata	int A -4:	on of T	ima = f	Chart	2				
-01		me of Ordsil 1			(D	u) Non	IVIOTO	ist ACTI	un at I	irrie of	Crash	2				
27)	Pedestrian Maneuvers				(D	8) Bicy	clist M	aneuve	ers							
	PERSON TYPE 1-Driver, 2	-Passenger, 3-Pedestrian,	6-Driver/6	Owner, 7-Bicv	cle, 8-	Passen	ger/Ow	ner. 24-	Last Kn	own On	erator 2	5-Last	t Known	Operato	r/Own	ar.
	TROW SEAT POSITION 5		AIRBAG DI	EPLOYED R	STRA	NT SYS			INJU	RY TYPE	E IN	JURY		INJURY		
2-Sec	cond Row 2-Middle 2	-Other Enclosed Cargo Area	2-Not Deple 3-Deployed	oyed 2-	None U			le Occup	ant 2-Ble	iputation eding oken Bon	2-	Face Head		1-Fatal 2-Incap	acitating	
1-Fou	urth Row 4-Other 4		4-Deployed	- Side 4-	Shoulde	er Belt Or	p Belt Us nly Used		4-Bu	rns	4-	Neck Back		3-Nonir 4-Possi	ble Injur	
	known (non-trailing unit)	(knee, air b 6-Deployed	elt,) 6-	Restrair	t Only Us at Used -	Other		6-Sh		6-	Arm(s) Leg(s)		5-No in	•	
	TED HELMET USE		Combinatio	ກ ຊໍ	hild D	actraint	Forward Rear Fa	aina -	8-Ab	ziness rasion/Br	uises 8-	Interna		INJURY 1-Office	r Obser	vatio
2-Eje	oted Fartially 2-Other Helme	ant Motorcycle Helmet t	r-Deployme	ent-Curtain 9. 10	Child Ro -Booste	estraint - er Seat	Used Inc	correctly	9-Co 10-O	mplaint o ther		Entire I O-Other		2-Individual 3-Medic		
ie	cted Totally 3-No Helmet			11	-Child	Restraint	t - Other						ALIC	Observa		
rson ype		yclist, and Pedestrians	Sex (M,F,U)	DOB	Seat	Seat	Seat	Air Bag	Ejected	Restraint	Helmet	Injury	Injury	Injury	Inj Info	Д
	Last Name, First Name, Mi				Row	Pos	Other	Ворюуос	7	Cystem	Use	Degree	е Туре	Area	Source	С
6	*		F 0	7/11/38	1	1		2	1	3		5			3	3
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7																-
											-			-	-	

12-01	Numbe . 0611	ſ		STA	TE C	OF MAIN	1E (CRA	SH	RE	POF	RT				UN	IIT P	٩GI
Unit ID		lit Run?	VIN 4S3BH	675147620 31	L2	License *	Plate			(U1) Uı 1 - Pa	sseng	er Ca						
☐ No I	Insuran	NAIC 3588	2	Insurance Co	mpany N	lame				r *	surano	e Poli	y Nun	ber				
, ,	ehicle M	lake	-					nicle Ye	ear	,) Vehic	le Col	or					
	UBARU	J onfiguratio	n				20 0		GCWI		Blue							
]< 10,	000 lb:	S.		0,001 -					26,000	lbs.
Vehicle	e Has 9	or More S	eats ?]Yes ✓]	No HAZMAT		led ? Yes ✓ No		icle Ti Easth		irection	n 🔽 Vestbo	North und	bound	ot on R		outhbo y [und Unkr	nowr
(U5) Sp	pecial F	unction Ve	hicle			Exempt Vehic	e Em	ergen	y Veh	icle Re	spondi	ng to S	cene '	?	Ye	s [No	
	of Dam	200		e Observed	Mìr	nor Damage		□F	unction	nal Dan	nage		√ Tov	ved Du	e to D	isablin	g Dama	age
(U6) M	lost Dan	naged Area	а							ful Eve								
		river Corr	ner							hicle i g Circu								_
1 - Fol	llowing	roadwa					1 -	None				JCG V	0,11010					
		ce of Even	ts 1 Transpor	+			(U1	0) Sec	quence	of Eve	nts 2							
		ce of Even		•			(U1	0) Sec	uence	of Eve	nts 4							
ZD	river	Bicycle 🗍	Pedest	rian Ticense	e Numbe	r Active	No	Licens	e \square P	ermit S	State	Lice	nse Cla	ass Er	ndorse	ments	Restr	ictio
	Last	Known Op	erator	*				S	uspen	ded	ME	С		0			Α	i.e.
DRIVEI *	R Last	Vame		First Name	e	N		IVER / 1E*	Addres	SS			City	/		Sta	ie Z	ip.
Citation	n Numb	er Pend	ling 🗌				Vio	lation '	1				Viola	ation 2				
OWNE	R Last	Name (ski	o if same a	s Driver) First N	ame	MI			Addres	SS			City			Sta	te Zi	р
* (D1) Di	river Dis	stracted By	f					1E*	dition a	nt Time	of Cra	sh	-	_		-		
1 - No	t Distr	acted								Norn								
		tions at Tir ibuting A	ne of Crasl ction	n 1			(D3	3) Drive	er Actio	ons at 7	ime oi	Crasn	2					
Alcoho	l Test		Test Not Gi	ven Test F	Refused	Blood	- III - I.	Alcoho	l Test	Result	Pendir	ng	Alcoho	IBAC	Result			
Drug To	est est	- American III	est Not Gi		Refused	Bloom	_	ıg Tes	Resu	lt	Pos	itive		legativ	a [Pen	dina	
(D4) N	an Mata	Urine	on at Time	Other of Crosh			(DF	5) Non	Motori	st Actio				- Gall				
(D4) 140	OH WILL	ilist Locati	on at time	OI CIRSII														
(D6) No	on Moto	rist Action	at Time of	Crash 1			(D6	3) Non	Motori	st Actio	on at T	me of	Crash	2				
(D7) Pe	edestria	n Maneuv	ers				(D8	3) Bicy	clist Ma	aneuve	rs							
SEAT R 1-Front 2-Secon 3-Third 4-Fourth 5-Other 6-Unknot EJECTE 1-Not Ej 2-Ejecte	ROW	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown HELME 1-DOT-	ON SEAT P. 1-Sleepe 2-Other 3- Unen: 4-Trailin 5-Riding (non-trai 6- Unknot T USE Compliant Mol Helmet	on Motor Vehicle Ex iling unit)	AIRBAG ack)1-Not Ap a 2-Not De 3-Deploy 4-Deploy (knee, ai 6-Deploy Combina	DEPLOYED Riplicable 1- ployed - 5 red - Front 3- red - Side 4- red - Other 5- red - 7- stion 8- rment - Curtain 9-	ESTRAII Not App None Us Shoulde Shoulde Lap Belt Restrain Child Re Child Re Child Re	NT SYST licable sed - Moi r and La r Belt Or Only Us t Used - estraint - estraint -	tor Vehice p Belt Us ply Used ed Other Forward Rear Far Used Inc	le Occupated Facing cing correctly	INJUI 1-Am ant 2-Ble 3-Bro 4-Bur 5-Coi 6-Sho 7-Diz 8-Abi 9-Coi 10-O	RY TYPE putation eding ken Bon ns ncussion ock ziness asion/Br mplaint o	! II 1 2 2 3 4 5 6 7 7 uises 8 f Pain 9	JJURY A -Face -Head -Neck -Back -Arm(s) -Leg(s) -Chest S -Internal -Entire B 0-Other	REA tomach	1-Fatal 2-Incap 3-Nonli 4-Poss 5-No In INJUR 1-Office 2-Indivi 3-Medi Observ	Y DEGRE nacitating ncapacita ible Injury jury Y INFO S er Observ idual Stali cal, Parar	ting OUR ation emer nedic
L BLODILL	Include Dr	iver, Passeng	ers, Bicyclist, a	and Pedestrians	Sex (M,F,U)	DOB	Seat Pos	Seat Pos	Seat Pos	Air Bag Deployed	Ejected	Restrain System	t Helmet Use	Injury Degree	Injury	Injury Area		An Co
		First Name	, Mi				Row		Other			3		4	9	3	2	30
6 *	т				F	06/16/73	1	1		2	1	3		-	3	3		31
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											100							
					+						1-1					H		

STATE OF MAINE CRASH REPORT

FIRST PAGE

)	Reporting Agency ME0030000	Report Number 12-012992		Crash Date 6/10/2012	Crash Time 21:42	At Scene Date 6/10/2012	At Sce 21:44	ne Time
	City or Town Gray	ST RT	or Highway E 26		Nearest Interse	ecting Street BYPASS RD, ST RTE	26	Off Road
	Direction FROM Nearest Inters At Intersection North	section to Crash Site	Distance I	From Nearest Int	er. Latitude les 43.898620	Longitu	ide	
	Node 1 Node		easurement Node		Scene Posted Spee	-70.34	4-3	t Posted 25
	61550 (F1) Type of Crash			(F2) Type o	tions 35			t Posted 45
	2 - Rear End / Sideswipe				Leg Intersection			
	(F3) Weather Condition 1 - Clear			(F4) Light C 4 - Dark -				
- 1	(F5) Road Grade				Surface Condition			
- 1	1 - Level (F7) Traffic Control Device			1 - Dry	and Davidson On a self	1/		
	5 - Stop Signs - Other			Trailic Cont	rol Device Operation	al (pre-crash)? ✓ Yes	Πu	nk
	(F8) Location of First Harmful E 1 - On Roadway			Total Dama	ge over Threshold?	✓ Yes	No.	
	(F9) Contributing Circumstance 1 - None	es - Environment 1		(F9) Contrib	uting Circumstances			
- 1	F10) Contributing Circumstance	ces - Road 1		(F10) Contri	buting Circumstance	s -Road 2		
	1 - None			1 - None				
	In or Near a Construction, Mair	Yes	Zone? ZNo □Un		Workers Present?	Yes No	□Ur	nk
((F11) Location of the Crash rela	ated to Work Zone		(F12) Type	of Work Zone			
1	_aw En <u>for</u> cement Present at W	ork Zone?		School Bus	Related?			
	Officer Present NARRATIVE	Law Enforcement Vel	nicle Only			Yes, Indirectly Involved	V	No
a	and its driver came to rest mpact point, on Rt. 26. Dri imputation of his lower lef Driver of V-1 was not injure escue personnel.	ver of V-2 had an ob t leg, from the impa	vious ct with V-1.		NOT TO BONE			
W	Vitness Last Name	First	MI	Address	Ci	y Si	tate	Zip
	/itness Last Name /itness Last Name	First First	MI MI	Address	Ci Ci		tate	Zip
V		First		1000000		y Si		
N N	/itness Last Name	First		1000000	Ci	y Si	ate	Zip
N N Pi	/itness Last Name on Vehicle Property Damage D	First Description		Address	Ci State	y Si City or Town L y St	ate Jtilities	Zip Private
N N	/itness Last Name on Vehicle Property Damage D roperty Owner Name	First Description		Address	Ci State	y Si City or Town L City or Town L	ate Utilities	Zip Private Zip
N P N P	/itness Last Name on Vehicle Property Damage D roperty Owner Name on Vehicle Property Damage D	First Description	MI	Address Address Address	Ci State Ci	y Si City or Town L y St City or Town L y St	date Utilities ate	Zip Private Zip Private Zip

Last Modified: 6/15/2012 00:09

Report Number STATE OF MA	NE CRASH REPORT	UNIT PAG
	se Plate State (U1) Unit Type ME 2 - (Sport) Utility Vehicle	
No Insurance NAIC Insurance Company Name	Insurance Policy Number	
(U2) Vehicle Make	Vehicle Year (U3) Vehicle Color	
26 - HONDA	2011 7 - Brown	
(U4)Vehicle Configuration	GVWR or GCWR	s.
Vehicle Has 9 or More Seats ? HAZMAT Placarded ?	Vehicle Travel Direction Northbound	Southbound
☐ Yes ✓ No ☐ Yes ✓	Laste Line	n Roadway Unknown
(U5) Special Function Vehicle Exempt V	cle Emergency Vehicle Responding to Scene?	Yes No
Extent of Damage No Damage Observed Minor Dama	Functional Damage	Due to Disabling Damage
(U6) Most Damaged Area	(U7) Most Harmful Event	
11 - Front Driver Corner	13 - Motor Vehicle in Transport	
(U8) Pre Crash Actions	(U9) Contributing Circumstances - Vehicle 1 - None	
6 - Making left turn (U10) Sequence of Events 1	(U10) Sequence of Events 2	
21 - Motor Vehicle In Transport	50 - No Other Events	
(U10) Sequence of Events 3 50 - No Other Events	(U10) Sequence of Events 4 50 - No Other Events	
✓ Driver Bicycle Pedestrian License Number ✓ Ac	No License Permit State License Class	Endorsements Restriction
Last Known Operator *	Suspended ME C MI DRIVER Address City	State Zip
DRIVER Last Name First Name *	* ME*	
Citation Number Pending	Violation 1 Violation	12
OWNER Last Name (skip if same as Driver) First Name MI	OWNER Address City	State Zip
* (D1) Driver Distracted By	* ME* (D2) Condition at Time of Crash	
1 - Not Distracted	 3 - Emotional(Depressed, Angry, Disturb 	oed, etc.)
(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2 1 - No Contributing Action	
3 - Failed to Yield Right-of-Way Alcohol Test	od Alcohol Test Result Pending Alcohol BA	C Result
Breath Urine Other Chemical Test (Not Field Sobriet	PBT)	
Drug Test	od Drug Test Result Positive Nega	ative 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	
(Do) Not Motorist Action at Time of Clash		
(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers	
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7	L cycle, 8-Passenger/Owner, 24-Last Known Operator 25-La	st Known Operator/Owner
SEAT ROW SEAT POSITION SEAT POSITION OTHER AIRBAG DEPLOYER	RESTRAINT SYSTEM INJURY TYPE INJURY I Mot Applicable 1-Amputation 1-Face	Y AREA INJURY DEGREE
1-Front Row 1-Left (driver) 1-Sleeper Section of Cab (truck)1-Not Applicable 2-Second Row 2-Middle 2-Other Enclosed Cargo Area 2-Not Deployed 3-Third Row 3-Right 3-Unenclosed Cargo Area 3-Deployed - Front	2-None Used - Motor Vehicle Occupant 2-Bleeding 2-Head 3-Shoulder and Lap Belt Used 3-Broken Bones 3-Neck	k 3-NonIncapacitating
4-Fourth Row 4-Other 4-Trailing Unit 4-Deployed - Side 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext 5-Deployed - Other	4-Shoulder Belt Only Used 4-Burns 4-Back 5-Lap Belt Only Used 5-Concussion 5-Arm((s) 5-No Injury
6-Unknown (non-trailing unit) (knee, air belt,) 6- Unknown 6-Deployed -		st Stomach INJURY INFO SOUR
EJECTED HELMET USE Combination 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 7-Deployment - Curt	8-Child Restraint - Rear Facing 8-Abrasion/Bruises 8-Interr 9-Complaint of Pain 9-Entire 10-Other 10-O	re Body 2-Individual Statemer
2-Ejected Partially 3-Ejected Totally 3-No Helmet	10-Booster Seat 10-Other 10-Oth 11-Child Restraint - Other	Observation
Pareza Include Driver, Passengers, Bicyclist, and Pedestrians Sex	Seat Seat Seat Air Bag Restraint Helmet Inju	AMB CODES - see code sho ury Injury Injury Inj Info Ar
Person Type Last Name, First Name, Mi Sex (M,F,U)	Seat Seat Pos Pos Pos Deployed Ejected Restraint Helmet Inju System Use Degr	
6 * F 02/12/	1 1 2 1 3 5	2 30
Maine Department of Public Safety	Page 2 Form 13	3:20A Revised January 20

Unit ID	/IN		licen	se Pla	ate	State	(U1) I	Jnit Tv	ne					NIT I	A
2 Hit Run? 1	LHFSC1800SA90130		*	3C 1 16	ate	ME			cycle						
No Insurance NAIC	Insurance Co	mpany	Name					Insura *	nce Po	licy Nu	ımber				
(U2) Vehicle Make					'ehicle	Year	(U	3) Veh	icle Co	lor					
26 - HONDA (U4)Vehicle Configuration					. 995 SVWR (a= CC1		- Blac	k						
(04) verticle Corniguration						0,000 l			10,001	- 26,0	00 lbs	. []> tha	n 26,0	00 II
Vehicle Has 9 or More Seats	_	Placa					Direction		✓ Nor				South		
(U5) Special Function Vehicle			Yes VNo	-	_	ncy Ve	hicle R	Westb		-		Roadv	vay	Un	kno
1 - No Special Function			Texembr ven	icie -					g to			Y	'es	□No	j
Extent of Damage No [Damage Observed	\square N	linor Damage			Function	onal Da	mage		✓ To	wed D	ue to l	Disabli	ng Dar	nag
(U6) Most Damaged Area							nful Eve								
7 - Rear Driver Side (U8) Pre Crash Actions							ehicle								_
1 - Following roadway				1	- Non	ne			1063 -	Vernole	,				
(U10) Sequence of Events 1 21 - Motor Vehicle In Tra	nenort						e of Ev r Even								
(U10) Sequence of Events 3	пэроге						e of Ev		-						
A Driver Direct D	De de stais Divi	M				`			le c		1			1-	
✓ Driver Bicycle F Last Known Operato	Pedestrian License	Numb	er 🗸 Active	:N		nse Susper	Permit nded	State ME	C	nse C		ndors)	ement	Res	trict
DRIVER Last Name	First Name)			RIVER	Addre	SS			Ci	ty		St	ate	Zip
► Citation Number Pending				_	ME*	1 1				Viol	lation 2	2			
	_														
DWNER Last Name (skip if s. *	ame as Driver) First Na	ame	MI		WNER ME*	Addre	SS			City			Sta	ite 2	Zip
D1) Driver Distracted By				(D)2) Cor		at Time								-
6 - Unkown D3) Driver Actions at Time of	Crash 1	_					Impa ons at				ped				
I - No Contributing Actio				(0	75) DIIV	/GI ACII	Ulla at	Time C	i Ciasi	12					
Alcohol Test	Not Given Test R Other Chemical T				Alcoh	ol Test	Result	Pendi	ng	Alcoh	ol BAC	Resul	t		
the state of the s	Not Given Test R	efused			rug Tes	st Resu	ılt		sitive		. In maki		¬	-17	-
Urine D4) Non Motorist Location at	Other Time of Crash			- (0	5) Non	Motor	ist Actio				Vegativ	/e	Per	laing	
D4) NOT MOLOTISE LOCATION AL	Time of Grasif				o) Nor	INDIO	ISt ACIII	on Pric	ir to Cr	asn					
D6) Non Motorist Action at Ti	me of Crash 1			(D	6) Non	Motor	ist Actio	on at T	ime of	Crash	2				
D7) Pedestrian Maneuvers				(D	8) Bicy	clist M	aneuve	ers							_
DEDOON TYPE 4 D															
PERSON TYPE 1-Driver, 2 SEAT ROW SEAT POSITION S	:-Passenger, 3-Pedestriar SEAT POSITION OTHER				-Passen INT SYS		ner, 24-l		own Op RY TYPE		25-Last NJURY A		-	or/Owne Y DEGRI	
1-Front Row 1-Left (driver) 1 2-Second Row 2-Middle 2	-Sleeper Section of Cab (truc 2-Other Enclosed Cargo Area	2-Not D	pplicable 1 eployed 2	-Not Ap	plicable		le Occup		putation eding		-Face !-Head		1-Fatal		
4-Fourth Row 4-Other 4	- Unenclosed Cargo Ārea -Trailing Unit	4-Deplo	yed - Front 3 yed - Side 4	-Shoulde -Shoulde	er and La er Belt O	ap Belt Ua nly Used	sed	3-Bro 4-Bu	iken Boni 'ns	4	-Neck -Back		3-Nonl 4-Poss	ncapacita ible Injur	ating y
	i-Riding on Motor Vehicle Ext non-trailing unit)	(knee, a	ir belt,) 6		It Only Us int Used -			5-Co 6-Sh	ncussion ock		-Arm(s) -Leg(s)		5-No Ir	jury	
EJECTED HELMET USE	- Unknown	6-Deplo Combina	ation 8		lestraint - lestraint -				ziness asion/Br		-Chest S -Internal			Y INFO S er Obsen	
1-Not Ejected 1-DOT-Compli 2-Ejected Partially 2-Other Helms	ant Motorcycle Helmet	7-Deplo	yment - Curtain 9		estraint -			9-Co 10-O	mplaint o ther		-Entire B 0-Other	lody		dual Stat	
3-Ejected Totally 3-No Helmet			1	1-Child	Restrain	t - Other							Observ		
erson Include Driver, Passengers, Bio	cyclist, and Pedestrians	Sex	200	Seat	Seat	Seat	Air Bag		Restraint	Helmet	Injury	Injury	CODES Injury	Inj Info	
Type Last Name, First Name, MI		(M,F,U)	DOB	Pos Row	Pos	Pos Other	Deployed	∟jected	System	Use	Degree		Area	Source	
6 *		М	02/19/54	1	1		1	3	1	3	2	1	6	3	30
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		-													

STATE OF MAINE CRASH REPORT Report Number Narrative / Diagram Supplemental 12-012992 381 Case # 12-012942 **CUMBERLAND COUNTY SHERIFF'S OFFICE** VOLUNTARY STATEMENT (NOT UNDER ARREST) Macssle - am not under arrest, for nor am I being detained for any criminal offenses concerning the events I am about to make known to CSS 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 motercucle ImageMan Twain.Net Version 2.71 Trial Order Online at www.data-tech.com had stopped 4 the 2012 WITNESS:

CCSO#8

Maine Department Of Transportation - Traffic Engineering, Crash Records Section

Crash Summary Report

		Report Selections and Input F	Parameters		
REPORT SELECTIONS					
Crash Summary I - Single Node REPORT DESCRIPTION 26/Libby Hill	Section Detail	☐Crash Summary II	☑1320 Public	☐1320 Private	☐1320 Summary
REPORT PARAMETERS Year 2010, Start Month 1 thr	ough Year 2012 End Montl	n: 12			
Route: 0026X	Start Node: 17097 End Node: 17097	Start Offset: 0 End Offset: 0		☐Exclude First No	

Maine Department Of Transportation - Traffic Engineering, Crash Records Section

Crash Summary I

				Nodes										
Node	Route - MP	Node Description		Total		Injur	y Cra	shes		Percent	Annual M	Crash Rate	Critical	CRF
11040				Crashes	K	Α	В	С	PD	Injury	Ent-Veh		Rate	
17097	0026X - 17.89	Int of HANNAFORD Z, LIBBY HILL RD, SHAKER RD	9	11	0	0	0	2	9	18.2	5.333 Sta	0.69 Itewide Crash Rat	1.12 e: 0.64	0.00
Study Y	ears: 3.00	NODE TOTA	ALS:	11	0	0	0	2	9	18.2	5.333	0.69	1.12	0.61

