STATE OF MAINE CRASH REPORT

(

2011-8708C	STAT								FIRS	
Reporting Agency	Report Numb 11-1598	ber		sh Date 3/2011	Cras 15:5	h Time 7	At Scene E 6/3/201		At Scen 16:05	e Time
City or Town		et or Highway GH ST			Ne	arest Intersecti	ng Street			Off Ro
Direction FROM Neares	st Intersection to Crash Site		ance Fror	n Nearest Inter	Lar	itude		Longitude	Э	
 lode 1 .8533	Node 2 18534	Measurement	Node	Distance to Se	cene F	Posted Speed L	<u> </u>	Jnknown		Posted
F1) Type of Crash	10554			MOes Tal (F2) Type of I	-	Miles Per H	our	N/A		Posted
- Pedestrians				1 - Straight	Road					
F3) Weather Condition				(F4) Light Co 1 - Daylight						
F5) Road Grade				(F6) Road Su		Condition				
- On Grade				1 - Dry			,	-		
 Traffic Control Devi None 	ICE			Traffic Contro	ol Devid	e Operational	(pre-crash) Yes	? No	Un	k
F8) Location of First Ha	armful Event			Total Damage	e over	Threshold?	Yes			
F9) Contributing Circun	nstances - Environment 1			(F9) Contribu	ting Ci	cumstances -				
F10) Contributing Circu	imstances - Road 1			(F10) Contrib	uting C	ircumstances	-Road 2			
n or Near a Constructio	on, Maintenance, or Utility V	Vork Zone?	Unk	Work Zone W	/orkers	Present?	Yes	No	Un	k
F11) Location of the Cr	rash related to Work Zone			(F12) Type of	f Work	Zone	<u> </u>			
	ant at Wark Zana?			School Bus R			es, Indirectly	/ Involved		No
valking out of the ea back into traffic afte hecked my mirrors bout 3 feet before i	nt Law Enforcement gally, starting to back u astland. unit 1 said "i ha er dropping off my wife. and started backing up i realized i hit someone ne curb and bang i was	up. unit 2 was ad to back up i looked beh . i only backe behind me."	o to pull ind me, ed up unit 2	CRASH DIAC	,					
Officer Prese ARRATIVE nit 1 was parked le valking out of the ex ack into traffic afte hecked my mirrors bout 3 feet before i aid "i stepped off th	nt Law Enforcement gally, starting to back u astland. unit 1 said "i ha er dropping off my wife. and started backing up i realized i hit someone ne curb and bang i was	up. unit 2 was ad to back up i looked beh . i only backe behind me."	s to pull ind me, ed up unit 2		GRAM	deering at (N) Night D SCALE	н 	157 high et eastland park hol	čel	
Officer Prese	nt Law Enforcement gally, starting to back u astland. unit 1 said "i ha er dropping off my wife. and started backing up i realized i hit someone ne curb and bang i was	up. unit 2 was ad to back up i looked beh . i only backe behind me."	s to pull ind me, ed up unit 2	CRASH DIAC	GRAM	deering st N D SCALE City		eastland park hol	ate	
Officer Prese IARRATIVE nit 1 was parked le valking out of the ei ack into traffic afte hecked my mirrors bout 3 feet before i aid "i stepped off th ransported unit 2, c //itness Last Name //itness Last	nt Law Enforcement gally, starting to back us astland. unit 1 said "i ha er dropping off my wife. and started backing up realized i hit someone be curb and bang i was complaint of pain. First	up. unit 2 was ad to back up i looked beh . i only backe behind me."	s o to pull ind me, ed up unit 2 medcu	CRASH DIAC	GRAM	deering st N N Ngh1 City City		eastland park hol	ate	Z
