

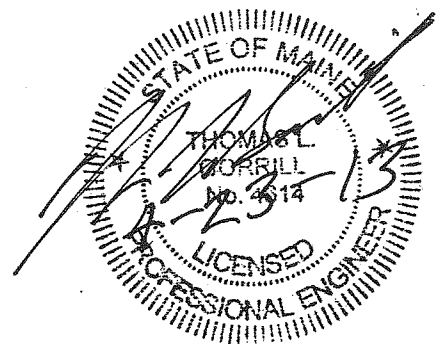
## Traffic Impact Study

Service Center at  
2282 Congress Street  
Portland, Maine

Prepared for:  
C.J. Developers, Inc.  
35 Primrose Lane  
Freeport, ME 04032

April 2013

Prepared by:



Gorrill-Palmer Consulting Engineers, Inc.

*Engineering Excellence Since 1998*

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**Traffic Impact Study  
CJ Developers, Inc.  
Portland, Maine**

*Index*

<i>Section</i>	<i>Description</i>	<i>Page</i>
	Executive Summary	1
I.	Existing and Proposed Site	2
II.	Background Traffic Conditions	2
III.	Trip Generation	3
IV.	Trip Distribution	4
V.	Trip Composition and Assignment	4
VI.	2013 Post Development Traffic	5
VII.	Study Area	5
VIII.	Auxiliary Lanes	5
IX.	Capacity Analyses	5
X.	Signal Warrant Analyses	7
XI.	Queue Analysis	10
XII.	Crash Data	10
XIII.	Sight Line Analysis	11
XIV.	Conclusions and Recommendations	11

***Appendix A***

Site Location Map  
Traffic Count Data Sheets  
Turning Movement Diagrams

***Appendix B***

Capacity and Queuing Analyses Results

***Appendix C***

MaineDOT Crash Data  
Trip Generation Calculations  
Lane Warrant Sheet  
Signal Warrant Worksheets

## Executive Summary

The following Executive Summary is prepared for the reader's convenience, but is not intended to be a substitute for reading the full report.

Gorrill-Palmer Consulting Engineers, Inc. has been retained by CJ Developers, Inc. to prepare this traffic impact study for a proposed development in Portland, Maine. The site is located on Congress Street opposite Blueberry Road and is currently undeveloped. The proposed development includes a convenience store with 12 regular fueling positions, 2 diesel fueling positions and an ATM. Access to the site will be via a driveway opposite Blueberry Road. The project is anticipated to be completed by the end of 2013.

The following is a summary of the findings and conclusions of the study:

1. The proposed development is forecast to generate 211, 277, and 189 trip ends for the weekday AM and PM, and Saturday peak hours of adjacent street traffic, respectively. (Note: A trip end is either a trip in or out of the site. Therefore a single customer making a round trip would equal two trip ends). The project will require a MaineDOT Traffic Movement Permit since it generates over 99 trip ends during a peak hour. The MaineDOT has delegated their permit process to the City.
2. The capacity analyses show the site traffic can be accommodated with the restriping of Congress Street in the immediate area of the site to accommodate a short left turn lane into the site.
3. Based on a review of the signal warrants contained in the Manual on Uniform Traffic Control Devices, none of the signal warrants are met.
4. Gorrill-Palmer Consulting Engineers, Inc. obtained the latest three year crash history (2009-2011) from MaineDOT to identify if there were High Crash Locations (HCL's) within the immediate area. Based on this information, there are no high crash locations.
5. The sight lines at the proposed driveway exceed MaineDOT requirements. Gorrill-Palmer Consulting Engineers, Inc. recommends that all plantings, which will be located within the right-of-way, not exceed three feet in height and be maintained at or below that height. Signage should not interfere with sight lines. In addition, we recommend that during construction, when heavy equipment is entering and exiting into the site, that appropriate measures, such as signage and flag persons, be utilized in accordance with the Manual on Uniform Traffic Control Devices.

Based on these findings, it is the opinion of Gorrill-Palmer Consulting Engineers, Inc. that the adjacent street system can accommodate the traffic generated by the site with the recommended improvements.

## I. *Existing and Proposed Site*

The project is located on Outer Congress Street opposite Blueberry Road in Portland, Maine. The site is identified on the City Tax Map 237, Lot A012. A site location map has been included in Appendix A.

The site is currently undeveloped. A single driveway opposite Blueberry Road provides access to the Maine Turnpike Authority property and this site. The site is proposed to include a 3,850 sf convenience store with 12 fueling positions, a diesel pump with 2 fueling positions and one ATM.

Access to the site will be provided via an improved un-signalized driveway opposite Blueberry Road. The site is bound to the north by the Maine Turnpike property and Congress Street, to the south by Skyway Drive, to the east by the Maine Turnpike, and to the west by a commercial use.

## II. *Background Traffic Conditions*

Gorrill-Palmer Consulting Engineers, Inc. based this study on the following information:

- A site plan prepared by DeLuca-Hoffman Associates, Inc..
- High Crash Listings for 2009-2011 provided by the Maine Department of Transportation.
- Turning movement counts completed by our office in July 2012 and March 2013.

### **Predevelopment Traffic Volumes**

#### *Seasonal Adjustment*

The MaineDOT utilizes highway classifications of I, II, or III for state and local roadways. Type I roadways are defined as urban roadways, or those roads that typically see commuter traffic and experience little fluctuation from week to week throughout the year. Type II roadways, or arterial roadways are those that see a combination of commuter and recreational traffic and therefore experience moderate fluctuations during the year. Type III roadways, or recreational roadways are typically used for recreational purposes and experience dramatic seasonal fluctuation. Congress Street is classified as a Group I roadway and since the counts were collected in July, no seasonal adjustment is necessary. The March counts were somewhat higher than the July counts so the July volumes were balanced upward to the March counts.

#### *Annual Growth*

The proposed development is anticipated to be fully operational by the end of 2013. Traffic volumes in the Portland area and on Congress Street have not increased in recent years, therefore no adjustment for annual growth was made.

### *Other Development*

Approved projects that are not yet opened as well as projects for which applications have been filed are required to be included in the predevelopment volumes for this project. Gorrill-Palmer Consulting Engineers, Inc. contacted the City of Portland planning department to determine whether there are any other projects that have been approved or are ahead in the approval process whose traffic should be considered as background traffic in the study for this project. Based on our conversation, it is our understanding that there are currently two active projects in this area which need to be added to our background traffic which are summarized below:

144 Hutchins Drive- This facility is forecast by others to have an average of 5 employees which will generate 5 peak hour trip ends in both the weekday AM and PM peak hours. We have added the 5 employee trip ends due during both the AM and PM peak hours to the pre-development traffic levels in our study.

ECOMAINE has a project in the approval process, but it is our understanding from City staff that it will not result in an increase in traffic.

The veterinarian on the corner of Hutchins had an expansion approved several years ago but it is our understanding from City staff that their approval has lapsed so the project was not considered in our analysis.

### **III. *Trip Generation***

Gorrill-Palmer Consulting Engineers, Inc. used the Institute of Transportation Engineers (ITE) publication *Trip Generation*, 8<sup>th</sup> Edition as the source for determining the potential trip generation for the site. The 8<sup>th</sup> Edition was used because it provided a Saturday Peak Hour trip generation for the Convenience Store with fueling positions whereas the 7<sup>th</sup> Edition does not. To determine the trip generation for the Convenience Store with fueling positions we used Land Use Code 853, averaging the trip generation from fueling positions and size of store. Land Use Code 912 was used to forecast the ATM, which forecasts 10 and 28 trip ends during the AM and PM peak hours of adjacent street traffic respectively.

The trip generation calculations are included in Appendix C and are summarized as follows for the peak hours of the adjacent street traffic:

AM Peak Hour Adj St:	211 trip ends
PM Peak Hour Adj St:	277 trip ends
Saturday Peak Hour:	189 trip ends

This level of trip generation requires a MaineDOT Traffic Movement Permit which has been delegated to the City of Portland. Our analyses focused on the weekday AM and PM peak hours since the traffic levels are less during a Saturday.

#### IV. *Trip Distribution*

Gorrill-Palmer Consulting Engineers, Inc. has obtained the ratio of entering and exiting traffic from the Institute of Transportation Engineers publication *Trip Generation*, 8<sup>th</sup> Edition (7<sup>th</sup> Edition is the same). Based on the ITE information, the trip distribution would be the following for the AM, and PM peak hours:

Weekday AM peak hour      50% entering, 50% exiting  
 Weekday PM peak hour      50% entering, 50% exiting

#### V. *Trip Composition and Assignment*

Gorrill-Palmer Consulting Engineers, Inc. has estimated trip composition for the facility based on the ITE *Trip Generation Handbook*. For LUC 853 – Convenience Market with Gasoline Pumps the trip composition would be the following:

Weekday AM - 12% Primary, 25% Diverted, 63% Pass-By  
 Weekday PM – 16% Primary, 18% Diverted, 66% Pass-By

For the purpose of this project, we combined the Primary and Diverted and rounded to the following, which is conservative since it increases the primary trips and reduces the pass-by trips:

Weekday AM / PM – 40% Primary / Diverted, 60% Pass-By

For LUC 912-Drive-In Bank, the shared trips are forecast to be 50% with the convenience store. Thus, trips at the driveway would be 5 and 14 during the AM and PM peak hours respectively with 50% being pass-by and 50% being a combination of primary and diverted trips.

The total trip distribution is summarized on the following table:

<b>Proposed Trip Composition</b>						
<b>Trip Type</b>	<b>Entering</b>		<b>Exiting</b>		<b>Total</b>	
	<b>AM</b>	<b>PM</b>	<b>AM</b>	<b>PM</b>	<b>AM</b>	<b>PM</b>
<b>Primary / Diverted</b>	42	54	41	54	83	108
<b>Pass-By</b>	62	77	61	78	123	155
<b>Total</b>	<b>104</b>	<b>131</b>	<b>102</b>	<b>131</b>	<b>206</b>	<b>263</b>

The trip assignment percentages are based on existing traffic patterns as derived from the turning movement counts and are included in Appendix A.

## VI. *2013 Postdevelopment Traffic*

The anticipated year 2013 predevelopment AM and PM peak hour traffic volumes shown on Figure 4 of Appendix A have been combined with the AM and PM peak hour traffic forecast for the development shown on Figures 5-6 of Appendix A to yield the 2013 postdevelopment AM and PM traffic volumes shown on Figure 7 of Appendix A.

## VII. *Study Area*

The study area was defined by the City. The study area was identified as including the intersection of Congress Street/Blueberry Road and the proposed driveway as well as the intersection of Congress Street/Hutchins Drive and Skyway Drive.

## VIII. *Auxiliary Lanes*

Our office completed right-turn and left-turn lane warrant analysis for the proposed driveway to identify if auxiliary lanes should be considered. To complete the review, our office utilized curves provided in the MaineDOT Highway Design Guide. The curves are provided in Appendix C.

Left-Turn Lanes – Both the AM and PM peak hours met the criteria for considering left turn treatment. As a result, re-striping Congress Street to provide a 75 foot long left turn lane for vehicles turning left into the site is recommended. A concept plan for this re-striping is shown on the site plan prepared by DeLuca Hoffman Associates, inc.

Right-Turn Lanes – Based on a review of the MaineDOT curves, a right turn treatment should be considered. The site has been designed with a wide radius to facilitate a vehicle turning right into the site.

## IX. *Capacity Analyses*

Gorrill-Palmer Consulting Engineers, Inc. completed capacity analyses for the intersections listed in Section VII.

The analysis was completed with the Synchro/SimTraffic analysis software. Levels of service rankings are similar to the academic ranking system where an 'A' represents little control delay and an 'F' represents significant delay. At an unsignalized intersection, if the level of service falls below a 'D', an evaluation should be made to determine if further mitigation is warranted, and if not, a low level of service is acceptable. It should be noted that the capacity analysis was completed assuming re-striping of Congress Street to include a 75 foot left turn lane as discussed in the previous Section VIII.

The following table summarizes the relationship between delay and level of service for an unsignalized and a signalized intersection:

**Level of Service Criteria for Unsignalized Intersections**

Level of Service	Control Delay per Vehicle (sec)
A	Up to 10.0
B	10.1 to 15.0
C	15.1 to 25.0
D	25.1 to 35.0
E	35.1 to 50.0
F	Greater than 50.0

**Level of Service Criteria for Signalized Intersections**

Level of Service	Control Delay per Vehicle (sec)
A	Up to 10.0
B	10.1 to 20.0
C	20.1 to 35.0
D	35.1 to 55.0
E	55.1 to 80.0
F	Greater than 80.0

The results of the capacity analyses for the 2013 post-development conditions are summarized as follows, followed by a discussion of the results. The detailed analyses are included in Appendix B.

**Site Access Road / Congress Street/Blueberry Rd (Unsignalized)**

Lane Group	2013 Peak Hours			
	AM Postdevelopment		PM Postdevelopment	
	Delay (sec)	LOS	Delay	LOS
Congress St Eastbound	4	A	4	A
Congress St Westbound	2	A	2	A
Site Driveway Northbound	22	C	23	C
Blueberry Rd Southbound	17	C	17	C

As can be seen from the above table, each of the approaches are forecast to operate at acceptable levels of service in both the weekday AM and PM peak hours with the left turn lane as proposed. This level of service and the maximum forecast PM peak hour traffic level of 72 turning left out of the site does not warrant the installation of a traffic signal as discussed in the next section.

**Skyway Drive/Congress Street/Hutchins St (Signalized)**

Lane Group	2013 Peak Hours			
	AM Postdevelopment		PM Postdevelopment	
	Delay	LOS	Delay	LOS
Congress St Eastbound	48	D	25	C
Congress St Westbound	21	C	26	C
Skyway Drive Northbound	25	C	120	F
Hutchins St Southbound	33	C	30	C



As can be seen from the previous table, traffic exiting Skyway Drive experiences delay. However, the majority of the traffic associated with the proposed project is pass-by traffic with very little traffic being added to the left turning traffic from Skyway Drive. Thus, the project will not significantly affect the operation of this intersection.

## X. *Signal Warrant Analyses*

In order for a traffic signal to be installed, the location must meet one or more of the traffic signal warrants published in the 2009 Edition of the Manual on Uniform Traffic Control Devices, and meet the test of engineering judgment. The nine traffic signal warrants are listed as follows:

Warrant #	Description
1	Eight-Hour Vehicular Volume
2	Four-Hour Vehicular Volume
3	Peak Hour
4	Pedestrian Volume
5	School Crossing
6	Coordinated Signal System
7	Crash Experience
8	Roadway Network
9	Intersection Near a Grade Crossing

Gorrill-Palmer Consulting Engineers, Inc. completed a signal warrant analysis for the intersection of Blueberry Road based on the post development volumes presented in Figure 7 of Appendix A. The intersection was evaluated based on these warrants which are summarized in the following pages. The right turning traffic exiting the site was excluded from the analysis since there is a separate right turning lane.

**Warrant #1 – *Eight-Hour Vehicular Volume*** - This warrant requires that one of the following conditions be met for any eight hours of an average day:

1. The vehicles per hour given in both of the 100% columns of Condition A in Table 4C-1 (included with this letter) exist on the major street and on the higher volume minor-street approaches, respectively, to the intersection, and
2. The vehicles per hour given in both 100% columns of Condition B in Table 4C-1 (included with this letter) exist on the major street and on the higher volume minor-street approaches, respectively, to the intersection.

An analysis was completed based on the data collected, which indicated that major street volumes were met but minor street movements were not met for the peak hours and therefore would most likely not be met for the remainder of the day. Thus, this warrant is not satisfied.

**Warrant #2 – Four-Hour Vehicular Volume** - This warrant requires that for each of any four hours of an average day, the plotted points representing the vehicles per hour on the major street (total of both approaches) and the corresponding vehicles per hour on the higher volume minor-street approach (one direction only) all fall above the applicable curve in figure 4C-1 (attached) for the existing combination of approach lanes. On the minor street, the higher volume shall not be required to be on the same approach during each of these four hours.

The minimum minor street volume to meet the warrant is 80 vehicles for each of four hours. The AM peak hour volume is 43 (combination of thru and left turning traffic from the driveway) and the PM is 74. Thus, this signal warrant is not met.

**Warrant #3 – Peak Hour** - This warrant is intended for locations where a large amount of traffic exits the site for an hour or two a day, such as a school, manufacturing facility, etc. The warrant requires that the criteria in either of the following two categories are met:

1. If all three of the following conditions exist for the same one hour (any four consecutive 15-minute periods) of an average day:
  - a. The total stopped time delay experienced by the traffic on one minor-street approach (one direction only) controlled by a STOP sign equal or exceeds: four vehicle-hours for a one-lane approach; or five vehicle-hours for a two-lane approach, and
  - b. The volume on the same minor-street approach (one direction only) equals or exceeds 100 vehicles per hour for one moving lane of traffic or 150 vehicles per hour for two moving lanes, and
  - c. The total entering volume serviced during the hour equals or exceeds 650 vehicles per hour for intersections with three approaches or 800 vehicles per hour for intersections with four or more approaches.

The location does not satisfy the minimum volume requirements of 100, on the minor-street approach which is 74 during the PM peak hour.

2. The plotted point representing the vehicles per hour on the major street (total of both approaches) and the corresponding vehicles per hour on the higher-volume minor-street approach (one direction only) for one hour (any for consecutive 15-minute periods) of an average day falls above the applicable curve in Figure 4C-3 for the existing combination of approach lanes (enclosed with this letter).

The plotted point on figure 4C-3 for the peak hour falls below the curve. Therefore, this signal warrant is not met.

**Warrant #4 – Pedestrian Volume** – This warrant requires at least 100 pedestrian crossings in each of four hours across the major street. This level of pedestrian activity is not anticipated and therefore, this warrant is not anticipated to be met.

**Warrant #5 – School Crossing** – This warrant is based upon the need to provide gaps in traffic for crossing students. Before determining whether a signal is warranted, alternative measures should be explored, including school warning signs and flashers, school speed zones, school crossing guards, or a grade-separated crossing. The proposed project is not located in the vicinity of a school and therefore, this warrant is not met.

**Warrant #6– Coordinated Signal System** – This warrant requires the existence on an existing coordinated signal system to warrant installation of a traffic signal at an intersection that does not otherwise meet a warrant, to maintain platoons of traffic. This location does not meet these criteria.

**Warrant #7 – Crash Experience** - This warrant requires that all of the criteria in the following categories are met.

1. Adequate trial of alternatives for which satisfactory observance and enforcement has failed to reduce the crash frequency.
2. Five or more reported crashes, of types susceptible to correction by a traffic control signal, have occurred within a 12-month period, each crash involving personal injury or property damage apparently exceeding the applicable requirements for a reportable crash.
3. For each of any eight hours of an average day, the vehicles per hour given in both of the 80% columns of condition A in Table 4C-1 (included in Appendix C), exists on the major street and on the higher-volume minor-street approach, respectively, to the intersection, or the volume of pedestrian traffic is not less than 80 percent of the requirements specified in the pedestrian volume warrant. These major-street and minor-street volumes shall not be required to be on the same approach during each of the eight hours.

Gorrill-Palmer Consulting Engineers, Inc. requested crash data for the most recent three-year period of 2009-2011 from MaineDOT. That data indicates that one collision occurred during the three year period, which falls below the threshold for meeting Criteria 2. As such, this warrant is not met.

**Warrant #8 – Roadway Network** – This warrant is satisfied if there is justification for concentration or organization of traffic flow on a roadway network with two major routes, and the minimum and forecast entering traffic volumes are met. Congress Street is a major road however Blueberry Road and the proposed driveways are not classified as major. Therefore, this warrant is not met.

**Warrant #9 – Grade Crossing** – This warrant is based upon proximity to an at-grade rail crossing. As the subject intersection is not adjacent to a railroad, this warrant is not applicable.

Based on the warrant analysis, it is the opinion of Gorrill-Palmer Consulting Engineers, Inc. that the installation of a traffic signal is not warranted at this location.

## *XI Queue Analyses*

Gorrill-Palmer Consulting Engineers, Inc. has evaluated the queue lengths at the intersection of the proposed driveway and Congress Street based on the SimTraffic analyses. The analyses consider the improvements indicated in the capacity analysis section. The queue analyses are included in the capacity analyses in Appendix B of this report and show the 95% length of queue for left turning traffic entering the site will be 3 vehicles, which is accommodated by the proposed 75 foot storage length.

## *XII Crash Data*

Gorrill-Palmer Consulting Engineers, Inc. obtained the crash data from MaineDOT for the period of 2009-2011, the most recent period available.

In order to evaluate whether a location has a crash problem, MaineDOT uses two criteria to define a High Crash Location (HCL). Both criteria must be met in order to be classified as a HCL.

1. A critical rate factor of 1.00 or more for a three-year period. (A Critical Rate Factor {CRF} compares the actual crash rate to the rate for similar intersection in the state. A CRF of less than 1.00 indicates a rate of less than average) **and**:
2. A minimum of eight crashes over a three-year period.

Review of the collision history furnished by the MaineDOT shows there are no high crash locations in the vicinity of the project. However, while not meeting the criteria for a high crash location, the intersection of Congress Street and Hutchins Drive did have 18 collisions with a critical rate factor of 0.75 over this three year period. Our office obtained the collision reports from the MaineDOT and prepared a collision diagram which we have included in Appendix C. The diagram shows 11 of the 18 were rear end collisions either east bound or west bound on Congress Street which is not uncommon at a signalized intersection.

### *XIII Sight Line Analysis*

The Maine Department of Transportation has guidelines for sight distances as follows:

**MaineDOT Standards for Sight Distance**

Posted Speed (mph)	Sight Distance
25	200
30	250
35	305
40	360

The MaineDOT standards are as follows:

Driveway observation point:	10 feet off major street travelway
Height of eye at driveway:	3 ½ feet above ground
Height of approaching vehicle:	4 ¼ feet above road surface

Gorrill-Palmer has reviewed the sight lines at the driveway proposed opposite Blueberry Road. The posted speed limit on Congress Street fronting the site is 40 mph, and is reduced to 35 mph 275 feet to the east of the site. The available sight lines exiting the driveway are over 750 feet looking to the left and 490 feet looking to the right to the overpass with the clearing of some vegetation along the site frontage. Thus, sight lines exceed standards at the proposed driveway location.

Gorrill-Palmer Consulting Engineers, Inc. recommends that all plantings, which will be located within the right of way, not exceed three feet in height and be maintained at or below that height. Signage should not interfere with sight lines. In addition, we recommend that during construction, when heavy equipment is entering and exiting into the site, that appropriate measures, such as signage and flag persons, be utilized in accordance with the Manual on Uniform Traffic Control Devices.

### *XIV Conclusions and Recommendations*

The following is a summary of the findings and conclusions of the study:

1. The proposed development is forecast to generate 211, 277, and 189 trip ends for the weekday AM and PM, and Saturday peak hours of adjacent street traffic, respectively. (Note: A trip end is either a trip in or out of the site. Therefore a single customer making a round trip would equal two trip ends). The project will require a MaineDOT Traffic Movement Permit since it generates over 99 trip ends during a peak hour. The MaineDOT has delegated their permit process to the City.
2. The capacity analyses show the site traffic can be accommodated with the restriping of Congress Street in the immediate area of the site to accommodate a short left turn lane into the site.

3. Based on a review of the signal warrants contained in the Manual on Uniform Traffic Control Devices, none of the signal warrants are met.
4. Gorrill-Palmer Consulting Engineers, Inc. obtained the latest three year crash history (2009-2011) from MaineDOT to identify if there were High Crash Locations (HCL's) within the immediate area. Based on this information, there are no high crash locations.
5. The sight lines at the proposed driveway exceeds MaineDOT requirements. Gorrill-Palmer Consulting Engineers, Inc. recommends that all plantings, which will be located within the right-of-way, not exceed three feet in height and be maintained at or below that height. Signage should not interfere with sight lines. In addition, we recommend that during construction, when heavy equipment is entering and exiting into the site, that appropriate measures, such as signage and flag persons, be utilized in accordance with the Manual on Uniform Traffic Control Devices.

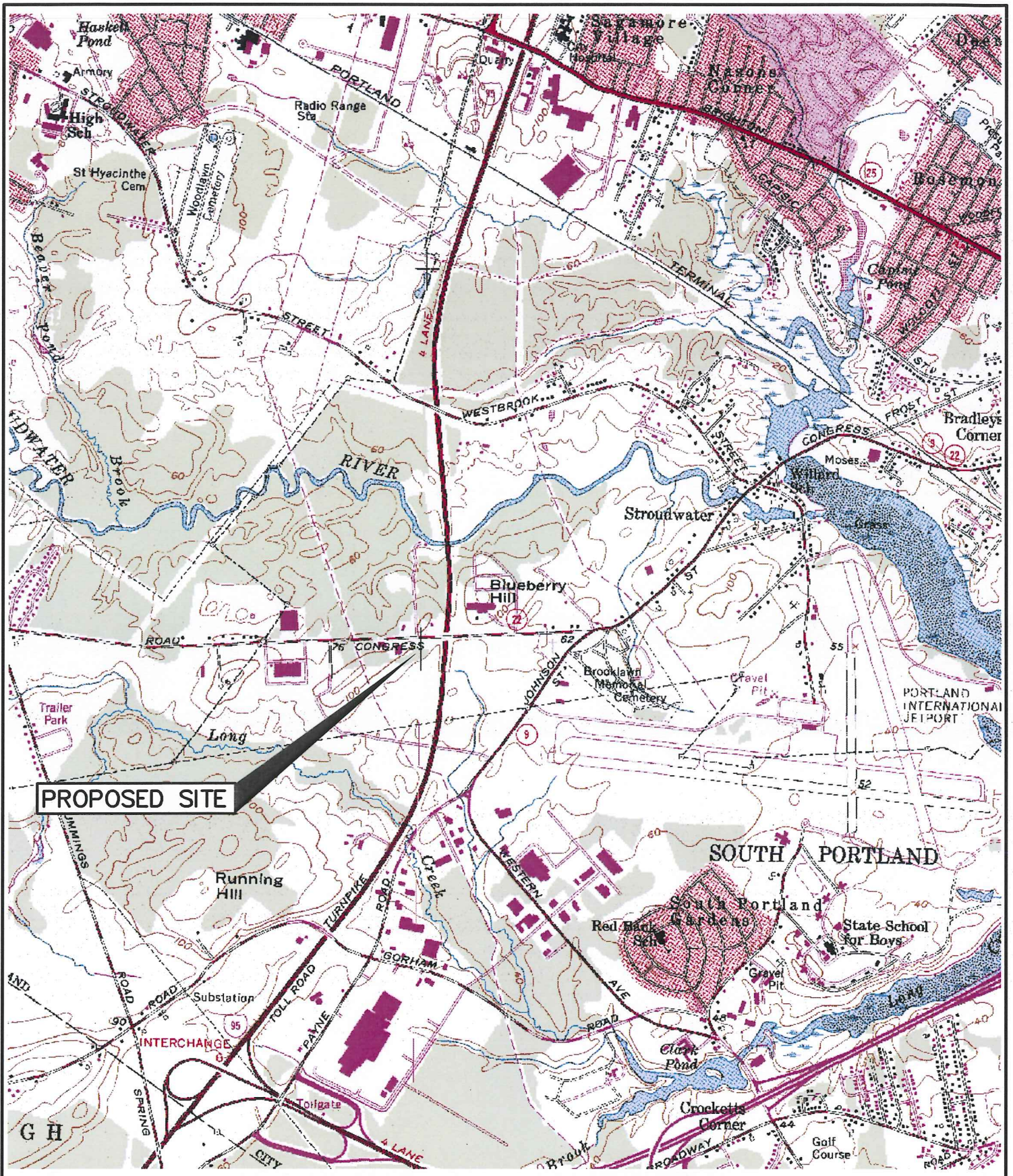
Based on these findings, it is the opinion of Gorrill-Palmer Consulting Engineers, Inc. that the adjacent street system can accommodate the traffic generated by the site with the recommended improvements.

*Appendix A*

*Site Location Map*


*Traffic Count Data Sheets*

*Turning Movement Diagrams*



**U.S.G.S. Location Map**  
 2282 Congress Street - Portland, Maine  
 U.S.G.S. Portland West, Maine -7.5 Minute Series (Topographic)

Design: TLG	Date: APRIL 2013
Draft: CG	Job No.: 2672
Checked: TLG	Scale: 1"=2000'±
File Name: 2672-LOCATION.dwg	


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# Gorrill-Palmer Consulting Engineers, Inc.

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Location: Blueberry Rd @ Congress St

Counter: IAM

Board: DB400

Weather: Sunny

File Name : Blueberry@Congress\_AM Raw

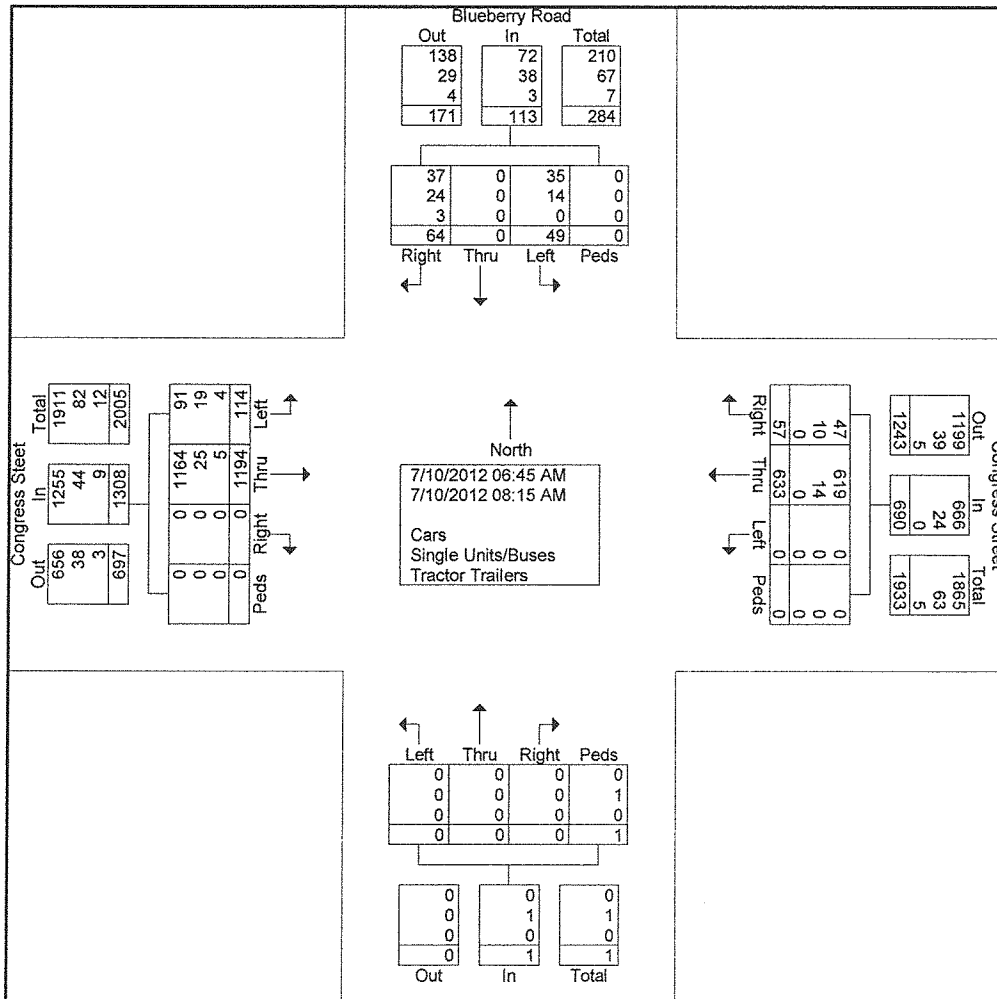
Site Code : 2672

Start Date : 7/10/2012

Page No : 1

## Groups Printed- Cars - Single Units/Buses - Tractor Trailers

Start Time	Blueberry Road From North					Congress Street From East					From South					Congress Street From West					Int. Total
	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	
06:45 AM	4	0	6	0	10	0	63	10	0	73	0	0	0	1	1	14	170	0	0	184	268
Total	4	0	6	0	10	0	63	10	0	73	0	0	0	1	1	14	170	0	0	184	268
07:00 AM	12	0	14	0	26	0	79	7	0	86	0	0	0	0	0	13	167	0	0	180	292
07:15 AM	6	0	7	0	13	0	93	2	0	95	0	0	0	0	0	17	173	0	0	190	298
07:30 AM	7	0	7	0	14	0	76	13	0	89	0	0	0	0	0	22	177	0	0	199	302
07:45 AM	4	0	10	0	14	0	134	9	0	143	0	0	0	0	0	14	173	0	0	187	344
Total	29	0	38	0	67	0	382	31	0	413	0	0	0	0	0	66	690	0	0	756	1236
08:00 AM	7	0	8	0	15	0	116	5	0	121	0	0	0	0	0	17	199	0	0	216	352
08:15 AM	9	0	12	0	21	0	72	11	0	83	0	0	0	0	0	17	135	0	0	152	256
Grand Total	49	0	64	0	113	0	633	57	0	690	0	0	0	1	1	114	1194	0	0	1308	2112
Apprch %	43.4	0	56.6	0		0	91.7	8.3	0		0	0	0	100		8.7	91.3	0	0		
Total %	2.3	0	3	0	5.4	0	30	2.7	0	32.7	0	0	0	0	0	5.4	56.5	0	0	61.9	
Cars	35	0	37	0	72	0	619	47	0	666	0	0	0	0	0	91	1164	0	0	1255	1993
% Cars	71.4	0	57.8	0	63.7	0	97.8	82.5	0	96.5	0	0	0	0	0	79.8	97.5	0	0	95.9	94.4
Single Units/Buses	14	0	24	0	38	0	14	10	0	24	0	0	0	1	1	19	25	0	0	44	107
% Single Units/Buses	28.6	0	37.5	0	33.6	0	2.2	17.5	0	3.5	0	0	0	100	100	16.7	2.1	0	0	3.4	5.1
Tractor Trailers	0	0	3	0	3	0	0	0	0	0	0	0	0	0	0	4	5	0	0	9	12
% Tractor Trailers	0	0	4.7	0	2.7	0	0	0	0	0	0	0	0	0	0	3.5	0.4	0	0	0.7	0.6