20	1	n.	-1	۵	۵	1	6	^
ZU	ш	v	- т	. 7	3	4	o	L

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency MEMSP0G00	Report Number SP10-069011		rash Date /20/2010	Crash Time 17:55	At Scene Date 9/20/2010	At Scene Time 18:15
City or Town Gray	Street or ST RTE	Highway 26		Nearest Interse		Off Ro
Direction FROM Nearest II	and the same of th	Distance Fr	om Nearest Inte		Longit	ude
1 1		surement Node	Distance to S	Scene Posted Spec	Ottivion	/n Not Posted 2
(F1) Type of Crash 2 - Rear End / Sideswij	ne		(F2) Type of) , ···s / LIV/A	INOL Posted 4
(F3) Weather Condition 1 - Clear	pe		(F4) Light Co	ondition		
(F5) Road Grade			1 - Dayligh (F6) Road S	urface Condition		
1 - Level (F7) Traffic Control Device			1 - Dry	ol Device Operation		
1 - Traffic Signals (Stop	p & Go)				Yes No	Unk
(F8) Location of First Harm	nful Event		Total Damag	ge over Threshold?	✓Yes	No
(F9) Contributing Circumsta	ances - Environment 1		(F9) Contribu	uting Circumstances		
(F10) Contributing Circums	stances - Road 1		(F10) Contrib	outing Circumstance	es -Road 2	
In or Near a Construction, I	Maintenance, or Utility Work 2 ☐ Yes ✓		Work Zone V	Vorkers Present?	Yes No	Unk
(F11) Location of the Crash		TVO DIK	(F12) Type o	f Work Zone		
Law Enforcement Present a	at Work Zone?	cle Only No	School Bus F		Yes, Indirectly Involve	ed No
				COTE COTE CODE	B & LIBBY D GRAY	→
Witness Last Name	First	MI	Address	С	ity	
Witness Last Name	First	MI	Address	С	ity 5	State Zip
						State Zip
	ge Description			State	City or Town	State Zip
Non Vehicle Property Dama	ge Description		Address			State Zip
Non Vehicle Property Dama Property Owner Name			Address		ity 8	State Zip Utilities Private State Zip
Non Vehicle Property Dama Property Owner Name Non Vehicle Property Dama Property Owner Name			Address	С	Cíty or Town	State Zip Utilities Private State Zip

Last Modified: 9/20/2010 18:46

1	OF MAIN									OIV	IT PA	١G
UA662XA018873	License *	Plate	State	e (U	1) Unit Ty - Passen	ре	r					_
	Name		IVIL	1				ber				
*		Vehicle	Year	-	(U3) Veh	icle Co	or	_				_
		2004										
						10,001	- 26,00	0 lbs		> than	26,000	lbs
		Vehicle	e Trave	l Dire				ot on R	-	-		low
	Exempt Vehicle	Emerg	ency V	ehicle	Respon	ding to	Scene 1	?	Ye	s []No	
nage Observed N	linor Damage	V	Func	tional	Damage		Tov	ved Du	e to Di	sabling	D ama	ige
		(U7) M	lost Ha	rmful	Event							
				ting C	Circumsta	nces - \	/ehicle					
		_		nce of	Events 2							
		(U10)	Sequer	nce of	Events 4							
estrian License Numb	per Active	No Lic	ense Susp]Peri	mit State	Lice C		0	ndorse		0	
First Name	М			ress			City	1		Sta	te Z	ip
							Viola	ation 2				
e as Driver) First Name	MI			ress			City			Stat	e Zi	р
						ash						
rash 1						of Cras	h 2					
			ohol Te	est Re	esult Pend	ling	Alcoho	IBAC	Result			
t Given Test Refuse		_	Γest Re	sult	ПР	ositive		legative	e [Pend	ding	
		(D5) N	lon Mo	torist	Action Pr	or to C	rash					
e of Crash 1		(D6) N	on Mo	torist.	Action at	Time o	Crash	2				
		(D8) B	icyclist	Mane	euvers	_						_
		,	-				norotor O	E Loot k	(nown)	Operato	r/Owner	_
AT POSITION OTHER AIRB/ Ideeper Section of Cab (truck)1-Not ther Enclosed Cargo Area John Principoles (Airbert Principoles Cargo Area John Principoles Cargo Area John Principoles (Indeed Principoles (In	AG DEPLOYED RE Applicable 1-N Deployed 2-N loyed - Front 3-S loyed - Other 3-I loyed - Other 3-I loyed - Other 3-I loyed - 7-C ination 8-C loyment - Curtain 9-C 10-1	STRAINT S lot Applicatione Used shoulder and shoulder Be ap Belt Onlivestraint Use child Restra child Restra child Restra Booster Se	SYSTEM ble - Motor V d Lap Be It Only U: y Used ed - Othe int - Forv int - Real int - User	ehicle C It Used sed er vard Fac Facing d Incom	IN. 1-4 Decupant 2-E 3-E 4-E 5-C 6-S cing 7-E 3 8-4 ectly 9-C	URY TYP mputation leeding roken Bo urns concussio hock dizziness brasion/E complaint	E III 1 2 2 2 3 4 4 5 6 7 7 1 5 6 7 1 5 6 7 7 1 5 6 7 1 5 6 7 7 1 5 6 7 1 5 7 1 5 6 7 1 5	NJURY A -Face -Head -Neck -Back -Arm(s) -Leg(s) -Chest Si -Internal -Entire Be	REA tomach ody	INJURY 1-Fatal 2-Incap 3-NonIn 4-Possi 5-No In INJURY 1-Office 2-Indivi 3-Medic	DEGRE acitating acapacitat ble Injury jury INFO So or Observ dual State cal, Parar ation	ting OUR atior emer
00		D	321 D	eat Air	r Bag Eject	Restrai	nt Helmet	Injury Degree	Injury	Injury	Inj Info	Ar
		Row	Ot	ner Dep			1	5	7,20		2	
	-	-	-	-		1					3	
	01/14/91			+							-	
				+			-		-			
	1			1		1		1	1	1		1
							-					-
	Insurance Company HAZMAT Placa No	Insurance Company Name HAZMAT Placarded ?	Insurance Company Name Xephicle 2004 GVWF Company Compa	Insurance Company Name Vehicle Year 2004	Insurance Company Name X	Insurance Company Name Vehicle Year 2004 2 - Beig GWR or GCWR < 10,000 lbs.	Insurance Company Name	Insurance Company Name	Insurance Company Name	Insurance Company Name	Insurance Company Name Vehicle Year 2004 2 - Beige	Insurance Company Name Nehicle Year 2004 2- Beige 2- Be

Unit		VIN		Licens	e Plate	State					UNI	1 1	Δ
	2	JHMGE8H29/		*		ME	1 - Passe						
	No Insurance NAIC	lnsur *	ance Company	/ Name			lnsur *	ance Polic	y Number				
) Vehicle Make				Vehicle	Year	(U3) Ve	hicle Colo	r			-	
-	- HONDA Vehicle Configuration				2010		4 - Blu	е					_
(04)	venicle Configuration					or GCV 10,000 I		10,001 -	26,000 lbs	s. F	> than 2	6,00	0 1
Veh	icle Has 9 or More Seat		HAZMAT Plaça				Direction	✓ Northb			_ Southbou		
(1)5)	Special Function Vehic	es No		Yes No	1-	astbound	lWes hicle Respo	bound		Roadw	vay	Unk	nc
	No Special Function	,iu		Exempt Vehic	le Lineig	ency ve	nicie Respo	iding to St	ene ?	TY	es [No	
Exte	ent of Damage No	Damage Obser	ved N	finor Damage	~	Function	nal Damage	, [Towed [Due to D	Disabling	Dam	ac
(U6)	Most Damaged Area				(U7) M	ost Harn	nful Event						_
-	Rear												
	Pre Crash Actions Stopped in traffic				(U9) Co		ng Circumsta	inces - Ve	hícle				
) Sequence of Events						e of Events	2					_
11140	1) Coguenes of Every												
U 10) Sequence of Events 3	5			(U10) S	equenc	e of Events	1					
V		Pedestrian	License Numb	er Active			Permit State		e Class	Endorse	ements	Restr	ic
)BII	Last Known Opera /ER Last Name		st Name			Susper		С		0	011		
k	LIC LUST NAME	FII	or maille	N	* ME*	R Addre	55		City		State	Z	Zip
Citat	ion Number Pending				Violatio	n 1			Violation 2	2			_
AWC	VER Last Name (skip if	same as Driver	First Name	MI	OWNE	R Addre	20		City		State	Zi	_
k			. not riallo	1411	* ME*	. Addie			Oity		State	ا ل	h
D1)	Driver Distracted By						at Time of C	ash					
D3)	Driver Actions at Time	of Crash 1					y Normal ons at Time	of Crash 2					_
										-	1		
	nol Test Test Breath Urine		Test Refused	Blood Field Sobriety or PE		hol Test	Result Pen	ding Al	cohol BAC	Result	t		
	TestTest	Not Given	Test Refused		_	est Resu	lt 🗆 -	ositive	Massi	то г	7p*		-
וואם	Urine Non Motorist Location a	Other		-	(DE) 11	- Na			Negati	ve [Pendir	ig ———	
U4)	INOTE INDICATION &	it time of Crash			(D5) No	n Motor	ist Action Pr	or to Cras	n				
D6) I	Non Motorist Action at ⁻	Time of Crash 1			(D6) No	n Motor	ist Action at	Time of Cr	ash 2				_
D71 I	Pedestrian Maneuvers				(D9) B:-	volict RA	200111022						
- 1							aneuvers						
	PERSON TYPE 1-Driver,										Operator/C	wner	
1-Fror	ROW SEAT POSITION ont Row 1-Left (driver)	SEAT POSITION Of 1-Sleeper Section of	Cab (truck)1-Not A	pplicable _{1-N}	STRAINT SY: ot Applicable		1-A	JRY TYPE mputation	INJURY /	AREA	INJURY DE 1-Fatal		Ξ
3-Thir	ond Row 2-Middle d Row 3-Right rth Row 4-Other	2-Other Enclosed Carg 3- Unenclosed Carg 4-Trailing Unit	o Ārea 3-Deplo	yed - Front 3-8	houlder and L	ap Belt Us		oken Bones	2-Head 3-Neck		2-Incapacit 3-NonIncap	acitati	ng
5-Othe	er Row 5-Unknown	5-Riding on Motor V (non-trailing unit)	ehicle Ext 5-Deplo	yed - Other 5-L	houlder Belt (ap Belt Only (Jsed	5-C	urns oncussion nock	4-Back 5-Arm(s) 6-Leg(s)		4-Possible 5-No Injury	injury	
EJEC		6- Unknown	6-Deplo Combin	yed - 7-C	estraint Used hild Restraint hild Restraint	- Forward	Facing 7-D	iock zziness orasion/Bruise	7-Chest S		INJURY IN 1-Officer O		
1-Not 2-Ejec	Ejected 1-DOT-Composed Partially 2-Other Help	liant Motorcycle Helr	net 7-Deplo	yment - Curtain 9-C	hild Restraint Booster Seat	- Used Inc	orrectly 9-C	omplaint of Pa Other		Body	2-Individual 3-Medical,	State	me
3-Ejec	cted Totally 3-No Helmet				Child Restrai	nt - Other					Observation	1	
erson	Include Driver, Passengers, B	icyclist, and Pedestri	Sex	DOB	Seat Seat	Seat	Air Bag Deployed Ejecte	Restraint He	lmet Injury	AMB (Injury Inj	Info	Sh
Гуре	Last Name, First Name, Mi		(M,F,U)		Pos Pos Row	Pos Other	Deployed Ejecte	System t	Jse Degree	Туре		urce	Ć
6	*		F	02/24/44	1 1		1	3	5			2	
2	*		F	09/17/85	1 3		1	3	5			2	
				33/11/63	- 3			,	3			-	
17												1	

2010-21733C

STATE OF MAINE CRASH REPORT

FIRST PAGE

City or Town	SP10-0730	ber 93	Crash Da 10/5/20		Crash Time 19:02	At Scene Da 10/5/201		Scene Tim	IE
Gray		eet or Highway RTE 26			Nearest Inters			Off	Roa
	t Intersection to Crash Site	e Distanc		✓ Miles	Latitude		Longitude		
Node 1 17097	Node 2	Measurement No	\$40.	J [nknown [/A	Not Poste Not Poste	
(F1) Type of Crash 2 - Rear End / Sidesv	wine			Type of Lo	cation Intersection				
F3) Weather Condition	wipe		(F4)	Light Con-	dition				
1 - Clear (F5) Road Grade				Dark - Lig	jhted face Condition				_
(F5) Road Grade 1 - Level			1 -		ace condition				
(F7) Traffic Control Devi			Traf	fic Control	Device Operation	nal (pre-crash)? Yes	No	Unk	
(F8) Location of First Ha			Tota	I Damage	over Threshold?	√Yes	∏No		
(F9) Contributing Circum	nstances - Environment 1		(F9)	Contributi	ng Circumstance	es - Environment	2		
(F10) Contributing Circuit	mstances - Road 1		(F10) Contribu	ting Circumstand	ces -Road 2			
n or Near a Construction	n, Maintenance, or Utility \	Work Zone? ✓ No	Wor	k Zone Wo	orkers Present?	☐Yes ☐	No	Unk	
(F11) Location of the Cra	ash related to Work Zone	<u> </u>		?) Type of '	Work Zone				
_aw Enforcement Prese		t Vahiala Only	No Sch	ool Bus Re	elated?	Yes, Indirectly	Involved	□No	
					\$R 26		NOT TO SE	4	
	First			ress		City	Stat	te	
Witness Last Name	First			ress	SR 26	City	Stal Sta	te de	Zip
Witness Last Name Non Vehicle Property Da	First		MI Add	ress		City City City or To	Star Star wn Ut	te te ilities F	Zip
Witness Last Name Non Vehicle Property Da	First		MI Add		SR 26	City City City or Tot	Stal Stal wn Ut	te littes F	Zip
Witness Last Name Witness Last Name Non Vehicle Property Da Property Owner Name Non Vehicle Property Da	First amage Description		MI Add	ress	SR 26	City City or To	Stal Stal wn Ut	te lilities F	Zip Zip Zip Zip Zip
Witness Last Name Non Vehicle Property Da Property Owner Name	First amage Description		MI Add	ress	SR 26	City City City or Tot	Stal Stal wn Ut	te ilities F te	Zip Priva Zip

Last Modified: 10/9/2010 21:13

Unit ID	VIN		litaria	o D1-	- kn	C4-4-	/[145	Unit Tv	10 D					NIT F	Δ
	1G8ZK5276SZ1559		Licens *	se Pla	ite	State ME	, ,	assen		ar					
No Insurance NAIC	insurance Co	ompany	/ Name					Insurai *	nce Po	licy Nu	mber				
(U2) Vehicle Make					ehicle	Year		3) Veh							
62 - SATURN (U4)Vehicle Configuration					995 WR (or GCV		- Grey	, Silve	er					
Vehicle Has 9 or More Seats	; HAZMA	T Dlagg				0,000 1				- 26,0			_1	n 26,00	00 J
Ye	s No	Placa	Yes No	V		i ravei stbouni	Direction [on Westb		thboun		Roadv	Southb vay	ound Unl	kno
U5) Special Function Vehicl 1 - No Special Function	е		Exempt Vehic	cle E	mergei	ncy Ve	hicle R	espon	ding to	Scene	?	Пү	es	ΠNo	
Evtent of Damage	Damage Observed		linor Damage		П	Functi	onal Da	made		Пто	wed [Oue to I			าลต
U6) Most Damaged Area				(L			nful Ev							.5	
L - Front Passenger Corr U8) Pre Crash Actions	ier			- (1	,		0:								
5 - Making left turn					- Non		ng Circ	umstar	ices -	venicie	1				
U10) Sequence of Events 1				(U	J10) Se	equenc	e of Ev	ents 2							
U10) Sequence of Events 3				(U	J10) Se	equenc	e of Ev	ents 4							
✓ Driver Bicycle	Pedestrian License	Numb	er Active	□ No	o Licer	nse	Permit	State	Lice	ense C	lass T	Endors	ements	Rest	rict
Last Known Operation						Suspe	nded	ME	С			0		0	
KIVER Last Name	First Name	3	,		ME*	Addre	ess			Cit	:y		Sta	ate 4	Zip
Citation Number Pending				Vi	olation	1				Viol	ation :	2			
WNER Last Name (skip if s	ame as Driver) First N	ame	MI		WNER	Addre	ss			City			Sta	te Z	Zip
D1) Driver Distracted By				_	ME*	ndition	at Time	e of Cra	ash						
				1	- App	arent	y Nor	mal							
03) Driver Actions at Time o	f Crash 1			1,			ons at			h 2					
Icohol Test Test	Not Given Test F	efused			Alcoh	ol Tes	Resul	t Pendi	ng	Alcoho	ol BAC	Resul	t		
rug TestTest	Not Given Test F	Refused		_	rug Tes	st Resi	ılt	□Po	citivo		Vegati	vo [Pen	dina	
Urine O4) Non Motorist Location at	Other Time of Crash			(D	15) Non	Mato:	rist Acti				Togati	ve [
					,										
06) Non Motorist Action at T	ime of Crash 1			(D	6) Non	Motor	ist Acti	on at T	ime of	Crash	2				
07) Pedestrian Maneuvers				(D	8) Bicy	clist M	laneuv	ers							
PERSON TYPE 1-Driver, 2	2-Passenger, 3-Pedestria	n, 6-Driv	er/Owner, 7-Bicy	cle, 8-	-Passen	nger/Ow	ner, 24-	Last Kn	own Op	erator 2	25-Last	Known	Operato	or/Owne	г
I-Front Row 1-Left (driver)	SEAT POSITION OTHER 1-Sleeper Section of Cab (true	k)1-Not A	pplicable 1-	Not App	INT SYS			1-Am	RY TYPI	1	NJURY . -Face	AREA	1-Fatal		
3-Third Row 3-Right	2-Other Enclosed Cargo Area 3- Unenclosed Cargo Area 4-Trailing Unit	3-Deplo	yed - Front 3-	Shoulde	Jsed - Mo er and La er Belt O	ap Bell U		ant 2-Bie 3-Bro 4-Bu	ken Bon	es 3	-Head -Neck -Back		3-NonIr	acitating ncapacita ible Injury	ting
5-Other Row 5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deplo	yed - Other 5-	Lap Bel	It Only Us nt Used -	sed			ncussion	5	-Arm(s) -Leg(s)		5-No In		,
EJECTED HELMET LISE	6- Unknown	6-Deplo	yed - 7-i ation 8-i	Child R	estraint - estraint -	Forward			ziness rasion/Br	7		Stomach I		/ INFO S	
-Not Ejected 1-DOT-Complete Partially 2-Other Helmon	iant Motorcycle Helmet	7-Deplo	ہ-و yment - Curtain 10	Child Ro -Booste	estraint - er Seat	Used In		9-Co 10-O		f Pain 9 1	-Entire f 0-Other		3-Medic	dual Stat cal, Parar	
3-No Helmet			11	-Child	Restrain	t - Other						ΔMR	Observ	ation - see cod	lo ch
Include Driver, Passengers, Bi	cyclist, and Pedestrians	Sex (M,F,U	, DOB	Seat Pos	Seat	Seat Pos	Air Bag			t Helmet		Injury	Injury	Inj Info	Α
Last Name, First Name, Mi				Row	Pos	Other	Deployed		System	Use	Degree	Туре	Area	Source	C
6 *		М	05/18/63	1	1			1	3		5			2	
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									1						
										7					

