PNFO FOR FEDERATED QUERY

Sergeant Dale L. Hamilton

Maine Department of Public Safety

104

9/22/2009

Page 1

Lt. Calvin Temple

STATE OF MAINE CRASH REPORT FIRST PAGE Reporting Agency ME0120000 Report Number Crash Date Crash Time At Scene Time 09:12 At Scene Date 09-017214 9/21/2009 08:41 9/21/2009 City or Town Street or Highway
ST RTE 24 Nearest Intersecting Street Richmond Off Road Direction FROM Nearest Intersection to Crash Site Distance From Nearest Inter. Longitude At Intersection North South East West Feet Miles Node 1 Node 2 Measurement Node Distance to Scene Posted Speed Limit -Unknown Not Posted 25 43984 43985 43984 .1 N/A Not Posted 45 (F1) Type of Crash T (F2) Type of Location 2 - Rear End / Sideswipe 1 - Straight Road (F3) Weather Condition (F4) Light Condition 1 - Clear 2 - Dawn (F5) Road Grade (F6) Road Surface Condition 1 - Level 1 - Dry (F7) Traffic Control Device Traffic Control Device Operational (pre-crash)? 12 - No Passing Zone Unk (F8) Location of First Harmful Event Total Damage over Threshold? ✓ Yes ∏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? Work Zone Workers Present? No Unk Yes Yes No Unk (F11) Location of the Crash related to Work Zone (F12) Type of Work Zone Law Enforcement Present at Work Zone? School Bus Related? Officer Present Law Enforcement Vehicle Only No Yes, Directly Involved Yes, Indirectly Involved No NARRATIVE Unit #1 attempted to pass Unit #2, on the left, as Unit #2 was CRASH DIAGRAM 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 NOT TO SCALE! head on with pole marked "NET & T Co" # 87. 2 npact with pole marked NET & T Co.* # 87 SECREC. TO GARDINER Witness Last Name First MI Address City State Zip Witness Last Name First MI Address City State Zip Non Vehicle Property Damage Description State City or Town Utilities Private Pole Marked NET # 87 Property Owner Name Address City State Zip Fairpoint Comm East Morehead St, CHARLOTTE NC 28202 Non Vehicle Property Damage Description City or Town State Utilities Private Properly Owner Name Address City State Zip Reporting Officer Badge# Report Date Approved By Approved Date