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Officer Prese ARRATIVE nit 1 was parked le valking out of the ex ack into traffic afte hecked my mirrors bout 3 feet before i aid "i stepped off th ransported unit 2, c //itness Last Name //itness Last Name on Vehicle Property D roperty Owner Name	nt Law Enforcement gally, starting to back u astland. unit 1 said "i ha r dropping off my wife. and started backing up r realized i hit someone the curb and bang i was complaint of pain. First First amage Description	up. unit 2 was ad to back up i looked beh . i only backe behind me."	s o to pull ind me, ed up unit 2 medcu	CRASH DIAC	GRAM	deering st (N) SCALE City City City City		Sta	ate ate Jtilities ate	Z Priv Z
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Officer Prese JARRATIVE Init 1 was parked le valking out of the ex back into traffic afte thecked my mirrors bout 3 feet before i raid "i stepped off th	nt Law Enforcement gally, starting to back u astland. unit 1 said "i ha r dropping off my wife. and started backing up realized i hit someone the curb and bang i was complaint of pain. First First amage Description	up. unit 2 was ad to back up i looked beh b. i only backe behind me." hit by a car."	s o to pull ind me, ed up unit 2 medcu	CRASH DIAC CRASH DIAC Address Address Address te A	GRAM	deering at	City or To	Sta	ate ate Itilities ate Itilities	

11-1598 Unit ID VIN		VIN	License F					NE CRASH REPORT UNIT e Plate State (U1) Unit Type									AG	
1	′ <u></u> ⊦	lit Run?		5551500	-	*	e rial	le	MA		asseng		r					
No	Insuran	ce NAIC		Insurance *	e Company N	lame				lı *	nsuran ¢	ce Poli	cy Nur	nber				
· /	ehicle N	ake						ehicle Y	'ear	``	3) Vehi		or					
26 - HONDA (U4)Vehicle Configuration							001 VWR o	r GCW		- Whi	te							
(01)10		Jingaration					[,000 lb		1	0,001	- 26,00	00 lbs.		> than	,	0 lbs.
Vehicle	e Has 9	or More Se	ats ? Yes \R		MAT Placard	led ? Yes No	Ve	ehicle T	ravel [bound		n [Westbo		nbound N			Southbo		nown
		unction Vel	nicle	0		Exempt Vehi	cle Er	nergen								ay _		110 101
	-	al Functio	n												Y€	es [No	
Extent	of Dam	age ✓I	lo Damage	Observed	Mir	nor Damage		F	unctio	nal Dar	mage		To	wed D	ue to D	isabling	g Dam	age
		naged Area					(U	7) Mos	t Harm	nful Eve	ent							
	lon-Co re Crasi	Actions					(U	9) Con	tributin	g Circu	umstan	ces - V	ehicle					
	Backing							- None	-									
(U10) \$	Sequen	ce of Event	s 1				(U	10) Se	quence	e of Eve	ents 2							
(U10) \$	Sequen	ce of Event	s 3				(U	10) Se	quence	e of Eve	ents 4							
✓D	river	Bicycle 🗌	Pedestria	an 🗌 Lic	ense Numbe	r 🖌 Active		o Li <u>ce</u> n					nse Cl	ass E	ndorse	ements	Resti	ictior