SP10		ımber '3093					ST	ΑΤΙ	E C)F MAI	NE									UN	IIT P	٩G
Unit ID		□ні	it Ru	n?	VIN 5NMS	G73D	17H06	5476		Licen *	se Plati	9	State ME	(U1) L 1 - Pa	sseng	jer Ca						
No	Ins	uranc	e	VAIC		lns *	urance	Compa	any N	lame				k	suran	ce Poli	cy Nun	nber				
(U2) V												hicle Y	ear	,) Vehic		or					
27 - F				ratio	n		_					07 /WR o	r GCW		Gree	1						
(04)	Grac	, G 00	mge	aradio.]< 10	,000 lb	s.			- 26,00				26,000	lbs
Vehicle					Yes	No	HAZN	IAT Pla		∕es No		East	bound	Directio	Vestbo	und		ot on R		outhbo ay [ound Unkr	now
(U5) S 1 - No										Exempt Veh	icle En	nergen	cy ver	licie Re	spona	ing to .	scene	f 	∐Y€	es [No	
Extent	t of	Dama	ge		No Dama	ge Ob	served	V	/ Min	or Damage		F	unctio	nal Da	nage		Tov	ved Du	e to D	isablin	g Dama	age
(U6) N	/lost	Dam	age								(U	7) Mos	t Harm	ıful Eve	nt							
7 - Re	еаг	Drive	er S	ide																		_
(U8) P					r						,	9) Con - Non e		ng Circu	ımstan	ces - \	enicie					
(U10)											(U	10) Se	quence	e of Ev	ents 2							
(U10)	Spo	MANC	a of	Even	te 3	-					(1)	10) Se	quence	e of Ev	ents 4	_						
(210)	Jel				0											r-					-	
VD			icyc		Pedes erator	trian	Lice:	nse Nu	ımbeı	✓ Active	≥ Nc	Licen	se [] F Susper	Permit	State ME	Lice	nse Cla	ass E	ndorse	ments	Restr	ictio
DRIVE	_				statoi		First Na	me			MI DF	RIVER		-			City	/		Sta	te Z	ip
* Citatio	n A	lumba		Pend	lina			_	_			ME*	1				Viola	ation 2	_			_
											VIC	nation					I VION	20011 2				
*					o if same a	as Driv	er) Firs	t Name)	MI	*	VNER ME*					City			Stat	ie Zi	p
(D1) D	rive	er Dist	ract	ed By										at Time y Nor ı		sh						
(D3) D	rive	er Acti	ons	at Tir	ne of Cras	sh 1								ons at		f Crasl	1 2					
Alcoho	al T.	201			est Not G	Ni sana	Пт.,	st Refu		Blo	od			_		-	Alcoho	LBAC	Result			_
	rea			Urine						ield Sobriety or	PBT)			Result	Pendi	ng	, lioune					
Drug T	Гest			Urine	est Not G	Siven Other	Tes	st Refu	sed	Blo	od Dr	ug Tes	t Resu	ılt	Po	sitive		legativ	е [Pen	ding	
(D4) N	lon	Motor			on at Time		ash				(D:	5) Non	Motor	ist Acti	on Prio	r to Cr	ash					
(Devis)		11-1	1 - 4 - A	- 11	- 1 Ti	6.0	L 4				(D)	2) Non	Matar	ist Acti	on at T	imo of	Crach	2				_
(D6) N	ion	Motor	IST A	ction	at Time o	or Cras	n 1				(0)	o) NON	MOTOL	IST ACT	Jiali	iiile oi	Clasii	2				
(D7) P	ede	estrian	Ma	neuv	ers						(D	8) Bicy	clist M	laneuv	ers							
	PEF	SON	ΓΥΡΕ	1-Dri	ver, 2-Pas	senger,	3-Pedes	trian, 6-	Drive	r/Owner, 7-Bi	cycle, 8-	Passen	ger/Ow	ner, 24-	Last Kn	own Op	erator 2	5-Last I	Known	Operato	r/Owne	г
SEAT F	ROW	/ SI	EAT F	OSITIO	ON SEAT	POSITIO	N OTHER	All	RBAG	DEPLOYED	RESTRA	NT SYS			INJU	RY TYP	E 11	NJURY A -Face			/ DEGRE	
2-Seco 3-Third	nd R	low 2-	Middl Right	e '	2-Other	r Enclos	ed Cargo A Cargo Are	Area 2-1	Not De Deploy	ployed ed - Front	2-None U 3-Shoulde	sed - Mo	tor Vehice p Belt U	cle Occup	3-Bro	ken Bor	es 3	-Head -Neck		3-Nonli	acitating ncapacita	
4-Fourt 5-Other	th Ro	w 4-	Other Unkn		4-Traili 5-Ridin	ng Unit g on Mo	tor Vehicle	4-I Ext 5-I	Deploy	ed - Other	4-Shoulde 5-Lap Bel	t Only Us	sed	F	4-Bu 5-Co 6-Sh	ncussior	5	-Back -Arm(s)		4-Poss 5-No In	ible Injury jury	
6-Unkn					6- Unki	ailing un nown	it)	6-1	nee, air Deploy ombina	ed -	6- Restrai 7-Child R 8-Child R	estraint -	Forward		7-Diz	ziness rasion/B	7	-Leg(s) -Chest S -Internal	tomach		/ INFO S er Observ	
1-Not E 2-Eject	Ejecte		1	-DOT-	T USE Compliant Mo Helmet	otorcycle	Helmet			ment - Curtain	9-Child R 10-Boost	estraint -	Used In	correctly		mplaint o	f Pain 9		ody	2-Indivi 3-Medi	dual Stat cal, Parar	eme
3-Eject				3-No He							11-Child	Restrain	t - Other						AMB	Observ	ation - see cod	e st
reisuii	Inclu	ıde Driv	er, Pa	asseng	ers, Bicyclist,	and Pe	destrians		Sex	DOB	Seat Pos	Seat	Seat	Air Bag Deployed	Ejected	Restrair	t Helmet	Injury	Injury	Injury	Inj Info	Α
Type	Last	Name,	First	Name.	MI			(/	1,F,U)		Row	Pos	Other	Берюуе		Jones	Use	1	Туре	Area	Source	Co
6	*								F	10/01/65	1	1			1	3		5			2	
			_					-														
														†								
					ublic Safe						Page							. 40.5	04.5		Januai	

2010-28665C

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agence ME0030000	У	Report Num 10-033505			Crash Date 12/8/2010		ash Time 9:40	At Scen 12/8/2		At Sce 19:43	ne Time
City or Town Gray			eet or Highw BBY HILL F			1	learest Intersec	ting Street			Off Roa
	Nearest Intersection	n to Crash Site			From Nearest Inter ☐ Feet ✓ Mile	- 1	atitude		Longitud	le	
Node 1 17097	Node 2		Measurem	nent Node			Posted Speed		Unknown		t Posted 2
(F1) Type of Cras	o sh		17097		(F2) Type of		relies 15	Lour L	N/A	No	t Posted 4
2 - Rear End /	Sideswipe				4 - Four Le	j Int	ersection				
F3) Weather Cor 1 - Clear	ndition				(F4) Light Co 4 - Dark - L						
F5) Road Grade					(F6) Road Su						
l - Level					1 - Dry						
F7) Traffic Control I - Traffic Sign	ol Device als (Stop & Go)				Traffic Contro	ol Dev	ice Operationa	/ (pre-cras	h)? □No	Пυ	nk
	First Harmful Event				Total Damag	e ove	r Threshold?	✓Ye			
F9) Contributing	Circumstances - Er	vironment 1			(F9) Contribu	ting (Dircumstances	_		No	
F10) Contributing	g Circumstances - F	Road 1			(F10) Contrib	uting	Circumstances	-Road 2			
or Near a Cons	struction, Maintenar				Work Zone W	/orke	rs Present?	¬.,			
11) Location of	the Crash related to	Yes Work Zone	√ No	Un	(F12) Type of	Wor	k Zone	Yes	No	U	nk
	Present at Work Zo				School Bus R						
Unicer	Present Law	Enforcement	Vehicle On	lyN	o Yes, Dire	ectly I	Involved Y	es, Indirec	tly Involved	ı 📙	No
						_	NOT TO	SCALE		9	
						-		n)] [v		_	
						_	斯·森·默	V		-	
Vitness Last Nam	ne	First		MI	Address	-	Cit	у	St	tate	Zip
/itness Last Nam	e	First		MI	Address		Cit	у	Si	tate	Zip
on Vehicle Prope	erty Damage Descri	ption					State	City or	Town 🔲 l	Jtilities	Private
roperty Owner Na	ame				Address		Cit	у	St	tate	Zip
on Vehicle Prope	erty Damage Descri	ption					State	City or	Fown []	Jtilities	Private
roperty Owner Na	ame				Address		Cit	у	St	ate	Zip
eporting Officer		l _E	Badge#	Report I	Tate In-	nrov	ed By		14.5	proved	Date
eputy Hawes			. 54	12/8/2		jt. H				12/8/20	
	t of Public Safety				Page 1			Form			anuary 201

Last Modified: 12/8/2010 20:41

10-0	335						ST	ATE	OF MAII										UN	IIT P	AG
Unit II 1		Пн	it Run?		VIN 1G8ZG5	5280°	YZ236	460	Licens *	e Plat	te	State ME		Unit Typ assen		ır					
No	o Ins	uranc	e NA	IC.		Insu *	ırance (Compan	/ Name					Insurar *	ice Pol	icy Nu	mber				
		cle Ma									ehicle \	Year		l3) Vehi - Gree		lor					
_	_	URN de Co	nfigura	ation						G'	VWR c	or GCW	/R						l. n	00.00	- II-
Vahio	ΙΔ H	26 9 (or More	Seat	e ?		Тналм	AT Placa	irded ?	_		0,000 lb Travel				- 26,00 hboun			j> than Southbo	26,000	טו נ
				Y	es 🔲 N	No	11, 02111		Yes No		Eas	tbound		Westb	bnuc		lot on F			Unk	Non
			inction I Fun		le				Exempt Vehic	le Er	merger	ncy Vel	nicle F	lespond	ling to	Scene	?	Y	es	No	
	_	Dama			Damage	e Obs	erved		/linor Damage			Functio	nal D	amage		√ To	wed Du	ie to D	isablin	g Dam	age
			aged A	\rea						(U	J7) Mos	st Harn	nful Ev	ent							
12 - I			Action	ıs						(U	19) Cor	ntributir	na Ciro	umstar	ces - \	/ehicle			-		_
11 - 9	Stop	pped	in tra	ffic						1	- Non	e									
(U10)	Sec	uence	e of Ev	ents '						(U	110) Se	equenc	e of E	vents 2							
(U10)	Sec	quenc	e of Ev	ents 3	,					(U	110) Se	equenc	e of E	vents 4							
V	Drive		Sicycle (nown (Pedestri tor	ian 📗	Licen	ise Num	per 🗸 Active			Susper	nded	State ME	Lice	nse Cl	0			Restr 0	
DRIVI	ER L	_ast N	lame			F	First Na	me	V		RIVER ME*	Addre	SS			Cit	У		Sta	te Z	ip.
Citatio	on N	lumbe	r Pe	ending						_	olation	1				Viol	ation 2				
OWNI	ER l	_ast N	lame (:	skip if	same as	Drive	эг) First	Name	MI		WNER	Addre	SS			City			Sta	e Z	ip
(D1) E	Drive	er Dist	tracted	Ву						(D	(2) Cor			e of Cra	sh						
(D3) E	Drive	er Acti	ons at	Time	of Crash	1						arentl /er Acti		Time o	f Cras	12					
Alcoh															-	Alcoh	ol BAC	Posul			_
	Breat		U	rine		ther C		t Refuse Il Test (N	d Bloo of Field Sobriety or P	BT)	1			lt Pendi	ng	ricon	31 0/10	10301			
Drug '	Test			Tes	t Not Giv	en ther	Tes	t Refuse	d Bloo	d Dr	rug Te	st Resu	ult	Po	sitive		Vegativ	e [Pen	ding	
(D4) N	Von	Motor			at Time c		sh			(D	5) Nor	1 Motor	ist Ac	tion Pric	r to Ci	ash					
(D6) N	Von	Motor	ist Act	ion at	Time of 0	Crash	1			(D	6) Nor	n Motor	ist Ac	tion at T	ime of	Crash	2				-
(DZ) E	Dodo	otrion	n Mane	III/Ore						(D	18) Bics	vclist M	laneu	/Arc							
										L.											
SEAT			TYPE 1: EAT POS		, 2-Passer SEAT PO	_			ver/Owner, 7-Bicy		-Passer		ner, 24		own O; RY TYP		25-Last I NJURY A			r/Owne / DEGRE	
1-From 2-Seco	nt Row ond R	v 1- Row 2-	Left (driv Middle		1-Sleeper 2-Other E	r Section	n of Cab (i d Cargo Ai		Deployed 2-	None L	plicable Jsed - M	otor Vehi	cle Occi	pant 2-Ble	nputation eding oken Bor	2	I-Face 2-Head		1-Fatal 2-Incap	acitating ncapacita	·
3-Third 4-Four 5-Othe	rth Ro	w 4-	-Right -Other -Unknowr		3- Unenclo 4-Trailing 5-Riding of	Unit		4-Dep	loyed - Side 4.	Should		ap Belt U Inly Used Ised		4-Bu		4	3-Neck 1-Back 5-Arm(s)			ble Injury	
6-Unki			OTIKTIOWI		(non-trailir 6- Unknov	ing unit)		(knee 6-Dep	air belt,) 6- loyed - 7-	Restrai	int Used	- Other - Forward	f Facing		ziness	6	6-Leg(s) 7-Chest S	tomach		/ INFO S	
1-Not I	Ejecte		1-D		pliant Moto	orcycle I	Helmet		loyment - Curtain 9.	Child R		- Rear Fa - Used In			mplaint o	of Pain 9	3-Internal 3-Entire B 10-Other	ody	2-Indivi	er Observ dual Stat cal, Parar	eme
3-Ejec		artially otally		ther Hel o Helme								nt - Other						ALAD	Observ	ation	
Person	Inclu	ıde Driv	er, Pass	engers,	Bicyclist, an	nd Pede	estrians	Sex		Seat Pos	Seat	Seat Pos	Air Ba	Ejected	Restrair	nt Helmet	Injury	Injury	Injury	Inj Info	Ar
Туре		Name,	First Na	me, Mi				(M,F,	U)	Row	Pos	Other	Deploy		1	use		Туре	Area	Source	Co
6	*							М	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	
				-		-		117													
		n a wife	ont of	Dubl	c Safety				4	Page	1	1					m 13:2	04.5	<u>. </u>		

10-033505	IVIN	SIAIE	OF MAIN			(U1) Unit T				UNIT F	PΑ
2 Hit Run	1J8FF28W2		*	: riale	ME	2 - (Sport) Utility V				
No insurance NA	1C Inst	urance Company	Name			Insura *	nce Policy	Number			
(U2) Vehicle Make 33 - JEEP				Vehicle	Year		nicle Color				
33 - JEEP (U4)Vehicle Configura	tion				or GCW	10 - Re	<u>a</u>				_
				< ^	10,000 lb	S	10,001 - 2		>	than 26,00	00 Jt
Vehicle Has 9 or More	Yes No	HAZMAT Placar	Yes No	Ea	stbound	West	4-	Not on F		uthbound / Unl	no
(U5) Special Function 1 - No Special Func			Exempt Vehicl	e Emerge	ency Ver	nicle Respon	ding to Sce	ene ?	Yes	No	
Extent of Damage	No Damage Obs	erved ✓M	inor Damage]Functio	nal Damage		Towed Du	ue to Dis	abling Dan	ıag
U6) Most Damaged A				(U7) Mo	ost Harm	ıful Event					
5 - Rear PassengerU8) Pre Crash Action				(110) Ca	ntributin	g Circumsta	none Vah	iolo			_
L1 - Stopped in tra				1 - No		y Circumsta	ilces - veii	icie			
U10) Sequence of Ev	ents 1			(U10) S	equence	e of Events 2					
(U10) Sequence of Ev	ents 3			(U10) S	equence	e of Events 4					
Mar. Table 1		1 [01			
✓ Driver Bicycle Last Known	Pedestrían Dperator	License Numb	er Active	No Lice	nse F Suspen	Permit State ded ME	License	Class E	ndorsem	nents Rest	rict
ORIVER Last Name	F	First Name	М	DRIVEI	R Addres	SS		City		State	Zip
Citation Number Pe	nding			Violatio	n 1			√iolation 2			
DWNER Last Name (s	kip if same as Drive	er) First Name	MI		R Addres	SS .		City		State Z	ip.
D1) Driver Distracted	Ву					at Time of Cr	ash			_	
D3) Driver Actions at	Time of Crash 1					y Normal ons at Time	of Crash 2				_
e o , e mon y tottomo de	Time of Oracit 1			(00) 011	Ver Activ	ons at time	or Crash 2				
		Test Refused hemical Test (Not	Blood Field Sobriety or P8	T)		Result Pend	ing Alc	ohol BAC	Result		
Orug Test ☐ ☐ Ur	Test Not Given	Test Refused	Blood	Drug Te	est Resu	lt Po	sitive [Negativ	e 🗌	Pending	
D4) Non Motorist Loca	ation at Time of Cras	sh		(D5) No	n Motori	st Action Pri	or to Crash				
D6) Non Motorist Acti	on at Time of Crash	1		(D6) No	n Matari	st Action at	Time of Cra	ash 2			_
D7) Pedestrìan Manei	ivers			(D8) Bio	yclist Ma	aneuvers					
PERSON TYPE 1-	Oriver, 2-Passenger, 3	-Pedestrian, 6-Drive	er/Owner, 7-Bicyc	le, 8-Passe	nger/Owr	ner, 24-Last K	nown Opera	tor 25-Last k	Known Op	perator/Owne	r
SEAT ROW SEAT POS 1-Front Row 1-Left (drive	TION SEAT POSITION r) 1-Sleeper Section	OTHER AIRBAG of Cab (truck)1-Not A	DEPLOYED RES	STRAINT SY ot Applicable			JRY TYPE nputation	INJURY A 1-Face		NJURY DEGRE -Fatal	E
2-Second Row 2-Middle 3-Third Row 3-Right	2-Other Enclosed 3- Unenclosed Ca	l Cargo Area 2-Not Da argo Area 3-Deplo	eployed 2-N yed - Front 3-S	one Used - N houlder and I			oken Bones	2-Head 3-Neck	3	 Incapacitating NonIncapacita 	iting
4-Fourth Row 4-Other 5-Other Row 5-Unknown	4-Trailing Unit 5-Riding on Motor	r Vehicle Ext 5-Deplo	yed - Other 5-La	noulder Belt only	Jsed	5-C	urns oncussion	4-Back 5-Arm(s)		-Possible Injun -No Injury	/
6-Unknown	(non-trailing unit) 6- Unknown	6-Deplo	yed - 7-C	estraint Used hild Restraint	- Forward	Facing 7-D	nock zziness	6-Leg(s) 7-Chest St		NJURY INFO S	
1-Not Ejected 1-DC	/IET USE T-Compliant Motorcycle H	Combinated Topics Combinated T	yment - Curtain 9-C	hild Restraint hild Restraint	- Used Inc	orrectly 9-C	orasion/Bruise omplaint of Pa Other	in 9-Entire Bo	ody 2	-Officer Observ -Individual Stat	eme
O Classed Tatally	er Helmet Helmet			Booster Seat Child Restrai		10-0	outer	10-Other		-Medical, Para Observation	nea
erson Include Driver, Passe	ngers, Bicyclist, and Pede	strians Sex		Seat Seal	Seat	Ai- Don	Do atraint Lie			DES - see coo	
Type Last Name, First Nar		(M,F,U)	DOB	Pos Pos Row	Pos Other	Air Bag Deployed Ejecte	System U	se Degree		njury Inj Info Area Source	C
6 *		F	10/17/75	1 1		1	3	5		2	
2 *		F	04/16/95	1 3		1	3	5		2	
					+						
laine Department of	Public Safety		Pa	age 3	1		F	orm 13:20	A Revis	sed Januar	v 2

2011-2692C

STATE OF MAINE CRASH REPORT

FIRST PAGE

MEMSPOBOO City or Town	Report Number SP11-009096		sh Date 4/2011	Crash Time 21:25	At Scene Date 2/4/2011	At Scer 21:25	
Gray	Street or High			Nearest Interse	ecting Street		Off Roa
Direction FROM Nearest Int	tersection to Crash Site	_	m Nearest Inter Feet ☑ Mile		Lon	gitude	
	lode 2 Measure	ement Node	Distance to S	cene Posted Spec	and the same of th		t Posted 2 t Posted 4
F1) Type of Crash 2 - Rear End / Sideswip	oe .		(F2) Type of 4 - Four Le	Location g Intersection			
F3) Weather Condition			(F4) Light Co	ndition			
L - Clear F5) Road Grade			4 - Dark - L	urface Condition			
l - Level			1 - Dry				
F7) Traffic Control Device L - Traffic Signals (Stop	. & Go)		Traffic Contro	ol Device Operation	nal (pre-crash)? Yes N	o Du	nk
F8) Location of First Harmf	-		Total Damag	e over Threshold?	✓Yes	No	
F9) Contributing Circumsta	ances - Environment 1		(F9) Contribu	uting Circumstance			
F10) Contributing Circumst	tances - Road 1		(F10) Contrib	outing Circumstance	es -Road 2		
n or Near a Construction, N	Maintenance, or Utility Work Zone	e?	Work Zone V	Vorkers Present?	Yes N	lo UI	nk
F11) Location of the Crash		□ OHK	(F12) Type o	f Work Zone			
aw Enforcement Present a	at Work Zone?	Only No	School Bus F		Yes, Indirectly Invo	olved \Box	No
				Ť	Toute:		
				Unit i	Unit 2 Libby Hil Road		
Vítness Last Name	First	MI	Address	· · · · ·			Zip
	First First	MI MI	Address		Libby Hill Road		Zip
Vitness Last Name	First				Libby Hil Road	State	Zip
Vitness Last Name Jon Vehicle Property Dama	First			State	Libby Hil Road City	State	Zip
Vitness Last Name Non Vehicle Property Dama Property Owner Name	First age Description		Address	State	City City Or Town	State State Utilities	Zip Privat
Witness Last Name Witness Last Name Non Vehicle Property Dama Property Owner Name Non Vehicle Property Dama	First age Description		Address	State	City City or Town City	State State Utilities State	Zip Privat

Last Modified: 2/9/2011 20:40

SP11-009096	SIAIE	OF MAIN							UI	VIT F	2 <u>A</u> (
	IGKET16S636110911	Licens	e Plate		J1) Unit Ty : - (Sport)		y Vehicle				
No Insurance NAIC	Insurance Compar	ny Name			insura *	nce Poli	icy Number	ſ			
(U2) Vehicle Make	, U		Vehicle	e Year	(U3) Veh		lor				
23 - GMC (U4)Vehicle Configuration			2003 GVWF	or GCWR	14 - Wh	ite					_
Vehicle Has 9 or More Seats	? HAZMAT Plac	andod 2		10,000 lbs. Travel Dir			- 26,000 lb:			26,00)0 It
Yes	s No [Yes No	□E	astbound	West	ound	hbound Not or		Southb vay	ouna Dunk	knov
U5) Special Function Vehicle 1 - No Special Function	3	Exempt Vehic	le Emerg	ency Vehic	le Respon	ding to S	Scene?	П	'es	No	
Extent of Damage No [Damage Observed	Minor Damage	v	/ Functiona	l Damage		Towed	Due to [Disablir	ng Dam	nag
U6) Most Damaged Area			(U7) M	ost Harmfu	l Event					=	
L2 - Front U8) Pre Crash Actions			(U9) C	ontributing (Circumsta	nces - V	/ehicle				
L - Following roadway			1 - No	ne			3,11010				
U10) Sequence of Events 1			(U10) S	Sequence o	f Events 2						
U10) Sequence of Events 3			(U10) S	Sequence o	f Events 4						
Driver Bicycle F	Pedestrian License Num	ber Active	No Lic	ense Per Suspende		Lice	nse Class	Endors	ements	Rest	ricti
DRIVER Last Name	First Name	N		R Address	- I-IE		City	lo .	Sta	1	Zip
Citation Number Pending			* ME*				Violation	2			
WNER Last Name (skip if sa	ame as Driver) First Name	MI	OWNE	R Address			City		Sta	te Z	Zi p
D1) Driver Distracted By			* ME*	ondition at 1	Time of Cra	ash					
D3) Driver Actions at Time of			1 - Ap	parently N	Vormal						
.4 - Followed Too Closely			(D3) Di	iver Actions	at Time o	of Crash	2				
lcohol Test Test I	Not Given Test Refuse Other Chemical Test (N		Alco	hol Test Re	esult Pend	ing	Alcohol BA	C Resul	t		
orug Test Test N	Not Given Test Refuse			est Result	Po	sitive	Negat	tive [Pen	ding	
04) Non Motorist Location at			(D5) No	on Motorist	Action Price	or to Cra	ash				_
D6) Non Motorist Action at Ti	me of Crash 1		(D6) No	n Motorist	Action at T	ime of 0	Crash 2				
D7) Pedestrian Maneuvers			(D8) Bi	cyclist Mane	euvers						
	-Passenger, 3-Pedestrian, 6-Dri										
SEAT ROW SEAT POSITION SEAT POSITION 1-Front Row 1-Left (driver) 1 2-Second Row 2-Middle 2 3-Third Row 3-Right 3 4-Fourth Row 4-Other 4	SEAT POSITION OTHER I-Sleeper Section of Cab (truck)1-Not -Other Enclosed Cargo Area I-Unenclosed Cargo Area I-Trailling Unit AIRBA 3-Not 3-Dep 4-Dep	AG DEPLOYED RE Applicable 1-N Deployed 2-N bloyed - Front 3-S bloyed - Side 4-S	STRAINT SY lot Applicable lone Used - I houlder and houlder Belt	'STEM e Motor Vehicle C Lap Belt Used Only Used	INJU 1-Arr Occupant 2-Ble 3-Bro 4-Bu	IRY TYPE nputation eding oken Bone rns	INJURY 1-Face 2-Head s 3-Neck 4-Back	'AREA	INJURY 1-Fatal 2-Incap 3-Nonir 4-Possi	DEGRE acitating capacita ble Injury	EE ating
6-Unknown (i 6-EJECTED HELMET USE	non-trailing unit) (knee, i- Unknown 6-Dep Combi ant Motorcycle Helmet 7-Dep	, air belt,) 6-R bloyed - 7-C ination 8-C bloyment - Curtain 9-C 10-	hild Restrain	d - Other t - Forward Fac t - Rear Facing t - Used Incorre	6-Sh cing 7-Diz 8-Ab	ziness rasion/Bru mplaint of) Stomach al Body	1-Office 2-Individ	' INFO Si r Observ dual State al, Parar	atior emer
erson Include Driver, Passengers, Bio	cyclist, and Pedestrians Sex	,	Seat Sea	, Seat Air	Bag Eigstad	Pactrois:	Holmot Initia		CODES -		
ype Last Name, First Name, Mi	(M,F,I) DOB	Pos Pos Row	Pos Depl	Bag loyed Ejected	System	Helmet Injury Use Degre		Injury Area	Inj Info Source	Ar Co
6 *	F	06/04/73	1 1		1	3	5			2	
2 *	F	02/23/96	1 3		2	3	5			2	
-									-		-
2 *	М	07/15/98	2 3		1	3	5			2	

