2011-8646C

STATE OF MAINE CRASH REPORT

FIRST PAGE

Reporting Agency ME0030500	Report Num 11-001612			ash Date 6/2011	Crash Time 08:55	At Scene D 6/6/2011		Scene Time : 05
City or Town Portland		reet or Highw		- , -	Nearest Intersec			Off Roa
Direction FROM Nearest Inters		te	Distance Fro	m Nearest Inter. Feet ✓ Miles	Latitude		Longitude	
Node 1 Node		Measurem	ent Node	Distance to Sce	ene Posted Speed	Limit 🗸 U	Inknown	Not Posted 2
16833				M 0 es Tent		Hour N	I/A	Not Posted 4
F1) Type of Crash 9 - Bicycle				(F2) Type of Lo 4 - Four Leg				
F3) Weather Condition				(F4) Light Con-				
L - Clear				1 - Daylight				
F5) Road Grade 1 - Bottom of Hill				(F6) Road Surf	ace Condition			
F7) Traffic Control Device				1 - Dry Traffic Control	Device Operationa	I (pre-crash)?)	
l - Traffic Signals (Stop &	Go)			Traine Control		Yes [No	Unk
F8) Location of First Harmful					over Threshold?	✓Yes	No	
F9) Contributing Circumstanc	es - Environment 1			(F9) Contributi	ng Circumstances -	Environment	t 2	
F10) Contributing Circumstan	ces - Road 1			(F10) Contribu	ting Circumstances	-Road 2		
n or Near a Construction, Mai	ntenance, or Utility		Unk	Work Zone Wo	orkers Present?	Yes	No	Unk
F11) Location of the Crash re		✓ No	UONK	(F12) Type of	Nork Zone	res	INO	JUNK
aw Enforcement Present at V	Vork Zone? Law Enforcemer	nt Vehicle On	lv No	School Bus Re		es, Indirectly	Involved	□No
VARRATIVE	Law Emorecine	it verileie on	iy140	CRASH DIAG		co, mancony	IIIVOIVCU	
					Park Ave V2	State St	N I	-
Vitness Last Name	First		MI	Address	Cit	y	State	Zip
Vitness Last Name	First		MI	Address	Cit	У	State	Zip
Non Vehicle Property Damage	Description				State	City or To	wn Utiliti	es Private
Property Owner Name				Address	Cit	У	State	Zip
Non Vehicle Property Damage	Description			•	State	City or To	wn Utiliti	es Private
Property Owner Name				Address	Cit	У	State	Zip
Reporting Officer William Stratis		Badge# 164	Report Da 6/6/201		proved By T. BOWDEN		Approv 6/6/2	ved Date 2011

	L1-00	rt Numb 01617			STA	TE (OF MAII	VE	CRA	4 <i>SF</i>	1 RE	:PO	RI				UN	IIT P	PAC
Insurance Company Name			Hit Run?	1	35N49W11177	70		e Plat	е					ır					
Comparison Com	No	Insura	nce NAI	>		npany I	Name		<u>i</u> _						mber				
Use Configuration Config	U2) V	/ehicle	Make		*			Ve	hicle Y	'ear	(U:	* 3) Vehi	cle Co	lor					
Comparison Com										0.014	1 -	,							
Ves	U4)Ve	ehicle (Configurati	on				[]				1	0,001	- 26,00	00 lbs.		> than	26,00	00 lb
Comparison Com	/ehicl	le Has	9 or More					1											
1. No Special Function	U5) S	Special	Function \		10											Koadwa	ay [Unk	(no
Up Most Damaged Area (U7) Most Damaged Userved U8) Portrothyling Circumstances - Vehicle 1 - Front Passenger Corner (U9) Contributing Circumstances - Vehicle 1 - None (U10) Sequence of Events 2 (U10) Sequence of Events 3 (U10) Sequence of Events 4 (U10) Sequence of Events 3 (U10) Sequence of Events 4 (U10) Sequence of Events 4 (U10) Sequence of Events 5 (U10) Sequence of Events 4 (U10) Sequence of Events 4 (U10) Sequence of Events 4 (U10) Sequence of Events 5 (U10) S				ion												Ye	es [No	