	Last	Known Ope	erator	First N	lame			RIVER	Suspen		MA	C	Cit			Stat		Zip
*	IN Last	Vallie		111311	ame	I		MA*	Addres	55			OIL	у		Ola	10 2	-ip
Citatio	n Numb	er Pendi	ng				Vie	olation	1				Viol	ation 2				
OWNER Last Name (skip if same as Driver) First Name MI						-	OWNER Address City State Zip * MA*											
(D1) D	river Dis	tracted By						PIA 2) Con	dition a	at Time	of Cra	sh						
. ,		-						1 - Apparently Normal (D3) Driver Actions at Time of Crash 2										
(-)		tions at Tim er Backing	e of Crash	1			(D	3) Driv	er Actio	ons at	Time of	f Crash	12					
Alcoho	ol Test	T	est Not Give		est Refused	Bloc		Alcoho	ol Test	Result	Pendi	ng	Alcoho	I BAC	Result			
Drug T	reath Test		est Not Give		cal Test (Not F est Refused	ield Sobriety or F	PBT)	rug Tes				_						
		Urine	Ot	her								sitive		legativ	e [Pend	aing	
(D4) N	ion Moto	rist Locatio	n at Time o	f Crash			(D	5) Non	Wotor	ist Actio	on Prio	r to Cra	ash					
(D6) N	on Moto	rist Action	at Time of C	Crash 1			(D	6) Non	Motor	ist Actio	on at T	ime of	Crash	2				
(D7) P	edestria	n Maneuve	rs				(D	8) Bicy	clist M	aneuve	ers							
r					estrian, 6-Drive			Desea							K	0		
SEAT F			N SEAT POS	SITION OTHE	R AIRBAG	DEPLOYED F	, ,	INT SYS	0	1101, 24-1	INJU	RY TYPE		NJURY A		INJURY		
	nd Row		2-Other Er	nclosed Cargo	b (truck)1-Not Ap Area 2-Not De	ployed 2	-Not Ap -None U	Jsed - Mo	otor Vehic	le Occup	ant 2-Ble	putation eding	2	-Face -Head		1-Fatal 2-Incapa		
3-Third 4-Fourt	h Row 4	-Right -Other	4-Trailing		4-Deploy	ed - Side 4	-Should	er and La er Belt Or	nly Used		4-Bur	ken Bone ns ncussion	4	-Neck -Back -Arm(s)		3-NonIn 4-Possit 5-No Inj	ole Injury	
5-Other 6-Unkn		i-Unknown	(non-trailin		(knee, ai 6-Deploy	belt,) 6	-Restrai	It Only Us int Used -	Other	Fasing	6-Sho		6	-Leg(s) -Chest S	tomach	INJURY		
EJECTI 1-Not E		HELMET			Combina		-Child R	Restraint - Restraint -	Rear Fa	cing	8-Abr	asion/Bri	uises 8	-Internal -Entire B		1-Office 2-Individ	Observ	ation
2-Ejecte	ed Partially ed Totally	2-Other 3-No He		cycle Helmet		1	0-Boost			concerty	10-01			0-Other	July	3-Medic Observa	al, Parai	
-										_		_			AMB	CODES -	see cod	e shee
Type		ver, Passenge , First Name,	rs, Bicyclist, an	d Pedestrians	Sex (M,F,U)	DOB	Seat Pos Row	Seat Pos	Seat Pos Other	Air Bag Deployed	Ejected	Restraint System		Injury Degree	Injury Type		Inj Info Source	Amb Code
	*	, rnarndille,			м	09/27/53	1 Row	1			1	3		5			2	
						55,27,35	-	-			-						-	
1																		
					1			1	1	1	1	1		1	1	1		

11-1598	STATE		NE CR				1			U	NIT P	PAG
Unit ID 2 Hit Run? VIN	License Plate State (U1) Unit Type * ME 22 - Pedestrian											
No Insurance NAIC	Insurance Company	Name		I	lns *	surance	Policy N	lumber				
(U2) Vehicle Make	T		Vehicle	Year	(U3)	Vehicle	Color					
(U4)Vehicle Configuration			GVWR	or GCWI	R							
Vehicle Has 9 or More Seats ?),000 lb:				,000 lbs.			1 26,00	0 lbs.