Maine Department of Public Safety

Page 2

Report Numbe SP11-00909		STA	TE (OF MAIN	IE (UN	IIT P	٩G
Unit ID P	lit Run? VIN	'HU18D54J22934	7	License *	Plate	1 5		(U1) U 5 - Pi c		е						
No Insuranc	ce NAIC	Insurance Cor	npany l	Vame				lr *	surano	e Poli	cy Nun	nber				
(U2) Vehicle M	lake					nicle Y	ear) Vehic	le Col	or					
15 - DODGE (U4)Vehicle Co	onfiguration		_		20 0	WR or	GCW	_	- Red		_					
,]< 10,	000 lb	s.		0,001 -					26,000	lbs
	or More Seats ?	No HAZMAT		Yes No]Eastl	ound		Vestbo		□ N	ot on R		outhbo	und Unkr	now
(U5) Special Fi 1 - No Special	unction Vehicle al Function			Exempt Vehicl	e Em	ergen	cy ven	icle Re	sponal	ng to a	cene	f	☐ Ye	s [No	
Extent of Dam	age No Dan	nage Observed	✓ Mi	nor Damage		F	unction	nal Dan	nage		Tov	ved Du	ie to D	isablin	g Dama	ige
(U6) Most Dan	naged Area				(U7) Most	Harm	ful Eve	nt							_
6 - Rear	Actions				/1.10	() Cont	ributin	g Circu	metan	200 - V	ohicle					_
(U8) Pre Crash 10 - Slowing						None		g Circu	IIIStarii	-63 - V	GIIICIG					
(U10) Sequend	e of Events 1				(U1	0) Sec	uence	of Eve	ents 2							
(U10) Sequenc	ce of Events 3				(U1	0) Sec	uence	of Eve	ents 4							
	Name To 1	action This	Mirmola	r ✓ Active	NI.	Licen	<u>о</u> Пг	armi+ la	State	Line	nse Cla	ass Fr	ndorse	ments	Restri	ctic
	Bicycle Ped Known Operator	estrian License *	admuni	i		s	uspen	ded	ME	C		0	.00100		0	
DRIVER Last I	Vame	First Name		N		IVER /	Addres	SS			City	/		Sta	te Z	qi
Citation Numb	er Pending				_	lation '	1				Viola	ation 2				
OWNED Last N	Nama (ekin if sam	e as Driver) First Na	me	MI	OW	/NER /	Addres	9			City			Stat	e Zi	n
*	valle (skip ii salii	e as bliver) i list ive		1911	*	1E*		_								1-
(D1) Driver Dis	tracted By							t Time Norn		sh						
(D3) Driver Act	tions at Time of Ci	rash 1			_			ons at 1		Crash	2					
Alcohol Test	Test Not	t Given Test R	ofused	Blood						-1	Alcoho	I BAC	Result			-
Breath	Urine	Other Chemical T			(T)			Result	Pendir	ng						
Drug Test	Test Not	t Given Test R	efused	Blood	Dru	ig Tes	Resu	lt	Pos	sitive		legativ	e [Pen	ding	
(D4) Non Moto	rist Location at Ti				(D5	i) Non	Motori	st Actio	n Prio	r to Cra	ash					
(D6) Non Moto	rist Action at Time	of Crash 1			(D6	3) Non	Motori	st Actio	on at T	me of	Crash	2				_
		, or Ordon														
(D7) Pedestria	n Maneuvers				(D8	B) Bicy	clist Ma	aneuve	ers							
PERSON	TYPE 1-Driver, 2-Page 1	assenger, 3-Pedestriar	, 6-Drive	er/Owner, 7-Bicy	cle, 8-F	assen	ger/Owi	ner, 24-l								
1-Front Row 1	-Left (driver) 1-SI	T POSITION OTHER eeper Section of Cab (truc	k)1-Not Ap	oplicable 1.1	lot Anni	NT SYST		le Occupa	1-Am	RY TYPE putation eding	1	NJURY A -Face -Head	REA	1-Fatal	DEGRE	=
3-Third Row 3	I-Right 3- U	ther Enclosed Cargo Area Inenclosed Cargo Area ailing Unit	3-Deploy	/ed - Front 3-5 /ed - Side 4-5	Shoulde	r and La r Belt On	Belt Us	led	3-Bro 4-Bur	ken Bon ns	es 3 4	-Neck -Back		3-Nonir 4-Possi	capacita ble Injury	ing
	5-Unknown 5-Ri	iding on Motor Vehicle Ext n-trailing unit)	5-Deploy (knee, a 6-Deploy	ir belt,) 6-1	Restrain	Only Us t Used -	Other		6-Sho	ncussion ock ziness	6	-Arm(s) -Leg(s) -Chest S	tomach	5-No In	jury ′ INFO S:) LIE
EJECTED 1-Not Ejected	HELMET USE	Inknown	Combina	ation 8-0	Child Re	estraint - estraint - estraint -	Rear Fa	cing	8-Abr	asion/Br	uises 8	-Internal -Entire B		1-Office	r Observ	atior
2-Ejected Partially 3-Ejected Totally	1-DOT-Compliant 2-Other Helmet 3-No Helmet	Motorcycle Helmet		10	-Booste			,,,,,	10-0	her	1	0-Other		3-Media Observ	cal, Parar ation	nedi
Include Dri	ver, Passengers, Bicycl	liet and Bedestrians			Seat		Seat			D t1.		Internal			see cod	e sh A
Type	. First Name, Mi	iot, and i oddoriano	Sex (M,F,U)	DOB	Pos Row	Seat Pos	Pos Other	Air Bag Deployed	Ejected	System	Use	Degree	Injury Type		Source	Co
6 *			М	09/17/71	1	1			1	3		5			2	
2 *			м	04/15/98	1	3			1	3		5			2	
							-									-
Maina Departs	nent of Public Sa	afety	-		age 3						For	m 13:2	OA Po	vised	lanuar	

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency MEMSP0B00	SP11-040		6/	ash Date '8/2011	Crash Time 16:29	At Scene Date 6/8/2011	At Sc 17:0	ene Time 4
City or Town Gray	S	Street or Highway	У		Nearest Inters	secting Street		Off Roa
Direction FROM Nearest At Intersection No		annual control	stance Fro	m Nearest Int		Longi	tude	
	Node 2	Measuremer	nt Node	Feet Mi Distance to	Scene Posted Spe	ed Limit Unknov	un []N	ot Posted 2
	0			MO , []	entre l'élice 4 0	O IIIKIIO		ot Posted 4
(F1) Type of Crash 2 - Rear End / Sideswi	ipe			(F2) Type o	of Location eg Intersection			
(F3) Weather Condition				(F4) Light C				
1 - Clear (F5) Road Grade				1 - Daylig				
1 - Level				(F6) Road S	Surface Condition			
(F7) Traffic Control Device					trol Device Operatio	nal (pre-crash)?		
1 - Traffic Signals (Sto (F8) Location of First Harn						Yes No		Jnk
(F6) Location of First Ham	mur Event			Total Dama	ge over Threshold?	✓Yes	No	
(F9) Contributing Circumst	tances - Environment	1		(F9) Contrib	outing Circumstance			
(F10) Contributing Circums	stances - Road 1			(F10) Contri	ibuting Circumstanc	es -Road 2		
In or Near a Construction,				Work Zone	Workers Present?			
(F11) Location of the Cras	Yes h related to Work Zone	✓ No	Unk	(F12) Type	of Work Zone	Yes No		Jnk
Law Enforcement Present	at Work Zone?			School Bus	Related?			
Officer Present	Law Enforceme	nt Vehicle Only	No		irectly Involved	Yes, Indirectly Involv	ed [No
Unit 1 was stationary a Rt. 26. Unit 2 was stat Rd and Rt. 26 in front o Unit 1 did not pay atte crashed into the rear o	tionary at the inters of Unit 1. The traffi ntion to see if Unit	sections of Lib ic began to mo	by Hill ove and		Hannaforths	Libby Hal Rd Tit. 28 Gray	(N) TO SCALE!	
Rt. 26. Unit 2 was stat Rd and Rt. 26 in front o Unit 1 did not pay atte	tionary at the inters of Unit 1. The traffi ntion to see if Unit	sections of Lib ic began to mo	by Hill ove and		Hacostford's	Libby Hill Rd		
Rt. 26. Unit 2 was stat Rd and Rt. 26 in front o Unit 1 did not pay atte	tionary at the inters of Unit 1. The traffi ntion to see if Unit	sections of Lib ic began to mo	by Hill ove and	Address		Libby Hai Rd fit. 28 Gray		Zip
Rt. 26. Unit 2 was stat Rd and Rt. 26 in front o Unit 1 did not pay atter crashed into the rear o	tionary at the inters of Unit 1. The traffi ntion to see if Unit f Unit 2.	sections of Lib ic began to mo	by Hill ove and . Unit 1	Address		Libby Hall Rd fit. 20 Gray	TO SCALE!	
Rt. 26. Unit 2 was stat Rd and Rt. 26 in front o Unit 1 did not pay atter crashed into the rear o Vitness Last Name	cionary at the inters of Unit 1. The traffi ntion to see if Unit f Unit 2. First First	sections of Lib ic began to mo	by Hill ove and . Unit 1	100 miles		Libby Hall Rd fit. 20 Gray City	State	Zip
Rt. 26. Unit 2 was stat Rd and Rt. 26 in front o Unit 1 did not pay atter crashed into the rear o Vitness Last Name	cionary at the inters of Unit 1. The traffi ntion to see if Unit f Unit 2. First First	sections of Lib ic began to mo	by Hill ove and . Unit 1	100 miles	State	Libby Hall Rd Fit. 285 Gray City City City or Town	State	Zip
Rt. 26. Unit 2 was stat Rd and Rt. 26 in front o Unit 1 did not pay atter crashed into the rear o Vitness Last Name Vitness Last Name	cionary at the inters of Unit 1. The traffi ntion to see if Unit f Unit 2. First First age Description	sections of Lib ic began to mo	by Hill ove and . Unit 1	Address	State	Libby Hall Rd Its. 20 Gray City City City or Town	State State Utilities	Zip Prìvate Zip
Rt. 26. Unit 2 was stat Rd and Rt. 26 in front o Unit 1 did not pay atter crashed into the rear o Vitness Last Name Vitness Last Name Ion Vehicle Property Dama Property Owner Name	cionary at the inters of Unit 1. The traffi ntion to see if Unit f Unit 2. First First age Description	sections of Lib ic began to mo	by Hill ove and . Unit 1	Address	State	City City City or Town City City City or Town	State State Utilities State	Zip Prìvate Zip
Rt. 26. Unit 2 was stat Rd and Rt. 26 in front o Unit 1 did not pay atter crashed into the rear o Vitness Last Name Vitness Last Name Ion Vehicle Property Dama Property Owner Name Ion Vehicle Property Dama	cionary at the inters of Unit 1. The traffi ntion to see if Unit f Unit 2. First First age Description	sections of Lib ic began to mo 2 was moving	by Hill ove and . Unit 1	Address Address	State	City City or Town City City or Town	State State Utilities State Utilities	Zip Private Zip Private

Last Modified: 6/13/2011 22:40

Report Number SP11-040874	STATE	OF MAIN	IE CI									UN	IT PA	١G
Unit ID Hit Run? VI	N SNEK12T54G146769	License *	Plate	Sta	te (U 1) Un 2 - (Sp	it Type ort) l	; Jtility	Vehic	cle				
No Insurance NAIC	Insurance Company	Name				ins	uranc	e Políc	y Nun	ber				
(U2) Vehicle Make	1			le Year	^			le Colo	or					
11 - CHEVROLET			2004	R or G	CWE	_	Whit	e					_	
(U4)Vehicle Configuration				10,00			10	,001 -	26,00	0 lbs			26,000	lbs
Vehicle Has 9 or More Seats î ☐ Yes		ded ? Yes No	☐ E	astbo	ınd	- American	estbo	und	1	ot on R		outhbo y [und Unkr	IOW
(U5) Special Function Vehicle 1 - No Special Function		Exempt Vehicle	Emer	gency	Vehi	cle Res	ponair	ng to S	cene		Ye	s [No	
Extent of Damage No D	amage Observed 🗸 M	nor Damage	[Fun	ction	al Dam	age	[Tov	ved Du	e to D	isabling	g Dama	ıge
(U6) Most Damaged Area			(U7) N	∕lost H	armf	ul Even	t							
12 - Front (U8) Pre Crash Actions		_	(U9) (Contrib	utino	Circum	nstanc	es - V	ehicle					
9 - Starting in traffic			1 - N	one										
(U10) Sequence of Events 1			(U10)	Seque	ence	of Ever	its 2							
(U10) Sequence of Events 3			(U10)	Seque	ence	of Ever	its 4							
✓ Driver Bicycle P	edestrian License Numb	er Active	No Li	cense Sus]P	ermit Si	tate I E	Licer C	ise Cla	ass E	ndorse	ments	Restri 0	
DRIVER Last Name	First Name	М	DRIV		dres	S			City	/		Sta	te Z	ip
Citation Number Pending			Violat						Viola	ation 2				
OWNER Last Name (skip if sa	me as Driver) First Name	MI	OWN * ME	ER Ad	dres	s			City			Stat	e Zi	p
* (D1) Driver Distracted By			(D2) (Conditi		t Time o		sh						
(D3) Driver Actions at Time of	Crash 1				_	ns at Ti		Crash	2					
Nicolar /		Blood					_		Alcoho	IBAC	Result			_
Alcohol Test Test N Breath Urine	lot Given Test Refused Other Chemical Test (Not			cohol 1	est	Result F	Pendin	g	1100110		rtadait			
Drug Test Test N	lot Given Test Refused	Blood	Drug	Test R	lesul	t	Pos	itive		legativ	e [Pen	ding	
(D4) Non Motorist Location at			(D5) I	Non M	otoris	st Action	n Prior	to Cra	ash					
(D6) Non Motorist Action at Ti	me of Crash 1		(D6) I	Non M	atoris	st Action	n at Ti	me of	Crash	2				
(Do) Non Motorist Action at 11	mie or Grasii i													_
(D7) Pedestrian Maneuvers			(D8) I	Bicyclis	st Ma	aneuver	5							
PERSON TYPE 1-Driver, 2	-Passenger, 3-Pedestrian, 6-Driv					er, 24-La								
1-Front Row 1-Left (driver)	-Sleeper Section of Cab (truck)1-Not A	onlicable 1.6	STRAINT lot Applica lone Used	ble		a Occupa	1-Amp	Y TYPE outation iding	1	NJURY A -Face -Head	KEA	1-Fatal	DEGRE	_
3-Third Row 3-Right 3	- Unenclosed Cargo Area 3-Deple -Trailing Unit 4-Deple	oyed - Front 3-S oyed - Side 4-S	Shoulder a Shoulder B	nd Lap B elt Only I	ell Us	ed	4-Burn	s Bone	4	-Neck -Back		4-Possi	capacita ble Injury	
6-Unknown (non-trailing unit) (knee,	air belt,) 6-F	ap Belt Or Restraint U	sed - Oth		Faulon	6-Sho 7-Dizz		6	-Arm(s) -Leg(s) -Chest S	tomach	5-No In	jury / INFO S	OUE
EJECTED HELMET USE	Combin 7 Donle	nation 8-0	Child Restr Child Restr Child Restr	aint - Re	ar Fac	ing	8-Abra	asion/Bro	ulses 8	-Internal -Entire B		1-Office	er Observ dual State	atio
2-Ejected Partially 2-Other Helme 3-Ejected Totally 3-No Helmet	ant wiotorcycle neimet	10	Booster S Child Res	eat		0110007	10-01	her	1	0-Other		3-Medio	cal, Parar ation	ned
5 No Figure			Cook		and.		_						see cod	
Person Include Driver, Passengers, Bid Type Last Name, First Name, Mi	cyclist, and Pedestrians Sex (M,F,L	DOB		eat os o	eat os ther	Air Bag Deployed	Ejected ^l	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	A C
1 *	F	01/11/55	1	1			1	3		5			2	
	- N			-										
						-								

Dago 16 of 25 on 1/15/2014 11-47 AM

Page 2

SP11-040874	STATE				_						Uľ	VIT F	AC
Lit Dun's	5266VZ419471	Licens	Plate	State		Unit Ty assen	rpe I ger Ca	ır					
No Insurance NAIC	Insurance Company	Name				Insurai	nce Poli	icy Nu	mber				
(U2) Vehicle Make	T.		Vehicle	Year		J3) Veh	icle Col						
21 - GEO (U4)Vehicle Configuration			1997	or GCV		- Grey	, Silve	r				_	
				10,000			10,001	- 26,0	00 lbs.]> thar	26,00	00 lb
Vehicle Has 9 or More Seats?	HAZMAT Placar	ded? Yes No	-	Travel		on Westb	Nortl	-		Roadw	Southbe		knov
U5) Special Function Vehicle		Exempt Vehic	-	ency Ve		1							
L - No Special Function Extent of Damage	O			1						Y		No	
No Damag	e Observed M	inor Damage		Functi				To	wed D	ue to C	Disablin	g Dan	nage
U6) Most Damaged Area 5 - Rear Passenger Corner			(U7) M	ost Harr	ntul Ev	ent							
U8) Pre Crash Actions L1 - Stopped in traffic			(U9) Co	ontributi	ng Circ	umstar	nces - V	'ehicle					
U10) Sequence of Events 1				equenc	e of E	ents 2		-				_	_
U10) Sequence of Events 3			(U10) S	equenc	e of Ev	vents 4						-	
✓ Driver Bicycle Pedestr	ían License Numbe	er 🗸 Active	No Lice	nse	Permit	State	Lice	nse Cl	ass E	ndorse	ements	Rest	rictio
Last Known Operator PRIVER Last Name	First Name			Suspe	nded	ME	С	Cit	V 0		Sta	O to	Zip
Citation Number Pending			* ME*										
								VIOI	ation 2				
DWNER Last Name (skip if same as	Driver) First Name	MI	OWNE * ME*	R Addre	ess			City			Stat	e Z	Zip
D1) Driver Distracted By			(D2) Co				ash						
D3) Driver Actions at Time of Crash	1		_	iver Act			of Crash	2	_				
Icohol Test	ren Test Refused	Blood						Alcoho	I BAC	Result			
Breath Urine O	ther Chemical Test (Not I	ield Sobriety or PE	TILIAICO	hol Tes		t Pendi	ng	iioone	, D, (O	10001			
rug Test Test Not Giv	en Test Refused	Blood	Drug Te	est Resu	ult	Po	sitive		Jegativ	'e [Pend	ding	
D4) Non Motorist Location at Time of	of Crash		(D5) No	n Moto	rist Acti	on Pric	or to Cra	ash					
06) Non Motorist Action at Time of	Orash 1		(D6) No	n Moto	rist Acti	on at T	ime of (Crash	2				
07) Pedestrian Maneuvers			(D8) Bio	volist M	laneuv	ers							
	0 Pa 1 11 2 7 7	10 ===											
PERSON TYPE 1-Driver, 2-Passer SEAT ROW SEAT POSITION SEAT PO			le, 8-Passe STRAINT SY		ner, 24-		own Ope RY TYPE		:5-Last I NJURY A		Operato INJURY		
-Front Row 1-Left (driver) 1-Sleeper 2-Second Row 2-Middle 2-Other E	Section of Cab (truck)1-Not Ap nclosed Cargo Area 2-Not De	plicable 1-N ployed 2-N	ot Applicable one Used - N		cle Occur	1-Am ant 2-Ble	putation eding	1	-Face -Head		1-Fatal 2-Incapa		
I-Fourth Row 4-Other 4-Trailing	Unit 4-Deploy	ed - Front 3-S ed - Side 4-S	houlder and l houlder Belt	.ap Belt U Only Used	sed	3-Bro 4-Bu	ken Bone ms	4	-Neck -Back		3-Nonin 4-Possil	ole Injury	
S-Unknown (non-trailir	ng unit) (knee, ai	r belt,) 6-R	ap Belt Only estraint Used	- Other		6-Sh		6	-Arm(s) -Leg(s)		5-No Inj	•	
6- Unknov EJECTED HELMET USE -Not Ejected 1 DOT Compliant Make	Combina	tion 8-0	hild Restrain hild Restrain	- Poor Fo	cina	8-Abi	ziness rasion/Bru	ises 8	-Chest S		INJURY 1-Office	Observ	/ation
P-Ejected Partially 2-Other Helmet	rcycle Helmet 7-Deploy		Booster Seat		correctly	9-Co 10-O	mplaint of ther		-Entire B 0-Other	ody	2-Individ	al, Parai	
-Ejected Totally 3-No Helmet		11-	Child Restra	nt - Other						AMR	Observa - CODES		ie she
rson Include Driver, Passengers, Bicyclist, an	Sex		Seat Seat	Seat Pos	Air Bag Deployed	Ejected	Restraint	Helmet		Injury	Injury	Inj Info	Ап
Last Name, First Name, Mi	(M,F,U)		Row	Other	Deployed			use	Degree	Туре	Area	Source	Co
6 *	М	10/08/83	1 1			1	3		5			2	
								-	-				
					1								