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Gray, ME 04039

Engineering Excellence Since 1998

Location: Blueberry Rd @ Congress St

File Name : Blueberry@Congress\_AM Raw

Counter: IAM

Site Code : 2672

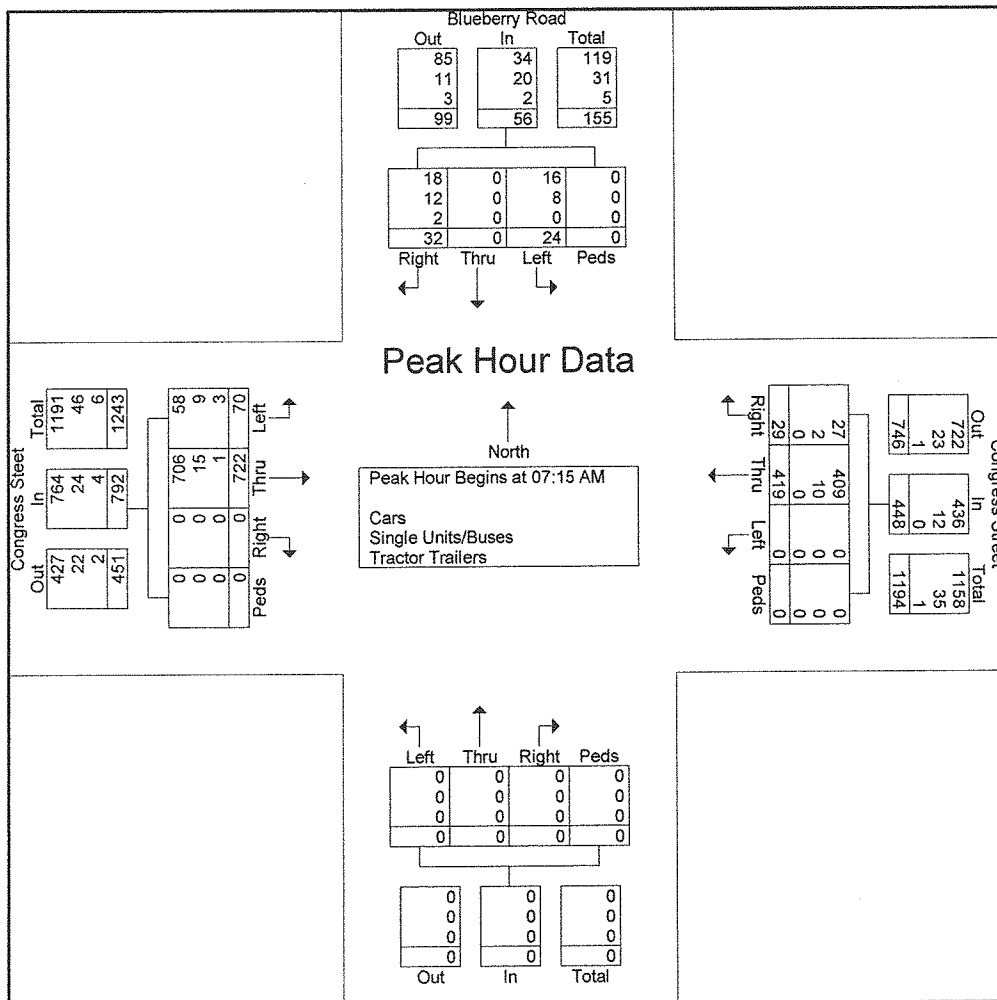
Board: DB400

Start Date : 7/10/2012

Weather: Sunny

Page No : 2

Start Time	Blueberry Road From North					Congress Street From East					From South					Congress Steet From West					Int. Total
	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	
Peak Hour Analysis From 06:45 AM to 08:15 AM - Peak 1 of 1																					
Peak Hour for Entire Intersection Begins at 07:15 AM																					
07:15 AM	6	0	7	0	13	0	93	2	0	95	0	0	0	0	0	17	173	0	0	190	298
07:30 AM	7	0	7	0	14	0	76	13	0	89	0	0	0	0	0	22	177	0	0	199	302
07:45 AM	4	0	10	0	14	0	134	9	0	143	0	0	0	0	0	14	173	0	0	187	344
08:00 AM	7	0	8	0	15	0	116	5	0	121	0	0	0	0	0	17	199	0	0	216	352
Total Volume	24	0	32	0	56	0	419	29	0	448	0	0	0	0	0	70	722	0	0	792	1296
% App. Total	42.9	0	57.1	0		0	93.5	6.5	0		0	0	0	0		8.8	91.2	0	0		
PHF	.857	.000	.800	.000	.933	.000	.782	.558	.000	.783	.000	.000	.000	.000	.000	.795	.907	.000	.000	.917	.920
Cars	16	0	18	0	34	0	409	27	0	436	0	0	0	0	0	58	706	0	0	764	1234
% Cars	66.7	0	56.3	0	60.7	0	97.6	93.1	0	97.3	0	0	0	0	0	82.9	97.8	0	0	96.5	95.2
Single Units/Buses	33.3	0	37.5	0	35.7	0	2.4	6.9	0	2.7	0	0	0	0	0	12.9	2.1	0	0	3.0	4.3
% Single Units/Buses	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0	3	1	0	0	4	6
Tractor Trailers	0	0	6.3	0	3.6	0	0	0	0	0	0	0	0	0	0	4.3	0.1	0	0	0.5	0.5
% Tractor Trailers	0	0	6.3	0	3.6	0	0	0	0	0	0	0	0	0	0	4.3	0.1	0	0	0.5	0.5



# Gorrill-Palmer Consulting Engineers, Inc.

PO Box 1237, 15 Shaker Road

Gray, ME 04039

*Engineering Excellence Since 1998*

Location: Blueberry Rd @ Congress St

Counter: IAM

Board: DB400

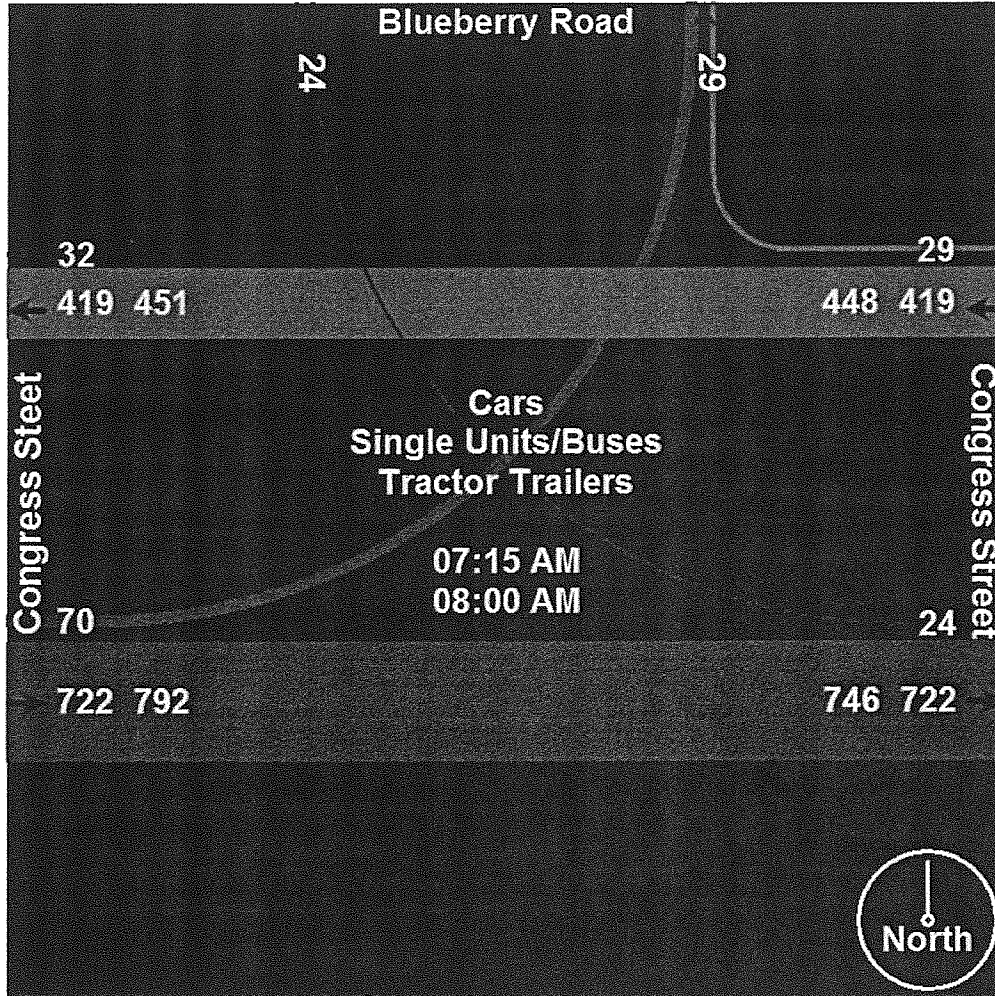
Weather: Sunny

File Name : Blueberry@Congress\_AM Raw

Site Code : 2672

Start Date : 7/10/2012

Page No : 3



# Gorrill-Palmer Consulting Engineers, Inc.

PO Box 1237, 15 Shaker Road

Gray, ME 04039

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Location: Blueberry Road @ Congress St

Counter: IAM

Board: DB400

Weather: Sunny

File Name : Blueberry@Congress\_PM Raw

Site Code : 2672

Start Date : 7/9/2012

Page No : 1

### Groups Printed- Cars - Single Units/Buses - Tractor Trailers

Start Time	Blueberry Road From North					Congress Street From East					Congress Street From South					Congress Street From West					Int. Total
	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	
03:30 PM	2	0	6	0	8	0	153	2	0	155	0	0	0	0	0	6	101	0	0	107	270
03:45 PM	7	0	11	0	18	0	141	6	0	147	0	0	0	1	1	6	88	0	0	94	260
<b>Total</b>	<b>9</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>26</b>	<b>0</b>	<b>294</b>	<b>8</b>	<b>0</b>	<b>302</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>12</b>	<b>189</b>	<b>0</b>	<b>0</b>	<b>201</b>	<b>530</b>
04:00 PM	1	0	20	0	21	0	193	3	0	196	0	0	0	1	1	6	79	0	0	85	303
04:15 PM	15	0	13	0	28	0	176	3	0	179	0	0	0	2	2	4	67	0	0	71	280
04:30 PM	4	0	11	0	15	0	206	2	0	208	0	0	0	0	0	4	103	0	0	107	330
04:45 PM	7	0	10	0	17	0	170	2	0	172	0	0	0	2	2	9	89	0	0	98	289
<b>Total</b>	<b>27</b>	<b>0</b>	<b>54</b>	<b>0</b>	<b>81</b>	<b>0</b>	<b>745</b>	<b>10</b>	<b>0</b>	<b>755</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>23</b>	<b>338</b>	<b>0</b>	<b>0</b>	<b>361</b>	<b>1202</b>
05:00 PM	8	0	13	0	21	0	200	1	0	201	0	0	0	5	5	3	93	0	0	96	323
05:15 PM	4	0	17	0	21	0	168	1	0	169	0	0	0	1	1	9	105	0	0	114	305
05:30 PM	5	0	8	0	13	0	160	2	0	162	0	0	0	1	1	7	99	0	0	106	282
05:45 PM	2	0	6	0	8	0	105	1	0	106	0	0	0	1	1	5	66	0	0	71	186
<b>Total</b>	<b>19</b>	<b>0</b>	<b>44</b>	<b>0</b>	<b>63</b>	<b>0</b>	<b>633</b>	<b>5</b>	<b>0</b>	<b>638</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>24</b>	<b>363</b>	<b>0</b>	<b>0</b>	<b>387</b>	<b>1096</b>
<b>Grand Total</b>	<b>55</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>170</b>	<b>0</b>	<b>1672</b>	<b>23</b>	<b>0</b>	<b>1695</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>14</b>	<b>59</b>	<b>890</b>	<b>0</b>	<b>0</b>	<b>949</b>	<b>2828</b>
<b>Apprch %</b>	<b>32.4</b>	<b>0</b>	<b>67.6</b>	<b>0</b>		<b>0</b>	<b>98.6</b>	<b>1.4</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>		<b>6.2</b>	<b>93.8</b>	<b>0</b>	<b>0</b>		
<b>Total %</b>	<b>1.9</b>	<b>0</b>	<b>4.1</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>59.1</b>	<b>0.8</b>	<b>0</b>	<b>59.9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.5</b>	<b>0.5</b>	<b>2.1</b>	<b>31.5</b>	<b>0</b>	<b>0</b>	<b>33.6</b>	
<b>Cars</b>	<b>54</b>	<b>0</b>	<b>97</b>	<b>0</b>	<b>151</b>	<b>0</b>	<b>1648</b>	<b>20</b>	<b>0</b>	<b>1668</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>50</b>	<b>878</b>	<b>0</b>	<b>0</b>	<b>928</b>	<b>2749</b>
<b>% Cars</b>	<b>98.2</b>	<b>0</b>	<b>84.3</b>	<b>0</b>	<b>88.8</b>	<b>0</b>	<b>98.6</b>	<b>87</b>	<b>0</b>	<b>98.4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14.3</b>	<b>14.3</b>	<b>84.7</b>	<b>98.7</b>	<b>0</b>	<b>0</b>	<b>97.8</b>	<b>97.2</b>
<b>Single Units/Buses</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>22</b>	<b>3</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>12</b>	<b>5</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>69</b>
<b>% Single Units/Buses</b>	<b>0</b>	<b>0</b>	<b>13.9</b>	<b>0</b>	<b>9.4</b>	<b>0</b>	<b>1.3</b>	<b>13</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>85.7</b>	<b>85.7</b>	<b>8.5</b>	<b>1.2</b>	<b>0</b>	<b>0</b>	<b>1.7</b>	<b>2.4</b>
<b>Tractor Trailers</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>10</b>
<b>% Tractor Trailers</b>	<b>1.8</b>	<b>0</b>	<b>1.7</b>	<b>0</b>	<b>1.8</b>	<b>0</b>	<b>0.1</b>	<b>0</b>	<b>0</b>	<b>0.1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6.8</b>	<b>0.1</b>	<b>0</b>	<b>0</b>	<b>0.5</b>	<b>0.4</b>

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PO Box 1237, 15 Shaker Road

Gray, ME 04039

Engineering Excellence Since 1998

Location: Blueberry Road @ Congress St

Counter: IAM

Board: DB400

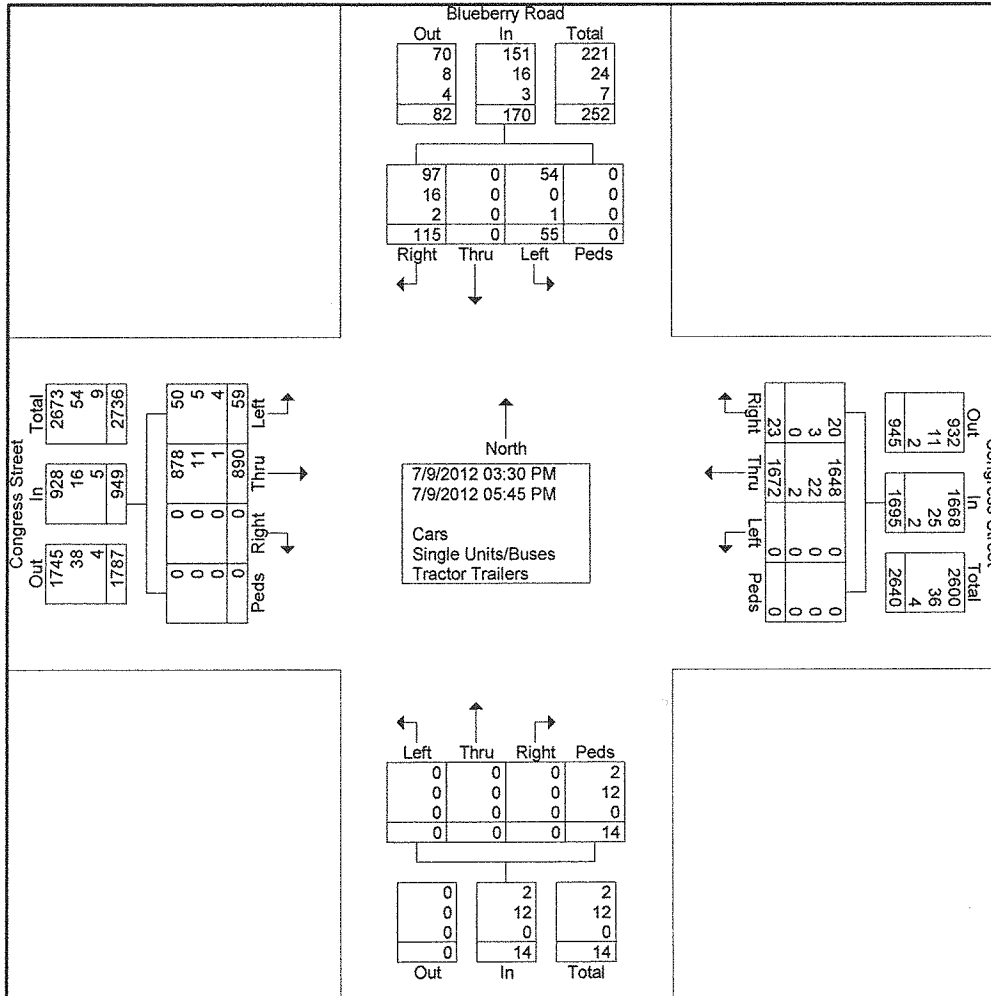
Weather: Sunny

File Name : Blueberry@Congress\_PM Raw

Site Code : 2672

Start Date : 7/9/2012

Page No : 2



# Gorrill-Palmer Consulting Engineers, Inc.

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Weather: Sunny

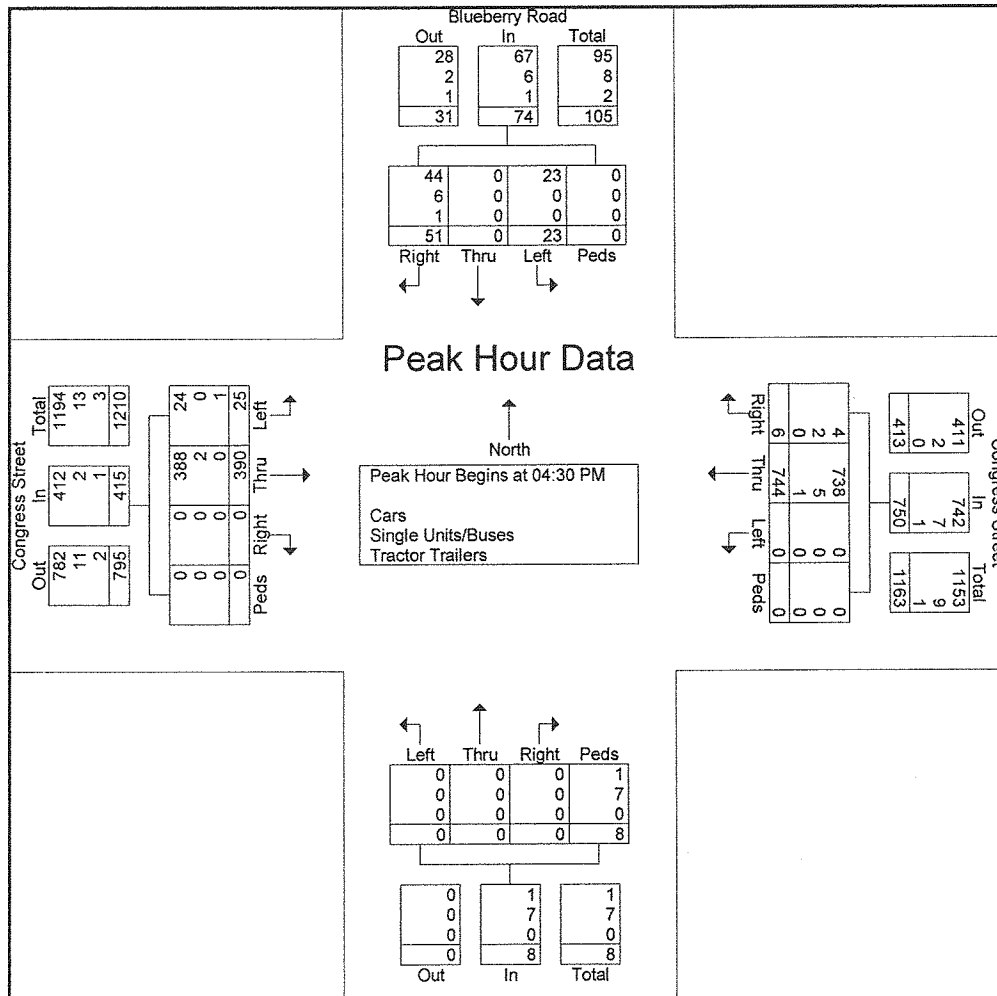
File Name : Blueberry@Congress\_PM Raw

Site Code : 2672

Start Date : 7/9/2012

Page No : 3

Start Time	Blueberry Road From North					Congress Street From East					From South					Congress Street From West					Int. Total
	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	Left	Thru	Right	Peds	App. Total	
Peak Hour Analysis From 03:30 PM to 05:45 PM - Peak 1 of 1																					
Peak Hour for Entire Intersection Begins at 04:30 PM																					
04:30 PM	4	0	11	0	15	0	206	2	0	208	0	0	0	0	0	4	103	0	0	107	330
04:45 PM	7	0	10	0	17	0	170	2	0	172	0	0	0	2	2	9	89	0	0	98	289
05:00 PM	8	0	13	0	21	0	200	1	0	201	0	0	0	5	5	3	93	0	0	96	323
05:15 PM	4	0	17	0	21	0	168	1	0	169	0	0	0	1	1	9	105	0	0	114	305
Total Volume	23	0	51	0	74	0	744	6	0	750	0	0	0	8	8	25	390	0	0	415	1247
% App. Total	31.1	0	68.9	0		0	99.2	0.8	0		0	0	0	100		6	94	0	0		
PHF	.719	.000	.750	.000	.881	.000	.903	.750	.000	.901	.000	.000	.000	.400	.400	.694	.929	.000	.000	.910	.945
Cars	23	0	44	0	67	0	738	4	0	742	0	0	0	1	1	24	388	0	0	412	1222
% Cars	100	0	86.3	0	90.5	0	99.2	66.7	0	98.9	0	0	0	12.5	12.5	96.0	99.5	0	0	99.3	98.0
Single Units/Buses	0	0	11.8	0	8.1	0	0.7	33.3	0	0.9	0	0	0	87.5	87.5	0	0.5	0	0	0.5	1.8
% Single Units/Buses	0	0	1	0	1	0	1	0	0	1	0	0	0	0	0	1	0	0	0	1	3
Tractor Trailers	0	0	2.0	0	1.4	0	0.1	0	0	0.1	0	0	0	0	0	4.0	0	0	0	0.2	0.2



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Gray, ME 04039

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Board: DB400

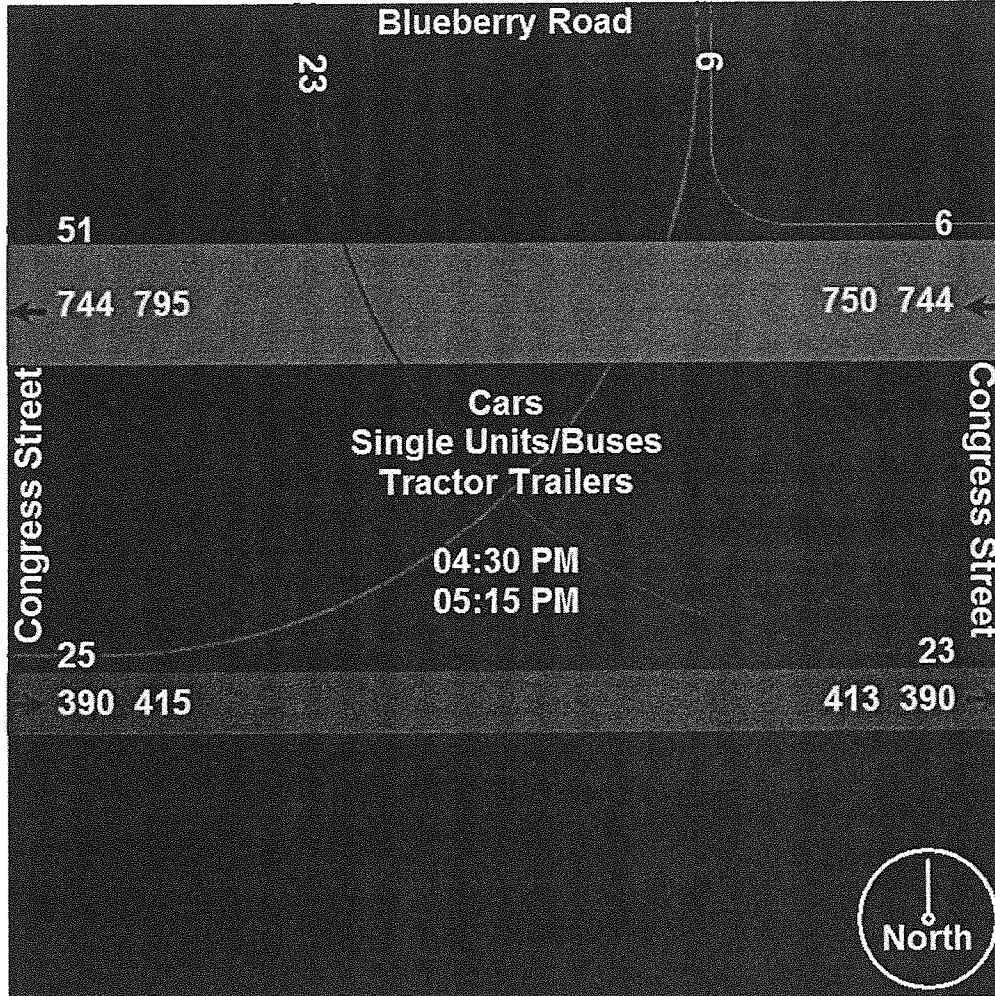
Weather: Sunny

File Name : Blueberry@Congress\_PM Raw

Site Code : 2672

Start Date : 7/9/2012

Page No : 4







# Gorrill-Palmer Consulting Engineers, Inc.

PO Box 1237, 15 Shaker Road

Gray, ME 04039

Engineering Excellence Since 1998

Location: Huchins/cong-ptld

Counter:PO

Board:3364

Weather:Ptly cloudy

File Name : Congress@Hutchins-skyway AM

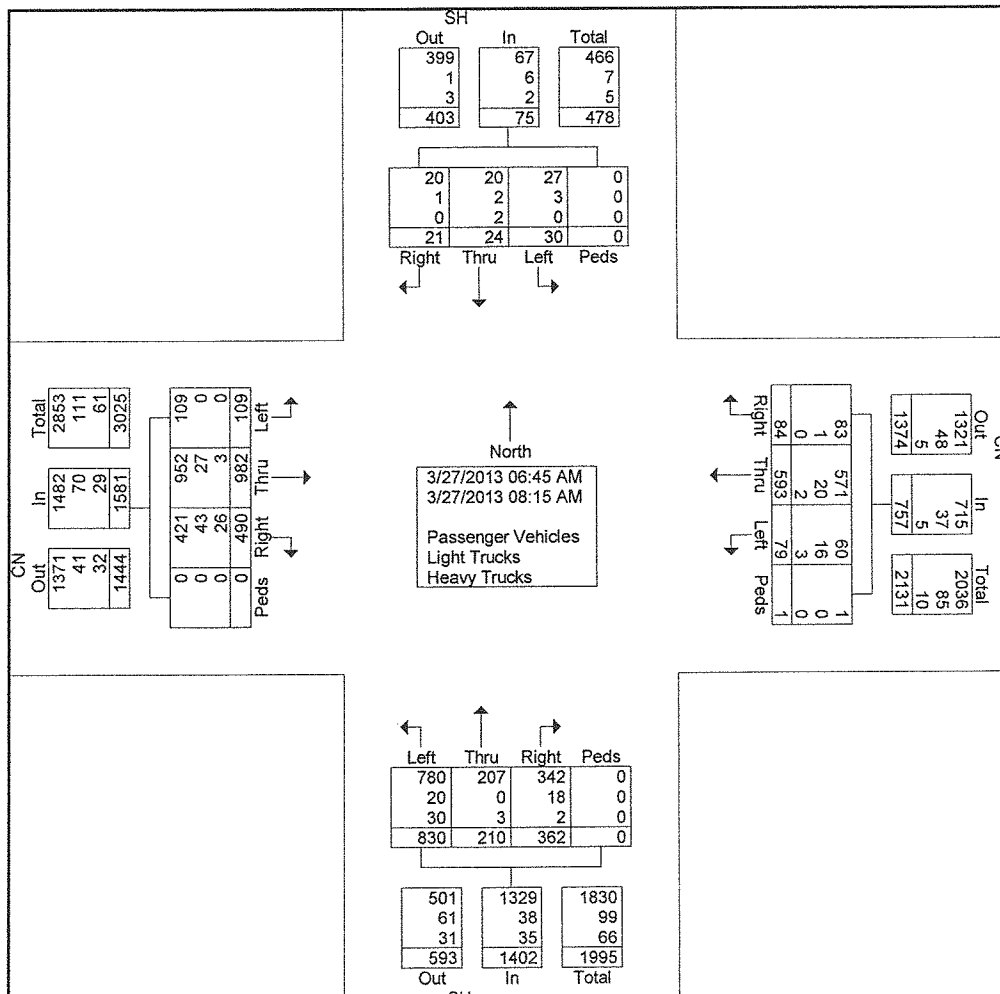
Site Code : 00000000

Start Date : 3/27/2013

Page No : 1

### Groups Printed- Passenger Vehicles - Light Trucks - Heavy Trucks

Start Time	SH From North					CN From East					SH From South					CN From West					Int. Total
	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	
06:45 AM	4	2	2	0	8	4	70	11	0	85	31	35	100	0	166	56	129	19	0	204	463
<b>Total</b>	4	2	2	0	8	4	70	11	0	85	31	35	100	0	166	56	129	19	0	204	463
07:00 AM	1	2	0	0	3	6	49	11	0	66	38	8	82	0	128	86	148	5	0	239	436
07:15 AM	2	0	4	0	6	13	59	8	0	80	46	34	100	0	180	71	153	16	0	240	506
07:30 AM	6	4	12	0	22	8	98	15	1	122	72	29	122	0	223	73	136	15	0	224	591
07:45 AM	5	3	3	0	11	16	120	8	0	144	74	46	175	0	295	84	145	26	0	255	705
<b>Total</b>	14	9	19	0	42	43	326	42	1	412	230	117	479	0	826	314	582	62	0	958	2238
08:00 AM	1	4	5	0	10	17	106	11	0	134	57	41	141	0	239	68	150	18	0	236	619
08:15 AM	2	9	4	0	15	20	91	15	0	126	44	17	110	0	171	52	121	10	0	183	495
<b>Grand Total</b>	21	24	30	0	75	84	593	79	1	757	362	210	830	0	1402	490	982	109	0	1581	3815
<b>Apprch %</b>	28	32	40	0		11.1	78.3	10.4	0.1		25.8	15	59.2	0		31	62.1	6.9	0		
<b>Total %</b>	0.6	0.6	0.8	0	2	2.2	15.5	2.1	0	19.8	9.5	5.5	21.8	0	36.7	12.8	25.7	2.9	0	41.4	
Passenger Vehicles	20	20	27	0	67	83	571	60	1	715	342	207	780	0	1329	421	952	109	0	1482	3583
% Passenger Vehicles																					
Light Trucks	1	2	3	0	6	1	20	16	0	37	18	0	20	0	38	43	27	0	0	70	151
% Light Trucks	4.8	8.3	10	0	8	1.2	3.4	20.3	0	4.9	5	0	2.4	0	2.7	8.8	2.7	0	0	4.4	4
Heavy Trucks	0	2	0	0	2	0	2	3	0	5	2	3	30	0	35	26	3	0	0	29	71
% Heavy Trucks	0	8.3	0	0	2.7	0	0.3	3.8	0	0.7	0.6	1.4	3.6	0	2.5	5.3	0.3	0	0	1.8	1.9