1. Front Passenger Corner					Observed	✓ Mi	nor Damage							To	wed D	ue to D	isablin	g Dam	nage
Use Description Control Use								(U	7) Mos	t Harn	nful Eve	ent							
(U10) Sequence of Events 2 (U10) Sequence of Events 4 (U10) Sequence of Events 5 (U10) Sequence	U8) P	re Cra	sh Actions								ng Circu	umstan	ces - \	/ehicle					
Cut Driver Bicycle Pedestrian License Number Pactive No License Permit State License Class Endorsements Restrict Cut Suspended ME C O O O O O O O O O											e of Ev	ents 2							
Driver Bicycle Pedestrian License Number Active No License Permit State License Class Endorsements Restrict No License Permit State License Class Lice																			
Last Known Operator	U10)	Seque	nce of Eve	nts 3				(U	10) Se	quenc	e of Ev	ents 4							
State Stat	✓ D					Numbe	er 🗸 Active	No						nse Cl			ments		ricti
Citation Number Pending) DRIVE			perator			N	11 DF				ME	C	Cit)	Sta	1	Zip
WNNER Last Name (skip if same as Driver) First Name		- NI	h D.	.P						4				\ /' - I	- (
ME* D1 Driver Distracted By D2 Condition at Time of Crash 1 - Apparently Normal D3 Driver Actions at Time of Crash 1 D3 Driver Actions at Time of Crash 1 D3 Driver Actions at Time of Crash 2 D7 D7 D7 D7 D7 D7 D7	Jitatic	on Nurr	ber Per	iding				VIC	olation	1				VIOI	ation 2				
(D2) Condition at Time of Crash 1 - Apparently Normal (D3) Driver Actions at Time of Crash 1 (D3) Driver Actions at Time of Crash 1 (D3) Driver Actions at Time of Crash 1 (D3) Driver Actions at Time of Crash 2 Alcohol Test	OWNE	ER Las	t Name (sł	ip if same as	Driver) First Na	me	MI			Addre	SS			City			Stat	e Z	Zip
Company Comp	D1) D	Driver D	istracted E	Ву						dition	at Time	of Cra	sh						
Alcohol Test	D3/ D	Drivor A	ctions at T	ima of Crach	1								f Crack	2					
Drug Test	D3) D	JIIVEI A	Clions at 1	illie oi Ciasii	1			(D	3) DIIV	ei Acti	oris at	Time o	Clasi	12					
Drug Test									Alcoh	ol Test	Result	t Pendii	ng	Alcoho	ol 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 (D7) Pedestrian Maneuvers (D8) Bicyclist M	Drug 7	Test		Test Not Giv	en Test R			_	ug Tes	t Resu	ult	Pos	sitive		Vegativ	re [Pen	ding	
(D6) Non Motorist Action at Time of Crash 1 (D8) Bicyclist Maneuvers (D9) Bicyclist Maneuvers (D8) Bicyclist Maneuvers (D8) Bicyclist Maneuvers (D9) Bicyclist Maneuvers (D8) Bicyclist Maneuvers	D4) N	Non Mo						(D:	5) Non	Motor	ist Acti	on Prio	r to Cr						
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 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 Person Alraha Al								\ \(\(\)	, 0) N				. ,	0 1	0				