Maine Department of Public Safety

Daga 17 of 25 on 1/15/2014 11-47 AM

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STATE OF MAINE CRASH REPORT

FIRST PAGE

Shaker Road	Reporting Agency ME0030000	Report Num 11-02359 9		Crash 9/26	Date /2011	Crash Time 16:44	9/26	ene Date 5/2011	At Scen- 17:30	e Time
Decision FROM Merces Intersection to Crash Size Size State Free Makes Leafluy May May Free Makes May M						Nearest In Int of LI	tersecting Stre BBY HILL RD	eet O, ST RTE :	26	Off Road
1. Property Comment of Unit 1 to strike the rear of Unit 2. 2. Rear Find / Sideswipe	Direction FROM Nearest In	tersection to Crash Sit	e Distance			Latitude		Longit	tude	
2. Rear End / Sideswipe 4 - Four Leg Intersection	Node 1		Measurement Noo		1.0	1000			Processed.	
Fig. Seather Condition Fig. Light Condition Fig. Light Condition Light		20					on			
Fig. Road Surface Condition 1- Dry 1- Dr	(F3) Weather Condition	, c		(F4) Light Cor	dition				
1 - Dry 1 -							on			-
Traffic Signals (Stop & Go)	1 - Level				L - Dry					
1 - On Roadway Press	, ,	o & Go)			Fraffic Contro	l Device Ope	rational (pre-ci		Un	k
Fig. Contributing Circumstances - Environment 1 Fig. Contributing Circumstances - Environment 2		ful Event			Fotal Damage	over Thresh	old? ✓	Yes [No	
First MI Address City State Zip Witness Last Name First MI Address City State Zip Witness Last Name First MI Address City State Zip Non Vehicle Property Damage Description Address City City or Town Utilities Private Property Owner Name Address City City or Town Utilities Private Property Owner Name Regording Officer Badge# Record Date Approved By Approved By Approved By Approved Date Approved Date Approved Date Approved By Approved Date Approved Date Approved By Approved Date Approved By Approved Date Approved Date Approved Date Approved By Approved Date A	(F9) Contributing Circumsta	ances - Environment 1		(F9) Contribut	ing Circumsta	ances - Enviro	nment 2		
1- None		tances - Road 1			F10) Contribu	uting Circums	tances -Road	2		
Yes	1 - None		Mark Zane?		Nork Zone W	orkers Prese	nt?			
Eaw Enforcement Present at Work Zone? Officer Present Law Enforcement Vehicle Only No No No No No No No N		Yes	✓ No	Unk				No	Un	k
Officer Present Law Enforcement Vehicle Only No Ves, Directly Involved Ves, Indirectly Involved No Narrative No Narrative No Narrative No Narrative No Narrative Narra	(F11) Location of the Crash	related to Work Zone			F12) Type of	Work Zone				
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. Witness Last Name First MI Address City State Zip Witness Last Name First MI Address City State Zip Non Vehicle Property Damage Description Property Owner Name Address City State Zip Non Vehicle Property Damage Description Address City State Zip Non Vehicle Property Damage Description Address City State Zip Non Vehicle Property Damage Description Address City State Zip Non Vehicle Property Damage Description Address City State Zip Non Vehicle Property Damage Description Address City State Zip Non Vehicle Property Damage Description Address City State Zip Non Vehicle Property Damage Description Address City State Zip Non Vehicle Property Damage Description Address City State Zip Non Vehicle Property Damage Description Address City State Zip Non Vehicle Property Owner Name Address City State Zip Non Vehicle Property Owner Name Address City State Zip Non Vehicle Property Owner Name Address City State Zip Approved By Approved Date		at Work Zone?	nt Vehicle Only	_			Yes, Indi	irectly Involv	ved ✓	No
Witness Last Name First MI Address City State Zip Non Vehicle Property Damage Description State City or Town Utilities Priva Property Owner Name Address City State Zip Non Vehicle Property Damage Description State City or Town Utilities Priva Property Owner Name Address City State Zip Property Owner Name Address City State Zip Reporting Officer Badge# Report Date Approved By						Henry	<i>³</i> , <i>y</i>	\$ \$		
Non Vehicle Property Damage Description State				MI	Address		City			
Property Owner Name Address City State Zip Non Vehicle Property Damage Description Property Owner Name Address City or Town Utilities Private Address City State Zip Approved By Approved By	Witness Last Name	First			Add1655		Oity		State	Zip
Non Vehicle Property Damage Description State City or Town Utilities Private City or Town Date Property Owner Name Address City State Zip Reporting Officer Badge# Report Date Approved By Approved Date										Zip
Property Owner Name Address City State Zip Reporting Officer Badge# Report Date Approved By Approved Date	Witness Last Name	Fírst					City	or Town	State	Zip
Reporting Officer Badge# Report Date Approved By Approved Date	Witness Last Name Non Vehicle Property Dama	Fírst		MI	Address	<u></u> s	City tate City	or Town	State Utilities	Zip
Dadger Roser	Witness Last Name Non Vehicle Property Dama Property Owner Name	First age Description		MI	Address		City state City City		State Utilities State	Zip Private Zip
	Witness Last Name Non Vehicle Property Dama Property Owner Name Non Vehicle Property Dama	First age Description		МІ	Address Address		City tate City City State City		State Utilities State Utilities	Zip Private

Last Modified: 9/30/2011 18:19

11-023599 STATE	OF MAIN	IE CR	ASH	1 RE	PO	RT			()	INIT F	ΡΑα
Unit ID Hit Run? VIN JM1BC1411V0166575	License *	Plate	State ME		Jnit Typ		r			. 411 1	, , ,
No Insurance NAIC Insurance Company *	Name						cy Numb	er			
(U2) Vehicle Make		Vehicle '	Year		3) Vehi		or				
44 - MAZDA (U4)Vehicle Configuration		1997 GVWR (or GCW		- Whi	ite					
The state of the s		< 10	0,000 11	os.	_=		- 26,000	lbs.	> tha	an 26,00	00 lb
Vehicle Has 9 or More Seats? HAZMAT Placar Yes VNo	ded? Yes √ No	Vehicle	Travel . stbound		on [v	North	bound	on Ro	South	bound	knov
(U5) Special Function Vehicle	Exempt Vehicle							-	_		
1 - No Special Function Extent of Damage				-				L	Yes	No	
Mid Damage ObservedMid	inor Damage		Functio				Towe	d Due	to Disabli	ng Dan	nag
(U6) Most Damaged Area 12 - Front		(U7) Mos				nsport					
(U8) Pre Crash Actions		(U9) Cor	ntributir								
1 - Following roadway (U10) Sequence of Events 1		1 - Non (U10) Se		e of Eve	ents 2					-	_
21 - Motor Vehicle In Transport											
(U10) Sequence of Events 3		(U10) Se	equence	e of Eve	ents 4						
✓ Driver Bicycle Pedestrian License Number	er Active	No Licen	se F Suspen		State ME	Licer	nse Clas	s End	orsement	Rest	rict
DRIVER Last Name First Name	MJ	DRIVER			ME	ĮC.	City	1.	St	145	Zip
Citation Number Pending		* ME*	1				Violatio	on 2			
DWNER Last Name (skip if same as Driver) First Name	MI	OWNER	Addres	3S		-	City		Sta	ate Z	Zip
k D1) Driver Distracted By		* ME* (D2) Con	dition	of Time	of C==	ah.					_
L - Not Distracted		1 - Appa				011					
D3) Driver Actions at Time of Crash 1 19 - Other Contributing Action		(D3) Driv	er Actio	ons at	Time of	Crash	2				
Alcohol Test Vot Given Test Refused	Blood	Alcoh	ol Test	Result	Pendir	ng /	Alcohol E	AC Re	esult		
Breath Urine Other Chemical Test (Not I) Drug Test ✓ Test Not Given Test Refused	Field Sobriety or PBT	Drug Tes						_			
Urine Other	Приссе	Drug Tes	51 1\05u	I L	Pos	itive	Neg	jative	Per	nding	
D4) Non Motorist Location at Time of Crash		(D5) Non	Motori	st Actic	n Prio	to Cra	sh				
D6) Non Motorist Action at Time of Crash 1		(D6) Non	Motori	st Actio	n at Ti	me of (Crash 2				-
D7) Pedestrian Maneuvers		(D8) Bicy	clist M:	anelive	re						
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Drive SEAT ROW SEAT POSITION SEAT POSITION OTHER AIRBAG		e, 8-Passen TRAINT SYS'		ner, 24-L		wn Ope RY TYPE		.ast Kno RY ARE/	•	tor/Owne	
1-Front Row 1-Left (driver) 1-Sleeper Section of Cab (truck)1-Not Ap 2-Second Row 2-Middle 2-Other Enclosed Cargo Area 2-Not De	plicable 1-Not ployed 2-Nor	t Applicable ne Used - Mo		e Occupa	1-Amp	outation	1-Fac 2-He	ce	1-Fata		
4-Fourth Row 4-Other 4-Trailing Unit 4-Deploy	ed - Front 3-Sho ed - Side 4-Sho	oulder and La	p Belt Us	ed	3-Brok 4-Burr	ren Bone	s 3-Ne 4-Ba		3-Non	incapacita sible Injury	iting
6-Unknown (non-trailing unit) (knee, air	ed - Other 5-Lap r belt,) 6-Res	Belt Only Us straint Used -	sed		5-Con 6-Sho	cussion ck	5-Am 6-Leg		5-No I		
6- Unknown 6-Deploy EJECTED HELMET USE Combina	ed - 7-Chil	ld Restraint -	Forward	eina -	7-Dizz 8-Abra	iness sion/Brui	7-Ch	est Stom		Y INFO S er Observ	
1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 7-Deploy 2-Ejected Partially 2-Other Helmet	ment - Curtain 9-Chil	ld Restraint - ooster Seat	Used Inc	orrectly		plaint of		ire Body	2-Indiv	idual Stat	eme
3-Ejected Totally 3-No Helmet		hild Restraint	t - Other						Obser	vation	
erson Include Driver, Passengers, Bicyclist, and Pedestrians Sex	Se	eat Seat	Seat	Air Bag		Postraint	Halmat In		MB CODES		
Type Last Name, First Name, Mi (M,F,U)		os Pos	Pos Other	Air Bag Deployed	Ejected '	System	Use De		jury Injury ype Area		A C
6 * M	09/29/66 1	1 1		2	1	3		5		2	
						+					
laine Department of Public Safety	Par	ne 2					Form 1	3·20A	Revised	lanuar	21

11-02	Number 3599	STA	TE (OF MAIN	IE C	RA	SH	RE	POF	RT				UN	IIT P	٩G
Unit ID 2		VIN 1FTDF15N7LLB2780	9	License *	Plate			(U1) U 5 - Pi c		е						
	nsurance NAIC 35882	Insurance Coi		Name				ir *	surano	ce Policy	Numb	ber				
	ehicle Make					icle Ye	ar	,	,	le Color						
18 - F0	ORD hicle Configuration				199 GVV	VR or	GCW		Black							
(04)	filcle Corniguration					< 10,0				0,001 - 2	- ,	lbs.	-		26,000) lbs
	Has 9 or More Sea	es No		ded? Yes ☑No		Eastb	ound		Vestbo		No	t on R		outhbo y [und Unkr	now
	pecial Function Vehi Special Function			Exempt Vehicle	Eme	ergenc	y Veh	icle Re	spondi	ng to Sc	ene?		Ye	s [No	
Extent	of Damage No	Damage Observed	Mì	nor Damage		✓ Fu	unctio	nal Dan	nage		Tow	ed Du	e to D	isablin	g Dama	ige
(U6) Ma	ost Damaged Area							ful Eve hicle i		nsport						
(U8) Pr	re Crash Actions				(U9)		ibutin			ces - Vel	hicle					
(U10) S	topped in traffic Sequence of Events				-1-			of Eve	nts 2							
	lotor Vehicle In T Sequence of Events		_		/U10)) Sea	uence	of Eve	nts 4					-		
	· ·					,				To a	01	T _C			In .	
V Dr	iver Bicycle Last Known Open					Sı	uspen		State ME	Licens C		ss En	dorse	ments	Α	
DRIVEI	R Last Name	First Name)	M	DRI * M		Addres	SS			City			Sta	te Z	ip.
Citation	n Number Pendin	g			Viola	ation 1					Violat	tion 2				
OWNEI	R Last Name (skip i	f same as Driver) First Na	ame	MI	OWI	NER A	Addres	SS			City			Stat	e Zi	р
	river Distracted By				(D2)	Cond		at Time		sh						
	t Distracted fiver Actions at Time	of Crach 1						y Norn		Crash 2)					_
	Contributing Act				(00)	DIIVO	17(00)	5110 at 1								
Alcohol	Test Test	st Not Given Test R Other Chemical T		Blood		Alcoho	Test	Result	Pendir	ng Al	lcohol	BAC	Result			
Drug Te	est ✓Te	3-07	Refused	Blood	_	g Test	Resu	lt	Pos	sitive	□ N∈	egative	, [Pen	ding	
(D4) No	on Motorist Location				(D5)	Non I	Motor	ist Actio	n Prio	r to Cras	h					
(D6) No	on Motorist Action a	Time of Crash 1			(D6)	Non l	Motor	ist Actio	n at T	ime of C	rash 2					
(D7) Pe	edestrian Maneuvers	6			(D8)) Bicyc	list M	aneuve	rs							_
	DEBOON TARE 4 Div	r, 2-Passenger, 3-Pedestriar	- C Deit	or/Ourner 7 Diou	do 9 D	accona	or/Ow	nor 24-l	aet Kn	own Oner	ator 25	Ll aet k	nown !	Onerato	r/Owne	_
SEAT Ri 1-Front I 2-Secon 3-Third I 4-Fourth 5-Other 6-Unkno EJECTE 1-Not Ej 2-Ejecte	OW SEAT POSITION Row 1-Left (driver) rd Row 2-Middle Row 3-Right r Row 4-Other Row 5-Unknown DWN HELMET I	SEAT POSITION OTHER 1-Sleeper Section of Cab (truc 2-Other Enclosed Cargo Area 3- Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6- Unknown USE Impliant Motorcycle Helmet	AIRBAG 2-Not D 3-Deplo 4-Deplo 5-Deplo (knee, a 6-Deplo Combin	B DEPLOYED RE policable 1-h eployed 2-h eployed 3-h eployed - Side 4-s yed - Other 5-l eployed - 7-c ation 8-c yment - Curtain 9-c 10	STRAIN lot Applit lone Use houlder ap Belt (Restraint Child Res	T SYSTI cable ed - Mote and Lap Belt Onl Only Use Used - (straint - F straint - I straint - I Seat	EM or Vehice Belt Used ed Other Forward Rear Fa Jsed In	le Occupsed Facing	INJUI 1-Am 1-Am 2-Ble 3-Bro 4-Bur 5-Coi 6-Sho 7-Diz 8-Abi	RY TYPE putation eding ken Bones ns ncussion ock ziness easion/Bruis mplaint of P	IN., 1-F 2-H 3-N 4-E 5- <i>F</i> 6-L 7-C ses 8-H	JURY AFFace Head Heck Back Arm(s) Leg(s) Chest Stinternal Entire Bo	REA omach ody	INJUR' 1-Fatal 2-Incap 3-Nonli 4-Poss 5-No In INJUR' 1-Office 2-Indivi 3-Medio	CDEGRE Cacitating Capacita Cap	ting OUR ation emer medic
L GISOII	nclude Driver, Passengers	, Bicyclist, and Pedestrians	Sex	DOB	Seat Pos	Seat	Seat Pos	Air Bag	Ejected	Restraint H System	lelmet	Injury Degree	Injury Type		- see cod Inj Info Source	e she An Co
	_ast Name_First Name_N	1i	(M,F,U	07/22/56	Row	Pos 1	Other	Deployed 2	1	3	USE I	4	9	4	2	1
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2 *			F	08/08/66	1	3		2	1	3	-	4	9	4	2	1
Maine	Department of Pub	lic Safety			age 3		_				Form	13:20	A Re	vised	Januai	v 2

STATE OF MAINE CRASH REPORT

FIRST PAGE

ME0030000	Report Number 11-024927		Crash Date 10/13/2011	Crash Time 14:38	At Scene Date 10/13/2011	At Sce 14:45	
City or Town Gray		et or Highway RTE 26		Nearest Inters	secting Street Y HILL RD, ST RTE	26	Off Roa
Direction FROM Nearest At Intersection No		Distance	From Nearest In		Long	gitude .345650	
Node 1		Measurement Node	e Distance to	Scene Posted Spe	ed Limit Unkno	own No	t Posted 2
(F1) Type of Crash 2 - Rear End / Sideswi	ine			of Location Leg Intersection			
(F3) Weather Condition	.pc		(F4) Light	Condition			
4 - Rain (F5) Road Grade			1 - Daylig	Jht Surface Condition		_	
1 - Level			2 - Wet	ounace Condition			
(F7) Traffic Control Device 1 - Traffic Signals (Sto			Traffic Cor	ntrol Device Operation	nal (pre-crash)?		nk
(F8) Location of First Harn 1 - On Roadway	· · · · · · · · · · · · · · · · · · ·		Total Dam	age over Threshold?		□No	
(F9) Contributing Circums	tances - Environment 1		(F9) Contr	buting Circumstance			
(F10) Contributing Circums	stances - Road 1		(F10) Conf	ributing Circumstand	ces -Road 2		
1 - None In or Near a Construction,				Workers Present?			
(F11) Location of the Cras	Yes h related to Work Zone	✓ No U		of Work Zone	Yes No	Ur Ur	nk
Law Enforcement Present	at Work Zono?						
Officer Present	Law Enforcement V	ehicle Only	School Bus	s Related? Directly Involved	Yes, Indirectly Invol	lved 🗸	No
					AOT TO		
						O SCALE!	
Witness Last Name	First	МІ	Address			State	Zip
	First First	MI	1				Zip
Vitness Last Name	First		1		City	State	Zip
Vitness Last Name Non Vehicle Property Dama	First		1	State	City	State	Zip
Witness Last Name Non Vehicle Property Dama Property Owner Name	First age Description		Address	State	City City City or Town	State State Utilities	Zip Private Zip
Witness Last Name Non Vehicle Property Dama Property Owner Name Non Vehicle Property Dama	First age Description		Address	State	City City City or Town	State State Utilities State	Zip Private Zip
Witness Last Name Witness Last Name Non Vehicle Property Dama Property Owner Name Non Vehicle Property Dama Property Owner Name Reporting Officer Dep Matthew Thompsoi	First age Description age Description	MI dge# Report	Address Address Date	State	City City or Town [City City or Town [State State Utilities State Utilities	Zip Private Zip Private Zip