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Gray, ME 04039

Engineering Excellence Since 1998

Location: Huchins/cong-ptld

Counter:PO

Board:3364

Weather:Ptly cloudy

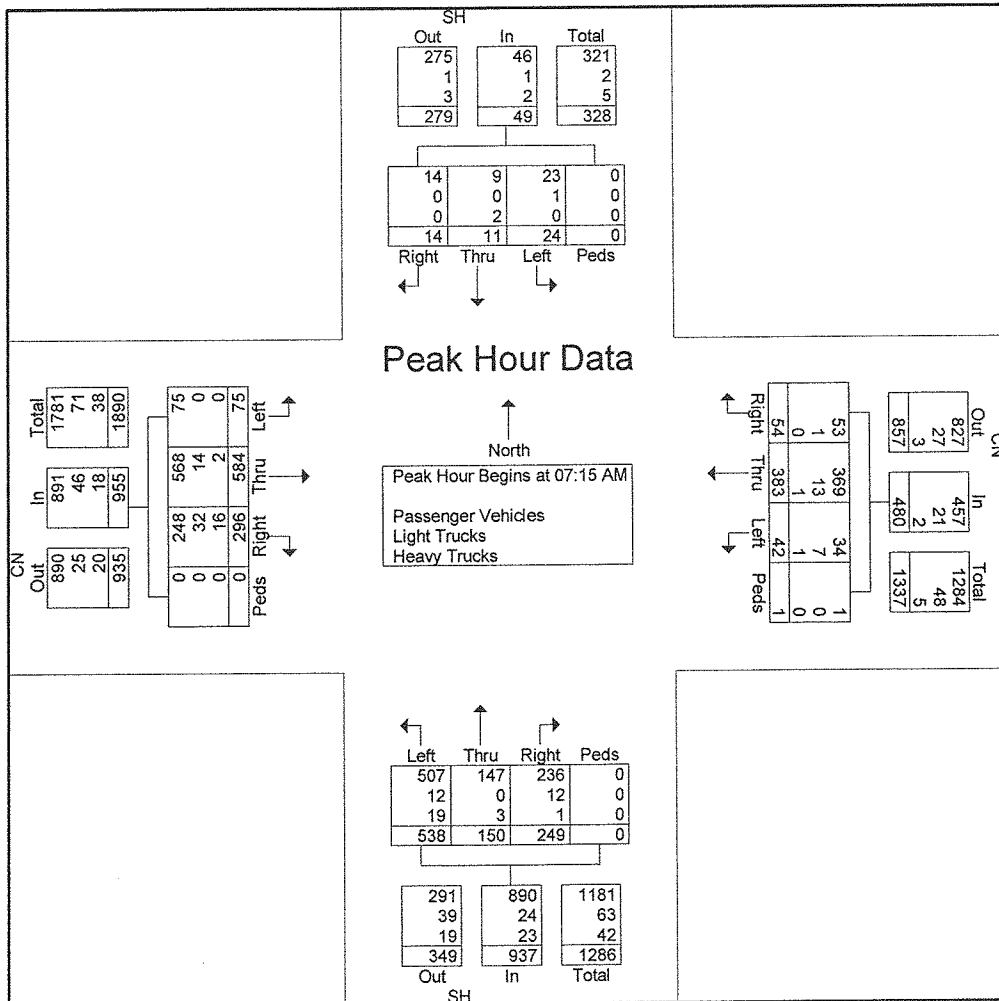
File Name : Congress@Hutchins-skyway AM

Site Code : 00000000

Start Date : 3/27/2013

Page No : 2

Start Time	SH From North					CN From East					SH From South					CN From West					Int. Total
	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	
Peak Hour Analysis From 06:45 AM to 08:15 AM - Peak 1 of 1																					
Peak Hour for Entire Intersection Begins at 07:15 AM																					
07:15 AM	2	0	4	0	6	13	59	8	0	80	46	34	100	0	180	71	153	16	0	240	506
07:30 AM	6	4	12	0	22	8	98	15	1	122	72	29	122	0	223	73	136	15	0	224	591
07:45 AM	5	3	3	0	11	16	120	8	0	144	74	46	175	0	295	84	145	26	0	255	705
08:00 AM	1	4	5	0	10	17	106	11	0	134	57	41	141	0	239	68	150	18	0	236	619
Total Volume	14	11	24	0	49	54	383	42	1	480	249	150	538	0	937	296	584	75	0	955	2421
% App. Total	28.6	22.4	49	0		11.2	79.8	8.8	0.2		26.6	16	57.4	0		31	61.2	7.9	0		
PHF	.583	.688	.500	.000	.557	.794	.798	.700	.250	.833	.841	.815	.769	.000	.794	.881	.954	.721	.000	.936	.859
Passenger Vehicles	14	9	23	0	46	53	369	34	1	457	236	147	507	0	890	246	568	75	0	891	2284
% Passenger Vehicles																					
Light Trucks	0	0	1	0	1	1	13	7	0	21	12	0	12	0	24	32	14	0	0	46	92
% Light Trucks	0	0	4.2	0	2.0	1.9	3.4	16.7	0	4.4	4.8	0	2.2	0	2.6	10.8	2.4	0	0	4.8	3.8
Heavy Trucks	0	2	0	0	2	0	1	1	0	2	1	3	19	0	23	16	2	0	0	18	45
% Heavy Trucks	0	18.2	0	0	4.1	0	0.3	2.4	0	0.4	0.4	2.0	3.5	0	2.5	5.4	0.3	0	0	1.9	1.9



# Gorrill-Palmer Consulting Engineers, Inc.

PO Box 1237, 15 Shaker Road

Gray, ME 04039

Engineering Excellence Since 1998

Location: Congress/Hutchins-Ptld  
 Counter: PO  
 Board: 3364  
 Weather: cloudy

File Name : Congress@Hutchins-skywayPM  
 Site Code : 00000000  
 Start Date : 3/26/2013  
 Page No : 1

Groups Printed- Passenger Vehicles - Light Trucks - Heavy Trucks

Start Time	HUTCH SKY From North					COONGRESS From East					HUTCH SKY From South					COONGRESS From West					Int. Total
	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	
03:30 PM	26	24	13	0	63	3	146	24	0	173	10	6	77	0	93	90	70	4	0	164	493
03:45 PM	6	14	7	0	27	7	116	22	0	145	8	2	57	0	67	64	75	4	0	143	382
<b>Total</b>	<b>32</b>	<b>38</b>	<b>20</b>	<b>0</b>	<b>90</b>	<b>10</b>	<b>262</b>	<b>46</b>	<b>0</b>	<b>318</b>	<b>18</b>	<b>8</b>	<b>134</b>	<b>0</b>	<b>160</b>	<b>154</b>	<b>145</b>	<b>8</b>	<b>0</b>	<b>307</b>	<b>875</b>
04:00 PM	9	19	12	0	40	4	160	63	0	227	8	10	62	0	80	119	97	5	0	221	568
04:15 PM	12	15	9	0	36	3	140	39	0	182	8	9	61	0	78	86	73	2	0	161	457
04:30 PM	26	27	15	1	69	5	175	69	0	249	7	9	70	0	86	141	88	11	0	240	644
04:45 PM	10	28	8	0	46	3	140	51	0	194	5	8	95	0	108	135	69	8	0	212	560
<b>Total</b>	<b>57</b>	<b>89</b>	<b>44</b>	<b>1</b>	<b>191</b>	<b>15</b>	<b>615</b>	<b>222</b>	<b>0</b>	<b>852</b>	<b>28</b>	<b>36</b>	<b>288</b>	<b>0</b>	<b>352</b>	<b>481</b>	<b>327</b>	<b>26</b>	<b>0</b>	<b>834</b>	<b>2229</b>
05:00 PM	20	37	19	0	76	3	168	58	0	229	9	6	75	0	90	150	94	6	0	250	645
05:15 PM	11	28	9	0	48	4	155	46	0	205	6	7	84	0	97	146	101	5	0	252	602
05:30 PM	6	21	5	0	32	5	136	37	0	178	5	9	75	0	89	101	78	3	0	182	481
05:45 PM	6	9	7	0	22	2	98	25	0	125	6	9	47	0	62	71	54	6	0	131	340
<b>Total</b>	<b>43</b>	<b>95</b>	<b>40</b>	<b>0</b>	<b>178</b>	<b>14</b>	<b>557</b>	<b>166</b>	<b>0</b>	<b>737</b>	<b>26</b>	<b>31</b>	<b>281</b>	<b>0</b>	<b>338</b>	<b>468</b>	<b>327</b>	<b>20</b>	<b>0</b>	<b>815</b>	<b>2068</b>
<b>Grand Total</b>	<b>132</b>	<b>222</b>	<b>104</b>	<b>1</b>	<b>459</b>	<b>39</b>	<b>1434</b>	<b>434</b>	<b>0</b>	<b>1907</b>	<b>72</b>	<b>75</b>	<b>703</b>	<b>0</b>	<b>850</b>	<b>1103</b>	<b>799</b>	<b>54</b>	<b>0</b>	<b>1956</b>	<b>5172</b>
<b>Apprch %</b>	<b>28.8</b>	<b>48.4</b>	<b>22.7</b>	<b>0.2</b>		<b>2</b>	<b>75.2</b>	<b>22.8</b>	<b>0</b>		<b>8.5</b>	<b>8.8</b>	<b>82.7</b>	<b>0</b>		<b>56.4</b>	<b>40.8</b>	<b>2.8</b>	<b>0</b>		
<b>Total %</b>	<b>2.6</b>	<b>4.3</b>	<b>2</b>	<b>0</b>	<b>8.9</b>	<b>0.8</b>	<b>27.7</b>	<b>8.4</b>	<b>0</b>	<b>36.9</b>	<b>1.4</b>	<b>1.5</b>	<b>13.6</b>	<b>0</b>	<b>16.4</b>	<b>21.3</b>	<b>15.4</b>	<b>1</b>	<b>0</b>	<b>37.8</b>	
Passenger Vehicles	130	220	103	1	454	36	1412	422	0	1870	65	71	645	0	781	1072	787	52	0	1911	5016
% Passenger Vehicles	98.5	99.1	99	100	98.9	92.3	98.5	97.2	0	98.1	90.3	94.7	91.7	0	91.9	97.2	98.5	96.3	0	97.7	97
Light Trucks	2	2	1	0	5	3	20	11	0	34	6	4	25	0	35	13	12	2	0	27	101
% Light Trucks	1.5	0.9	1	0	1.1	7.7	1.4	2.5	0	1.8	8.3	5.3	3.6	0	4.1	1.2	1.5	3.7	0	1.4	2
Heavy Trucks	0	0	0	0	0	0	2	1	0	3	1	0	33	0	34	18	0	0	0	18	55
% Heavy Trucks	0	0	0	0	0	0	0.1	0.2	0	0.2	1.4	0	4.7	0	4	1.6	0	0	0	0.9	1.1

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Location: Congress/Hutchins-Ptld

Counter: PO

Board: 3364

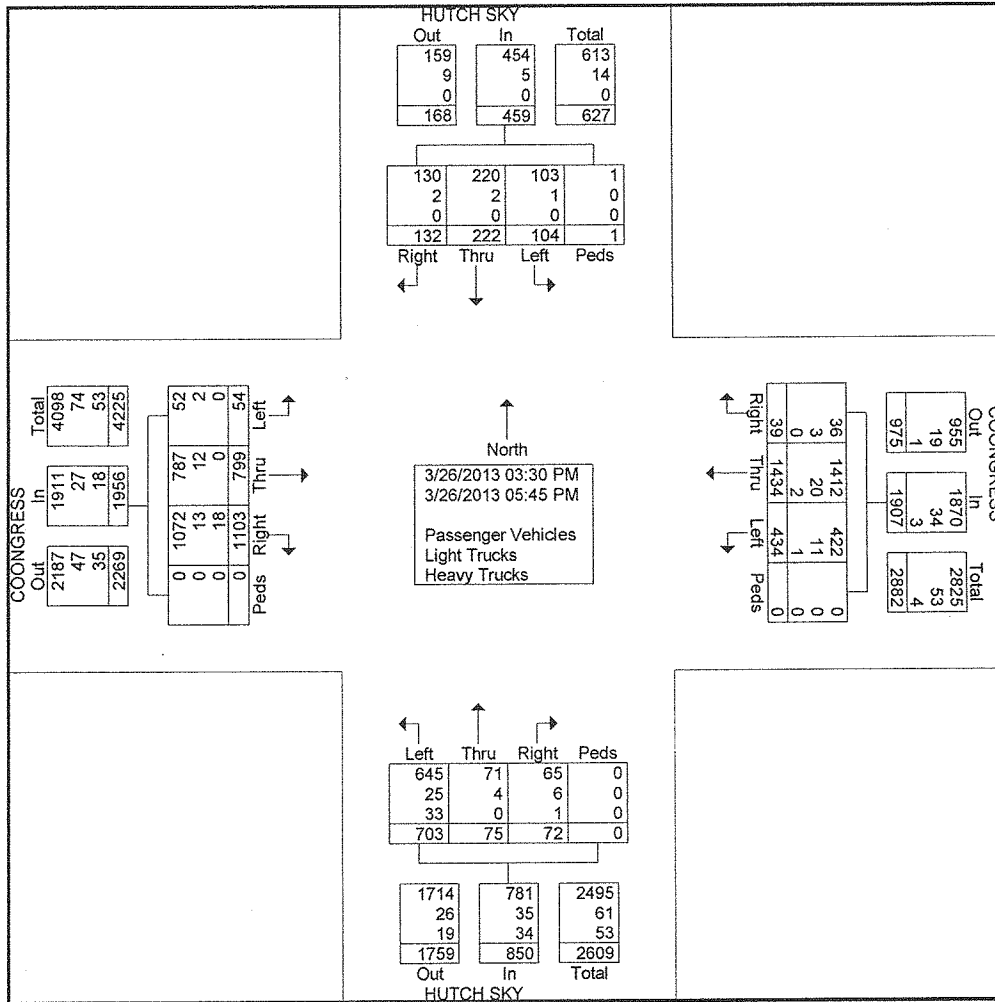
Weather: cloudy

File Name : Congress@Hutchins-skywayPM

Site Code : 00000000

Start Date : 3/26/2013

Page No : 2



Start Time	HUTCH SKY From North					COONGRESS From East					HUTCH SKY From South					COONGRESS From West					Int. Total
	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	Right	Thru	Left	Peds	App. Total	
Peak Hour Analysis From 03:30 PM to 05:45 PM - Peak 1 of 1																					
Peak Hour for Entire Intersection Begins at 04:30 PM																					
04:30 PM	26	27	15	1	69	5	175	69	0	249	7	9	70	0	86	141	88	11	0	240	644
04:45 PM	10	28	8	0	46	3	140	51	0	194	5	8	95	0	108	135	69	8	0	212	560
05:00 PM	20	37	19	0	76	3	168	58	0	229	9	6	75	0	90	150	94	6	0	250	645
05:15 PM	11	28	9	0	48	4	155	46	0	205	6	7	84	0	97	146	101	5	0	252	602
Total Volume	67	120	51	1	239	15	638	224	0	877	27	30	324	0	381	572	352	30	0	954	2451
% App. Total	28	50.2	21.3	0.4		1.7	72.7	25.5	0		7.1	7.9	85	0		60	36.9	3.1	0		
PHF	.644	.811	.671	.250	.786	.750	.911	.812	.000	.881	.750	.833	.853	.000	.882	.953	.871	.682	.000	.946	.950
Passenger Vehicles	65	119	51	1	236	15	631	223	0	869	27	27	305	0	359	557	347	28	0	932	2396
% Passenger Vehicles																					
Light Trucks	2	1	0	0	3	0	7	0	0	7	0	3	6	0	9	6	5	2	0	13	32
% Light Trucks	3.0	0.8	0	0	1.3	0	1.1	0	0	0.8	0	10.0	1.9	0	2.4	1.0	1.4	6.7	0	1.4	1.3
Heavy Trucks	0	0	0	0	0	0	0	1	0	1	0	0	13	0	13	9	0	0	0	9	23
% Heavy Trucks	0	0	0	0	0	0	0	0.4	0	0.1	0	0	4.0	0	3.4	1.6	0	0	0	0.9	0.9

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Location: Congress/Hutchins-Ptld

Counter: PO

Board: 3364

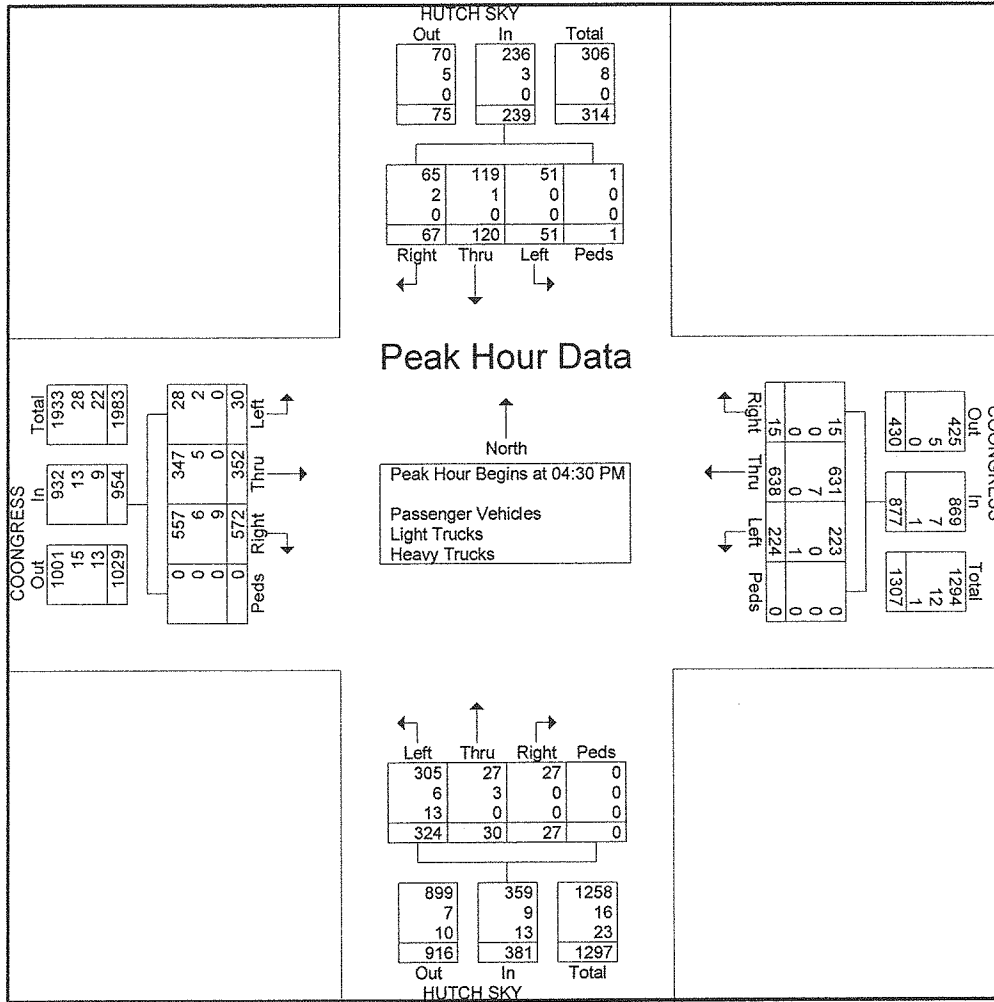
Weather: cloudy

File Name : Congress@Hutchins-skywayPM

Site Code : 00000000

Start Date : 3/26/2013

Page No : 3

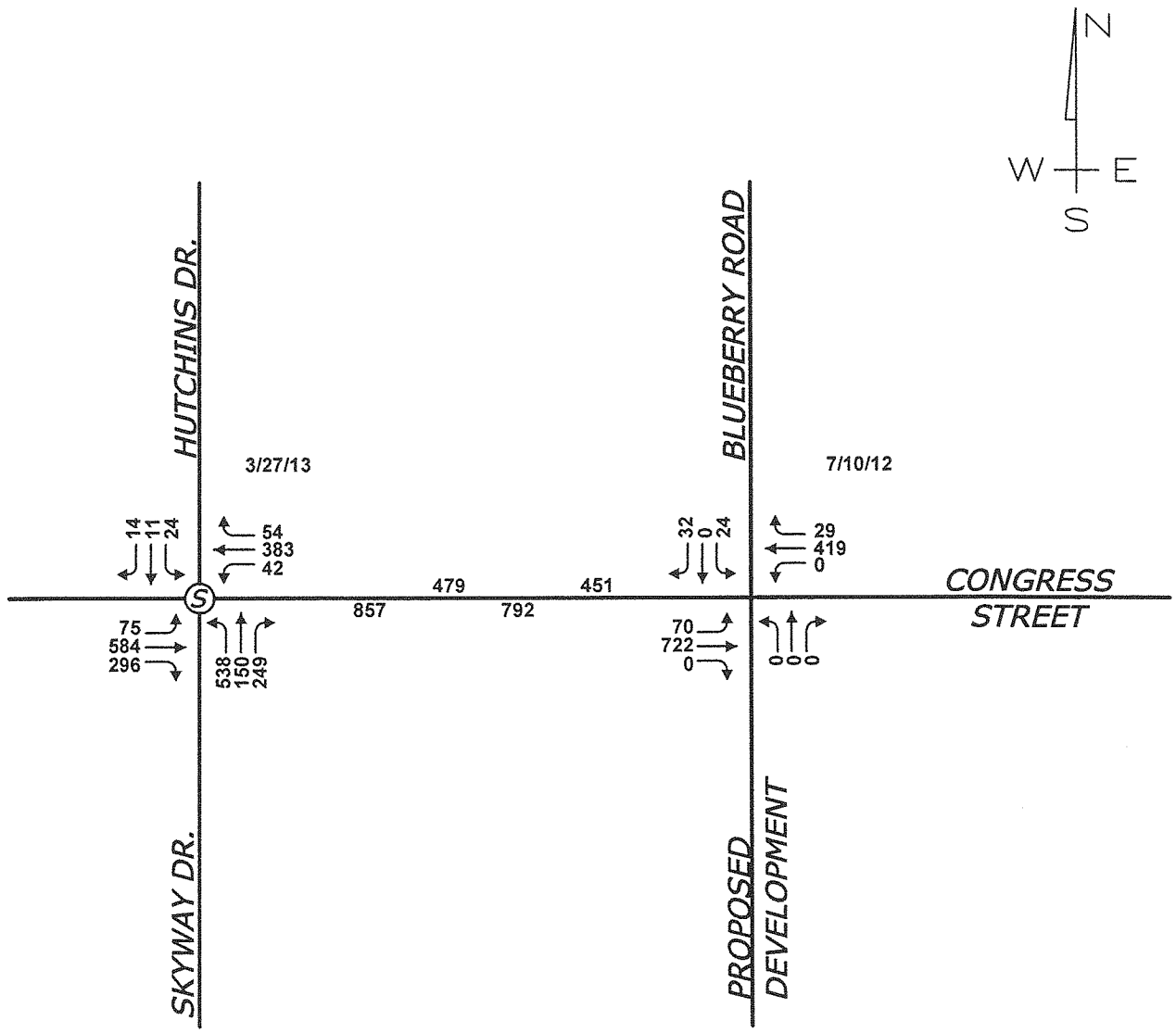




# Unadjusted Raw Traffic Counts - AM Peak Hour

Figure No.

1



AM PEAK HOUR: 7:15 - 8:15 AM

Ⓢ DENOTES SIGNAL

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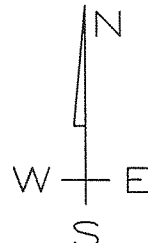
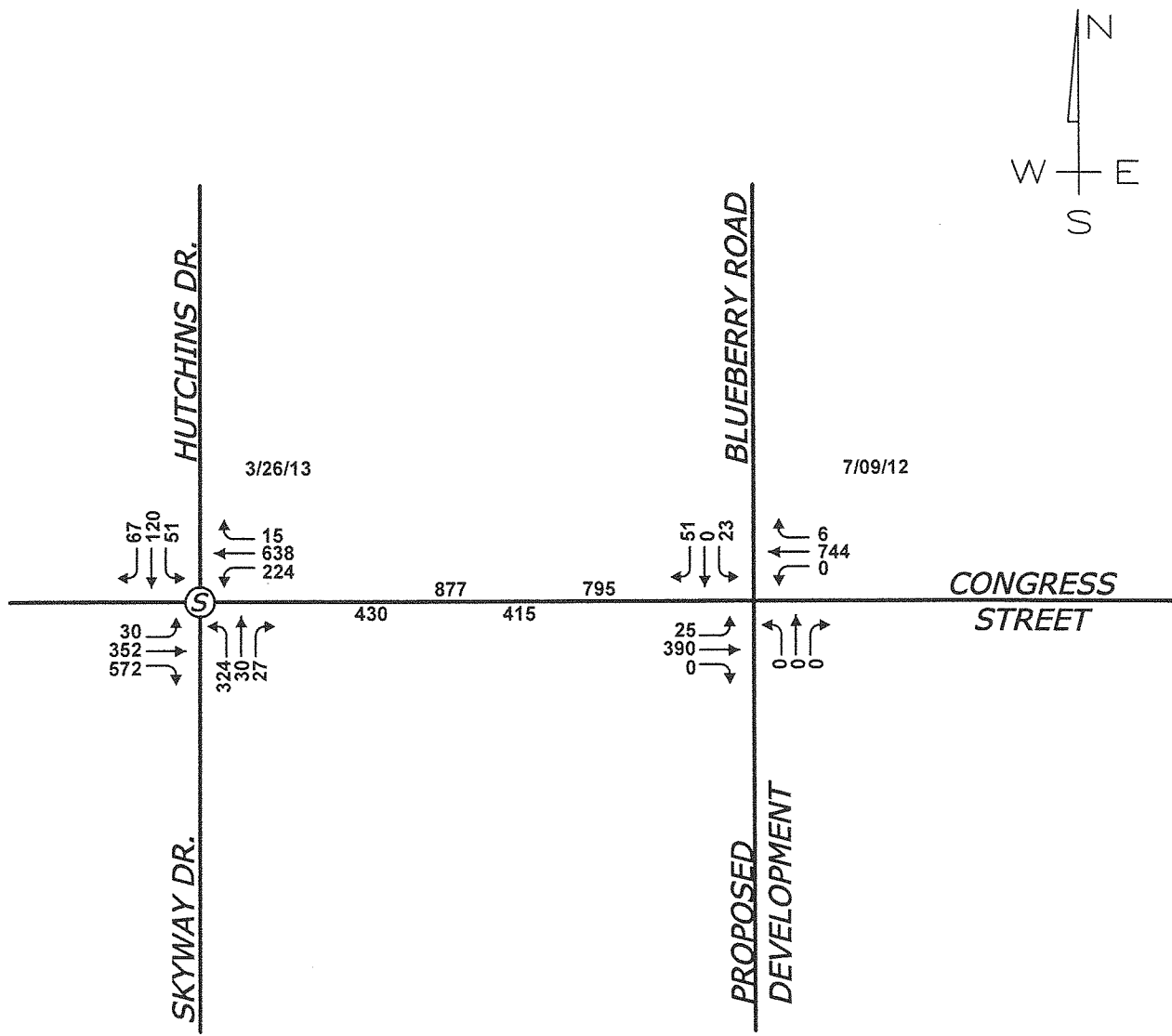
**Gp** Gorrill-Palmer Consulting Engineers, Inc.  
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Design: TLG Scale: NONE  
 Draft: DB Date: MAR 2013  
 Checked: TLG File Name: 2672-TRAFF2.dwg

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# Unadjusted Raw Traffic Counts - PM Peak Hour

Figure No. **2**



PM PEAK HOUR: 4:30-5:30 PM

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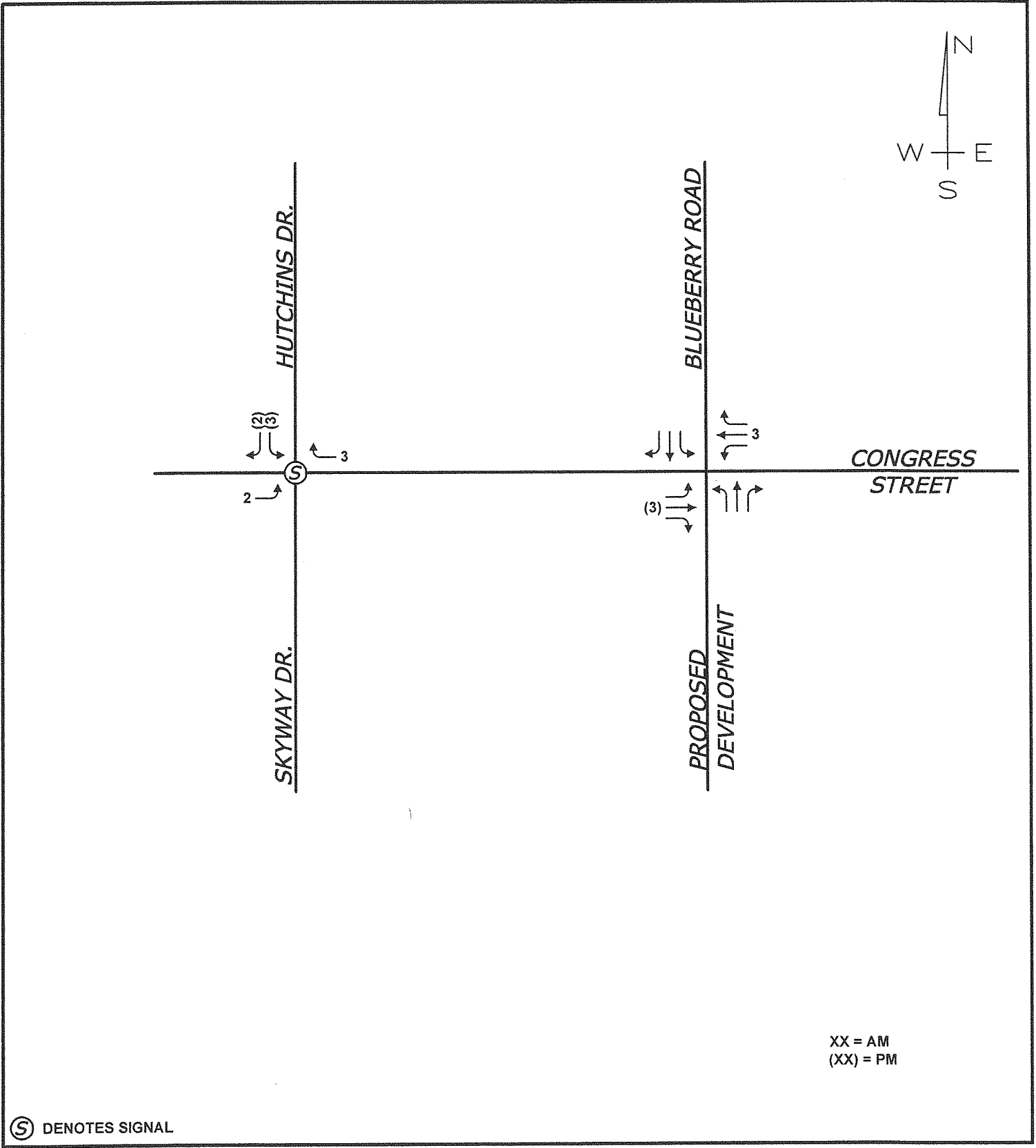
Design: TLG Scale: NONE  
 Draft: DB Date: MAR 2013  
 Checked: TLG File Name: 2672-TRAFF2.dwg

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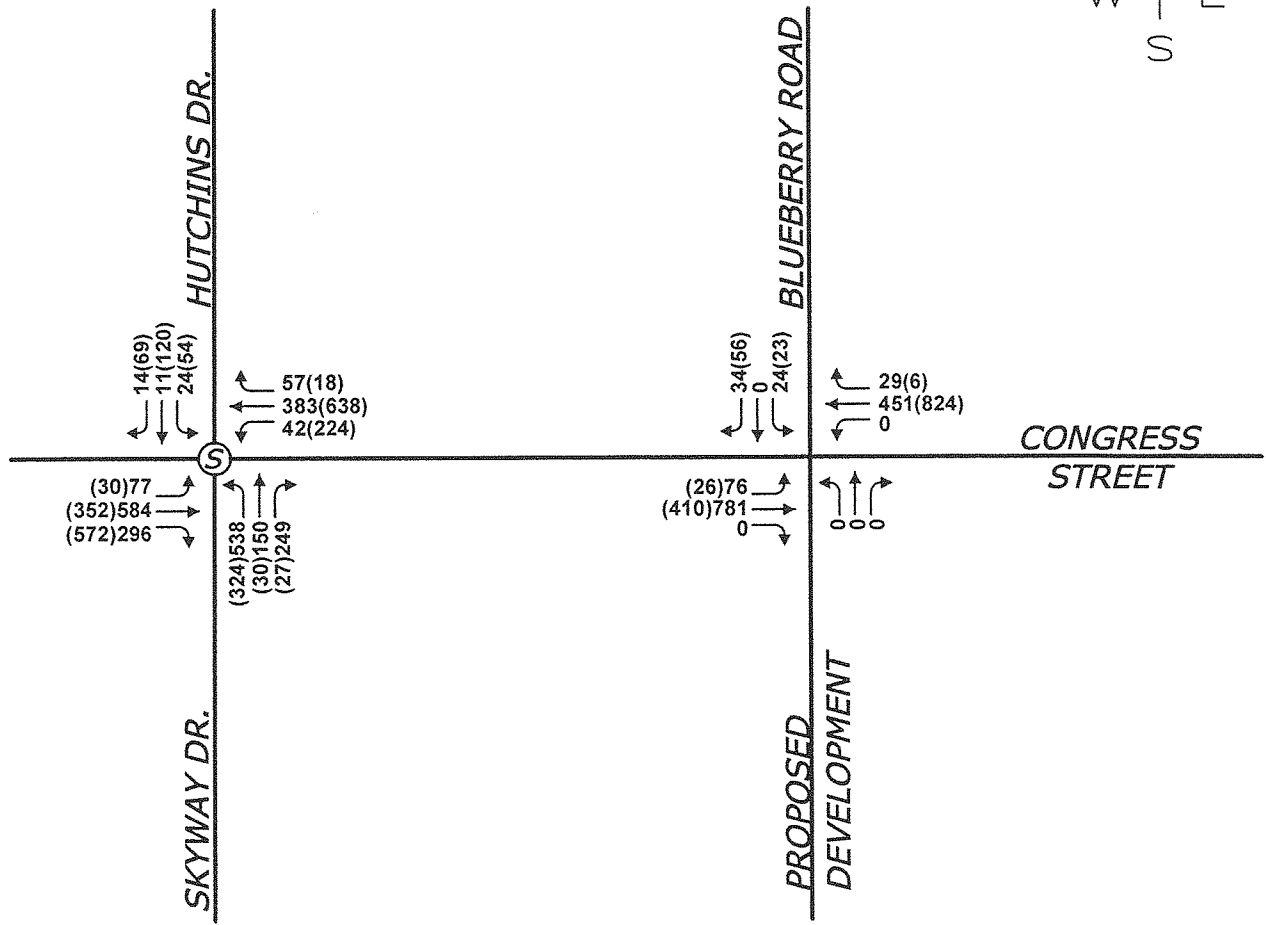
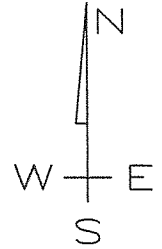
# Traffic from Other Approved Development