PERSON TYPE 1-Driver, 2-Passenger, 3-Pedestrian, 6-Driver/Owner, 7-Bicycle, 8-Passenger/Owner, 24-Last Known Operator 25-Last Known Operator/Owner SEAT POSITION SEAT POSITION OTHER 1-Sleeper Section of Cab (truck) 1-I-Eft (driver) 1-Sleeper Section of Cab (truck) 1-Not Applicable 2-Second Row 2-Middle 2-Other Enclosed Cargo Area 2-Not Deployed 3-Third Row 3-Right 3-Unenclosed Cargo Area 4-Fourth Row 4-Other 4-Trailing Unit 4-Eouth Row 5-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 6-Unknown 1-DOT-Compliant Motorcycle Helmet 2-Ejected Partially 3-Not Helmet 1-DOT-Compliant Motorcycle Helmet 3-Ejected Totally 3-No Helmet 1-DOT-Compliant Motorcycle Helmet 3-Ejected Datally 3-No Helmet 1-DOT-Compliant Motorcycle Helmet 1-DOT-Compliant	D6) N	Non IVIo	torist Actio	n at Time of (Crash 1			(D	6) Non	Motor	ist Acti	on at I	ime of	Crash	2				
SEAT ROW SEAT POSITION SEAT POSITION OTHER 1-Front Row 1-Left (driver) 2-Second Row 2-Second Row 2-Second Row 3-Right 3-Unenclosed Cargo Area 4-Fourth Row 4-Other 4-Trailing Unit 5-Other Row 5-Unknown 5-Unknown 5-Unknown 6-Unknown 6-Unknown 1-Not Ejected 1-Not Ejected 2-Ejected Partially 3-Ejected Totally 3-No Helmet 1-DOT-Compliant Motorcycle Helmet 2-Deployment - Curtain 1-Four 1-DOT-Compliant Motorcycle Helmet 1-Not Applicable 1-Not Applicable 2-None Used 4-Deployed 2-None Used 1-Not Applicable 1-Not Applicable 2-None Used 4-Deployed 2-None Used 3-Broken Bones 3-Neck 3-None Used 3-Broken Bones 3-Neck 3-None Used 4-Deployed 2-None Used 4-Shoulder and Lap Belt Used 4-Shoulder Belt Only Used 5-Concussion 5-Arm(s) 5-None Injury 5-Concussion 5-Arm(s) 5-None Injury 5-Concussion 5-Arm(s) 5-None Injury 5-Concussion 5-Arm(s) 5-Concu	D7) P	Pedestr	an Maneu	vers				(D	8) Bicy	clist M	laneuve	ers							
1-Front Row 2-Second Row 2-Middle 2-Other Enclosed Cargo Area 2-Not Deployed 3-Trialing Unit 4-Deployed 4-Trailing Unit 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown 6-Unknown 6-Unknown 1-Not Ejected 7 totally 2-Fjected Partially 3-No Helmet 2-Other Helmet 3-No Helmet 2-Other Helmet 3-No Helmet 2-Other Helmet 3-No Helmet 2-Other Row 1-No Helmet 3-No Helmet 2-Other Row 1-No Helmet 2-Other Row 3-No Helmet 2-Other Row 1-No Helmet 2-Other Row 3-No Helmet 2-Other Row 1-No Helmet 3-No Helmet 2-Other Row 3-No Helmet 3-No He		PERSO	N TYPE 1-E	river, 2-Passer	nger, 3-Pedestrian	, 6-Drive	er/Owner, 7-Bicy	cle, 8-	Passen	ger/Ow	ner, 24-	Last Kn	own Op	erator 2	25-Last	Known	Operato	r/Owne	er
2-Second Row 3-Middle 2-Other Enclosed Cargo Area 3-Third Row 3-Hight 3- Unenclosed Cargo Area 4-Fourth Row 4-Other 4-Trailing Unit 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown 6-Belt Used 4-Burns 4-Back 4-Possible Injury 5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Deployed - Other (hee, air belt,) 6-Unknown 6-Deployed - Other (hee, air belt,) 6-Unknown 6-Deployed - Troilid Restraint - Forward Facing 7-Ohiz Iness 7-Chest Stomach 1-DOT-Compliant Motorcycle Helmet 3-No Helmet 1-DOT-Compliant Motorcycle Helmet 1-DOS Seat 1-DOS Seat 1-DOS Seat 1-DOS Seat 1-DOT-Compliant Motorcycle Helmet 1-DOS Seat 1-DOS				TION SEAT PO) 1-Sleeper	SITION OTHER Section of Cab (truck	()1-Not Ap	pplicable 1-	Not Apr	olicable			1-Am	putation	1	-Face	AREA	1-Fatal		