Last Modified: 10/15/2011 21:57

Main	Report Number 11-024927 STA	TE C	F MAIN	IE (UN	IT PA	١G
No Insurance NAC	Unit ID VIN	.0	License *	Plate		State ME	(U1) Ut 1 - Pa	nit Type ssenge	er Car						
March Marc	NAIC Insurance Cor		ame					suranc	e Polic	y Nun	nber				
Comparison	(U2) Vehicle Make					ear	,		le Colo	r					
						GCW	-	· Kea							
Vest No. Ves				A) E	< 10.	000 lb	S								lbs
Lives Provided Responding to Scena 9 Yes No No No Provided Provided Responding to Scena 9 Yes No No No No No Provided Provided Responding to Scena 9 Yes No No No No No No No N			ed? ′es ✓ No	Veh	and it								1.60	-	IOW
Cup More Damage	(U5) Special Function Vehicle		Exempt Vehic	e Em	ergeno	y Veh	icle Re	spondii	ng to S	cene '	?	☐ Ye	s [No	
UPS Most Damsged Area 1 Parked Motor Vehicle UPS Control (UPS) Free Crash Actions 1 None UPS Control (UPS) Sequence of Events 2 So. No Other Events 2 Motor Vehicle UPS Control (UPS) Sequence of Events 2 So. No Other Events UPS Sequence of Events 2 So. No UPS Sequence of Events 3 UPS Sequence of Events 4 UPS	Extent of Damage	Min	or Damage		V F	unctio	nal Dan	nage	[Tov	ved Du	e to D	isablin	g Dama	ige
1 Parked Motor Vehicle 1 None															Ŧ
1 None	12 - Front									obiolo					_
U10 Sequence of Events 2 S0 - No Other Events 2 S0 - No Other Events 3 S0 - No Other Events 4 U10 Sequence of Events 4 U10 Sequ				,	,		g Circu	mstand	es - v	enicie					
U10) Sequence of Evants 4	(U10) Sequence of Events 1														
Driver Bicycle Pedestrian License Number Active No License Permit State License Class Endorsements Restriction Least Known Permit State License Class Endorsements Restriction R		_		- 4											
Last Known Operator Suspanded ME C A				Ĺ			1.		Lesson	01	Ic.			Doots	otiv
DRIVER Last Name First Name Might ME# Violation 1 Violation 2 Violation 2 Violation 1 Violation 2 Violation 1 Violation 2 Violation 1 Violation 2 Violation 1 Violation 2 Violation 2 Violation 2 Violation 3 Violation 2 Violation 3 Violation 2 Violation 3 Violation 2 Violation 3 Violation 4 Violation 1 Violation 4 Violation 1 Violation 5 Violation 5 Violation 6 Violation 7 Violation 1 Violation 1 Violation 1 Violation 1 Violation 1 Violation 1 Violation 6 Violation 6 Violation 6 Violation 7 Violation 6 Violation 6 Violation 6 Violation 6 Violation 7 Violation 6 Violation 6 Violation 7 Vi		Number	Active	No	Licens	ie∐F uspen	ermit S	state ME		ise Cia	ass E	naorse	ments		CH
OWNER Last Name (skip if same as Driver) First Name		9	N		IVER					City	y		Sta	te Z	ip
ME*	Citation Number Pending			_		1				Viola	ation 2				
Second S	OWNER Last Name (skin if same as Driver) First N	ame	MI	ON	/NER	Addres	SS			City			Stat	e Zi	р
1 - Apparently Normal 1 -	*			- 1		1144		60	. 1						_
1.83 Diperateid Motorive Actions at Time of Crash 1 1.86 Diperateid Motorive Manuer 1.87 Diperateid Motorive Manuer 1.88 Diperateid Manuer 1.88 Diperateid Motorive Manuer 1.88 Diperateid Motorive Manuer 1.88 Diperateid Manuer 1.88 Diperateid Motorive Manuer 1.88 Diperateid Manuer 1.88 D									sn						
Alcohol Test Alcohol Test Result Alcohol T		_		16) Ope	rated	Moto	riVehi			ic, Re	ckless	s, Care	less,	
Breath	14 - Followed Too Closely			_	glige	nt or A	Aggres	sive N			LDAC	Doguile			_
Drug Test					Alcoho	l Test	Result	Pendir	ng	AICOIL	JI DAC	Result	l		
(D5) Non Motorist Action at Time of Crash (D6) Non Motorist Action at Time of Crash 1 (D7) Pedestrian Maneuvers (D8) Bicyclist Maneuvers (D8) Bi	Drug Test Vot Given Test R				ıg Tes	Resu	lt	Pos	sitive		Vegativ	е [Pen	ding	
(D6) Non Motorist Action at Time of Crash 1 (D7) Pedestrian Maneuvers (D8) Bicyclist Maneuvers	Land Land			(D5	i) Non	Motor	st Actio	n Prio	r to Cra	ash					
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Opera				(D)	· · · · · · · · · · · · · · · · · · ·	Makau	at A atio	on at Ti	ma of	Crach	2				
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 POSITION SEAT POSITION OTHER 1-Front Row 2-Second Row 2-Middle 2-Other Enclosed Cargo Area 3-Right 3- Unenclosed Cargo Area 3-Right 3-Unenclosed Cargo Area 3-Unenclosed Cargo Area 3-Unenclosed Cargo Area 3-Unenclosed Cargo Area 3	(D6) Non Motorist Action at Time of Crash 1			(DE) Non	Iviotor	IST ACTIO	on at 11	me or	Clasii	2				
SEAT ROW 1-Front Row 2-Second Row 1-Sleeper Section of Cab (truck) 1-Not Applicable 2-Second Row 3-Right 3-Unenclosed Cargo Area 3-Shoulder and Lap Beit Used 4-Dither 4-Trailing Unit 4-Possible Injury 5-Riding on Motor Vehicle Ext 5-Riding on Motor Vehicle Ext 5-Deployed - Other (mon-trailing unit) 5-Deployed - Other 6-Unknown 6-Unk	(D7) Pedestrian Maneuvers			(D8	B) Bicy	clist M	aneuve	ers							
SEAT ROW 1-Front Row 2-Second Row 1-Sleeper Section of Cab (truck) 1-Not Applicable 2-Second Row 3-Right 3-Unenclosed Cargo Area 3-Shoulder and Lap Beit Used 4-Dither 4-Trailing Unit 4-Possible Injury 5-Riding on Motor Vehicle Ext 5-Riding on Motor Vehicle Ext 5-Deployed - Other (mon-trailing unit) 5-Deployed - Other 6-Unknown 6-Unk	DERSON TYPE 1-Driver 2-Passenger 3-Pedestria	n 6-Drive	r/Owner. 7-Bicy	cle, 8-l	Passen	ger/Ow	ner, 24-l	_ast Kno	own Op	erator 2	25-Last	Known	Operate	or/Owne	r
1-Front Row 2-Middle 2-Other Enclosed Cargo Area 3-Third Row 3-Right 3-Third Row 3-Right 4-Fourth Row 5-Other Row 5-Unknown (non-tralling unit) 5-Riding on Motor Vehicle Ext. 6-Deployed - Ormbination 8-Unknown (non-tralling unit) 6-Unknown (non-t	SEAT DOM SEAT DOSITION SEAT DOSITION OTHER	AIRBAG	DEPLOYED RI	STRAII	NT SYS			INJUI	RY TYPE		NJURY A		INJUR'	Y DEGRE	Ε
3-Fright Row 4-Fourth Row 5-Other Row 5-Unknown 6-Unknown 6-Unknow	2-Second Row 2-Middle 2-Other Enclosed Cargo Area	2-Not be	ployed 2-	None Us	sed - Mo	tor Vehic	le Occup	ant 2-Ble	eding	2	2-Head		2-Incap	acitating	tina
5-Chiknown 6-Unknown 6-Unknown 6-Unknown EJECTED HELMET USE 1-Not Ejected 2-Ejected Partially 3-Ejected Totally 3-Ejecte		4-Deploy	ed - Side 4-	Shoulde	r Belt Or	ily Used		4-Bur	ns	4	-Back		4-Poss	ible Injury	
EJECTED 1-Not Ejected 1-Not Ejected Partially 3-Ejected Totally 3-Ejected Totally 1-DOT-Compliant Motorcycle Helmet 1-DOT-Compliant Motorcycle Helmet 2-Ejected Partially 3-No Helmet Sex M, F, U M 05/07/90 1 1 1 2 1 3 3 3 5	5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext	(knee, all	r belt,) 6-	Restrair	t Used -	Other		6-Sho	ck	6	S-Leg(s)				.
1-Not Ejected 2-Ejected Partially 2-Other Helmet 2-Ejected Partially 3-Ejected Totally 3-Ejected Seat 10-Other 3-Ejected Totally 3-Ejected	6- Unknown							8-Abr	asion/Br	uises 8	3-Internal		1-Offic	er Observ	atio
2-Ciber Helmet 3-No Helmet 3-N	1-Not Ejected 1-DOT-Compliant Motorcycle Helmet		ment - Curtain g.	Child Re	estraint -	Used In	correctly					lody	3-Medi	cal, Para	
Person Type Last Name, First Name, MI M 05/07/90 1 1 1 2 2 1 3 3 3 5	Z-Other Heimet					- Other						AAAD			ام ما
1 * M 05/07/90 1 1 2 1 3 3 5 2	Person Include Driver, Passengers, Bicyclist, and Pedestrians	Sev			Seat		Air Bag	Elect 1	Restrain	t Helmet	Injury	Injury	Injury	Inj Info	Α
	Type		DOB			Pos Other		⊏jected	System	Use	Degree		Area	Source	С
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	Maine Department of Public Safety										m 40:0	00 4 70	wissel	lance	

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			aged Are	a							J7) Mo	st Han	mful Ev	ent						- Juli	
_	Rear Pre		Actions										ehicle								
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			of Ever							((J10) S	equenc	ce of Ev	ents 2							
	_		of Even							(L	J10) S	equenc	ce of Ev	rents 4							_
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ORIV		Last Kı Last Na	nown Op ame	erator		First I	Name			мі Гр		Suspe R Addre		ME	C	Ci	itv		Sta	A te	Zi
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		er Distr	acted By							(0	(2) Cor		at Time		ash						
D3)	Drive	er Actic	ns at Tir		rash 1								ly Nor ions at		of Cras	h 2					
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Drug	Test		☑ □Urine		t Given Othe		est Re	fused	Bloc	od Di	ug Te	st Resi	ult	Po	sitive		Negati	ve	Pen	ding	
D4)	Non I	Motoris	st Location	on at Ti						(D	5) Nor	Moto	rist Acti	on Pric	or to Ci	ash					
D6) I	Non I	Motoris	st Action	at Time	e of Cra	sh 1				(D	6) Nor	n Motor	rist Acti	on at T	ime of	Crash	2				
771	Pada	etrian	Maneuve	\re																	
اراد											,		laneuv								
QEAT	PER								er/Owner, 7-Bio				ner, 24-								
1-From	ROW nt Row ond Ro	1-Le	AT POSITIC eft (driver) iddle	1-SI	AT POSITI	tion of Ca	b (truck) ¹	-Not A	oplicable 1	-Not Ap	INT SYS			1-Ап	RY TYPI		NJURY A	AREA	1-Fatal	DEGRE	
3-Thir	d Row	3-R	ight	3- U	ther Enclo	d Cargo Ar	ea 3	-Deplo	yed - Front 3	-Shoulde	er and La	ap Belt U		3-Bro	oken Bor	es 3	2-Head 3-Neck		3-Nonin	acitating capacita	atin
5-Oth	irth Rov er Row		tner nknown	5-Ri	ailing Unit	otor Vehic	le Ext 5	-Deplo	yed - Other 5	-Lap Bel	It Only U				ncussion	5	1-Back 5-Arm(s)		4-Possi 5-No Inj	ole Injury ury	y
EJEC	rnown			6- U	n-trailing u Inknown	nit)	6	-Deplo	yed - 7	-Child R	nt Used - estraint -	Forward	Facing		ziness	7	6-Leg(s) 7-Chest 8		INJURY		
1-Not	Ejected Eted Pa		HELMET	Compliant	Motorcyc	le Helmet	7	ombin -Deplo	yment - Curtain g	-Child R	estraint -	Rear Fa	cing correctly	9-Co	rasion/Br mplaint c	f Pain 9	3-Internal 3-Entire E		2-Individ		tem
	cted To		2-Other I 3-No He	Helmet						0-Booste 1-Child		t - Other		10-0	mer	1	10-Other		3-Medio		me
_	Inclus	de Drive-	, Passenge	re Biocci	iet and D	doctel :				0								AMB	CODES -	see cod	le s
erson Type			irst Name,		iot, and Pe	suestrians		Sex M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restrain System	t Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	i
6	*							м	08/11/64	1	1	O III IOI	2	1	3	3	5			2	
									25,22,04	-	_		-			-	-				-
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STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency ME0030000	Report Nur 12-00038			ash Date '6/2012	Crash Time 14:12	At Scene Date 1/6/2012	At Scene 14:17	e lime
City or Town Gray		treet or Highwa [BBY HILL R			Nearest Intersec	ting Street IILL RD, ST RTE	26	Off Road
Direction FROM Nearest I	ntersection to Crash S	ite D	istance Fro	m Nearest Inte		Long -70.3	itude 3 46400	
At Intersection Nor	th South Eas	t West Measureme			Scene Posted Speed		_	Posted 25
	Node 2	17097	, , , , , , , , , , , , , , , , , , ,	1	miles Mitos 30	The state of the s	Annual Control	Posted 45
F1) Type of Crash				(F2) Type of	Location g Intersection			
2 - Rear End / Sideswi F3) Weather Condition	pe			(F4) Light Co				
2 - Cloudy				1 - Dayligh	nt			
F5) Road Grade				(F6) Road S	urface Condition			
I - Level F7) Traffic Control Device					rol Device Operationa	al (pre-crash)?		
1 - Traffic Signals (Sto	p & Go)					✓ Yes No	Un	k
F8) Location of First Harr	nful Event			Total Dama	ge over Threshold?	✓Yes	No	
L - On Roadway F9) Contributing Circums	tances - Environment			(F9) Contrib	uting Circumstances			
1 - None								
F10) Contributing Circum	stances - Road 1			(F10) Contri	buting Circumstances	s -Road 2		
 1 - None n or Near a Construction, 	Maintenance, or Utility	/ Work Zone?			Workers Present?	-		
	Yes	✓ No	Unk		- \$ \Aloud. 7	Yes No	u Un	K
F11) Location of the Cras	h related to Work Zon	e		(F12) Type	of Work Zone			
aw Enforcement Present	at Work Zone?			School Bus				
Officer Present	Law Enforceme	nt Vehicle Onl	у [] No	Yes, D	rectly Involved \\	es, Indirectly Invo	lved 🗸	NO
					Pophy	Apr.	70 SCALE]	
Witness Last Name	First		MI	Address	C	ity	State	Zip
Witness Last Name	First		MI	Address	C	ity	State	Zip
Non Vehicle Property Dar	mage Description				State	City or Town	Utilities	Priva
Property Owner Name				Address	C	Sity	State	Zip
Non Vehicle Property Dar	mage Description				State	City or Town	Utilities	Priva
Property Owner Name				Address	C	City	State	Zip
		1	1-		In		Approved	Data
Reporting Officer Dep Matthew Thomps	on	Badge# 56	Report 1 1/6/20		Approved By Sgt. Anthony Hov	ev	2/8/201	
Maine Department of Pu		30		Page 1	1 2	Form 13:20		

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Unit ID		? VIN	P3438YW275	965	Licen	se Pla	ate	State ME		Unit Ty	/pe iger Ca	ar					
No	Insurance NA	AIC	Insurance	Company	Name						nce Po		ımber				
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18 - F	ehicle Configura	ation					000 SVWR	or GCV		0 - Re	d	-					
Vahiele	le Has 9 or More	2 Conto 2	1110 704	AT Placa				0,000			10,001					n 26,00	00 II
1		Yes V	No	A I FlaCa	Yes No		ehicle Eas	ravei stboun		on West	Norte			Roadw	Southb ay	ound Unl	<no< td=""></no<>
	Special Function O Special Func				Exempt Veh	cle E	merge	ncy Ve	hicle F	espon	ding to	Scene	?	П	es	□No	
_	t of Damage		ge Observed	N	linor Damage		П	Function	onal Da	amage		✓ To	wed D	ue to [-	nad
	Nost Damaged A	\rea					J7) Mo						_				_
12 - F	Front Pre Crash Action	ıs.									nspor						
1 - Fo	llowing roads	way				2	- Bral	kes				/ enticle	;				
	Sequence of Ev Yotor Vehicle		ort			((J10) Se	equenc	e of E	ents 2							
	Sequence of Ev					(L	J10) Se	equenc	e of E	ents 4							
✓ Dr	river Bicycle		strian Licen	se Numb	er Active	ΠN	o Licer	nse	Permit	State	Lice	nse Cl	lass E	Endorse	ements	Rest	rict
DRIVE	Last Known (R Last Name	Operator	First Nar	ne				Suspe	nded	ME	С	0:4	C			0	7:-
*			THEFTIAGE	110		*	ME*		33			Cit			Sta	ne 4	Zip
Uitation	n Number Pe	ending				Vi	olation	1				Viol	ation 2)			
OWNE	ER Last Name (s	kip if same	as Driver) First	Name	MI		WNER	Addre	SS			City			Sta	te Z	ip.
	river Distracted	Ву				(D	2) Cor				ash						
	ot Distracted river Actions at	Time of Cra	ah 1				- App				of Crash	- 0					
14 - Fo	ollowed Too (Closely					יווט (כי	er Act	ons at	Tille							
Alcohol Bre		Test Not G	i iven Test Other Chemical	Refused Test (Not		d BT)	Alcoh	ol Test	Resul	t Pend	ing	Alcoho	ol BAC	Result			
Drug Te		Test Not G		Refused		_	rug Tes	st Resu	ılt	ПРС	sitive		Vegativ	/e Г	Pen	dina	
(D4) No	on Motorist Loca	1	Charles and a second a second and a second a			(D	5) Non	Motor	ist Acti	on Pric	or to Cr						-
D6) No	on Motorist Action	on at Time o	f Crash 1			(0	6) Nan	Motor	int Anti	on of T	ime of	Cuach	1				
			Oldsii i			(D	o) NOII	I WIOLOI	IST ACT	on at 1	ime oi	Crasn	2				
(D7) Pe	edestrian Maneu	uvers				(D	8) Bicy	clist M	laneuv	ers							
	PERSON TYPE 1-					/cle, 8-	Passen	ger/Ow	ner, 24-				25-Last	Known	Operato	r/Owne	r
1-Front R 2-Second	Row 1-Left (drive	r) 1-Sleep	OSITION OTHER er Section of Cab (tr	uck)1-Not Ap	oplicable 1	Not Api	INT SYS plicable			1-An	RY TYPE	1	NJURY A -Face	REA	1-Fatal	DEGRE	Ε
3-Third R 4-Fourth	Row 3-Right	3- Unen 4-Trailir	Enclosed Cargo Area closed Cargo Area on Unit	3-Deplo	yed - Front 3	Shoulde	lsed - Mo er and La er Belt O	p Belt U	sed	3-Bro 4-Bu	oken Bone	es 3	-Head -Neck -Back		3-Nonir	acitating capacita ole Injury	
5-Other F 6-Unknov	Row 5-Unknown	5-Riding	g on Motor Vehicle E iling unit)	xt 5-Deplo	yed - Other 5	Lap Bel	It Only Us nt Used -	sed			ncussion	5	-Arm(s) -Leg(s)		5-No Inj		
EJECTE		6- Unkn MET USE	own /	6-Deploy Combina	yed - 7.	Child R	estraint - estraint -	Forward	Facing	7-Diz	ziness rasion/Bru	7-	-Chest S	tomach		INFO S	
	d Partially 2-Oth	T-Compliant Mo ner Helmet	torcycle Helmet	7-Deploy	yment - Curtain g. 11	Child R)-Booste	estraint - er Seat	Used In	correctly	9-Co 10-O	mplaint ol (her		-Entire B 0-Other	ody	2-Individ	lual State al, Parar	eme
3-Ejected	d rotally 3-No	Helmet			1	-Child	Restrain	t - Other						AMD	Observa CODES -		2.
Type	nclude Driver, Passer		and Pedestrians	Sex (M,F,U)	DOB	Seat	Seat	Seat Pos	Air Bag Deployed	Ejected	Restraint	Helmet	Injury	Injury	Injury	Inj Info	A
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		nsurance	NAIC 23035			ce Company	/ Name			-				y Num					
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(U4)V	/eh	nicle Con	figuration							GCWI 000 lbs		□ 1t	001 -	26,00	O lbs.		> than	26,000	lbs.
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OWN *	IEF	R Last Na	ame (skip i	f same as	S Driver) F	irst Name	MI	0W * M		Addres	S			City			Stat	e Zij	p
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Drug (D4) I (D6) I (D7) I	No.	on Motoris destrian ERSON T DW SE ROW 1-L	Urine st Location at Action a Maneuver YPE 1-Drive at Position oft (driver)	t Time of t Time of ser, 2-Passe SEAT PC 1-Sleepe	of Crash Crash 1 enger, 3-Pec District Offer of C	lestrian, 6-Dr IER AIRB ab (truck)1-Not	ver/Owner, 7-Bicy	(D5) (D6) (D8) (Cle, 8-P) (STRAIN) Non) Non) Bicyc	Motori Motori clist Ma ger/Own	st Actionst Actions A	on Prion on at Ti rs ast Kno INJUI	me of www Operatory	erator 2	2 5-Last K	(nown	Operato INJURY 1-Fatal 2-Incap	r/Owner DEGREI	E
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Dags 26 of 25 on 1/15/2014 11.47 AM

Page 3

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency ME0030000	Report Number 12-001811		rash Date /24/2012	Crash Time 17:30	At Scene Date 1/25/2012	At Sce 12:37	ne Time
City or Town Gray	Street or High ST RTE 26	nway		Nearest Inters	ecting Street CE DR, ST RTE 2	6	Off Road
Direction FROM Nearest Inte			om Nearest Into	er. Latitude	Loi	ngitude 0.346230	
Node 1 No	de 2 Measure	ment Node		Scene Posted Sper			t Posted 29
17097 O	17251		-	miles a villen 35			t Posted 4
(F1) Type of Crash 2 - Rear End / Sideswipe			(F2) Type of	f Location eg Intersection			
(F3) Weather Condition			(F4) Light C				
1 - Clear			4 - Dark -				
(F5) Road Grade 1 - Level			(F6) Road S	surface Condition			
(F7) Traffic Control Device				rol Device Operatio	nal (pre-crash)?		
1 - Traffic Signals (Stop 8						lo U	лk
(F8) Location of First Harmful 1 - On Roadway	Event		Total Dama	ge over Threshold?	✓Yes	No	
(F9) Contributing Circumstant	ces - Environment 1		(F9) Contrib	uting Circumstance			
1 - None			, =, ==,				
(F10) Contributing Circumstant 1 - None	nces - Road 1		(F10) Contri	buting Circumstanc	es -Road 2		
	intenance, or Utility Work Zone	?	Work Zone	Workers Present?			
	☐ Yes ✓ No	Unk			Yes N	lo Ui	ık
(F11) Location of the Crash re	elated to Work Zone		(F12) Type of	of Work Zane			
Law Enforcement Present at 1	Work Zone?		School Bus	Related?			
Officer Present	Law Enforcement Vehicle O	nly No		rectly Involved	Yes, Indirectly Inv	olved 🗸	No
				Otherway to 137 Shaker Road	Entrance to Hanna	ford	
Witness Last Name	Fìrst	MI	Address	(Dity	State	Zip
Witness Last Name	First	MI	Address		City	State	Zip
Non Vehicle Property Damage	Description			State	City or Town	Utilities	Private
Property Owner Name			Address	(City	State	Zip
Non Vehicle Property Damage	Description		-1	State	City or Town	Utilities	Private
Property Owner Name			Address	C	Dity	State	Zip
Reporting Officer	Badge#	Report D	ate A	pproved By		Approved	 Date
Dep Matthew Thompson	56	1/25/20		gt. Anthony Hov		3/3/2013	2
Maine Department of Public S	Safety	P	ane 1		Form 13:20/	Revised Ja	nuary 20

