

INFO FOR FEDERATED Query

STATE OF MAINE CRASH REPORT

FIRST PAGE

F I R E S T	Reporting Agency ME0120000		Report Number 09-017214		Crash Date 9/21/2009		Crash Time 08:41		At Scene Date 9/21/2009		At Scene Time 09:12						
	City or Town Richmond			Street or Highway ST RTE 24			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 43984		Node 2 43985		Measurement Node 43984		Distance to Scene 0 .1		Posted Speed Limit 45		<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 2 - Rear End / Sideswipe						(F2) Type of Location 1 - Straight Road										
	(F3) Weather Condition 1 - Clear						(F4) Light Condition 2 - Dawn										
	(F5) Road Grade 1 - Level						(F6) Road Surface Condition 1 - Dry										
	(F7) Traffic Control Device 12 - No Passing Zone						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 Unit #1 attempted to pass Unit #2, on the left, as Unit #2 was making a left hand turn into a dirt driveway. Unit #1 impacted with Unit #2, sending Unit #2 off of the roadway where it collided with a tree. Unit #1, after impacting Unit #2, collided head on with pole marked "NET & T Co" # 87.						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 Pole Marked NET # 87						<input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input type="checkbox"/> Private											
Property Owner Name Fairpoint Comm						Address East Morehead St, CHARLOTTE NC 28202						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 Sergeant Dale L. Hamilton			Badge# 104		Report Date 9/22/2009		Approved By Lt. Calvin Temple			Approved Date 9/22/2009							

Maine Department of Public Safety

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Form 13-20A Revised January 2010

Last Modified: 9/22/2009 11:06

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UNIT PAGE

U	Unit ID 1	Hit Run? <input type="checkbox"/>	VIN 3	License Plate ME	(U1) Unit Type 1 - Passenger Car										
	No Insurance <input type="checkbox"/>	NAIC	Insurance Company Name Progressive Ins Co	Insurance Policy Number											
N	(U2) Vehicle Make 26 - HONDA	Vehicle Year 1990	(U3) Vehicle Color 11 - Maroon												
	(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.													
I	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 1 - No Special Function	<input type="checkbox"/> Exempt Vehicle	Emergency Vehicle Responding to Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No												
T	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 1 - Front Passenger Corner	(U7) Most Harmful Event													
R	(U8) Pre Crash Actions 18 - Overtaking Passing	(U9) Contributing Circumstances - Vehicle 1 - None													
	(U10) Sequence of Events 1	(U10) Sequence of Events 2													
D	(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 <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														
R	DRIVER Last Name nd ME 04357	First Name nd ME 04357	City nd ME 04357												
	Citation Number <input type="checkbox"/> Pending <input type="checkbox"/>	Violation 1 nd ME 04357	Violation 2												
V	OWNER Last Name (skip if same as Driver) #3, Richmond ME 04357	First Name #3, Richmond ME 04357	City #3, Richmond ME 04357												
	(D1) Driver Distracted By	(D2) Condition at Time of Crash 1 - Apparently Normal	(D3) Driver Actions at Time of Crash 2												
R	(D3) Driver Actions at Time of Crash 1 12 - Improper Passing	(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) 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	Alcohol Test Result Pending Alcohol BAC Result Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending													
O	(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													
C	(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														
U	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												
	EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally	HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet	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												
P	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													
A	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
	Last Name, First Name, MI														
N	6	F	09/06/83	1	1			1	3		1	2	8	3	
Y															

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UNIT PAGE

Unit ID 2	<input type="checkbox"/> Hit Run?	VIN 193	License Plate ME	State ME	(U1) Unit Type 3 - Passenger Van
<input checked="" type="checkbox"/> No Insurance		NAIC	Insurance Company Name		Insurance Policy Number

(U2) Vehicle Make 37 - KIA	Vehicle Year 2003	(U3) Vehicle Color 5 - Green
(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 1 - No Special Function	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 11 - Front Driver Corner	(U7) Most Harmful Event
(U8) Pre Crash Actions 6 - Making left turn	(U9) Contributing Circumstances - Vehicle 1 - None
(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 type="checkbox"/> Active <input checked="" 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 City State Zip 04537			
Violation 1	Violation 2			
OWNER Last Name (skip if same as Driver) First Name MI	OWNER Address City State Zip ME 04357			

(U1) Driver Distracted By	(U2) 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"/> 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 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-Abrasions/Bruiuses 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
1	7	M	01/02/69	1	1					1	3		4	9	5	1	