5-Other Row 5-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown 6-Unknown 5-Riding on Motor Vehicle Ext (non-trailing unit) 6-Unknown 6-Unknown 6-Deployed - Combination 1-Not Ejected Partially 3-Ejected Partially 3-No Helmet 1-DOT-Compliant Motorcycle Helmet 3-No Helmet 2-Other Helmet 3-No Helmet 3-No Helmet 5-Deployed - Combination 7-Deployment - Curtain 11-Child Restraint - Other 5-Lap Belt Only Used 6-Restraint Used - Other (knee, air belt) 6-Leg(s) 6-Leg(s) 6-Leg(s) 7-Chest Stomach (F-Leg(s) 8-Abrasion/Bruises 8-Abrasion/Bruises 8-Abrasion/Bruises 8-Abrasion/Bruises 8-Abrasion/Bruises 9-Complaint of Pain 9-Entire Body 2-Individual Stateme 3-Medical, Paramed 3-Medical	3-Third	d Row	3-Right	2-Other E 3- Unencl	nclosed Cargo Area osed Cargo Area	2-Not De 3-Deploy	eployed 2- yed - Front 3-	Shoulde	er and La	p Belt U	sed	3-Bro	ken Bon	es 3	-Neck		3-Nonir	ncapacita	ating
6-Deployed - Combination 7-Child Restraint - Forward Facing 8-Child Restraint - Forward Facing 8-Child Restraint - Rear Facing 9-Complaint of Pain 9-Complaint of Pain 9-Complaint of Pain 9-Complaint of Pain 9-Child Restraint - Other 9-Child Res	5-Othe	er Row		5-Riding o	on Motor Vehicle Ext	5-Deploy	ed - Other 5-	Lap Bel	t Only Us	sed		5-Co	ncussion	5	-Arm(s)				у
1-Not Ejected 2-Ejected Partially 3-Ejected 2-Other Helmet 3-No He			неги	6- Unknov		6-Deploy	yed - 7- ation 8-	Child R	estraint -	Forward	acina	7-Diz	ziness	7	-Chest S				
3-Ejected Totally 3-No Helmet 111-Child Restraint - Other Observation AMB CODES - see code storage and the second of the second	2-Eject	ted Partia	Ily 2-Oth	Γ-Compliant Moto	rcycle Helmet	7-Deploy	ment - Curtain 9.	Child R	estraint -	Used In	correctly					Body	3-Medic	al, Parar	
6 * M 10/02/83 1 1 1 3 5 2	3-Eject	ted Totall	3-No	Helmet			1.	-Child	Restrain							AMB			de sh
6 * M 10/02/83 1 1 1 3 5 2	Type				nd Pedestrians		DOB	Pos		Seat Pos	Air Bag	Ejected	Restrain	t Helmet Use	Injury Degree	Injury	Injury	Inj Info	A
10,02,03 1 1 1 3 3 2			ne, First Nam	e, Mi		1				Other				336		. , , po			T
2 * F 06/15/84 1 3 1 3 5 2						М	10/02/83		1			1	3		5				
	2	*				F	06/15/84	1	3			1	3		5			2	L
											1								

Report Number 11-001617	STATE OF MAIN		<u> </u>
Unit ID Hit Run? VIN	License *		(U1) Unit Type 23 - Bicyclist
No Insurance NAIC	Insurance Company Name	i I	Insurance Policy Number
(U2) Vehicle Make		Vehicle Year	(U3) Vehicle Color
(U4)Vehicle Configuration		GVWR or GCWR	_
Vehicle Has 9 or More Seats ?	HAZMAT Placarded ?	Vehicle Travel Di	
Yes	No Yes No	Eastbound	Westbound Not on Roadway Unknow
(U5) Special Function Vehicle	Exempt Vehicl	e Emergency Vehic	cle Responding to Scene ?