Last Modified: 3/3/2012 01:16

D1) Driver Distracted By Condition at Time of Crash Condition at Tim	12-0018			STA	TE (OF MAIN									_	UN	IIT P	٩G
No Insurance 31534		Hit Run?		63581H720365		License *	Plate	9					_					
Valide Hase Valide Year	No Ins			Insurance Cor	npany l	Name						ce Poli	cy Nun	nber				
Universe Districted Districted Universe Unive		cle Make							ear			cle Col	or					
// Zehicle Has 9 or More Seats ? FIAZMAT Placarded ? Vehicle Travel Direction Northbound Not on Rundway Unknow Us) Special Function Vehicle Exempt Vehicle Exemp			ion					/WR o		'R								
US) Special Function Vehicle I- No Special Function I- No Function I I- No Special Function I- No Function I I- No Function I- No Function I I- No Function I- No	Vahiala II	lan O ar Mara	Cooto 2	IHA ZNAAT	Diagora	lad 2	Vo						_					l lbs.
L. No Special Function			Yes ✓					East	bound		Vestbo	und	\square N	ot on R				own
Use Nost Damage No Damage Observed Minor Damage Functional Damage Towed Due to Disabling Damage Use Nost Damaged Area Use Nost Damaged Area Use Nost Damaged Area Use Nost Public in Transport Use Contributing Circumstances Vehicle Use						Exempt Vehic	le En	nergen	cy Vel	nicle Re	spondi	ing to S	Scene '	?	Ye	s [No	
13 - Motor Vehicle in Transport 14 - Motor Vehicle in Transport 15 -		Damage _		ge Observed	✓ Mir	nor Damage	- 1	□ F	unctio	nal Dar	nage		Tov	ved Du	e to D	isablin	g Dama	ige
U8 Per Crash Actions U9 Contributing Circumstances - Vehicle I - None U1 Osequence of Events 2 U1 Osequence of Events 3 U1 Osequence of Events 4 U1 Osequence of Events 5 U1 Os							1,	,										
1 - None																		-
Driver Bicycle Pedestrian License Number Active No License Permit State License Class Endorsements Restriction Last Known Operator * Meximum Miles Meximum M	1 - Follo	wing roadw	ray				1.	None	9									
U10) Sequence of Events 4				rt			(0.	10) Se	quenc	e of Eve	ents 2							
Last Known Operator							(U	10) Se	quenc	e of Eve	ents 4							
Price Part	✓ Drive	er Bicycle [Pedes	trian License	Numbe	r 🗸 Active	No						ise Cla		ndorse	ments	2.4	ctio
* ME* Violation 1 Violation 2 Violation 2 Violation 1 Violation 2 Violation 2 Violation 2 Violation 2 Violation 2 Violation 2 Violation 2 Violation 2 Violation 3 Violation			perator	First Name		N.	1 DF				ME	C	City		-	Sta	1	ip
DVINNER Last Name (skip if same as Driver) First Name	*			THOTTAGNO			*											_
* ME* D1 Driver Distracted By (D2 Condition at Time of Crash 1 - Apparently Normal 1 -	Citation N	lumber Pe	nding				Vic	olation	1				Viola	ation 2				
D3) Driver Actions at Time of Crash 1 L4 - Followed Too Closely Comparison Crash Comparison Crash Comparison Crash Cra	OWNER L	Last Name (s	kip if same a	is Driver) First Na	me	MI			Addre	SS			City			Stat	e Zi	р
Day Driver Actions at Time of Crash 1 Cash Drug Test Not Given			Ву									sh						
Alcohol Test			Time of Cras	h 1								f Crash	2					
Breath Urine Other Chemical Test (Not Field Sobriety or PBT) Drug Test Urine Other Test Refused Blood Drug Test Result Positive Negative Pending	14 - Follo	owed Too C	losely		^ 1	Пъ	ì						Alcoho	I B A C I	Pocult			
D4) Non Motorist Location at Time of Crash (D5) Non Motorist Action at Time of Crash (D6) Non Motorist Action at Time of Crash 1 (D7) Pedestrian Maneuvers (D8) Bicyclist	And the second s					- Land	3T)				Pendir	ng	Alcono	10/10	1400010			
D4) Non Motorist Action at Time of Crash (D5) Non Motorist Action Prior to Crash (D6) Non Motorist Action at Time of Crash 2 (D8) Bicyclist Maneuvers (D8) Bicyclist Maneu	Drug Test				efused	Blood	Dri	ug Tes	t Resu	ılt	Pos	sitive		legative	е [Pen	ding	
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 1-Bot Row 2-Middle 2-Other Enclosed Cargo Area 3-Pedestrian Airbit Row 3-Right 3-Unenclosed Cargo Area 4-Fourth Row 4-Other 4-Trailing Unit 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-Irailing unit) 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 7-Poployed - Other (non-Irailing unit) 6-Deployed - Other (non-Irailing unit) 6-Dot-Compliant Motorcycle Helmet 2-Ejected Partially 3-No Helmet 1-DOT-Compliant Motorcycle Helmet 3-No Helmet 1-DOT-Compliant Motorcycle Helmet 3-Row Row (M,F,U) DOB Row Row Pos Pos Row Pos	(D4) Non						(D	5) Non	Motor	ist Actio	on Prio	r to Cra	ash					
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 OTHER 1-Left (driver) 1-Sleeper Section of Cab (truck)1-Not Applicable 2-Second Row 2-Middle 2-Other Enclosed Cargo Area 3-Deployed 5-Front 4-Fourth Row 4-Other 4-Trailing Unit 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-Irailing unit) 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Deployed - Side 1-Not Ejected 1-Not Ejected 1-Not Ejected 1-Not Ejected 2-Rowne Used 1-Rowne Graph Row 3-Right 3-Unenclosed Cargo Area 4-Deployed 5-Genome Selection of Cab (truck)1-Not Applicable 2-None Used - Motor Vehicle Occupant 2-Bleeding 2-Head 2-Incapacitating 2-Head 2-Incapacitating 2-Head 2-Incapacitating 2-Head 3-Broken Bones 3-Neck 3-Nonlineapacitating 4-Deployed 5-Genome Selection of Cab (truck)1-Not Ejected 1-Rowne (non-Irailing unit) 6-Deployed - Other (non-Iraili	(D6) Non	Motorist Actie	on at Time o	f Crash 1			(D(6) Non	Motor	ist Actio	on at T	ime of	Crash	2		_		
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 1-Front Row 1-Left (driver) 1-Sleeper Section of Cab (truck) 1-Not Applicable 2-Middle 2-Middle 2-Dither Enclosed Cargo Area 3-Third Row 3-Right 3-Unenclosed Cargo Area 4-Fourth Row 4-Other 4-Trailing Unit 5-Dither Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown (non-trailing unit) 6-Unknown 5-Deployed - Combination 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 2-Ejected Partially 3-No Helmet 2-Deployed - Combination 3-Deployed - Combination 8-Deployed 8-Deployed 9-Deployed							, (D)) Diag	aliat N	lon ou live	***							
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2-Ejected Partially 3-Ejected Totally 2-Other Helmet 3-No Helmet 10-Booster Seat 11-Child Restraint - Other 11-Child Restraint - Other 10-Other 10-Other Observation AMB CODES - see code she Person Include Driver, Passengers, Bicyclist, and Pedestrians Type Last Name, First Name, Mi 10-Booster Seat 11-Child Restraint - Other 10-Other 10-Other Observation AMB CODES - see code she Pos Pos Pos Deployed Other Nother 10-Other Observation AMB CODES - see code She Seat Pos Deployed System Use Degree Type Area Source Co	SEAT ROW 1-Front Row 2-Second R 3-Third Row 4-Fourth Ro 5-Other Row 6-Unknown EJECTED	V SEAT POS W 1-Left (drive Row 2-Middle V 3-Right DW 4-Other W 5-Unknown HELI	TION SEAT F r) 1-Sleep 2-Other 3- Uner 4-Trailir 5-Riding (non-tre 6- Unkr	OSITION OTHER er Section of Cab (truck Enclosed Cargo Area icclosed Cargo Area g Unit g on Motor Vehicle Ext illing unit)	AIRBAG ()1-Not Ap 2-Not De 3-Deploy 4-Deploy 5-Deploy (knee, a 6-Deploy Combine	DEPLOYED RI pilicable 1- piloyed 2- ved - Front 3- ved - Side 4- ved - Other 5- r belt) 6- dion 8-	ESTRAI Not App None Us Shoulde Shoulde Lap Bel Restrair Child Re Child Re	NT SYST blicable sed - Mo er and La er Belt Or t Only Us nt Used - estraint - estraint -	tor Vehic p Belt U nly Used sed Other Forward Rear Fa	cle Occup sed I Facing acing	INJUI 1-Am ant 2-Ble 3-Bro 4-Bur 5-Coi 6-Sho 7-Diz 8-Abr	RY TYPE putation eding ken Bond ns ncussion ock ziness easion/Bra	: II 1 2 es 3 4 5 6 7 uises 8	NJURY Al -Face -Head -Neck -Back -Arm(s) -Leg(s) -Chest St -Internal	REA tomach	INJURY 1-Fatal 2-Incap 3-NonIr 4-Possi 5-No In INJURY 1-Office 2-Indivi	COEGRE Acitating Acapacitation Acapacitatio	ing OUR(
Person Include Driver, Passengers, Bicyclist, and Pedestrians Type Last Name, First Name, Mi Sex (M,F,U) DOB Seat Pos Pos Pos Pos Other Row Other Seat Pos Deployed System Use Degree Type Area Source Co	2-Ejected Pa	Partially 2-Otl	er Helmet	torcycle Helmet		10	-Booste	er Seat		-		ther	1	0-Other				nedic
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D3) - I Ico D4) D6) D7) SEA -Froi -Froi -Thi -Froi -No -Eje -Eje	PERSOTTROW cond Row ird Row cond Row ird Row cond Row ird Row	Actions Action	at Time ng Act Tes Urine Urine ocation ction at 1-Driver OSITION Iriver) by ELMET U DOT-Con Other Helme ssengers,	st Not Give Otl St Not Give Ot	en her Che en her her f Crash Crash 1 ger, 3-Pe Section of closed Case John Motor Ve g unit) n	edestrian HER Cab (truck trgo Area a Area	est (Noi efused , 6-Drivi AIRBAGC (1-Not A) 2-Not D 3-Deplo 4-Deplo (Knee, a 6-Deplo 7-Deplo 7-Deplo Sex (M,F,U)	er/Owner, 7-E B DEPLOYED pplicable eployed yed - Front yed - Side yed - Other ir belt) yed - ation pment - Curtain	OOD (C) (C) (C) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	- App O3) Driv Alcoh rug Tes O5) Nor O6) Nor O6) Nor O6) Nor O8) Bicy -Passen INT SYS plicable Jsed Alcoh to riy Used - testraint - testraint - testraint - Restraint Seat Restraint	arenti ver Acti ver Acti st Resu n Motor n Motor velist M. TEM btor Vehicap Belt Used sed cother Forward Rear Fac Used Inc	Result Result Ist Acti Ist Act	Time of Pend Pers Pers Pers Pers Pers Pers Pers Pers	of Crasing sitive or to Cr ime of own Op RY TYPE neution seding sken Bone rns neussion ock ziness rasion/Bri mplaint o ther	ash Crash erator: I 1 2 es 3 f Pain 9 1	25-Last NJURY /II-FaceHead I-Neck I-Back I-Chest S I-Internal I-Entire E 0-Other	Known AREA Stomach Body AMB	Operato INJURY 1-Fatal 2-Incap: 3-NonIn 4-Possii 5-No Inj INJURY 1-Office 2-Indivic Observa CODES - Injury	or/Owner DEGRE acitating capacita ble Injury ury INFO S r Observ dual Stat al, Parar ation see cod Inj Info Source	ating y GOUI vatio temes med A C
D3) L - II Mco Drug D4) D6) D7) SEA' 1-Frc 2-Se 3-Thi 4-Foi 1-No 2-Ejee 1-No 2-Ejee	PERSOTT ROW when we cond Row with Row hear Row in CITED to Elected Totali include to Last Nar *	Actions Action	at Time ng Act Tes Urine Urine ocation ction at 1-Driver OSITION Iriver) by ELMET U DOT-Con Other Helme ssengers,	st Not Give Otl St Not Give Ot	en her Che en her her f Crash Crash 1 ger, 3-Pe Section of closed Case John Motor Ve g unit) n	edestrian HER Cab (truck trgo Area a Area	est (Noi efused , 6-Drivi , 6-Drivi , 3-Deplo 4-Deplo (Knee, a 6-Deplo 7-Deplo (Knee, a 6-Deplo (M,F,U)	er/Owner, 7-E 5 DEPLOYED pplicable eployed yed - Front yed - Side yed - Other ir belt,) yed - Side yed - Other DOB	OOD (C)	- App O3) Driv Alcoh rug Tes O5) Nor O6) Nor O7) O6) Nor O7) O7) O7) O7) O7) O7) O7) O7	arenti ver Acti ver Acti st Resu n Motor n Motor velist M. TEM btor Vehicap Belt Used sed cother Forward Rear Fac Used Inc	Result Result Ist Acti Ist Acti Ist Acti Interpretation Result Ist Acti Ist	Time of Pend Pers Pers Pers Pers Pers Pers Pers Pers	of Crasing sitive or to Cr ime of own Op RY TYPE neution seding sken Bone rns neussion ock ziness rasion/Bri mplaint o ther Restraint System	ash Crash erator: I 1 2 es 3 f Pain 9 1	25-Last NJURY N-Face Head Neck Head Neck Head Neck Head Neck Head Neck Head Nock Head Nock Head Nock Head Nock Head Head Head Head Head Head Head Head	Known AREA Stomach Body AMB	Operato INJURY 1-Fatal 2-Incap: 3-NonIn 4-Possii 5-No Inj INJURY 1-Office 2-Indivic Observa CODES - Injury	or/Owner DEGRE acitating capacitating capacitating capacitating capacitating capacitating capacitating robserv dual Stata dal, Parar ation see cod lnj Info Source	SOUF Action de sh
D3) L - D7) D6) D7) SEA ¹ -Fro 2-Seb 4-Foi 5-Ott 4-Foi 5-Un 2-Eje 3-Eje 6	Driver / No Con No Con Include I Dreat Non Mo Pedestr PERSO T ROW cond Row wird Row her Row h	Actions Action	at Time ng Act Tes Urine Urine ocation ction at 1-Driver OSITION Iriver) by ELMET U DOT-Con Other Helme ssengers,	st Not Give Otl St Not Give Ot	en her Che en her her f Crash Crash 1 ger, 3-Pe Section of closed Case John Motor Ve g unit) n	edestrian HER Cab (truck trgo Area a Area	est (Noi efused , 6-Drivu AIRBAG 31-Not Ai 2-Not Di 3-Deplo 4-Deplo (Knee, a 6-Deplo; Combina 7-Deplo;	er/Owner, 7-E DEPLOYED pplicable eployed yed - Front yed - Other ir belt,) yed - Other ation DOB 01/11/73	OOD (C) OOD	- App O3) Driv Alcoh rug Tes O5) Nor O6) Nor O7) O6) Nor O7) O6) Nor O7) O7) O7) O7) O7) O7) O7) O7	arenti ver Acti ver Acti st Resu n Motor n Motor velist M. TEM btor Vehicap Belt Used sed cother Forward Rear Fac Used Inc	Result Result ist Acti ist Acti ist Acti aneuve ner, 24- le Occupied Facing correctly Air Bag Deployed 2 2	mal Time of Pend I Pend On Price on at 1 Pers Last Kn INJU 1-An ant 2-Ble 3-Br 4-Bu 5-Co 6-Sh 7-Di 8-Ab 9-Co 10-O Ejected 1	of Crasing ositive or to Cr own Op RY TYPE needing sken Bon rns ncussion ock zziness rasion/Bri mplaint o ther Restraint System 3	ash Crash erator: I 1 2 es 3 f Pain 9 1	25-Last N-JURY N-Face N-Head N-Reck N-Back N-Leg(s) -Chest S Internal Entire E 0-Other	Known AREA Stomach Body AMB	Operato INJURY 1-Fatal 2-Incap: 3-NonIn 4-Possii 5-No Inj INJURY 1-Office 2-Indivic Observa CODES - Injury	or/Owne DEGRE Decitating Capacitating Capacitating Capacitating Capacitating Capacitation See cod Inj Info Source 2	ating SOUF vation teme medi de sh

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STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency ME0030000	12-012676		6/7/2012	17:41	6/7/20		17:55	
City or Town Gray		eet or Highway RTE 26		Nearest Inters Int of DUNN	octing Street DR, ST RT	E 26		Off Ro
Direction FROM Nearest I	ntersection to Crash Site th ☑South ☐East	Distance	e From Nearest In	nter. Latitude 43.900120		Longitud		
	Node 2	Measurement No.	ode Distance to	Scene Posted Spec	-	Unknown N/A	-	Posted Posted
(F1) Type of Crash				of Location				
2 - Rear End / Sideswi	pe			Leg Intersection				
(F3) Weather Condition 1 - Clear			(F4) Light 1 - Daylig					
1 - Clear (F5) Road Grade				Surface Condition				
2 - On Grade			1 - Dry					
(F7) Traffic Control Device 1 - Traffic Signals (Sto			Traffic Co	ntrol Device Operatio	nal (pre-cras	sh)? No	Un	k
(F8) Location of First Harm			Total Dam	age over Threshold?	VY	es 🗆	No	
1 - On Roadway (F9) Contributing Circumst	anna Engironmont 1		(E9) Contr	ibuting Circumstance				_
(F9) Contributing Circumst 1 - None	ances - Environment i		(1 5) Conti	ibuting Oncombiance	2.1111101111			
(F10) Contributing Circums	stances - Road 1		(F10) Con	tributing Circumstand	es -Road 2			
1 - None								
In or Near a Construction,		Work Zone?	- 1	e Workers Present?	□V ₂₂	□No	Un	k
	Yes	✓ No	Unk (F40) Time	af Made 7	Yes			n .
(F11) Location of the Cras	h related to Work Zone		(F12) Type	e of Work Zone				
Law Enforcement Present	at Work Zone?		School Bu	ıs Related?				
Officer Present	Law Enforcemen	t Vehicle Only	No Yes,	Directly Involved	Yes, Indire	ctly Involve	d ✓I	Vo
V-2 was stopped waiti see V-2 stopped and st	ng for traffic to mov ruck V-2's rear bum	e wnen v-1 falle per.	ed to	Today Book				
V-2 was stopped waiti see V-2 stopped and si	ng for traffic to mov ruck V-2's rear bum	e wnen v-1 falle per.	ed to	Shaker Road				
V-2 was stopped waiti see V-2 stopped and st	ruck V-2's rear bum	e when V-1 falle	MI Address		Cíty		State	
see V-2 stopped and st	ruck V-2's rear bum	e when v-1 falle					State	
Witness Last Name Witness Last Name	First	e when v-1 falle	MI Address		City			Z
see V-2 stopped and st	First	e wnen v-1 falle	MI Address		City	or Town	State	Z
Witness Last Name Witness Last Name Witness Last Name Non Vehicle Property Dan Property Owner Name	First First nage Description	e wnen v-1 falle	MI Address		City City City City	or Town	State	Z Pri
Witness Last Name Witness Last Name Witness Last Name Non Vehicle Property Dan Property Owner Name Non Vehicle Property Dan	First First nage Description	e when v-1 falle	MI Address	State	City City City City	or Town	State Utilities State	Z Priv
Witness Last Name Witness Last Name Non Vehicle Property Dan	First First nage Description	Badge# Re	MI Address MI Address Address	State	City City City City City City City City	or Town	State Utilities State Utilities	

Last Modified: 6/15/2012 00:24

12-012676 ST	ATE OF MA	INE C	RASI	H R	EPOR1	-		11	NIT I	ΡΔ
Unit ID Hit Run? VIN 3FADP4AJ5BM153		ense Plate	State		Unit Type Passenger	Car			1411	74
	Company Name			1	Insurance F		nber			
(U2) Vehicle Make		Vehic	le Year	T(L	J3) Vehicle (Color				
18 - FORD		2011		14	4 - White					
(U4)Vehicle Configuration		- Common A	R or GCV : 10,000 I		□10.00	01 - 26,000	n iho I	□ > the	an 26,0	വ
Vehicle Has 9 or More Seats ?	AT Placarded ?	bound	le Travel			orthbound		South		001
☐Yes ☑ No	Yes V		astbound		Westbound		ot on Road			kno
(U5) Special Function Vehicle 1 - No Special Function	Exempt Ve	hicle Emer	gency Ve	hicle R	Responding t	to Scene ?		Yes	No)
Extent of Damage No Damage Observed	Minor Damag	е [Function	onal Da	amage	✓ Tow	ed Due to	Disabli	ing Dar	ทลดู
(U6) Most Damaged Area			/lost Harr							
12 - Front					in Transp					
(U8) Pre Crash Actions 10 - Slowing in traffic		(U9) (1 - N		ng Circ	umstances	- Vehicle				_
(U10) Sequence of Events 1			Sequenc	e of Fi	rente 2					_
21 - Motor Vehicle In Transport		(010)	oequenc	COLLY	Zents Z					
(U10) Sequence of Events 3		(U10)	Sequenc	e of Ev	ents 4					
Claim Birth British					F .					
Last Known Operator *	se Number Activ		ense Susper	nded	State C	cense Cla	ss Endor O	sement	0	
DRIVER Last Name First Na *	ne	MI DRIVI	ER Addre *	SS		City		St	ate	Zip
Citation Number Pending		Violati	on 1			Violat	tion 2			
DWNER Last Name (skip if same as Driver) First	Name MI	OWNE	R Addre	SS		City		Sta	ate Z	Zip
D1) Driver Distracted By				at Time	e of Crash					_
L - Not Distracted			parenti							
D3) Driver Actions at Time of Crash 1		(D3) D	river Acti	ons at	Time of Cra	sh 2				
20 - Unknown Alcohol Test Test Not Given Test	D () []					T	5165			
Breath Urine Other Chemica	Test (Not Field Sobriety o	ood Alc	ohol Test	Resul	t Pending	Alcohol	BAC Resu	ılt		
Orug Test	Refused Blo	ood Drug 1	est Resu	ult	Positive	. Ne	egative	Per	nding	
D4) Non Motorist Location at Time of Crash		(D5) N	on Motor	ist Acti	on Prior to (Crash				
DONNER Method to Constitution (Constitution)		05/21								
D6) Non Motorist Action at Time of Crash 1		(D6) N	on Motor	ist Acti	ion at Time i	of Crash 2				
D7) Pedestrian Maneuvers		(D8) B	icyclist M	aneuv	ers					_
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestr	ian, 6-Driver/Owner, 7-B	icvole, 8-Pass	enger/Ow	ner 24-	l ast Known (nerator 25.	-l ast Knowi	n Operat	or/Owne	
SEAT ROW SEAT POSITION SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT S		,	INJURY TY	PE INJ	URY AREA		Y DEGRI	
1-Front Row 1-Left (driver) 1-Sleeper Section of Cab (to 2-Second Row 2-Middle 2-Other Enclosed Cargo Arc	ea 2-Not Deployed	1-Not Applicab 2-None Used -	le Motor Vehic	de Occup	1-Amputation ant 2-Bleeding	2-H	ace lead	1-Fatal 2-Incar	l pacitating	
3-Third Row 3-Right 3- Unenclosed Cargo Area 4-Fourth Row 4-Other 4-Trailing Unit	3-Deployed - Front 4-Deployed - Side	3-Shoulder and 4-Shoulder Bel	t Only Used		3-Broken Be 4-Burns	4-B	leck ack		ncapacita sible Injur	
5-Other Row 5-Unknown 5-Riding on Motor Vehicle E 6-Unknown (non-trailing unit)	(knee, air belt,)	5-Lap Belt Only 6-Restraint Use	Used ed - Other		5-Concussion 6-Shock	6-Le	rm(s) eg(s)	5-No Ir	njury	
6- Unknown EJECTED HELMET USE	6-Deployed - Combination	7-Child Restrai 8-Child Restrai			7-Dizziness 8-Abrasion/	. •	hest Stomach ternal		Y INFO S er Obsen	
1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 2-Detected 2-Other Helmet 2-Other Helmet 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 1-DOT-Compliant Motorcycle Helmet 1-DO	7-Deployment - Curtain	9-Child Restrai 10-Booster Sea	nt - Used Inc		9-Complain 10-Other	t of Pain 9-E	ntire Body Other	2-Indivi	idual Statical, Para	teme
3-No Helmet		11-Child Restr					76.	Observ		
erson Include Driver, Passengers, Bicyclist, and Pedestrians	Sex DOD	Seat Sea	s Seat	Air Dan	Dest	ا - حدادك المأن		BCODES		
Type Last Name, First Name, Mi	(M,F,U) DOB	Pos Po	s Pos Other	Deployed	Ejected Restra	m Use D	Injury Injury Jegree Type		Inj Info Source	C
6 *	F 05/14/90			2	1 3		4 9	3	2	
				_	-		-	-	-	-
									4	
aine Department of Public Safety		Page 2	1			Farm	12,20 A D	ovie a a	lanur	
		rage 2				rorm	13:20A R	∌vised ₁	Januai	ry 2