## 2282 CONGRESS STREET, PORTLAND, MAINE

Design: TLG    Scale: NONE  
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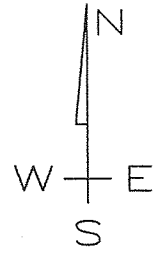
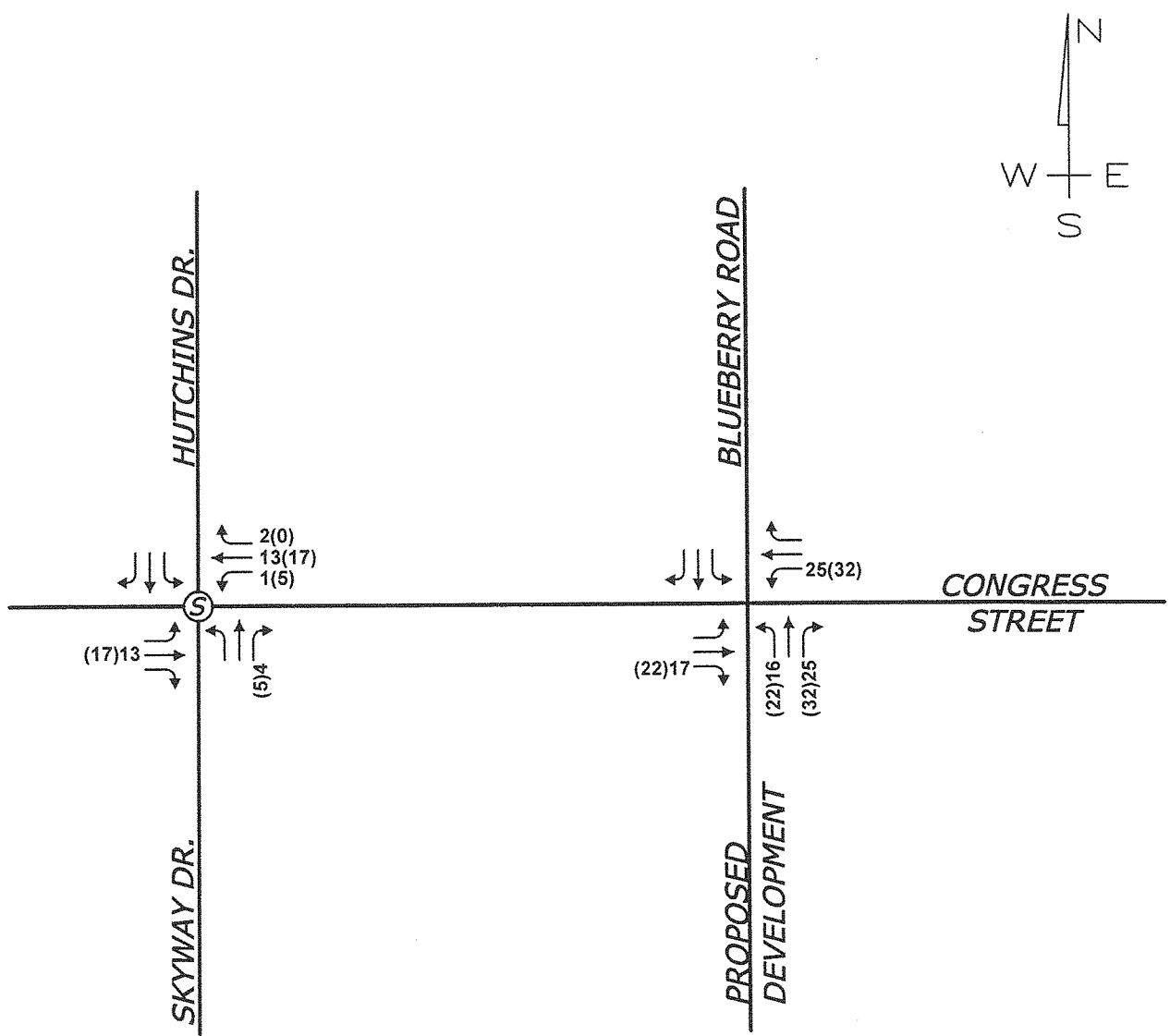


XX = AM  
(XX) = PM

Ⓢ DENOTES SIGNAL

## 2282 CONGRESS STREET, PORTLAND, MAINE

# Primary Traffic Volumes



Ⓢ DENOTES SIGNAL

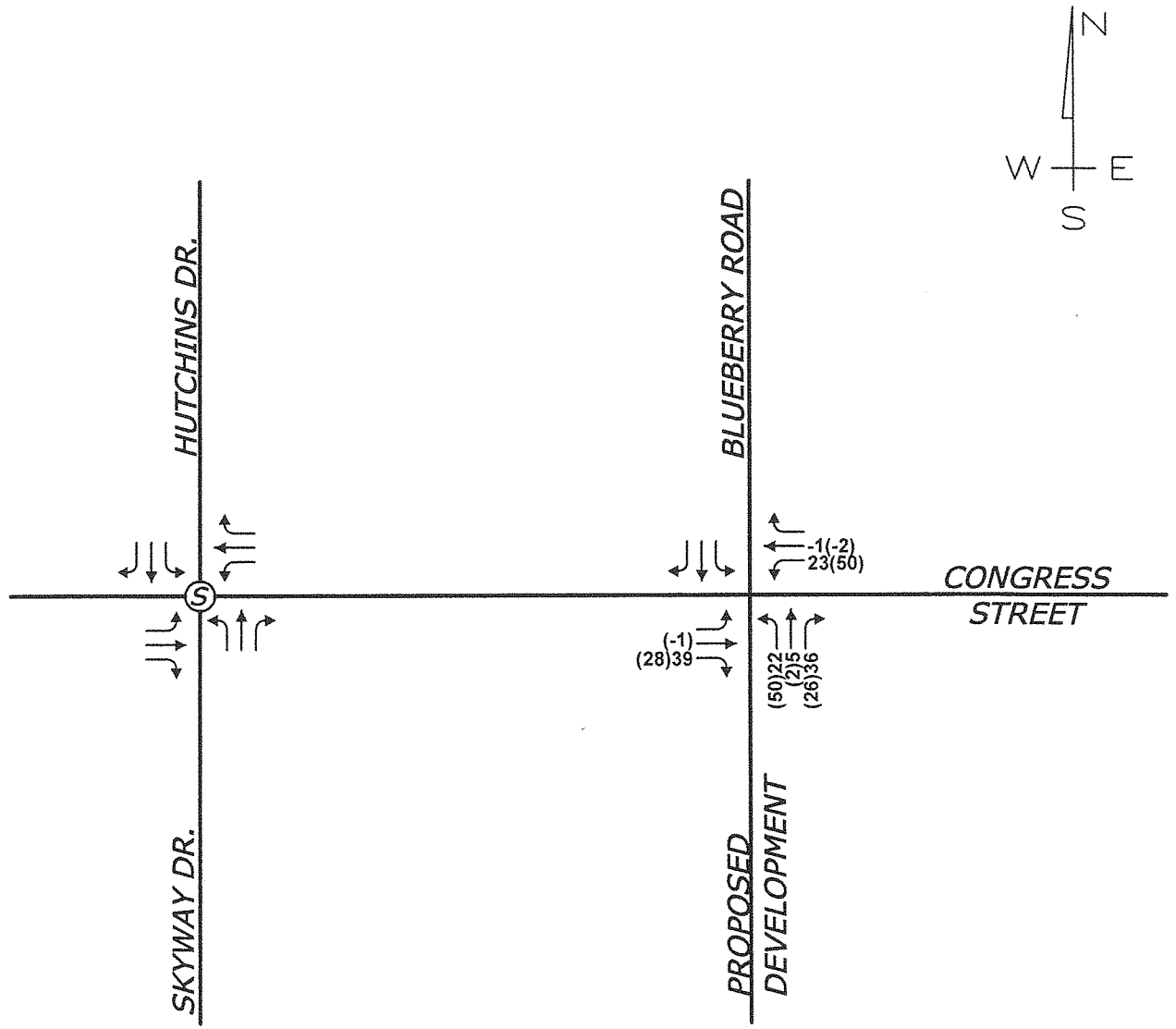
## 2282 CONGRESS STREET, PORTLAND, MAINE

Design: TLG    Scale: NONE  
 Draft: DB    Date: MAR 2013  
 Checked: TLG    File Name: 2672-TRAFF2.dwg

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# Development Pass-by Traffic - Peak Hour

Figure No. **6**



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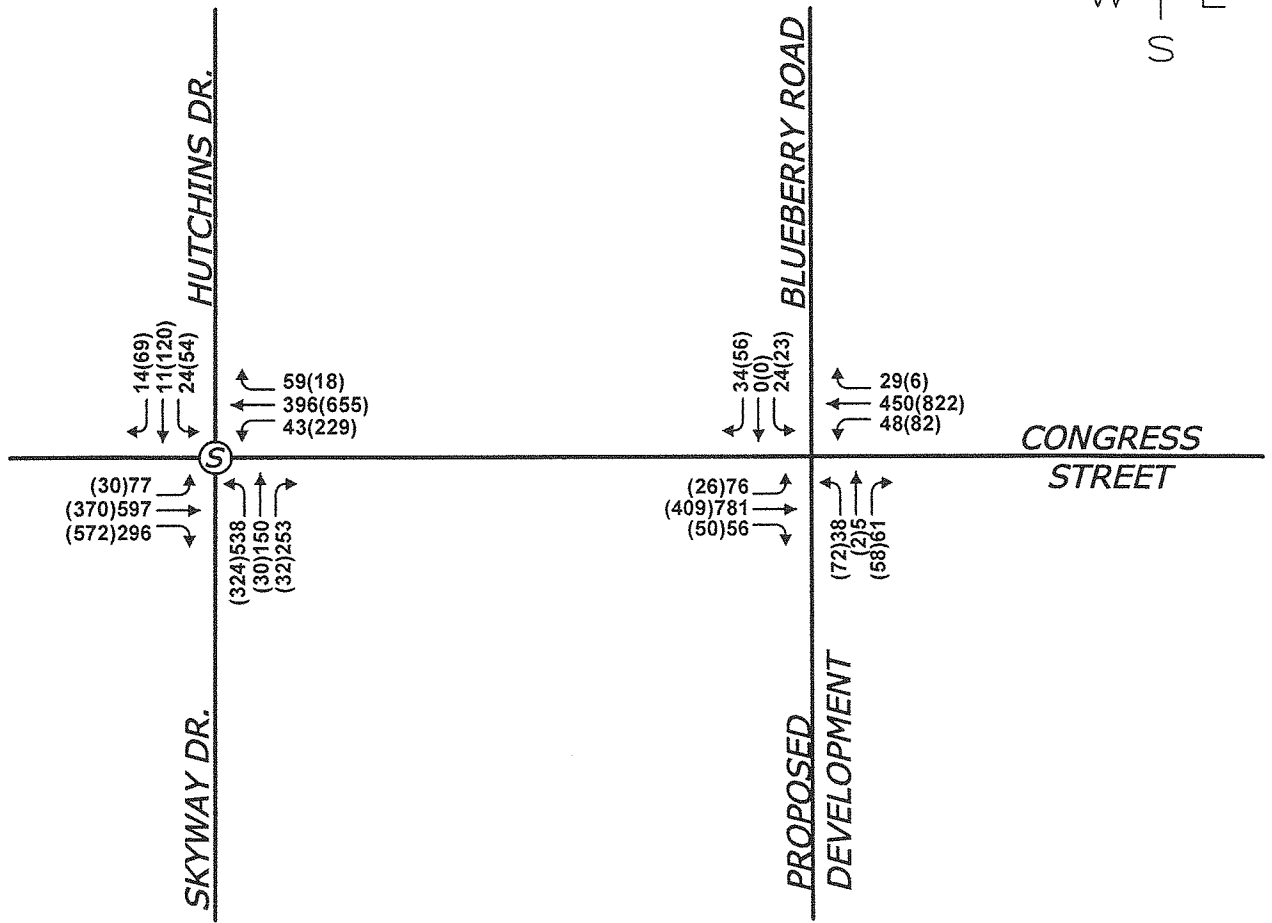
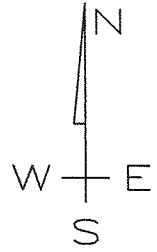
Design: TLG Scale: NONE  
 Draft: DB Date: MAR 2013  
 Checked: TLG File Name: 2672-TRAFF2.dwg

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# Post Development Traffic Volumes

Figure No **7**



XX = AM  
(XX) = PM

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 Draft: DB Date: MAR 2013  
 Checked: TLG File Name: 2672-TRAFF2.dwg

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*Appendix B*

*Capacity Analyses*

**3: Site /Blueberry Road & Congress Street Performance by approach**

Approach	EB	WB	NB	SB	All
Denied Delay (hr)	0.0	0.1	0.0	0.0	0.1
Denied Del/Veh (s)	0.1	0.7	0.1	0.1	0.3
Total Delay (hr)	1.0	0.3	0.6	0.2	2.1
Total Del/Veh (s)	3.8	1.8	26.6	16.6	4.8

**6: Skyway/Hutchins & Congress Street Performance by approach**

Approach	EB	WB	NB	SB	All
Denied Delay (hr)	1.5	0.0	0.1	0.0	1.6
Denied Del/Veh (s)	5.5	0.0	0.4	1.6	2.4
Total Delay (hr)	11.7	3.0	6.9	0.4	22.0
Total Del/Veh (s)	42.4	21.1	26.3	34.0	31.8

**Total Network Performance**

Denied Delay (hr)	1.7
Denied Del/Veh (s)	2.4
Total Delay (hr)	25.3
Total Del/Veh (s)	33.7

**Intersection: 3: Site /Blueberry Road & Congress Street**

Movement	EB	EB	WB	WB	NB	NB	SB	SB
Directions Served	L	TR	L	TR	LT	R	LT	R
Maximum Queue (ft)	57	10	46	13	109	57	65	44
Average Queue (ft)	19	0	18	0	39	25	20	19
95th Queue (ft)	46	4	42	6	88	51	53	45
Link Distance (ft)		1011		867	134	134	764	764
Upstream Blk Time (%)					1			
Queuing Penalty (veh)					0			
Storage Bay Dist (ft)	500		100					
Storage Blk Time (%)								
Queuing Penalty (veh)								

**Intersection: 6: Skyway/Hutchins & Congress Street**

Movement	EB	EB	EB	WB	WB	NB	NB	SB	SB
Directions Served	L	T	R	L	TR	L	TR	LT	R
Maximum Queue (ft)	90	814	175	64	288	436	304	70	56
Average Queue (ft)	54	475	142	25	165	245	137	26	14
95th Queue (ft)	103	861	235	54	264	397	234	59	44
Link Distance (ft)		802			1011	838	838	276	
Upstream Blk Time (%)		7							
Queuing Penalty (veh)		0							
Storage Bay Dist (ft)	65		150	500					155
Storage Blk Time (%)	3	45	0						
Queuing Penalty (veh)	28	169	2						

**Network Summary**

Network wide Queuing Penalty: 200



Intersection: 6: Skyway/Hutchins & Congress Street

Phase	2	3	4	5	6	7	8
Movement(s) Served	NBTL	WBL	EBTL	NBL	SBTL	EBL	WBTL
Maximum Green (s)	42.0	4.0	29.0	20.0	17.0	4.0	29.0
Minimum Green (s)	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Recall	None	None	None	None	None	None	None
Avg. Green (s)	30.1	4.0	30.1	22.1	10.8	4.3	29.1
g/C Ratio	-0.01	-0.01	NA	NA	-0.01	-0.01	NA
Cycles Skipped (%)	10	65	0	0	52	51	0
Cycles @ Minimum (%)	0	35	0	0	0	47	0
Cycles Maxed Out (%)	12	35	92	88	8	49	77
Cycles with Peds (%)	0	0	0	0	0	0	0

Controller Summary

Average Cycle Length (s): NA  
 Number of Complete Cycles : 0



**3: Site /Blueberry Road & Congress Street Performance by approach**

Approach	EB	WB	NB	SB	All
Denied Delay (hr)	0.0	0.3	0.0	0.0	0.3
Denied Del/Veh (s)	0.0	1.2	0.1	0.1	0.7
Total Delay (hr)	0.5	0.5	0.9	0.4	2.3
Total Del/Veh (s)	3.8	2.1	24.5	17.4	5.2

**6: Skyway/Hutchins & Congress Street Performance by approach**

Approach	EB	WB	NB	SB	All
Denied Delay (hr)	0.8	0.0	0.2	0.1	1.0
Denied Del/Veh (s)	2.9	0.0	1.6	1.4	1.5
Total Delay (hr)	6.3	6.7	9.2	2.0	24.3
Total Del/Veh (s)	23.6	25.3	85.3	31.5	34.4

**Total Network Performance**

Denied Delay (hr)	1.4
Denied Del/Veh (s)	1.8
Total Delay (hr)	28.0
Total Del/Veh (s)	36.4

**Intersection: 3: Site /Blueberry Road & Congress Street**

Movement	EB	EB	WB	WB	NB	NB	SB	SB
Directions Served	L	TR	L	TR	LT	R	LT	R
Maximum Queue (ft)	44	8	50	4	117	56	52	75
Average Queue (ft)	13	0	18	0	48	29	20	30
95th Queue (ft)	37	4	42	3	96	53	48	61
Link Distance (ft)		1010		867	134	134	764	764
Upstream Blk Time (%)					0			
Queuing Penalty (veh)					0			
Storage Bay Dist (ft)	500		100					
Storage Blk Time (%)								
Queuing Penalty (veh)								

**Intersection: 6: Skyway/Hutchins & Congress Street**

Movement	EB	EB	EB	WB	WB	NB	NB	SB	SB
Directions Served	L	T	R	L	TR	L	TR	LT	R
Maximum Queue (ft)	90	607	175	282	475	596	273	208	178
Average Queue (ft)	28	223	137	117	243	290	53	100	38
95th Queue (ft)	77	468	215	229	423	620	275	173	94
Link Distance (ft)		675			1010	970	970	275	
Upstream Blk Time (%)		1				2	2	0	
Queuing Penalty (veh)		0				0	0	0	
Storage Bay Dist (ft)	65		150	500					155
Storage Blk Time (%)	1	36	7		1			2	0
Queuing Penalty (veh)	9	218	29		2			1	0

**Network Summary**

Network wide Queuing Penalty: 260

Intersection: 6: Skyway/Hutchins & Congress Street

Phase	2	3	4	5	6	7	8
Movement(s) Served	NBTL	WBL	EBTL	NBL	SBTL	EBL	WBTL
Maximum Green (s)	35.0	10.0	30.0	12.0	18.0	5.0	35.0
Minimum Green (s)	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Recall	None	None	None	None	None	None	None
Avg. Green (s)	31.4	9.6	28.9	11.9	13.9	5.1	39.9
g/C Ratio	-0.01	-0.01	NA	NA	-0.01	-0.01	NA
Cycles Skipped (%)	52	5	0	0	2	71	0
Cycles @ Minimum (%)	0	0	0	0	0	0	0
Cycles Maxed Out (%)	17	77	77	93	28	29	88
Cycles with Peds (%)	0	0	0	0	0	0	0

Controller Summary

Average Cycle Length (s): NA  
 Number of Complete Cycles : 0

*Appendix C*

*MaineDOT Crash History*

*Trip Generation Calculations*

*Lane Warrant Sheets*

2007/11/16

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 Included

1320 & Driver Report Included

REPORT DESCRIPTION

Congress St

REPORT PARAMETERS

Year 2009, Start Month 1 through Year 2011 End Month: 12

Route: 0022X

Start Node: 10097

Start Offset: 0

Exclude First Node

End Node: 18490

End Offset: 0

Exclude Last Node

Maine Department Of Transportation - Traffic Engineering, Crash Records Section

Crash Summary I

Nodes														
Node	Route - MP	Node Description	U/R	Total Crashes	K	A	B	C	PD	Injury	Percent Annual M Ent-Veh	Crash Rate	Critical Rate	CRF
18488	0022X - 3.58	Int of BLUEBERRY RD CONGRESS ST	2	1	0	0	0	0	1	0.0	5.027	0.07	0.32	0.00
											Statewide Crash Rate: 0.12			
18490	0022X - 3.78	Int of CONGRESS ST EXIT 7A CONN RD HUTCHINS DR	9	18	0	0	1	7	10	44.4	7.811	0.77	1.02	0.00
											Statewide Crash Rate: 0.62			
<b>Study Years: 3.00</b>				<b>19</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>11</b>	<b>42.1</b>	<b>12.838</b>	<b>0.49</b>	<b>0.68</b>	<b>0.72</b>
<b>NODE TOTALS:</b>														



# Crash Summary I

Start Node	End Node	Element	Offset Begin - End	Route - MP	Section U/R Length	Total Crashes	Injury Crashes			PD	Percent Injury	Annual HMVM	Crash Rate	Critical Rate	CRF
							A	B	C						
10097	18488	3105101	0 - 0.30	0022X - 3.28 ST RTE 22	0.30	1	0	0	0	1	0.0	0.01469	22.69	320.06	0.00
		Int of CONGRESS ST, ENT TO UNMUTUAL											Statewide Crash Rate: 170.96		
18488	18490	3106664	0 - 0.20	0022X - 3.38 ST RTE 22	0.20	4	0	0	2	2	50.0	0.00982	135.72	350.19	0.00
		Int of BLUEBERRY RD, CONGRESS ST											Statewide Crash Rate: 170.96		
<b>Study Years:</b>		3.00			<b>Section Totals:</b>	5	0	0	2	3	40.0	0.02451	67.99	288.36	0.24
<b>Grand Totals:</b>					0.50	24	0	0	1	9	41.7	0.02451	326.35	412.80	0.79

## Crash Summary

Section Details															
Start Node	End Node	Element	Offset Begin - End	Route - MP	Total Crashes	K	Injury Crashes			Crash Report	Crash Date	Crash Mile Point	Injury Degree		
							A	B	C	PD					
10097	18488	3105101	0 - 0.30	0022X - 3.28	1	0	0	0	0	1	2010-30437C	12/21/2010	3.29	PD	
18488	18490	3106664	0 - 0.20	0022X - 3.58	4	0	0	0	2	2	2011-5798C	03/26/2011	3.68	PD	
											2010-14623C	07/13/2010	3.70	C	
											2010-30418C	12/20/2010	3.74	PD	
											2010-3515C	02/16/2010	3.77	C	
<b>Totals:</b>					<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>					

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

**Crashes by Day and Hour**

Day Of Week	Hour of Day												Un	Tot												
	AM						PM																			
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
SUNDAY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MONDAY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
TUESDAY	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	2	3	3	1	0	0	0	0	0	0	11
WEDNESDAY	0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	6
THURSDAY	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
FRIDAY	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SATURDAY	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Totals</b>	0	0	0	0	0	0	0	4	3	1	1	1	1	1	0	2	5	4	2	0	0	0	0	0	0	24

**Vehicle Counts by Type**

Unit Type	Total	Unit Type	Total
1-Passenger Car	32	23-Bicyclist	0
2-(Sport) Utility Vehicle	9	24-Witness	4
3-Passenger Van	2	25-Other	0
4-Cargo Van (10K lbs or Less)	0	<b>Total</b>	<b>56</b>
5-Pickup	7		
6-Motor Home	0		
7-School Bus	0		
8-Transit Bus	0		
9-Motor Coach	0		
10-Other Bus	0		
11-Motorcycle	1		
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	0		

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

**Crashes by Driver Action at Time of Crash**

Driver Action at Time of Crash	Dr1	Dr2	Dr3	Dr4	Dr5	Other	Total
No Contributing Action	1	2	1	0	0	0	4
Ran Off Roadway	0	0	0	0	0	0	0
Failed to Yield Right-of-Way	2	1	0	0	0	0	3
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	0	0	0	0	0	0	0
Drove Too Fast For Conditions	1	0	0	0	0	0	1
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	4	6	0	0	0	0	10
Failed to Keep in Proper Lane	0	0	0	0	0	0	0
Operated Motor Vehicle in Erratic, Reckless, Careless, Negligent or Aggressive Manner	0	0	0	0	0	0	0
Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway	0	0	0	0	0	0	0
Over-Correcting/Over-Steering	0	0	0	0	0	0	0
Other Contributing Action	0	0	0	0	0	0	0
Unknown	0	0	0	1	0	0	1
<b>Total</b>	<b>10</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>21</b>

**Crashes by Apparent Physical Condition And Driver**

Apparent Physical Condition	Dr1	Dr2	Dr3	Dr4	Dr5	Other	Total
Apparently Normal	23	24	3	1	0	0	51
Physically Impaired or Handicapped	0	0	0	0	0	0	0
Emotional(Depressed, Angry, Disturbed, etc.)	0	0	0	0	0	0	0
Ill (Sick)	0	0	0	0	0	0	0
Asleep or Fatigued	0	0	0	0	0	0	0
Under the Influence of Medications/Drugs/Alcohol	1	0	0	0	0	0	1
Other	0	0	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>24</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>52</b>

**Driver Age by Unit Type**

Age	Driver	Bicycle	SnowMobile	Pedestrian	ATV	Total
09-Under	0	0	0	0	0	0
10-14	0	0	0	0	0	0
15-19	1	0	0	0	0	1
20-24	6	0	0	0	0	6
25-29	7	0	0	0	0	7
30-39	10	0	0	0	0	10
40-49	12	0	0	0	0	12
50-59	10	0	0	0	0	10
60-69	3	0	0	0	0	3
70-79	3	0	0	0	0	3
80-Over	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
<b>Total</b>	<b>52</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>52</b>

## Crash Summary II - Characteristics

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

Injury Data		
Severity Code	Injury Crashes	Number Of Injuries
K	0	0
A	0	0
B	1	1
C	9	12
PD	14	0
<b>Total</b>	<b>24</b>	<b>13</b>

Road Character		Total
Road Grade		
1-Level		20
2-On Grade		4
3-Top of Hill		0
4-Bottom of Hill		0
5-Other		0
<b>Total</b>		<b>24</b>

Traffic Control Devices		Total
Traffic Control Device		
1-Traffic Signals (Stop & Go)		19
2-Traffic Signals (Flashing)		0
3-Advisory/Warning Sign		0
4-Stop Signs - All Approaches		0
5-Stop Signs - Other		1
6-Yield Sign		0
7-Curve Warning Sign		0
8-Officer, Flagman, School Patrol		0
9-School Bus Stop Arm		0
10-School Zone Sign		0
11-R.R. Crossing Device		0
12-No Passing Zone		0
13-None		4
14-Other		0
<b>Total</b>		<b>24</b>

Light		Total
Light Condition		
1-Daylight		14
2-Dawn		3
3-Dusk		1
4-Dark - Lighted		6
5-Dark - Not Lighted		0
6-Dark - Unknown Lighting		0
7-Unknown		0
<b>Total</b>		<b>24</b>

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

**Crashes by Year and Month**

Month	2009	2010	2011	Total
JANUARY	1	1	2	4
FEBRUARY	0	1	0	1
MARCH	0	0	1	1
APRIL	0	0	0	0
MAY	2	0	1	3
JUNE	1	0	0	1
JULY	0	1	0	1
AUGUST	1	2	1	4
SEPTEMBER	1	1	0	2
OCTOBER	0	1	0	1
NOVEMBER	0	2	0	2
DECEMBER	0	3	1	4
<b>Total</b>	<b>6</b>	<b>12</b>	<b>6</b>	<b>24</b>

Report is limited to the last 10 years of data.

## Crash Summary II - Characteristics

### Crashes by Crash Type and Type of Location

Crash Type	Straight Road	Curved Road	Three Leg Intersection	Four Leg Intersection	Five or More Leg Intersection	Driveways	Bridges	Interchanges	Other	Parking Lot	Private Way	Cross Over	Railroad Crossing	Total
Object in Road	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rear End / Sideswipe	2	0	1	16	0	0	0	0	0	0	0	0	0	19
Head-on / Sideswipe	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Intersection Movement	0	0	0	2	0	2	0	0	0	0	0	0	0	4
Pedestrians	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Train	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Went Off Road	1	0	0	0	0	0	0	0	0	0	0	0	0	1
All Other Animal	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bicycle	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jackknife	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
<b>Total</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>18</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>

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

**Crashes by Weather, Light Condition and Road Surface**

Weather Light	Dry	Ice/Frost	Mud, Dirt, Gravel	Oil	Other	Sand	Slush	Snow	Unknown	Water (Standing, Moving)	Wet	Total
<b>Blowing Sand, Soil, Dirt</b>												
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
<b>Blowing Snow</b>												
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
<b>Clear</b>												
Dark - Lighted	2	0	0	0	0	0	0	0	0	0	1	3
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	3	0	0	0	0	0	0	0	0	0	0	3
Daylight	6	1	0	0	0	0	0	0	0	0	0	7
Dusk	1	0	0	0	0	0	0	0	0	0	0	1
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cloudy</b>												
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	2	0	0	0	0	0	0	0	0	0	0	2
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 Weather, Light Condition and Road Surface**

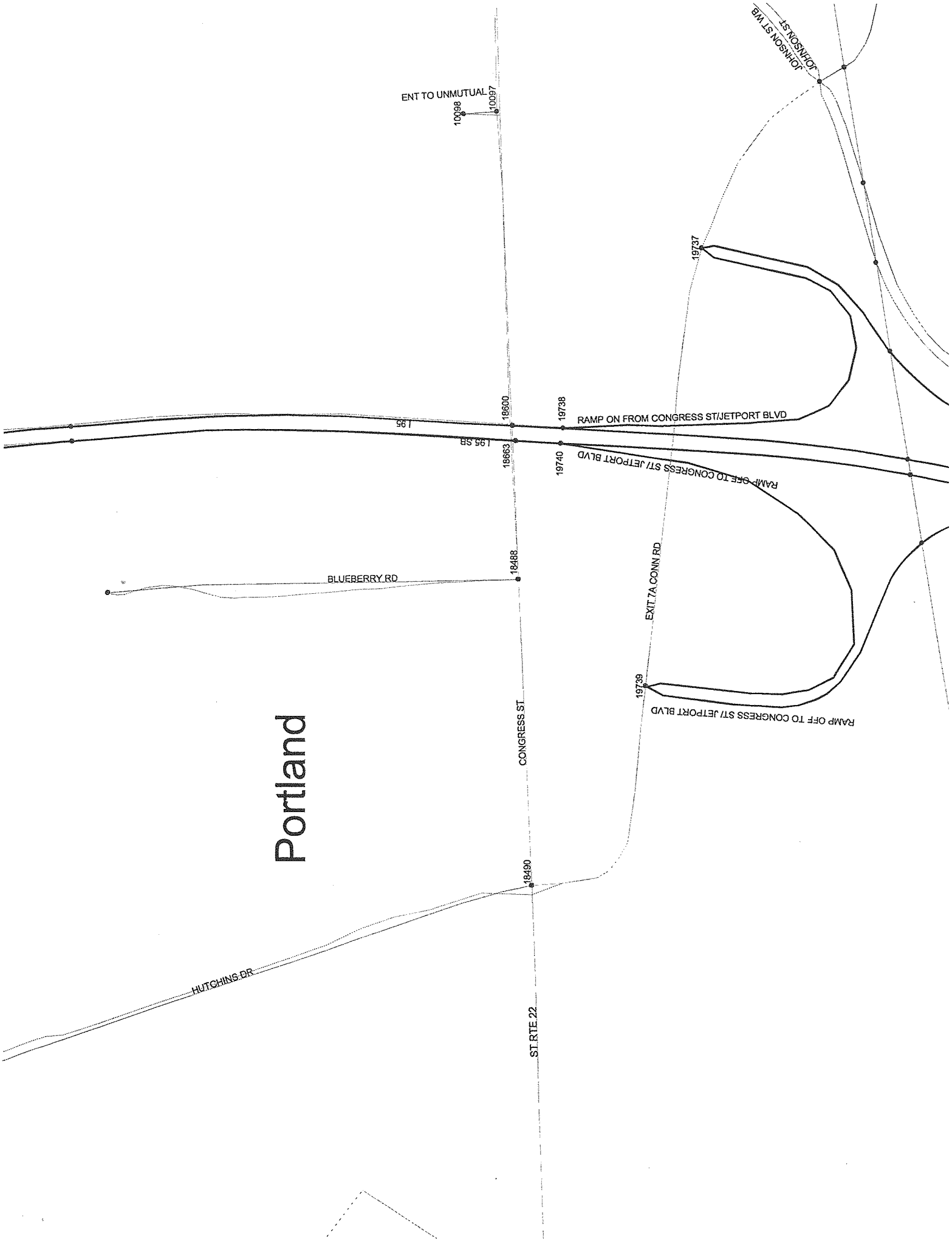
Weather Light	Dry	Ice/Frost	Mud, Dirt, Gravel	Oil	Other	Sand	Slush	Snow	Unknown	Water (Standing, Moving)	Wet	Total
<b>Fog, Smog, Smoke</b>												
Dark - Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Not Lighted	0	0	0	0	0	0	0	0	0	0	0	0
Dark - Unknown Lighting	0	0	0	0	0	0	0	0	0	0	0	0
Dawn	0	0	0	0	0	0	0	0	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
<b>Other</b>												
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
<b>Rain</b>												
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	4	4
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
<b>Severe Crosswinds</b>												
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 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
<b>Sleet, Hail (Freezing Rain or Drizzle)</b>												
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	1	0	0	0	0	0	0	0	0	0	1
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
<b>Snow</b>												
Dark - Lighted	0	3	0	0	0	0	0	0	0	0	0	3
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
<b>TOTAL</b>	<b>14</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>