9/22/2009

| Unit ID Hit Run? VIN License Plate State (U1) Unit Type ME 1 - Passenger Car | 09-017214 | STATE O | F MAIN | E CR | RASH F | REPOR | 27 | | | . |
|--|---|-----------------------------|--------------------|----------------------------|---------------------------|--------------------------|----------------------------|---------------------|-------------|---------------------------------------|
| Instrumence Corrigory Name Progressive Ins. Co 25 - HoNDA Instrumence Corrigory Name Progressive Ins. Co 26 - HoNDA Instrumence Corrigory Name Color Instrumence Corrigory Name | 1 Hit Run? | 3 | | | State (U | 1) Unit Type | | | UI | VIT PA |
| Verhicle Foar License Configuration Cutylyticke Conf | i i ino insurance i i | | ime | | · | | | per | | |
| Column C | (U2) Vehicle Make | Togicasive Ilis Co | | Vehicle | Year | (U3) Vehick | Color | | | |
| Verhicle Has 9 or Moro Sents ? Very Ram 26,0001 L. *No Special Function Vehicle L. *No Has 26,0001 Very Moro Manage No Darrasge Observed Minor Uarnage Find Closed Darrasge Tower Observed Travel Darrasge No Darrasge Observed Minor Uarnage Vehicle Rampor Vehicle | | | | | | | | | | |
| Vertice Travel Direction Mort Disease South Downs | | | | | | □10. | 001 - 26.00 <u>0</u> | Ibs [|]> than | 26 000 1 |
| Up Note Descript Up Note Descript Up Up Up Up Up Up Up | | | | | | ction | Northbound | | Southbo | |
| Common C | (U5) Special Function Vehicle | | | 4 | | | | on Road | way [| |
| Club Most Damaged Area 1 - Front Passenger Corner (UV) Most Damaged Area 1 - Front Passenger Corner (UV) Most Harmful Event (UV) Most Harmful Event (UV) Most Harmful Event (UV) Most Harmful Event (UV) Sequence of Events 2 (UV) Sequence of Events 3 (UV) Sequence of Events 4 (UV) Sequenc | | | empt venicle | Linoigo | | | I to ocene 7 | | res [| No |
| (U/) Most Damaged Area (U/) Most Damaged Area (U/) Most Damaged Area (U/) Per Cristh Actions (U/) Carifolduling Circumstances - Vehicle 1 - None 1 - No | No Damage O | oserved Minor | r Damage | | Functional (| Damage | Towe | d Due to | Disablin | Damag |
| Cut Sequence of Events 2 Cut Sequence of Events 2 Cut Sequence of Events 3 Cut Sequence of Events 4 Cut Sequence | | | | (U7) Mo: | st Harmful E | vent | | | | - Carrag |
| 18 - Overtaking Passing Culton Sequence of Events 2 Culton Sequence of Events 2 Culton Sequence of Events 3 Culton Sequence of Events 4 Culton S | (U8) Pre Crash Actions | | | (130) 6 | | | | | _ | |
| CITO Sequence of Events 3 CITO Sequence of Events 4 | 18 - Overtaking Passing | | (*) : | (U9) Cor 1 - Non | itribuling Ci e | cumstance | s - Vehicle | | | |
| Dinver Bloyde Pedestrian License Number Active Not License Pedestrian State License Class Endorsements Restriction State License Class License Clas | (U10) Sequence of Events 1 | | (| (U10) Se | quence of E | vents 2 | | | | |
| Comparison Com | (U10) Sequence of Events 3 | | | 1110) Se | verance of E | uonio 4 | | | | |
| Last Known Operator Common | | | | | | | | | | |
| Citation Number Pending Violation 1 | | License Number | ✓ Active [] | No Licen | se Permi | | | | ements | |
| Cidation Number Pending Violation 1 Violation 2 Violation 3 Violation 2 Violation 2 Violation 3 Violation 2 Violation 3 Violation 4 Violation 3 Violation 4 Violation 3 Violation 3 Violation 4 Violation 3 Violation 4 Violation 5 Violation 5 Violation 5 Violation 5 Violation 5 Violation 6 Violation 7 Vi | DRIVER Last Name | First Name | MIL | | | IME IC | | U | Stat | |