Report Number 12-012676	STATE	OF MAIN	IE CF	RASH						UN	IT PA	٩G
Unit ID Hit Run? VIN 3GTRK	/E31AG250958	License *	Plate	State ME	(U1) U 5 - Pi	nit Type ckup	;					
No Insurance NAIC 26042	Insurance Company	Name			*	nsuranc	e Policy	/ Number				
(U2) Vehicle Make			Vehicle	Year) Vehicl	e Color					
23 - GMC (U4)Vehicle Configuration			2010 GVWB	or GCW		- Red						_
(04) verible configuration				10,000 lb		10	,001 - 2	26,000 lbs	s	> than :	26,000	lbs
Vehicle Has 9 or More Seats ? ☐ Yes ✓ N	HAZMAT Placar	ded? Yes ✓ N o	□ Ea	e Travel astbound		Vestbo		Not or	Roadw	Southbor ay	und Unkr	now
(U5) Special Function Vehicle 1 - No Special Function		Exempt Vehicl	Emerg	ency Vel	nicle Re	spondir	ng to Sc	ene?	Ye	es [No	
Extent of Damage No Damage	Observed M	inor Damage		Functio	nal Dar	nage		Towed	Due to D	isabling	Dama	ige
(U6) Most Damaged Area 6 - Rear				ost Harn 1otor V e			snort					
(U8) Pre Crash Actions				ontributir				hicle				
11 - Stopped in traffic			1 - No									
(U10) Sequence of Events 1			(U10) S	Sequenc	e of Eve	ents 2						
21 - Motor Vehicle In Transport (U10) Sequence of Events 3			(U10) 9	Sequenc	e of Fve	ents 4			_			_
(o to) gednetice of Everity a			(3,10)	- 4440110								
✓ Driver Bicycle Pedestri	an License Number	er Active	No Lic	ense 🔲 Susper		State ME	Licens C	e Class	Endorse I		Restri 0	
DRIVER Last Name *	First Name	M	DRIVE * ME*	R Addre	SS			City		Stat	e Z	ìp
Citation Number Pending			Violatio	on 1				Violation	2			
OWNER Last Name (skip if same as *	Driver) First Name	MI	OWNE * ME*	R Addre	SS			City		State	e Zi	р
(D1) Driver Distracted By 1 - Not Distracted				ondition parentl			h					
(D3) Driver Actions at Time of Crash	1			river Acti			Crash 2	2				
1 - No Contributing Action	1						To	la ala al DA	O Bassill			_
	her Chemical Test (Not	Field Sobriety or PE	TILIAIC	ohol Test		Pendin	g A	lcohol BA	C Result			
Drug Test Not Given	en Test Refused	Blood	Drug T	est Resi	ılt	Pos	itive	Nega	tive [Pend	ing	
(D4) Non Motorist Location at Time of	f Crash		(D5) N	on Motoi	ist Actio	on Prior	to Cras	sh				
(D6) Non Motorist Action at Time of 0	Crash 1		(D6) N	on Moto	ist Actio	on at Tir	ne of C	rash 2				
(D7) Pedestrian Maneuvers			(D8) B	icyclist IV	laneuve	ers						
PERSON TYPE 1-Driver, 2-Passer	nger 3-Pedestrian 6-Driv	er/Owner, 7-Bicvo	cle. 8-Pass	senaer/Ov	ner, 24-	Last Kno	wn Oper	ator 25-La	st Known	Operator	/Owner	-
SEAT DOWN SEAT DOSITION SEAT DO	SITION OTHER AIRBA	DEPLOYED RE	STRAINT S	YSTEM		INJUR	Y TYPE	INJUR'	Y AREA	INJURY		
1-Front Row 1-Left (driver) 1-Sleeper 2-Second Row 2-Middle 2-Other E		epioyea 2-N	lot Applicab Ione Used -	Motor Vehi	cle Occup	ant 2-Blee	utation ding	1-Face 2-Head	1	1-Fatal 2-Incapa		
3-Third Row 3-Right 3- Unencli 4-Fourth Row 4-Other 4-Trailing	Unit 4-Deplo	oyed - Front 3-8 oyed - Side 4-5	Shoulder and Shoulder Bel	t Cap Belt U t Only Used	sed	3-Brok 4-Burr	en Bones Is	4-Back		3-NonInd	le Injury	
5-Other Row 5-Unknown 5-Riding of 6-Unknown (non-trailing)	ng unit) (knee, a	air belt,) 6-F	ap Belt Only Restraint Use			6-Sho		5-Arm(6-Leg(s	s)	5-No Inji	•	
6- Unknow EJECTED HELMET USE			Child Restrai				sion/Bruis	ses 8-Interi		INJURY 1-Office	Observ	ation
1-Not Ejected 1-DOT-Compliant Motor	rcycle Helmet 7-Deplo	syment - Curtain 9-0	Child Restrai	int - Used Ir	correctly	9-Com 10-Oth		Pain 9-Entin 10-Oth		2-Individ 3-Medic	al, Paran	
3-Ejected Totally 2-Other Helmet 3-No Helmet			Child Resti						4110	Observa		
Parson Include Driver, Passengers, Bicyclist, an	d Pedestrians		Seat Se	at Seat	Air Bag	-	Pastraint F	Helmet Inju		CODES -		e sni Ar
Person Type Last Name, First Name, Mi	M,F,U	DOB	Pos Po Row	Pos Other	Deployed	Ejected F	System	Use Degi		Area		Co
1 *	М	03/28/58	1 1		2	1	3	5			2	1
-		55, 25, 55				-						
				-			-	-	+			
	11/1											
Maine Department of Public Safety			age 3					Form 13	:20A R	vised .	anuar	v 2
name begandificite of Fublic Safety			au c J									

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agence ME0030000	у	Report Numb 12-024212	er		ash Date 1/4/2012	Crash T 16:50		cene Date 4/2012	At Scer 17:00	ne Time
City or Town Gray			et or Highway RTE 26				st Intersecting St			Off Road
	Nearest Intersection				m Nearest Inte	r. Latitud	de	Longitu -70.34		
Node 1	Node 2	ouiiiEasi	Measurement No				ted Speed Limit	Unknowr		Posted 25
17097	0		59746				Mico 35 : Hou	N/A		Posted 45
(F1) Type of Cras 2 - Rear End /					(F2) Type of 4 - Four Le		ction			
(F3) Weather Con	ndition				(F4) Light Co					
4 - Rain (F5) Road Grade					1 - Dayligh (F6) Road S		dition			
1 - Level					2 - Wet					
(F7) Traffic Contr	ol Device als (Stop & Go)				Traffic Contr	ol Device C	Operational (pre-d ✓ Yes	crash)? No	∏Ur	ık
(F8) Location of F	irst Harmful Event				Total Damag	je over Thr	eshold?	1		
1 - On Roadwa	y Circumstances - E	nvironment 1			(EQ) Contribu	iting Circur	nstances - Enviro		No	
1 - None	Circumstances - L	HAILOHILIE H.			(F9) Continue	ung Circui	nstances - Enviro	Jillient Z		
(F10) Contributing	g Circumstances -	Road 1			(F10) Contrib	outing Circu	ımstances -Road	2		
	struction, Maintena				Work Zone V	Vorkers Pre				
(F11) Location of	the Crash related	Yes o Work Zone	✓ No	Unk	(F12) Type o	f Work Zon	Yes	No	Un	k
	Present at Work Z			7	School Bus F					
NARRATIVE	Present Lav	v Enforcement	Vehicle Only _	No	CRASH DIA	ectly Involv	red Yes, Ind	irectly Involved		No .
							States.			
Witness Last Nam	ne	First		MI	Address		City	S	tate	Zip
Witness Last Nam	e	First		MI	Address		City	S	tate	Zip
Non Vehicle Prope	erty Damage Descr	ription					State City	or Town	Utilities	Private
Property Owner N	ame				Address		City	S	tate	Zip
Non Vehicle Prope	erty Damage Desci	iption					State City	or Town	Utilities	Private
Property Owner Na	ame				Address		City	S	tate	Zip
Reporting Officer Dep George Ber	nier	B 3		ort Da 4/20		pproved By gt David I			oproved E 0/9/201	
Maine Departmen		3	10/4		ge 1	gt David		rm 13:20A Re		

Last Modified: 10/9/2012 12:57

Dense Plate Milk Run? With Wi	Report Number 12-024212 STA	TE C	F MAIN	IE (CRA	\SH	RE	POF	RT				UN	IT PA	٩G
Not Insurance Note Insurance Note Insurance Note No	Unit ID WILL DURY VIN					State	(U1) U	nit Typ	е	Vehic	cle				
Welnicle Make C7 - TOVTA C8 C8 C7 - TOVTA C8 C8 C9 C9 C9 C9 C9 C9	NAIC Insurance Co		lame				lr	suran							
2006 14 - White 2006 15 - White 2006 2007 26 000 2	20/96			\/ah	nicle Y	ear			le Cnl	or					
Vehicle Has 9 or More Seats ? Vehicle Frame Sund More Seats ? Vehicle Frame Sund More Seats ? Vehicle Frame Direction (Aborthound Southbound Southbound Not on Readway Unknow (U.S.) Special Function 1 More Seats of Punction 1 More Seats of Punc	67 - TOYOTA					Jai	,	,							
Vehicle Has 9 or More Seats 7 Ves	(U4)Vehicle Configuration							□ 1	0.001	26.00	0 lbe		> than	26 000	lhs
Use Percent Vest No Percent Percen	Vehicle Has 0 or Mare Spate 2	E Placard	ad 2	- 1	-						_				, 100
1. No Special Function]Eastl	bound		Vestbo	und	□N	ot on R				owi
US Most Damaged Ares 17 Most Harmful Event 13 - Motor Vehicle in Transport 17 Most Harmful Event 13 - Motor Vehicle in Transport 18 Most Part 19 Most Pa	(U5) Special Function Vehicle 1 - No Special Function		Exempt Vehicl	e Em	ergen	cy Veh	icle Re	spond	ng to S	Scene (?	Ye	s [No	
13 - Motor Vehicle In Transport 13 - Motor Vehicle In Transport 13 - Motor Vehicle In Transport 14 - Following croadway 1 - None 1	Extent of Damage	✓ Min	or Damage		F	unctio	nal Dar	nage		Tov	ved Du	ie to D	isabling	g Dama	age
U9 Contributing Circumstances - Vehicle 1 - None U10 Sequence of Events 2 U10 Sequence of Events 2 U10 Sequence of Events 3 U10 Sequence of Events 4 U10 Sequence of Events 5 U10 Sequence of Events 5 U10 Sequence of Events 5 U1	(U6) Most Damaged Area														
1 - None	12 - Front	_									_			-	_
U10) Sequence of Events 2 U10) Sequence of Events 3 (U10) Sequence of Events 4 U10) Sequence of Events 3 (U10) Sequence of Events 4 U10) Sequence of Events 3 (U10) Sequence of Events 4 U10) Sequence of Events 5 U10) Sequence of Events 5 U10) Sequence of Events 5				1,	,		y Circu	mstan	J69 - V	enicie					
Univer Bicycle Pedestrian Ulcense Number Active No License Permit State License Class Restriction Suspended ME C No No No No No No No	(U10) Sequence of Events 1			(U1	0) Sec	luence	of Eve	ents 2							
Driver Bicycle Pedestrian License Number Active No License Permit State License Class Rendersements Restriction Active No License Permit State License Class Rendersements Restriction Active No License Permit State License Class Rendersements Restriction Active No License Permit State License Class Rendersements Restriction Active No License Permit State License Class Rendersements Restriction Active No License Permit State License Class Rendersements Restriction Active No License Permit State License Class Rendersements Restriction Active No License Permit State License License Rendersements Restriction Active No License Rendersements Restriction Active No License Rendersements Restriction Active Rendersements Restriction Active Rendersements Rendersements Restriction Active Rendersements	•			// /4	0) 500	Hence	of Eve	ents 4				_	_		
Case	(OTO) Sequence of Events 3			101	0) 380	₁ ucrict	OIEVE	JIII 4							
* ME* Citation Number Pending		a Number	Active [No	Licens	e F uspen	ermit ded			nse Cla		ndorse	ments	A	
OWNER Last Name (skip if same as Driver) First Name OWNER Address	DRIVER Last Name First Name *	e	M			Addres	S			City	/		Sta	te Z	ip —
* ME* CP2 Condition at Time of Crash	Citation Number Pending			Vio	lation	1				Viola	ation 2				
(D2) Driver Actions at Time of Crash 1 4- Followed Too Closely Alcohol Test	OWNER Last Name (skip if same as Driver) First N *	ame	MI			Addres	is			City			Stat	e Zi	р
Day Driver Actions at Time of Crash 1 Drug Test Not Given	(D1) Driver Distracted By			(D2	2) Cond				sh						
Alcohol Test)							f Crash	1.2		-			_
Alcohol Test Breath Urine Other Chemical Test (Not Field Sobriety or PBT) Drug Test 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 (D7) Pedestrian Maneuvers (D8) Bicyclist Maneuve				(00	יום (כ	T ACIR	AID at	i iiiie o	Orabi	_					
Ufrine	Alcohol Test				Alcoho	I Test	Result	Pendi	ng	Alcoho	I BAC	Result			
(D5) Non Motorist Action at Time of Crash 1 (D6) Non Motorist Action at Time of Crash 1 (D7) Pedestrian Maneuvers (D8) Bicyclist Maneuvers (D8)	Drug Test Vot Given Test F			_	ıg Tes	t Resu	lt	Po	sitive		legativ	е [Pen	ding	
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 OTHER 1-Steeper Section of Cab (truck) 1-Not Applicable 2-Second Row 2-Middle 2-Other Enclosed Cargo Area 3-Not Deployed 3-Third Row 3-Right 3-Unenclosed Cargo Area 4-Trailing Unit 4-Fourth Row 5-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 1-Right 1-Not Applicable 2-None Used 1-Not Applicable 4-Shoulder and Lap Belt Used 3-Broken Bones 3-Neck 3-Nonincapacitating 4-Possible Injury 6-Restraint Used - Other 6-Restraint Used - Other 6-Unknown 6-Unknow	(D4) Non Motorist Location at Time of Crash			(DS	i) Non	Motori	st Actio	on Prio	r to Cr	ash					
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 1-Front Row 1-Left (driver) 1-Sleeper Section of Cab (truck)1-Not Applicable 2-Other Enclosed Cargo Area 2-Not Deployed 2-Not Deployed 5-Steed Row 3-Right 3-Unenclosed Cargo Area 4-Pourth Row 4-Other 4-Trailling Unit 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown 7-Deployed - Combination 8-Deployed 8-Deploye	(D6) Non Motorist Action at Time of Crash 1			(D6	S) Non	Motori	st Actio	on at T	ime of	Crash	2				
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 1-Front Row 1-Left (driver) 1-Sleeper Section of Cab (truck)1-Not Applicable 2-Other Enclosed Cargo Area 2-Not Deployed 2-Not Deployed 5-Steed Row 3-Right 3-Unenclosed Cargo Area 4-Pourth Row 4-Other 4-Trailling Unit 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown 7-Deployed - Combination 8-Deployed 8-Deploye	(D7) Pedestrian Maneuvers			(D8	3) Bicv	clist M	aneuve	ers				-			_
SEAT ROW SEAT POSITION SEAT POSITION OTHER 1-Front Row 1-Left (driver) 2-Second Row 2-Middle 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 3-Unenclosed Cargo Area 3-Deployed - Front 4-Fourth Row 4-Other 5-Unknown 5-Unknown EJECTED 1-Not Eglected 2-Deployed - Front 5-Unknown 5-Unknown 5-Unknown 6-Unknown 2-Ejected Partially 3-Ejected Totally 3-No Helmet 2-Other Helmet 3-No Helmet 2-Deployed - Front 4-Deployed - Front 5-Deployed - Front 5-Dep	,													10	
2-Socond Row 2-Middle 2-Other Enclosed Cargo Area 3-Indird Row 3-Right 3-Unenclosed Cargo Area 4-Fourth Row 4-Other 4-Trailing Unit 5-Other Row 5-Unknown 5-Indird Row 4-Deployed - Side 4-Deployed - Side 4-Deployed - Side 4-Shoulder Belt Used 4-Shoulder Belt Used 4-Shoulder Belt Used 4-Burns 4-Burns 4-Back 4-Possible Injury 5-One Side 4-Deployed - Shoulder Belt Unit Used 5-Deployed - Other (knee, air belt,) 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Deployed - Other 6-Deployed - Other (knee, air belt,) 6-Deployed - Other 6-Deployed - Other 8-Deployed - Other 8-Deployed - Other 8-Deployed - Other 8-Deployed - Other 9-Other 8-Deployed - Other 9-Other 8-Deployed - Other 9-Other 8-Deployed - Other 9-Other 9-Oth	SEAT DOWN SEAT DOGITION SEAT POSITION OTHER	AIRBAG	DEPLOYED RE	STRAIL	NT SYST	EM		INJU 1-Am	RY TYPI putation	E 11	NJURY A		INJURY 1-Fatal	DEGRE	
4-Fourth Row 4-Other 5-Other Row 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown 6	2-Second Row 2-Middle 2-Other Enclosed Cargo Area	3-Deploy	ed - Front 3-	None Us Shoulde	sed - Moi r and La	p Belt Us	ed	3-1310	ken bon	es 3	-Neck		3-Nonir	capacita	
EJECTED 1-Not Ejected Partially 3-Ejected Totally 3-Ejected Totally 4-Deployment 1-OT-Compliant Motorcycle Helmet 3-No Helmet	5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ex	1 5-Deploy	ed - Other 5-	ap Belt	Only Us	ed		5-Co	ncussion	5	-Arm(s)				
HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Ejected Partially 3-Ejected Totally 3-No Helmet 1-DOT-Compliant Motorcycle Helmet 3-No Helmet 2-Diployment - Curtain 10-Other	6- Unknown	6-Deploy	ed - 7-	Child Re	estraint -	Forward		7-Diz	ziness	7	-Chest S	tomach			
3-Ejected Totally 3-No Helmet 11-Child Restraint - Other Observation AMB CODES - see code should be compared to the see code should be compared to the compar	1-Not Ejected 1-DOT-Compliant Motorcycle Helmet	7-Deploy	ment - Curtain 9-	Child Re	estraint -	Used In	correctly	9-Co	mplaint o	f Pain 9	-Entire B	ody			
Person Include Driver, Passengers, Bicyclist, and Pedestrians Type Last Name, First Name, MI Sex (M,F,U) DOB Seat Pos Pos Pos Pos Other Seat Pos Deployed Seat Air Bag Seat Pos Deployed System Use Degree Type Area Source Co	OF LITTER					- Other							Observ	ation	
Last Name, First Name, Mil	Person Include Driver, Passengers, Bicyclist, and Pedestrians	Sev			Seat	Seat	Air Ban		Restrair	t Helmet	Injurv				
1 * M 10/04/95 1 1 2 1 3 5 2 :	Type		DOB			Pos Other	Deployed	Ejected	System	Use	Degree				
	1 *	М	10/04/95	1	1		2	1	3		5			2	1
												-			

12-024212 STA	TE OF MAII	E CRASH REPORT	JNIT PAG							
Unit ID Hit Run? VIN 1G2WJ52M0SF282:	Licens		JNII FAC							
	ompany Name	Insurance Policy Number								
(U2) Vehicle Make 58 - PONTIAC		Vehicle Year (U3) Vehicle Color								
(U4)Vehicle Configuration		1995 14 - White GVWR or GCWR								
Vehicle Has 9 or More Seats ? HAZMA	T Placarded ?		an 26,000 lbs							
☐Yes ✓No	Yes No	Eastbound Westbound Not on Roadway	nbound Unknow							
(U5) Special Function Vehicle 1 - No Special Function	Exempt Vehic	Emergency Vehicle Responding to Scene ?	ΠNo							
Extent of Damage	✓ Minor Damage	Functional Damage Towed Due to Disab								
(U6) Most Damaged Area		(U7) Most Harmful Event								
6 - Rear (U8) Pre Crash Actions		13 - Motor Vehicle in Transport (U9) Contributing Circumstances - Vehicle								
11 - Stopped in traffic		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 Last Known Operator	Number Active	No License Permit State License Class Endorsemen	ts Restriction							
DRIVER Last Name First Name	≥		State Zip							
Citation Number Pending		* ME* Violation 1 Violation 2								
OWNER Last Name (skip if same as Driver) First N	ame MI		tate Zip							
* (D1) Driver Distracted By		* ME*								
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 Vot Given Test R	efused Blood	Alcohol Test Result Pending Alcohol BAC Result								
Drug Test		Drug Test Result Positive Negative Pe	ending							
(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										
h		(D8) Bicyclist Maneuvers								
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestriar SEAT ROW SEAT POSITION SEAT POSITION OTHER		, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Opera								
1-Front Row 1-Left (driver) 1-Sleeper Section of Cab (truc 2-Second Row 2-Middle 2-Other Enclosed Cargo Area	()1-Not Applicable 1-N 2-Not Deployed 2-N	Applicable 1-Amputation 1-Face 1-Fata	RY DEGREE al apacitating							
3-Third Row 3-Right 3- Unenclosed Cargo Area 4-Fourth Row 4-Other 4-Trailing Unit 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext	4-Deployed - Side 4-S	ulder and Lap Belt Used 3-Broken Bones 3-Neck 3-Non ulder Belt Only Used 4-Burns 4-Back 4-Pos	nIncapacitating ssible Injury							
5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown 6-Unknown	(knee, air belt,) 6-R	Belf Only Used 5-Concussion 5-Arm(s) 5-No l traint Used - Other 6-Shock 6-Leg(s) 6-Leg(s) d Restraint - Forward Facing 7-Dizziness 7-Chest Stomach INJUIF								
EJECTED 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet	Combination 8-C	d Restraint - Rear Facing 8-Abrasion/Bruises 8-Internal 1-Office	RY INFO SOURCE cer Observation vidual Statement							
2-Ejected Partially 3-Ejected Totally 3-No Helmet	10-1	oster Seat 10-Other 10-Other 3-Med	dical, Paramedical rvation							
Person Include Driver, Passengers, Bicyclist, and Pedestrians		AMB CODES	S - see code sheet							
Person Include Driver, Passengers, Bicyclist, and Pedestrians Type Last Name, First Name, Mi	(M.F.U) DOB	at Seat Air Bag Restraint Helmet Injury Injury Injury Pos Pos Deployed Ejected System Use Degree Type Area								
1 *	M 05/08/91	1 2 1 3 5	2 1							
		+++++++++	1							
laine Department of Public Safety	Pa	e 3 Form 13:20A Revised	January 201							

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