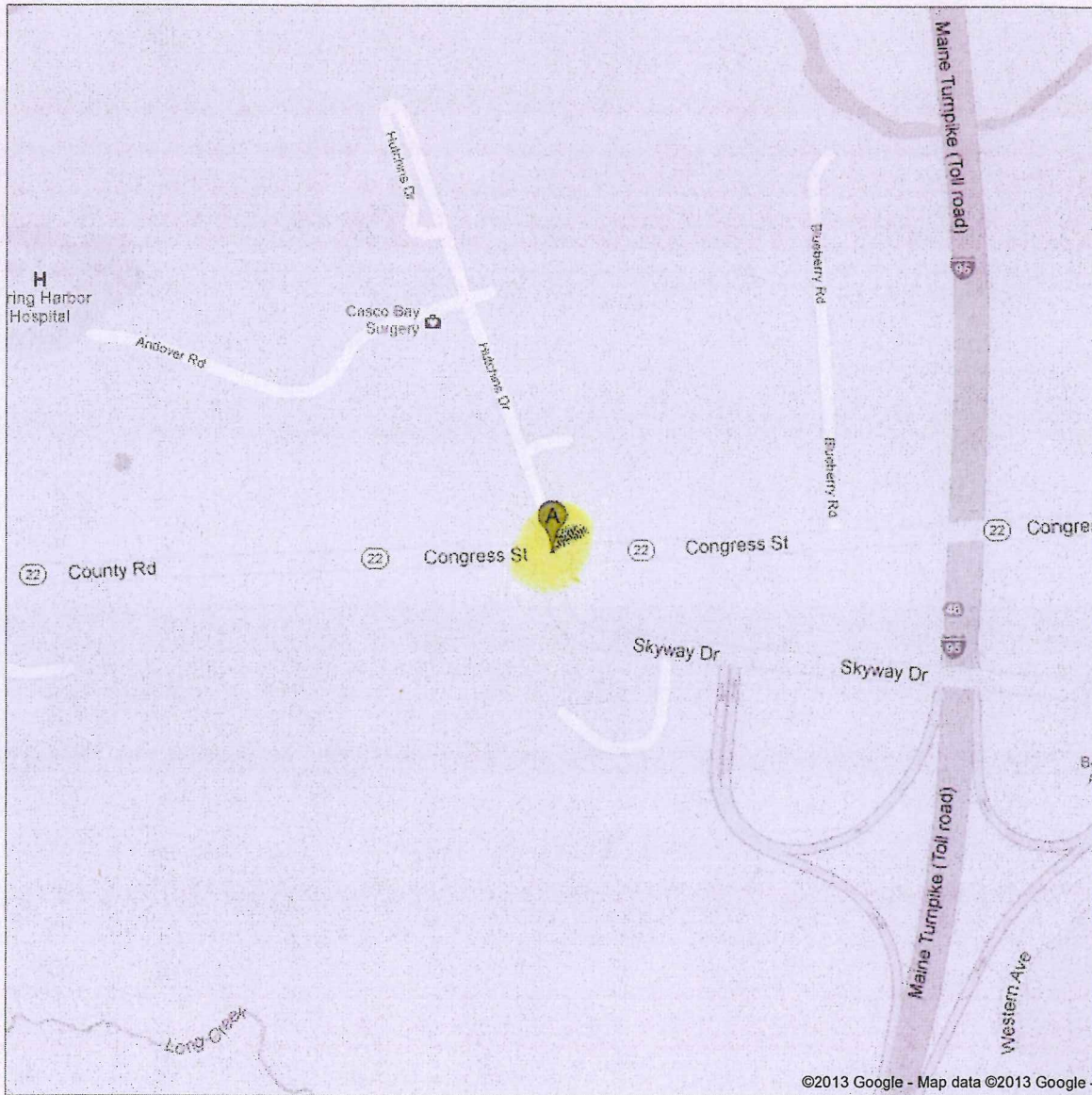
# Portland





Address **Congress St & Hutchins Dr**  
**Congress St & Hutchins Dr**  
**Portland, ME 04102**

JN 2672 - Collision Diagrams



# COLLISION DIAGRAM

SHEET 1 OF 2

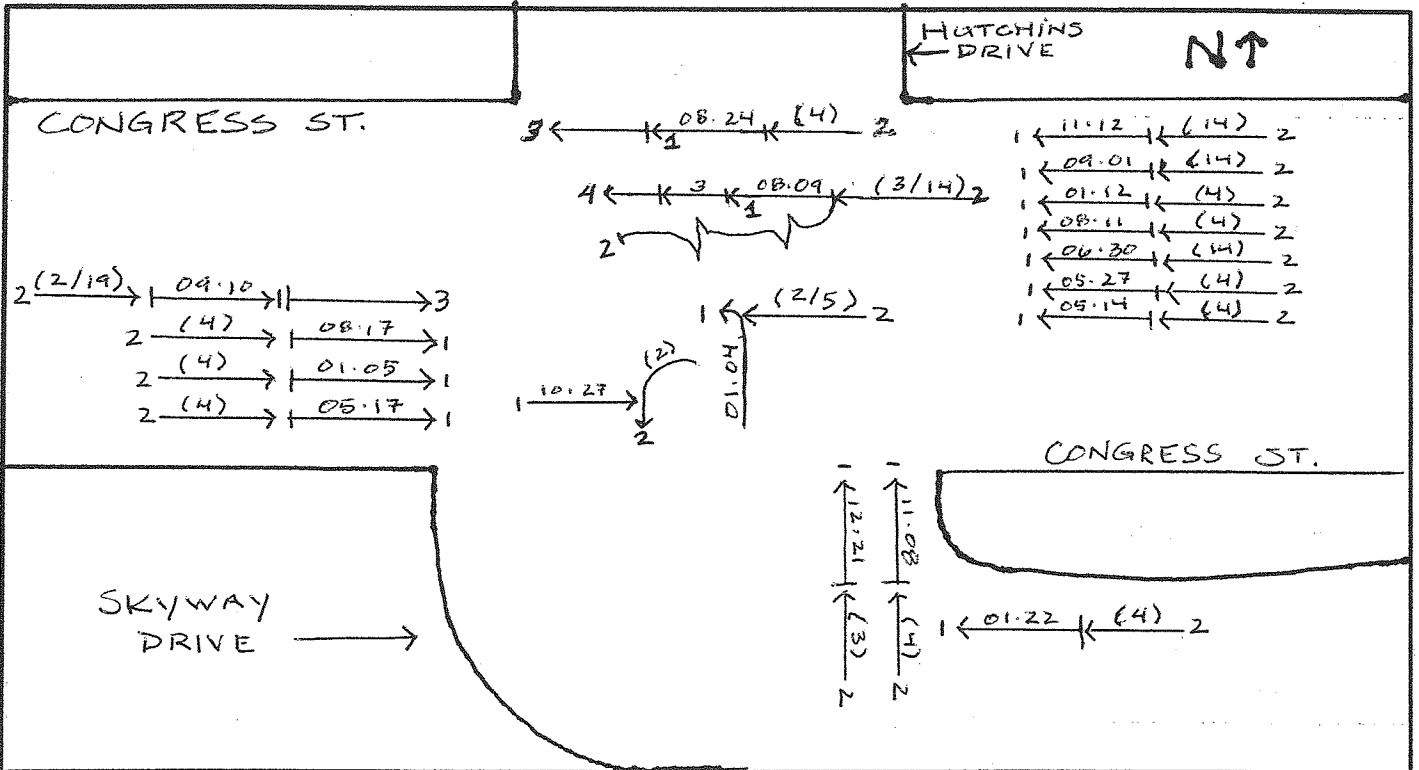
LOCATION Hutchins/Skyway/Congress Street

TOWN Portland

NODE NO(S) 18490

YEARS REVIEWED 2009-2011

DATE PREPARED 04.22.2013



CRITICAL RATE FACTOR \_\_\_\_\_ EQUIV. PROP. DAMAGE ACC/YEAR \_\_\_\_\_ ACC/MEV \_\_\_\_\_

- LIGHT**
- 1. DAWN (MORNING)
  - 2. DAYLIGHT
  - 3. DUSK (EVENING)
  - 4. DARK (ST. LIGHTS ON)
  - 5. DARK (NO ST. LIGHTS)
  - 6. DARK (ST. LIGHTS OFF)
  - 7. OTHER
- ROAD SURFACE**
- 1. DRY
  - 2. WET
  - 3. SNOW/SLUSH-SANDED
  - 4. ICE/PAKED SNOW-SANDED
  - 5. MUDDY
  - 6. DEBRIS
  - 7. OILY
  - 8. SNOW/SLUSH-NOT SANDED
  - 9. ICE-PKD. SNOW-NOT SANDED
  - 10. OTHER
- APPARENT CONTRIBUTING FACTORS - HUMAN**
- 1. NO IMPROPER ACTION
  - 2. FAIL TO YLD. RIGHT OF WAY
  - 3. ILLEGAL UNSAFE SPEED
  - 4. FOLLOW TOO CLOSE
  - 5. DISREGARD TRAFFIC CONTROL DEVICE
  - 6. DRIVING LEFT OF CENTER-NO PASSING
  - 7. IMPROPER PASS-OVERTAKING
  - 8. IMP. UNSAFE LANE CHANGE
  - 9. IMP. PARKING START/STOP
  - 10. IMPROPER TURN
  - 11. UNSAFE BACKING
  - 12. NO SIGNAL OR IMP. SIGNAL
  - 13. IMPEDING TRAFFIC
  - 14. DRIVER INATTENTION-DISTRACTION
  - 15. DRIVER INEXPERIENCE
  - 16. PEDEST. VIOLATION ERROR
  - 17. PHYSICAL IMPAIRMENT
  - 18. VISION OBSCURED-WINDSHIELD GLASS
  - 19. VISION OBSCURED-SUN/HEADLIGHTS
  - 20. OTHER VISION OBSCUREMENT
  - 30. OTHER HUMAN VIOLATION FACTOR
  - 31. HIT AND RUN
  - 51. UNKNOWN
- VEHICULAR**
- 41. DEFECTIVE BRAKES
  - 42. DEFECTIVE TIRE/FAILURE
  - 43. DEFECTIVE LIGHTS
  - 44. DEFECTIVE SUSPENSION OR FACTOR
  - 45. DEFECTIVE STEERING
  - 50. OTHER VEHICLE DEFECT
  - 51. UNKNOWN

**SYMBOLS**

ANGLE	→	PEDESTRIAN	→ P	FATAL ACCIDENT	●
BACKING	⇐⇐⇐	REAR END	→⇐	VEHICLE (MOVING)	→
FIXED OBJECT	→ □	SIDE SWIPE	→⇐	BICYCLE	--- B
HEAD ON	→⇐	TURNING MOVE	→ ↗	ANIMAL	--- A
OVERTURN	○	CHANGE LANE	→ ↘	SLED	--- S
PARKED VEHICLE	□	OUT OF CONTROL	→ ~		

**WEATHER**

C = CLEAR  
SL = SLEET

F = FOG  
S = SNOW

R = RAIN  
CL = CLOUDY  
XW = CROSS WINDS

**INJURIES**

K = FATAL  
A = INCAPACITATING

B = NON-INCAPACITATING  
C = POSSIBLE INJURY

REPORT NO.	DATE	TIME	INJURIES				LIGHT	ROAD SURFACE	ACF	OTHER
			K	A	B	C				
000297	01.22.09	08:05					1	1	4	
001521	05.14.09	07:49					1	1	4	
001632	05.27.09	16:14					1	2	4	
001931	06.30.09	16:17					1	1	14	
002336	08.11.09	16:39					1	2	4	
2630	09.10.09	07:08					2	1	19	SUN
000117	01.12.10	17:07					4	1	4	
002125	08.17.10	16:50					1	1	4	

S:\SHEETS\COLLISION DIAGRAM.DWG

2677/117

## COLLISION DIAGRAM

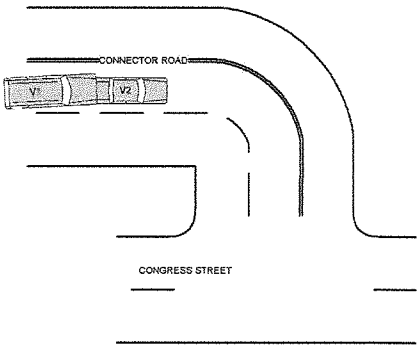
SHEET 2 OF 2

LOCATION Hutchins / Skyway / Congress Street  
 TOWN Portland NODE NO(S) 18490  
 YEARS REVIEWED 2009 - 2011 DATE PREPARED 04.22.2013

REPORT NO.	DATE	TIME	INJURIES				LIGHT	ROAD SURFACE	ACF	OTHER
			K	A	B	C				
0021998	08.24.10	15:43					1	1	4	
002274	09.01.10	12:15					1	1	14	
002825	10.27.10	07:28					1	2	2	
081774	11.08.10	17:46					4	2	4	
002984	11.12.10	08:30					1	1	14	
000024	01.04.11	07:58					2	1	2/5	Rain Red Light
000036	01.05.11	09:18					1	5	4	ICE
001424	05.17.11	11:24					1	2	4	
2282	08.09.11	15:54					1	1	3/14	
003589	12.21.11	08:30					1	5	3	ICE

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Reporting Agency <b>ME0030500</b>		Report Number <b>09-000297</b>		Crash Date <b>1/22/2009</b>		Crash Time <b>08:05</b>		At Scene Date <b>1/22/2009</b>		At Scene Time <b>08:30</b>										
City or Town <b>Portland</b>			Street or Highway <b>EXIT 7A CONN RD</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road											
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude											
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node <b>19739</b>		Distance to Scene Miles   Tenths		Posted Speed Limit Miles <b>30</b> Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45										
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>														
(F3) Weather Condition <b>2 - Cloudy</b>						(F4) Light Condition <b>1 - Daylight</b>														
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>														
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2														
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2														
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone														
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No														
NARRATIVE <b>BOTH VEHICLES WERE ON THE CONNECTOR ROAD HEADING TOWARD CONGRESS STREET. BOTH VEHICLES WERE STOPPED IN TRAFFIC. VEHICLE ONE WAS BEHIND VEHICLE TWO. DRIVER NE THOUGHT VEHICLE TWO HAD MOVED FORWARD. SHE THEN ROLLED INTO VEHICLE TWO. NO INJURY</b>						CRASH DIAGRAM 														
Witness Last Name			First			MI			Address			City			State			Zip		
Witness Last Name			First			MI			Address			City			State			Zip		
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private														
Property Owner Name						Address						City			State			Zip		
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private														
Property Owner Name						Address						City			State			Zip		
Reporting Officer <b>ANTHONY BALZANO JR</b>				Badge# <b>03</b>		Report Date <b>1/22/2009</b>		Approved By <b>SGT. HUTCHESON</b>				Approved Date <b>1/22/2009</b>								

Report Number  
**09-000297**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1GNDT13WXY2273470</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>2 - (Sport) Utility Vehicle</b>
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>
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(U2) Vehicle Make <b>11 - CHEVROLET</b>	Vehicle Year <b>2000</b>	(U3) Vehicle Color <b>14 - White</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
---------------------------------------------	-------------------------

(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator <input type="checkbox"/> * <input type="checkbox"/> Suspended <b>ME</b> <b>C</b> <b>I</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number	Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
-----------------------------------------------------------------	----	-------------------------------	------	-------	-----

(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj info Source	Amb Code
<b>6</b>	<b>*</b>	<b>F</b>	<b>04/20/70</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	



Report Number  
**09-000297**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>YS3EB59E723029940</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>
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(U2) Vehicle Make <b>61 - SAAB</b>	Vehicle Year <b>2002</b>	(U3) Vehicle Color <b>1 - Black</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------	-----------------------------------------	----------------------------------------------------------------------------------------------------

Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event
-------------------------------------------	-------------------------

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

(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
----------------------------	----------------------------

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions	<input type="checkbox"/> Last Known Operator <input type="checkbox"/> Suspended <b>ME</b> <b>C</b> <b>A</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number	Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
-----------------------------------------------------------------	----	-------------------------------	------	-------	-----

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

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

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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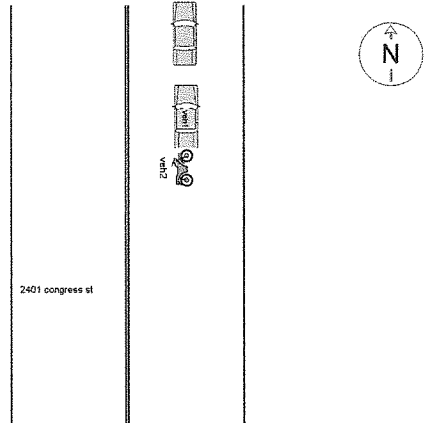
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, Mi	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>M</b>	<b>06/07/56</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

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Reporting Agency <b>ME0030500</b>		Report Number <b>09-001521</b>		Crash Date <b>5/14/2009</b>		Crash Time <b>07:49</b>		At Scene Date <b>5/14/2009</b>		At Scene Time <b>07:55</b>										
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road											
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude											
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node <b>18490</b>		Distance to Scene M   T <b>0</b>   <b>0</b>		Posted Speed Limit Miles Per Hour		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45										
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>														
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>1 - Daylight</b>														
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>														
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2														
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2														
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone														
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No														
NARRATIVE <b>veh1 was stopped in traffic heading north at 2401 congress st when veh2 who was also heading north made contact with veh1 causing the accident. veh2 stated that he couldnot stop in time before the accident</b>  <b>no audio or video from vehicle 1005. veh2 transported to mercy for treatment. no statements</b>						CRASH DIAGRAM 														
Witness Last Name			First			MI			Address			City			State			Zip		
Witness Last Name			First			MI			Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Reporting Officer <b>john curran</b>				Badge# <b>44</b>		Report Date <b>5/14/2009</b>			Approved By <b>SGT. HUTCHESON</b>				Approved Date <b>5/14/2009</b>							

OK

Report Number  
**09-001521**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

UNIT	Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>JTNBE46K073070564</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>										
	<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>												
	(U2) Vehicle Make <b>67 - TOYOTA</b>			Vehicle Year <b>2007</b>	(U3) Vehicle Color <b>8 - Grey, Silver</b>											
	(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.												
	Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown												
	(U5) Special Function <b>1 - No Special Function</b>			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No												
	Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage															
	(U6) Most Damaged Area <b>6 - Rear</b>			(U7) Most Harmful Event												
	(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>			(U9) Contributing Circumstances - Vehicle <b>1 - None</b>												
	(U10) Sequence of Events 1			(U10) Sequence of Events 2												
(U10) Sequence of Events 3			(U10) Sequence of Events 4													
DRIVER	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator	License Number <b>*</b>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>									
	DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address	City	State	Zip									
	Citation Number Pending <input type="checkbox"/>			Violation 1	Violation 2											
	OWNER Last Name (skip if same as Driver) <b>*</b>	First Name	MI	OWNER Address	City	State	Zip									
	(D1) Driver Distracted By			(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>												
	(D3) Driver Actions at Time of Crash 1			(D3) Driver Actions at Time of Crash 2												
	Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result										
	Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending												
	(D4) Non Motorist Location at Time of Crash			(D5) Non Motorist Action Prior to Crash												
	(D6) Non Motorist Action at Time of Crash 1			(D6) Non Motorist Action at Time of Crash 2												
(D7) Pedestrian Maneuvers			(D8) Bicyclist Maneuvers													
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner																
SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE									
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal									
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating									
3-Third Row	3-Right	3- Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-Nonincapacitating									
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury									
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury									
6-Unknown	6- Unknown	6- Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)										
EJECTED	HELMET USE		7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE									
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet			8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation									
2-Ejected Partially	2-Other Helmet			9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement									
3-Ejected Totally	3-No Helmet			10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation									
AMB CODES - see code sheet																
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians		Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>		<b>M</b>	<b>03/31/40</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>1</b>	
<b>2</b>	<b>*</b>		<b>F</b>	<b>07/30/44</b>	<b>1</b>	<b>3</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>1</b>	

Report Number  
**09-001521**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>JS1VS55A682102895</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>11 - Motorcycle</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>

(U2) Vehicle Make <b>66 - SUZUKI</b>	Vehicle Year <b>2008</b>	(U3) Vehicle Color <b>10 - Red</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>3 - Center Passenger Side</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator <input type="checkbox"/> Suspended <b>ME</b> <b>C</b> <b>I</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
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Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

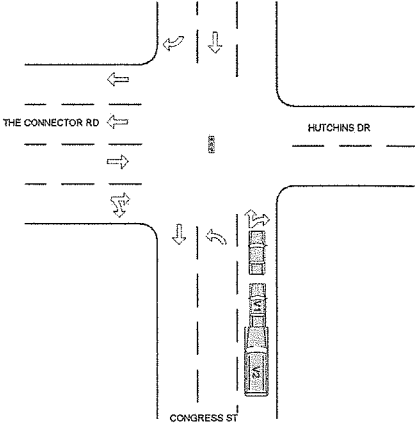
SEAT ROW 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>M</b>	<b>10/07/55</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>2</b>		<b>3</b>	<b>3</b>	<b>5</b>	<b>3</b>	

F

CRASH

Reporting Agency <b>ME0030500</b>		Report Number <b>09-001632</b>		Crash Date <b>5/27/2009</b>		Crash Time <b>16:14</b>		At Scene Date <b>5/27/2009</b>		At Scene Time <b>16:32</b>										
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road											
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude											
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene Miles   Tenths		Posted Speed Limit Miles   Hour <b>30</b>		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45										
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>														
(F3) Weather Condition <b>4 - Rain</b>						(F4) Light Condition <b>1 - Daylight</b>														
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>2 - Wet</b>														
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2														
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances -Road 2														
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone														
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No														
NARRATIVE <b>VEH 1 WAS STOPPED IN TRAFFIC. VEH 2 WAS IN BACK OF VEH 1. WHEN VEH 1 STOPPED IN TRAFFIC, VEH 2 DID NOT STOP. VEH 2 STRUCK VEH 1.</b>						CRASH DIAGRAM 														
Witness Last Name			First			MI			Address			City			State			Zip		
Witness Last Name			First			MI			Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Reporting Officer <b>M. CLAVET</b>				Badge# <b>153</b>		Report Date <b>5/28/2009</b>			Approved By <b>Sgt. Hutcheson</b>				Approved Date <b>5/28/2009</b>							

Report Number  
**09-001632**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>KMHDN46D04U835692</b>	License Plate <b>* ME</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>
(U2) Vehicle Make <b>99 - OTHER</b>			Vehicle Year <b>2004</b>	(U3) Vehicle Color <b>8 - Grey, Silver</b>	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <b>1 - No Special Function</b>			<input type="checkbox"/> Exempt Vehicle		
Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage			<input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage		

(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event
(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
(U10) Sequence of Events 1	(U10) Sequence of Events 2
(U10) Sequence of Events 3	(U10) Sequence of Events 4

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended		State <b>MN</b>	License Class <b>O</b>	Endorsements <b>O</b>	Restrictions <b>O</b>
DRIVER Last Name <b>*</b>		First Name	MI	DRIVER Address	City State Zip
Citation Number Pending <input type="checkbox"/>		Violation 1		Violation 2	
OWNER Last Name (skip if same as Driver) <b>*</b>		First Name	MI	OWNER Address	City State Zip
(D1) Driver Distracted By		(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>			
(D3) Driver Actions at Time of Crash 1		(D3) Driver Actions at Time of Crash 2			
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		<input type="checkbox"/> Alcohol Test Result Pending	
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending	
(D4) Non Motorist Location at Time of Crash		(D5) Non Motorist Action Prior to Crash			
(D6) Non Motorist Action at Time of Crash 1		(D6) Non Motorist Action at Time of Crash 2			
(D7) Pedestrian Maneuvers		(D8) Bicyclist Maneuvers			

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	* Last Name, First Name, MI	M	03/10/81	1	1			1	3		5			2	
2	* Last Name, First Name, MI	M	05/21/83	1	3			1	3		5			2	
2	* Last Name, First Name, MI	F	09/06/86	2	3			1	3		5			2	

Report Number  
**09-001632**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>1GNEK13T61J165825</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>	

(U2) Vehicle Make <b>11 - CHEVROLET</b>	Vehicle Year <b>2001</b>	(U3) Vehicle Color <b>8 - Grey, Silver</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>1 - Front Passenger Corner</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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D

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <b>*</b> <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1 <b>14 - Followed Too Closely</b>	(D3) Driver Actions at Time of Crash 2
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Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>1</b>	<b>*</b>	<b>F</b>	<b>04/09/67</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

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Reporting Agency <b>ME0030500</b>		Report Number <b>09-001931</b>		Crash Date <b>6/30/2009</b>		Crash Time <b>16:17</b>		At Scene Date <b>6/30/2009</b>		At Scene Time <b>17:08</b>	
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude		
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene Miles <b>0.0</b>   Tenths		Posted Speed Limit Miles <b>30</b>   Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>					
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>1 - Daylight</b>					
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>					
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No					
<p>NARRATIVE</p> <p><b>VEH 1 STOPPED IN TRAFFIC. VEH 2 WAS IN BACK OF VEH 1. VEH 2 DID NOT STOP WHEN VEH 1 STOPPED. VEH 2 STRUCK VEH 1.</b></p> <p><b>THE OPERATOR OF VEH 2 STATED SHE LOOKED DOWN TO READ A MAP. DID NOT NOTICE VEH 1 STOP. VEH 2 STRUCK VEH 1.</b></p>						<p>CRASH DIAGRAM</p>					
Witness Last Name		First		MI		Address		City		State Zip	
Witness Last Name		First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Reporting Officer <b>M. CLAVET</b>			Badge# <b>153</b>		Report Date <b>7/1/2009</b>		Approved By <b>Sgt. Hutcheson</b>			Approved Date <b>7/1/2009</b>	



Report Number  
**09-001931**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1J8HG48K27C626453</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>2 - (Sport) Utility Vehicle</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>	

(U2) Vehicle Make <b>33 - JEEP</b>	Vehicle Year <b>2007</b>	(U3) Vehicle Color <b>4 - Blue</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event
-------------------------------------------	-------------------------

(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
----------------------------	----------------------------

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions	<input type="checkbox"/> Last Known Operator <input type="checkbox"/> * <input type="checkbox"/> Suspended <b>ME</b> <b>C</b> <b>0</b> <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>F</b>	<b>07/01/74</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

Report Number  
**09-001931**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>5FFNRL38216B12990</b>	License Plate <b>*</b>	State <b>FL</b>	(U1) Unit Type <b>3 - Passenger Van</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>

(U2) Vehicle Make <b>26 - HONDA</b>	Vehicle Year <b>2000</b>	(U3) Vehicle Color <b>8 - Grey, Silver</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
---------------------------------------------	-------------------------

(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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D

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Last Known Operator	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* FL*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* FL*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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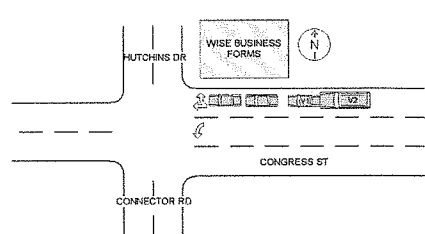
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M, F, U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	* * *	M	02/28/72	1	1			1	3		5			2	

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Reporting Agency <b>ME0030500</b>		Report Number <b>09-002336</b>		Crash Date <b>8/11/2009</b>		Crash Time <b>16:39</b>		At Scene Date <b>8/11/2009</b>		At Scene Time <b>17:16</b>	
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude		
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene <b>0</b> Miles		Posted Speed Limit <b>30</b> Miles per hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>					
(F3) Weather Condition <b>4 - Rain</b>						(F4) Light Condition <b>1 - Daylight</b>					
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>2 - Wet</b>					
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No					
NARRATIVE <b>VEH 1 SLOWED IN TRAFFIC. VEH 2 WAS IN BACK OF VEH 1. VEH 2 DID NOT SLOW DOWN WHEN VEH 1 SLOWED DOWN IN TRAFFIC. VEH 2 STRUCK VEH 1.</b>						CRASH DIAGRAM 					
Witness Last Name		First		MI		Address		City		State Zip	
Witness Last Name		First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Reporting Officer <b>M. CLAVET</b>			Badge# <b>153</b>		Report Date <b>8/12/2009</b>		Approved By <b>Sgt. Hutcheson</b>			Approved Date <b>8/12/2009</b>	

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Report Number  
**09-002336**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

UNIT	Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1N4CL21E69C108408</b>	License Plate *	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>										
	<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *	Insurance Policy Number *												
	(U2) Vehicle Make <b>50 - NISSAN</b>			Vehicle Year <b>2009</b>	(U3) Vehicle Color <b>1 - Black</b>											
	(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.												
	Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown												
	(U5) Special Function Vehicle <b>1 - No Special Function</b>			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No												
	Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage															
	(U6) Most Damaged Area <b>6 - Rear</b>			(U7) Most Harmful Event												
	(U8) Pre Crash Actions <b>10 - Slowing in traffic</b>			(U9) Contributing Circumstances - Vehicle <b>1 - None</b>												
	(U10) Sequence of Events 1			(U10) Sequence of Events 2												
(U10) Sequence of Events 3			(U10) Sequence of Events 4													
DRIVER	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number * <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>											
	DRIVER Last Name *		First Name	MI	DRIVER Address	City State Zip										
	Citation Number Pending <input type="checkbox"/>		Violation 1		Violation 2											
	OWNER Last Name (skip if same as Driver) First Name *		MI	OWNER Address	City State Zip											
	(D1) Driver Distracted By			(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>												
	(D3) Driver Actions at Time of Crash 1			(D3) Driver Actions at Time of Crash 2												
	Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result										
	Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other			Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending												
	(D4) Non Motorist Location at Time of Crash			(D5) Non Motorist Action Prior to Crash												
	(D6) Non Motorist Action at Time of Crash 1			(D6) Non Motorist Action at Time of Crash 2												
(D7) Pedestrian Maneuvers			(D8) Bicyclist Maneuvers													
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner																
SEAT ROW		SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE								
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal								
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Head	2-Incapacitating								
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-Neck	3-NonIncapacitating								
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Back	4-Possible Injury								
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-Arm(s)	5-No Injury								
6-Unknown		6-Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)	6-Leg(s)									
EJECTED		HELMET USE		7-Child Restraint - Forward Facing		7-Dizziness		7-Chest Stomach								
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet	1-Not Applicable		8-Child Restraint - Rear Facing		8-Abrasion/Bruises		8-Internal								
2-Ejected Partially	2-Other Helmet	2-Not Deployed		9-Child Restraint - Used Incorrectly		9-Complaint of Pain		9-Entire Body								
3-Ejected Totally	3-No Helmet	3-Deployed - Front		10-Booster Seat		10-Other		10-Other								
				11-Child Restraint - Other												
							AMB CODES - see code sheet									
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians		Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	* Last Name, First Name, MI		<b>M</b>	<b>05/14/69</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

Report Number  
**09-002336**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>3C4FT48B25T558748</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>2 - (Sport) Utility Vehicle</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name		Insurance Policy Number
(U2) Vehicle Make <b>12 - CHRYSLER</b>			Vehicle Year <b>2005</b>	(U3) Vehicle Color <b>4 - Blue</b>	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <b>1 - No Special Function</b>			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage					

(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
(U10) Sequence of Events 1	(U10) Sequence of Events 2
(U10) Sequence of Events 3	(U10) Sequence of Events 4

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address	City State Zip
Citation Number	Pending <input type="checkbox"/>	Violation 1		Violation 2
OWNER Last Name (skip if same as Driver) <b>*</b>	First Name	MI	OWNER Address	City State Zip
(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>			
(D3) Driver Actions at Time of Crash 1 <b>14 - Followed Too Closely</b>	(D3) Driver Actions at Time of Crash 2			
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		<input type="checkbox"/> Alcohol Test Result Pending	
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending	
(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash			
(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2			
(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers			

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Last Name, First Name, Mi	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*	M	05/21/91	1	1			1	3		5			2	
2	*	M	09/15/93	2	1			1	3		5			2	

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Reporting Agency <b>ME0030500</b>		Report Number <b>09-2630</b>		Crash Date <b>9/10/2009</b>		Crash Time <b>07:08</b>		At Scene Date <b>9/10/2009</b>		At Scene Time <b>07:20</b>	
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude		
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene <input type="checkbox"/> Miles <input type="checkbox"/> Tenths		Posted Speed Limit Miles <b>30</b> Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>					
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>2 - Dawn</b>					
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>					
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances -Road 2					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No					
NARRATIVE <b>UNIT 3 AND UNIT 2 WERE STOPPED FOR A RED LIGHT.          UNIT 1 WAS SLOWING, DRIVER OF UNIT 1 STATES THE SUN          WAS IN HIS EYES AND HE DID NOT SEE UNITS 2 AND 3          STOPPED.          UNIT 1 STRUCK UNIT 2 AND PUSHED UNIT 2 INTO UNIT 3.          UNIT 1 HAD TWO AIR BAGS DEPLOY, CAUSING THE          WINDSHIELD TO BREAK.          UNIT 2 HAD MAJOR REAR END DAMAGE.          UNIT 3 HAD MINOR DAMAGE TO THE REAR BUMPER.</b>						CRASH DIAGRAM 					
Witness Last Name		First		MI		Address		City		State Zip	
Witness Last Name		First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Reporting Officer <b>STEPHEN BLACK</b>			Badge# <b>40</b>		Report Date <b>9/10/2009</b>		Approved By <b>Sgt. Hutcheson</b>			Approved Date <b>9/10/2009</b>	