| OWNER Last Name (skip if same as Driver) First Name MI OWNER Address City State Zip 43, Richmond ME 04357 (D2) Condition at Time of Crash 1 - Apparently Normal Alcohol Test Test Not Given Other Other Chemical Test (not river) societies or PBI Drug Test Test Not Given Other | | | | P. 1. 21 | | | nd ME | | Otal | = 21p |
| (D2) Condition at Time of Crash 1 1 - Apparently Normal (D3) Driver Actions at Time of Crash 1 2 - Improper Passing Alcohol Test Test Not Given Test Refused Blood Breath Urine Other Chemical Test (rat Field Sobiety or Part) Other Ch | | | ľ | riolation | 1 | | Violatio | n 2 | | |
| (D2) Condition at Time of Crash 1 12 - Improper Passing Alcohol Test Test Not Given Test Refused Blood Broath Urine Other Chemical Test (rice Field Schooly or PBT Urine Other Chemical Test (rice Field Schooly or PBT Urine Other Chemical Test (rice Field Schooly or PBT Urine Other Chemical Test (rice Field Schooly or PBT Urine Other Chemical Test (rice Field Schooly or PBT Urine Other Chemical Test (rice Field Schooly or PBT Other Chemical Test (rice Field School) or PBT Other Chemical | OWNER Last Name (skip if same as Dri | ver) First Name | MI C |)WNER | Address | | | | State | Zip |
| Color Treat Trea | (D1) Driver Distracted By | | | 32) Con | dition at Tim | #3, Ric | hmond ME | 04357 | | · · · · · · · · · · · · · · · · · · · |
| Alcohol Test Test Not Given Test Refused Blood Drug Test Result Positive Negative Pending | (DD) December 1 | | | | | | | | | |
| Alcohol Test | (D3) Driver Actions at Time of Crash 1 12 - Improper Passing | | (E | D3) Drive | er Actions a | Time of Cr | ash 2 | | | |
| Bleath Unne Other Chemical Test (river Field Society or Par. According test Pending | Alcohol Test Test Not Given | Test Refused | Blood | | | | Alcohol R | AC Boout | | |
| Urine Other Othe | | | Sobriety or PBT; | | | It Pending | PACOMOT DA | NO LESUR | | |
| (D5) Non Motorist Action at Time of Crash 1 (D6) Non Motorist Action at Time of Crash 1 (D7) Pedestrian 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 125-Last Kno | ☐ Urine ☐ Other | | Blood D | rug Test | Result | Positive | ∍ ∏Nega | itive [| Pendi | 10 |
| (D6) Non Motorist Action at Time of Crash 1 (D6) Non Motorist Action at Time of Crash 2 (D7) Pedestrian Maneuvers (D8) Bicyclist Maneuvers (D8) | (D4) Non Motorist Location at Time of Cra | ash | (Ē | 05) Non | Motorist Act | ion Prior to | Crash | | | -0 |
| (D7) Pedestrian 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 1-Sineper Section of Cels (ruck) 1-Not Applicable 1-Left (driver) 1-Sineper Section of Cels (ruck) 1-Not Applicable 2-Second Row 2-Middle 2-Other Enclosed Crept of 2-Not Polyment 2-Not Polymen | (D6) Non Motorist Action at Time of Cras | n 1 | | | | | | | | |
| 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 1-End (driver) 1-Sleeper Section of Cdb (truck)-Not Applicable 1-Sleeper Section of Cdb (truck)-Not Applicable 2-Second Row 2-Middle 2-Other Enclosed Cargo Area 2-Not Deptoyed 2-Hold of 2-Other Heritage (and the participation of Survey)-order (and the participation of Survey)-o | | | [(L | ו ווטאו (סי | Wotorist Act | ion at Time | of Crash 2 | | | |
