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Reporting Agency ME0030500		Report Number 13-3278		Crash Date 11/18/2013		Crash Time 08:34		At Scene Date 11/18/2013		At Scene Time 08:36													
City or Town Portland			Street or Highway HIGH ST			0508955 PORTLAND, HIGH ST, CUMBERLAND AVE.			<input type="checkbox"/> Off Road														
Direction FROM Nearest Intersection to Crash Site <input checked="" type="checkbox"/> At Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude 43.655600			Longitude -70.265530														
Node 1 18535		Node 2 0		Measurement Node		Distance to Scene 0 :s 0 : Tenths		Posted Speed Limit Miles 30 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 5 - Pedestrians						(F2) Type of Location 4 - Four Leg Intersection																	
(F3) Weather Condition 4 - Rain						(F4) Light Condition 1 - Daylight																	
(F5) Road Grade 2 - On Grade						(F6) Road Surface Condition 2 - Wet																	
(F7) Traffic Control Device 1 - Traffic Signals (Stop & Go)						Traffic Control Device Operational (pre-crash)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																	
(F8) Location of First Harmful Event 1 - On Roadway						Total Damage over Threshold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
(F9) Contributing Circumstances - Environment 1 1 - None						(F9) Contributing Circumstances - Environment 2																	
(F10) Contributing Circumstances - Road 1 1 - None						(F10) Contributing Circumstances -Road 2 1 - None																	
In or Near a Construction, Maintenance, or Utility Work Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						Work Zone Workers Present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																	
(F11) Location of the Crash related to Work Zone						(F12) Type of Work Zone																	
Law Enforcement Present at Work Zone? <input type="checkbox"/> Officer Present <input type="checkbox"/> Law Enforcement Vehicle Only <input type="checkbox"/> No						School Bus Related? <input type="checkbox"/> Yes, Directly Involved <input type="checkbox"/> Yes, Indirectly Involved <input checked="" type="checkbox"/> No																	
<p>NARRATIVE</p> <p>BOTH THE DRIVER OF V1 AND THE INVOLVED PEDESTRIAN ADVISED THAT THEY WERE TRAVELING EAST ON CUMBERLAND AVENUE, APPROACHING THE INTERSECTION OF CUMBERLAND AVENUE AND HIGH STREET. THE PEDESTRIAN TOLD ME THAT HE SAW A GREEN LIGHT FOR TRAFFIC TRAVELING EAST ON CUMBERLAND AVENUE AND TURNING LEFT, ONTO HIGH STREET.</p> <p>THE PEDESTRIAN STATED "I STUPIDLY WALKED ACROSS THE ROAD", AFTER COMMENTING ON THE GREEN LIGHT.</p> <p>V1 WAS MAKING A LEFT TURN ONTO HIGH STREET AS THE PEDESTRIAN WAS CROSSING HIGH STREET, INSIDE OF THE CROSSWALK, FROM WEST TO EAST. THE DRIVER OF V1 STATED THAT SHE DID NOT SEE THE PEDESTRIAN CROSSING AS SHE TURNED AND NOTICED HIM WHEN HE WAS DIRECTLY IN FRONT OF HER VEHICLE. THE DRIVER STATED THAT THERE WAS NO TIME TO STOP AND AVOID STRIKING THE PEDESTRIAN.</p> <p>THE PEDESTRIAN WAS STRUCK NEAR THE CENTER OF HIGH STREET, INSIDE OF THE CROSS WALK. THE PEDESTRIAN INFORMED OFFICERS THAT HE WAS EXPERIENCING PAIN IN...</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 Officer Matthew Morrison				Badge# 185		Report Date 11/18/2013		Approved By Administrator Erin e Clark				Approved Date 11/18/2013											

Report Number
13-3278

STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID 1	<input type="checkbox"/> Hit Run?	VIN 1B4HS28Z9YF174344	License Plate *	State ME	(U1) Unit Type 2 - (Sport) Utility Vehicle
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *	Insurance Policy Number *
(U2) Vehicle Make 15 - DODGE	Vehicle Year 2000	(U3) Vehicle Color 1 - Black	
(U4) Vehicle Configuration		GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.	
Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle Travel Direction <input checked="" type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle 1 - No Special Function	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

D

Extent of Damage <input checked="" type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage			
(U6) Most Damaged Area	(U7) Most Harmful Event 13 - Motor Vehicle in Transport		
(U8) Pre Crash Actions 6 - Making left turn	(U9) Contributing Circumstances - Vehicle 1 - None		
(U10) Sequence of Events 1 21 - Motor Vehicle In Transport	(U10) Sequence of Events 2 17 - Pedestrian		
(U10) Sequence of Events 3 50 - No Other Events	(U10) Sequence of Events 4 50 - No Other Events		