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Report Number  
**09-2630**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>YV1JW8614R1100637</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>
(U2) Vehicle Make <b>70 - VOLVO</b>			Vehicle Year <b>1994</b>	(U3) Vehicle Color <b>1 - Black</b>	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <b>1 - No Special Function</b>			<input type="checkbox"/> Exempt Vehicle		
Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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(U6) Most Damaged Area <b>12 - Front</b>		(U7) Most Harmful Event			
(U8) Pre Crash Actions <b>10 - Slowing in traffic</b>		(U9) Contributing Circumstances - Vehicle <b>1 - None</b>			
(U10) Sequence of Events 1		(U10) Sequence of Events 2			
(U10) Sequence of Events 3		(U10) Sequence of Events 4			
<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator		License Number <b>*</b>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>
DRIVER Last Name <b>*</b>		First Name	MI	DRIVER Address <b>* ME*</b>	City State Zip
Citation Number Pending <input type="checkbox"/>		Violation 1		Violation 2	
OWNER Last Name (skip if same as Driver) First Name <b>*</b>		MI	OWNER Address City State Zip <b>* ME*</b>		
(D1) Driver Distracted By		(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>			
(D3) Driver Actions at Time of Crash 1 <b>3 - Failed to Yield Right-of-Way</b>		(D3) Driver Actions at Time of Crash 2			
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		Alcohol Test Result Pending	
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		Alcohol BAC Result	
(D4) Non Motorist Location at Time of Crash		(D5) Non Motorist Action Prior to Crash			
(D6) Non Motorist Action at Time of Crash 1		(D6) Non Motorist Action at Time of Crash 2			
(D7) Pedestrian Maneuvers		(D8) Bicyclist Maneuvers			

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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>M</b>	<b>04/22/41</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

Report Number  
**09-2630**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>KMKDN46DX6U330603</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>
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(U2) Vehicle Make <b>27 - HYUNDAI</b>	Vehicle Year <b>2006</b>	(U3) Vehicle Color <b>10 - Red</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Inj Area	Inj Info Source	Amb Code
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<b>6</b>	<b>*</b>	<b>F</b>	<b>08/12/60</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>				<b>2</b>



Report Number  
**09-2630**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

UNIT	Unit ID <b>3</b>	<input type="checkbox"/> Hit Run?	VIN <b>3G5DB03E04S592301</b>		License Plate <b>* ME</b>	State <b>ME</b>	(U1) Unit Type <b>2 - (Sport) Utility Vehicle</b>										
	<input type="checkbox"/> No Insurance	NAIC <b>22055</b>	Insurance Company Name <b>*</b>			Insurance Policy Number <b>*</b>											
	(U2) Vehicle Make <b>8 - BUICK</b>				Vehicle Year <b>2004</b>		(U3) Vehicle Color <b>6 - Gold</b>										
	(U4) Vehicle Configuration				GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.												
	Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown												
	(U5) Special Function Vehicle <b>1 - No Special Function</b>				<input type="checkbox"/> Exempt Vehicle		Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage																
	(U6) Most Damaged Area <b>6 - Rear</b>					(U7) Most Harmful Event											
	(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>					(U9) Contributing Circumstances - Vehicle <b>1 - None</b>											
	(U10) Sequence of Events 1					(U10) Sequence of Events 2											
(U10) Sequence of Events 3					(U10) Sequence of Events 4												
DRIVER	<input checked="" type="checkbox"/> Driver	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> License Number	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> No License	<input type="checkbox"/> Permit	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>						
	<input type="checkbox"/> Last Known Operator	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>						
	DRIVER Last Name			First Name		MI		DRIVER Address		City		State	Zip				
	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>					
	Citation Number	Pending	<input type="checkbox"/>	Violation 1	Violation 2												
	OWNER Last Name (skip if same as Driver)			First Name		MI		OWNER Address		City		State	Zip				
	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>	* <b>*</b>					
	(D1) Driver Distracted By					(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>											
	(D3) Driver Actions at Time of Crash 1					(D3) Driver Actions at Time of Crash 2											
	Alcohol Test	<input type="checkbox"/> Test Not Given	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Blood	<input type="checkbox"/> Breath	<input type="checkbox"/> Urine	<input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result								
Drug Test	<input type="checkbox"/> Test Not Given	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Other	Drug Test Result	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Pending								
(D4) Non Motorist Location at Time of Crash					(D5) Non Motorist Action Prior to Crash												
(D6) Non Motorist Action at Time of Crash 1					(D6) Non Motorist Action at Time of Crash 2												
(D7) Pedestrian Maneuvers					(D8) Bicyclist Maneuvers												
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner																	
SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE										
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal										
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating										
3-Third Row	3-Right	3- Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-Nonincapacitating										
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury										
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury										
6-Unknown	6- Unknown	6- Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)											
EJECTED	HELMET USE		7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE										
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet			8-Child Restraint - Rear Facing	8-Abrasion/Bruiases	8-Internal	1-Officer Observation										
2-Ejected Partially	2-Other Helmet			9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement										
3-Ejected Totally	3-No Helmet			10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation										
				11-Child Restraint - Other													
AMB CODES - see code sheet																	
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians			Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>			<b>F</b>	<b>04/17/85</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

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CRASH

Reporting Agency <b>ME0030500</b>		Report Number <b>10-000117</b>		Crash Date <b>1/12/2010</b>		Crash Time <b>17:07</b>		At Scene Date <b>1/12/2010</b>		At Scene Time <b>17:30</b>										
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road											
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude											
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node <b>18490</b>		Distance to Scene Miles   Tenths		Posted Speed Limit Miles <b>30</b> / Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45										
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>														
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>4 - Dark - Lighted</b>														
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>														
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2														
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2														
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone														
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No														
NARRATIVE <b>UNIT NO.1 AND NO.2 OUT BOUND CONGRESS ST. BETWEEN BLUE BERRY RD. AND HUTCHINS DRIVE. UNIT NO.1 STOPPED SUDDENLY FOR TRAFFIC. UNIT NO.2 DID NOT STOP IN TIME AND FRONT END OF UNIT NO.2 STRUCK REAR END OF UNIT NO.1. OPERATOR OF UNIT NO.1 COMPLAINED OF PAIN IN NECK, REFUSED MEDCU.</b>  <b>1-12-10 JTE.</b>						CRASH DIAGRAM  														
Witness Last Name			First			MI			Address			City			State			Zip		
Witness Last Name			First			MI			Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Reporting Officer <b>DAVID D. COTE</b>				Badge# <b>04</b>		Report Date <b>1/13/2010</b>			Approved By <b>Sgt. Bowden</b>				Approved Date <b>1/13/2010</b>							

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Report Number  
**10-000117**

# STATE OF MAINE CRASH REPORT

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Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>4S3BH679547643496</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>	

(U2) Vehicle Make <b>65 - SUBARU</b>	Vehicle Year <b>2004</b>	(U3) Vehicle Color <b>14 - White</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator	<b>ME</b>	<b>C</b>	<b>0</b>	<b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
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Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*	F	11/23/61	1	1			1	3		4	9	3	2	

Report Number  
**10-000117**

# STATE OF MAINE CRASH REPORT

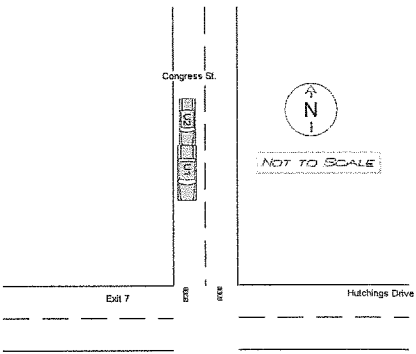
UNIT PAGE

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Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>4T1SK12E6SU609957</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>												
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>												
(U2) Vehicle Make <b>67 - TOYOTA</b>			Vehicle Year <b>1995</b>	(U3) Vehicle Color <b>5 - Green</b>													
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.														
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown													
(U5) Special Function Vehicle <b>1 - No Special Function</b>			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage																	
(U6) Most Damaged Area <b>12 - Front</b>			(U7) Most Harmful Event														
(U8) Pre Crash Actions <b>10 - Slowing in traffic</b>			(U9) Contributing Circumstances - Vehicle <b>1 - None</b>														
(U10) Sequence of Events 1			(U10) Sequence of Events 2														
(U10) Sequence of Events 3			(U10) Sequence of Events 4														
<input checked="" type="checkbox"/> Driver Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended <b>ME</b> State License Class <b>C</b> Endorsements <b>0</b> Restrictions <b>0</b> <input type="checkbox"/> Last Known Operator																	
DRIVER Last Name <b>*</b>		First Name	MI	DRIVER Address <b>* ME*</b>													
Citation Number Pending <input type="checkbox"/>		Violation 1		Violation 2													
OWNER Last Name (skip if same as Driver) First Name <b>*</b>			MI	OWNER Address <b>* ME*</b>													
(D1) Driver Distracted By			(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>														
(D3) Driver Actions at Time of Crash 1 <b>14 - Followed Too Closely</b>			(D3) Driver Actions at Time of Crash 2														
Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			Alcohol Test Result Pending			Alcohol BAC Result											
Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other			Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending														
(D4) Non Motorist Location at Time of Crash			(D5) Non Motorist Action Prior to Crash														
(D6) Non Motorist Action at Time of Crash 1			(D6) Non Motorist Action at Time of Crash 2														
(D7) Pedestrian Maneuvers			(D8) Bicyclist Maneuvers														
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner																	
SEAT ROW		SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE									
1-First Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Deployed	1-Not Applicable	1-Amputation	1-Face	1-Fatal									
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating									
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-Nonincapacitating									
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury									
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other	5-Lap Belt Only Used	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury									
6-Unknown	6-Unknown	6-Unknown	6-Deployed - Combination	6-Constraint Used - Other	6-Constraint Used - Other	6-Shock	6-Leg(s)										
EJECTED		HELMET USE		7-Child Restraint - Forward Facing		7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE									
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet	1-Not Applicable		8-Child Restraint - Rear Facing		8-Abrasion/Bruses	8-Internal	1-Officer Observation									
2-Ejected Partially	2-Other Helmet	2-Other Enclosed Cargo Area		9-Child Restraint - Used Incorrectly		9-Complaint of Pain	9-Entire Body	2-Individual Statement									
3-Ejected Totally	3-No Helmet	3-Unenclosed Cargo Area		10-Booster Seat		10-Other	10-Other	3-Medical, Paramedical Observation									
						AMB CODES - see code sheet											
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians			Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>			<b>F</b>	<b>04/05/67</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

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10070

Reporting Agency <b>ME0030500</b>		Report Number <b>10-002125</b>		Crash Date <b>8/17/2010</b>		Crash Time <b>16:50</b>		At Scene Date <b>8/17/2010</b>		At Scene Time <b>17:55</b>	
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude		
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node <b>18490</b>		Distance to Scene Miles   Tenths		Posted Speed Limit Miles Per Hour		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>					
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>1 - Daylight</b>					
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>					
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances -Road 2					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No					
NARRATIVE <b>U1 was heading South On Congress St. in a line of traffic, slowing for a red light near the intersection of exit 7 and Hutchins Drive. U2 was following the road driving behind U1 South on Congress St. U2 was driving to close to U1 and failed to stop hitting U1 in the center rear bumper.</b>  <b>8-18-10 jte.</b>						CRASH DIAGRAM  					
Witness Last Name		First		MI		Address		City		State Zip	
Witness Last Name		First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Reporting Officer <b>Officer Edwards</b>			Badge# <b>170</b>		Report Date <b>8/18/2010</b>		Approved By <b>Sgt. Bowden</b>			Approved Date <b>8/18/2010</b>	

OK

Report Number  
**10-002125**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>1</b>		<input type="checkbox"/> Hit Run?	VIN <b>WVWXM7ANXAE168786</b>		License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>										
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name			Insurance Policy Number											
(U2) Vehicle Make <b>69 - VOLKSWAGEN</b>				Vehicle Year <b>2010</b>	(U3) Vehicle Color <b>14 - White</b>												
(U4) Vehicle Configuration				GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.													
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown													
(U5) Special Function Vehicle <b>1 - No Special Function</b>				Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage																	
(U6) Most Damaged Area <b>6 - Rear</b>				(U7) Most Harmful Event													
(U8) Pre Crash Actions <b>10 - Slowing in traffic</b>				(U9) Contributing Circumstances - Vehicle <b>1 - None</b>													
(U10) Sequence of Events 1				(U10) Sequence of Events 2													
(U10) Sequence of Events 3				(U10) Sequence of Events 4													
<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit		* <input type="checkbox"/> Last Known Operator		<input type="checkbox"/> Suspended		State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>								
DRIVER Last Name			First Name	MI	DRIVER Address		City	State	Zip								
* <b>ME</b>					* <b>ME</b>												
Citation Number Pending <input type="checkbox"/>				Violation 1			Violation 2										
OWNER Last Name (skip if same as Driver)			First Name	MI	OWNER Address		City	State	Zip								
* <b>ME</b>					* <b>ME</b>												
(D1) Driver Distracted By				(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>													
(D3) Driver Actions at Time of Crash 1				(D3) Driver Actions at Time of Crash 2													
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		<input type="checkbox"/> Alcohol Test Result Pending			Alcohol BAC Result										
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood		Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending													
(D4) Non Motorist Location at Time of Crash				(D5) Non Motorist Action Prior to Crash													
(D6) Non Motorist Action at Time of Crash 1				(D6) Non Motorist Action at Time of Crash 2													
(D7) Pedestrian Maneuvers				(D8) Bicyclist Maneuvers													
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner																	
SEAT ROW		SEAT POSITION		SEAT POSITION OTHER		AIRBAG DEPLOYED		RESTRAINT SYSTEM		INJURY TYPE		INJURY AREA		INJURY DEGREE			
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)		1-Not Applicable		1-Not Applicable		1-Not Applicable		1-Amputation		1-Face		1-Fatal			
2-Second Row	2-Middle	2-Other Enclosed Cargo Area		2-Not Deployed		2-None Used - Motor Vehicle Occupant		2-None Used - Motor Vehicle Occupant		2-Bleeding		2-Head		2-Incapacitating			
3-Third Row	3-Right	3-Unenclosed Cargo Area		3-Deployed - Front		3-Shoulder and Lap Belt Used		3-Shoulder and Lap Belt Used		3-Broken Bones		3-Neck		3-Nonincapacitating			
4-Fourth Row	4-Other	4-Trailing Unit		4-Deployed - Side		4-Shoulder Belt Only Used		4-Shoulder Belt Only Used		4-Burns		4-Back		4-Possible Injury			
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)		5-Deployed - Other (knee, air belt,...)		5-Lap Belt Only Used		5-Lap Belt Only Used		5-Concussion		5-Arm(s)		5-No injury			
6-Unknown		6-Unknown		6-Deployed - Combination		6-Constraint Used - Other		6-Constraint Used - Other		6-Shock		6-Leg(s)		6-Other			
EJECTED		HELMET USE		7-Deployment - Curtain		7-Child Restraint - Forward Facing		7-Child Restraint - Forward Facing		7-Dizziness		7-Chest Stomach		7-Other			
1-Not Ejected		1-DOT-Compliant Motorcycle Helmet				8-Child Restraint - Rear Facing		8-Child Restraint - Rear Facing		8-Abrasion/Bruiases		8-Internal		8-Other			
2-Ejected Partially		2-Other Helmet				9-Child Restraint - Used Incorrectly		9-Child Restraint - Used Incorrectly		9-Complaint of Pain		9-Entire Body		9-Other			
3-Ejected Totally		3-No Helmet				10-Booster Seat		10-Booster Seat		10-Other		10-Other		10-Other			
						11-Child Restraint - Other		11-Child Restraint - Other									
AMB CODES - see code sheet																	
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians			Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>1</b>	* <b>ME</b>			<b>F</b>	<b>04/20/62</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

Report Number  
**10-002125**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>1HGCM56817A073783</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance NAIC		Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>	

(U2) Vehicle Make <b>26 - HONDA</b>	Vehicle Year <b>2007</b>	(U3) Vehicle Color <b>8 - Grey, Silver</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1 <b>14 - Followed Too Closely</b>	(D3) Driver Actions at Time of Crash 2
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Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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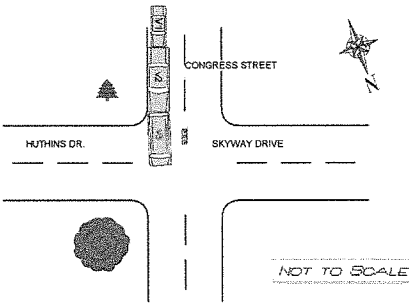
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name	First Name	MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*			M	10/16/64	1	1			1	3		5			2	

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Reporting Agency <b>ME0030500</b>		Report Number <b>10-0021998</b>		Crash Date <b>8/24/2010</b>		Crash Time <b>15:43</b>		At Scene Date <b>8/24/2010</b>		At Scene Time <b>15:55</b>										
City or Town <b>Portland</b>			Street or Highway <b>I 95 SB</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road											
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude											
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene Miles   Tenths		Posted Speed Limit Miles <b>30</b> Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45										
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>														
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>1 - Daylight</b>														
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>														
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2														
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2														
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone														
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No														
NARRATIVE <b>V1, V2 AND V3 WERE ALL TRAVELING OUTBOUND ON CONGRESS STREET. THE LIGHT WAS GREEN AND V3 PROCEEDED THROUGH THE LIGHT. V3 STOPPED QICKLY FOR TRAFFIC. V2 STOPPED. V1 WAS FOLLOWING TO CLOSE AND STRUCK V2. V1 PUSHED V2 INTO V3. ALL VEHICLES HAD MINOR DAMAGE.</b>						CRASH DIAGRAM 														
Witness Last Name			First			MI			Address			City			State			Zip		
Witness Last Name			First			MI			Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Reporting Officer <b>THOMAS B. REAGAN</b>				Badge# <b>91</b>		Report Date <b>9/8/2010</b>			Approved By <b>Sgt. Bowden</b>			Approved Date <b>9/8/2010</b>								

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Report Number  
**10-0021998**

# STATE OF MAINE CRASH REPORT

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Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1P3ES46C2YD53979</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>
(U2) Vehicle Make <b>15 - DODGE</b>			Vehicle Year <b>2000</b>	(U3) Vehicle Color <b>5 - Green</b>	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <b>1 - No Special Function</b>			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage	
(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
(U10) Sequence of Events 1	(U10) Sequence of Events 2
(U10) Sequence of Events 3	(U10) Sequence of Events 4

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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <b>*</b> <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address	City State Zip
Citation Number	Pending <input type="checkbox"/>	Violation 1	Violation 2	
OWNER Last Name (skip if same as Driver) <b>*</b>	First Name	MI	OWNER Address	City State Zip
(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>			
(D3) Driver Actions at Time of Crash 1 <b>14 - Followed Too Closely</b>	(D3) Driver Actions at Time of Crash 2			
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending		
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending		
(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash			
(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2			
(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers			

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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>1</b>	<b>*</b>	<b>M</b>	<b>04/03/86</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>1</b>	

Report Number  
**10-0021998**

# STATE OF MAINE CRASH REPORT

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Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>WDBUF87X28B246788</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>											
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>											
(U2) Vehicle Make <b>45 - MERCEDES BENZ</b>			Vehicle Year <b>2008</b>	(U3) Vehicle Color <b>14 - White</b>												
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.													
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown												
(U5) Special Function Vehicle <b>1 - No Special Function</b>			<input type="checkbox"/> Exempt Vehicle													
Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No													
(U6) Most Damaged Area <b>12 - Front</b>			(U7) Most Harmful Event													
(U8) Pre Crash Actions <b>1 - Following roadway</b>			(U9) Contributing Circumstances - Vehicle <b>1 - None</b>													
(U10) Sequence of Events 1			(U10) Sequence of Events 2													
(U10) Sequence of Events 3			(U10) Sequence of Events 4													
<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator		License Number <b>*</b>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>											
DRIVER Last Name <b>*</b>		First Name	MI	DRIVER Address	City State Zip											
Citation Number Pending <input type="checkbox"/>		Violation 1		Violation 2												
OWNER Last Name (skip if same as Driver) <b>*</b>		First Name	MI	OWNER Address	City State Zip											
(D1) Driver Distracted By			(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>													
(D3) Driver Actions at Time of Crash 1			(D3) Driver Actions at Time of Crash 2													
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/>		<input type="checkbox"/> Alcohol Test Result Pending												
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other		<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/>		Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending												
(D4) Non Motorist Location at Time of Crash			(D5) Non Motorist Action Prior to Crash													
(D6) Non Motorist Action at Time of Crash 1			(D6) Non Motorist Action at Time of Crash 2													
(D7) Pedestrian Maneuvers			(D8) Bicyclist Maneuvers													
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner																
SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE									
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal									
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating									
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-NonIncapacitating									
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury									
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury									
6-Unknown		6-Unknown	6-Deployment - Combination	6-Constraint Used - Other	6-Shock	6-Leg(s)										
EJECTED	HELMET USE		7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE									
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet			8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation									
2-Ejected Partially	2-Other Helmet			9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement									
3-Ejected Totally	3-No Helmet			10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation									
				11-Child Restraint - Other												
AMB CODES - see code sheet																
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians		Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>		<b>M</b>	<b>11/08/66</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>1</b>	

Report Number  
**10-0021998**

# STATE OF MAINE CRASH REPORT

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Unit ID <b>3</b>	<input type="checkbox"/> Hit Run?	VIN <b>1GCGG25C491133652</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>3 - Passenger Van</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name		Insurance Policy Number
(U2) Vehicle Make <b>18 - FORD</b>			Vehicle Year <b>2009</b>	(U3) Vehicle Color <b>14 - White</b>	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <b>1 - No Special Function</b>			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage					

(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event
(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
(U10) Sequence of Events 1	(U10) Sequence of Events 2
(U10) Sequence of Events 3	(U10) Sequence of Events 4

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator	License Number <b>*</b>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>I</b>	Restrictions <b>A</b>
DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address	City	State	Zip
Citation Number	Pending <input type="checkbox"/>		Violation 1	Violation 2		
OWNER Last Name (skip if same as Driver) <b>*</b>	First Name	MI	OWNER Address	City	State	Zip
(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>					
(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2					
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result		
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending				
(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash					
(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2					
(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers					

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>1</b>	<b>*</b>	<b>M</b>	<b>11/04/50</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>1</b>	

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Reporting Agency <b>ME0030500</b>		Report Number <b>10-002274</b>		Crash Date <b>9/1/2010</b>		Crash Time <b>12:15</b>		At Scene Date <b>9/1/2010</b>		At Scene Time <b>12:15</b>	
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude		
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene Miles   Tenths		Posted Speed Limit Miles Per Hour		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>					
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>1 - Daylight</b>					
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>					
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event						Total Damage over Threshold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No					
NARRATIVE <b>VEHICLE 2 WAS STOPPED AT THE RED LIGHT AT THE INTERSECTION OF CONGRESS ST/HUTCHINS DR. DRIVER OF VEHICLE 1 SAID HE WAS LOOKING OFF TO THE RIGHT SIDE OF THE ROAD AT SOMEONE HE WAS GOING TO GIVE A RIDE TO, AND WAS DISTRACTED. HE SAID HE COLLIDED WITH VEHICLE 2.</b>						CRASH DIAGRAM 					
Witness Last Name		First		MI		Address		City		State Zip	
Witness Last Name		First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Reporting Officer <b>MICHELLE COLE</b>			Badge# <b>117</b>		Report Date <b>9/2/2010</b>		Approved By <b>Sgt. Bowden</b>			Approved Date <b>9/2/2010</b>	

Report Number  
**10-002274**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1B3HB28B67D364720</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>

(U2) Vehicle Make <b>15 - DODGE</b>	Vehicle Year <b>2011</b>	(U3) Vehicle Color <b>14 - White</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage  No Damage Observed  Minor Damage  Functional Damage  Towed Due to Disabling Damage

(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
1	*	M	08/19/82	1	1			1	3		5			1	
2	*	F	07/14/86	1	3			1	3		5			1	
2	*	M	04/19/85	5				1	3		5			1	

Report Number  
**10-002274**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>2FMEK62C79BA19601</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>2 - (Sport) Utility Vehicle</b>
<input type="checkbox"/> No Insurance NAIC		Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>	

(U2) Vehicle Make <b>18 - FORD</b>	Vehicle Year <b>2009</b>	(U3) Vehicle Color <b>1 - Black</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage			
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(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions	<input type="checkbox"/> Last Known Operator <input type="checkbox"/> * <input type="checkbox"/> Suspended <b>ME</b> <b>C</b> <b>0</b> <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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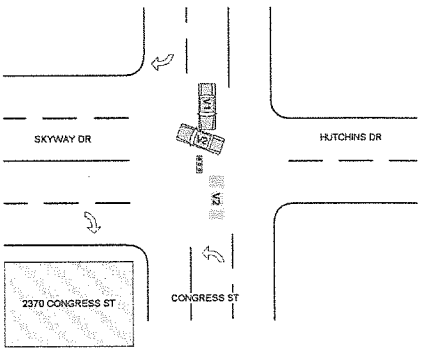
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name	First Name	MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*			F	12/17/79	1	1			1	3		4	9	3	2	

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Reporting Agency <b>ME0030500</b>		Report Number <b>10-002825</b>		Crash Date <b>10/27/2010</b>		Crash Time <b>07:28</b>		At Scene Date <b>10/27/2010</b>		At Scene Time <b>08:01</b>		
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road			
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude		Longitude				
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene # <input type="checkbox"/> 0.5 <input type="checkbox"/> Tenths		Posted Speed Limit Miles <b>30</b> Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45		
(F1) Type of Crash <b>4 - Intersection Movement</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>						
(F3) Weather Condition <b>4 - Rain</b>						(F4) Light Condition <b>1 - Daylight</b>						
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>2 - Wet</b>						
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2						
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances -Road 2						
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone						
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No						
NARRATIVE <b>VEH 1 HAD A GREEN LIGHT. VEH 2 HAD A GREEN LIGHT. VEH 1 PROCEEDED THROUGH THE INTERSECTION. VEH 2 WENT TO TAKE A LEFT TURN FROM CONGRESS ST. ON TO SKYWAY DR. VEH 2 DID NOT NOTICE VEH 1. VEH 1 STRUCK VEH 2. VEH 2 FAILED TO YIELD THE RIGHT OF WAY TO VEH 1.</b>						CRASH DIAGRAM 						
Witness Last Name			First		MI		Address		City		State Zip	
Witness Last Name			First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description									<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private			
Property Owner Name							Address		City		State Zip	
Non Vehicle Property Damage Description									<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private			
Property Owner Name							Address		City		State Zip	
Reporting Officer <b>M. CLAVET</b>				Badge# <b>153</b>		Report Date <b>10/27/2010</b>		Approved By <b>SGT. BOWDEN</b>			Approved Date <b>10/27/2010</b>	

Report Number  
**10-002825**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>JF1SG63665H744403</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>
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(U2) Vehicle Make <b>65 - SUBARU</b>	Vehicle Year <b>2005</b>	(U3) Vehicle Color <b>8 - Grey, Silver</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>1 - Front Passenger Corner</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>F</b>	<b>05/01/70</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>2</b>		<b>4</b>	<b>9</b>	<b>3</b>	<b>2</b>	



Report Number  
**10-002825**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>2HGFG21536H713007</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>
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(U2) Vehicle Make <b>26 - HONDA</b>	Vehicle Year <b>2006</b>	(U3) Vehicle Color <b>1 - Black</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>3 - Center Passenger Side</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>6 - Making left turn</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input checked="" type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1 <b>3 - Failed to Yield Right-of-Way</b>	(D3) Driver Actions at Time of Crash 2
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Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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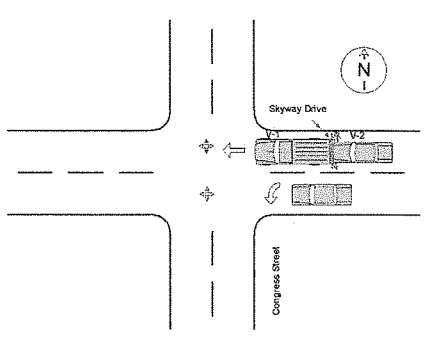
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>M</b>	<b>10/19/82</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

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Reporting Agency <b>MEMSPOG00</b>		Report Number <b>SP10-081774</b>		Crash Date <b>11/8/2010</b>		Crash Time <b>17:46</b>		At Scene Date <b>11/8/2010</b>		At Scene Time <b>17:47</b>													
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Intersection Of Congress St And Skyway Drive.			<input type="checkbox"/> Off Road														
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude														
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node <b>19210</b>		Distance to Scene Miles   Tenths		Posted Speed Limit Miles Per Hour		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45													
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>																	
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>4 - Dark - Lighted</b>																	
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>2 - Wet</b>																	
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																	
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2																	
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances -Road 2																	
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																	
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone																	
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No																	
NARRATIVE <b>V-1 was stopped at traffic light. V-1 moved forward at green light for left turning traffic. Operator of V-1 stopped after several feet. V-2, following behind V-1, crashed into rear portion of V-1. Lane occupied by V-1 and V-2 had solid red signal.</b>						CRASH DIAGRAM 																	
Witness Last Name			First			MI			Address			City			State			Zip					
Witness Last Name			First			MI			Address			City			State			Zip					
Non Vehicle Property Damage Description												<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name						Address						City			State			Zip					
Non Vehicle Property Damage Description												<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name						Address						City			State			Zip					
Reporting Officer <b>Sgt. James Urquhart</b>				Badge# <b>4750</b>		Report Date <b>11/8/2010</b>		Approved By <b>Sgt. James Urquhart</b>				Approved Date <b>11/8/2010</b>											

Report Number  
**SP10-081774**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

UNIT	Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1FTEF14N5RLB26074</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>5 - Pickup</b>										
	<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>												
	(U2) Vehicle Make <b>18 - FORD</b>			Vehicle Year <b>1994</b>	(U3) Vehicle Color <b>7 - Brown</b>											
	(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.												
	Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown											
	(U5) Special Function Vehicle <b>1 - No Special Function</b>			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No												
	Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage															
	(U6) Most Damaged Area <b>6 - Rear</b>			(U7) Most Harmful Event												
	(U8) Pre Crash Actions <b>9 - Starting in traffic</b>			(U9) Contributing Circumstances - Vehicle <b>1 - None</b>												
	(U10) Sequence of Events 1			(U10) Sequence of Events 2												
(U10) Sequence of Events 3			(U10) Sequence of Events 4													
DRIVER	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions	<input type="checkbox"/> Last Known Operator		<input type="checkbox"/> Suspended <b>ME</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>0</b> <input type="checkbox"/> <b>0</b>												
	DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State Zip										
	Citation Number Pending <input type="checkbox"/>			Violation 1	Violation 2											
	OWNER Last Name (skip if same as Driver) <b>*</b>	First Name	MI	OWNER Address <b>* ME*</b>	City	State Zip										
	(D1) Driver Distracted By			(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>												
	(D3) Driver Actions at Time of Crash 1			(D3) Driver Actions at Time of Crash 2												
	Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			Alcohol Test Result Pending			Alcohol BAC Result									
	Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other			Drug Test Result			<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending									
	(D4) Non Motorist Location at Time of Crash			(D5) Non Motorist Action Prior to Crash												
	(D6) Non Motorist Action at Time of Crash 1			(D6) Non Motorist Action at Time of Crash 2												
(D7) Pedestrian Maneuvers			(D8) Bicyclist Maneuvers													
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner																
SEAT ROW	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE									
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal									
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating									
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-Nonincapacitating									
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury									
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury									
6-Unknown		6-Unknown	6-Deployed - Combination	6-Shoulder and Lap Belt Used	6-Shock	6-Leg(s)										
EJECTED	HELMET USE		7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE									
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet		8-Combination	8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	1-Officer Observation									
2-Ejected Partially	2-Other Helmet		9-Combination	9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	2-Individual Statement									
3-Ejected Totally	3-No Helmet		10-Combination	10-Booster Seat	10-Other	10-Other	3-Medical, Paramedical Observation									
			11-Combination	11-Child Restraint - Other												
AMB CODES - see code sheet																
Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians		Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>		<b>M</b>	<b>09/08/87</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	
<b>2</b>	<b>*</b>		<b>F</b>	<b>10/23/87</b>	<b>1</b>	<b>3</b>			<b>1</b>	<b>3</b>		<b>4</b>	<b>9</b>	<b>2</b>	<b>2</b>	

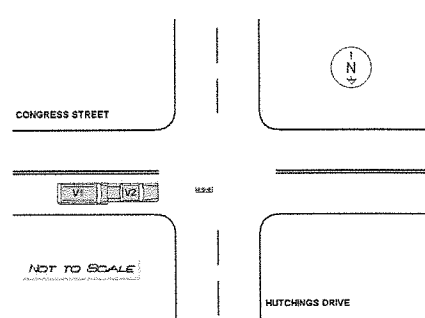
Report Number  
**SP10-081774**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

UNIT	Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>2HGEJ2221RH543509</b>	License Plate *	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>																																																																																																
	<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *	Insurance Policy Number *																																																																																																		
	(U2) Vehicle Make <b>26 - HONDA</b>			Vehicle Year <b>1994</b>	(U3) Vehicle Color <b>1 - Black</b>																																																																																																	
	(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.																																																																																																		
	Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown																																																																																																	
	(U5) Special Function Vehicle <b>1 - No Special Function</b>			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																		
	Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage																																																																																																					
	(U6) Most Damaged Area <b>12 - Front</b>			(U7) Most Harmful Event																																																																																																		
	(U8) Pre Crash Actions <b>9 - Starting in traffic</b>			(U9) Contributing Circumstances - Vehicle <b>1 - None</b>																																																																																																		
	(U10) Sequence of Events 1			(U10) Sequence of Events 2																																																																																																		
(U10) Sequence of Events 3			(U10) Sequence of Events 4																																																																																																			
DRIVER	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number * <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator	* <b>ME</b>																																																																																																				
	DRIVER Last Name	First Name	MI	DRIVER Address	City	State Zip																																																																																																
	* <b>ME</b>																																																																																																					
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	Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)			<input type="checkbox"/> Alcohol Test Result Pending		Alcohol BAC Result																																																																																																
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Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians		Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code																																																																																						
<b>6</b>	* <b>ME</b>		<b>M</b>	<b>01/08/87</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>																																																																																							

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Reporting Agency <b>ME0030500</b>		Report Number <b>10-002984</b>		Crash Date <b>11/12/2010</b>		Crash Time <b>08:30</b>		At Scene Date <b>11/12/2010</b>		At Scene Time <b>08:39</b>										
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road											
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude											
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene Miles   Tenths		Posted Speed Limit Miles Per Hour		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> Not Posted 45										
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>														
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>1 - Daylight</b>														
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>														
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2														
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2														
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone														
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No														
NARRATIVE <b>V2 was stopped at a red light at Congress Street and Hutchins Drive. V1 was traveling west behind V2. The driver of V1 said he looked down and did not see V1 stopped at the light. V1 struck V2 on the rear bumper.</b>						CRASH DIAGRAM  <b>NOT TO SCALE</b>														
Witness Last Name			First			MI			Address			City			State			Zip		
Witness Last Name			First			MI			Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name						Address			City			State			Zip					
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name						Address			City			State			Zip					
Reporting Officer <b>Alissa Poisson</b>				Badge# <b>141</b>		Report Date <b>11/12/2010</b>		Approved By <b>SGT. BOWDEN</b>				Approved Date <b>11/12/2010</b>								

OK

Report Number  
**10-002984**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1GNDT13W0SK226827</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>2 - (Sport) Utility Vehicle</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>

(U2) Vehicle Make <b>11 - CHEVROLET</b>	Vehicle Year <b>1995</b>	(U3) Vehicle Color <b>10 - Red</b>
--------------------------------------------	-----------------------------	---------------------------------------

(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
----------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------	-----------------------------------------	-----------------------------------------------------------------------------------------------------

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

(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
---------------------------------------------	-------------------------

(U8) Pre Crash Actions <b>10 - Slowing in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
----------------------------------------------------------	--------------------------------------------------------------

(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
----------------------------	----------------------------

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address	City	State	Zip
-----------------------------------------------------------------	----	---------------	------	-------	-----

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

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

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*	M	06/04/65	1	1			1	3		5			2	
2	*	M	10/09/70	1	3			1	3		5			2	

Report Number  
**10-002984**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>4S4BP61C777310630</b>	License Plate <b>*</b>	State <b>CO</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>

(U2) Vehicle Make <b>65 - SUBARU</b>	Vehicle Year <b>2007</b>	(U3) Vehicle Color <b>8 - Grey, Silver</b>
(U4) Vehicle Configuration		GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.

Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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D

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions	<input type="checkbox"/> Last Known Operator	<input type="checkbox"/> Suspended	<b>CO</b>	<b>C</b>	<b>0</b>	<b>0</b>
DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip

Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

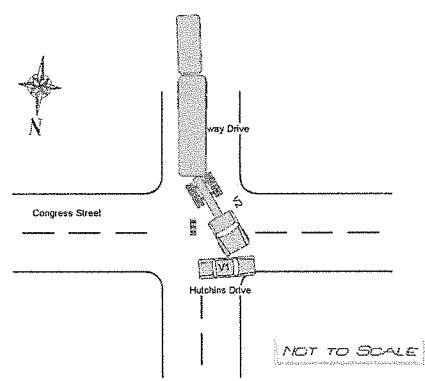
EJECTED  
1-Not Ejected  
2-Ejected Partially  
3-Ejected Totally

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

AMB CODES - see code sheet

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>M</b>	<b>01/30/83</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>1</b>	

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Reporting Agency <b>ME0030500</b>		Report Number <b>11-000024</b>		Crash Date <b>1/4/2011</b>		Crash Time <b>07:58</b>		At Scene Date <b>1/4/2011</b>		At Scene Time <b>08:21</b>	
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude		
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene M: <input type="checkbox"/> 0 T: <input type="checkbox"/>		Posted Speed Limit Miles <b>30</b> Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash <b>4 - Intersection Movement</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>					
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>2 - Dawn</b>					
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>					
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No					
NARRATIVE <b>V2 was making a left turn from Skyway drive onto Congress Street. V1 was traveling outbound on Congress Street and ran the red light at the intersection of Skyway drive and Congress Street. V1 struck V2 causing damage to both vehicle. V2 was in the process of turning when V2 struck it. V1 operator was arrested for Operating under the influence.</b>						CRASH DIAGRAM 					
Witness Last Name		First		MI		Address		City		State Zip	
Witness Last Name		First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Reporting Officer <b>Thomas B. Reagan</b>			Badge# <b>91</b>		Report Date <b>1/4/2011</b>		Approved By <b>SGT. BOWDEN</b>			Approved Date <b>1/4/2011</b>	



Report Number  
**11-000024**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>HGES16562L047691</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>
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(U2) Vehicle Make <b>26 - HONDA</b>	Vehicle Year <b>2002</b>	(U3) Vehicle Color <b>6 - Gold</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>9 - Center Driver Side</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>6 - Under the Influence of Medications/Drugs/Alcohol</b>
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(D3) Driver Actions at Time of Crash 1 <b>3 - Failed to Yield Right-of-Way</b>	(D3) Driver Actions at Time of Crash 2
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Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner											
SEAT ROW 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury	INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation			
EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally											
HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet											
AMB CODES - see code sheet											

Person Type	Last Name, First Name, Mi	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>1</b>	<b>*</b>	<b>M</b>	<b>06/24/88</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>1</b>	

Report Number  
**11-000024**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>4V4M19EG79N263938</b>	License Plate <b>*</b>	State <b>IL</b>	<b>(17) - Medium/Heavy Trucks (More than 10,000 lbs)</b>
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>
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(U2) Vehicle Make <b>69 - VOLKSWAGEN</b>	Vehicle Year <b>2009</b>	(U3) Vehicle Color <b>4 - Blue</b>
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(U4) Vehicle Configuration <b>11 - Tractor/Semi-Trailer (one trailer - 5 axles)</b>	GVWR or GCWR <input checked="" type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------	-----------------------------------------	----------------------------------------------------------------------------------------------------

Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>1 - Front Passenger Corner</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>5 - Making right turn</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1 <b>21 - Motor Vehicle In Transport</b>	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator <input type="checkbox"/> * <input type="checkbox"/> Suspended <b>NY</b> <b>A</b> <b>A</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* NY*</b>	City	State	Zip
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Citation Number	Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* IL*</b>	City	State	Zip
-----------------------------------------------------------------	----	-------------------------------	------	-------	-----

(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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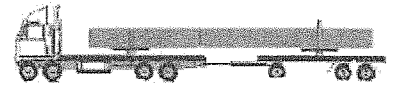
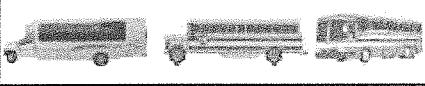




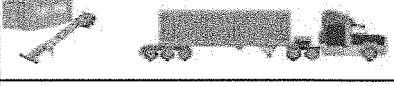
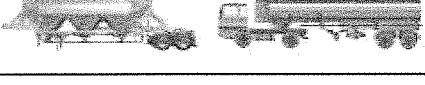
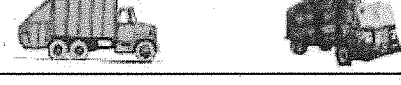




PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>1</b>	<b>*</b>	<b>M</b>	<b>03/10/53</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>1</b>	

# STATE OF MAINE CRASH REPORT

Report Number <b>11-00024</b>		<b>Commercial Vehicle Supplemental</b>		No Carrier Identification Numbers <input type="checkbox"/>																												
Unit ID <b>2</b>	USDOT Number <b>071821</b>	MC/MX Number	State Number	MCSAP Number																												
<input checked="" type="checkbox"/> Interstate Carrier		<input type="checkbox"/> Intrastate Carrier		<input type="checkbox"/> Not in Commerce-Government																												
Carrier Name *		Carrier Phone																														
Address *, Morton IL 61550		City		State	Zip																											
<input type="checkbox"/> Oversize Permit Weight		<input type="checkbox"/> Oversize Permit Length		<input type="checkbox"/> Oversize Permit Height																												
<input type="checkbox"/> Oversize Permit Width																																
<input checked="" type="checkbox"/> 98 Cargo Body Type (enter one code from below)		<input type="checkbox"/> Unloaded		<input type="checkbox"/> Partially Loaded																												
		<input checked="" type="checkbox"/> Loaded																														
<b>1</b> Bus (9-15 Seats, Including Driver) 		<b>6</b> Dump 		<b>11</b> Pole 																												
<b>2</b> Bus (16 or More Seats, Including Driver) 		<b>7</b> Concrete Mixer 		<b>12</b> Log 																												
<b>3</b> Van/Enclosed Box 		<b>8</b> Auto Transporter 		<b>13</b> Intermodal Chassis 																												
<b>4</b> Cargo Tank 		<b>9</b> Garbage/Refuse 		<b>14</b> Vehicle Towing Motor Vehicle 																												
<b>5</b> Flat Bed 		<b>10</b> Grain, Chips, Gravel 		<b>15</b> No Cargo Body 																												
<b>98 Other Cargo Body (not listed above)</b>																																
<b>A</b> Commodity Code (enter one code from below) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A General Freight</td> <td style="width: 33%;">J Fresh Produce</td> <td style="width: 33%;">S Garbage, Refuse, Trash</td> </tr> <tr> <td>B Household Goods</td> <td>K Liquids / Gases in Cargo Tank</td> <td>T U.S. Mail</td> </tr> <tr> <td>C Metal: Sheets, Coils, Rolls</td> <td>L Intermodal</td> <td>U Chemicals</td> </tr> <tr> <td>D Motor Vehicles</td> <td>M Passengers</td> <td>V Commodities, Dry Bulk</td> </tr> <tr> <td>E DriveAway / TowAway</td> <td>N Oil Field Equipment</td> <td>W Refrigerated Foods</td> </tr> <tr> <td>F Forest Products</td> <td>O Livestock</td> <td>X Beverage</td> </tr> <tr> <td>G Building Products</td> <td>P Grain, Feed, Hay</td> <td>Y Paper Products</td> </tr> <tr> <td>H Mobile Homes</td> <td>Q Coal / Coke</td> <td>Z Other</td> </tr> <tr> <td>I Machinery, Large Objects</td> <td>R Meat</td> <td></td> </tr> </table>						A General Freight	J Fresh Produce	S Garbage, Refuse, Trash	B Household Goods	K Liquids / Gases in Cargo Tank	T U.S. Mail	C Metal: Sheets, Coils, Rolls	L Intermodal	U Chemicals	D Motor Vehicles	M Passengers	V Commodities, Dry Bulk	E DriveAway / TowAway	N Oil Field Equipment	W Refrigerated Foods	F Forest Products	O Livestock	X Beverage	G Building Products	P Grain, Feed, Hay	Y Paper Products	H Mobile Homes	Q Coal / Coke	Z Other	I Machinery, Large Objects	R Meat	
A General Freight	J Fresh Produce	S Garbage, Refuse, Trash																														
B Household Goods	K Liquids / Gases in Cargo Tank	T U.S. Mail																														
C Metal: Sheets, Coils, Rolls	L Intermodal	U Chemicals																														
D Motor Vehicles	M Passengers	V Commodities, Dry Bulk																														
E DriveAway / TowAway	N Oil Field Equipment	W Refrigerated Foods																														
F Forest Products	O Livestock	X Beverage																														
G Building Products	P Grain, Feed, Hay	Y Paper Products																														
H Mobile Homes	Q Coal / Coke	Z Other																														
I Machinery, Large Objects	R Meat																															
<input type="checkbox"/> Bus Use (enter one code from below) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">0 Not a Bus</td> <td style="width: 33%;">2 Transit</td> <td style="width: 33%;">4 Charter</td> </tr> <tr> <td>1 School (Public or Private)</td> <td>3 Intercity</td> <td>5 Other</td> </tr> </table>						0 Not a Bus	2 Transit	4 Charter	1 School (Public or Private)	3 Intercity	5 Other																					
0 Not a Bus	2 Transit	4 Charter																														
1 School (Public or Private)	3 Intercity	5 Other																														
<input checked="" type="checkbox"/> * HAZMAT Class Number (enter one code from below) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 Explosives</td> <td style="width: 50%;">6 Poisonous (Toxic) and Infectious Substances</td> </tr> <tr> <td>2 Gases - Compressed, Dissolved or Refrigerated</td> <td>7 Radioactive Material</td> </tr> <tr> <td>3 Flammable Liquids</td> <td>8 Corrosives</td> </tr> <tr> <td>4 Flammable Solids-Combustible, Water Reactive</td> <td>9 Miscellaneous Dangerous Goods, or Blank</td> </tr> <tr> <td>5 Oxidizing Substances-Organic Peroxides</td> <td></td> </tr> </table>						1 Explosives	6 Poisonous (Toxic) and Infectious Substances	2 Gases - Compressed, Dissolved or Refrigerated	7 Radioactive Material	3 Flammable Liquids	8 Corrosives	4 Flammable Solids-Combustible, Water Reactive	9 Miscellaneous Dangerous Goods, or Blank	5 Oxidizing Substances-Organic Peroxides																		
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5 Oxidizing Substances-Organic Peroxides																																
<input type="checkbox"/> * HAZMAT 4 Digit Number      Was HAZMAT released from THIS vehicle's cargo? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK																																

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Reporting Agency <b>ME0030500</b>		Report Number <b>11-000036</b>		Crash Date <b>1/5/2011</b>		Crash Time <b>09:18</b>		At Scene Date <b>1/5/2011</b>		At Scene Time <b>09:29</b>										
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road											
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude											
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene Miles: <input type="checkbox"/> Tenths		Posted Speed Limit Miles <b>30</b> / hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45										
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>														
(F3) Weather Condition <b>1 - Clear</b>						(F4) Light Condition <b>1 - Daylight</b>														
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>5 - Ice/Frost</b>														
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2														
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2														
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk														
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone														
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No														
NARRATIVE <b>VEH 1 WAS STOPPED AT A TRAFFIC LIGHT, AT THE INTERSECTION OF CONGRESS ST., AND HUTCHINS DR. VEH 2 WAS IN BACK OF VEH 1. VEH 2 DID NOT STOP WHEN VEH 1 STOPPED. VEH 2 STRUCK VEH 1.</b>						CRASH DIAGRAM 														
Witness Last Name			First			MI			Address			City			State			Zip		
Witness Last Name			First			MI			Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Non Vehicle Property Damage Description									<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name									Address			City			State			Zip		
Reporting Officer <b>M. CLAVET</b>				Badge# <b>153</b>		Report Date <b>1/5/2011</b>			Approved By <b>Sgt. Bowden</b>				Approved Date <b>1/5/2011</b>							

OK

Report Number  
**11-000036**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1G1AK55F377233504</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>

(U2) Vehicle Make <b>11 - CHEVROLET</b>	Vehicle Year <b>2007</b>	(U3) Vehicle Color <b>6 - Gold</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Last Known Operator	<input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements	Restrictions <b>A</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
-----------------------------------------------------------------	----	-------------------------------	------	-------	-----

(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>F</b>	<b>11/11/37</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

Report Number  
**11-000036**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>1N4AL11D66N444617</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>

(U2) Vehicle Make <b>50 - NISSAN</b>	Vehicle Year <b>2006</b>	(U3) Vehicle Color <b>14 - White</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
---------------------------------------------	-------------------------

(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
--------------------------------------------------------	--------------------------------------------------------------

(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
----------------------------	----------------------------

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1 <b>14 - Followed Too Closely</b>	(D3) Driver Actions at Time of Crash 2
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Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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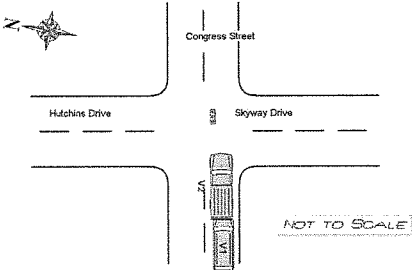
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>F</b>	<b>07/13/80</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>2</b>	

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Reporting Agency <b>ME0030500</b>		Report Number <b>11-001424</b>		Crash Date <b>5/17/2011</b>		Crash Time <b>11:24</b>		At Scene Date <b>5/17/2011</b>		At Scene Time <b>11:31</b>	
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Nearest Intersecting Street			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude			Longitude		
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene Miles   Tenths		Posted Speed Limit Miles <b>30</b> / Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>					
(F3) Weather Condition <b>4 - Rain</b>						(F4) Light Condition <b>1 - Daylight</b>					
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>2 - Wet</b>					
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1						(F10) Contributing Circumstances - Road 2					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No					
NARRATIVE <b>V1 and V2 were both traveling inbound on Congress Street. V2 stopped for the red light at the intersection of Congress Street and Hutchins Drive. V1 was behind V2 in traffic. V1 did not see that V2 had stopped for the light. V1 struck V2. Passenger in V2 complained of neck pain . V2 passenger was transported to the hospital my medcu for further treatment.</b>						CRASH DIAGRAM 					
Witness Last Name		First		MI		Address		City		State Zip	
Witness Last Name		First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Reporting Officer <b>Thomas B. Reagan</b>				Badge# <b>91</b>		Report Date <b>5/17/2011</b>		Approved By <b>Sgt. Bowden</b>		Approved Date <b>5/17/2011</b>	

OK

Report Number  
**11-001424**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1GCEK14V9YE392745</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>5 - Pickup</b>
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N

<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>
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(U2) Vehicle Make <b>11 - CHEVROLET</b>	Vehicle Year <b>2005</b>	(U3) Vehicle Color <b>14 - White</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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D

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1 <b>14 - Followed Too Closely</b>	(D3) Driver Actions at Time of Crash 2
----------------------------------------------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
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(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>1</b>	<b>*</b>	<b>M</b>	<b>01/31/79</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>3</b>		<b>5</b>			<b>1</b>	



Report Number  
**11-001424**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

U

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>1GCEK14V9YE392745</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>5 - Pickup</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>

(U2) Vehicle Make <b>11 - CHEVROLET</b>	Vehicle Year <b>2000</b>	(U3) Vehicle Color <b>14 - White</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event
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(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
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(U10) Sequence of Events 1	(U10) Sequence of Events 2
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(U10) Sequence of Events 3	(U10) Sequence of Events 4
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D

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Last Known Operator	State <b>ME</b>	License Class <b>C</b>	Endorsements <b>0</b>	Restrictions <b>0</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
-----------------------------------------------------------------	----	-------------------------------	------	-------	-----

(D1) Driver Distracted By	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1	(D3) Driver Actions at Time of Crash 2
----------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
1	* Last Name, First Name, Mi	M	12/10/60	1	1			1	3		5			1	
2	* Last Name, First Name, Mi	F	06/29/56	1	3			1	3		4	9	3	2	

F

Reporting Agency <b>ME0030500</b>		Report Number <b>11-2282</b>		Crash Date <b>8/9/2011</b>		Crash Time <b>15:54</b>		At Scene Date <b>8/9/2011</b>		At Scene Time <b>15:54</b>													
City or Town <b>Portland</b>			Street or Highway <b>HUTCHINS DR</b>			Intersecting Street <b>POR, CONGRESS, HUTCHINS, 7A CONN</b>			<input type="checkbox"/> Off Road														
Direction FROM Nearest Intersection to Crash Site <input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <b>0.01</b> <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		Latitude <b>43.650760</b>			Longitude <b>-70.336940</b>														
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene <b>0</b> Miles <input type="checkbox"/> Tenths		Posted Speed Limit Miles Per Hour		<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45													
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>																	
(F3) Weather Condition <b>2 - Cloudy</b>						(F4) Light Condition <b>1 - Daylight</b>																	
(F5) Road Grade <b>1 - Level</b>						(F6) Road Surface Condition <b>1 - Dry</b>																	
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																	
(F8) Location of First Harmful Event <b>1 - On Roadway</b>						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
(F9) Contributing Circumstances - Environment 1 <b>1 - None</b>						(F9) Contributing Circumstances - Environment 2																	
(F10) Contributing Circumstances - Road 1 <b>1 - None</b>						(F10) Contributing Circumstances - Road 2 <b>1 - None</b>																	
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																	
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone																	
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input checked="" type="checkbox"/> No																	
<p>NARRATIVE</p> <p><b>V.#1 WAS STOPPED IN TRAFFIC IN THE LEFT TURN LANE ON CONGRESS ST.(RED LIGHT/FACING WESTBOUND) WAITING TO MAKE A LEFT ON TO JETPORT BLVD(SOUTHBOUND). V.#1 WAS STRUCK FROM BEHIND BY V.#2 WHO WAS STOPPED IN TRAFFIC, WHO WAS IN TURN STRUCK FROM BEHIND BY V.#3 WHO WAS STOPPED IN TRAFFIC, WHO IN TURN WAS STRUCK BY V.#4 FOLLOWING THE ROADWAY.</b></p> <p><b>WITNESSES SAID THAT IT APPEARED V.#4 WAS FOLLOWING THE ROADWAY AND DID NOT APPEAR TO SLOW DOWN IN TRAFFIC IN THE LEFT TURN LANE OF CONGRESS ST. APPROACHING THE LINE OF STOPPED TRAFFIC WAITING TO MAKE LEFT ON TO JETPORT BLVD. AT RED LIGHT. V.#4 THEN STRUCK V#3 DIRECTLY FROM BEHIND AND CONTINUED VEERING TO THE LEFT AND TRAVELLING OVER THE MEDIAN FINALLY COMING TO REST ON THE MEDIAN. ONCE AT REST V.#4 WAS FACING SOUTHWEST TOWARD THE JETPORT TARMAC/ LANDING STRIP. V.#4 DRIVER WAS BEING TREATED BY MEDCU UPON POLICE ARRIVAL. V.#3 DRIVER COMPLAINED OF NECK AND BACK PAIN SHORTLY AFTER POLICE ARRIVAL AND REQUESTED TO BE TREATED AND TRANSPORTED BY MEDCU.</b></p>						<p>CRASH DIAGRAM</p>																	
Witness Last Name *			First			MI			Address * ME*			City			State			Zip					
Witness Last Name *			First			MI			Address * ME*			City			State			Zip					
Non Vehicle Property Damage Description												<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name						Address						City			State			Zip					
Non Vehicle Property Damage Description												<input type="checkbox"/> State			<input type="checkbox"/> City or Town			<input type="checkbox"/> Utilities			<input type="checkbox"/> Private		
Property Owner Name						Address						City			State			Zip					
Reporting Officer <b>Officer Robert Hawkins</b>				Badge# <b>12</b>		Report Date <b>8/9/2011</b>		Approved By <b>Administrator Troy Bowden</b>				Approved Date <b>8/11/2011</b>											

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Reporting Agency <b>ME0030500</b>		Report Number <b>11-2282</b>	Crash Date	Crash Time	At Scene Date	At Scene Time
City or Town		Street or Highway		Nearest Intersecting Street		<input type="checkbox"/> Off Road
Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude		Longitude
Node 1	Node 2	Measurement Node	Distance to Scene <small>Miles Tenths</small>		Posted Speed Limit <small>Miles Per Hour</small>	<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45
(F1) Type of Crash			(F2) Type of Location			
(F3) Weather Condition			(F4) Light Condition			
(F5) Road Grade			(F6) Road Surface Condition			
(F7) Traffic Control Device			Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
(F8) Location of First Harmful Event			Total Damage over Threshold? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(F9) Contributing Circumstances - Environment 1			(F9) Contributing Circumstances - Environment 2			
(F10) Contributing Circumstances - Road 1			(F10) Contributing Circumstances - Road 2			
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
(F11) Location of the Crash related to Work Zone			(F12) Type of Work Zone			
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No			School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input type="checkbox"/> No			
NARRATIVE			CRASH DIAGRAM			
Witness Last Name *		First	MI	Address * ME*		City State Zip
Witness Last Name *		First	MI	Address * ME*		City State Zip
Non Vehicle Property Damage Description				<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private		
Property Owner Name			Address		City	State Zip
Non Vehicle Property Damage Description				<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private		
Property Owner Name			Address		City	State Zip
Reporting Officer		Badge#	Report Date	Approved By		Approved Date

Report Number  
**11-2282**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>4T1BE32K75U081343</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance NAIC		Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>	

(U2) Vehicle Make <b>67 - TOYOTA</b>	Vehicle Year <b>2005</b>	(U3) Vehicle Color <b>15 - Tan</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event <b>34 - Traffic Signal Support</b>
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(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
----------------------------------------------------------	--------------------------------------------------------------

(U10) Sequence of Events 1 <b>50 - No Other Events</b>	(U10) Sequence of Events 2 <b>50 - No Other Events</b>
-----------------------------------------------------------	-----------------------------------------------------------

(U10) Sequence of Events 3 <b>50 - No Other Events</b>	(U10) Sequence of Events 4 <b>50 - No Other Events</b>
-----------------------------------------------------------	-----------------------------------------------------------

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions	<input type="checkbox"/> Last Known Operator	<input type="checkbox"/> Suspended	<b>ME</b>	<b>C</b>		
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By <b>1 - Not Distracted</b>	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1 <b>1 - No Contributing Action</b>	(D3) Driver Actions at Time of Crash 2
-----------------------------------------------------------------------------	----------------------------------------

Alcohol Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*	M	09/30/57	1	1		1	1	3	3	5			2	1

Report Number  
**11-2282**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>1J4GL58K85W554183</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>2 - (Sport) Utility Vehicle</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>

(U2) Vehicle Make <b>33 - JEEP</b>	Vehicle Year <b>2005</b>	(U3) Vehicle Color <b>5 - Green</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
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Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
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(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage
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(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event <b>14 - Parked Motor Vehicle</b>
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(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
----------------------------------------------------------	--------------------------------------------------------------

(U10) Sequence of Events 1 <b>50 - No Other Events</b>	(U10) Sequence of Events 2 <b>50 - No Other Events</b>
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(U10) Sequence of Events 3 <b>50 - No Other Events</b>	(U10) Sequence of Events 4 <b>50 - No Other Events</b>
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<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator	<input type="checkbox"/> Suspended	<b>ME</b>	<b>C</b>		
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
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OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
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(D1) Driver Distracted By <b>1 - Not Distracted</b>	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
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(D3) Driver Actions at Time of Crash 1 <b>1 - No Contributing Action</b>	(D3) Driver Actions at Time of Crash 2
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Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
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(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
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(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
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PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

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

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

AMB CODES - see code sheet

Person Type	Last Name	First Name	MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	*			M	10/28/81	1	1		1	1	3	3	5			2	1

Report Number  
**11-2282**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>3</b>	<input type="checkbox"/> Hit Run?	VIN <b>JHMFA36267S011017</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>		Insurance Policy Number <b>*</b>	
(U2) Vehicle Make <b>26 - HONDA</b>			Vehicle Year <b>2007</b>	(U3) Vehicle Color <b>4 - Blue</b>	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <b>1 - No Special Function</b>			Exempt Vehicle <input type="checkbox"/>		
Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(U6) Most Damaged Area <b>6 - Rear</b>	(U7) Most Harmful Event <b>14 - Parked Motor Vehicle</b>
(U8) Pre Crash Actions <b>11 - Stopped in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
(U10) Sequence of Events 1 <b>50 - No Other Events</b>	(U10) Sequence of Events 2 <b>50 - No Other Events</b>
(U10) Sequence of Events 3 <b>50 - No Other Events</b>	(U10) Sequence of Events 4 <b>50 - No Other Events</b>

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended	State <b>ME</b>	License Class <b>C</b>	Endorsements	Restrictions
DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City State Zip
Citation Number	Pending <input type="checkbox"/>	Violation 1	Violation 2	
OWNER Last Name (skip if same as Driver) <b>*</b>	First Name	MI	OWNER Address <b>* ME*</b>	City State Zip

(D1) Driver Distracted By <b>1 - Not Distracted</b>	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
(D3) Driver Actions at Time of Crash 1 <b>1 - No Contributing Action</b>	(D3) Driver Actions at Time of Crash 2
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	Alcohol Test Result Pending <input type="checkbox"/> Alcohol BAC Result
Drug Test <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Other	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

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

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

AMB CODES - see code sheet

Person Type	Last Name	First Name	MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>			<b>F</b>	<b>04/23/33</b>	<b>1</b>	<b>1</b>		<b>2</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>546</b>

Report Number  
**11-2282**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>4</b>	<input type="checkbox"/> Hit Run?	VIN <b>1G1ND52F55M231137</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>	
(U2) Vehicle Make <b>11 - CHEVROLET</b>			Vehicle Year <b>2005</b>	(U3) Vehicle Color <b>8 - Grey, Silver</b>	
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input checked="" type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <b>1 - No Special Function</b>			<input type="checkbox"/> Exempt Vehicle		
Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input checked="" type="checkbox"/> Towed Due to Disabling Damage			Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event <b>13 - Motor Vehicle in Transport</b>
(U8) Pre Crash Actions <b>1 - Following roadway</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
(U10) Sequence of Events 1 <b>21 - Motor Vehicle In Transport</b>	(U10) Sequence of Events 2 <b>47 - Unknown</b>
(U10) Sequence of Events 3 <b>47 - Unknown</b>	(U10) Sequence of Events 4 <b>47 - Unknown</b>

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions	<input type="checkbox"/> Last Known Operator	<input type="checkbox"/> Suspended	<b>ME</b>	<b>C</b>		
DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
Citation Number	Pending <input type="checkbox"/>		Violation 1	Violation 2		
OWNER Last Name (skip if same as Driver) <b>*</b>	First Name	MI	OWNER Address <b>* ME*</b>	City	State	Zip

(D1) Driver Distracted By <b>6 - Unknown</b>	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
(D3) Driver Actions at Time of Crash 1 <b>20 - Unknown</b>	(D3) Driver Actions at Time of Crash 2 <b>20 - Unknown</b>
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Alcohol Test Result Pending
Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
6	* Last Name, First Name, MI	F	07/26/36	1	1		3	1	3	3	4	9	3	2	546
2	* Last Name, First Name, MI	M	11/18/32	1	3		3	1	3	3	5			2	1

F  
-  
R  
S  
T

Reporting Agency <b>ME0030500</b>		Report Number <b>11-003589</b>		Crash Date <b>12/21/2011</b>		Crash Time <b>08:30</b>		At Scene Date <b>12/21/2011</b>		At Scene Time <b>08:50</b>	
City or Town <b>Portland</b>			Street or Highway <b>CONGRESS ST</b>			Intersecting Street <b>POR, CONGRESS, HUTCHINS, 7A CONN</b>			<input type="checkbox"/> Off Road		
Direction FROM Nearest Intersection to Crash Site <input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude <b>43.650760</b>			Longitude <b>-70.336940</b>		
Node 1 <b>18490</b>		Node 2 <b>0</b>		Measurement Node		Distance to Scene Miles <input type="checkbox"/> Tenths <input type="checkbox"/>		Posted Speed Limit Miles <b>35</b> Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 <input type="checkbox"/> N/A <input type="checkbox"/> Not Posted 45	
(F1) Type of Crash <b>2 - Rear End / Sideswipe</b>						(F2) Type of Location <b>4 - Four Leg Intersection</b>					
(F3) Weather Condition <b>5 - Sleet, Hail (Freezing Rain or Drizzle)</b>						(F4) Light Condition <b>1 - Daylight</b>					
(F5) Road Grade <b>2 - On Grade</b>						(F6) Road Surface Condition <b>5 - Ice/Frost</b>					
(F7) Traffic Control Device <b>1 - Traffic Signals (Stop &amp; Go)</b>						Traffic Control Device Operational (pre-crash)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F8) Location of First Harmful Event <b>1 - On Roadway</b>						Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
(F9) Contributing Circumstances - Environment 1 <b>2 - Weather Conditions</b>						(F9) Contributing Circumstances - Environment 2					
(F10) Contributing Circumstances - Road 1 <b>2 - Road Surface Condition (Wet, Icy, Snow, Slush, etc.)</b>						(F10) Contributing Circumstances - Road 2					
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone					
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input checked="" type="checkbox"/> No					
NARRATIVE <b>UNITS ONE AND TWO WERE TRAVELLING EAST ON SKYWAY DRIVE. THE ROADWAY WAS VERY ICY. UNIT TWO STOPPED AT THE TRAFFIC LIGHT AT THE INTERSECTION OF SKYWAY AND CONGRESS STREET. UNIT ONE ATTEMPTED TO STOP, BUT SLID INTO THE REAR OF UNIT TWO. THE DRIVER OF UNIT ONE STATED THAT SHE WAS EXPERIENCING NECK PAIN. THE DRIVER OF UNIT TWO STATED THAT SHE WAS EXPERIENCING A HEADACHE. BOTH REFUSED A MEDCU EVALUATION OR TRANSPORT. THERE WAS NO OTHER PROPERTY DAMAGE.</b>						CRASH DIAGRAM 					
Witness Last Name		First		MI		Address		City		State Zip	
Witness Last Name		First		MI		Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Non Vehicle Property Damage Description						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private					
Property Owner Name						Address		City		State Zip	
Reporting Officer <b>Officer Anthony Ampezzan</b>				Badge# <b>177</b>		Report Date <b>12/21/2011</b>		Approved By <b>Administrator Erin e Clark</b>		Approved Date <b>12/21/2011</b>	

*ok*



Report Number  
**11-003589**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>1</b>	<input type="checkbox"/> Hit Run?	VIN <b>1NXBR32E85Z363117</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
<input type="checkbox"/> No Insurance		NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>	