| 1-Frort Row 2-Middle 2-John First Name, First Name, Mi 2-Abreadth 1-Breadth | (D7) Pedestrian Maneuvers | | (C | 8) Bicyc | list Maneuv | ers | | | | |
| 1-Fork Row 1-telf (griver) 1-Sleeper Section of Cob (furctor) 1-NOt Applicable 2-Social Row 2-Middle 2-Other Enclosed Cargo Area 3-Right 3-Unerclosed Cargo Area 4-Fourth Row 4-Chief A-Fourth Row 4-Right 3-Right Row 4-Chief A-Fourth Row 4-Right Row 4-Rig | PERSON TYPE 1-Driver, 2-Passenger, | 3-Pedestrian, 6-Driver/Ow | ner, 7-Bicycle 8 | -Passeno | er/Owner 24 | Last Vacuum |) | -114 | | |
| 2-Second Row 2-Middle 3-Juner Closed Cargo Area 3-Diner Enclosed Cargo Area 4-Diner Enclosed Cargo Area 4-Diner Enclosed Cargo Area 4-Diner En | SEAT POSITION SEAT POSITION | NOTHER AIRBAG DEPL | OYED RESTRA | INT SYSTE | 517 CTT 101, 24. | INJURY TY | PE INJUR' | | | |
| 4-Fouth Row 4-Other 4-Trailing Unit 5-Other Row 5-Unknown 5-Unknow | 2-Second Row 2-Middle 2-Other Enclose 3-Third Row 3-Right 3-Unenclosed C | d Cargo Area 2-Not Deployed | d 2-None t | sed - Moto | r_Vehicle Occu | ent 2-Bleeding | 2-Head | 1 : | 1-Fatal | |
| 6-Unknown ELECTED HELMET USE Combination 7-Deployment - Curtain 9-Child Restraint - Forward Facing 9-Child Restraint - Forward Facing 9-Child Restraint - Heart 10-DottCompliant Motorcycle Helmet 3-No Helme | 4-Fourth Row 4-Other 4-Trailing Unit | 4-Deployed - S | ide 4-Should | er Belt Only | r i Ised | 4-Burns | 4-Back | | 3-Nonincar | pacitating |
| HELMET USE 1-DOT-Compliant Motorcycle Heimet 2-Ejected Partially 3-Ejected Totally 3-Ejected Totally 3-Ejected Totally 4-Dot Per Heimet 3-No Heimet 1-DOT-Compliant Motorcycle Heimet 3-No Heimet 1-DOT-Compliant Motorcycle Heimet 3-No Heimet 1-Dot Per Heimet 3-No Heimet 3-No Heimet 1-Dot Per Heimet 3-No Heimet 3-No Heimet 1-Dot Per Heimet 3-No Heimet 3-No Heimet 1-Dot Per Heimet 3-No Heimet 3-No Heimet 1-Dot Per Heimet 3-No Heimet 3-No Heimet 1-Dot Per Heimet 3-No Heimet 3-Holid Restraint - Lear Facing 9-Child Restraint - Was financian 3-No Heimet 3-Heimet 3-He | 6-Unknown (non-trailing unit) | (knee, air belt, |) 6-Restrai | nt Used - C | Other | 6-Shock | 6-l.eg(s | i) | 5-No injury | |
| 2-Ejected Partially 3-Ejected Totally 3-No Helmet 10-Booster Seat 11-Child Restraint - Other 10-Other 10-Othe | EJECTED HELMET USE | Combination | | | | 8-Abrasion/ | 7-Ches Bruises 8-Intern | t Stomach | INJURY IN | FO SOURC |
| 3-No Helmet 11-Child Restraint - Other AMB CODES - see code sheet Amb CODES - see c | 2-Ejected Partially 3-Ejected Totolis 2-Other Helmet | delimet /-Deployment - | - Cunain 9-Child R | estraint - U | sed Incorrectly | 9-Complain | of Pain 9-Entire | Body : | 2-Individua | Statement |
| Sex (M,F,U) DOB Seat Seat Pos Pos Pos Other Degree Type Last Name, First Name, Mi | 3-No Helmet | | 11-Child | Restraint - | Other | | 10 021 | " | Observation | raiamedica } |
| Type Last Name, First Name, Mi (M,F,U) DOB Pos Row Pos Other Pos Other Deployed Ejected System Use Degree Type Injury Inj | | | Seat | Sant | Seat AL-S- | | | AMB C | | |
| 6 F 09/06/83 1 1 1 3 1 2 8 3 | Last Name, First Name, Mi | | DOB Pos | Pos | Pos Deployed | Ejected Restra System | m Usa Degra | y Injury se Type | | Info Amb urce Code |
| aine Department of Public Sefety | 6 | F 09/ | 06/83 1 | 1 | | 1 3 | 1 | 2 | 0 | |
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| | aine Department of Public Safety | | Page 2 | | | | <u> </u> | 1 | | |