Yenicle Has 9 or More Seats ?	HAZMAT Placar	Yes No		tbound	VW	/estbour		Not on		Southbo /ay [nown
(U5) Special Function Vehicle		Exempt Vehicl	e Emerge	ncy Veh	icle Res	sponding	to Scer	ne?	ΠY	es	No	
Extent of Damage No Dama	ge Observed	linor Damage		Functior	nal Dam	age		Fowed D	Due to D	Disablin	g Dam	age
(U6) Most Damaged Area			(U7) Mo	st Harm	ful Even	nt						
(U8) Pre Crash Actions			(U9) Co	ntributing	g Circun	nstances	s - Vehio	le				
			1 - Nor	-		- 1 - 0						
(U10) Sequence of Events 1			(U10) Se									
(U10) Sequence of Events 3			(U10) Se	equence	e of Ever	nts 4						
Driver Bicycle Pedes	strian 🗸 License Numb	er Active		nse P Suspend		tate l	icense	Class [Endorse	ements	Rest	riction
PEDESTRIAN Last Name	First Name	M	II PEDES				(City		Sta	ite Z	Zip
* Citation Number Pending			* ME* Violatior	1			V	iolation 2	2			
OWNER Last Name (skip if same a	as Driver) First Name	MI	OWNER	Addree	s			itv		Sta	te 7	/ip
	OWNER Address City State Zip (D2) Condition at Time of Crash											
(D1) Driver Distracted By			(D2) Co	ndition a	it lime c	of Crash						
(D3) Driver Actions at Time of Cras	sh 1		(D3) Dri	/er Actic	ons at Ti	ime of C	rash 2					
Alcohol Test Test Not G	Given Test Refused Other Chemical Test (Not			ol Test	Result F	Pending	Alco	hol BAC	Result	t		
Drug Test Test Not G	Given Test Refused			st Resul	lt r	Positiv	/e	Negati	ve	Pen	dina	
DYPERIMENTAL (D4) Non Motorist Location at Time	Other e of Crash		(D5) No	n Motori	st Actior	n Prior to						
5 - Travel Lane – Other Locati (D6) Non Motorist Action at Time of			1 - Cro			n at Time	of Cra	sh 2				
13 - Other								511 2				
(D7) Pedestrian Maneuvers 4 - Crossing No Signal or Cros	swalk		(D8) Bic	yclist Ma	aneuvers	S						
PERSON TYPE 1-Driver, 2-Pass				0	ner, 24-La	ast Knowr INJURY ⁻	•	or 25-Last			or/Owne	
1-Front Row 1-Left (driver) 1-Sleep	per Section of Cab (truck)1-Not A r Enclosed Cargo Area 2-Not D	Applicable 1-N	STRAINT SYS Not Applicable None Used - M		le Occupar	1-Amputa	ation	1-Face 2-Head		1-Fatal		
3-Third Row 3-Right 3- Uner 4-Fourth Row 4-Other 4-Traili	Shoulder and L Shoulder Belt (ap Belt Us Inly Used	ed .	3-Broken 4-Burns	Bones	3-Neck 4-Back		4-Poss	ncapacita			
5-Other Row 5-Unknown 5-Ridin 6-Unknown (non-tra 6- Unknown		air belt,) 6-F	ap Belt Only L Restraint Used Child Restraint	- Other	Facing	5-Concus 6-Shock 7-Dizzine		5-Arm(s) 6-Leg(s) 7-Chest		5-No In	i INFO S	OURC
EJECTED HELMET USE 1-Not Ejected 1-DOT-Compliant Mr	Combin	nation 8-0	Child Restraint	- Rear Fac	cing	9-Compla	on/Bruises aint of Pair	8-Interna 9-Entire	al Body	1-Office 2-Indivi	er Observ dual Stat	ation tement
2-Ejected Partially 3-Ejected Totally 3-No Helmet			Booster Seat Child Restrai	nt - Other		10-Other		10-Other	r	3-Medi Observ	cal, Para ation	medical
Person Include Driver, Passengers, Bicyclist,	and Pedestrians Sex		Seat Seat	Seat	Air Bag	Res	traint Helr	net Injury		CODES Injury	- see coo Inj Info	de shee Amb
Type Last Name, First Name, Mi	(M,F,U	J) DOB	Pos Pos Row	Pos C Other	Deployed E	=jected Sys	stem Us			Area	Source	
3 *	м	07/23/64						4	9	6	2	