(U2) Vehicle Make <b>67 - TOYOTA</b>	Vehicle Year <b>2005</b>	(U3) Vehicle Color <b>4 - Blue</b>
-----------------------------------------	-----------------------------	---------------------------------------

(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
----------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------	-----------------------------------------	----------------------------------------------------------------------------------------------------

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

(U6) Most Damaged Area <b>12 - Front</b>	(U7) Most Harmful Event <b>39 - Unknown</b>
---------------------------------------------	------------------------------------------------

(U8) Pre Crash Actions <b>10 - Slowing in traffic</b>	(U9) Contributing Circumstances - Vehicle <b>1 - None</b>
----------------------------------------------------------	--------------------------------------------------------------

(U10) Sequence of Events 1 <b>50 - No Other Events</b>	(U10) Sequence of Events 2
-----------------------------------------------------------	----------------------------

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

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions	<input type="checkbox"/> Last Known Operator <input type="checkbox"/> Suspended <b>ME</b> <b>C</b> <b>0</b> <b>0</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

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

(D1) Driver Distracted By <b>1 - Not Distracted</b>	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
--------------------------------------------------------	-----------------------------------------------------------------

(D3) Driver Actions at Time of Crash 1 <b>9 - Drove Too Fast For Conditions</b>	(D3) Driver Actions at Time of Crash 2 <b>1 - No Contributing Action</b>
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
---------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

Drug Test <input type="checkbox"/> Urine <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
---------------------------	--------------------------

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner											
SEAT ROW 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown	SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown	SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 2-Other Enclosed Cargo Area 3-Unenclosed Cargo Area 4-Trailing Unit 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown	AIRBAG DEPLOYED 1-Not Applicable 2-Not Deployed 3-Deployed - Front 4-Deployed - Side 5-Deployed - Other (knee, air belt,...) 6-Deployed - Combination 7-Deployment - Curtain	RESTRAINT SYSTEM 1-Not Applicable 2-None Used - Motor Vehicle Occupant 3-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Lap Belt Only Used 6-Restraint Used - Other 7-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Child Restraint - Used Incorrectly 10-Booster Seat 11-Child Restraint - Other	INJURY TYPE 1-Amputation 2-Bleeding 3-Broken Bones 4-Burns 5-Concussion 6-Shock 7-Dizziness 8-Abrasion/Bruises 9-Complaint of Pain 10-Other	INJURY AREA 1-Face 2-Head 3-Neck 4-Back 5-Arm(s) 6-Leg(s) 7-Chest Stomach 8-Internal 9-Entire Body 10-Other	INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation				

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
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<b>6</b>	<b>*</b>	<b>F</b>	<b>12/26/62</b>	<b>1</b>	<b>1</b>		<b>2</b>	<b>1</b>	<b>3</b>		<b>4</b>	<b>9</b>	<b>3</b>	<b>2</b>	<b>1</b>
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Report Number  
**11-003589**

# STATE OF MAINE CRASH REPORT

UNIT PAGE

Unit ID <b>2</b>	<input type="checkbox"/> Hit Run?	VIN <b>5NPET46C78H343389</b>	License Plate <b>*</b>	State <b>ME</b>	(U1) Unit Type <b>1 - Passenger Car</b>
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name <b>*</b>	Insurance Policy Number <b>*</b>
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(U2) Vehicle Make <b>27 - HYUNDAI</b>	Vehicle Year <b>2008</b>	(U3) Vehicle Color <b>2 - Beige</b>
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(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.
----------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HAZMAT Placarded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(U5) Special Function Vehicle <b>1 - No Special Function</b>	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------	-----------------------------------------	----------------------------------------------------------------------------------------------------

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

(U6) Most Damaged Area <b>5 - Rear Passenger Corner</b>	(U7) Most Harmful Event <b>39 - Unknown</b>
------------------------------------------------------------	------------------------------------------------

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

(U10) Sequence of Events 1 <b>47 - Unknown</b>	(U10) Sequence of Events 2
---------------------------------------------------	----------------------------

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

<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions <input type="checkbox"/> Last Known Operator	<input type="checkbox"/> Suspended <b>ME</b> <b>C</b>
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DRIVER Last Name <b>*</b>	First Name	MI	DRIVER Address <b>* ME*</b>	City	State	Zip
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Citation Number Pending <input type="checkbox"/>	Violation 1	Violation 2
--------------------------------------------------	-------------	-------------

OWNER Last Name (skip if same as Driver) First Name <b>*</b>	MI	OWNER Address <b>* ME*</b>	City	State	Zip
-----------------------------------------------------------------	----	-------------------------------	------	-------	-----

(D1) Driver Distracted By <b>1 - Not Distracted</b>	(D2) Condition at Time of Crash <b>1 - Apparently Normal</b>
--------------------------------------------------------	-----------------------------------------------------------------

(D3) Driver Actions at Time of Crash 1 <b>1 - No Contributing Action</b>	(D3) Driver Actions at Time of Crash 2
-----------------------------------------------------------------------------	----------------------------------------

Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)	<input type="checkbox"/> Alcohol Test Result Pending	Alcohol BAC Result
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Drug Test <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

(D4) Non Motorist Location at Time of Crash	(D5) Non Motorist Action Prior to Crash
---------------------------------------------	-----------------------------------------

(D6) Non Motorist Action at Time of Crash 1	(D6) Non Motorist Action at Time of Crash 2
---------------------------------------------	---------------------------------------------

(D7) Pedestrian Maneuvers	(D8) Bicyclist Maneuvers
---------------------------	--------------------------

PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner

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

AMB CODES - see code sheet

Person Type	Last Name, First Name, MI	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System	Helmet Use	Injury Degree	Injury Type	Injury Area	Inj Info Source	Amb Code
<b>6</b>	<b>*</b>	<b>F</b>	<b>07/27/61</b>	<b>1</b>	<b>1</b>		<b>2</b>	<b>1</b>	<b>3</b>		<b>4</b>	<b>9</b>	<b>2</b>	<b>2</b>	<b>1</b>



JN:  
 Project Description:  
 Project Location:  
 Date:

Gorrill-Palmer Consulting Engineers, Inc.  
 P.O. Box 1237  
 15 Shaker Road  
 Gray, Maine 04039

Convenience Market with Gasoline Pumps  
 Land Use Code (LUC) 853

14

Vehicle Fueling Positions:

Time Period	ITE Trip Rate (Average Rate)	# of Sources	Trip Ends	Directional Split * IN OUT	Directional Distribution IN OUT	R <sup>2</sup>
Weekday	T = 542.60 (X)	10	7596	50% 50%	3798 3798	N/A
AM Peak Hour of Adjacent Street Traffic	T = 16.57 (X)	28	232	50% 50%	116 116	N/A
PM Peak Hour of Adjacent Street Traffic	T = 19.07 (X)	54	267	50% 50%	133 133	N/A
AM Peak Hour of Generator	T = 17.03 (X)	26	238	50% 50%	119 119	N/A
PM Peak Hour of Generator	T = 19.98 (X)	46	280	50% 50%	140 140	N/A
Saturday	T = 204.47 (X)	3	2863	50% 50%	1432 1431	N/A
Sat Peak Hr Gen	T = 10.00 (X)	2	140	50% 50%	70 70	N/A
Sunday	T = 166.88 (X)	3	2336	50% 50%	1168 1168	N/A

\* Percentages rounded to nearest 5%

Gross Floor Area (ft<sup>2</sup>): 3,850

Time Period	ITE Trip Rate (Average Rate)	# of Sources	Trip Ends	Directional Split * IN OUT	Directional Distribution IN OUT	R <sup>2</sup>
Weekday	T = 845.60 (X)	10	3256	50% 50%	1628 1628	N/A
AM Peak Hour of Adjacent Street Traffic	T = 43.90 (X)	29	169	50% 50%	85 84	N/A
PM Peak Hour of Adjacent Street Traffic	T = 59.69 (X)	55	230	50% 50%	115 115	N/A
AM Peak Hour of Generator	T = 45.23 (X)	26	174	50% 50%	87 87	N/A
PM Peak Hour of Generator	T = 62.57 (X)	46	241	50% 50%	121 120	N/A
Saturday	T = 1448.33 (X)	3	5576	50% 50%	2788 2788	N/A
Sat Peak Hr Gen	T = 45.94 (X)	3	177	50% 50%	89 88	N/A
Sunday	T = 1182.08 (X)	3	4551	50% 50%	2276 2275	N/A

\* Percentages rounded to nearest 5%

Average

Time Period	ITE Trip Rate (Average Rate)	# of Sources	Trip Ends	Directional Split * IN OUT	Directional Distribution IN OUT	R <sup>2</sup>
Weekday	N/A	N/A	5426	50% 50%	2713 2713	N/A
AM Peak Hour of Adjacent Street Traffic	N/A	N/A	201	50% 50%	100 101	N/A
PM Peak Hour of Adjacent Street Traffic	N/A	N/A	249	50% 50%	124 125	N/A
AM Peak Hour of Generator	N/A	N/A	206	50% 50%	103 103	N/A
PM Peak Hour of Generator	N/A	N/A	261	50% 50%	130 131	N/A
Saturday	N/A	N/A	4220	50% 50%	2110 2110	N/A
Sat Peak Hr Gen	N/A	N/A	159	50% 50%	79 80	N/A
Sunday	N/A	N/A	3444	50% 50%	1722 1722	N/A

\* Percentages rounded to nearest 5%

JN: 2672  
 Project Description: CJ Developers  
 Project Location: Portland  
 Date: 7/10/2012

Gorrill-Palmer Consulting Engineers, Inc.  
 P.O. Box 1237  
 15 Shaker Road  
 Gray, Maine 04039

**Drive-in Bank  
 Land Use Code (LUC) 912**

Gross Floor Area (ft<sup>2</sup>): 0

Time Period	ITE Trip Rate	Trip Ends	Directional Split *		Directional Distribution		R^2
			IN	OUT	IN	OUT	
Weekday	T = 148.15 (X)	0	50%	50%	0	0	0.59
AM Peak Adjacent Street	T = 12.35 (X)	0	55%	45%	0	0	---
PM Peak Adjacent Street	T = 25.82 (X)	0	50%	50%	0	0	---
AM Peak Hour of Generator	T = 17.31 (X)	0	50%	50%	0	0	0.51
PM Peak Hour of Generator	T = 26.69 (X)	0	50%	50%	0	0	---
Saturday	T = 86.32 (X)	0	50%	50%	0	0	0.52
Saturday Peak Hour of Gen.	T = 26.53 (X)	0	50%	50%	0	0	---

\* Percentages rounded to nearest 5%

Number of Drive-in Lanes: 1

Time Period	ITE Trip Rate	Trip Ends	Directional Split *		Directional Distribution		R^2
			IN	OUT	IN	OUT	
Weekday	T = 139.258 (X)	139	50%	50%	70	69	0.52
AM Peak Adjacent Street	T = 9.44(X)	9	60%	40%	5	4	---
PM Peak Adjacent Street	T = 27.41 (X)	27	50%	50%	14	13	---
AM Peak Hour of Generator	T = 21.64 (X)	22	50%	50%	11	11	---
PM Peak Hour of Generator	T = 29.05 (X)	29	50%	50%	15	14	0.55
Saturday	Not Given	0	50%	50%	0	0	---
Saturday Peak Hour of Gen.	T = 29.88 (X)	30	50%	50%	15	15	---

\* Percentages rounded to nearest 5%

**AVERAGE**

Time Period	Trip Ends	Directional Split *		Directional Distribution	
		IN	OUT	IN	OUT
Weekday	70	50%	50%	35	35
AM Peak Adjacent Street	5	58%	42%	3	2
PM Peak Adjacent Street	14	50%	50%	7	7
AM Peak Hour of Generator	11	50%	50%	6	5
PM Peak Hour of Generator	15	50%	50%	7	8
Saturday Peak Hour of Gen.	15	50%	50%	8	7

**Standard:**

- 04 The need for a traffic control signal shall be considered if an engineering study finds that one of the following conditions exist for each of any 8 hours of an average day:
- A. The vehicles per hour given in both of the 100 percent columns of Condition A in Table 4C-1 exist on the major-street and the higher-volume minor-street approaches, respectively, to the intersection; or
  - B. The vehicles per hour given in both of the 100 percent columns of Condition B in Table 4C-1 exist on the major-street and the higher-volume minor-street approaches, respectively, to the intersection.

In applying each condition the major-street and minor-street volumes shall be for the same 8 hours. On the minor street, the higher volume shall not be required to be on the same approach during each of these 8 hours.

**Option:**

- 05 If the posted or statutory speed limit or the 85th-percentile speed on the major street exceeds 40 mph, or if the intersection lies within the built-up area of an isolated community having a population of less than 10,000, the traffic volumes in the 70 percent columns in Table 4C-1 may be used in place of the 100 percent columns.

**Guidance:**

- 06 The combination of Conditions A and B is intended for application at locations where Condition A is not satisfied and Condition B is not satisfied and should be applied only after an adequate trial of other alternatives that could cause less delay and inconvenience to traffic has failed to solve the traffic problems.

**Standard:**

- 07 The need for a traffic control signal shall be considered if an engineering study finds that both of the following conditions exist for each of any 8 hours of an average day:
- A. The vehicles per hour given in both of the 80 percent columns of Condition A in Table 4C-1 exist on the major-street and the higher-volume minor-street approaches, respectively, to the intersection; and
  - B. The vehicles per hour given in both of the 80 percent columns of Condition B in Table 4C-1 exist on the major-street and the higher-volume minor-street approaches, respectively, to the intersection.

These major-street and minor-street volumes shall be for the same 8 hours for each condition; however, the 8 hours satisfied in Condition A shall not be required to be the same 8 hours satisfied in Condition B. On the minor street, the higher volume shall not be required to be on the same approach during each of the 8 hours.

**Table 4C-1. Warrant 1, Eight-Hour Vehicular Volume**

**Condition A—Minimum Vehicular Volume**

Number of lanes for moving traffic on each approach		Vehicles per hour on major street (total of both approaches)				Vehicles per hour on higher-volume minor-street approach (one direction only)			
Major Street	Minor Street	100% <sup>a</sup>	80% <sup>b</sup>	70% <sup>c</sup>	56% <sup>d</sup>	100% <sup>a</sup>	80% <sup>b</sup>	70% <sup>c</sup>	56% <sup>d</sup>
1	1	500	400	350	280	150	120	105	84
2 or more	1	600	480	420	336	150	120	105	84
2 or more	2 or more	600	480	420	336	200	160	140	112
1	2 or more	500	400	350	280	200	160	140	112

**Condition B—Interruption of Continuous Traffic**

Number of lanes for moving traffic on each approach		Vehicles per hour on major street (total of both approaches)				Vehicles per hour on higher-volume minor-street approach (one direction only)			
Major Street	Minor Street	100% <sup>a</sup>	80% <sup>b</sup>	70% <sup>c</sup>	56% <sup>d</sup>	100% <sup>a</sup>	80% <sup>b</sup>	70% <sup>c</sup>	56% <sup>d</sup>
1	1	750	600	525	420	75	60	53	42
2 or more	1	900	720	630	504	75	60	53	42
2 or more	2 or more	900	720	630	504	100	80	70	56
1	2 or more	750	600	525	420	100	80	70	56

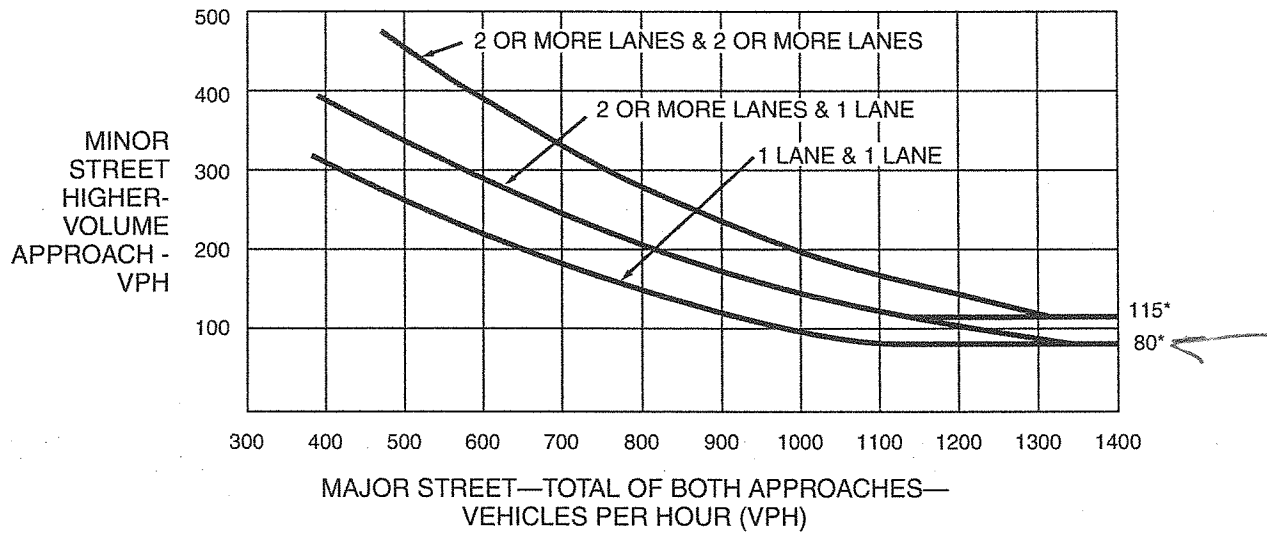
<sup>a</sup> Basic minimum hourly volume

<sup>b</sup> Used for combination of Conditions A and B after adequate trial of other remedial measures

<sup>c</sup> May be used when the major-street speed exceeds 40 mph or in an isolated community with a population of less than 10,000

<sup>d</sup> May be used for combination of Conditions A and B after adequate trial of other remedial measures when the major-street speed exceeds 40 mph or in an isolated community with a population of less than 10,000

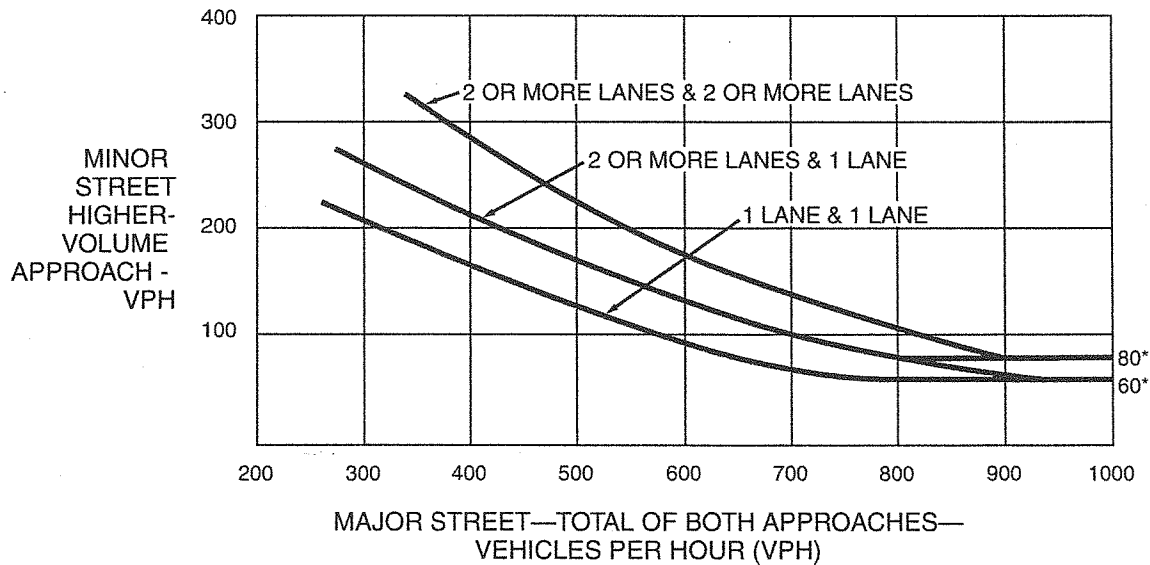
**Figure 4C-1. Warrant 2, Four-Hour Vehicular Volume**



\*Note: 115 vph applies as the lower threshold volume for a minor-street approach with two or more lanes and 80 vph applies as the lower threshold volume for a minor-street approach with one lane.

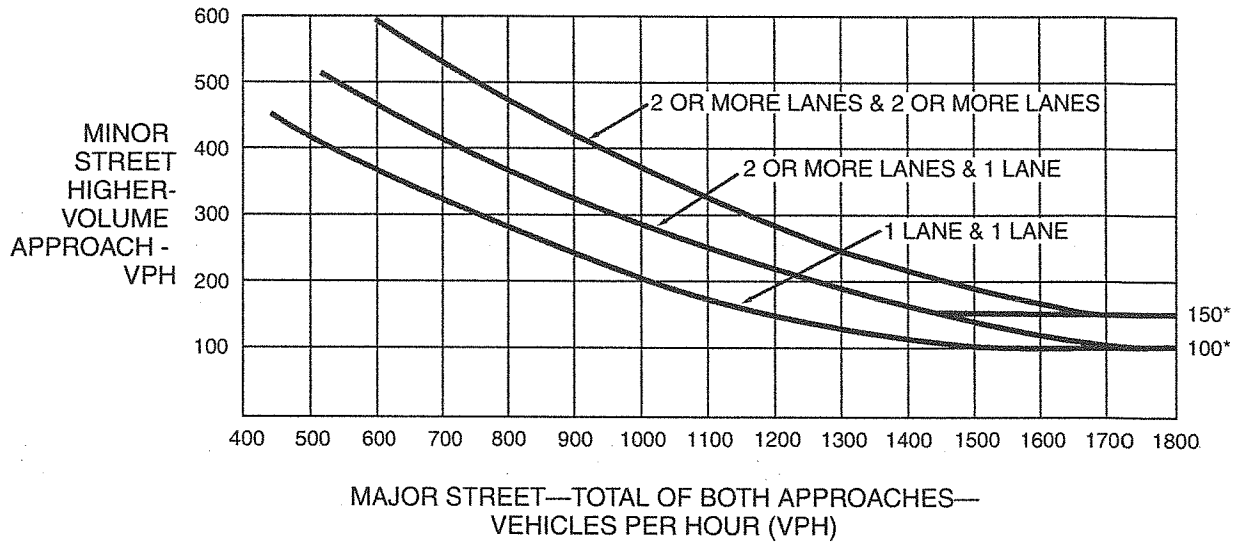
**Figure 4C-2. Warrant 2, Four-Hour Vehicular Volume (70% Factor)**

(COMMUNITY LESS THAN 10,000 POPULATION OR ABOVE 40 MPH ON MAJOR STREET)



\*Note: 80 vph applies as the lower threshold volume for a minor-street approach with two or more lanes and 60 vph applies as the lower threshold volume for a minor-street approach with one lane.

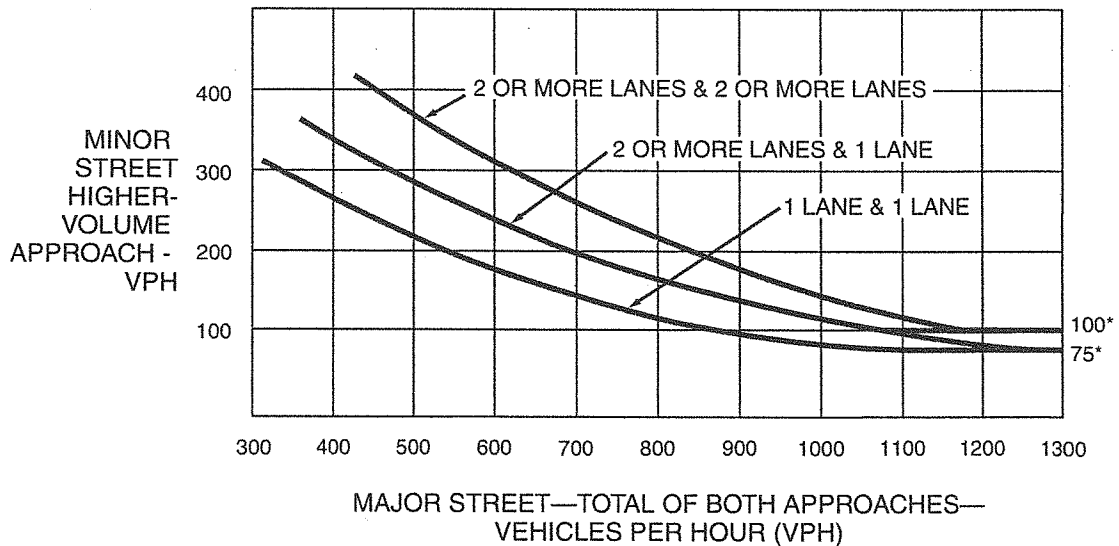
**Figure 4C-3. Warrant 3, Peak Hour**



\*Note: 150 vph applies as the lower threshold volume for a minor-street approach with two or more lanes and 100 vph applies as the lower threshold volume for a minor-street approach with one lane.

**Figure 4C-4. Warrant 3, Peak Hour (70% Factor)**

(COMMUNITY LESS THAN 10,000 POPULATION OR ABOVE 40 MPH ON MAJOR STREET)



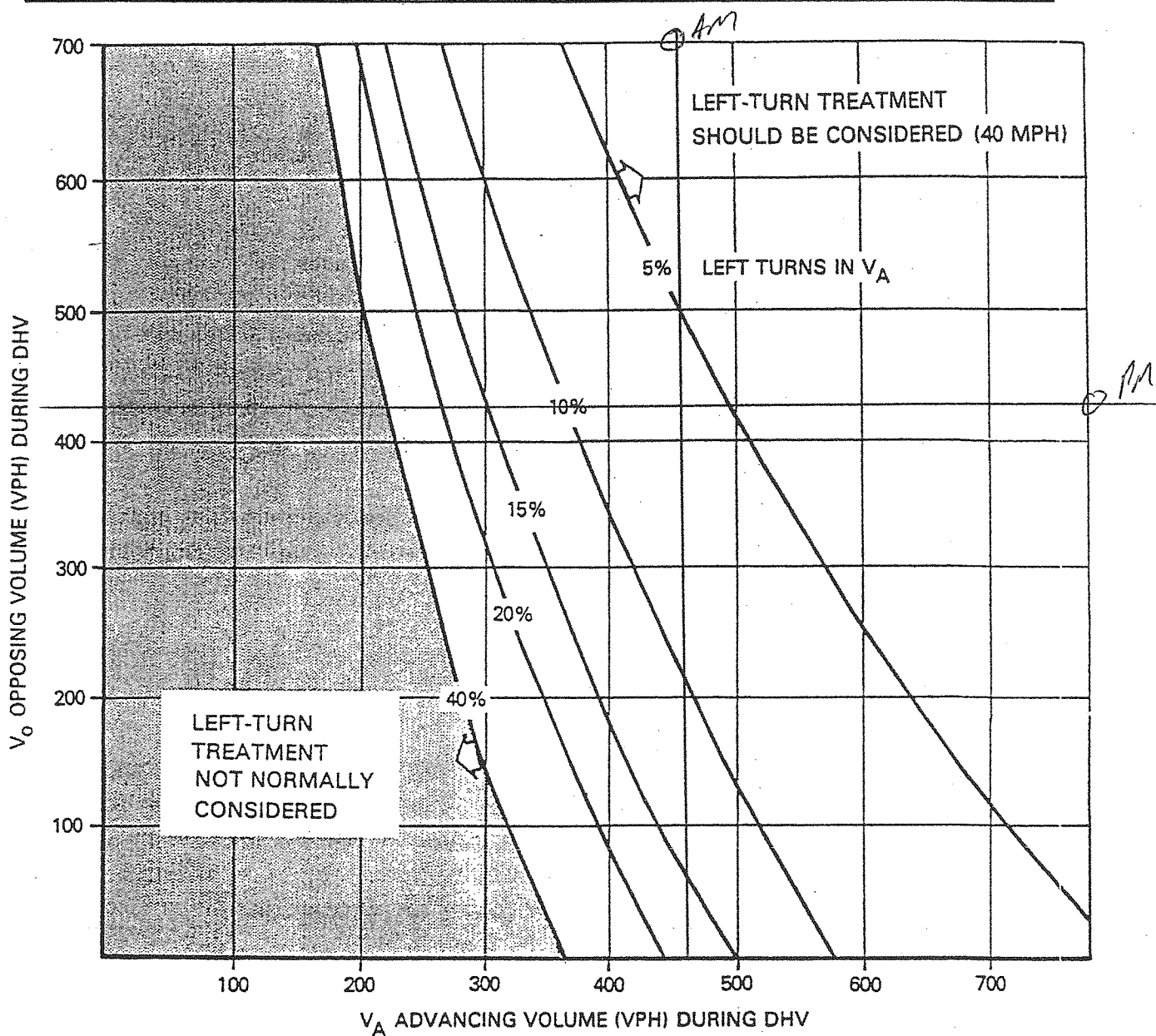
\*Note: 100 vph applies as the lower threshold volume for a minor-street approach with two or more lanes and 75 vph applies as the lower threshold volume for a minor-street approach with one lane.





December 2004

## AUXILIARY TURNING LANES

**Instructions:**

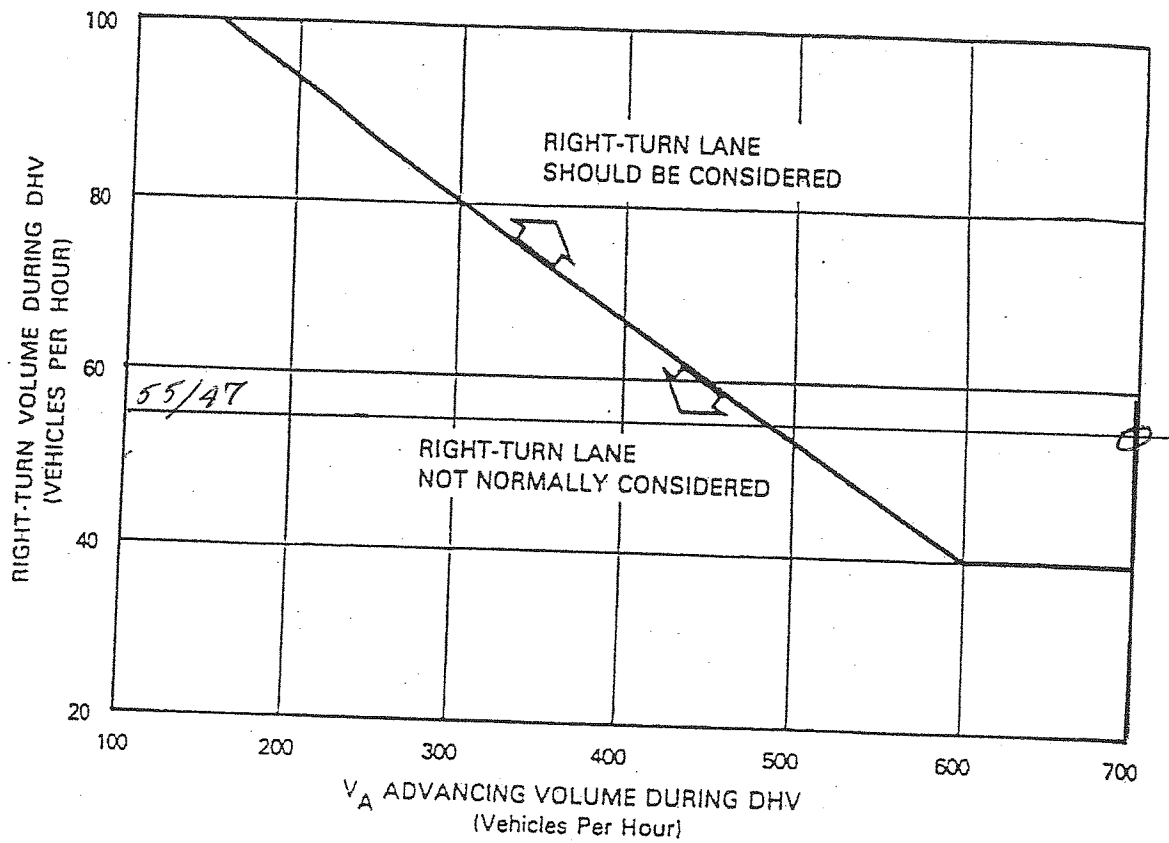
1. The family of curves represent the percent of left turns in the advancing volume ( $V_A$ ). The designer should locate the curve for the actual percentage of left turns. When this is not an even increment of 5, the designer should estimate where the curve lies.
4. Read  $V_A$  and  $V_O$  into the chart and locate the intersection of the two volumes.
5. Note the location of the point in #2 relative to the line in #1. If the point is to the right of the line, then a left-turn lane is warranted. If the point is to the left of the line, then a left-turn lane is not warranted based on traffic volumes.

**VOLUME WARRANTS FOR LEFT-TURN LANES  
AT UNSIGNALIZED INTERSECTIONS ON 2-LANE HIGHWAYS  
(40 mph)**

Figure 8-19

December 2004

## AUXILIARY TURNING LANES



*Note:* For highways with a design speed below 50 mph and  $DHV < 300$  and Right Turns  $> 40$ , an adjustment should be used. To read the vertical axis of the chart, subtract 20 from the actual number of right turns.

Example

Given: Design Speed = 40 mph  
 $V_A = 250$  vph  
 Right Turns = 100 vph

Problem: Determine if a right-turn lane should be considered.

Solution: To read the vertical axis, use  $100 - 20 = 80$  vph. The figure indicates that a right-turn lane should not normally be considered, unless other factors (e.g., high accident rate) indicate a lane is needed.

GUIDELINES FOR RIGHT-TURN LANES  
 AT UNSIGNALIZED INTERSECTIONS ON 2-LANE HIGHWAYS

Figure 8-16