| Unit ID JULIO VIN | STATE | Licenso | | | e (U1) | | | | | | | INIT | <u>PA</u> |
|---|--|--------------------------------|---|-------------------|---------------------|--------------------|---|-----------------------|--|-------|---------------------|-----------------------|-------------|
| 2 Hit Run? | 193 | i icensi | Fiale | ME | e (01) | Passe | ype nger V | an | | | | | |
| ☑ No Insurance NAIC | Insurance Company | Name | | | | Insura | nce Po | licy Nu | mber | | | *** | |
| (U2) Vehicle Make | | | Vehicle | Year | (0 | U3) Ve | hicle Co | olor | | | | | |
| 37 - KIA (U4)Vehicle Configuration | | | 2003 GVWR | 0000 | 5 | - Gre | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | or GC 10,000 | | Г | 10,001 | - 26.00 | 00 lbs. | . [| ີ > tha | an 26,6 | 000 i |
| Vehicle Has 9 or More Seats ? Yes | No HAZMAT Placa | rded ? Yes No | | | Direct | lon | Nor | thboun | d | | South | bound | |
| (U5) Special Function Vehicle | | Exempt Vehicl | | istbour encv V | | | bound ding to | | lot on | Road | way | JU | nkno |
| 1 - No Special Function Extent of Damage | L | | | | | | | | <u>. </u> | | /es | Πи | 0 |
| No Damag | je Observed 🔲 N | inor Damage | *************************************** |]Funct | ional D | amage | | √ To | wed D | ue to | Disabl | ng Da | mag |
| (U6) Most Damaged Area 11 - Front Driver Corner | | | (U7) Mo | ost Har | mful Ev | /ent | | | | | | | |
| (U8) Pre Crash Actions | | | (U9) Ca | ntribut | ina Cira | rumeta | ncas . 1 | (ahida | | | | | |
| 6 - Making left turn (U10) Sequence of Events 1 | | | 1 - No | ne | | | | venide | | | | | |
| (O10) Sequence of Events 1 | | | (U10) S | equen | ce of E | vents 2 | | | | | | | |
| (U10) Sequence of Events 3 | | | (U10) S | equen | ce of E | vents 4 | | | | | | | |
| ✓ Driver Bicycle Pedest | rian License Numb | er Active | Notice | nse | Parmis | State | Itioo | nse Cla | 20 F | indor | anses 1 | 0 12- | الاستامية |
| Last Known Operator | | | LJ | Suspe | nded | ME | C | 1126 (19 | ass C | | ement | s Res | HICU |
| DRIVER Last Name | First Name | M | DRIVE | ₹ Addri | ess | | | City 0453 7 | | | St | ate | Zip |
| сланин миниен - нений лд | | | Violation | 11 | | | | | ation 2 | - | | | |
| DWNER Last Name (skip if same a | s Driver) First Name | Mi | OWNER | Adde | | | | 07 | | | | | |
| <u> </u> | | 1011 | CAMIATE | House | 388 | | IME | City 04357 | 7 | | Sta | ite . | Zip |
| D1) Driver Distracted By | | | (DZ) Col | ndition | at Time | e of Cr | ash | | *** | | | | |
| D3) Driver Actions at Time of Crast | 11 | | (D3) Driv | | | | of Crash | 2 | | | | | |
| Ncohol Test | /en Test Refused | [] m; | | | | | | | | | | | |
| Breath Urine O | ther Chemical Test (Not | Blood Fleid Sobriety or PBT | Alcor | iol Tes | t Resul | t Pend | ng | Alcohol | BAC | Resul | t | | |
| Drug Test | renTest Refused ther | Blood | Drug Te | st Res | uit | Po | sitive | □Ni | egative | e / | Pen | dina | |
| D4) Non Motorist Location at Time | | | (D5) Nor | ı Moto | rist Acti | on Pric | r to Cra | | | - 1 | | | · |
| D6) Non Motorist Action at Time of | Crach 1 | | (DC) No. | . 64.4. | -1-1-0-21 | | | ~ | | | | | |
| | OIBOIE 3 | | (D6) Nor | i iyiotoi | nsi Acu | on at I | ime of i | Crash 2 | 2 | | | | |
| D7) Pedestrian Maneuvers | *** | | (D8) Bicy | /clist M | laneuve | ers | - | | | | | | |
| PERSON TYPE 1-Driver, 2-Passe | nger, 3-Pedestrian, 6-Drive | r/Owner, 7-Bicycl | l ∍, 8-Passer | iger/Ow | ner, 24- | Last Kn | own Ope | erator 25 | -Last K | nown | Operato | r/Owne | er |
| SEAT ROW SEAT POSITION SEAT PO 1-Front Row 1-Left (driver) 1-Sleepei | SITION OTHER AIRBAG Section of Cab (truck)1-Not Ap | DEPLOYED RES | FRAINT SYS | | | INJU | RY TYPE putation | IN | JURY AF | | | / DEGR | |
| 2-Second Row 2-Middle 2-Other E 3-Third Row 3-Right 3- Unend | inclosed Cargo Area 2-Not De osed Cargo Area 3-Deploy | ployed 2-No ed - Front 3-Sh | ne Used - Mo oulder and La | o Belt U | sed | ant 2-Ble 3-Bro | eding ken Bone | 2-F | lead leck | | 2-Incap | acitating capacita | ating |
| 5-Other Row 5-Unknown 5-Riding of | on Motor Vehicle Ext 5-Deploy | ed - Other 5-Las | oulder Belt O Belt Only U | sed | l | | ncussion | 5-A | Back kmn(s) | | 4-Possi 5-No In | ble injur jury | , , |
| 6-Unknown (non-trail) 6- Unknown HELMET USE | | ed 7-Ch | straint Used - ld Restraint - | Forward | | 6-Sh | ziness | 7-0 | .eg(s) Chest Sto | omach | INJURY | | |
| 1-Not Ejected 1-DOT-Compliant Moto 2-Ejected Partially 2-Other Halmet | rcycle Helmet 7-Deploy | ment - Curtain 9-Chi | ld Restraint - ld Restraint - xoster Seat | Used In | correctly | 9-Cor | asion/Bru nplaint of her | Pain 9-E | nternal Intire Bo Other | dy | 2-Individed 3-Medic | | emen |
| 3-Ro Heimet | | | niid Restrain | t - Other | | , | | 10 | Culci | | Observa | ation | |
| erson Include Driver, Passengers, Bicyclist, an | 267 | | eat Seat | Seat | Air Bag Deployed | Elasted | Restraint | Helmet | injury | AMB (| CODES - | see coo | e she Am |
| Vpe Last Name, First Name, Mi | (M,F,U) | R | os Pos | Pos Other | Deployed | =1ecteq | System | Use E | Degree | Туре | | Source | |
| 1 7 | M | 01/02/69 | 1 | | | 1 | 3 | | 4 | 9 | 5 | 1 | |
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| | | | | | | | Marie de Carrelle | | | | | | |
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| aine Department of Public Safety | | | | | ! | - 1 | | | | | | | |