Extent of Damage No Dam	age Observed Minor Damage	Function	al Damage Towed Due to Disabling Damage
(U6) Most Damaged Area		(U7) Most Harmfu	ul Event
(U8) Pre Crash Actions		(U9) Contributing	Circumstances - Vehicle
6 - Making left turn		1 - None	
(U10) Sequence of Events 1		(U10) Sequence	of Events 2
(U10) Sequence of Events 3		(U10) Sequence	of Events 4
□ Driver Bicycle ✓ Ped □ Last Known Operator	estrian License Number Active	No License Pe	
BICYCLIST Last Name	First Name M	I BICYCLIST Addr	
Citation Number Pending		* ME* Violation 1	Violation 2
OWNER Last Name (skip if sam	e as Driver) First Name MI	OWNER Address	s City State Zip
D1) Driver Distracted By		(D2) Condition at	, , , , , , , , , , , , , , , , , , ,
		1 - Apparently	Normal
(D3) Driver Actions at Time of Ci	ash 1	(D3) Driver Action	ns at Time of Crash 2
Alcohol Test	Given Test Refused Blood Other Chemical Test (Not Field Sobriety or PB		Result Pending Alcohol BAC Result
Drug Test Test Not			Positive Negative Pending
(D4) Non Motorist Location at Til		(D5) Non Motoris	st Action Prior to Crash
14 - Unknown (D6) Non Motorist Action at Time	of Crash 1	(D6) Non Motoris	st Action at Time of Crash 2
(DZ) Redestrien Manauvers		(D8) Bicyclist Mai	
(D7) Pedestrian Maneuvers		(D6) Bicyclist Mai	neuvers
			er, 24-Last Known Operator 25-Last Known Operator/Owner INJURY TYPE INJURY AREA INJURY DEGREE
1-Front Row 1-Left (driver) 1-Sle	eper Section of Cab (truck)1-Not Applicable	STRAINT SYSTEM lot Applicable lone Used - Motor Vehicle	1-Amputation 1-Face 1-Fatal
3-Third Row 3-Right 3- U	nenclosed Cargo Area 3-Deployed - Front 3-5	Shoulder and Lap Belt Use Shoulder Belt Only Used	3-Broken Bones 3-Neck 3-NonIncapacitating 4-Burns 4-Back 4-Possible Injury
5-Other Row 5-Unknown 5-Ri	ling on Motor Vehicle Ext 5-Deployed - Other 5-L	ap Belt Only Used Restraint Used - Other	5-Concussion 5-Arm(s) 5-No Injury 6-Shock 6-Leg(s)
6- U	nknown 6-Deployed - 7-0	child Restraint - Forward F	Facing 7-Dizziness 7-Chest Stomach INJURY INFO SOUR
1-Not Ejected 1-DOT-Compliant	Motorcycle Helmet 7-Deployment - Curtain 9-0	Child Restraint - Rear Facin Child Restraint - Used Income	orrectly 9-Complaint of Pain 9-Entire Body 2-Individual Stateme
2-Ejected Partially 3-Ejected Totally 2-Other Helmet 3-No Helmet		Booster Seat Child Restraint - Other	10-Other 10-Other 3-Medical, Paramed Observation
Person Include Driver, Passengers, Bicycl		Seat Seat A	AMB CODES - see code st Air Bag Restraint Helmet Injury I
Type Last Name, First Name, Mi	(M,F,U) DOB	Pos Pos Pos De Other	Arr Bag Ejected Restraint Helmet Injury Inju
7 *	M 08/28/98	1 1	3 4 9 7 2