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

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(D1) Driver Distracted By 1 - Not Distracted	(D2) Condition at Time of Crash 1 - Apparently Normal
(D3) Driver Actions at Time of Crash 1 1 - No Contributing Action	(D3) Driver Actions at Time of Crash 2
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood	<input type="checkbox"/> Alcohol Test Result Pending Alcohol BAC Result
Drug Test <input type="checkbox"/> Urine <input 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	SEAT POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE
1-Front Row	1-Left (driver)	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal
2-Second Row	2-Middle	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating
3-Third Row	3-Right	3-Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-NonIncapacitating
4-Fourth Row	4-Other	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	4-Possible Injury
5-Other Row	5-Unknown	5-Riding on Motor Vehicle Ext (non-trailing unit)	5-Deployed - Other (knee, air belt,...)	5-Lap Belt Only Used	5-Concussion	5-Arm(s)	5-No Injury
6-Unknown	6-Unknown	6-Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)	
EJECTED	HELMET USE		7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	INJURY INFO SOURCE
1-Not Ejected	1-DOT-Compliant Motorcycle Helmet		8-Child Restraint - Rear Facing	8-Child Restraint - Used Incorrectly	8-Abrasion/Bruises	8-Internal	1-Officer Observation
2-Ejected Partially	2-Other Helmet		9-Child Restraint - Used Incorrectly	10-Booster Seat	9-Complaint of Pain	9-Entire Body	2-Individual Statement
3-Ejected Totally	3-No Helmet		11-Child Restraint - Other	10-Other	10-Other	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
1	*	F	06/14/71	1	1		2	1	3	3	5			2	1

Report Number
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STATE OF MAINE CRASH REPORT

UNIT PAGE

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Unit ID 500	<input type="checkbox"/> Hit Run?	VIN	License Plate *	State	(U1) Unit Type 22 - Pedestrian
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<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name *	Insurance Policy Number *
(U2) Vehicle Make	Vehicle Year	(U3) Vehicle Color	
(U4) Vehicle Configuration	GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.		
Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT Placarded ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown	
(U5) Special Function Vehicle <input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No		

D

Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage			
(U6) Most Damaged Area	(U7) Most Harmful Event		
(U8) Pre Crash Actions	(U9) Contributing Circumstances - Vehicle		
(U10) Sequence of Events 1	(U10) Sequence of Events 2		
(U10) Sequence of Events 3	(U10) Sequence of Events 4		

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

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

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

AMB CODES - see code sheet

Person Type	Include Driver, Passengers, Bicyclist, and Pedestrians 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
3	*	M	11/02/67								4	9	6	2	9999

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STATE OF MAINE CRASH REPORT

Report Number

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Narrative / Diagram Supplemental

BOTH THE DRIVER OF V1 AND THE INVOLVED PEDESTRIAN ADVISED THAT THEY WERE TRAVELING EAST ON CUMBERLAND AVENUE, APPROACHING THE INTERSECTION OF CUMBERLAND AVENUE AND HIGH STREET. THE PEDESTRIAN TOLD ME THAT HE SAW A GREEN LIGHT FOR TRAFFIC TRAVELING EAST ON CUMBERLAND AVENUE AND TURNING LEFT, ONTO HIGH STREET.

THE PEDESTRIAN STATED "I STUPIDLY WALKED ACROSS THE ROAD", AFTER COMMENTING ON THE GREEN LIGHT.

V1 WAS MAKING A LEFT TURN ONTO HIGH STREET AS THE PEDESTRIAN WAS CROSSING HIGH STREET, INSIDE OF THE CROSSWALK, FROM WEST TO EAST. THE DRIVER OF V1 STATED THAT SHE DID NOT SEE THE PEDESTRIAN CROSSING AS SHE TURNED AND NOTICED HIM WHEN HE WAS DIRECTLY IN FRONT OF HER VEHICLE. THE DRIVER STATED THAT THERE WAS NO TIME TO STOP AND AVOID STRIKING THE PEDESTRIAN.

THE PEDESTRIAN WAS STRUCK NEAR THE CENTER OF HIGH STREET, INSIDE OF THE CROSS WALK. THE PEDESTRIAN INFORMED OFFICERS THAT HE WAS EXPERIENCING PAIN IN HIS HIPS WHEN HE MOVED. THE PEDESTRIAN SAID THAT HE WAS ABLE TO CUSHION HIS FALL WITH HIS HANDS AND DID NOT STRIKE HIS HEAD. THE PEDESTRIAN WAS TRANSPORTED TO MAINE MEDICAL CENTER FOR PRECAUTIONARY EVALUATION.

V1 WAS UNDAMAGED, AND THE DRIVER UNHURT AS A RESULT OF THIS CRASH.